Impact of COVID-19 partial lockdown on household activities in a sample of Kuwaiti and Saudi populations

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Abstract
Since the World Health Organization (WHO) declared COVID-19 a global pandemic, partial lockdown has been used as a strict mechanism to constrain the spread of the disease. This study aims to investigate whether there are significant differences between socio-demographic variables and household and family activities before and during the partial lockdown in Kuwait and the Kingdom of Saudi Arabia due to the COVID-19 pandemic. A descriptive cross-sectional method was used in this study. Online surveys were distributed via WhatsApp to a convenience non-probability sample of 728 participants. The survey contained socio-demographic information and a 22-item questionnaire of activities that participants practiced before and during the partial lockdown. An IBM SPSS (25.0) package was utilised to analyse the data. The study found that males and homemakers reported obvious changes for both house and family activities before and during the lockdown. Participants between 40 and 49 years old reported higher scores for family activities before the lockdown. Married participants reported higher scores for house and family activities during the lockdown. The outcomes of this study demonstrate that under certain circumstances in society, cultural gender activities may change due to various reasons such as health precaution regulations, prevention policies, and social isolation.

In December 2019, COVID-19 (a disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)) appeared in Wuhan, China, spreading and leading to detrimental effects on different aspects of human life worldwide (Bao \textit{et al.}, 2020; Sohrabi \textit{et al.}, 2020). On 11 March 2020, the World Health Organization (WHO) declared COVID-19 a global pandemic due to the rapid diffusion of the virus among individuals, the life-threatening impacts on patients’ physical health, and the absence of an approved vaccine or specific antiviral treatment to cure victims (Huang and Zhao, 2020;
Chu et al., 2020). In a response intended to “flatten the curve” of COVID-19 cases, governments worldwide began to enforce days/weeks of quarantine, partial and complete lockdowns, border closures, and travel restrictions to constrain the spread of the virus (Iacobucci, 2020; Paules et al., 2020). These sudden changes disrupted people’s lives as their normal routines and social interactions had to be altered (Montemurro, 2020; Zhong et al., 2020).

Several studies have been undertaken worldwide from psychological, sociological, social work, cross-cultural, and medical perspectives to investigate the significant impacts of the lockdown on individuals’ mental and physical health (Dong and Bouey, 2020; Gao et al., 2020; Jung and Jun, 2020; Keesara, Jonas and Schulman, 2020). However, few studies have described the impact on performance of household activities during lockdowns imposed due to the COVID-19 outbreak (Brooks et al., 2020; Shigemura et al., 2020). For example, according to a BBC news report, the lockdown has led to social isolation and an increase in domestic violence, resulting in emotional, physical, and sexual abuse. Moreover, according to reports by the UK charity Refuge, 25 per cent of calls made to helplines during the lockdown were related to domestic abuse (Kelly and Morgan, 2020). A finance.yahoo.com report (2020) stated that there is a positive association between authorities’ enforcement of public lockdown due to the outbreak of COVID-19 and the number of video game players. Because of the extended hours spent at home, and due to social isolation, many individuals spent extended periods playing video games (Cellini et al., 2020; Singh et al., 2020).

A study by Ling and Ho (2020) analysed how the COVID-19 outbreak impacted Malaysian social behaviour. The study found that the outbreak caused many non-cooperative behaviours and mental disorders such as uncertainty, greed, fear, and anxiety that led to panic buying and noncompliance with authority orders. Sjödin et al. (2020) made a model to examine the efficiency of quarantine in a small town in Italy based on physical distancing, household size, and the level of compliance with quarantine rules. The study found a positive association between the number of reported secondary cases of COVID-19 and household or quarantine group sizes. Moreover, the study detected a positive association between average household size and time spent in public and the number of secondary cases within the town.

The American College of Sports Medicine (ACSM, 2020) published a report about parents keeping their children active during the COVID-19 pandemic while addressing the basic health precaution recommendations declared by the WHO (2020) to prevent children from being infected with the virus. The report emphasised the positive influence of physical activity on children’s immune systems and on their physical and mental health. In addition, the report suggested a number of indoor and outdoor activities, with emphasis on cleaning and wiping down the associated equipment (e.g., bicycles, bats, jump ropes, and balls) before and after their use. Indoor activities suggested by the report included colouring, dancing, jumping rope, and yoga (ACSM, 2020). Chotipol (2020) explains how Thai people adapted more to sedentary behaviours and to excessive use of social media platforms because of the increased amount of time they were spending in their homes due to the 10 p.m. to 4 a.m. shutdown of public services and entertainment imposed by the Thai health authorities.

Since the first confirmed case of COVID-19 was reported in Kuwait on 23 February 2020, and in the Kingdom of Saudi Arabia on 2 March 2020, people’s daily lifestyles changed completely due to the regulations imposed by public health authorities to control the spread of the virus in these two countries. The regulations included a three-month partial and complete lockdown, border shutdowns, enforced weeks of quarantine, work and school closures, cancellation of all public events, and closure of malls, parks, and houses of worship. The only essential services that continued to operate were those related to security, healthcare, telecommunications, water, food, and energy districts (WHO, 2020). This study seeks to determine the impact of the partial lockdown due to the COVID-19 pandemic on household and family activities in Kuwaiti and Saudi Arabian societies. The findings can be referenced by future studies on household activities and family dynamics during crisis events in the Gulf Council Countries (GCC) because only Kuwait and Saudi Arabia experienced a partial lockdown due to the COVID-19 pandemic.
1  |  THE SIGNIFICANCE OF THE STUDY

Arabian Gulf society is patriarchal – families tend to instil morals and principles in their children that clearly assign their roles, duties, and activities in the household (Al-Kandari and Al-Zuabi, 2016). According to these values, the main domain for a son is outside the home, working to make money as the head of his family, whereas a daughter is raised and prepared to be a mother who is responsible for household tasks and errands (food preparation, teaching, socialisation, doctor visits, and entertainment). Her main duties take place within her family surroundings inside her house (Aoodah, 1988; Al-Rumahi, 2013). According to the “symbolic interactionism” approach, individuals’ roles and social interactions are shaped by the influences of the surrounding circumstances (Eagly and Wood 2012; Korgen and White, 2008). People’s acts, according to the symbolic interaction perspective, are determined by situations they encounter, not by the set condition of the structural features in a given society, such as culture, social roles, or social systems (Blumer, 1962).

The significance of the current study is to investigate the effect of certain circumstances on Kuwaiti and Saudi household and family activities during the partial lockdown due to the COVID-19 pandemic. The findings of this study will identify the most vulnerable groups whose lifestyles and activities changed during this unusual situation. These outcomes could be beneficial for designing future strategies and procedures concerning the COVID-19 pandemic to overcome the difficulties that these groups encounter and support them in performing their family responsibilities with the least possible sociological and psychological damage. Moreover, the findings can be a valuable reference for comparison studies on the impact of crisis events on household dynamics and family activities after abnormal events and crises, and for investigating the influence of changing household and family activities on the quality of family relationships, domestic and verbal aggression, and withdrawal.

2  |  PURPOSE OF THE STUDY

According to the symbolic interactionism approach, surrounding conditions shape people’s social interactions and roles. Applying this approach to the current research, Kuwaiti and Saudi family and household activities were studied during the partial lockdown. Household activities and domestic roles in most societies fall to women; their main duty is keeping the home and they are not in a position to prioritise work over their family duties (Merton, 1957; Moore and Gobi, 1995). The normal pattern of family activities worldwide is men working outside the home and women working inside the home doing domestic work for their families (Hossain, 2001; Lehrer and Stokes, 1985; Marini and Brinton, 1984). The purpose of the current study was to assess whether typical Arabic household activities changed for Kuwaiti and Saudi Arabian societies during the three-month partial lockdown due to the COVID-19 pandemic (WHO, 2020).

The present study aims to answer the following question: Is there a statistically significant difference between participants’ socio-demographic characteristics (gender, age, educational level, occupational status, and nationality) and their house and family activities before and after the partial lockdown in Kuwait and the Kingdom of Saudi Arabia?

3  |  SYMBOLIC INTERACTIONISM THEORY

In this study, we embrace the symbolic interactionism approach, where the roles of individuals are shaped by social interactions influenced by changing stimuli. This school of thought perceived society as evolving and that changing situations might affect an actor’s behaviour depending on their self-concept and their adjustment to the surrounding influences. While Mead (1934) was the first sociologist to embrace this school of thought, others like Kinnon and Neil (1994) and Stryker (2001) have elaborated and supported this theory for interpreting social role behaviour. Mead (1934) insisted that
things around us become stimuli affecting how we react and behave. Therefore, human response is not always predictable or shaped by norms, but rather it is a social process influenced by communications between individuals responding to stimuli. According to Stryker (2001) “society is a web of communications or interaction, which is the reciprocal influence of persons taking each other into account as they act” (Stryker 2001, p.213). In other words, social life is dynamic, being a web of interactions that give rise to a social reality by people acting and reacting to each other. Depicted in this imagery is the “idea that individually and collectively, humans are active and creative, not merely responders to external environmental forces” (Stryker 2001, p.213). Blumer (1962) stated that society is not an organisation or structure, but a sum of actions of people assessing and interpreting situations and, based on these assessments, acting with others. Eagly and Wood (2012) believe that gender differences are enforced through socialisation and the formation of gender roles, where women are more likely than men to be homemakers, and men are more likely to be in a paid economy.

4 | METHODOLOGY

4.1 | Sample and data collection

This study used a cross-sectional method to address the research questions. Online questionnaires were distributed via WhatsApp to participants living in Kuwait and Saudi Arabia as they are the only GCC countries that have imposed a partial lockdown. The sample was limited to Kuwaiti and Saudi individuals who were living in Kuwait and Saudi Arabia during the lockdown and who had spent two months of lockdown in these countries. The target sample size was 1,000 participants equally distributed between Kuwait and Saudi Arabia. Of the target, 428 surveys were completed by Kuwaiti participants and 300 by Saudi participants. The response rate for the study was 72.8 per cent, which is considered high. The data collection procedures followed the rules and regulations of the Kuwait University research sector. The first section of the online questionnaire included the following: an invitation for cooperation, a facility for participants to indicate their willingness to participate in the study, the right to withdraw at any time from the study without obligation, and the assurance of security of personal data. The authors assured the participants that the survey did not include any embarrassing questions, therapy interventions, or a requirement for a blood sample. The authors clearly explained to the participants that their identities would be anonymous and acknowledged numerically, and that only the authors would have access to the survey and the data provided by the participants.

The questionnaires were distributed via WhatsApp, a popular social media platform used by many people in the GCC. The survey was designed using the Google survey app as the platform for the database. Access to the Google account is limited to the second author. The authors had a list of the WhatsApp accounts of the participants who had participated in the study. A link to the online survey was sent to the sample of the study via the WhatsApp platform privately. The participants were asked if the survey link could be sent to their WhatsApp account. After the participants completed and submitted the online survey, the information was saved on the second author’s Google account. The returned online survey did not include any personal information that could identify the participants to ensure confidentiality and anonymity. In addition, the first section of the survey included a written consent form, which the participants had to complete before they could fill out the questionnaire.

This study used a snowball sampling method, which included a non-random sample of 728 participants. The participants’ age categories were as follows: 20–29, 30–39, 40–49, 50–59, and 60 and above. Of the entire sample, 14.4 per cent were in the 20–29 age group, 22.8 per cent were in the 30–39 age group, 21 per cent were in the 40–49 age group, 27.6 per cent were in the 50–59 age group, and 14.1 per cent were in the 60 and above age group. Regarding gender, the sample was 76.6 per cent female and 23.4 per cent male. With respect to nationality, 58.8 per cent of the sample were Kuwaiti and 41.2 per cent were Saudi. The majority of the sample were married (71.8 per cent), followed by divorced (19.1 per cent), single (6.3 per cent), and widower (2.7 per cent). In terms of educational
level, 64.3 per cent of the sample had a bachelor’s degree, 9.5 per cent had a diploma, 18.1 per cent had a master’s degree/PhD, 5.9 per cent had a high school diploma, and only 2.2 per cent had less than a high school diploma. The majority of the sample were employed (47.8 per cent), followed by retirees (25 per cent), homemakers (14.3 per cent), businesspeople (7.6 per cent), and students (5.4 per cent) (see Table 1).

### Table 1 Sample characteristics (N = 728)

| Variables         | n   | %    |
|-------------------|-----|------|
| Gender            |     |      |
| Female            | 558 | 76.6 |
| Male              | 170 | 23.4 |
| Age               |     |      |
| 20–29             | 105 | 14.4 |
| 30–39             | 166 | 22.8 |
| 40–49             | 153 | 21   |
| 50–59             | 201 | 27.6 |
| 60 and above      | 103 | 14.1 |
| Educational Level |     |      |
| less than high school | 16 | 2.2  |
| High School       | 43  | 5.9  |
| Diploma           | 69  | 9.5  |
| Bachelor          | 468 | 64.3 |
| Master and PhD    | 132 | 18.1 |
| Marital Status    |     |      |
| Single            | 46  | 6.3  |
| Married           | 523 | 71.8 |
| Divorce           | 139 | 19.1 |
| Widower           | 20  | 2.7  |
| Employee status   |     |      |
| Student           | 39  | 5.4  |
| Employee          | 348 | 47.8 |
| Retired           | 182 | 25   |
| Businessman       | 55  | 7.6  |
| Homemaker         | 104 | 14.3 |
| Nationality       |     |      |
| Kuwait            | 428 | 58.8 |
| Saudi             | 300 | 41.2 |

#### 4.2 Ethical consideration

All procedures were followed in accordance with the ethical standards of the Kuwait University rules and regulations on human experimentation and with the Helsinki Declaration of 1975, as revised in
2000. In addition, an electronic written consent form was obtained from participants and the data was collected anonymously.

4.3 | Data availability

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy and ethical restrictions.

5 | THE INSTRUMENT

The participants completed an online questionnaire that included two parts. The first part included demographic items such as the age, gender, educational level, and marital status of the participants. The second part included scales developed by the authors of the study to measure activities performed before the partial lockdown (ABPL) and activities performed during the partial lockdown (ADPL). The ABPL and ADPL scales were developed based on what the literature suggests are significant indicators of activities that individuals may practice during the day (Al-Rumahi, 2013; Aoodah, 1988; Al-Kandari and Al-Zuabi, 2016) and based on the authors’ experience in the area of family activities and developing scales. The ABPL and ADPL scales were developed to explore the activities that males and females practiced in their daily routine before and during the partial lockdown. The language of the scales was Arabic, which is the official language in Kuwait and Saudi Arabia.

The ABPL and ADPL constitute a 22-item instrument for evaluating activities that individuals practiced before and during the partial lockdown in Kuwait and Saudi Arabia during the COVID-19 pandemic. Furthermore, there were three items included in the total scales, but these were not included in the subscale. Responses were made on a 5-point Likert scale, where 1 = did not engage in this activity, 2 = rarely, 3 = sometimes, 4 = frequently, and 5 = always. The ABPL contains two subscales to identify activities that participants performed in their house and with their families before the partial lockdown. The participants were asked to reply to the best of their knowledge about their performance of certain activities three months before the activation of the respective countries’ partial lockdown. The house activities before partial lockdown (HABPL) subscale (four items) assessed activities practiced in the house before the partial lockdown, such as cooking and housework. The family activities before partial lockdown (FABPL) subscale (seven items) assessed activities practiced with family before the partial lockdown, such as taking children to school and eating with the family. The ADPL contains two subscales identifying the activities that participants practiced during partial lockdown in their homes and with their families. The house activities during partial lockdown (HADPL) subscale (four items) assessed activities practiced in the house during the partial lockdown, such as repairing items at home and fixing electrical appliances at home. The family activities during partial lockdown (FADPL) subscale (four items) assessed activities practiced with family during the partial lockdown, such as playing with kids and sitting with family members. (There were three items included in each scale).

The internal consistency was calculated using Cronbach’s $\alpha$. The internal consistency for the ADPL scale alpha was 0.61. The internal consistency for the ABPL scale alpha was 0.70. The reliability alpha scores of these subscales were found to be as follows: HADPL ($\alpha = 0.51$), FADPL ($\alpha = 0.51$), HABPL ($\alpha = 0.64$), and FABPL ($\alpha = 0.67$), all of which are acceptable.

To ensure the validity of the questionnaire, a field test of the instrument was conducted and a professor from the Department of Sociology and Social Work at Kuwait University who is familiar with the study evaluated the questionnaire. The evaluation revealed that some changes were required in the first draft of the questionnaire. The modifications were made accordingly.
The results of t-test analysis of gender with ABPB, ADPB, and subscales are presented in Table 2.

### Table 2: Results of t-test analysis of gender with ABPB, ADPB, and subscales

| Scales  | Male M  | Male SD | Female M | Female SD | t(728) | p   | Cohen’s d |
|---------|---------|---------|----------|-----------|--------|------|-----------|
| ADPB    | 65.52   | 7.06    | 66.94    | 7.44      | −2.20  | .02  | 0.163     |
| ABPB    | 68.31   | 8.30    | 69.99    | 8.46      | −2.27  | .02  | 0.168     |
| HADPB   | 11.04   | 3.34    | 11.60    | 3.11      | −2.02  | .04  | 0.149     |
| FADPB   | 18.08   | 3.85    | 18.64    | 2.83      | −2.22  | .02  | 0.164     |
| HABPB   | 10.33   | 4.03    | 10.52    | 3.43      | −0.60  | .54  | 0.044     |
| FABPB   | 23.37   | 4.21    | 24.35    | 4.43      | −2.55  | .01  | 0.189     |

### 6 | DATA ANALYSIS

The Statistical Package for Social Sciences (IBM SPSS 25.0) was used to analyse the data. Descriptive statistics were used for means, standard deviation, percentages, and frequencies to describe demographic characteristics such as age, gender, nationality, marital status, educational level, and employee status. In addition, Cronbach’s α was applied to assess the internal consistency reliability of the scales and subscales. Furthermore, correlation was utilized to assess the criterion validity of the scales (see Appendix A). In addition, the Kolmogorov–Smirnov test and the Shapiro–Wilk test were used to test the normality of the data. After running the tests, the results showed that the data was normally distributed. The t-tests were performed to compare differences between gender and nationality with respect to house and family activities before and after the partial lockdown. In addition, ANOVA were calculated to compare the impact on mental health in different educational levels, marital status, occupational status, and age groups.

### 7 | RESULTS

#### 7.1 Gender

A t-test was conducted to find differences between gender and the ABPL, ADPL, and the four subscales (HABPL, FABPL, HADPL, and FADPL). The results showed a significant difference between gender and ADPL ($t = −2.20$, $p = 0.02$), with a mean score of 65.52 for males and 66.94 for females. There was also a significant difference between gender and ABPL ($t = −2.27$, $p = 0.02$), with a mean score of 68.31 for males and 69.99 for females. Furthermore, a significant difference was found between gender and HADPL ($t = −2.02$, $p = 0.04$), with a mean score of 11.04 for males and 11.60 for females. A significant difference was also found between gender and FADPL ($t = −2.22$, $p = 0.02$), with a mean score of 18.08 for males and 18.64 for females. Finally, there was a significant difference between gender and FABPL ($t = −2.55$, $p = 0.01$), with a mean score of 23.37 for males and 24.35 for females. However, the analysis indicated that the means of HABPL did not differ significantly, as $p < 0.05$ (see Table 2).

#### 7.2 Nationality

A t-test was conducted to find differences between nationality and the ABPL, ADPL, and the four subscales (HABPL, FABPL, HADPL, FADPL). The results showed no significant differences between nationality and the ABPL, ADPL, and the four subscale scores, as $p < 0.05$ (see Table 3).
### Table 3  Results of t-test analysis of nationality with ABPB, ADPB, and subscales

| Scales  | Kuwaiti M  | Kuwaiti SD | Saudi M  | Saudi SD | t(728) | p   | Cohen’s d |
|---------|------------|------------|----------|----------|--------|-----|-----------|
| ADPB    | 66.99      | 7.49       | 66.07    | 7.18     | 1.65   | .09 | 0.122     |
| ABPB    | 69.83      | 8.38       | 69.27    | 8.54     | 0.88   | .37 | 0.065     |
| HADPB   | 11.53      | 2.95       | 11.39    | 3.47     | 0.62   | .53 | 0.046     |
| FADPB   | 18.55      | 2.82       | 18.45    | 2.88     | 0.48   | .62 | 0.035     |
| HABPB   | 10.36      | 3.44       | 10.64    | 3.77     | -1.04  | .29 | 0.077     |
| FABPB   | 24.33      | 4.28       | 23.83    | 4.56     | 1.51   | .13 | 0.112     |

### Table 4  One-way ANOVA between the participants’ age and ABPB, ADPB, and subscale scores

| Scale     | 18–29 M | 18–29 SD | 30–39 M | 30–39 SD | 40–49 M | 40–49 SD | 50–59 M | 50–59 SD | 60 and above M | 60 and above SD | F   | η²  |
|-----------|---------|----------|---------|----------|---------|----------|---------|----------|----------------|-----------------|------|-----|
| ADPB      | 66.1    | 6.2      | 67.2    | 6.7      | 67.8    | 8.2      | 66.5    | 7.9      | 64.4           | 6.4             | 3.80| 0.021 |
| ABPB      | 68.4    | 8.0      | 69.7    | 7.3      | 72.0    | 9.2      | 69.7    | 8.6      | 66.7           | 7.9             | 6.96| 0.037 |
| HADPB     | 10.6    | 3.4      | 11.6    | 3.0      | 11.9    | 2.9      | 11.7    | 3.3      | 10.7           | 2.9             | 4.59| 0.025 |
| FADPB     | 17.8    | 2.4      | 19.4    | 2.8      | 19.2    | 3.0      | 17.8    | 2.7      | 17.7           | 2.4             | 14.05| 0.072 |
| HABPB     | 9.1     | 3.7      | 10.2    | 3.6      | 10.9    | 3.4      | 11.1    | 3.5      | 10.4           | 3.1             | 6.64| 0.035 |
| FABPB     | 22.9    | 4.0      | 25.1    | 3.9      | 25.9    | 4.4      | 23.4    | 4.3      | 22.3           | 4.1             | 17.32| 0.087 |

*p < 0.05, **p < 0.01, ***p < 0.001, (2-tailed).

### 7.3  Participants’ age

One-way ANOVA was conducted to test differences between groups in terms of participants’ age and the ABPL, ADPL, and the four subscales (HABPL, FABPL, HADPL, and FADPL). The age categories for the participants were as follows: 20–29, 30–39, 40–49, 50–59, and 60 and above. There were statistically significant differences between participant age groups and the ADPL, $F(4, 723) = 3.80$, $p = 0.005$, and between age groups and the ABPL, $F(4, 723) = 6.96$, $p = 0.000$. There were also statistically significant differences in the HADPL and FADPL subscale scores for the participants’ age groups, $F(4, 723) = 4.59$, $p = 0.001$ and $F(4, 723) = 14.05$, $p = 0.000$, respectively. Finally, statistically significant differences were seen in the HABPL and FABPL subscale scores for the participants’ age groups, $F(4, 723) = 6.64$, $p = 0.000$ and $F(4, 723) = 17.32$, $p = 0.000$, respectively (see Table 4).

### 7.4  Participants’ occupations

One-way ANOVA was conducted to test differences between groups in terms of participants’ occupations and the ABPL, ADPL, and the four subscales (HABPL, FABPL, HADPL, and FADPL). The occupation categories for participants were as follows: student, employee, homemaker, businessperson, and retired. There were statistically significant differences between participants’ occupations and the ADPL score, $F(4, 723) = 3.58$, $p = 0.007$. There was another significant association between participants’ occupations and the ABPL score, $F(4, 723) = 5.16$, $p = 0.000$. There were also statistically significant differences between participants’ occupation groups and the HADPL and FADPL subscale scores, $F(4, 723) = 3.34$, $p = 0.01$ and $F(4, 723) = 10.04$, $p = 0.000$, respectively. Furthermore, there were statistically significant differences between participants’ occupation groups and the HABPL and
TABLE 5  One-way ANOVA between the participants’ occupation and ABPB, ADPB, and subscale scores

| Scale   | Student M | Student SD | Employee M | Employee SD | Homemaker M | Homemaker SD | Retired M | Retired SD | Retired businessman M | Retired businessman SD | F   | η² |
|---------|-----------|------------|------------|-------------|-------------|-------------|-----------|-------------|------------------------|------------------------|------|----|
| ADPB    | 64.6      | 5.9        | 67.1       | 7.1         | 67.8        | 7.8         | 65.2      | 7.8         | 66.8                   | 6.5                    | 3.58* | 0.011 |
| ABPB    | 67.1      | 8.7        | 69.9       | 7.8         | 72.0        | 9.0         | 68.2      | 8.9         | 68.6                   | 7.5                    | 5.16* | 0.016 |
| HADPB   | 10.2      | 3.4        | 11.5       | 3.1         | 12.2        | 3.2         | 11.2      | 3.0         | 11.2                   | 2.9                    | 3.34* | 0.012 |
| FADPB   | 17.2      | 2.8        | 18.8       | 2.8         | 19.4        | 2.9         | 17.6      | 2.5         | 18.4                   | 2.5                    | 10.04* | 0.011 |
| HABPB   | 8.6       | 3.6        | 10.3       | 3.6         | 11.5        | 3.4         | 10.8      | 3.3         | 9.8                    | 3.1                    | 6.12* | 0.034 |
| FABPB   | 22.3      | 4.7        | 24.7       | 4.1         | 25.1        | 4.6         | 23.0      | 4.3         | 23.2                   | 4.1                    | 8.13* | 0.013 |

*p < 0.05, **p < 0.01, ***p < 0.001, (2-tailed).

TABLE 6  One-way ANOVA between the participants’ marital status and ABPB, ADPB, and subscale scores

| Scale   | Married M | Married SD | Single M | Single SD | Divorced M | Divorced SD | Widower M | Widower SD | F   | η² |
|---------|-----------|------------|----------|-----------|------------|-------------|-----------|------------|------|----|
| ADPB    | 66.9      | 7.9        | 66.0     | 7.1       | 65.9       | 4.6         | 63.5      | 8.0        | 1.99 | 0.008 |
| ABPB    | 70.1      | 9.0        | 69.1     | 6.8       | 67.9       | 5.8         | 66.6      | 9.4        | 3.38** | 0.014 |
| HADPB   | 11.8      | 3.0        | 11.0     | 3.3       | 10.4       | 3.4         | 11.4      | 3.1        | 8.76*** | 0.035 |
| FADPB   | 18.9      | 2.9        | 17.5     | 2.6       | 17.6       | 2.1         | 16.4      | 3.2        | 13.69*** | 0.054 |
| HABPB   | 10.0      | 3.1        | 8.8      | 3.7       | 10.5       | 3.6         | 10.4      | 3.5        | 14.36*** | 0.056 |
| FABPB   | 24.7      | 4.5        | 22.9     | 3.4       | 22.6       | 3.5         | 20.9      | 4.3        | 13.94*** | 0.055 |

*p < 0.05, **p < 0.01, ***p < 0.001, (2-tailed).

FABPL subscale scores, \( F(4,723) = 6.12, p = 0.000 \) and \( F(4,723) = 8.13, p = 0.000 \), respectively (see Table 5).

7.5  Marital status

One-way ANOVA was conducted to test differences between groups in terms of participants’ marital status and the ABPL, ADPL, and the four subscales (HABPL, FABPL, HADPL, and FADPL). The marital status categories were as follows: married, single, divorced, and widower. There were statistically significant differences between participants’ marital status and the ABPL score, \( F(4,723) = 3.38, p = 0.018 \). There were also statistically significant differences between participants’ marital status and the HADPL subscale score, \( F(4,723) = 8.76, p = 0.000 \). Moreover, there were statistically significant differences between participants’ marital status and the FADPL subscale score, \( F(4,723) = 13.69, p = 0.000 \). Furthermore, there were statistically significant differences between participants’ marital status and the HABPL subscale score, \( F(4,723) = 14.36, p = 0.000 \). There were also statistically significant differences between participants’ marital status and the HABPL subscale score, \( F(4,723) = 13.94, p = 0.000 \) (see Table 6).

8  DISCUSSION

The current study reveals that there is a significant difference between gender and activities performed before and during the partial lockdown with respect to the four subscales (house activities before
and during the partial lockdown, family activities before and during the partial lockdown) during the COVID-19 pandemic in Kuwait and Saudi Arabia. Male participants reported more obvious changes than female respondents in family activities before and during the partial lockdown. Furthermore, a new development in the findings demonstrates that male respondents reported more obvious changes than female respondents in both house and family activities during the partial lockdown. Men joined in house activities, which were only performed by women before the crisis. According to Alon et al. (2020), household isolation led to men helping with childcare as they spent more time at home and began to join in house activities which were performed only by women before the crisis. House activities like repairing appliances, grocery shopping, and paying rent and school fees were normally done mainly by males in Arabic cultures, and specifically in traditional Gulf cultures. The current study’s findings demonstrate that family relations and bonding grew stronger during the partial lockdown. In a UK survey, Roshgadol (2020) found that parents had more time for activities with children during lockdown and this increased time spent together led to stronger bonds. A study by Alnas (2020) in Turkey found that parents reported improved family life during lockdown. Due to the long period of time that males stayed at home with their families, they were encouraged to participate more in family and house activities. Normally, before the COVID-19 pandemic, the regular daily routine for most male household members involved juggling work and social obligations, like courtesy visits and physical activities, and they spent the rest of the time relaxing with their families. But during the lockdown their involvement in both family and house activities increased. This shows that roles adapt as surrounding stimuli change. Bates and Clyde (1976), proponents of the functional perspective, stated that roles are designated to define social positions governing relationships in a stable social system. However, societies around the world underwent major changes due to the crisis, and the family as a social organisation had to adapt to the evolving situation. From the viewpoint of symbolic interactionism, as the social situation changed with isolation and the shutdown of workplaces, roles also changed, leading to greater involvement at home. This higher exposure of the fathers to their children “will have at least some persistent effect on future contributions to child care, be it through learning to do things at home, having more information of what children are actually doing all day, or through increased attachment to the children” (Alon et al., 2020, p.21).

Furthermore, findings of the current study illustrate that there was no significant difference between participants’ nationality and their house and family activities before and during the partial lockdown. This is likely because Kuwait and Saudi Arabia are both Arabian Gulf countries whose populations descend from similar social systems and religious affiliations and share similar cultural values, norms, and traditions (Al-Rumahi, 2013). Therefore, during the present critical health crisis, citizens from both countries have adapted similarly to household roles and responsibilities.

Participants’ activities before and during the partial lockdown differed significantly depending on their age category, as the current study demonstrates. Participants who were between 40 and 49 years old reported higher scores for family activities before the partial lockdown. The findings showed that the Kuwaiti and Saudi participants in this age group have larger households. It is also possible that women in this age group spent more time with their younger children as childcare was no longer provided by grandparents or childcare centres. With different age categories and genders, each group has its own needs and demands which the parents must meet. Notable in this study is that participants aged 40 to 49 reported higher scores for house activities than other age groups during the partial lockdown. These findings demonstrate that the outbreak of COVID-19 in Kuwait and Saudi Arabia changed the participants’ daily lifestyles and they began to spend more time with their family members during the pandemic, fixing electrical appliances, repairing items at home, playing with kids, and sitting more with family members. Individuals in this age category typically had different lifestyles before the pandemic, with men usually spending most of their time outside of the home with male friends, and with women spending most of their time with their children and relatives. House and family activities before the partial lockdown were usually performed by household servants and mothers) Al-Sejari 2017).
Additionally, the study showed that homemakers reported obvious changes for performing house activities and family activities before and during the partial lockdown. These findings reflect the cultural stereotypical role and norms that are assigned to women, such as household tasks related to looking after their family (cleaning, clothing, feeding, and teaching) (Batnitzky, 2008; Torre et al., 2019; Izraeli, 1993). In the past, the Arabic cultural traditions, through sayings and folk tales, emphasised and instilled values in young girls about family and childcare responsibilities, their main duties being childbearing and taking care of their house (Aoodah, 1988). Thus, the findings highlight that Kuwaiti and Saudi women’s duties and responsibilities related to their family before and during partial lockdown did not change. The unusual situation of the COVID-19 pandemic did not affect their duties regarding their family. However, men began to play a bigger role in the house than before during the partial lockdown.

Moreover, this study demonstrates that married participants reported higher scores for performing house and family activities during the partial lockdown, whereas divorced participants reported higher scores for performing house activities before the partial lockdown than during it, possibly due to male relatives helping or because they moved in with their parents. These findings show that participants’ roles as parents did not change during the pandemic except for the increased involvement of younger men. On the other hand, changes in house activities during the partial lockdown significantly affected divorced participants’ lifestyles. This outcome demonstrates the significant role of the family and the male role in these two countries in such activities, as circumstances during this critical period often led males to perform family activities because some of them occur late at night when safety and security are at risk. Under these abnormal conditions, male support is essential for obtaining daily necessities, providing essential services, and dealing with other possible emergencies.

9 | CONCLUSION

This study found that participants’ roles during the COVID-19 pandemic changed their expected behaviours from the normal and predictable roles that were earlier prescribed in traditional Arabic social systems. In certain circumstances in society, common cultural gender roles may change due to reasons such as security and safety issues, health precautions, prevention policies, and changes in individuals’ work environment, requiring people to adjust to prevailing circumstances. Another finding is that family activities, like spending time with children, were not previously considered male roles due to the stereotype that men are too busy with work outside the home. However, we found that men in both Kuwait and Saudi Arabia experienced more obvious changes in this area than females both before and during the partial lockdown. Male roles within the family increased in their households as they interacted more than before the crisis. Therefore, greater change was seen for men during the partial lockdown.

The results for house and family activities are the same in Kuwait and Saudi Arabia. Consequently, it could be beneficial for public health authorities’ policies and regulations to consider the similarities between the Arabian Gulf countries in their cultural traditions, norms, and family values and responsibilities when planning future strategies or imposing procedures concerning the COVID-19 pandemic. Furthermore, future studies are needed to compare house and family activities during the COVID-19 outbreak according to family type (nuclear and extended family). More studies are warranted to investigate house and family activities, taking into consideration those with elderly or handicapped members in their care and their adjustment to roles/duties during the COVID-19 crisis. Additional research is also encouraged to reveal the economic hardships that arose and the support systems that household members offered during the pandemic, as well as how it influenced the common gender roles in the Arabian Gulf countries.
9.1 Limitations, recommendations, and future research

Based on the best knowledge of the authors, this study may be considered pioneering research conducted during the COVID-19 pandemic. It attempts to investigate the significant differences between socio-demographic characteristics and individuals' house and family activities before and during the partial lockdown. There are, however, some limitations. Due to social distancing requirements, this study was limited to individuals who use WhatsApp, so further studies are required using different methods of data collection. In addition, the method used was a non-random sample, which limits generalisability. Moreover, this study is cross-sectional in that it was performed at a single point in time during the COVID-19 pandemic, which means it measures only house and family activities before and during the partial lockdown. As workplaces become more flexible, it would be interesting to see in future studies if there will be a recalibration of gender roles.

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CONFLICTS OF INTEREST
The authors declare no conflicts of interest.

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APPENDIX A: CRITERION VALIDITY

The bivariate correlations coefficients were conducted among the scales and subscales of the study to test for the criterion validity. The results showed a positive correlation between ABPL, ADPL, and the four subscales (HABPL, FABPL, HADPL, and FADPL). The results revealed that there was a positive correlation between ADPL and the following scale and subscales: (ABPL: \( r = 0.66, p < 0.01 \)), (HADPL: \( r = 0.50, p < 0.01 \)), (FADPL: \( r = 0.63, p < 0.01 \)), (HABPL: \( r = 0.38, p < 0.01 \)), and (FABPL: \( r = 0.46, p < 0.01 \)). Furthermore, there was a positive correlation between ABPL and the following subscales (HADPL: \( r = 0.38, p < 0.01 \)), (FADPL: \( r = 0.49, p < 0.01 \)), (HABPL: \( r = 0.49, p < 0.01 \)), and (FABPL: \( r = 0.75, p < 0.01 \)). In addition, there was a positive correlation between HADPL and the following subscales (FADPL: \( r = 0.28, p < 0.01 \)), (HABPL: \( r = 0.70, p < 0.01 \)), and (FABPL: \( r = 0.27, p < 0.01 \)). Furthermore, there was a positive correlation between FADPL beliefs and the following subscales (HABPL: \( r = 0.20, p < 0.01 \)), and (FABPL: \( r = 0.63, p < 0.01 \)). There was a positive correlation between HABPL subscale and FABPL subscale \( (r = 0.26, p < 0.01) \). There was a significant correlation between the scales and four subscales (see Table A1). The overall pattern of correlation within the scales and subscales supports the construct validity of the ABPL and ADPL.

**TABLE A1** Descriptive statistics and correlations for study scales

| Scales | n  | M   | SD  | 1   | 2   | 3   | 4   | 5   | 6   |
|--------|----|-----|-----|-----|-----|-----|-----|-----|-----|
| ADPB   | 728| 66.61| 7.37| –   |     |     |     |     |     |
| ABPB   | 728| 69.60| 8.45| .66**| –   |     |     |     |     |
| HADPB  | 728| 11.47| 3.17| .50**| .38**| –   |     |     |     |
| FADPB  | 728| 18.51| 2.84| .63**| .49**| .28**| –   |     |     |
| HABPB  | 728| 10.48| 3.58| .38**| .49**| .70**| .20**| –   |     |
| FABPB  | 728| 24.12| 4.40| .46**| .75**| .27**| .63**| .26**| –   |

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