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Khongorzul Amarsanaa

József Rácz

Mónika Kovács

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Case Study: Effects of the COVID-19 Lockdown Restrictions on Eight Mongolian Single Mothers

By Khongorzul Amarsanaa¹, József Rácz², Mónika Kovács³

Abstract

This article discusses a comparative case study of eight single mothers' lockdown experiences during COVID-19 in Mongolia. The case study investigated single mothers' experiences and the psychological impact of the lockdown. Semi-structured interviews were conducted with eight single mothers, four of whom were survivors of intimate partner violence. All interviews were carried out online. Thematic analysis identified patterns and themes regarding lockdown experiences. The four months (from late January to early May 2020) of lockdown had both positive and negative psychological consequences for these single mothers. For both survivor and non-survivor single mothers, uncertainty was the primary psychological state reported, followed by other adverse effects such as worry, anxiety, insecurity, and frustration. Lockdown and the government's uncertain policies have added more workload on women. They have been looking after the children, household chores, and managing their paid workload. Their relationships (both official and family) have also been affected. An extra burden on women is the loss of income and employment because of the lockdown. Positive psychological outcomes were increased creativity, newly acquired life skills, community care, and a reminder of values.

Keywords: Burden, COVID-19, Lockdown Experiences, Mongolia, Psychological Impact, Women.

Introduction

COVID-19, the novel coronavirus, originating from China, has quickly spread worldwide since December 2019. The World Health Organization announced COVID-19 as a pandemic on March 11, 2020 (World Health Organization, 2020). As of August 2021, more than 200 countries have been affected by it, with over 200 million confirmed cases and more than 4 million deceased (World Health Organization, 2021). The pandemic wreaked its havoc in Mongolia where the first case was registered on March 10, 2020. The domestically transmitted cases were initially recorded in November 2020 (Urandelger & Otgonsuren, 2021). As of August 19, 2021, there were a total of 184,950 cases and 884 deaths (World Health Organization, 2020).

Because Mongolia borders China, by late January 2020, the Mongolian State Emergency Committee (SEC) took an early emergency preventative response (Erkhembayar et al., 2020). These preventive measures included the closure of all educational institutions, including

¹Khongorzul Amarsanaa: Doctoral School of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary and Institute of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary.

²József Rácz: Institute of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary and Semmelweis University, Faculty of Health Sciences, Department of Addictology, Budapest, Hungary.

³Mónika Kovács: Institute of Intercultural Psychology and Education, ELTE Eötvös Loránd University, Budapest, Hungary.

kindergartens, schools, vocational colleges, universities, and training centres with online and television classes introduced (Erkhembayar et al., 2020; Tumenbayar, Anuurad, and Enkhmaa, 2020). During lockdown, only essential services, such as the police force, hospitals, and grocery stores were operating. Moreover, during the traditional celebration of the Lunar New Year in February 2020, large gatherings were prohibited and people were encouraged to have online celebrations (Bayasgalan, Anuurad, & Byambaa, 2021; Erkhembayar et al., 2020; Tumenbayar et al., 2020). These preventative measures were continued in 2021.

Both internal and international borders were closed between March 2020 to early 2021. Quarantine for all returnees from abroad was made mandatory initially for 14 days at designated quarantine camps and later for 21 days at the camp, followed by 14 days of isolation at home (Erkhembayar et al., 2020; Tumenbayar et al., 2020). The Mongolian government's timely and early preventive measures stopped the spread of the virus, and Mongolia reported no deaths until August 2020 (Erkhembayar et al., 2020). It should be noted that these early measures proved to be very effective in containing community spread of the virus in Mongolia (Erkhembayar et al., 2020) until recent local outbreak.

Although early measures prevented outbreak in 2020, the lockdown caused many uncertainties. It affected businesses and institutions negatively (Urandelger & Otgonsuren, 2021), however there existed no studies on its impact on people's personal lives. No one could predict the dates for reopening of kindergartens and schools, or the resumption of internal travel and the return of income. Children were not allowed in public areas. There is growing evidence from research conducted globally that women and children are particularly severely affected by the lockdown (Farré, Fawaz, González, & Graves, 2020; Wang, Zhang, Zhao, Zhang, & Jiang, 2020).

The gradual relaxation of the nationwide strict lockdown measures started in June 2020 with the opening of restaurants and businesses. However, children were still not allowed to go into public places such as grocery stores, restaurants, and training centres. A second strict lockdown in Mongolia was imposed in November 2020 that lasted until December 2020 (World Health Organization, 2020b). Schools and kindergartens remained open only between September and November 2020 and transitioned to home-schooling that included online learning, and lessons were even broadcasted on TV.

Physical and social isolation can negatively impact psychological wellbeing, including stress and depressive symptoms (World Health Organization, 2020a), fear, anxiety, and insecurity due to uncertainty (Yin et al., 2020). This pandemic has had an effect on people's mental health and social life (Holmes et al., 2020). Studies show that such constraints, including being restricted from seeing friends and limited physical activity leading to increased screen time affect children's psychological wellbeing (Wang et al., 2020).

Globally, women tend to have more responsibilities in all spheres of life: child rearing, household chores, careers, taking care of the elderly, as well as other contributions to the community (Farré et al., 2020; McLaren, Wong, Nguyen, & Mahamadachchi, 2020; Yavorsky, Qian, & Sargent, 2021). For single mothers it is more challenging to manage everything singlehandedly, including employment, childcare, household duties, and taking care of other family members (Hertz, Mattes, & Shook, 2020; Kallitsoglou & Topalli, 2021), and these tasks affect the psychological wellbeing of single mothers (Kallitsoglou & Topalli, 2021). Due to the battery of lockdowns, many women suffered a heavier burden through loss of income and employment (Farré et al., 2020; Malik & Naeem, 2020). Working from home via online platforms blurred the boundary between work and home (Yavorsky et al., 2021) and put an extra burden on mothers (Schieman, Badawy, A. Milkie, & Bierman, 2021). In addition, collective care and

support is crucial during quarantine (Wang et al., 2020). Although single mothers may receive social support (Harknett, 2006), during the pandemic it was hard to seek support at home (Guo, Carli, Lodder, Bakermans-Kranenburg, & Riem, 2021).

Intimate Partner Violence (IPV) is defined as “self-reported experience of one or more acts of physical and/or sexual violence by a current or former partner since the age of 15 years” (World Health Organization, 2013). It also includes psychological and social violence ranging in occurrence (Buttell, Cannon, Rose, & Ferreira, 2021). Survivors of IPV are likely to have adopted resiliency (Buttell et al., 2021) and develop multiple strategies to prevent violence at home (Bejenaru, 2011). These strategies range from personal preparedness to seeking informal or formal support from appropriate sources.

It is thus important to make space for women's voices to be heard, including for each individual experience to be heard, as well as identifying commonalities, that is, how the women's stories/experiences intersect with each other (Baxter & Jack, 2008). There is scarcity of research on effects of COVID-19 on single mother households, particularly Mongolian single mothers.

This research is a comparatively small case study investigating the psychological effects of the COVID-19 lockdown on eight Mongolian single mothers, out of which four single mothers were survivors of IPV and four single mothers had no experience of IPV. The primary focus of this research is to look at psychological wellbeing of single mothers and the secondary focus is to explore whether there is a difference between survivor and non-survivor single mothers.

Method

This descriptive case study aims to give voice to and document the experiences of eight Mongolian single mothers. Single mothers who are IPV survivors chosen for this study are likely to have had prior survival skills gained in dealing with domestic violence and from managing their own and their children's lives alone and/or with social supports. Therefore, it is possible that these women, having already survived unforeseen violent and/or other difficult situations, would have acquired skills that aided their survival through the COVID-19 lockdown. Single mothers who are not IPV survivors may also have dealt with difficult life situations that equipped them with various life skills.

The in-depth semi-structured interviews were carried out online. Interview questions included “how would you describe your experience during lockdown”, “how do you think your children have taken lockdown?”, and “what kind of supports do you think have helped you through lockdown”. These questions guided participants to reflect on their experiences of lockdown. The interviews took around 45-90 minutes.

Study Participants and Data Collection

In this qualitative study, eight semi-structured interviews were conducted with participants from diverse backgrounds. Participants P1-P4 are single mothers, separated or divorced due to intimate partner violence; participants P5-P8 are single mothers for reasons other than IPV. Non-IPV survivor participants were selected due to the research interest in how mothers in Mongolia are experiencing lockdown single-handedly.

The survivor single mothers are all separated or divorced from their husbands or partners and three out of the four do not have any contact with them. These eight women all have children aged between 4 and 25 years and are either self-employed or have secure employment.

This case study used the purposive sampling method and participants were recruited

through local non-governmental organisations and colleagues. IPV survivor participants were former clients of the researcher whose therapeutic relationship ended 11 years prior to this research. The inclusion criteria were women above the age of 18. The exclusion criteria were women who currently live with the perpetrator. Informed consent was introduced and explained to each participant, and they had an opportunity to ask questions from the research if they had any. Table 1 summarizes participants' background. Qualitative data were collected from May to July 2020. As a result of the pandemic, all interviews with participants were conducted via Skype.

Data Analysis

This study employed thematic analysis to identify main patterns and themes (Braun & Clarke, 2019). Thematic analysis is used to bring out themes from the socially constructed experiences of lockdown that responds to the research question. For this, the researcher used an intersectional approach for women who have experienced intimate partner violence who have diverse backgrounds (Crenshaw, 1991). The qualitative research allowed for researcher's subjectivity, interpretation, and meaning-making of the data (Braun & Clarke, 2019).

The data analysis involved transcribing, coding, and drawing out main themes as overarching conceptual patterns that emerged (Braun & Clarke, 2019). Upon completion of transcription, the data set was coded by the researcher which involved identifying repeated patterns that are apparent in the data set. Thereafter, the ongoing process of analysis took place by second coding and extracted the main themes with their significant patterns. Lastly, these patterns were included in the research result.

Table 1: Background of Participants

	Age	Residence	Employment	IPV Background	Children
P1	50	Ulaanbaatar, originally countryside. She has been living in the capital city for more than 20 years.	Non-profit sector.	Widow, 20 years of IPV	4 children, 2 eldest children are adults
P2	47	Ulaanbaatar	Public sector. Due to long lockdown, she received no salary.	9 years of IPV, divorced	2 children, lives with the grandparents in the countryside
P3	30	Ulaanbaatar, originally from countryside, has been residing in the capital city more than 10 years.	Non-profit organisation	1 year of IPV, divorced.	1 child
P4	39	Ulaanbaatar	Public sector	12 years of IPV, relationship on-and-off.	4 children
P5	48	Darkhan	Private sector	Divorced	1 child
P6	42	Ulaanbaatar	Private sector	Separated	1 child
P7	30	Khentii	Public sector	Separated	2 children
P8	38	Ulaanbaatar	Non-profit	Divorced	1 child

Results

Results were different for the two diverse populations. The tables below show how IPV survivor and non-survivors single mothers experienced the lockdown.

Table 2: Lockdown Experiences of IPV Survivor Single Mothers

IPV survivor single mothers: Themes	
Negative effects of lockdown	Uncertainty
	Change in income
	Children
	Access to health services
	Access to information
	Stigmatisation and blaming attitude
Positive effects of lockdown	A creative process and acquiring/strengthening life skills
	A reminder of values
	Collective care

Below, Table 3 shows themes of non-IPV survivor results.

Table 3: Experiences of Non-IPV Survivor Single Mothers

Non-IPV survivor single mothers: Themes	
Negative effects of lockdown	Uncertainty
	Change in income
	Children
	Food
	Debt
	Work
	Health
	Collective care
Positive effects of lockdown	Health
	Ceased impulsive expenditure
	Personal development
	Benefits of pets

IPV Survivor Single Mothers: P1-P4

Negative Effects of the COVID-19 Lockdown

Uncertainty: Feelings of uncertainty during quarantine and lockdown have been reported almost everywhere globally (Torales, O'Higgins, Castaldelli-Maia, & Ventriglio, 2020), including Mongolia. People are unable to make plans, as certainty of things ceased to exist anymore. Uncertainty causes feelings of anger, expressed in frustration, hurt, aggression, irritation, and sadness, which can in turn be expressed in despair and depression. Loneliness or feelings of

surprise bring about a sense of confusion or shock and lastly fear that manifests as feelings of being insecure, anxious, and scared (Liu et al., 2020; Torales et al., 2020).

During the interviews, all four IPV survivor participants reported having experienced similar psychological distress, feelings of uncertainty, which brought a range of feelings such as frustration, rage, worry, anxiety, a sense of stagnation, and insecurity.

Uncertainty also affected participants' long-term plans. P2 expressed, "I was planning to move to another country with my children; however, due to COVID-19, I decided not to leave the country and instead look for a secure job in Mongolia." This decision made her feel more secure and at the time of the interview, she was employed with a secure job at a government agency.

P2 stated that she has parents living in the countryside taking care of her young children. She was frustrated as she was not able to visit them, especially that it was not certain when the restriction of movement within the country would be lifted. The only medium of communication with her children and elderly parents was via audio and video call. She stressed how important it was to have the possibility of "talking to the children in person and having meaningful conversations so that I can contribute to their cognitive and mental development." She described this uncertainty as leading her to feel out of control, anxious, and worried about herself, her children, and her elderly parents.

P4 was aware that she was going to be quarantined for 21 days at the quarantine camp, followed by 14 days of home isolation upon arrival from overseas. During her mandatory isolation at the quarantine camp, things at home were uncertain since she did not have childcare for her four children. She shared these feelings: "I was worried about my children. I felt helpless and anxious during isolation."

Change in income: Due to the prolonged lockdown, some of the women experienced a change in income while others could rely on their savings. Moreover, while all could access food, some were forced to purchase daily while others could buy in bulk.

P2 started looking for alternative solutions and tried several options to earn informal income over the past few months, for example by driving a taxi. Driving a taxi informally is common in Mongolia for those who own a car. However, due to insecure income, she failed to pay her rent and had to move out of her dwelling to live with her sister's family while her children remained living in the countryside with their grandparents. This loss of dwelling had a huge impact on her, causing her to feel insecure, unsafe, anxious, and more worried.

P4 explained that her income significantly dropped, and it became uncertain when she would be back to her normal income. She reported that her savings and income helped her to survive through this hard time, giving her some sense of security, during the mandatory quarantine time.

Children: The lockdown resulted in all educational institutions switching to the online learning method; however, availability of internet and computers varied. The participants reported that primary school children were not equipped with self-study skills, therefore requiring continuous attention from mothers and caretakers.

Only one of these four women received partial support from her husband. Children in Mongolia were restricted from going out anywhere and parents were fully engaged with their children, household chores, and their work. Thus, some women noted increased burdens in managing household chores, taking care of children, their schoolwork and own work responsibilities. Such increase in workload significantly added to their uncertainty, exhaustion, and desperation.

Access to health services: Mental health assistance was not available at the Mongolian public health services at the time of this study. P4, feeling the need for professional support, approached the local health care centre for advice, however they failed to provide any information and seemed unaware of mental health first aid. Furthermore, P4 discovered that other hospitals and health care institutions were all preoccupied with the COVID-19 infection and failed to prioritise mental health issues. This indicates that Mongolia was not ready to provide support and services with regards to psychological wellbeing of the population during the COVID-19 situation.

It appears that Mongolian health care services have restructured their priorities, focusing on COVID-19 and failing to address other illnesses and health issues. P4 stated that patients in quarantine were encouraged to notify doctors if they had COVID-19 symptoms and were not allowed to seek medical assistance for other illness or symptoms. P1 expressed similar concerns and explained that she was not able to see a dentist or eye doctor, as all hospitals had long queues and had not yet resumed regular services. Due to this long queue, P1 had to visit the hospital several times during the lockdown.

Additionally, there was a lack of information or guidelines for people who had young children at the quarantine camp. P4 shared a quarantine room with another woman who had a toddler. This woman was not able to go outside to the toilet as there was not any facility for childcare as such. Thus, only those also in quarantine could help her out during this time.

All participants mentioned that their children's incidence of pneumonia and flu significantly dropped in comparison to previous years. Air pollution and harsh cold winter usually causes various respiratory diseases among children in Mongolia, with pneumonia being the second most prominent disease. In 2015, 435 children under the age of five died of pneumonia in the capital city Ulaanbaatar (Gheorghe et al., 2018). Reduced city traffic and social distancing during lockdown are likely causes of the reduction in pollution related and infectious illnesses.

Access to information: According to participants, information during the COVID-19 emergency was limited. They stated that the mass media only focused on negative news that tended to raise anxiety and frustration among the public. Most media outlets were either not providing positive news or it skipped their focus. P1 expressed that she could not get information from the church at the beginning of the lockdown nor from the non-governmental organisation with which she was associated.

Stigmatisation and blaming attitudes: Psycho-social services are generally lacking in Mongolia. During the pandemic, there has not been enough psycho-educational material available in the Mongolian language. P4 stressed that she was blamed and shamed for seeking information from respective authorities. Her colleagues and friends blamed her for wanting to know where she should seek mental health assistance, and she was shamed for seeking such information and assistance. As discussions about psychological wellbeing are not widespread in Mongolia, it appears that blaming and shaming during COVID-19 may have increased. There was a certain level of stigmatisation of persons who were quarantined, regardless of their test results. The public tended to blame repatriates who “brought the disease” to Mongolia from abroad, and they were blamed for causing disruptive changes to the economy and to the way of life. Public naming and shaming became so widespread such that repatriates protested in the capital Ulaanbaatar by holding posters with a message, “We’re not COVID-19, we’re human beings!”

At the time of the interviews for this research as there had been only imported cases of COVID-19, Mongolia had gradually returned to a new “normal.” These four women (IPV survivors) expressed their intense fear of the potential spread of the disease in the country. This constant fear in their minds affected their quality of life, causing anxiety and insecurity. The above-

mentioned experiences all contributed to these four participants experiencing a sense of insecurity, anxiety, fear, worry, and frustration. Perturbing thoughts about potential devastating impacts on work, incomes, and their children's education dominated the women's minds while at the same time they struggled to find solutions to challenges.

Positive Effects of Lockdown

A creative process and acquiring/strengthening life skills: All four survivor participants stated that this lockdown had been a life lesson. The lockdown experience, according to all participants, was an opportunity to equip oneself with life skills. For example, "I learnt to make things myself, such as do-it-yourself", said one participant. Another stated, "due to lockdown, I learnt to look at things through the lens of how I could make whatever I was looking at by myself." These life skills might prove useful in the future.

P3 observed that looking for alternative ways of making things around the house improved her creativity. Her creative thinking benefited other spheres of her life, such as stress management and self-care. For instance, she mentioned do-it-yourself activities at home with her son, and other participants mentioned how cooking helped them overcome anxiety.

Some participants stated that as the world is going through a time of an uncertain future, they have put their best efforts into planning for the next few weeks and months. Planning goals included their current income, savings, and child-rearing.

A reminder of values: P2 mentioned that "Things became more valuable that were previously taken for granted". Another noted that "Now I'm paying more attention to my loved ones." All women stated that they were paying more attention to their children and spending quality time with them despite the immense pressures of lockdown.

Collective care: Although COVID-19 required people to take physical distancing measures, participants reported becoming spiritually and emotionally closer to the extended family and other community members than before. P1 asserted that her spirituality helped her to overcome the difficulties of this uncertain time. Her church community made a schedule to pray for each other and other countries in addition to their home country. For example, P1's son currently resides in South Korea, her son-in-law in Russia, while another relative was in the USA. Therefore, she was praying for those countries apart from Mongolia. In this community praying activity, social media has played a significant role, bringing people together into one platform.

P3 mentioned that her siblings were helping her to take care of her child that strengthened the bonds between them. P4 expressed that her colleagues and friends were voluntarily sending food and money to her children while she was quarantined and later under home-isolation. She reflected: "This uncertain time made us united like we're in this together." Likewise, other participants had social support from their family members, such as taking care of the children or sending food.

Non-IPV Survivor Single Mothers

Negative Effects

Uncertainty: All four non-IPV survivor women, as with the IPV survivors, identified with the fear, worry, irritation, and anxiety of uncertainty. They were worried about what would happen in the future, when things would return to normal, and about their children and the elderly.

Change in income: For some participants, it was uncertain whether they would get any salary as some of their salaries had been on hold since the lockdown started. For example, P7

shared that she used to work at two places: a project in the provincial centre and her main job in the public sector. Due to lockdown, her project in the province centre was suspended, thus affecting her total income. P5 stated that as a teacher, even though she had been teaching online since the lockdown, she had not been paid since March 2020 and was informed by her employer that they did not know when the next payday would be. As of the day of the interview (September 20, 2020) she and her colleagues had not been paid. This lack of regular income affected them greatly and added to their stress levels.

On the other hand, P8 and P6 did not have any income change, and both continued their work as before. P8 explained that she had two jobs and said, “luckily none of my jobs have been affected by the lockdown. Initially I was extremely worried about my income because I am a single mother and I have bank loans to pay on time. Thankfully, I could pay my bank loans on time.”

Children: All four non-IPV survivor women expressed that the lockdown affected their children’s behaviour and the relationships between them and their children that added to their worries. According to these participants, the online learning or televised lessons were not a good experience for their children. Children were left tired and exhausted, which affected their social skills. For example, P8 expressed that “lockdown made our relationship fragile. At times we were irritated and annoyed with each other. Because my daughter is an only child, she did not have anyone to play with, she was very lonely. Thus, I was very worried about my daughter and feeling overwhelmed.”

Working mothers were sometimes left without choices. For example, all participants mentioned that sometimes they had to leave their children without adult supervision due to an unplanned call from work. This was a major worry and led to anxiety. Working from home also affected the women’s relationships with their children. Mothers were simultaneously overloaded with household chores, work, and childcare, which had a negative effect on the relationship with their children, leaving them irritated, anxious, and stressed.

Food: Some of the non-IPV survivor women reported that a decrease in income affected them to a great extent. Some of them expressed that they could not buy food in bulk, and that their friends were not able to buy weekly groceries and were forced to take out loans from local corner shops. Also, a shortage of hand sanitiser and masks contributed to anxiety.

Debt: Another major stressor for all these four non-IPV survivor women was the bank loans, and it was hard to make loan re-payments. Those who experienced a lack of income all said they were worried about paying their household bills. P5 said, “We are taking loans to pay other loans and when we receive our salary, we end up empty-pocketed again. At the end of the day, we have nothing left.”

Work: Working from home was an extra burden for these women. They had to manage paid work and household chores. Some were working online for extensive hours such as from early morning to 2-3 am the next morning. P8 said that she was working online, making lunch for her daughter, then doing the house cleaning, and working again. She said this was a “Never ending process. I would rather work at the office. I like to be surrounded by my colleagues as I get my energy and motivation from them. But we did not have such support while working online.” P5 expressed that, as she is a teacher and was working online from 10 am until 2-3 am, during the day she taught online, then she had to prepare for the next lesson and other unprecedented administrative jobs. This extensive work-home environment made women exhausted and made it hard to draw a line between work and home life.

Although P8 and P6 stressed that their income was not affected, they were under added stress. For example, P6 stated that she experienced pressure and rumours from her colleagues

because of the government's uncertain policy on childcare during lockdown. She reflected that it was uncertain whether people with children under the age of 12 should be working from home or not. Her workplace was not well informed, which caused her to experience pressure and to become a victim of rumours at work.

During the lockdown, public servants were ordered to go on patrols at random hours. Some were patrolling until the middle of the night during the cold winter. P7 shared that as a public servant she had to go on patrol either at the *soum* (village) borders or any designated locations. She had to do it regardless of her living situation. Thus, she was unsure about her as to when she needed to ask for people's help to look after her children.

Health: Because of this uncertainty, extensive feelings of worry, fear, and anxiety affected the participants' sleep patterns. P5 expressed, "Some nights I could not sleep thinking about the future. How to carry on a life in this situation, there were many thoughts come to my mind." P5 stressed that she noticed her daughter's immunity had become very weak that made her prone to illness. She explained it was due to virtual learning and lack of fresh air.

Collective care: Participants were also worried about their community. P5 shared that she was worried about her friends who were also single mothers, since they did not have any community support. P8 expressed, "looking at my extended family, I really worry about them. Several of them lost their jobs and cannot provide food for their children. I try to help as much as I can, but I am a single mother, how much can I help them? Unfortunately, my sister became a single mother during this lockdown, and she has two young children, so I had to look after her financially and emotionally."

Positive Effects of Lockdown on Non-survivor Participants

Health: Although participants expressed negative effects on health, all participants stated that during the lockdown they tried to eat healthy to maintain their immunity as much as possible. Some reported that it was impossible to stock up on food. "I tried to feed my children as healthy as possible", said P7. Further, P5 stressed "I receive organic vegetables and meat from the family farm. My parents run a family farm in the countryside, so I usually do not worry about food supply. If I didn't have such family support food would have been another worry."

All participants reported that because they were healthy their children did not get flu during lockdown. This benefited them as they did not need to spend money on medicine. Furthermore, adults and children learnt to wear masks and it became a regular routine for everybody. Participants expressed that wearing masks and washing hands properly gave them a feeling of security.

Ceased impulsive expenditure: non-IPV survivor participants stated that the pandemic, restricted from buying food and goods impulsively. For example, P8 expressed that "I started using online shopping and became more conscious of what I'm buying. Previously, I used to spend money impulsively and would regret it later. Now, I choose items wisely and make a decision based on want and need." Further, P5 said that she and her daughter stopped buying unhealthy food items such as "items that contain too much unnatural sugar or processed food, because now I have almost no income due to the delay of my income, so I do not buy things that are unnecessary."

Personal development: During lockdown, some non-IPV survivor women learnt new skills to help them work more smoothly. P5 expressed that she had learnt new tools to teach online. Other participants mentioned that they learnt to work on online platforms more effectively. P8 mentioned that she learnt to cook.

Benefits of pets: Participants who were pet owners expressed that pets helped to overcome loneliness, especially for children. They reported that pets enhanced their children's empathy and skills required to take care of the pet. Pets further improved their children's ability to bond and develop authentic relationships.

Discussion

Participants for this case study expressed their experiences and feelings of living through the COVID-19 lockdown, following early measures imposed by the Mongolian Government. The long four months (from late January to early May 2020) of lockdown had both positive and negative psychological consequences for these single mothers. For both survivor and non-IPV survivor single mothers, uncertainty was the major psychological state reported by all participants followed by other negative effects such as worry, anxiety, insecurity, and frustration. Lockdown has added more workloads on women. The government's uncertain policies added to the anxiety, worry, and fear manifesting in various relationships including work and family life.

This research goes in junction with other research studies that have been conducted in other countries. Although numerous studies have been done on women and mothers, the research on single mothers and in particular survivors of IPV is scarce. Women's intersectional positions and identities affect their lived experiences (Crenshaw, 1991). Thus, for this research single mothers expressed how their daily life had been affected.

IPV survivors identified stigmatization and blaming attitudes, which they probably were more likely to have experienced from the community prior to the pandemic. On the other hand, none of the non-survivor participants identified blaming and stigmatization. Single mothers are more likely to experience labelling, stigmatizing, blaming, and shaming due to their marital status and condition.

The key insight of this research is that, unexpectedly, all participants identified the positive side of lockdown. Although each group identified different patterns, they all had a positive outlook in life. It could be interpreted that their living condition of being single mothers made them responsible for everything by themselves and the lived experience itself contributed to personal development and may provide a turning point for moving forward and establishing a new way of life to cope with COVID-19.

Interestingly, both groups identified collective care, however, survivor single mothers indicated that the collective care during lockdown was negative, which on the other for non-survivors was enormous. This can be interpreted that collective care is important for mothers, especially to single mothers who need extra assistance in child rearing and household management.

Another significance of this research is that all participants had a space to reflect back on their lockdown experiences. Reflection served to identify important aspects of their life and express their negative or unpleasant experiences and feelings.

Conclusion

International reports confirm that while the COVID-19 pandemic is having psychological effects on people around the world, women and children are the hardest hit (Graves, 2020; McLaren et al., 2020). To date, a study on the psychological effects of COVID-19 on women in Mongolia has not been carried out. Studies so far have covered economic and political situations

in the country, but the psychological wellbeing of people, in particular single mothers and what they have been going through during this pandemic, have been severely neglected.

Lockdown has impacted women's psychological wellbeing, feelings of uncertainty, insecurity, worry, fear, anxiety, and frustration. This study confirms that these experiences though unique in their own terms, share a commonality with global research on the effects of COVID-19. There are numerous side effects of lockdown that were expressed by participants. It is crucial to have a sense of security, hope for the future, and to have a control over what is happening in one's life. However, in these unprecedented times, it is challenging for people to have a sense of control over one's life. Despite the possible negative effects on people, some positive effects of lockdown were reported by participants of this study; for example, women equipped themselves with life skills such as looking for alternative income sources such as becoming taxi drivers, learning do-it-yourself skills, and enhancing creative thinking. Also, participants learned to strengthen pre-existing resilience and reminded themselves of important values.

Clear and concise leadership information to the public would ensure a sense of shared identity and collective care (Jetten et al., 2020, p. 37) to avoid potential risks of adverse psychological impact. Unfortunately, to this date the government has not taken initiatives to manage or reduce people's stress affected by COVID-19. The public needs to be well informed about maintaining regular healthy routines and need to be given factual, scientific information to decrease current stress.

Although this study is small scale and cannot be generalized, its findings are interesting, worthwhile, and in accord with reports from some other parts of the world. It indicates a need for further larger scale research to be conducted in Mongolia, particularly regarding issues such as the effects of lockdown, needs of single parents, and the need for psychological support in general. It also indicates a need for the Mongolian Government to investigate and address reported difficulties arising in quarantine facilities, including their likely effect on the Mongolian people from all walks of life.

It is recommended that the Mongolian Government adopt measures such as a mental health hotline, improved availability of psychological counselling and improved capacity and skills of multidisciplinary service providers in mental health first aid (Duan & Zhu, 2020; Torales et al., 2020). Advocacy materials like posters about mental health to provide psycho-education accessible to everyone (not singling out women, children, people with disabilities, and single parents) should be offered. Particularly, there appears to be an urgent need for mental health services to be made available, with well-trained professionals for dealing with the effects of the pandemic and its related issues.

Although it is best to keep informing the public about the pandemic in a timely manner, Mongolian media coverage should emphasise scientifically proven information about the pandemic and provide practical tips to the public, rather than adding to psychological distress by only focussing on increasing numbers of COVID-19 victims and other distressing information. This can be done in collaboration with the private sector. For example, the health sector could collaborate with the private sector. As of when this research has been conducted, there was a public discussion that Mongolian hospitals lack ventilators. Thus, this can be ameliorated through private sector procurement. Studies show that employing effective crisis and risk communication would contribute to transparency, accountability, and eventually building trust and honesty (Ataguba & Ataguba, 2020).

As a psychologist, I produced a series of podcasts with my colleague in Mongolia about possible psychological distress associated with COVID-19 and domestic violence (Amarsanaa &

Purvee, 2020a). I also included stress management strategies (Amarsanaa & Purvee, 2020b) and information about how adults can support and encourage their children's wellbeing (Amarsanaa & Purvee, 2020c). These podcasts are available on both local and international Android and iOS system major online platforms. Moreover, we produced a poster giving practical tips to the public, which is being distributed widely on social media.

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