

Original Research Article

Quality of life of women working from home in COVID-19 lockdown: a questionnaire survey

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ABSTRACT

Background: Lockdown as a precaution is aimed to reduce the community transmission and to defeat the pandemic COVID-19. The pandemic lockdown has an impact on lifestyle strategies in work from home employees.

Methods: A cross sectional, questionnaire study with observational sampling of size no. 110 was conducted through web based data collection (google form) across India.

Results: Data shows lockdown impact on lifestyle strategies like physical health, psychological health, social relationship and environmental factors of working from home employees were found significant. Majority of participants (working from home women) showed better quality of life in lockdown.

Conclusions: This web-based survey shows significant results to highlight that women can balance their life style strategies with daily routine in COVID-19 pandemic lockdown. Lockdown situation made women more active, mobile and balance their official work along with the family setup. 67.3% respondents were married and working from home and 48% of participants maintaining their better quality of life since lockdown.

Keywords: Quality of life, Women working from home, COVID-19 lockdown

INTRODUCTION

The current COVID-19 pandemic is unprecedented, but the global response draws on the lessons learned from other disease outbreaks over the past several decades. On 30 January 2020, following the recommendations of the Emergency Committee, the WHO Director- General declared that the outbreak constitutes a Public Health Emergency of International Concern (PHEIC).¹

Corona virus disease (COVID-19) is an infectious disease caused by severe acute respiratory syndrome.² It was first identified in December 2019 in Wuhan, China and has resulted in an ongoing pandemic.³ The first case may be traced back to 17 November 2019.⁴ As of 11 June 2020, more than 7.36 million cases have been reported across 188 countries and territories, resulting in more than

416000 deaths. More than 3.45 million people have recovered.⁵ On 31st December 2019, China informed the World Health Organisation (WHO) about the number of patients with symptoms of respiratory illness of unknown cause.¹⁴

By way of definition, a symptomatic COVID-19 is a case who has developed signs and symptoms compatible with COVID-19 virus infection.⁷ The incubation period for COVID-19, which is the time between exposure to the virus and symptom onset, is on average 5-6 days, however can be up to 14 days. During this period, also known as the 'pre-symptomatic' period, some infected persons can be contagious. An asymptomatic laboratory confirmed case is a person infected with COVID-19 who does not develop symptoms. Asymptomatic transmission

refers to transmission of the virus from a person, who does not develop symptoms.⁷

The Government of India confirmed India's first case of corona virus disease (2019) on 30 January 2020 in the state of Kerala, when a university student from Wuhan travelled back to the state⁸. As the number of confirmed COVID-19 positive cases closed 500, PM Modi on 19 March, asked all citizens to observe 'Janata Curfew' on 22 March (Sunday), 2020.⁹ The lockdown was further extended till 31 May by the National Disaster Management Authority.⁴ On 30 May, it was announced that the ongoing lockdown would be further extended till 30 June in containment zones, with services resuming in a phased manner starting from 8 June. It was termed as 'Unlock 1'.¹⁰

During the lockdown, Indian IT industry made employees "work from home" (WFH) as per government's mandate. As a result, about 90% of employees worked from home with 65% of them from homes in metros and rest 35% from homes in small towns.¹¹ People have worked from the comfort of their home for a very long time now, but there was a very few of us. But the pandemic has changed a lot of things. Most of them aren't a part of their usual work from home routine.¹²

It is pivotal to begin research studies to deal with the likelihood of impact of the corona virus lockdown on human life. For instance, collecting data through web-based surveys is increasingly popular nowadays due to various reasons. Measurement of Quality of Life has become increasingly important over the past many decades.¹³

Surveys are powerful research tools that convey valuable information on disease trends, risk factors, treatment outcomes, quality of life, and cost effectiveness of care. Moreover, from a research standpoint, surveys have larger sample sizes and therefore provide greater statistical power. They are also less expensive, increase the possibilities of gathering large amount of information and increase the approachability to the targeted population by using several online and offline modes of survey administrations.⁶

Need of the study

The Impact of COVID-19 pandemic Lockdown on Physical health, Psychological health, Social relationship and Environmental factors of women working from home is noticeable. Women are basically multi talented but this pandemic situation with work from home crisis is more challenging. This study is an opportunity to find how women are balancing their quality of life with family, work and routine while staying inside their homes.

Objective of the survey

To find out the quality of life of women working from home in lockdown period. It was also intended to measure the work-life balance made by the women at the time of this crisis and how they maintain their daily routine with official work.

METHODS

Study method

Cross-sectional, structured closed questionnaire survey.

Sampling technique

Observational sampling technique, questionnaire link was shared through the online website and only women could enter the data. The data collected were highly confidently maintained.

Sample size

Out of 198 samples, 110 samples were selected to the study under inclusion criteria.

Study population

Women between 25-40 years of the age group who live in their home with work from home option due to COVID-19 lockdown.

Inclusion criteria were working women and age group between 25-40 years. Exclusion criteria were women not willing to participate in study and age group below 25 and above 40 years.

Ethical permission

Consent was taken from all participants by sending along the questionnaire through web link and to get response as agree or disagree to participate.

Study tool

A fully structured questionnaire from World Health Organisation (WHO) for assessing quality of life (WHOQOL-BREF) was used to record the responses of participants through Google form.

Data processing

This was a cross sectional, questionnaire study carried out in India where an easy web made link was created on Google Form survey questionnaire and sent via whatsapp application by friends share method and piloted prior to the main study to 10 people and necessary changes were made. Privacy was strictly protected during

the entire study. The survey data collection was initiated on 9 June 2020 and closed on 25 June 2020.

RESULTS

Total of 110 women between 25 to 40 years of age group participated in the study. 67.3% were married, 24.5% were single and 9.2% were under others (separated/divorced/ widowed). WHOQOL-BREF questionnaire was used as an outcome measure. It indicated how much the participants have experienced certain conditions under categories like physical health, psychological health, social relationship and environmental factors in the last two weeks during COVID-19 lockdown. The results were manipulated by percentage.

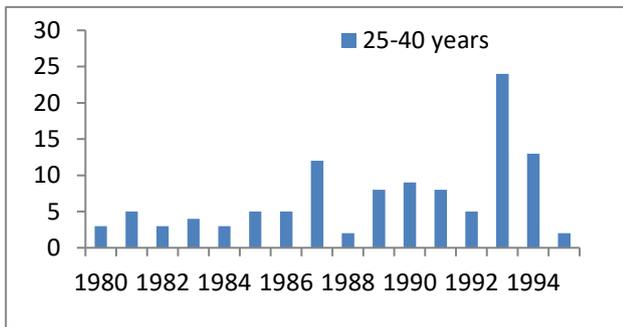


Figure 1: Demographic details, age of the participants.

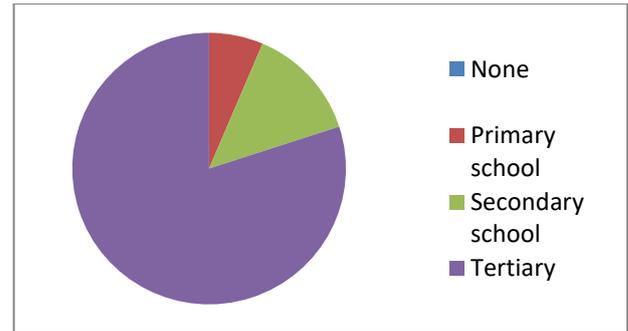


Figure 2: Clinical characteristics, highest education of participants.

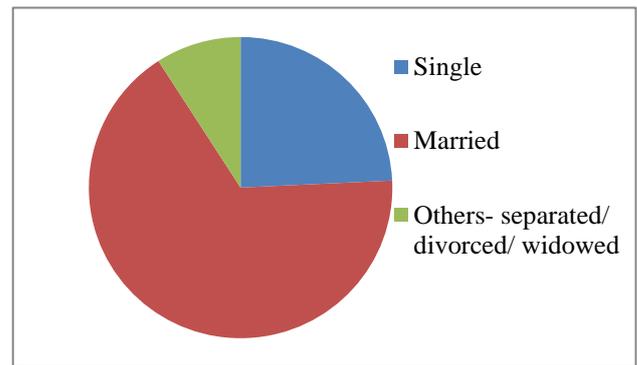


Figure 3: Clinical characteristics, marital status of participants.

Table 1: Experience in the last two weeks.

Questions	Very poor/ very dissatisfied (%)	Poor/dissatisfied (%)	Neither good/ satisfied nor poor/dissatisfied (%)	Good/satisfied (%)	Very good/ very satisfied (%)
1.(G1)			9.1	73.6	15.5
2.(G4)			15.5	69.1	13.6
3.(F1.4)	20.9	31.8	35.5	10	
4.(F11.3)	53.6	30.9	10.9		
5.(F4.1)		6.4	21.8	60.9	9.1
6.(F24.2)		11.8	23.6	54.5	8.2
7.(F5.3)		11.8	45.5	37.3	5.5
8.(F16.1)		9.1	39.1	40	11.8
9.(F22.1)		6.4	48.2	37.3	7.3

Table 2: Data regarding how complete participants experienced or were able to do certain things in last two weeks.

Questions	Not at all/ very poor (%)	A little/ poor (%)	Moderately/ poor nor good (%)	Mostly / good (%)	Completely/ very good (%)
10.(F2.1)			28.2	60	10
11.(F7.1)	5.5	8.2	22.7	40.9	22.7
12.(F18.1)		7.3	37.3	37.3	15.5
13.(F20.1)		10.9	39.1	41.8	7.3
14.(F21.1)		19.1	47.3	28.2	
15.(F9.1)		19.1	20	48.2	11.8

Table 3: Data regarding how good or satisfied participants felt about various aspects of life over last two weeks.

Questions	Very dissatisfied (%)	Dissatisfied (%)	Neither satisfied nor dissatisfied (%)	Satisfied (%)	Very satisfied (%)
16.(F3.3)			20.9	55.5	18.2
17.(F10.3)			20	64.5	10.9
18.(F12.4)			17.3	63.6	15.5
19.(F6.3)			14.5	60	22.7
20.(F13.3)		7.3	10.9	54.5	23.6
21.(F15.3)	10.4		18.9	48.1	16
22.(F14.4)			18.2	64.5	12.7
23.(F17.3)			24.5	55.5	16.4
24.(F19.3)			32.7	55.5	9.1
25.(F23.3)		5.5	34.5	43.6	16.4

Table 4: Data regarding how often participants have felt or experienced certain things in last two weeks.

Questions	Never (%)	Seldom (%)	Quite often (%)	Very often (%)	Always
26.(F8.1)	8.2	30.9	41.8	18.2	-

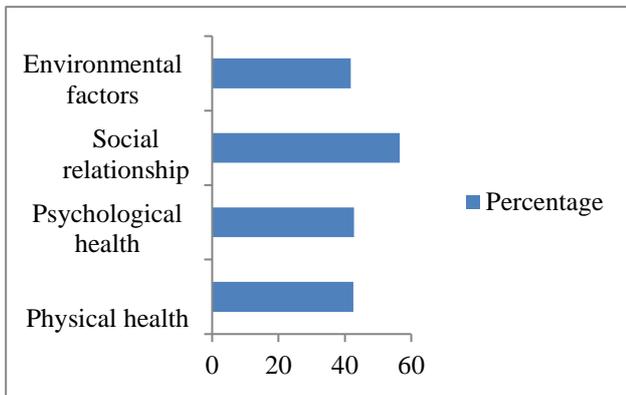


Figure 4: Participants percentage score under 4 categories, physical health, psychological health, social relationship and environmental factors.

DISCUSSION

Better quality of life for women means improvement for children and men too. The abilities of women were needed at all levels to effect change and “dance with the universe”.¹⁴ Work ability might be considered as an important aspect of well-being and health status. One of the most important factors in association between work ability is health related quality of life (HRQoL). There was a positive significant association between physical component summary and mental component summary with the work ability index(p=0.0001). Workers with higher education had a better work ability (p=0.002)¹⁵. The study was aimed to analyse the quality of life among working women in the lockdown. The responses of 110 participants were analysed within the group. Working women only were included in the survey. Respondents with 80% of women were educated at tertiary level and only 13.6% at secondary school level. According to the graph, 48 % of respondents were very satisfied or very

good in their physical health, psychological health, social relationship and environmental domains. With observational sampling technique, the most common responses were 42.5% participants showed ‘good’ response in physical health, 42.7% of participants showed ‘mostly complete’ response in psychological health, 56.5% of participants showed ‘satisfied’ response in social relationship and 41.8% of participants showed ‘quite often’ response in environmental factors.

The study showed that women can handle both family and official work simultaneously with complete positive energy even in the lock down criteria.

Limitations

The study had moderate number of participants and house wives with more age variations could have been included in this study.

CONCLUSION

It was concluded from the present study that working women could balance both family and work from home in COVID-19 lockdown. The study showed that working women could challenge herself with physical health, psychological health, social relationship and environmental domains even in pandemic lockdown to maintain a better quality of life. WHOQOL questionnaire which was used as an assessment tool has been recommended to utilize commonly as a screening tool among house wives and men to detect their quality of life.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Review Committee

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