

Experiences of COVID-affected families towards managing their social relationships

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Abstract

COVID-19 is spreading rapidly throughout the world; World Health Organization confirmed that COVID-19 is the sixth public health emergency of international concern on 30th January 2020. This virus completely reshaped the world and its system. The current study focuses on the daily life experiences of COVID-19 affected families. By using quantitative research design, a survey was conducted from 171 respondents selected from Islamabad by using a snowball sampling technique. A self-constructed semi-structured questionnaire was used. The findings of the current research shows that daily life routine of people has gone through significant changes due to Covid-19 and left them faced with many challenges in managing their familial relationship. Respondents also faced stigmatization from the society; people avoided them because they were scared that they would contract the virus if they met them, even long after recovery. Respondents who were infected with Covid-19 experienced extreme fear of death, fear of losing a loved one, fear of being alone and fear of getting caught by the virus again. To overcome their fear and challenges, individuals affected by COVID-19 received an ample amount of familial support. The study concluded that social support is important to overcome miseries of Covid-19 affected families in managing their daily live activities during pandemic situation. Future research and interventions should be focused on developing policies regarding online counselling which would help in recovering of patients and their families from the aftermath of the virus

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1. Introduction:

Corona Virus is an infectious disease that transfers from person to person. This virus also moves through the infected people if they touch anything or sneeze, breathe, cough, or talk, causing tiny particles/droplets to come out from their mouth or nose that stay in the air for some time, and other people touch that thing and inhale that air can get infected too (WHO, 2019). As WHO also recognized COVID-19 as a pandemic on 11th march 2020 (WHO, 2020). Currently, 132 million people have been affected, of which 74.7 million recovered and 2.86 million died from this deadly virus (WHO, 2021).

The people infected by this virus suffered from mild to moderate respiratory illness. People also suffer from dry cough, fever, fatigue, shortness of breath, body pain, headache, loss of smell and taste, sore throat, running nose, and diarrhea. People with weaker immune systems are more vulnerable and, in many cases, die due to this virus. People with a history of various chronic diseases, such as diabetes, cancer, asthma, etc., are

more at risk than people with no medical history. People can survive this virus with a robust immune system (Jewell, 2020). People are getting the vaccination, but still, there is a high risk of transferring of virus because vaccination can only reduce the impact of COVID-19-inflicted fatalities but cannot completely extinguish them.

People affected by this virus face many issues like mental and social stress. Social distancing got them stuck in their homes which caused many domestic issues within the family. Due to COVID-19, people's outdoor activities got restricted since this virus is spreading rapidly worldwide. People start connecting online. They even transfer their businesses to the virtual system. COVID-19 became the reason behind the detachment of families. These restrictions applied by the government put people in a difficult situation. People suffer from depression and anxiety because of the fear of the Coronavirus and staying at home. Even people are afraid to meet family members living in another city. Extroverted people felt lonely at home. People living in other countries cannot return to their own countries, which makes them feel lonely and depressed because they cannot meet their parents and siblings.

Our social relationships are getting weaker because of self-isolation. People were living in one home, getting detached from each other because of the involvement of the online system. They do not have time for each other because of continuous work from home. Lockdowns have increased the burden on working people and students (Claridge, 2020). People who have suffered from this deadly virus or experienced deaths in their families are still in depression and are more scared of COVID-19. Previous studies also support that depression is present in all populations, whether they suffer from COVID-19 or not (Mariani et al., 2020).

One of the studies from Saudi Arabia reported the experiences of COVID-19 recovered people. Most of the respondents were quarantined for 13-18 days, and the symptoms they suffered were fever, cough, shortness of breath, and chest tightness. Recovered people also observe hair loss and headaches. Some patients took homemade remedies, while others took paracetamol to control the symptoms and avoid the hospital. They also reported that they faced psychological issues during the coronavirus illness. They have received emotional support through phone calls and daily messages. During quarantine, they also mentioned that they got support from the government and community (Alhajjaji et al., 2021).

Comparison to other developed countries, in Pakistan, a low literacy rate and lack of awareness regarding COVID-19 make people more vulnerable. Most people do not even believe that the virus exists, and their non-seriousness towards following the SOPs puts everyone at risk and increases COVID-19-positive cases (Noreen, 2020). Violating the precautionary measures and lockdown caused a rapid increase in the hospital burden. Therefore, people must be extra careful while following the Sops (Khalid & Ali, 2020).

There are also few documented responses from corona-recovered patients are found. Most people are those who first got contracted the virus in different cities like Karachi. When the first patient learned that he had Corona, he was first alarmed. However, after getting extra care from the medical staff and support from family, he was encouraged to beat this virus, and then he patiently recovered. The patient also stated that he still takes precautionary measures and follows all SOPs. Throughout his illness, his mental health does not affect because he was strong and got full support from his family/friends (Jaffari, 2020). Another COVID-19 recovered patient from KP named Adil Rehman told his experience that the first days of isolation were as painful for him as he could not see his wife and children. He also had suicidal thoughts, but the doctors cooperated and encouraged him to beat this virus. Similarly, other corona-recovered patients have the same feelings as Adil (Shah & Islam, 2020). Likewise, another patient from swat, Junaid khan, shared his experience that the time he spent in quarantine was the most challenging time of his life. He further stresses that people must take this virus seriously (Khaliq, 2020).

Since there is no proper cure for this virus besides vaccination, it only makes our immune system stronger but does not give us a guarantee to protect us from this deadly virus. So, Coronavirus affected people with severe conditions need proper treatment in a hospital. However, patients with mild symptoms can be treated at home. In this case, the family becomes the caregivers, and caregivers can be parents, siblings, spouses, and relatives that voluntarily provide the caregiver facility to patients. Taking care of patients' mental and social health while motivating them to be better soon because fear of Coronavirus can de-motivate them. Therefore, it is imperative to keep encouraging them. As patients feel vulnerable because they are the ones who have to stay in isolation and away from family, they have to cope with loneliness, thoughts of dying, and many other thoughts which affect their health badly. The fear of having Coronavirus is enough to make one lose their will to live. Patients and caregivers face difficulty in communication as both pretend that

they can manage and fight against the virus. However, deep down, they are both fighting their war to stay strong while knowing they are in a complex situation.

In coronavirus patients, stress, depression, and anxiety are common factors that destroy the mental and social health of patients and their families. Even if they recover from the virus, they still fear being caught again by it. Usually, when one gets ill, his/her family plays the role of a caregiver who gives them emotional and physical support by taking care of them and providing them with essentials. However, in the case of Coronavirus, patients do not get this type of support from their caregivers due to the isolation restriction, so the chances of getting into depression are high for both patients and caregivers (Ones, 2020).

When caregivers cannot help patients how they want to, they feel helpless and suffer from emotional stress resulting in depression. Other family members expect much from caregivers, like supporting patients and maintaining their routines. In a way, it was impossible because one cannot maintain a balanced life with the patient, significantly as the burden increases on them and the lack of assistance/support from other family members contributed to more mental and social stress for caregivers (Al-Rahimi et al., 2021; Bergmann & Wagner, 2021).

People who have faced deaths in their families are in the worst situation and probably face long-term effects of COVID-19 because of the death of a loved one; they might be suffering from emotional stress, unstable life, and trauma. The most difficult time they face is when their loved ones are admitted to a hospital, fighting for their lives alone. Due to the SOPs, they cannot meet them is the most traumatic experience of their lives as losing someone they loved is a massive loss of their life, and one cannot bear the pain of losing, so several people lost their loved ones due to COVID-19 and are suffering from depression (Kentish-Barnes et al., 2021).

This study focuses explicitly on COVID-19-affected families to know about during and after practices of the patients and their families. How they managed their familial relationship as COVID-19 created problems, and how they coped with the loss of a loved one due to COVID-19.

Objectives of Study

- To investigate the daily life experiences of COVID-19-affected families.
- To explore the experiences of families with COVID-19-affected death cases of their relatives.

2. Literature Review

The current chapter reflects the overview of previous researches to support and justify the importance of the present study. The findings of the previous researches facilitate the current study and provide a basis to explore the current topic further

Liu and Liu (2021) focus explicitly on the recovered coronavirus patients and how they dealt with this deadly virus. Patients suffered from the emotional rollercoaster. When admitted to the hospital, patients developed a sense of kindness by helping strangers' patients in the hospital. They suffered from uncertainty and did not know whether they would survive or not, but this feeling developed a sense of appreciation towards the importance of life and loved ones in their lives. After recovering from the Coronavirus, they face rejection and stigmatization in society. However, they said family and health workers helped them to be positive in this situation.

In the same way, Jafree et al. (2020) highlighted the stigmatization of families due to the Coronavirus pandemic in Pakistan. At the start, when the pandemic outbreak happened, people were scared because of the novelty of the virus and with no treatment/vaccination. They started getting scared of each other. Even in families, relatives were afraid to visit each other, especially those family members who had recovered from the virus. Even infected families were harassed/abused by their neighbors and relatives. So, to avoid stigmatization, people use the symptoms and avoid visiting doctors, which in turn causes emergency concerns. Therefore, the researchers suggested that government should make it normal to seek help from

doctors and get tested. Government should take strict actions against those who harass the infected families to avoid more such problems in the future.

While Mansoor et al. (2020) study also explored the experiences of COVID-19-recovered patients in Punjab and KP districts. The researchers explained how the respondents and their families suffer from this illness as most of the research themes are based on the biomedical model, while only one theme is about the psycho-social well-being of the patients. In this theme researcher explains how the respondents faced stigmatization like "corona home", and also patients were guilty that due to them, their families had to suffer from this virus too.

Whereas, Al-Rahimi et al. (2021) research explored the experiences of family caregivers as they struggled with physical and mental stress while taking care of COVID-19 patients due to the lack of information regarding COVID-19. They faced many issues, such as depression, anxiety, and social stigmatization. So, it is recommended by the researcher that society should be kind to the people who suffer from COVID-19, and the government should give financial support and information regarding COVID-19.

Sheen et al. (2021) investigated the impact of isolation during COVID-19 on family functioning. So, the results indicated the pros of isolation as most of the families' isolation time was "me time" as they started to know each other's world. They experienced changes in their daily life routine. The workforce has changed for both genders male also helps with household chores and taking care of children. Similarly, females were helping financially too. Therefore, quarantine strengthened the relationships between the families.

Similarly, Quadros et al., 2021 research explored the Coronavirus fear among different groups such as children, adults, and older people. According to the results, females are at a higher risk of getting infected by the COVID-19 virus than males. Fear among females is also higher than among males because males' attitude toward COVID-19 is a little irresponsible, automatically decreasing their fear risk. Moreover, results found that older adults have a lesser fear of COVID-19 than young adults. Fear is a vital tool for mental health problems such as depression and anxiety. It is also linked with job insecurity, social media, career anxiety, depression, and insomnia. Extreme fear can affect the individual's choices, decision-making skills, relationships and emotional health. People working in health care professions are suffering from fear which leads towards mental health issues, and chances of suicide are higher in them than in other professions. Fear of COVID-19 induced unexpected reactions from people due to stress and depression. People often commit suicide, while some take out their anger on family members, resulting in a higher rate of domestic violence cases. Therefore, it is imperative to study the factors which contributed to fear and how we can manage the effects of COVID-19.

Various studies have been published to address the issues of Coronavirus and its general effects on people's social and mental health. However, it is vital to talk about this topic. Above are a few studies that covered the experiences of the few Coronavirus recovered patients in Pakistan and other countries. However, there is a need for proper quantitative research on how they felt during illness and how their familial relationships got affected.

3. Methodology

Area of the Study

The researcher gathered data from the city of Islamabad, in Pakistan; Islamabad is the federal capital area of Pakistan, and its population consists of 1164000 individuals. The area of Islamabad was chosen due to its staggering number of COVID-19 cases despite the implementation of the lockdown. The research was conducted with strict adherence to the SOPs. As the cases of COVID-19 were high in Islamabad, this allowed for a richer collection of data and consequently boosted the effectiveness of the study. (reference add)

Research Design

In this study, the researcher incorporated the quantitative method as it provides the most accurate results. The researcher collected data directly from respondents; hence, the data source was primary. Moreover, the

researcher distributed the self-structured questionnaire to patients that had recovered, along with their families, to attain more information regarding their experiences. The research analysis was exploratory as it attempted to explore the experiences of individuals who had recovered from COVID-19 along with their families' experiences. Since the population was unknown and the researcher does not know the actual number where probability sampling can be applicable. Therefore, under the non-probability sampling, the snowball sampling approach was implemented. The research title and protocol are approved by the ethical research committee from the higher education institute.

Sampling Framework

The sample size was calculated using Raosoft software, and the calculated value was 171 with 95% confidence interval, 50% response distribution and 7.5% chance of error. So, the researcher gathered data from 171 households through the use of the snowball sampling technique. The researcher only included families that had previously contracted the COVID-19 virus and, as a result, had suffered from cases of death among their relatives. As for the age of the participants, the researcher ensured that all of the participants from whom the information was collected were above the age of 18 years. The sample size of the present study was carefully calculated beforehand based on the emergence of COVID-19 cases and the number of families that had recovered from the virus in the city of Islamabad.

Data Collection Procedure and Technique

The researcher collected data from individuals who had recovered from COVID-19 and their families through a self-structured questionnaire in English. The questionnaire is comprised of two parts. The first part is oriented toward socio-demographic questions, including queries regarding the participant's gender, age, education, and social status. It also questions the participant's and their family's exposure to COVID-19. Moreover, the second part of the questionnaire contains questions directed toward the participant's approach to managing familial relationships; this includes questions concerning the coping strategies employed by the participants and their families.

Data Analysis Technique

Once the required information was collected, the attained data were quantitatively analyzed using SPSS (Statistical Package for Social Sciences). As for the analysis, the researcher applied frequency and percentage tests on social demographic data. Descriptive analysis is also applied to compute variables to understand the responses better.

4. Results

Table 1: Socio-Demographic Variables

Gender	n	%
Male	76	44.4
Female	94	55.0
Education		
Illiterate	2	1.1
Matric	13	7.6
Intermediate	20	11.7
Bachelors	68	39.8

Masters	61	35.7
PhD	7	4.1
Family System/total family members		
Nuclear family	39	22.8
Joint family	124	72.5
Extended family	8	4.7

Above table displays the frequency and percentage distribution of participants based on gender, education and family system. 44.4% of the participants are comprised of males while 55% of participants are comprised of female. While, majority of participants are comprised of Bachelors and Masters Level of education at 39.8% and 35.7% respectively. Aside from this, participants with Intermediate education lie at 11.7% and those with Matric and PhD at 7.6% and 4.1% respectively. Also, above table depicts 72.5% belong to the Joint Family system and 22.8% participants belong to the Nuclear Family system while 4.7% of the participants belong to the Extended Family System.

Table 2: Frequency and percentage of participant’s COVID-19 related symptoms (N=171)

	Fever		Cough		Shortness of breath		Body Aches	
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%
Mild	41	24.0	38	22.2	38	22.2	32	18.7
Moderate	35	20.5	39	22.8	53	31.0	27	15.8
Severe	61	35.7	49	28.7	18	10.5	63	36.8
Not at all	12	7.0	23	13.5	40	23.4	27	15.8
Total	149	100.0	149	100.0	149	100.0	149	100.0

Out of 171 respondents 149 respondents were infected with Covid-19 and faced multiple symptoms. Such as 35.7% respondents suffered from severe fever, 28.7% respondents suffered from severe cough, 31% respondents suffered from shortness of breath and 36.8% respondents suffered from body aches.

Table 3: Assessment of respondent’s feelings towards COVID-19 (N=171)

Items	Mean	Std. deviation
Covid-19 recovered families follow Sops strictly.	4.03	1.060
Recovered patients' routine changed.	3.28	1.064
After getting the vaccination, COVID-19 can affect you in the same intensity as before.	3.09	1.097
lack of productivity to accomplish daily routine task due to Covid-19.	3.34	0.965
Recovered patients found themselves detached from social situations or gatherings.	3.19	1.057
Faced stigmatization from society.	2.71	1.120

The response table of feelings towards COVID-19 indicates that a majority of individuals are strictly adhering to SOP's after recovering from COVID-19 and feel that they can be affected by COVID-19 in the same intensity as before, despite being vaccinated. Whereas, some respondents also faced the stigmatization from the society.

Table 4: Family support during quarantine period (N=171)

Items	Mean	Std deviation
Social support given by family.	3.88	0.906
Basic needs fulfilled by family during quarantine.	4.20	0.702
The health care services provided by family.	4.01	0.837
Mental health of patients taken care by family.	4.05	0.863

The above table of family support during quarantine period indicates a majority of individuals received ample familial support during the quarantine period and all their basic needs were well met by their family, along with health care and the maintenance of mental health. Social support has a significant predictor of coping strategies to manage relationships among COVID-19 affected families.

Table 5: Response table of Fear during COVID-19 period (N=171)

Items	M	SD
Have you suffered from the following thoughts during the COVID-19 period?		
a) Fear of death	3.43	1.246
b) Fear of losing loved one	3.92	1.103
c) Fear of being neglected by the society	2.83	1.117
d) Fear of being alone	3.07	1.166
e) Fear of getting caught again by COVID-19	3.35	1.093

The above table of fear during the COVID-19 period indicates that a majority of participants experiences a fear of death or of losing a loved one along with the fear of being alone and being infected with COVID-19 again while a miniscule number of individuals experienced the fear of being neglected by the society.

5. Discussion

The findings indicated that COVID-19 affected the respondents' daily life experiences. Most participants developed feelings of concern, primarily about being infected with COVID-19 again and at the same intensity as before, despite being vaccinated. Many respondents started following the SOPs after contracting the virus, and most agreed that their routine suffered a change due to COVID-19. Previous research also explained that the quarantine situation changed people's everyday life (Salin et al., 2021 & Sheen et al., 2021).

As Talcott parson also explains, to run society smoothly, one has to follow all rules and avoid being deviant. Like in the pandemic, people started following SOPs suggested by the WHO to stop the spread of COVID-19 and make society function smoothly. Respondents also reported suffering from a lack of productivity as people were stranded within the confines of their homes because of the lockdown. This induced laziness and they also experienced a lack of motivation to perform any task, especially regular, routine tasks. They also detached themselves from society, and some respondents faced social stigmatization. Further research also proved that in Pakistan, affected families faced societal stigmatization. (Jafree et al., 2020, Mansoor et al., 2020 & Al-Rahimi et al., 2021).

Erving Goffman also explains in his concept of the stigma that people who do not fit in society and fulfill the norms of society face stigmatization as they are considered outcasts. Similarly, like COVID-19, affected families faced stigmatization and were treated as outcast society members. The researcher also observed that COVID-19-affected families suffered from stigmatization; they were bound to stay home even after recovery. People started avoiding them, making the recovery process more difficult.

A vast majority of people developed a fear after being infected by the virus only once. They experience the fear of death and being alone, and they were also faced with the fear of losing a loved one due to COVID-19. The previously mentioned fears have remained consistent, even in previous research; it was observed that the fear of losing a loved one was significant among people (Mertens et al., 2020). Moreover, when we relate fear to the symbolic interactionism theory, it explains how we perceive things based on our personal experiences; these experiences can include negative and positive events. Likewise, respondents who experienced Coronavirus cases in their homes are more afraid of COVID-19 and its probable consequences because they have attached a negative connotation to COVID-19. The research outcome also revealed that individuals affected by COVID-19 received an ample amount of familial support. As li et al. (2021) quoted, social support from the family has become a great source to overcome suffering from COVID-19 and has also helped people recover from mental damage.

6. Conclusion

The COVID-19 outbreak has changed the world and made it more challenging for people to deal with the reality of this pandemic and its probable consequences in the foreseeable future. The researcher has also observed and noted that COVID-19 has changed the lifestyle of people as it led them to become more concerned about their health and inclined them to adhere to SOPs strictly. However, simultaneously, people faced quarantine's drawbacks, such as a lack of motivation and productivity. They were concerned about the maintenance and management of their familial relationships, as these were also affected by the pandemic. Respondents also faced stigmatization from the society; people avoided them because they were scared that they would contract the virus if they met them, even long after recovery. Respondents who were infected with COVID-19 experienced extreme fear of death, fear of losing a loved one, fear of being alone and fear of getting caught by the virus again. As in the quarantine situation, most of the respondents were quarantined at home and isolated within a room alone, so they developed the previously mentioned fears and faced difficulty in interaction patterns. Respondents also said that their families had been a great source of support for them as they fulfilled all their basic needs. They cared for their mental health and provided them with all forms of support, from mental to social.

Limitation of the Current Research

This research cannot be generalized to the whole country as data is collected from the region of Islamabad only. For future research, it is recommended to take data from other regions too to make it more effective.

Due to the time constraints research was not able to touch the other aspects of the COVID-19 such as its effect on family stability, financial crisis, and proper case study on death cases, prolong grief disorder due to loss of loved one, etc.

The present study was quantitative in nature, so the results were extracted quantitatively and in form of numbers. However, for in-depth study one should go for the qualitative research on current topic.

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