Explaining the factors affecting women's life during COVID-19 lockdown: A qualitative study among women in Southern Iran

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Abstract
Background: The long-term impact of COVID-19 on women's health can cause serious damage to the family and society.
Aim: To explain the factors affecting women's life during COVID-19 lockdown in Southern Iran.
Methods: In this qualitative study, 20 women who referred to Bandar Abbas health care centers were interviewed and semi-structured interviews continued until data saturation.
Results: Data were extracted into seven categories as follows: socio-family influence, occupational challenges, financial concern, leisure time, access to services, psychological reactions, and physical problems.
Conclusion: We conclude that, lockdown had effects on women's life in terms of psychological, social, economic, and family relationships. Learning risk management skills can help manage these effects.

KEYWORDS
COVID-19, life, lockdown, qualitative research, women

1 | INTRODUCTION

To combat the COVID-19 pandemic, different countries have implemented many restrictions, including lockdown, disease surveillance and tracking, and quarantine of suspects and patients.1 Lockdown, which is known as one of the most effective public health measures to control the spread of various infectious diseases, from plague and leprosy to COVID-19, has been used many times during similar pandemics.2

Despite the effectiveness of lockdown to prevent the spread of infectious diseases, these conditions forced the world's population to change daily routines.3 This caused troubles at both individual and social levels; such as isolation, confusion, fatigue, depression anger,4 social, economic, and psychological challenges.5,6 Wearing mask and being outdoors in areas which have a hot and humid climate such as southern Iran, can be very uncomfortable.7,8 additionally, close relationship between relatives and friends are part of the culture of this region, which has been affected by lockdown.9

Researchers revealed that these crises often affect men and women differently; causing women to take on different roles in relation to men.10,11 One of the reasons could be the traditional roles of women. Women have long been known as family caregivers when illness occurs.12
On the other hand, with the closure of schools due to the outbreak of COVID-19, in addition to the previous responsibilities, mothers have to spend a lot of time monitoring their children's studying.11

In general, lockdown conditions play an important role in the development of psychological problems, interpersonal relationships, eating habits and physical activity, sexual relations and domestic violence in women, which can lead to a decrease in quality of life.6,13,14 The results of a study in Italy showed that lockdown restrictions on women's lifestyles increase the threat of cardiovascular disease.10

According to what was mentioned above, it is necessary to identify the impact of lockdown on various aspects of women's life during the lockdown to provide effective solutions to deal with them. Although researchers in various studies have pointed to some of these factors,6,14 some aspects of living in lockdown may have remained unknown. Therefore, authors designed this study to explain the factors affecting women's life during COVID-19 lockdown among women in Southern Iran.

2 | METHODOLOGY

2.1 | Study design

This qualitative study was conducted using conventional content analysis to explain the factors affecting women's life during COVID-19 lockdown.

2.2 | Participations

The participants were women living in Bandar Abbas who experienced lockdown since March 2019 (start of lockdown). In this study, 20 women were selected using purposive sampling method with maximum variation (based on age, educational status, marital status, employment). Inclusion criteria consisted of lack of hearing and speech problems, ability to speak in Persian or the local language and having lockdown experience. Exclusion criteria were reluctance to participate in the study. Data collection continued until data saturation.

2.3 | Data collection

Data collection was done from November 2020 to March 2021. The participants were women who referred to health care centers in Bandar Abbas. Interviews were conducted in a place where participants felt comfortable and some were conducted by telephone as requested by the participants. Semi-structured interviews were used to collect data. After completing the consent form and women's demographic data, the interviews began with open-ended questions, such as "Please tell me about your living during lockdown," "What changes have been made in your life since the beginning of lockdown?" "Describe the situation for me" and continued with exploratory questions, like "Please explain more," and "Please give an example." (Table 1).

The interviews were recorded with the permission of the participants and then the author carefully listened to the interviews and transcribed them line by line in Microsoft office word software. The interviews lasted between 18 and 75 min.

2.4 | Data analysis

Data analysis was performed using conventional content analysis. First, the recorded interviews were transcribed word by word and then encoded using MAXQDA v. 10. Each interview was analyzed before conducting the next interview. To extract the initial codes, the texts obtained from the interviews and observations were read line by line several times and a general understanding of the data was obtained. Using analysis and constant comparison of the extracted codes, these codes were classified into categories and subcategories based on their similarities and differences. The authors reviewed all extracted codes and agreed on categories and subcategories.

2.5 | Rigor

The scientific accuracy and trustworthiness of this study were evaluated based on criteria provided by Guba & Lincoln.15 Authors participated in the study process for a relatively long time (November 2020 to March 2021). The findings and implications were shared with

**Table 1** Interview guide

| Opening questions                                                                 | Probing questions                                                                 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Please tell me about your living during lockdown? What changes have been made in  | -What changes have been made in your family/relationships since the                |
| your life since the beginning of lockdown? What is your overall opinion about      | beginning of lockdown.                                                            |
| lockdown?                                                                         | -How did lockdown affect your working conditions?                                |
|                                                                                  | -Tell me about the effects of lockdown on your financial situation               |
|                                                                                  | -How do you spend your leisure time?                                            |
|                                                                                  | -Tell me about your experience receiving Various services?                       |
|                                                                                  | -Tell me about your emotions during lockdown.                                     |
|                                                                                  | -Tell me about your Physical problems during lockdown.                           |
a number of participants to get their opinions. Two out-of-study faculty members were asked to review the data. The authors used the maximum variety in the selection of participants, and the study process was explained in detail.

2.6 | Ethics considerations

This study obtained the code of ethics (IR.HUMS.REC.1399.434) from the ethics committee of Hormozgan University of Medical Sciences. Written consent was taken from the participants when entering the study and recording their voices. Participants were assured that the information they provided would be kept confidential and anonymous.

3 | RESULTS

Participants included 20 women with a mean age of 42.19 ± 13.19 and an age range of 26–68. Other demographic data of the participants are given in Table 2.

Seven main categories and 18 sub-categories of data were defined as women’s experiences: socio-family influence, occupational challenges, financial concern, leisure time, access to services, psychological reactions, and physical problems. Main categories and sub categories described in further detail in Table 3.

3.1 | Socio-family influence

Participants stated that the outbreak of COVID-19 and the forced lockdown affected their interactions and relationships with spouse, children, relatives and friends.

According to participants during the lockdown, the couple relationships have faced several challenges. For some couples, being together was more of an opportunity to promote marital intimacy than ever before, but for others, it caused pressure, stress, a wide range of problems and arguments, and the risk of divorce.

During lockdown, my husband and I found the opportunity to spent more time together (P 1).

Relations with children were related to issues of children during the lockdown period, especially their emotional connection and personality development. Parents’ tele-working and online education created a different atmosphere in the household and the increased time of being together had a lot of positive and negative aspects.

We spend more time with our children during the day that makes it possible for us to have a better relation (P 3).

| Main categories | Sub categories |
|-----------------|----------------|
| Socio-family influence | Spouse communication |
|                   | Kids communication |
|                   | Relatives communication |
| Occupational challenges | Work condition |
|                   | Reduced interactions |
|                   | Job security |
| Financial concern | Necessary expenses |
|                   | Treatment cost |
| Leisure time | Modern hobbies |
|               | Traditional entertainment |
| Access to services | Educational services |
|                   | Information resources |
|                   | Health services |
| Psychological reactions | Depression |
|                     | Stress |
|                     | Obsession |
| Physical problems | Disease exacerbation |
|                   | Emerging new problem |
During lockdown, face-to-face communications became limited to members living in the same house, and lack of in-presence relation with relatives and friends sometimes led to a weakening of relations and annoyance or bothering.

My mother died from COVID-19; I could not hug my siblings to comfort myself and that bothered me (P 2).

### 3.2 Occupational challenges

Jobs and work situations were also affected by lockdown, and problems such as tele-working, increased job stress and the economic losses arose.

Lockdown led to changes in the working conditions for women, including tele-working, which in some cases has led to increased workload and stress.

During lockdown I do three different jobs together in the office and it puts a lot of pressure on me (P 10).

Communications among colleagues range from positive to negative relations. It can create a productive and supportive environment or unpleasant conditions. Lockdown and teleworking caused mostly negative changes in the relationships and interactions of colleagues.

COVID-19’s situation made the relationship between co-workers unfriendly, and that upsets me (P 1).

Due to the diversity of participants’ occupations, they dealt with a wide variety of clients. During COVID-19 and despite the efforts to manage the disease, some participants talked about their problems with the client, including reduced number of customers, risk of COVID-19 transmission from them and tensions in the relationship with the client.

Due to COVID-19, we schedule customers with a time gap, and our customers have decreased a lot (P 6).

While the pattern of governmental jobs has shifted to telecommuting with lockdown, self-employed, especially small businesses have been accompanied by declining profits, and in some cases bankruptcy, which rises unemployment. Employees in governmental jobs had fewer problems due to their fixed salaries.

We had to close the newly opened beauty salon for a few months (P 6).

Because my husband is a government employee and has a fixed salary, we had almost no financial problem (P 12).

### 3.3 Financial concern

Lockdown restrictions were often accompanied with reduced pay-rolls and increased costs for participants.

Because we are in financial trouble, we can only afford the essentials (P 13).

Increase in the cost of living during lockdown caused many difficulties as some participants said. In many cases, reduced incomes and increased inflation have increased the pressure of various medical and pharmaceutical costs on participants.

I have not yet been able to afford the pregnancy multivitamins and medications my doctor prescribed me last week (P 9).

### 3.4 Leisure time

Due to governmental policies regarding lockdown and spending hours at home, the participants’ leisure pattern underwent many changes. Modern hobbies and Traditional entertainments played an important role in the participants’ leisure time.

Mass communication networks such as the Internet and mobile phones play an important role in people’s lives today, which has become more prominent during lockdown. Participants used mass media and social networks to train, make audio and video communications, obtain information about the COVID-19, download multimedia, and more.

My children entertain themselves through various online programs such as sport and educational classes and online concerts (P 18).

During lockdown, I spend more time on social media such as Instagram and WhatsApp and chat with my friends through WhatsApp (P 17).

Besides participants had a wide variety of leisure activities, including cooking, painting, reading, doing crosswords, growing flowers and plants, meditation, and so forth.

My spiritual condition has also improved a lot, because during this time, I did more meditations and also I had more time to pray (P 6).

I have some houseplants that I often spend few hours caring them, to wander away my mind from bad things (P 15).
3.5 | Access to services

During COVID-19 pandemic, online education is the best option available to ensure social distance and to prevent the disease from spreading in educational contexts, but it also comes with challenges. Changing from face to face to online teaching and elimination of practical experiences in students' learning process led to dissatisfaction of parents and learners.

I think online education is not useful for children because they do not pay attention and can cheat easily (P 8).

kid's online classes have added to the daily tasks of me as a mother and the pressure from that has made me tired (P 3).

One of the most important needs of people during the COVID-19 pandemic was access to information resources through which they could learn the ways to prevent the disease.

Cheap internet access, easy login and the significant number of users have made social media one of the simplest and most effective ways to spread information. However, there are misleading rumors and misinformation in Internet. Participants used several strategies to deal with this problem, the most common ones being the use of reputable web pages, especially formal pages of University of Medical Sciences, or avoiding social media.

I do not pay attention to WhatsApp messages because of the stress it puts on me (P 7).

I got information about COVID-19 from the health centre and platforms announced by the Minister of Health (p 16).

During prevalence of COVID-19 participants needed medical services and lockdown has hampered the timely delivery of these services.

Due to the prevalence of COVID-19, I could not even take my pet to the veterinarian (P 19).

I had a problem with my son's MMR vaccine because the health centre near us had become the COVID-19 test centre (P 12).

3.6 | Psychological reactions

With the rapid spread of COVID-19 and mortality and lockdown policies, mental health problems spread rapidly in the society. Participants referred to their experiences with stress, anxiety, depression and obsessions during this period.

The experience of depression in participants was accompanied by symptoms such as lack of positive emotions and the pervasive presence of feelings of sadness, negative thoughts about oneself and the future.

During the lockdown, I sometimes thought that I was locked up at home. Worse, I have no hope that things will get better (P 12).

Some participants spoke about stress, fear of catching the disease, and the possible loss of a loved one.

From the beginning of the lockdown period, I constantly scream at sleep because of stress (P 14).

Also, practical obsessive-compulsive disorder (OCD) was one of the mental disorders during COVID-19, which was expressed repeatedly by some participants.

I wash my hands many times in just half an hour, even though I'm alone at home, but I constantly wash my hands (P 15).

3.7 | Physical problems

Lockdown has caused extensive changes in people's health and lifestyle, which has also affected people's physical condition. A number of participants talked about physical problems during COVID-19. Lockdown created additional problems and pressures for families whose members already had diseases.

Due to lockdown, I delayed lumbar disc disease treatment for several months and this made my disease critical (P 17).

Women described the experience of physical problems that have occurred during the lockdown period. Using of disinfectants has caused skin diseases, respiratory problems and allergies, and on the other hand, excessive housekeeping chores caused many physical complications.

Lockdown made us sick. I got arthritis and my husband got fatty liver disease (P 7).

My husband's hand blistered due to excessive alcohol consumption and washing, causing open wounds in his hand (P 12).
4 | DISCUSSION

In this qualitative study researchers examined the experiences of women during lockdown and the prevalence of COVID-19. Participants’ narratives stem from their perceptions of lockdown during COVID-19 pandemic and the problems they face. The research results were classified into 7 main categories (socio-family influence, occupational challenges, financial concern, leisure time, access to services, psychological reactions, and physical problems) and 18 sub-categories. In the following, based on previous studies we discussed each of these categories and sub categories.

Lockdown limited people’s interrelations, and the fact that working parents were tele-working at home created many challenges. Among the most important problems expressed by the participants are the weak relations with relatives and the resulting gloom, tension and quarrel between family members, the annoyance of the elderly with reduced relations, isolation and aggression of children and difficulty caring for children due to the closure of kindergartens.

According to the results, increased women responsibilities and trying to maintain work-family balance made things more difficult for mothers, especially working ones. The new situation requires the reform of gender roles and the greater cooperation of men in managing the household. This was consistent with the findings of other studies. In our study, better relations were observed between parents and children due to lockdown, which was inconsistent with other studies. The results of Spinelli et al. (2020) in Italy showed that the effect of lockdown on the behavioral and emotional problems of children has increased the stress in parents and children and parents have reported more problems.

Procedures taken by organizations to prevent the spread of COVID-19 in the workplace include limiting unnecessary missions, increasing flexibility in the workplace (telecommuting at home), providing adequate resources (masks, hand sanitizers), education, information about the disease and the monitoring system. The most common problems that participants expressed about the workplace were the fear of being alongside others in the workplace, decline in the number of customers, loss of intimacy of colleagues, increase in workload and telecommuting problems. Our results were consistent with various studies that examined changes in the work environment under COVID-19.

The closure of small businesses is paralyzing for the lower class of the society, increasing unemployment and reducing the income of the poorest groups in society.

In line with our findings, other studies have shown that most businesses, especially those that have been shut down under mandatory lockdowns, have suffered heavy losses, and in small businesses that could not afford long-term lockdowns, closed them to the bankruptcy. Many participants spoke about the impact of this problem on all aspects of family life and demanded the government’s financial subsidies. In the absence of effective social security mechanisms and unemployment funds for self-employed individuals, the continuation of the lockdown and suspension of these activities is not possible and may lead to dissatisfaction and union protests.

Many participants also acknowledged the financial problems during the lockdown, which holds for the total living costs as well as medical expenses. With the increase in prices of disinfectants, masks, gloves, and medical expenses, the conditions have become tighter, even for high-income families.

The negative economic effects of lockdown shown in our study were consistent with various studies. Findings from Brooks et al. showed that financial worries and fears are among the negative consequences of lockdowns. Government and policymakers must give the community the necessary mutual trust and offer financial compensation. The consequences of lockdown, including increased household expenditures, economic instability, declining economic prosperity, declining producer incomes, and limited transportation and agricultural services, jeopardize economic growth. COVID-19 caused problems in leisure activities, leisure businesses and the level of participation of people in leisure programs. Participants in the study noted that they spent their leisure time in lockdown engaging in a variety of hobbies, ranging from painting and cooking as traditional hobbies to the use of modern technologies that, in addition to entertainment, provide education and information of individuals. the incredible value of YouTube and its potential collaboration with the entertainment industry to reach out to people in the community for reducing deaths from the COVID-19 pandemic has been shown in Basch et al study. Modabber et al. in the city of Jahrom, Iran stated that the highest priorities under home lockdown were: entertainment, daily chores, skill learning, sports and physical activity, spiritual activities, study and scientific activities.

Fear of COVID-19 and problems of lockdown in many cases prevented participants from seeking treatment for their various illnesses until the disease came to advanced stages. On the other hand, the congestion of health centers caused fatigue among health staff and can had a negative impact on service provision to the patient. According to the participants, one of the solutions to reduce the mentioned problems is the prosperity of online medical consultations. Consistent with our results, a study in India found that pursuing remote counseling and accessing patient information from e-medical records enables timely response during prolonged lockdown for COVID-19, and this experience provides valuable insight on the possibility of managing visits and remote patient follow-up in the future. One of the most important challenges expressed by the participants was educational services. It can be said that the most important impact of this crisis in the realm of educational services is the recognition of distance education, and therefore, it can be an opportunity to develop and strengthen the systems of online learning, international education and online research. According to the results of the study, online education is associated with advantages, including the reduction of traffic, ease of access to various resources, possibility of recording courses, up-to-datedness of e-learning information due to using the Internet context and the availability of education 24/7. Limitations include unfamiliarity with...
new technology, high costs of using computer equipment, high costs of Internet, nonavailability of computers to everyone, possibility of heating and reduced student motivation.

Social media can help spread knowledge quickly during the pandemic.27

Aside from the correct information, incorrect information about the current pandemic is frequently observed, and this can have serious consequences.28 According to the participants, sometimes this influx of right and wrong information has resulted in nothing but fear and stress, and there is a strong need to increase health literacy, especially media health literacy, as well as proper management of information by governments and international organizations.

Consistent with the results of a study in Palestine, students used social media to continue learning about the COVID-19 pandemic during school lockdown, it caused a rapid spread of panic about the pandemic among this age group.29

Almost all participants experienced a variety of mental disorders under lockdown conditions, including sleep disorders, headaches, tension, feelings of helplessness, stress and anxiety, as well as obsessive-compulsive disorder. In many participants, hope for the future diminished due to the prolongation of the lockdown.

Although managerial and lockdown measures were able to contain the epidemic, the prolongation of home lockdown and lockdowns and the departure from the normal life that led a large number of people to stay at home had inevitable psychological consequences for the general public.30 Failure to treat these conditions can lead to chronic anxiety and depression or other mental disorders.31 Numerous researchers have examined the psychological consequences of these conditions, the results of which were consistent with our study.14,32 Researchers in India found that since COVID-19 was declared a pandemic, most Indians have developed mental health disorders, including feelings of insecurity, anxiety, depression, sleep disorders, panic attacks, and loneliness.31

Emami et al. in a study stated that high blood pressure, cardiovascular disease, diabetes, kidney disease, smoking and COPDs were among the most common underlying diseases in hospitalized patients due to COVID-19.33 Participants who had such problems were more likely to be worried about this.

In addition, with the onset of lockdown and home-staying, people’s lifestyles and diets have changed, with participants saying they were overeating and overweight. Limited physical activity during lockdown can have adverse metabolic consequences and dramatically increase the risk of severe and debilitating disorders such as diabetes, cancer, osteoporosis, and cardiovascular disease. Decreased physical activity can also affect people’s mental health and can be experienced in the form of emotions such as sadness, anger, frustration or irritation.34

Contrary to our study, in which, with the exception of one participant, others reported experiencing poor physical conditions during lockdown because they were unable to walk enough. Cheval et al. had survey on 377 participants from France and Switzerland and detailed that compared to pre-pandemic period, lockdown resulted in dedicating more time to walking and moderate physical activity (10 min per day) and in sedentary lifestyle (75 min per day).35

In Coyle’s study, women reported that COVID-19 led to a healthier lifestyle, spending more time on exercising, and enhancing mental and physical health.36

This study has some limitations. Due to the prevalence of COVID-19, convincing the participants to attend the study was with trouble, to resolve their concerns social distancing was considered during face-to-face interviews and some of interviews were conducted by telephone. Using a qualitative approach to determine meaningful categories and sampling with maximum variation are the strengths of this study.

5 CONCLUSIONS

Women’s experiences show that lockdown during COVID-19 has had psychological, social, economic effects in women’s lives and has affected family relations with a range of positive to negative consequences. It seems that learning new lifestyles such as living under threat can help manage the negative effects of lockdown. Therefore, the design and implementation of interventions based on the results of this study can help to manage these negative implications.

AUTHOR CONTRIBUTIONS

Nahid Shahabi: Conceptualization; formal analysis; methodology; writing – original draft; writing – review and editing. Zahra Hosseini: Data curation; formal analysis; methodology. Atefeh Homayuni: Validation; Writing – review and editing. Roghayeh Ezati Rad: Validation; writing – review and editing. Abdollah Gharibzadeh: Writing – review and editing.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The anonymized qualitative data set, analyzed during the current study, is available from the corresponding author upon reasonable request and research ethics approval.

ETHICS STATEMENT

All methods will be performed in accordance with the Declaration of Helsinki. This study was approved by the ethics committee of Hormozgan University of Medical Sciences (Code: IR.HUMSREC.1399.434). All participants provided written consent to participation.
TRANSPARENCY STATEMENT
The lead author Zahra Hosseini affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

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