

The Impact of the Covid-19 Pandemic on Women in the Households: Qualitative Analysis of Women's Quality of Life and Mental Health

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ABSTRACT

The COVID-19 pandemic has created a reflective tremor worldwide, with different implications for men and women while affecting all aspects of human beings. Accordingly, this pandemic has affected women in unique gender-specific ways, particularly their traditional status as household managers. The main aim of this study is to explore the impact of COVID-19 on the quality of life and the mental health of women in Sri Lanka using qualitative research methods. The information for the study was gathered through semi-structured face-to-face interviews with 50 respondents selected using a purposive sampling technique. The collected data from the interviews were analyzed using inductive thematic analysis. The findings of the study indicated that quality of life and mental health difficulties have been exacerbated during the pandemic for many women in households in Sri Lanka. Due to the pandemic, income and consumption levels have significantly changed within the households and that has adversely impacted the quality of life of women. Government-imposed restrictions on COVID-19 have had both adverse and propitious impacts on women's social interactions. Accordingly, it has also affected the mental health of women. This study will assist policymakers in understanding and devising appropriate policies considering the quality of life and mental health-related issues faced by women in households during the COVID-19 pandemic.

Keywords—COVID-19; Quality of Life; Mental Health; Women; Qualitative; Household

INTRODUCTION

From ancient times to the present, humankind has faced a variety of pandemics and, as a result, a significant number of people have died. These pandemics have spread rapidly and caused radical social change. After a long time, humanity is again suddenly struggling with a deadly plague, COVID-19 which first appeared in Wuhan in China's Hubei province in December 2019. In a very short time, it spread to almost all countries and territories of the whole world resulting in the World Health Organization (WHO), declaring it a pandemic in March 2020[7]. As of August 2022, there have been more than 585 million confirmed cases and more than 06 million people lost their lives [39] due to this deadly pandemic. The pandemic has affected more than 200 countries globally and has severely affected global health [2]. Most poor people in developing countries are at risk of being infected by COVID-19 and are most likely to suffer the worst economic shock [25]. As Sri Lanka is one of the most vulnerable middle-income countries [33], the impact of this deadly pandemic on the human being is vast. Sri Lanka has experienced severe waves [38] of COVID-19 from time to time. The first confirmed COVID-19-positive case in Sri Lanka was reported on January 3, 2020, and as of August 2022, there have been more than 667,916 confirmed cases and more than

16,619 deaths in Sri Lanka [14]. According to the COVID-19 preparedness plan for Sri Lanka, three groups were identified as the highly vulnerable who are in need of support. They are women, children, and people with disabilities [37]. In this study, the focus group is women who were considered to be underrepresented and unfairly treated in society which was raised throughout the period prior to the pandemic as well.

Government-Imposed Restrictions and Their Socio-Economic Impacts on the Families

The COVID-19 pandemic has been recognized worldwide as a major threat to health and a danger to the world economy, affecting people's lives by influencing their everyday behavior [18]. This pandemic has created the largest shift in consumer behavior in recent history [32]. Though several vaccines have been developed for the virus, countries used preventive guidelines that have been developed to contain the spread of COVID-19 [26]. Most countries follow social distancing as the principal strategy to limit the number of new cases [9]. Movement lockdown and social distancing became the new norm in the daily life of the people. During the nationwide lockdown, people were socially isolated and experienced negative emotions such as fear, stress, and frustration [31]. Difficulties included access to essential goods and services, especially healthcare and leisure activities as people were required to maintain social distancing [11]. COVID-19 impacted on a number of fronts within the household such as quality of life, financial well-being, family interactions, work-family balance, physical health, and mental health. Households across the country suffer the loss of livelihood as a result of the lockdown resulting from COVID-19 [19]. Many people lost their jobs and were compelled to stay at home without having a source of income. Widespread and sudden income declines from job loss or reduced work hours have led to expenditure declines for many non-essential purchases and forced many families to forgo basic needs like food or housing payments [32]. Support from family and friends may not be forthcoming in this situation because they are also facing job loss and financial [34].

Responsibilities of the Women in a Household

Women are the key to sustainable development and quality of life in each and every family. The varieties of roles the women play in the family are those of wife, leader, administrator, manager of family income, and last but not the least importantly mother. They are the main caretakers who struggle with the dynamic economic and social impacts of households irrespective of their social engagements. In a household, they shoulder much of the burden. That is not an easy task. Women are socialized to provide care and maintenance to the family unit by procuring and preparing food, giving care to dependent family members, and socializing children to become productive adults [12]. When multiple family dependents were present in the same household, such as children and grandparents, both with and without disabilities, the burden was even heavier for the women [27]. In rural communities, apart from the implementation of various household responsibilities, the women even are involved in the rearing of livestock. In unexpected situations, their roles changed, and their responsibilities increased over time. But they never stepped down and stood by their families and even became the strength and the driving force of families. They always try to be efficient in the implementation of household responsibilities. In the management of household responsibilities, women need to participate in decision-making on different aspects, these are, participation in decision-making in domestic affairs, participation in decision-making regarding finances, participation in decision-making regarding employment opportunities, and participation in various tasks and activities outside the home [20]. The literature states the nature of the female and her responsibilities in the household and explained that she is very much prone to be stressed due to the fact that there appear to be more sources of stress around her.

Quality of Life and Mental Health of the Women in a Family

Quality of life today for women begins with information on indicators such as income, population, refugees, and the presence of women in political office. These indicators may vary from household to

household with the dynamic socio-economic impacts faced by the families. Accordingly, the quality of life of the women in each household also differs from one to another. Quality of life is a highly attributed resource available and can be a protective factor for mental health [13]. The link between mental health and quality of life was moderated by gender [35]. An Indian comparative study indicates that the life satisfaction and well-being of women were found to be affected to a higher level than those of men, due to psychological [23]. Comparative studies have indicated that women with good physical and psychosocial health within a household are more likely to have a better quality of life [4].

The Present Study

The findings of [1] indicated that the COVID-19 pandemic was associated with mild psychological impact and encouraged some positive impacts on family support. On the other hand, existing micro-level studies have uncovered the impact of COVID-19 on individual aspects of quality of life and have largely reported negative outcomes such as depression and anxiety, feelings of fear, stress, worry, and psychological distress [15]. Findings from epidemiological studies indicated that women are at higher risk of psychological outcomes [24]. A study [40] indicated that women are considered to be hit the hardest by the pandemic, though women are the primary caretakers of the household. The purpose of the present study is to provide a qualitative analysis of women's quality of life and mental health during the COVID-19 epidemic. However, COVID-19 is an emerging social phenomenon, and there is a limited body of qualitative comparative studies on the impact of COVID-19 on women in households using quality of life and mental health. The current study is based on qualitative information collected from women in Sri Lanka. In this context, the study focused on providing answers to the following research questions.

- (1) How did COVID-19 impact the quality of life of women?
- (2) How did COVID-19 impact the mental health of women?

MATERIALS AND METHODS

Study Design

The qualitative research approach was applied in this study through in-depth investigation to gather data efficiently and effectively to learn about the impacts of the COVID-19 pandemic on women in households. The qualitative research approach views human thought and behavior in a social context and covers a wide range of phenomena in order to understand and appreciate them thoroughly [8] and provides abundant data about real-life people and situations.

Sample and Survey Technique

This qualitative study arose as a part of a larger project that aimed to develop an artificial intelligence framework for threat assessment and containment for COVID-19 and future epidemics while mitigating the socio-economic impact on women, children, and underprivileged groups. To achieve the scope of the project, the research team selected 3000 households in 20 Districts, 89 Divisional Secretariats, and 200 Grama Niladhari Divisions (the smallest administrative division) in Sri Lanka using a multi-stage clustering sampling technique. On average from each household, four members were selected for the interviews which resulted in 12,000 individuals in the household survey. A semi-structured questionnaire was used for the household survey and the questionnaire addressed the social, economic, health, cultural, mental, and socio-political impacts of COVID-19. The interviews of the household survey continued from the 06th of November to the 10th of December 2021 with the end of the 3rd COVID wave in Sri Lanka. During the interviews, the interviewer encouraged respondents to talk about their experiences in their own words. With the consent of the respondents, 326 interviews were audio recorded. Accordingly, the present study was

carried out from the qualitative data collected from the female respondents of the aforementioned vast household survey. From the collected audio recordings, 165 were female respondents and among them, 50 Respondents were selected for this study using the purposive sampling technique.

Data Analysis

The process of data analysis began soon after finishing the semi-structured face-to-face interviews. The collected data were analyzed using inductive thematic analysis. Thematic analysis is clearly a powerful analytical method for qualitative research [21] and aims to gather an understanding of a certain phenomenon by taking common themes from a larger body of data [30]. In the first stage, the data collected from the audio recordings were transcribed verbatim by the research team in English. The transcribed data was then read and re-read several times to ensure the accuracy of the transcription and to gain familiarity with the data. In the second stage, notes and ideas generated through the transcription process began to code. Two researchers from the research team read all the transcripts and coded the data. These codes identified features of the data that the researcher considered pertinent to the research questions. The third stage involved searching for themes. All initial codes relevant to the research question were incorporated into a theme and any themes that did not have enough data to support them or were too diverse were discarded. During this process, a new set of final themes (analytical themes) were generated that directly addressed the research questions. The inductive thematic saturation applied was focused on the identification of new codes or themes. Throughout the data analysis process, NVivo 12 software was used as a data management tool.

RESULTS

Respondents of the study ranged in age from 25 to 65 years with a mean age of 43 years. Among the respondents, 16% respondents are household heads and 84% respondents are spouses. Three parent themes emerged from the data: material living conditions, social interactions, and emotional/mental health.

Material Living Conditions

1) Income:

Income is a basic indicator that supports personal well-being. The COVID-19 pandemic has exacerbated income inequality [34], and this has been associated with many negative outcomes for a household. Virtually all the respondents expressed that they are suffering from the effect which came up with COVID-19 on their family income. Most of the respondents expressed that their main family income source had decreased during the COVID-19 pandemic period, and they had a hard time in their life managing their families.

“My husband lost his job during the lockdown period. I also didn’t get paid properly at my workplace. I managed. my family very hard”

“I am not doing a job. Only my husband is doing a job. He is a wedding photographer. During the lockdown period, he didn’t have work and due to that our family income source was lost. Those days I managed my family while facing a lot of difficulties”

“My husband is a daily wage earner. During the lockdown period, he had to stay at home. Our family didn’t have any other way to earn an income. We didn’t even receive the ‘samurdhi’ (a public subsidy given to the poor.) We had a very hard time in our lives.”

According to the data from the respondents, during the COVID-19 period, people had to move for a loan and pawns. Because of the economic situation of the family. As a woman, they had to pawn their gold assets

to survive their family.

“Prices of the goods were high. We didn’t have the ability to plant our own agricultural products. because at that time there were difficulties finding seeds and necessary things. I had to pawn my gold items and get loans. Our family was economically collapsed.”

“My husband worked as a helper. He didn’t have work those days. We had a lot of loans to pay. We lived very hard with economic problems. I pawned my gold chain. I was unable to get it released until today.”

With the hard economic situations of the families, it was difficult to spend money as previously. The majority of the respondents expressed that their children were unable to do their studies due to the fact of the inadequacy of resources. Their income level was not sufficient to survive the prevailing situation in the country. The following excerpts described their grievances as mothers.

“I faced so many problems during the covid period. My husband lost his job. And my children didn’t have the facilities to study. As a mother and household manager, that time was difficult for me with economic and other problems.”

“We don’t have enough money to buy a smartphone for our children. They were unable to do their studies via an online platform. When starting school, my children felt like they had been stigmatized among other children. My children come home and say to me that they don’t like to go to school. As a mother, I was so helpless there.”

Some respondents stated that they were unable to pay their bills and loans with a lack of household income. They put huge pressure on their families having expenses without having a proper income.

“Our family didn’t receive any extra income. Even didn’t receive salaries in our workplace. We don’t have the ability to do anything, and light bills and water bills were piled, and we were unable to pay them.”

In Sri Lanka, most families are male-headed, and when the male head loses their job or when they are daily wage earners or when they are disabled, or when they are abroad, women have huge stress to maintain their family. The following views of women provide evidence in this regard.

“My husband drives a three-wheeler. In that period there was no hire. With the lack of family income, I managed my family very hard.”

“We lived with our husband’s job. My husband lost his job. There are five children in our family and altogether there are seven family members. Three children stayed at home without having a job. I was helpless.”

“My husband is a disabled person and am plucking tea. We don’t have ‘Samurdi’ (a public subsidy given to the poor). It was difficult to maintain my family. We live very hard.”

“My husband was abroad. During the COVID-19 period, we didn’t receive his salary for 06 months. As a household manager, I felt helpless with all my family responsibilities.”

In addition, according to the data, it was revealed that there were some female-headed families. When they lost their jobs during the COVID-19 period their families became so helpless.

“I did a canteen. Because of the coronavirus, I had to close it. Now I have to stay at home. It hugely impacted my Family. I am helpless with my family responsibilities.”

“My husband doesn’t have a fixed job. I am self-employed and I didn’t have the ability to do my employment during the lockdown period. I faced many difficulties in managing my family in that period.”

Consumption:

Besides the above factors, data revealed that the COVID-19 pandemic had a significant impact on household consumption levels. In the following excerpts, most of the respondents expressed that they had to change their food patterns during the COVID-19 pandemic period.

“During the covid-19 period, our eating habits changed. I used to manage the things that we had. We didn’t find nutritious foods. We only ate to fulfill our hunger.”

They used to manage their life with the things that they had. And some of them described that they ate only one or two meals per day those days.

“We were familiar with eating what we have.”

“Those days sometimes I didn’t eat dinner.”

“To cover the expenses, we don’t have anything to do. No neighbors to help us. We survived those days by drinking only tea in between meager meals we had.”

Furthermore, data show not only the food consumption but also that respondents had to change other consumption patterns with this scenario.

“In previously I cooked three times. I reduced it to two times. Also, I changed the meal pattern of our family. And we minimized participation for special occasions. And we reduced buying clothes. Children didn’t go to classes. I covered the extra expenses by cost-cutting.”

As the data revealed, all the family members stayed at home during the lockdown period. Respondents expressed that when children are at home, they eat more meals. And as a mother and a housewife, she was helpless in this situation while having a hard income level.

“When children stay at home, they take more food. My husband’s salary was not enough for our family to survive during that period. I became helpless there.”

Social Interaction

1) Social Isolation:

Social interaction is a fundamental feature of social life and, as a human, is essential to every aspect of our life. With the COVID-19 restrictions, face-to-face interactions were often reduced. Social isolation had created a heightened level of stress and anxiety. Most of the respondents expressed below that they felt mentally distressed because they were socially isolated and unable to have their usual lifestyle.

“And not just because infected with the covid virus, even in normal life also we were unable to go to church, we were unable to hold meetings, and didn’t have a way to gather people. We annually go on trips. But we were unable to go anywhere because of this situation. yeah, I faced huge mental distress.”

During the COVID-19 restrictions and the lockdowns, all the family members had to stay at home. They had to change, pause, or stop the work that they previously engaged with. As household caretakers, respondents were worried about their family members.

“With the lockdown, we were unable to go outside. My eldest son was unable to go to work, but he did some work in the garden because he is of an understanding age. But my youngest son was stuck at home, and I felt mentally stressed thinking about him.”

2) Social Stigma:

As it is well known, social stigma is a negative effect that came up with COVID-19. As COVID-19 is a newly emerged pandemic in the world people are worrying about getting sick during the pandemic. Respondents described how they suffered from social stigma because of the infecting COVID-19 virus. They described that even though they are healing now they had to face stigmatization.

“After infecting the covid virus I identified actual people. They were trying to stay away from me. Most of the closely associated people changed after I was infected with the coronavirus. Though now am healing, when they see me, they run away from me.”

“Some people had said to me that this virus infects miserable people.”

“People didn’t look at me. The people who were very close to me previously tried to stay away from me. They are fearful to talk with me. With these reactions, I am mentally depressed rather than the illness. When I think about it today, today also I feel very sad about it”

“I infected coronavirus. Though am healed from the virus when I go to buy something from a nearby shop, they didn’t allow me to come. They were afraid to take my money. I was so helpless there.”

While a few respondents described a sense of feeling trapped and not being able to go out or be free, several others, respondents described positive experiences that they had during the COVID-19 pandemic. Respondents reflected on having used that time for gardening. And they expressed that they have been able to grow family and social bonds during that period. They could be able to spend time with their children and family members during the lockdown The situation in the country.

“I cultivated vegetables in that period together with whole family members.”

“Previously I cooked alone. But in this situation children came to the kitchen and helped me to cook. That was a good thing that came with corona.”

“Though children didn’t meet friends they could stay at home freely and play at home. Also, they were able to spend time happily with us.”

“I used to watch YouTube with my daughter and learn new recipes during the pandemic. I try to improve the bond, with my daughter, and it was a nice relaxing time from her online education during the pandemic.”

Virtually, the majority of respondents expressed that even if there was a lockdown situation and social isolation, that time was spent supporting each other. They could be able to manage their lives with the support of their neighbors during that period.

“I was infected with covid virus. My neighbors helped me a lot. They bought food for us. They didn’t allow me, to feel lonely. They always called me and looked after me.”

Emotional/Mental Health

It is well known that during the COVID-19 pandemic period most people had to work from home and school

children stayed at home and did their studies online. In this kind of scenario, the responsibilities of the women of a household also changed. Some respondents simply described their experiences while all family members stayed at home.

“My husband is an engineer. He also started to do his duties from home. He worked in another room, and I am packed with my job. Though we were staying at home we did not get time to look after our child who is 2 years old. Most of the time our mother looked after him. So, it was a very difficult time to manage all job responsibilities and family chores as a mother.”

“My child was in grade two. He had online classes during the corona period. I had to stay near to him throughout his class because he is a small kid and maybe used the mobile phone for unnecessary things. If he had classes for nearly two hours, I would have to stay two hours there. It was difficult for me to manage his work, household work, and my job responsibilities at the same time.”

COVID-19 is a newly emerged pandemic, that triggered people’s fear. Virtually all the respondents described.

that they felt fear of infecting coronavirus on them or their family members.

“When my children went outside, I fear that they will be infected with the virus.”

“Recently my daughter started to go to school again. There are some parents who even send COVID-19-infected children to school without notifying others. Actually, I am sending my daughter to school by taking a huge risk. It feels like sending my child to school carrying death in hand”

Similarly, several respondents described that they were afraid and worrying about their life when they have been infected with the virus.

“After being hospitalized by infecting the coronavirus I was mentally depressed. I was thinking about what happened to our life and what happened to our family?”

“When I was infected with the coronavirus, I couldn’t believe it. Sometimes I thought I should hide somewhere. Likewise, suddenly my mind changed.”

Several respondents described that even once they were infected with the COVID virus, they were afraid of infecting it again.

“As a covid-19 infected family, we were afraid that again we will infect with the coronavirus. I am afraid to experience it for the second time. I took care of us in every aspect not to be infected.”

“Covid-19 is a very serious virus. I prayed nobody would infect this virus.”

Some other respondents stated that they are still mentally depressed even though they are healed from the virus now.

“Am still mentally depressed. I even couldn’t change my mind to start again my business. I couldn’t understand and even I didn’t have enough strength to do anything now.”

DISCUSSION

This study was conducted at the end of the 3rd COVID wave in Sri Lanka to identify if the COVID-19

pandemic, subsequent lockdowns, and regular restrictions had a significant impact on the women in the households in Sri Lanka. According to [36], of the Sri Lankan population, 52% are female and 48 % male. In Sri Lanka, whether women are homemakers or self-employed, or are employed in organizations and irrespective of their categories and backgrounds, they need to carry out household management. Even when they are not educated or still, they are trained in the implementation of household responsibilities. In Sri Lankan society, women tend to hold a higher position in society than they do in other South Asian countries [3]. The Sri Lankan government implemented social distancing and lockdown measures to contain the spread of new coronavirus infections. However, prolonged lockdowns and uncertain experiences have likely had psychological repercussions, as COVID-19 significantly changed many individuals' daily lives [2].

Quality of life is defined as the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life events [28]. The quality of life today for women begins with information on indicators such as household income and household consumption level. Higher incomes allow higher consumption levels, and people are assumed to buy goods and services because they contribute to their quality of life [16]. In our findings, virtually all the respondents express that they lost their jobs and their main income sources were lost by the COVID-19 pandemic. When the household economy collapsed, women had a huge responsibility to manage their families as household managers. One-way families tried to maintain their financial well-being in response to the great recession was by applying for small loans [10]. In our findings, some respondents described that they had to pawn their gold assets and had to move for loans to manage the financial well-being of their households. Families struggled to manage their debts during the economic downturn [22] and many respondents stated that there were a lot of unpaid bills loaded. Another highlighted point is that as a mother and a caregiver, they are worried about not having the resources to pursue their children's education. Poorer families send their children to schools that do not have adequate facilities to cater to the online learning environment [6]. As the economic stability of the household worsens, children face higher risks of becoming malnourished, falling sick, and being less likely to complete school [19]. Similarly, this study also respondent expressed that her children were saying that they couldn't go to school because they felt they are stigmatized among other children. In this kind of situation, women became so helpless, and they had huge stress on maintaining their families. The COVID-19 situation was particularly worse for female-headed households and poor workers in the informal economy. Even women who can work from home had to balance work and taking care of children simultaneously [34]. In that scenario, women had to earn money for the family while taking care of their husbands and children. Respondents described that they become helpless to do their responsibilities to their family in that situation.

It is generally assumed in the quality-of-life literature that consumption improves people's quality of life [16]. In contrast to this, in the findings of the current study, most of the respondents stated that they had to change their eating patterns with the crisis of COVID-19. As household managers, they had to minimize the consumption patterns of the family to balance the financial well-being of their family. To cost-cutting, they had to reduce their food patterns, buying behaviors, recreational activities, and many other things. In the current study, the impact of COVID-19 on mental health was described under two main themes: 1) Social Interactions, and 2) Emotional/Mental Health. Lockdown affected not only home life, employment, and finances [11] but also the maintenance of social interactions. In supporting this, most of the respondents from the current study expressed that they felt mentally distressed because they were unable to have their usual lifestyle with several restrictions caused by the epidemic which ruins their day-to-day life patterns. With the unexpected restrictions, most people had to change, pause, or stop the work that they previously engaged with. In such a situation as a mother and a caregiver, respondents described that they were worried about their family members. In the COVID-19 outbreak, people are discriminated against, treated separately, or experience loss of status because of a perceived link with a disease. In the current study, some respondents described that they were stigmatized by society even though they healed from the virus.

Though the majority of the respondents expressed the adverse effects of COVID-19-related social isolation, there were some positive notes about social isolation expressed by a few respondents. Some respondents stated that they were able to spend time with their family members and were able to develop family bonds during that period. Another highlighted point was that respondents indicated that even though there was a lockdown situation in the country during that period they supported their nearby ones and managed their lives by supporting each other. Due to the corona situation and with all family members staying at home, normal day-to-day duties and responsibilities of women had changed. Changes in daily lives and restrictions of movement have led people to suffer from higher stress and anxiety levels [29]. When school was closed, many mothers had to take time off from their daily work in order to care for their children. Some respondents described that as children stayed at home and had online education, mothers had difficulties managing all the job responsibilities and family chores. Another point highlighted in the findings of the current study is the fear of all the respondents of infecting the coronavirus to them or their family members. In supporting this Cerda and García [5] indicate that the increase in fear was higher in women than in men, and women may be more psychologically affected by the COVID-19 pandemic that is, women may be more afraid of contracting the virus. Most of the respondents of the current study also indicated that even though they were previously infected the COVID-19 they were fearful of facing that experience again. Not only that, some other respondents stated that even though they were now healed from the virus, they were also worrying about their life and their family and are still mentally depressed.

CONCLUSION

The COVID-19 pandemic has had a significant impact on human beings worldwide. This qualitative study identified the difficulties reported by women in households regarding their quality of life and mental health during the COVID-19 pandemic in Sri Lanka. The COVID-19 crisis induced the loss of most people's jobs and impacted households' shrinkage in income. And household food security and nutrition would be negatively impacted most through loss or reduction in household income. As the quality of life is a concept that mainly encompasses income and consumption, these critical scenarios impact the quality of life of women. The current study identified the negative experiences women had on their quality of life as mothers, household managers, and caregivers due to a lack of income level and lack of consumption level in the household during the COVID-19 pandemic period. Lockdown and the movement restrictions impacted households adversely and it impacted women as household managers and caused them psychological distress. It was difficult for them to manage all their responsibilities and family chores. Nevertheless, some women were able to experience a positive effect during the lockdown period with their family members and neighbors. The findings indicated that the COVID-19 pandemic has impacted both negatively and positively ways for the mental health of women in Sri Lanka. These findings should be considered by policymakers to minimize the adverse impact of COVID-19 on the quality of life and the mental health of women for a sustainable future. For that, ensuring women's participation in decision-making, increasing the representation of female participation in political agenda, and addressing the care economy should be considered in policy implications.

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