# Original Research Article

# Influence of COVID-19 on Mental Health of Young Families Residing at Harion Municipality in Sarlahi District of Nepal

Samjhana Thapaliya<sup>1\*</sup>, Surendra Giri<sup>2</sup>

<sup>1</sup> MPhil Scholar, Nepal Open University Email: sthapaliya2015@gmail.com ORCID: 0000-0001-9626-0015 <sup>2</sup> CERID, Tribhuvan University

\*Corresponding Author

### Abstract

Since the WHO declared COVID-19 as a pandemic, the spread of the COVID-19 was the focus of attention of scientists, governments and populations. One of the main concerns was the influence of this pandemic on people's health, mainly on mental health. This study is an in-depth analysis of the influence of COVID-19 and its measurement policies on mental health of young families residing at Harion municipality in Sarlahi district of Nepal. Husserl phenomenology approach was used to explore the experience of young families. Four participants were phone interviewed using a semi-structured interview schedule to elicit their experiences of COVID-19 and its influence on their mental health. The analysis was carried out under three major themes: (1) 'COVID-19 and its influence', (2) 'Lockdown and its effects', and (3) 'COVID-19 and strategies for the prevention from this disease'. Fear of getting disease and being affected themselves and their beloved ones and end of life was one of the main causes. Another cause by the lockdown created financial challenges and loneliness with serious mental health problem in young families. The findings highlight the influences of COVID-19 and its measurement policies effects in mental health and different ways of coping strategies adopted by young families in Nepal.

Keywords: Anxiety, COVID-19, lockdown, mental health, young families

## Introduction

COVID-19 has created serious problems all over the world. Different measurement tools were adopted to retain this disease as suggested by World Health Organization (WHO) and other major organizations. The impact of COVID-19 and its measurement tools were different in different countries depending on their social, cultural and economic factors (Yoosefi Lebni et al., 2021). The COVID-19 pandemic had a profound impact on mental health of people worldwide (Leach et al., 2023). It had brought about a range of psychological and emotional challenges for individuals, communities, and societies (Leach et al., 2023). The impact of the COVID-19 created serious and non-serious mental health problems in the lives of the human being including young families. The 'young family' refers to those who are involved in economic activities and play a vital role to take the duties and responsibilities of their family (Ferreira, 2015). Young families must be healthy to care for children and senior citizens. Their primary role is to educate and socialize the children and transferring the cultural norms and values to the next generation (Haralambos & Holborn, 2013) along with the care for the senior citizens of the family (Ferreira, 2015).

The COVID-19 pandemic pushed the governments to implement lockdowns or stay-at-home orders around the world as a public health measure to limit the spread of the virus. Due to lockdown, majority of industries and factories had to be shuttered down, there was almost no economic activity, investors had suffered losses, and people lost their jobs. Lockdown and the associated social isolation had a negative impact on mental health among individuals (Pietrabissa & Simpson, 2020). Feelings of loneliness, anxiety, depression, and stress increased due to the disruption of daily routines. Social connections and economic uncertainty were badly affected due to lockdown (Pietrabissa & Simpson, 2020). The pandemic caused fear among people about getting sickness with the COVID-19 and dying while the lockdown caused stress and family strife because of the economic situation (Barkur et al., 2020; Poudel & Subedi, 2020). A major hazard to mental health was generated by COVID-19 by increasing rates of anxiety, depression, post-traumatic stress disorder (PTSD), and negative societal behaviors (Cosic et al., 2020).

The COVID-19 pandemic created a significant impact on the mental health of individuals and families worldwide. "Widespread outbreaks of infectious disease, such as COVID-19, are associated with psychological distress and symptoms of mental illness" (Rajkumar, 2020, p.1). One of the biggest worries about the effects of this pandemic on health outcomes was the mental health of healthy people. "Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one's intellectual and emotional potential" (World Health Organization & Noncommunicable Disease and Mental Health Cluster, 2003, p. 7). Lockdown and the fear caused by COVID-19's effects and transmission had a reverse impact on people's lives directly (Koçak et al., 2021). Several mental health-related symptoms, including family conflict, stress, anxiety, and depression, were observed due to COVID-19 and its measurement policies (Poudel & Subedi, 2020). The COVID-19 pandemic had serious complications on mental health worldwide, and it was concerned with changes in suicide rates and risk factors. Anxiety, depression, posttraumatic stress disorder (PTSD) and negative societal behaviors created by COVID-19 were main cause of committing suicide (Poudel & Subedi, 2020).

Nepal shares an open border with India and one does not need a work permit for employment on either side of the border. Therefore, the spreading rate of this disease was high especially in boarder areas and slowly crossed the country despite the low mobility with western and Asian countries since lockdown. According to the report related to Nepal published by WHO, 1001149 people were affected and 12020 people died of COVID-19 as of 7 March 2023 in Nepal (WHO, 2023). This shows that both chances of getting sickness and the rate of dying was increased. The COVID-19 outbreak has had the most profound impact on children and young people, whose lives have been disturbed in so many different ways, including their education, recreation activities, and weakening social connections with friends, peers, teachers, and families" (Unicef, 2020, para. 5). In conclusion, COVID-19 caused severe anxiety, panic attacks, compulsive behaviors, sadness, stress, and family strife in Nepal (Poudel & Subedi, 2020).

The fact that COVID-19 were having a negative impact on the mental health of the general population, including the most vulnerable groups such as children, the elderly, pregnant women, and people with chronic illnesses who were afraid of spreading the disease and dying, young families, also known as young people, were greatly suffered from mental health issues. Due to the nationwide lockdown, they lost their jobs and suffered business losses, which caused serious financial problems for their families. Their family members may include children, the elderly, pregnant women, and people with chronic illnesses. They should take care of these family members and manage their finances to ensure their survival. On the other hand, young people who had spent a long time in self-quarantine with family members and spend the majority of their time on mobile devices reading about coronavirus disease experience less sleep, increased tension with their family members, and increased anxiety about their own mental health. Owing to the aforementioned factor, COVID-19 had a significant negative impact on young people's mental health and had a proportionately large impact on the entire family. Therefore, it is crucial to assess how this disease's influences on young Nepalese families' emotional stability. This demonstrates the need for additional research that can determine how COVID-19 affects the general public's mental health in a developing nation like Nepal. Thus, the main purpose of this study was to obtain a deep analysis of how COVID-19 and its measurement policies influenced the mental health of young families and what strategies they adopted for coping with the COVID-19 in course of staying in the Harion municipality in the Sarlahi district of Nepal.

# **Methods and Materials**

This study used qualitative research method with semi-structured interview adopting Husserl phenomenology approach (Husserl, 2012) as a research design. Qualitative research allows researchers to explore the nuances of these experiences, capturing the depth and complexity of human emotions (Tomaszewski et al., 2020). Husserl phenomenology approach is typically an oral description of experience since it allows for more details while allowing the interviewer to delve deeper to fill in any missing information or to clarify any ambiguous statements (Benner,1994). For phenomenology study, online data collection through email interviews can be done instead of face-to-face interviews (Bowden & Galindo-Gonzalez, 2015). So, this research took the interview telephonically (Sweet, 2002) to seek the experiences more deeply about COVID-19. This study explored the experienced experience of the young families.

# Sample and Sample Size

In this study, purposive sampling of non-probability sampling techniques was used. Purposive sampling is a valuable technique in qualitative research because it aligns the selection of research participants with the research objectives, ensuring that the collected data are relevant, informative, and tailored to the specific focus of the study (Palinkas et al., 2015). Purposive sampling was used to get the key informants of young families. It is because these participants were selected who had knowledge, or experience related to COVID-19. These individuals provided in-depth insights and valuable information. First, total population was divided into four strata to get key informants like non-government job holders, businessmen, laborers and farmers, where a sample from selected communities was taken in Sarlahi district of

Nepal. And then just one person from each stratum was chosen purposively. Only four respondents were selected from the selected sample communities for this research. It is because there came same information when more interviews were taken. The number of respondents and sample size may be decided by nature of the information searched for, as well as the number of people who have the necessary experiences (Denzin & Lincoln, 2013). So, only one respondent from each group was selected.

# **Data Collection and Analysis**

Semi-structured interviews are a widely used qualitative research method because they strike a balance between structure and flexibility, allowing researchers to gather rich and contextually embedded data while respecting participants' perspectives and experiences (DeJonckheere & Vaughn, 2019). The interviews aimed to explore perceptions of young families towards COVID-19 and its influence on their mental well-being. The interviews were conducted by myself in one-to-one, format via the direct phone call started on May 7 2021 and ended in around one month. Participants were clearly explained the purpose, duration, and expectations of the interview and coordinate interview schedules with participants to find mutually convenient times. In addition, participants were requested to find a quiet and comfortable space in their homes for the interview. It was clearly explained that the purpose of the interview, how the data would be used, and any confidentiality measures in place. Assured the participant of confidentiality and explained how their data would be anonymized and stored securely. Therefore, the interviews were held in quiet, convenient home environments for a properly executed conversation. During each interview, the interviewer and participant were alone. Verbal consents were obtained from the participants at the beginning of each phone call interview. The duration of interviews among the four participants were at most 28 minutes. Written notes and a voice recorder were used. Interview transcripts were sent to the participants for member checking, further comments and corrections.

Collected data were analyzed using the software for qualitative analysis. The classification and coding method for this study was supported by ATLAS.ti software based on the narratives in the transcripts to find out the influence of COVID-19 on mental health of young families. The transcripts were then coded, and discussions ensured about the codes and related meanings, which were subsequently grouped into categories. These categories were then used to identify themes.

# **Ethical Considerations and Approval**

Ethical considerations in research are crucial to ensure that studies are conducted responsibly, with respect for the rights and well-being of participants, as well as broader societal and environmental implications. For the more reliability of the field study, a letter of introduction from Nepal Open University (NOU) was obtained. We obtained the informed and voluntary consent from participants, ensuring that they understand the purpose and benefits of the study. We protected the privacy and confidentiality of participants, ensuring that any collected personal information kept secure and anonymous. Interview transcription used only by the researcher and primarily investigator. After transcribing these audio files, they were permanently erased. Interview notes were stored safely. Finally, every digital material was encrypted and password secured to ensure its trustworthiness. We conducted their work with

honesty and integrity for accurately reporting findings but not manipulating or fabricating data to avoid conflicts of interest that could compromise the objectivity and credibility of their work.

# Results

Findings from the study of four interviews using Husserl phenomenology approach was recorded in this segment. Based on the data analysis about the influence of young families on mental health due to COVID-19 pandemic, the themes were grouped into four "themes," i.e., COVID-19 and its influence, lockdown and its effect, and strategies to cope the mental health. The various factors that affected mental health of young families, and strategies they adopted to cope with that were described below.

# **COVID-19 and Its Influence**

The COVID-19 undoubtedly caused mental health problem in young families. Participants shared their lived experiences about their feelings about their stress, tension as young families. On the basis of their statement, they faced high level of physical and mental health issues. Under the first theme, the influences of COVID-19 on mental health in young families were classified into different codes and quotations which are described below:

**Table 1** *Effect of COVID-19 on Mental Health* 

Theme	Codes	Quotations
Effect of	Stress,	Farmer: The worker who came to work also had fear and anxiety of getting
COVID-	anxiety,	diseaseboth were afraid of each other about transmitting disease. While
19	uncertainties about future,	working together as well as eating together also another reason for being afraid about COVID-19.
	increased hygiene	Farmer: we both side were in the same boat because both of we were feeling anxiety, fear about transmission of it.
	measure,	Teacher: It really erected terror. Everyone had to go to market for hand to
	fear,	mouth afraid of outside and inside home welcome anyone happily more
	depression.	we would be. The time spent very terribly with full of doubts and fear.
		Businessman: not to open business created financial problemif opened
		created fear of transmission diseases.
		Labor: to sustain the family economically I should have to go for labor work
		but created lots of fear of getting disease and getting death in the whole
		family.
		Teacher: Children did not visit anywhere and always felt fear.
		Teacher:just created fear to get disease and getting die because of contacting with parents and students regularly.
		Businessman: interest of bank loan and to purchase of daily requirement
		needs created another mental stress
		Teacher: The government doesn't bear any expenses for treatment how
		will we manage all high expenditure. It will be out of our capacity. Rather
		than being Infected, where to be treated and how to cure it became our main
		concern that time costs very expensivesuch hearsay vibrated our
		psychology very badly.
		Labor:treatment in hospital was not considered because of unbearable
		cost of hospital.
		Farmer:local government also did not help us because they banned the
		people to come here and there.

It's a no surprise that COVID-19 really created a terror. Despite the fact that they followed the advice to maintain social distance, hygiene, and take different herbs to save lives from this disease, they had lots of fear of getting disease and losing family members. Teacher, businessman and labor reported that contacting with others persons regularly created fear of getting disease and die whole family. she i.e., teacher further said that they were needed to go to outside for purchasing needed things but created fear in whole family that possibility of transferring disease and children also were in fear and did not go anywhere and request to his mother not to go anywhere. Same stories were alike other's respondents as well. Another thing, the teacher, the farmer, and the labor said that treatment cost of hospital is high. So, we couldn't get treatment if we get disease. Such hearsay vibrated their psychology very badly. In case of farmer, they had to be involved in agriculture but created huge fear of transmission of this disease and leading to death. They told me that farmer and labors were in the same boat because there would be more chances of being transmitted with one and another by the disease. In addition, farmer said that local government was highly strict to come here and there directly affected agriculture production which also created tension and anxiety. Same problem was in businessman as well. If they did not work, they could face serious financial problems, and if they worked it would have created a fear of getting COVID-19 and end of life. It raised a great worry for the future, fear of contamination, fear of death, and loss of their beloved. It means all young people and their family members were in fear, anxiety, and tension. Psychologists and mental health professionals believe that the pandemic had influenced on the mental health of the worldwide population, with an increase in incidents of depression, suicide, and self-harm, in addition to other symptoms reported globally as a result of COVID-19 (Li et al., 2020).

### Lockdown and Its Effects

Lockdown was considered one of the best measurement tools to contain the COVID-19. But it created lots of financial problem and loneliness and monotonous in people which directly affect mental health. Under the second themes, the influences of lockdown in young families created by COVID-19 which directly influence on mental health in young families were classified into different codes and quotations which are described below:

 Table 2

 Effect of Lockdown on Mental Health

Theme	Codes	Quotations
Lockdown and its effects	Stress, anxiety, uncertainties about future, fear,	Farmer: We produced vegetablelockdown announced by government created by this pandemicfaced huge loss we could not able to sell the vegetable in the local market as well as other cities for sell.  Farmer: it was difficult for us to sell them in the market because customers had not come on time to buy it because of fear of transferring diseasewe could
	depression.	not able to keep such product fresh and healthy we sold some vegetable but in low price.  Farmer:Some loan from bank as well as borrowing from our communities in high interest rate.
		farmer: We were able to produce agriculture product on time but agriculture product was sold at low price which was not benefited for us.  Farmer: we had difficulties to maintain our family's daily needfaced huge loss in our family business pressured me to pay land rent and bank installment on

time which created mental stress.

Teacher: ... last Badhara. We were called at school occasionally. Whatever we contribute for school during the lockdown, school administration did not count it. They just showed us fake assurance of payment, but we were not supported with little amount either.

Teacher: ...I hardly managed my family. I had to borrow same money from "Samuha" which we have been condensing it among the women of our village. Teacher: I paid borrowed loan and interest one Samuha by taking loan of other Samuha. I managed like this continuously... I also sold gold ring to manage financial problem to run my family.

Teacher: Local Rahat distributor told me to come to take Rahat but because of daughter pressure I did not get... ready for starvation

Teacher: ...Had not any access to these facilities for online, but I was compelled to send my children in my neighbors' home. Mainly I couldn't give this facility in my own instead, I took the help of my neighbors

Businessman: products were damaged...interest amount was continuously piling...room rent was not waived.

Businessman: wholesaler added more amount for not paying dues amount on time.... created huge mental stress ...stimulated suicide....

Labor: Work did not find...If found it was very small.... cannot sustain daily needs.

Labor: No fields for agriculture...created big problem to manage foods...depended on Rahat and neighbor helps...created family conflict.

The stress, anxiety and fear were exacerbated with the loss of job and closure of business, creating huge financial trouble in the families due to this disease. Because of lockdown, all factories, schools and campus, and all businesses were closed. Economic activities were almost zero and unemployment rate was recorded higher. Private schools were also closed. As a private school teacher, she i.e., teacher said that from Baisakh to Bhadra, the school management did not pay our salaries; instead, they showed us a fake guarantee of payment, but we were not supported with a small sum. As a result of this she had to face the financial burden to run their family.

Thus, to fulfil the families' basic need she had to borrow the money from community cooperative groups called *Samuha* to fulfill the families' basic needs. Beside this, she also said that they did not have other income source to return *Samuha*'s loan and she did not had money even to buy groceries and essential supplies. She further said that local Rahat distributor invited me to come and pick up Rahat, but I was unable to do so because of my daughter's pressure. She borrowed money from *Samuha* and selling fixed assets. Because of this condition, they were also not able to clear the credit amounts of grocery. As a result, grocery shopkeepers were not continuing to provide goods and food in credit. And to pay the credit amount of grocery she sold her own golden ring too. Stories were different but problems were same in labor and farmer. In case of farmer, farmer produced vegetable but couldn't sell properly due to lockdown and customers were not come to market to purchase because of fear of transmitting disease. So, products were sold at low price bearing loss. In one side, unable to sell all vegetable product and sold at low price, in another side, investment amount on agriculture by taking loan at high interest rate from bank and villagers. Same problem was in businessman was that room rent and interest amount were continuously increasing but shop was continuously closed. If partially

opened very few numbers of customers were come to purchase It created huge loss and unable to pay bank installment and rent amount of landlord house owner. In case of labor, labor did not find their work because of lockdown. Daily need was fulfilled by some save amount at local cooperative. After that we depended on Rahat which were limited. No field to harvest anything. The long-term closure of school, business and economic shutdown hurt the financial health of every single family; especially those ones who barely had their ends meet pre-pandemic which directly affected mental health (Mucci et al., 2020). It can be said that lockdown created huge damage on mental health of young families.

# **COVID-19 and Strategies for Prevention from this Disease**

During this pandemic, people followed different preventive strategies to protect from this disease. They used local herbs and follow the WHO protocol. Under this theme, the strategies followed by young families were categorized into different codes and quotations which are described below:

**Table 3**COVID-19 and Strategies for Prevention from this Disease

Theme	Codes	Quotations
COVID-19	Use of	Teacher: If we came back going from outside, we washed hands and legs
and strategies	mask,	with soap and water. Even goods whatever brought were worked properly
for prevention	sanitizer,	and got dried for one hour in the sun.
from this	hand	Farmer: we should use sanitizer, soap etc. In fact, we did so. Besides, these
disease	wash,	all, we consumed boiled water, domestic herbs like Tulsi, Babari etc. We
	using	suggested to our small children to use very useful preventive methods such
	local	as masks, sanitizer and so on.
	herbs,	Businessman:used sanitizer, shop and local available herbs.
	social	Teacher: Children were obedientthey would have been staying at home
	distance	being conscious about it.
		Teacher: We used pure herbs having in our surroundings like leaves of
		Tulsi, ginger and turmeric with boiled water. Also, the vine of Gurjo

According to the interviews with young families, COVID-19 affected completely on mental health of young families. It was clearly observed the terror, anxiety and stress in them. They had to go to market to purchase the grocery things like others. But they tried to maintain hygiene and social distance and washed hands and legs with soap and water. They followed the rules and regulation formulated by WHO. All participants said that even products brought with them were properly washed and dried in the sun for an hour. Be informed that preventive techniques were used. They further said no social and family events were organized outside and inside home during this time and neither could welcome anyone happily. Teacher, businessman and farmer used local herbs from their surroundings like leaves of *tulsi*, ginger and turmeric with boiled water, with the hope of strengthening the immune system. They always used hot water in morning afternoon and evening. Also, the vine of *Gurjo* was commonly available in our field that they also used regularly. Simply practicing our home-made methods to boost the immune system to fight against the COVID, we could stay safe from it which is easily available in our surrounding place. The time spent very terribly with full of fear and terror.

# Discussion

In the current COVID-19 crisis, a study was carried out to explore the lived experiences about influences of COVID-19 on mental health in young families. It also tried to understand how the outbreak and the consequent lock-down influenced the minds and conditions of young families in Nepal. Influences as the overall effect or influence of the pandemic broke out with various negative impacts in the society like influences of COVID-19 on mental health, including illness, hospitalizations, and unfortunately, loss of life. It also put a strain on healthcare systems and resources worldwide. Like that economic impact was a profoundly stuck on economic factor around the world of by business closures, job losses, disruptions in supply chains, and reduced consumer spending which led to recessions and economic downturns in many countries, which also influenced the mental health (Penninx et al., 2022). A thorough idiographic explanation could give a rich account of the impact on mental health and preventive actions for participants of the current global health crisis.

Many people's lives were impacted by COVID-19 epidemic. Because the world was unable to forecast or prepare for this calamity, the pandemic had imposed a sense of uncertainty and fear, causing great stress(Shah et al., 2020). Previous research on SARS, Middle East respiratory syndrome (MERS), and Ebola had demonstrated that the disease causes considerable mental distress during epidemics (Page et al., 2011; Lee et al., 2018). Therefore, in this study, the respondents described that the fear of getting the disease and dying from COVID-19 contributed to stress, anxiety, and other mental health challenges in young families. This is support with the finding of the recent research, COVID-19 created serious threat to mental health by elevating rates of anxiety, depression, post-traumatic stress disorder (PTSD) and negative societal behaviors (Cosic et al., 2020). Uncertainty about the future and the health of loved ones could be particularly distressing. The fear of losing beloved ones during COVID-19 was one of the most emotionally challenging aspects of the pandemic for many people ((Tzur Bitan et al., 2020; Kumar & Nayar, 2021). This study explored that the fear of losing loved ones were victim for anxiety, depression, and other mental health issues. The uncertainty and stress caused by the pandemic had affected mental well-being. Similarly, Peeri et al., (2020) reported that the fear of losing loved ones by COVID-19 was profound psychological and emotional impact on individuals and society as a whole. Individuals lack access to affordable healthcare and hospital facilities, they had delayed when seeking medical attention or necessary treatments which led to a sense of hopelessness and frustration, particularly their loved ones who required urgent care(Druss, 2020). In addition, high treatment costs, especially for medical conditions like COVID-19, had led to financial stress and anxiety which created worry about how they would pay for their treatment or the treatment of their loved ones (Druss, 2020). This stress had profound impacted on mental well-being (Druss, 2020). In this study, participants argued that government did not bear any expenses of treatment. Because of this reason, participants were more anxious and depressed by thinking how they would manage all of this high expenditure. So, this condition had caused the mental issues in their health. These finding are supported by other studies reporting that the fear of accumulating medical bills and the financial strain this placed on individuals and families had caused significant stress and anxiety(Khanal et al., 2020). The fear of COVID-19 for oneself and loved ones, combined with concerns about the

cost of hospitalization, was a significant source of anxiety and stress for many individuals during the pandemic (Barkur & Vibha, 2020).

The effects of lockdowns were complex and problematic. However, the spread of COVID-19 resulted the negative social, economic, and mental health consequence (O'Sullivan et al., 2021). Lockdowns led to economic downturns, with businesses closing, job losses, and disruptions to supply chains. In addition, many people lost their jobs or faced reduced income, leading to financial hardship and insecurity. This affected in financial stress for individuals(Ahrens et al., 2021). According to this research, young families were losing their sources of income because of lockdown created by this pandemic. As a result, they had to face the financial burden to run their family which led the mental issues. According to Paudel & Subedi (2020) Said that stress, anxiety and fear were exacerbated with the loss of job and closure of business, creating huge financial trouble in the families due to this disease. Preventive measures were a means for people to cope since they provided assurance of safety (Suhail et al., 2020). Participants followed the WHO and other major organizations recommended preventive procedures, which included frequent hand washing and sanitization, social distance, and wearing protective masks in the public. This study emphasized on the labor problem for agricultural field directly and at the same time, laborers also underwent unemployment problem for survival even after the lockdown was flexible. Moreover, the businessman and the farmer were unable to sell the product in the market due to the fear of transmission of this disease. As a result, they faced huge financial problems which created mental effect on young families. Job losses, economic uncertainties, and the disruption of daily routines during lockdowns contributed to an increase in symptoms of depression for some individuals(Banks & Xu, 2020). Feelings of hopelessness and sadness were common responses to the challenges brought on by the pandemic and lockdown (Banks & Xu, 2020).

Preventing the spread of COVID-19 involved a combination of personal behaviors, public health measures, and vaccination efforts(Patterson et al., 2022). Wear a mask, regularly washe your hands with soap and water especially after being in public places and used hand sanitizer with at least 60% alcohol when soap and water were not available. In addition, regularly cleaned and disinfected frequently touched surfaces and avoided touching your eyes, nose, and mouth with unwashed hands to prevent the transfer of the virus from contaminated surfaces(Benham et al., 2021). This study also shows that people used local herbs from their surroundings like leaves of Tulsi, ginger and turmeric with boiled water, with the hope of strengthening the immune system along with other safety protocol of this disease suggested by WHO. Mirzaie et. al., (2020) reported that with 1000 years of pandemic and endemic illness prevention experience, Chinese, Indian, and Iranian herbal medicine are worth learning and provide other options to control COVID-19.

The study also shows the need of recognizing COVID -19's effects on young people and addressing the problem of mental health. There were uncertainties surrounded by people who were young and looking forward to constructing a future. It is very important to address the most fundamental problems of the life experiences of young people.

### Limitation

Although this study revealed useful information, it has some limitations. This study was qualitative research; the sample size was very small, consisting of only four participants. Because same information received when more interviews were taken, generalizing the findings to a larger population is challenging, and the study may not capture the full range of responses and experiences. Another limitation is that the study narrows its focus to the impact of lockdown on financial aspect only avoiding impact of social isolation on mental health. The fact is that there was no strict lockdown in Tarai region of Nepal. people were meet each other and shared their experience by maintaining social distance. To address these limitations and provide a more comprehensive understanding of the mental health impact of COVID-19 on young families, future research efforts should consider expanding the sample size, adopting a mixed-methods approach, broadening the scope of inquiry to include various aspects of the pandemic's impact.

### Conclusion

The COVID-19 pandemic generated profound and complex mental health problems among young families, with fearful thought of disease and the potential loss of their lives and loved ones. These psychological traumata were understandable, given the uncertainty and impact of the virus on individuals and communities. The subsequent lockdown measures, critical for public health, had introduced financial stress to many young families. Job losses, business closures, and economic instability forced them to grapple with challenging financial circumstances. The resulting stress and anxiety were yet another layer of hardship they had got to endure during this unprecedented crisis. In response to challenges created by COVID-19 fear, young families had turned to preventive strategies suggested by WHO and they also used local herbs, which are deeply rooted in their culture and traditions. These strategies could be seen as the attempt to take control of their health and well-being, reflecting a natural human instinct to find solutions during times of crisis. To address the multifaceted challenges posed by the pandemic, governments have a vital role to play. Financial support was crucial, particularly for those facing economic stress due to lockdowns, and initiatives to preserve mental well-being were equally important. During the impact of the pandemic like COVID-19, it was vital to consider the holistic well-being of individuals and families including young families, addressing their fears and anxieties while supporting their financial stability and resilience to minimize mental health effect.

# **Funding**

There was no funding for this study.

# **Data Availability**

Although the datasets used in the current study are private, the authors will make some portions of the data available upon justifiable request.

# Acknowledgments

We want to express our gratitude to the participants who were involved to this study.

# **Conflicts of Interest**

The authors declare no conflict of interest.

# **Author's Contribution**

ST designed, analyzed, and interpretated data, and drafted the manuscript. SG critically reviewed the manuscript.

### References

- Ahrens, K. F., Neumann, R. J., Kollmann, B., Plichta, M. M., Lieb, K., Tüscher, O., & Reif, A. (2021). Differential impact of COVID -related lockdown on mental health in Germany. *World Psychiatry*, 20(1), 140–141. https://doi.org/10.1002/wps.20830
- Barkur, G., & Vibha Kamath, G. B. (2020). Sentiment analysis of nationwide lockdown due to COVID 19 outbreak: Evidence from India. *Asian Journal of Psychiatry*, 51, 102089. https://doi.org/10.1016/j.ajp.2020.102118
- Bowden, C., & Galindo-Gonzalez, S. (2015). Interviewing when you're not face-to-face: The use of email interviews in a phenomenological study. *International Journal of Doctoral Studies*, 10, 79-92. Retrieved from http://ijds.org/Volume10/IJDSv10p079-092Bowden0684.pdf
- Banks, J., & Xu, X. (2020). The mental health effects of the first two months of lockdown during the COVID-19 pandemic in the UK \*. Fiscal Studies, 41(3), 685-708. https://doi.org/10.1111/1475-5890.12239
- Benham, J. L., Lang, R., Kovacs Burns, K., MacKean, G., Léveillé, T., McCormack, B., Sheikh, H., Fullerton, M. M., Tang, T., Boucher, J.-C., Constantinescu, C., Mourali, M., Oxoby, R. J., Manns, B. J., Hu, J., & Marshall, D. A. (2021). Attitudes, current behaviours and barriers to public health measures that reduce COVID-19 transmission: A qualitative study to inform public health messaging. PLOS ONE, 16(2), e0246941. https://doi.org/10.1371/journal.pone.0246941
- Benner, P. (1994): The tradition and skill of interpretive phenomenology in studying health, illness and caring practices. In: P. Benner (ed.) *Interpretive phenomenology: embodiment, caring and ethics in health and illness*, Sage Publications.
- Cosic, K., Popovic, S., Sarlija, M., & Kesedzic, I. (2020). Impact of human disasters and covid-19 pandemic on mental health: potential of digital psychiatry. *Psychiatria Danubina*, 32(1), 25–31. https://doi:10.24869/psyd.2020.25
- DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: A balance of relationship and rigour. *Family Medicine and Community Health*, 7(2), e000057. https://doi.org/10.1136/fmch-2018-000057
- Denzin, N. K. & Lincoln, Y. S. (2013). Collecting and interpreting qualitative materials (4th ed.). Sage.
- Druss, B. G. (2020). Addressing the COVID-19 pandemic in populations with serious mental illness. *JAMA Psychiatry*, 77(9), 891. https://doi.org/10.1001/jamapsychiatry.2020.0894
- Ferreira, R. (2015). Youth participation in home care for the elderly. *Journal of Gerontology & Geriatric Research*, s3. https://doi.org/10.4172/2167-7182.S3-006
- Haralambos, M. & Holborn, M. (2013). Sociology: Themes and perspectives (7th ed.), Harper Collins.
- Husserl, E. (2012). Ideas: General introduction to pure phenomenology. Routledge.
- Khanal, P., Devkota, N., Dahal, M., Paudel, K., & Joshi, D. (2020). Mental health impacts among health workers during COVID-19 in a low resource setting: A cross-sectional survey from Nepal. *Globalization and Health*, 16(1), 89. https://doi.org/10.1186/s12992-020-00621-z
- Koçak, O., Koçak, Ö. E., & Younis, M. Z. (2021). The psychological consequences of COVID-19 fear and the moderator effects of individuals' underlying illness and witnessing infected friends and family. *International Journal of Environmental Research and Public Health*, 18(4), 1836. https://doi.org/10.3390/ijerph18041836

- Kumar, A., & Nayar, K. R. (2021). COVID 19 and its mental health consequences. *Journal of Mental Health*, 30(1), 1–2. https://doi.org/10.1080/09638237.2020.1757052
- Leach, L., Butterworth, P., Hokke, S., Love, J., Bennetts, S. K., Crawford, S., & Cooklin, A. (2023). How the mental health of working parents in Australia changed during COVID-19: A pre- to during pandemic longitudinal comparison. *Journal of Affective Disorders*, 325, 564–571. https://doi.org/10.1016/j.jad.2023.01.014
- Lee, S. M., Kang, W. S., Cho, A. R., Kim, T., & Park, J. K. (2018). Psychological impact of the 2015 MERS outbreak on hospital workers and quarantined hemodialysis patients.
- Comprehensive Psychiatry, 87, 123–127. https://doi.org/10.1016/j.comppsych.2018.10.003
- Li, W., Yang, Y., Liu, Z.-H., Zhao, Y.-J., Zhang, Q., Zhang, L., Cheung, T., & Xiang, Y.-T. (2020). Progression of mental health services during the COVID-19 outbreak in China. *International Journal of Biological Sciences*, 16(10), 1732–1738. https://doi.org/10.7150/ijbs.45120
- Mirzaie, A., Halaji, M., Dehkordi, F. S., Ranjbar, R., & Noorbazargan, H. (2020). A narrative literature review on traditional medicine options for treatment of corona virus disease 2019 (COVID-19). *Complementary Therapies in Clinical Practice*, 40, 101214. https://doi.org/10.1016/j.ctcp.2020.101214
- Mucci, F., Diolaiuti, F., & Mucci, N. (2020). Lockdown and isolation: Psychological aspects of COVID-19 pandemic in the general population. *Clinical Neuropsychiatry*, 17(2), 63–64. https://doi.org/10.36131/CN20200205
- O'Sullivan, K., Clark, S., McGrane, A., Rock, N., Burke, L., Boyle, N., Joksimovic, N., & Marshall, K. (2021). A qualitative study of child and adolescent mental health during the COVID-19 pandemic in Ireland. *International Journal of Environmental Research and Public Health*, 18(3), 1062. https://doi.org/10.3390/ijerph18031062
- Page, L. A., Seetharaman, S., Suhail, I., Wessely, S., Pereira, J., & Rubin, G. J. (2011). Using electronic patient records to assess the impact of swine flu (influenza H1N1) on mental health patients. Journal of Mental Health, 20(1), 60–69. https://doi.org/10.3109/09638237. 2010.542787
- Patterson, N. J., Paz-Soldan, V. A., Oberhelman, R., Moses, L., Madkour, A., & Miles, T. T. (2022). Exploring perceived risk for COVID-19 and its role in protective behavior and COVID-19 vaccine hesitancy: A qualitative study after the first wave. *BMC Public Health*, 22(1), 503. https://doi.org/10.1186/s12889-022-12900-y
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533–544. https://doi.org/10.1007/s10488-013-0528-y
- Penninx, B. W., Benros, M. E., Klein, R. S., & Vinkers, C. H. (2022). How COVID-19 shaped mental health: from infection to pandemic effects. *Nature medicine*, 28(10), 2027-2037
- https://https://doi.org/10.1038/s41591-022-02028-2
- Peeri, N. C., Shrestha, N., Rahman, M. S., Zaki, R., Tan, Z., Bibi, S., Baghbanzadeh, M., Aghamohammadi, N., Zhang, W., & Haque, U. (2020). The SARS, MERS and novel coronavirus (COVID-19) epidemics, the newest and biggest global health threats: What lessons have we learned? *International Journal of Epidemiology*, 49(3), 717–726. https://doi.org/10.1093/ije/dyaa033
- Pietrabissa, G., & Simpson, S. G. (2020). Psychological consequences of social isolation during COVID-19 outbreak. *Frontiers in Psychology*, 11, 2201. https://doi.org/10.3389/fpsyg. 2020.02201
- Poudel, K., & Subedi, P. (2020). Impact of COVID-19 pandemic on socioeconomic and mental health aspects in Nepal. *International Journal of Social Psychiatry*, .66(8),748-755 https://doi.org/10.1177/0020764020942247
- Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry*, 52, 102066. https://doi.org/10.1016/j.ajp.2020.102066
- Shah, K., Mann, S., Singh, R., Bangar, R., & Kulkarni, R. (2020). Impact of COVID-19 on the mental health of children and adolescents. *Cureus*. https://doi.org/10.7759/cureus.10051

- Suhail, A., Iqbal, N., & Smith, J. (2020). Lived experiences of Indian youth amid COVID-19 crisis: An interpretative phenomenological analysis. *International Journal of Social Psychiatry*, 002076402096602. https://doi.org/10.1177/0020764020966021
- Sweet, L. (2002). Telephone interviewing: is it compatible with interpretive phenomenological research? *Contemporary Nurse*, 12(1), 58–63. https://doi:10.5172/conu.12.1.58
- Tzur Bitan, D., Grossman-Giron, A., Bloch, Y., Mayer, Y., Shiffman, N., & Mendlovic, S. (2020). Fear of COVID-19 scale: Psychometric characteristics, reliability and validity in the Israeli population. *Psychiatry Research*, 289, 113100. https://doi.org/10.1016/j.psychres.2020.113100
- Tomaszewski, L. E., Zarestky, J., & Gonzalez, E. (2020). Planning qualitative research: Design and decision making for new researchers. *International Journal of Qualitative Methods*, 19, 160940692096717. https://doi.org/10.1177/1609406920967174
- Unicef, (2020, September 10). Working together to prevent suicide among children and young people in Nepal. https://www.unicef.org/nepal/press-releases/working-together-prevent-suicide-among-children-and-young-people-nepal
- VanScoy, A. & Evenstad, S.B. (2015), Interpretative phenomenological analysis for LIS research, *Journal of Documentation*, 71(2), pp. 338-357. https://doi.org/10.1108/JD-09-2013-0118
- World Health Organization, (2023, March 7). *Coronavirus disease (COVID-19) Pandemic*. Retrieved from https://www.who.int/emergencies/diseases/novel-coronavirus-2019
- World Health Organization & Noncommunicable Disease and Mental Health Cluster. (2003). *Investing in mental health*. http://www.myilibrary.com?id=9723
- Yoosefi Lebni, J., Abbas, J., Moradi, F., Salahshoor, M. R., Chaboksavar, F., Irandoost, S. F., Nezhaddadgar, N., & Ziapour, A. (2021). How the COVID-19 pandemic effected economic, social, political, and cultural factors: A lesson from Iran. *International Journal of Social Psychiatry*, 67(3), 298–300. https://doi.org/10.1177/0020764020939984