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Perception of Home Demands, Demography, and Mental Health amongst Married Women During COVID-19

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ABSTRACT

This study aims to explore the relationship between the perception of home demands, demography and mental health of married women during the COVID-19 pandemic. The predictive role of perception of home demands, and demographics has also been assessed, in determining the mental health of married women during the pandemic. A sample of 250 married Pakistani women, between 20 to 55 years, with at least one child and minimum matric qualification, were included in the study. Participants were administered a self-constructed questionnaire. Regression analysis showed that quantitative home demands and husband's employment status were significant negative predictors of anxiety and depression in women, whereas emotional home demands and mental home demands were significant positive predictors of depression, anxiety, and stress in married women. The results of this study help to highlight the work pressure women are facing during the pandemic and to support reform in balanced gender role expectations in society. This study also has implications for mental health practitioners, feminists, social workers, psychologists, and policymakers.

Keywords: Perception of Home Demands, Mental Health, Married women, COVID-19.

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INTRODUCTION

The unfettered proliferation of COVID-19 since December 2019 has demanded unprecedented measures, from the foisting of quarantine to the proclamation as a pandemic, globally (Waris et al., 2020). This study explores the perception of home demands, demography, and mental health of married women that remain understudied in Pakistan during the COVID-19 pandemic. Whilst a threat to healthy lives, the pandemic has also brought along an invincible challenge for the social, and financial conditions of people belonging to all sectors of society, especially for people living in low-income countries (Josephson et al., 2021). Moreover, the pandemic has also significantly contributed to the mental health deterioration in people, especially women and young adults (Pieh & Probst, 2020).

The increase in household chores, unstable economic situation, social isolation, altered childcare and work routines have had a negative impact on the mental health of women. Overall, the pandemic has increased the gender gap and steepened the inequalities and created a bigger negative impact on women compared to men (Banks & Xu, 2020). The COVID-19 pandemic has correspondingly deepened the already existing gender gaps putting a huge burden of additional responsibilities on women's shoulders. In South Asian countries especially in Pakistan, gender roles are predefined by traditions, culture, and societal values, and they are rigorously supervened. Women are expected to perform unpaid domestic care work and childcare work regardless of their employment status. This triple burden of emotional care, home and work has adverse effects on the mental health of women (Khan et al., 2020; Khan, Jafree, & Jibeen, 2020). According to a survey conducted by the United Nations (UB) in April 2020, 49% of women in Pakistan reported that they spent more time in domestic chores than in the pre-pandemic phase of their lives (Seedat & Rondon, 2021).

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Regardless of their employment status and professional work burdens, women are expected to fulfill their duties at home and work. At home, women are expected to play the role of a wife, mother, daughter, and sister carrying out the duties while being unassertive, gentle, and docile. At work, women are expected to perform the job with great commitment, dynamically, and efficiently. During the pandemic the domestic unpaid care work burden also increased, with 79% of women in the city of Lahore reporting that they were more involved in domestic chores and care work during the pandemic than before the pandemic (Cheema et al., 2021). According to The United Nations Educational, Scientific and Cultural Organization (UNESCO), the complete closure of schools was observed in most countries of the world by May 2020 due to the COVID-19 pandemic. Women had to not only invest more time in children because of the closure of schools, but also because women more than men during the pandemic lost their jobs. Overall, the pandemic increased the intensity of mental and physical workload on women and negatively affected their efficiency in work performance relative to men (Carli, 2020).

Globally, 70% of women are working in healthcare departments as health workers, which means that during the pandemic, working women were not only facing difficulties in managing their families all at once but were also managing serving as frontline professionals as nurses, midwives, doctors, or community providers. In the US alone, 78% of medicine-related jobs and 51% of grocery jobs are reported to be performed by women. All these laborious outdoor jobs require more exposure to the public and hence more chance of contracting infectious diseases, including COVID-19. Most jobs that required social contact were terminated, however women who remained in frontline jobs during the pandemic went through immense mental stress (Wang et al., 2021).

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Asia Women's Health Survey (2020) reports that stress from COVID-19 has greatly impacted women as compared to men. A survey conducted by Mental Health Index in the US reported that women during the pandemic reported an 83% rise in depressive mood as compared to males (36%). Moreover, for working women, the anxiety level increased to 52% during the pandemic while for men the rise was 29% (Meyer et al., 2020). Research conducted in Karachi, Pakistan by Asim, Ghani, Ahmed, Asim, and Qureshi (2021) revealed that married women as compared to unmarried women reported less depression and anxiety. Women between the ages of 18 to 30 years reported significantly higher depression and anxiety as compared to women who were above the age of 50 years.

According to the Pakistan Bureau of Statistics (2018) in the year 2017-2018, there were almost 22.8% of females participating in the labor workforce, of which 2.3% worked in the healthcare and social sectors. During the pandemic, the women in healthcare sectors of Pakistan experienced more stress, anxiety, and psychological pressures due to unsupportive joint family structures, unwelcoming and inconsiderate work environments, economic shocks, job instabilities, husband's job status, and increased work demands by in-laws due to lockdown. All these mentally challenging situations, the dependency on other people and spouses, and the lack of support for working women during the pandemic extremely compromised the mental health of women (Shahbaz et al., 2021).

A study by Dibaji, Oreyzi, and Abedi (2017) revealed that depression in working women is higher than in non-working women. Further, the study revealed that the working women's minds are more occupied with work than domestic work which may be linked to the manifestation of depressive symptoms. Baruah and colleagues (2021) documented that during the pandemic women particularly from developing countries faced economic challenges more

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than men, and unstable employment conditions have led women to working with unequal standards such as lower wages, informal job styles, which has also contributed to the poor mental health in women.

Gausman and colleagues (2020) highlighted another grave issue that was silently rising during the times of pandemic just like deepening gender inequality at the workplace and in the homes, that is the drastic decline in the mental health of pregnant women. Moreover, women who faced stressful situations in families, having someone ill in the family, experiencing death in the family, and young women were more prone to mental health issues during the pandemic. Stress, anxiety, and other psychological problems have also risen during the pandemic among women causing a rapid increase in mental, physical, and musculoskeletal disorders in them (Sagar et al., 2022).

Furthermore, quarantining and social distancing has caused various emotional disturbances in women such as fear, anxiety, insomnia, depression, irritability, anger, frustration, confusion, and unhealthy behaviors (Pfefferbaum, 2020). Research also reveals that women go through more suffering or experience negative emotions, lower moods, mental disorders, and loneliness during the pandemic, especially women working in health care or frontline departments, compared to men (Thibaut & Wijngaarden-Cremers, 2020). Cases of domestic violence and honour killings also increased during the pandemic. According to Humans Rights Watch, data from the domestic violence helpline showed a 200% increase in domestic violence from January 2020 to March 2020 and it worsened during the complete lockdown period. In addition, higher levels of anxiety and depressive symptoms have also been reported when women are isolated in the home (Bano & Waqar, 2020).

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Peeters and colleagues (2005) describe home demands as the degree to which the home environment contains stimuli that require some effort. For example, the number of children, if the significant other has a job or not, and childcare and family care arrangements, can contribute to greater home demands. It includes the mental, emotional, and quantitative home demands of women such as how busy a person feels at home, how much a person must compromise with their routine and health due to home responsibilities, and how much a home requires a person to manage the duties and remember the tasks to function properly. Edgar and Khan (2020) study revealed home demands of working women were less than the home demands of non-working Pakistani women. In addition, married women with high social support and better marital adjustment reported fewer home demands.

It is also important to consider that mental health enables humans to use their abilities in accordance with the universal values of society. It includes the basic components of cognitive and social skills, flexibility in various life events, and a harmonious mind-body relationship (Galderisi et al., 2015). Mental health cannot be determined by a single factor and is dependent on the combination or multiple areas such as demography, employment conditions, and the conditions related too home and family (Maqbool et al., 2014).

Theoretical Background

The effort-recovery model states that a human body that performs more emotional, mental, and physical activities than its normal capacity requires more recovery time to function in a healthy manner. If the body is not given enough support and recovery time according to its needs, it can result in serious physiological and psychological illnesses, such as heart diseases, blood pressure, increased stress and depression, fatigue, sleep problems, and psychophysiological

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malfunctioning (Geurts & Sonnentag, 2006). This theory supports the study by providing an insight into the increased workload of women during the COVID-19 pandemic. Married women's increased responsibilities during the pandemic such as increased childcare, home, and work demands, and elevated worry levels during the pandemic have kept them busy both physically and emotionally. The energy, time, and effort required to deal with the severe lockdown conditions surpassed the recovery time hence creating higher risks of physiological diseases, emotional saturation, slow information processing, disturbed cognitions and mistakes in performing tasks.

The theory of accumulation states that people who have multiple roles can balance their failure of one role with other roles, which helps in increasing the resources and social connections that provide satisfaction to people. According to this theory, women who work outside their homes have more capacity to deal with life stressors as they have more resources, their self-esteem is high, and they experience fewer mental problems as compared to women who stay at home. Also, the life satisfaction, mental health, and flexibility of women who work outside their homes are better than the women who stay at home with only a few stressful roles. According to this theory, during the pandemic, as everyone was restricted to their homes, there was no window for emotional ventilation (Dibaji et al., 2017).

Schlossberg's Transition theory states that any difference, transition, or series of events in an individual's life can cause a change in the thought patterns, perceptions, social relationships, daily work, family life, and behaviors of the individual. The events can be positive or negative, predicted, or unpredicted (Dibaji et al., 2017). This theory relates to the perception of home demands of women. According to this theory, COVID-19 is a transition in everyone's life, people are facing changed routines, life patterns, family structures, and social situations. Women

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during the pandemic faced completely different lifestyles, spousal relationships, home care styles, and job styles. All these transitions in women's lives resulted in changing patterns of perceptions, and the emotional and physical health of women. The impact on the lives of women can be determined by the degree of change or transition.

COVID-19 with its spread has not only triggered serious health risks, economic decline, and social disturbances but has also deepened gender inequality in developing countries including Pakistan. Though both genders are facing different stressful situations during this global emergency, the workload on women has increased by three folds such as reproductive workload, income-earning productive and social workload, most of which go unnoticed in our society (Zamaro, & Prados, 2021). Most women are carrying a huge burden of responsibilities which has put their mental, emotional, and physical health at risk (Carli, 2020). During the lockdown, married women regardless of their employment status had to stay home, with their families and perform unpaid care work more than ever in the pre-pandemic phase. The changes in the pattern of daily routines, unavailability of the house helps or maids due to lockdown, home-schooling or online schooling of children, maintaining the required precautionary measures and the constant worry of family health has impacted the mental health of women drastically (Thaibaut, & Wijngaarden-Cremers, 2020).

Aim of study

This study was conducted to find out the determinants of mental health of married women in Pakistan during the pandemic. As there is a dearth of literature available on home demands and mental health in Pakistani women, the current study is a step toward filling the literature gap and identifying the potential mental health issues which emerged during COVID-19. Hence, this study may also play an important role in finding out if the perception of home demands, the work

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status of married women and their husbands, and their family type are the factors affecting the mental health of women during the pandemic. The findings of this study will help create additional awareness about mental health risks in the female population. Study findings will also provide us with an endemic delineation of the mental health of Pakistani women which may prove helpful in developing speculations and developing social policies as well. Results have implications for mental health practitioners, sociologists, psychologists, policymakers, and society at large. The specific research questions of the study include (i) to identify the relationship between perception of home demands, demography, and mental health among married women during COVID-19, and (ii) to examine the role of perception of home demands, and demography in predicting mental health among married women during COVID-19.

METHODOLOGY

Research Design

A correlational research design has been used to analyze the relationship between the study variables (Cherry, 2020). Ethics clearance was gained from the Kinnard, Psychology Department.

Ethical Considerations

All the participants responded voluntarily, and no participant was forced to be a part of the study. Informed consent, which clearly stated the aims and objectives of the study, and the rights of the participants was taken before conducting data collection. The participants were given the right to withdraw during any time in the study. No discriminatory or sensitive question was asked. Participants were not deceived and were informed about the anonymity and confidentiality of

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their personal information and responses. They were also informed of the right to ask about the results of the study.

Hypotheses

H1. Working women suffer significant mental health problems during the pandemic (Thaibaut, & Wijngaarden-Cremers, 2020).

H2. Women who experience greater home demands suffer significant mental health problems during the pandemic (Zamaro, & Prados, 2021).

H3. Women who have spouses working in unskilled occupations suffer significant mental health problems during the pandemic (Afridi, Dhillon, & Roy, 2021).

H4. Women who belong to joint families suffer significant mental health problems during the pandemic (Jahan, 2021).

Sample

Inclusion Criteria

The selection criterion of this study includes: (i) Women with a minimum of two years of marriage and at least one child; (ii) Women working during COVID-19 and housewives; and (iii) Women with minimum qualification of matric. The exclusion criteria for the study included: (i) Women with less than one year of marriage; (ii) Women with no child; (iii) Women with physical or mental disabilities; and (iv) Divorced, widowed, or separated women.

Measures

Perception of Home Demands Scale (POHDS)

As defined by the perception of the home demand scale, home demands mean the perceived degree to which the home environment contains stimuli that require emotional, mental, and quantitative efforts (Peeters et al., 2005).Perception of Home Demands Scale was developed to

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measure three dimensions of home demands, emotional home demands, mental home demands, and quantitative home demands. This scale is a mirror of the job demands questionnaire and consists of 10 items. Out of the 10 items, each item is rated on a 4-point Likert scale and the scores range from 10 to 40. Three items of the scale measure the quantitative home demands such as the household and caring tasks, and three items measure emotional home demands such as perceptions of frustration (Questions related to the emotions of a person). The remaining four items measure mental home demands such as the questions related to attention and memory. The scale's internal consistency is α=0.80 for the quantitative home demands scale, α=0.76 for the emotional home demands scale, and α=0.80 for the mental home demands scale, and its validity is confirmed through factor analysis (Peeters et al., 2005).

Depression, Anxiety and Stress Scale-21 (DASS-21)

As defined by the DASS-21 scale mental health is depression, anxiety, and stress of people (Coker, Coker & Sani, 2018). Depression, Anxiety and Stress Scale-21 is a scale used to measure emotional states of depression, anxiety, and stress using self-report measures. It contains 21-items related to depression, anxiety, and stress scales, seven items for measuring each dimension. It is a 4-points Likert scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much). Total DASS- scale scores range between 0 and 120, and each of the subscales may range between 0 and 42. A high score on any dimension indicates a high level of depression, stress, or anxiety and collectively bad mental health. It has excellent Cronbach's alpha values of 0.81, 0.89, and 0.78 for the subscales of depression, anxiety, and stress, respectively. It was found to have good psychometric properties, excellent internal consistency, discriminative, and convergent validities (Coker et al., 2018).

Demographic Form

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Age, education, marital status, employment status, family members and family system, and history of any psychiatric illness were asked.

Data Collection

First, permission was sought from the authors of the tools to use in this study. Institutional permission was sought to conduct the study. A pilot study was also conducted to check for the practical problems of participants. Google forms were used to keep social distancing and safety of researcher and participants. Participants of the study were approached online through emails and WhatsApp to collect the data. Data was collected during the second and third wave of COVID-19. A Google form, including a consent form with all the instructions and rights of participants, along with the research questionnaire, was shared with them. Filters were set on Google survey to ensure anonymity of the participants, therefore no emails were recorded. Preservation of confidentiality Google survey translated the data into excel file which is held securely with researchers.

Data Analyses

Statistical Package for the Social Sciences version 22.0 was used for data analysis (Pallant, 2013). Descriptive statistics were used to find means, standard deviations, skewness, kurtosis, frequency, graphs, and percentages. Reliability analysis was also done. Point Biserial Correlation was used to find the relationships between the variables at the first step. Next multiple linear regression (Forced Enter Method) was used to test the predictors of mental health (Depression, Anxiety, and Stress), among married women during COVID-19. Three dimensions of demographics (employment status of women, employment status of husbands, and family type) and three dimensions of perception of home demands (mental, emotional, and quantitative home

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demands) were entered as predictor variables in separate regression models, and Depression, Anxiety, and Stress were entered as the outcome variables.

RESULTS

The skewness and kurtosis values of both scales and their subscales, Perception of Home Demands (Quantitative, Emotional, and Mental home demands) and Mental Health (Anxiety, Stress, and Depression) show that the data comes from a normally distributed population as all the values fall between the range of ±1.96. Also, the reliability coefficient, Cronbach alpha values of scales depicts that both tools, perception of home demands, and mental health followed good and excellent reliability (α=.87, α=.93) respectively. The sample consisted of 250 married women, 50% working women and 50% housewives from Pakistan (**Table 1**). Their ages ranged from 20-55 years, with 48.4% having earned a Bachelor's degree and 29.2% having earned a Master's degree. Among the working women, 64% had online jobs during the pandemic and 58% were working outside their homes. Husbands of 88% of women were employed during the COVID-19 pandemic and 53.2% of married women were living in a joint family system. A majority of 84% of married women reported no psychological problems in the family.

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Table 1
Demographic Characteristics of the sample N=250

Variables	f (%)
Education	
Matric	13 (5.2)
Intermediate	37 (14.8)
Bachelors	121 (48.4)
Masters	73 (29.2)
Others	6(2.4)
Employment Status	
Employed	125 (50)
Housewife	125 (50)
Job Type	
Online	64 (25.6)
Outside Home	58 (23.2)
Employment status of Husband	
Employed	222 (88.8)
Unemployed	28 (11.2)
Type of Family	
Nuclear Family	117 (46.8)
Joint Family	133 (53.2)
Any psychological problem in family	
Yes	40 (16)
No	210 (84)

As seen in Table 2, employed women had more emotional home demands, depression, and stress. Females who were married and working during the pandemic had perceived more emotional efforts in fulfilling home demands and reported high depression and stress. The unemployment of husbands had a significant moderate, negative correlation with women's depression, and anxiety (**p< .01, *p<.05 respectively). Women with unemployed spouses reported high depression and anxiety during the lockdown. Furthermore, when analyzing the family type, it was found that women who lived in joint family structures had more mental home demands.

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Table 2:
Point Biserial Correlation shows a correlation among demographics, perception of home demands, and mental health of married women during COVID-19 (N=250).

Variables	QHD	EHD	MHD	Depression	Anxiety	Stress
Employment Status of Women	.012	.13*	.10	.13*	.12	.14*
Spouse Employment Status	.06	-.00	.039	-.17**	-.13*	-.07
Family Type	.08	.08	.16*	-.01	.00	.05
QHD	----	.48***	.58***	.08	-.02	.24***
EHD		----	.55***	.37***	.23***	.45***
MHD			-----	.28***	.20***	.37***
Depression				-----	.77***	.79***
Anxiety					----	.69***
Stress						-----

Note: QHD=Quantitative home demands; EHD= Emotional home demands; MHD= Mental home demands; N=250, *p<.05, **p<.01, ***p<.001

As shown in Table 3 no-influential cases were observed in the data. All regression assumptions were fulfilled. The assumption of independent errors was met as the value of Durbin Watson was between the acceptable range of 1 and 3. The assumption of no perfect multicollinearity was tested by checking the tolerance values, and the assumption was met because all the values were greater than 0.2. The assumptions of homoscedasticity, linearity and normally distributed errors were also met for all regression models. The multiple hierarchical linear regression analysis suggested that regression models for all three outcome variables were significant. The regression model for depression, R^2=.21, F (6, 243) = 10.85, p = .000, anxiety R^2=.12, F (6, 243) = 5.90, p = .000 and stress was R^2=.12, F (6, 243) = 12.80, p = .000. Among all the predictors, emotional and mental home demands were significantly positive, and moderate predictors of depression, anxiety, and stress in married women during the pandemic. Moreover, unemployment of

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husbands significantly predicted depression and anxiety among women whereas, high quantitative home demands emerged as significant predictors of depression and anxiety in married women during the COVID-19 pandemic.

Table 3:
Multiple Linear Regression showing Demographics and Perception of Home Demands as Predictors of Mental Health of Married Women during COVID-19 (N=250)

	Depression		Anxiety		Stress	
Predictors	R^2	B	R^2	β	R^2	B
Model	.22***		.12***		.24***	
Employment Status		.09		.08		.08
Husband's Employment Status		-.18**		-.13*		-.08
Family Type		-.05		-.03		-.00
Quantitative Home Demands		-.19**		-.24**		-.04
Emotional Home Demands		.32***		.21**		.34***
Mental Home Demands		.22**		.23**		.20**

*Note: *p*<.05. ***p*<.01.****p*<.001

DISCUSSION

Our analysis reveals that working women suffered significant mental health problems during the pandemic therefore our first hypothesis has been accepted. Other research also reveals that married women, who were employed during the pandemic face more emotional and physical issues than men and have higher rates of fear, anxiety, depression, insomnia, and irritability (Pfefferbaum, 2020). The perception of being busier than in the pre-pandemic phase and performing more unpaid care duties was significantly related with the poor mental health of working married women. The stress of multitasking and juggling between work and home has reduced working women's work efficiency and self-care time (Edgar & Khan, 2021). Working

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women in the health care sector, having an unstable low-income job, or doing an intermediate job along with house chores were explicitly associated with higher psychological symptoms like severe depression, anxiety, and distress (Thaibaut, & Wijngaarden-Cremers, 2020). Schlossberg's transition theory (Dibaji et al., 2017) can also justify the changed mental health pattern during the pandemic. According to the theory, working women's daily lifestyle changed significantly. Due to increased work strain, childcare patterns, children's schooling routine, and unpaid care work, working women are facing considerably more psychological challenges.

Moreover, our second hypothesis, "women who experienced higher home demands suffered significant health problems during the pandemic," has also been accepted. Literature confirms the unequal distribution of household work between men and women. Before the pandemic, married women, either working or non-working, were significantly more involved in unpaid housework than men. The traditional gender role model ideology describes this pattern of social and cultural expectations from both genders. The model states that the home domains are more important for women than men, whereas instrumentality is associated with men (Cerrato & Cifre, 2018; Edgar & Khan, 2021). Data collected in the past also show the disproportionate distribution of unpaid household care work. The 2018 survey in the USA shows a substantial gap of 51% between men and women in performing household chores. Adult women between the ages of 35-44 daily spent eight hours performing household chores, whereas men spent an average of 4 hours per day (Hess et al., 2018).

In addition to this, the studies conducted during the lockdown phase of the pandemic also reveal similar results. Though, husbands were observed to be more involved in housecare work, especially husbands of working women, the burden of responsibilities was still more on women's

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shoulders. Due to amplified household responsibilities, the increased burden of child and adult care in-home, and unstable jobs, women's mental health has been negatively impacted (Banks & Xu, 2020). Our study findings are also aligned with existing literature, as results revealed that the increase in home demands has a significant impact on the mental health of married women. Moreover, home tasks that require more mental and emotional efforts are negatively related to women's mental health. Due to increased home demands, working from home, childcare and adult care duties, and less self-care time, employed women perceived themselves as more involved and invested in the housework mentally and emotionally (Seedat & Rondon, 2021).

The studies conducted during the pandemic on assessing the home demands of women explained that 79% of women in Lahore city alone perceived themselves to be more involved in domestic work since the start of the pandemic (Cheema et al., 2021). The increased triple-shift burden on women who have to fulfill multiple roles has led to adverse mental health effects (Khan et al., 2020; Khan, Jafree & Jibeen, 2020). The closure of schools and offices, the responsibility of creating a hygienic environment within the home, and performing the care work for protecting the family members from the virus also intensified the mental and physical workload on women, which not only negatively impacted their work efficiency but also their mental health (Carli, 2020). Furthermore, our study results can also be explained by the effort-recovery model. Women who had increased workloads and home demands failed to recover mentally and physically, resulting in poor mental and physical health (Dibaji et al., 2017). The present study's findings revealed that majority of participants belonged to a joint family structure. Working women living with more family members had comparatively higher home demands, and these demands surpassed the recovery time, creating more significant psychological and physical problems.

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Our third hypothesis "women who had spouses working in unskilled occupations suffered higher mental health problems during the pandemic." has also been accepted. Our study finds that the employment status of husbands is a significant negative predictor of the mental health status of married women. The COVID-19 pandemic has drastically affected women all across the globe. Women have been dealing with extra working hours, low-paid jobs, job losses, and unpaid domestic care work burdens resulting in higher mental health problems (Baruah et al., 2021). Among all these problems, the unemployment of husbands is also a leading cause of the declining mental health of women.

During the pandemic, women have been facing intense intimate partner violence compared to pre-pandemic times, especially in dysfunctional households. The leading cause of the violence is the higher levels of stress and frustration caused due to the economic burdens on families (Usta et al., 2021). Literature suggests that financial loss creates a space for increased violence, especially if the husband is going through employment disturbances. Husband's fear of economic crisis and lack of control over their future financial conditions may cause them to inflict violence on their wives (Schneider et al., 2016). Sometimes, increased social pressure, financial loss, no income source, or dysfunctional relationships cause people to engage in substance abuse. Men during the lockdown were found to be more likely to be involved in alcohol consumption, which resulted in worsened domestic violence against their spouses, creating more mental health issues for women (Vora et al., 2020).

In developing countries generally and in particular Pakistan, it has been found that wives who are financially dependent on their spouses are at greater risk of violence since the pandemic (Elenin et al., 2022). Human rights watch revealed that domestic violence has increased 200%

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from January 2020 to March 2020 during the lockdown. Other research summarizes that the uncertainty of the future, economic frustrations, and household strains due to the lockdown have resulted in more violence and psychological issues for women (Bano & Waqar, 2020). The UN Women (2021) report suggests that 1 in 2 women that they or someone they knew was subjected to domestic violence during the pandemic. They experienced 1.3% more emotional and mental health issues than the women who were not the victims of domestic violence. Hence, the literature also justifies the current study by showing that multiple factors, including unemployment or unstable employment of husbands, were a significant reason behind the deteriorating mental health of married women.

Lastly, the hypothesis "women who belonged to joint family systems suffer significant mental health problems during the pandemic" was rejected. No significant correlation was found between the type of family, and mental health of women and family type was not a predictor of depression, anxiety, and stress in women. Thus, the type of family in which women lived during the pandemic did not affect women's mental health. Overall, the literature reveals mixed results on the association between family type and women's mental health. A pre-pandemic study conducted on family type and mental health shows that the mental health of adults living in joint families is better than the adults of nuclear family systems (Panchal, 2013). Similarly, another study conducted in Pakistan revealed that the mental health of older adults living in the joint family system is better than living alone or within nuclear families. The reason could be better support and social ties in joint families (Naz et al., 2014).

People living in Asian countries have collectivist cultures and encourage joint family systems and believe that living in joint families is a more respectable and culturally-appropriate

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way to live life. Building connections through the life course by living with extended family and sustaining family ties is socially accepted and promoted. However, more people are shifting away from joint family systems to nuclear family structures. The reasons could be increased financial burdens, inflation, and rapid urbanization (Farooq et al., 2015). With the shift in family trends and urbanization, more women have also joined the labour workforce. As employed married individuals, women get more support and cooperation from their husbands, whereas non-working women are more supported by in-laws. It may have been that Some literature shows that the quality of life and work-life balance of married women living in joint families was greater, compared to women living in nuclear family systems, as the former received more spousal and familial support (Uddin, 2021).

Some studies corroborate with the present study and reveal that there is no significant relationship between family type and the mental health of women. Gender, aging, and socioeconomic status determine people's quality of life and mental health irrespective of the family structure. Female gender, increasing age, and low socioeconomic status are significant negative predictors of the family member’s low quality of life. People living in the same family structure might have different views about the family system and might experience different psychological health (Lodhi et al., 2021).

Limitations

We used English language tools whereas, most people in Pakistan are fluent in Urdu which has limited the sample size. The socio-economic status and frequency of house help support were not included to assess the mental health and perceived home demands during COVID-19. Due to the

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pandemic, the study was conducted through online means, and the sample was also limited because of this and a randomized approach could not be adopted.

CONCLUSION

We conclude that unemployment of husbands and increased home demands are significant predictors of poor mental health of married women during the pandemic. In Asian countries like Pakistan, women are expected to perform multiple duties inside and outside their homes without much social and health support. As mental disorders are considered taboo, women are expected to remain silent about their own psychological struggles and remain primary caretakers for their families. This study is a small effort in advocating and highlighting the importance of married women's mental health, and the increased gender gap in developing countries like Pakistan. Also, the study along with filling the literature gap may help the authorities and policymakers to create accessible intervention programs for married women in the country after or during the pandemic. This study has implications for work plans and mobilization of mental health practitioners, feminists, social workers, psychologists, and policymakers in the country. Finally, we recommend that more research should be conducted on males to find out their participation and perception of home demands and their mental health during the pandemic.

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There is no conflict of interest to declare.

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Data sharing and availability statement
Data is available from the authors based on request.

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MB collected the data, prepared the results and wrote the first draft. MAK supervised the study and helped to prepare the manuscript.

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