Women's Mental Health in Andhra Pradesh Post-COVID: Global Insights and Perspectives

Bhavya Bharathi Kotikalapudi, Shahnaz Sheibani

Lincoln University College, Kuala Lumpur, Malaysia

DOI: https://dx.doi.org/10.47772/IJRISS.2025.908000336

Received: 16 August 2025; Accepted: 23 August 2025; Published: 10 September 2025

ABSTRACT

The pandemic has substantially altered the landscape of mental health, disproportionately affecting women (J et al., 2020). Married women, mothers, and socioeconomically vulnerable groups have faced unique burdens. This review examines, COVID 19 relationship between among pre-existing risk factors, such as personality traits, socioeconomic status, and marital dynamics, and depression in married women, with a focal point on the differential results of Long COVID.

A comprehensive literature review conducted across multiple databases from 2019 to 2025 identified 36 relevant studies that met the inclusion standards. Those included studies on numerous female populations, pregnant women, pre-K teachers, women with infertility, cancer patients, those with prior depression, adolescents, and divorced women. While this diversity enriches the literature, many of these studies focus on populations other than married women. Sample sizes ranged from small qualitative cohorts to large-scale surveys. Most studies employed validated instruments (EPDS, PHQ-9, and EAT-26), though some qualitative work lacked standardized measures.

Findings imply the pandemic has worsened mental health outcomes throughout all organizations, (WHO, 2022), intensifying depression, anxiety, and stress. Susceptible subgroups, particularly pregnant women, faced distinct challenges. In Andhra Pradesh, especially in Vijayawada, suicide rates have risen. In 2021, Andhra Pradesh recorded 8,067 suicide deaths, marking a 14.5% increase over the 2020 figure of 7,043. The suicide (Senapati RE, 2022)The rate stood at 15.3 per 100,000 population. Of these suicides, a significant number were linked to mental illness (519 cases) and prolonged physical illness (1,779 cases). These figures, while alarming, require contextual interpretation. Suicide rates in Andhra Pradesh exceed the national average of 12 per 100,000, with women, especially those in marital households, bearing a disproportionate share of the burden due to domestic violence, economic stress, and restricted access to care.

In terms of disease burden, Andhra Pradesh ranked among the top states in the middle socio-demographic index (SDI) group in terms of loss. (Vidyasagaran et al., 2023) Of healthy life years due to depressive disorders—793 years per 100,000 population, surpassing most other states in its category. A rural mental health survey from West Godavari district revealed that 14.4% of participants had depression, 10.8% had anxiety,(S et al., 2018) And 3.5% reported suicidal ideation. These issues were especially prevalent among women, individuals aged 30–59, the uneducated, and those who were divorced/separated/or widowed.

A key finding concerns the temporal variation in mental health crises. (Kattimani et al., 2016), with peak incidents occurring between 6-9 pm, followed by 9-3 pm. Despite this pattern, nighttime mental health support remains inadequate, even though symptoms often worsen during these hours. From a feminist perspective, gender oppression plays a significant role in the depression experienced by married women.

This research highlights key gaps in the literature, including the reliance on non-random samples and the absence of validated instruments in a minority of studies.. In Andhra Pradesh. This gap is critical given the documented temporal peaks in crises during vulnerable and nighttime hours. Mental health services must therefore adapt to address the nighttime needs, integrating feminist perspectives and new empirical findings to deliver effective, culturally sensitive support for women.

However, the specific contribution of Long COVID-19 to psychological outcomes remains underexplored. Symptoms such as cognitive fatigue, chronic exhaustion, and neurological impairment have been linked to heightened risks of depression and anxiety, particularly among married women.

Keywords: Women's Mental Health, Married Women, Personality Traits and Prevention, Depression and Anxiety, Nocturnal Mental Health, Caregiving Stress, South Asia, Andhra Pradesh

INTRODUCTION

While significant progress has been made in understanding mental health challenges during pregnancy and post-partum periods during the COVID-19 pandemic, depression in non-pregnant married women remains comparatively underexplored (Jeong et al., 2024) Comparatively underexplored. This gap is notable, given that the pandemic exacerbated many pre-existing social, economic, and psychological vulnerabilities among this demographic. Over the past few years, global crises, most notably Covid 19, have tested the resilience of women's mental health, introduced new stressors while intensifying existing ones. In Particular, lockdowns, economic instability, and disruptions in healthcare services created conditions that heightened the risk of depression, anxiety, and stress for many married women.

In India, some married women still perceive COVID-19 as a personal health threat in 2025, reflecting a lingering high-risk perception despite the formal end of the acute pandemic phase. This perception can lead to (Wang et al., 2022) Misattribution, where current symptoms are attributed to the pandemic. Such misattribution may also obscure the role of personality-linked vulnerabilities. (Hartveit Kvarstein et al., 2022)Personality traits are known to influence pandemic-related impacts, concerns, and behaviours in culturally variable ways. In the context of Andhra Pradesh, these complexities are compounded by high suicide rates, underreporting of mental illness, and gendered social structures that may limit timely access to care.

By addressing these overlooked intersections between pandemic-era stressors, persistent risk perception, and personality-driven (Conrod, 2016), this narrative review examines the post-pandemic mental health landscape for married women in Andhra Pradesh. Through an analysis of studies published between 2019 and 2025, this study aims to identify persistent risk factors, document temporal patterns of psychological crises, and propose culturally informed strategies, particularly for evening and nighttime support, tailored to this vulnerable population.

METHODOLOGY

Search Strategy

A literature review was conducted in Google Scholar, ScienceDirect, EMBASE, Cochrane Library, Medline, and PubMed to identify studies published between January 2019 and 2025 that were considered with emphasis on studies exploring women's mental health during and after the COVID-19 pandemic, particularly about married women, personality-linked vulnerabilities, and service availability in India and globally. Search terms combined variations of "COVID-19," "mental health," "India," "personality prevention," "risk perception," and "mental health services in India" using Boolean operators. Priority was given to studies that addressed (i)Pandemic-related stressors, (ii)Depression and Anxiety among Women, and (iii)contextual issues relevant to Andhra Pradesh.

Table 1: Databases and keywords used for search strategy

Year	Database	Keywords
2019-2025	Google Scholar ScienceDirect Embase Cochrane Library Medline PubMed	Covid 19 Married Women Personality traits and depression COVID-19 and married women Subjective Well-being and depression Self-esteem and depression

-Selection Approach:

Studies were screened for relevance, credibility, and contribution to thematic understanding.

Both quantitative and qualitative research were included to capture diverse experiences.

Particular attention was given to validated instruments (e.g., EPDS, PHQ-9, EAT-26), while also acknowledging qualitative accounts that enriched contextual insights.

Data Presentation

To support transparency and comparison, Table 1 summarizes the databases and keywords used during the search process (2019–2025), while additional tables in the results section highlight study settings, populations, methods, and findings.

Table 2: Selected studies and their primary outcomes

Study Reference	Country	Population	Sample Size	Study Design	Sampling	Use of Validated Instruments	Primary Outcomes
1. (Indu et al., 2021)	India	Married women,	133	Cross-sectional		Yes	The survey indicates severe levels of mental distress and considerable social vulnerability among patients with Personality Disorders.
2.(A et al., 2023)	India	General Community	1978	Systematic random sampling	Randomised Sampling		Assesses the effectiveness of a web-based coping skills program (with or without coach support) on reducing negative affect (e.g., depression, anger)
3(Sagar et al., 2022)	Bnagladesh	Married Women postpartum women	597	Qualitative	Convenience	Not-validated	The people who lost their jobs during this period had a higher prevalence of stress. Although this is not well documented, it is pretty understandable that losing a job puts them in an ocean of uncertainty, when psychological symptoms are pretty standard.

4.(Gulati et al., 2023)	India	Young Lives Phone Survey	886	Longitudinal	multistage, purposeful, and random sampling	Not Validated	(Arilha M, 2024)Anxiety levels among women were higher than among men because of the increased burden of household chores and childcare responsibilities
5. (Arilha M, 2024)	Global Prevalence	Women and young people	204	Literature Review	Not reported	Literature Review	Lower education and income, preexisting mental health problems, and living alone or with children were risk factors for higher levels of anxiety and depression.
6. (Gómez-Chávez et al., 2024)	Mexico	Antenatal Women	98	retrospective case-crossover study	40	Standardized personnel administered a questionnaire	Examined the relation between risk perception and antenatal visits
7. (Ana-Maria Andrei, 2023)	Not Reported	Postpartum women	1024	Cross-sectional	Convenience sampling	EPDS for PPD; scales for health/death anxiety. Validated	Investigated how COVID-19-related fears predict postpartum depression among new mothers
8 (Güner & Aydın, 2022)	Turkey	Adult women	450	Cross-sectional	Random sampling	Validated	Explored how anxiety and coping styles correlate with emotional eating behaviors in women during COVID-19
9.(Prof Nusrat Husain, MD, 2024)	United Kingdom	British South Asian postpartum women	732	Randomized Controlled Trial (RCT)	Random sampling	Likely used validated depression measures (e.g., EPDS/PHQ-9)	Evaluated the effectiveness of a culturally adapted CBT intervention in reducing postnatal depression
10. (Jones & Kimble, 2022)	United States	Black women with SLE	43	Cross-sectional	Convenience sampling	Likely used standardized instruments for body image (e.g., Body Image Scale), depression (CES-	Examined how body image and depression relate to health-related quality of life in Black women with SLE

						D/PHQ-9), and HRQoL.	
11. (Li et al., 2022)	Australia, Malaysia	General Community	253	Hospital Anxiety and Depression Scale (HADS).	Convenience sampling	Validated	Moderating effect of cultural group (Australia vs Malaysia) on the relationships between brooding rumination and symptoms of depression and PTSD. In support of Hypothesis 1, we found that Malaysian participants had higher levels of brooding rumination compared to Australian participants. In support of Hypothesis 2, brooding rumination was significantly associated with both greater depression and PTSD symptom severity.
Study 12:(Szuster et al., 2021)	United States	Women	1644	Cross-sectional online survey	Random Sampling	Validated	The results of this study demonstrated that the pandemic was associated with a high occurrence of depressive symptoms and sexual functioning disorders in women.
Study 13: (Toleon et al., 2023)	United Kingdom	Pregnant Women	150	Prospective longitudinal project	Convenience Sampling	Validated	Compared to women without children, pregnant women exhibited higher abilities when it comes to regulating their emotions, and more precisely, in identifying their emotions and accepting their

							emotional responses.
Study 14: (Karp et al., 2021)	Kenya	Young Women	756	Mixed Method Study	Purposive Sampling	Validated	Pandemic disrupted youth's romantic and sexual relationships in Kenya, often reducing opportunities for intimacy, with impacts differing by age and relationship type.
Study 15:(Arbağ et al., 2023)	Australia	Women who are taking cancer treatment for breast and gynaecological problems.	15	In-depth qualitative interviews	Purposive Sampling	Validated	In the present study, the women, receiving treatment for breast cancer, were found to experience intense worries about catching COVID-19 and fears about withdrawal of their treatment and death of themselves, their relatives, and their doctors.
Study 16: (Gellasch et al., 2024)	United States	Women with a history of depression	139	Secondary qualitative descriptive study and Inductive content Analysis	Convenience sampling	Not validated	Most study participants perceived the responsive bassinets as improving their infants' sleep, which in turn subjectively improved maternal sleep and mood. External stressors and challenges, however, presented barriers to good sleep for infants and the participants. When the responsive bassinet was used, infants were swaddled and in a safe sleep position.
Study 17: (Johnson et al., 2024)	Norway	Pregnant Women	21	Mixed Method	Purposive Sampling	Validated	The study provides insights into to experiences of childbearing

							women during the lockdown phase of the novel COVID-19 outbreak. At that time, uncertainties regarding the virus's transmission, mortality rate, and the duration of the lockdown measures prevailed, resulting in unique challenges for pregnant women globally.
Study 18: (Jeong et al., 2024)	Korea	Post-Divorced Women	401	Latent Growth Modelling to understand the pattern of changes	Purposive Sampling	Validated	Depressive symptoms are highest immediately after divorce, decrease over time, but rise again later. Living alone slowed recovery. Education, economic status, and health status predicted severity.
Study 19: (Wei Lin, 2021)	Shenzhen city	Pregnant Women	751	Cross-Sectional Survey	Snowball sampling	Validated	These interesting findings suggested that pregnant women probably had minor mental symptoms matched with a low subjective risk of contracting infection, yet an overestimate of subjective psychological impact.
Study 20: (Lucchini et al., 2022)	New York City	Postpartum Women	232	Univariate and multivariate study	Convenience Sampling	Validated	The study findings indicate that maternal COVID-19 infection during pregnancy did not significantly influence maternal sleep postpartum in any domain. However, women

							who delivered after the first peak of the pandemic in NYC (May-December 2020) reported worse global PSQI scores, sleep latency, and disturbances than those who delivered during the first peak in NYC (March-April 2020). These differences remained significant even when we accounted for psychosocial factors.
Study 21: (Anteneh Asefa, 2025)	Conakry, Guinea.	Antepartum Women	417-Quantitative 344-Qulaiitative	Mixed Method Prospective Study	Purposive Sampling	Not Validated	The findings of this study show a high prevalence of symptoms suggestive of antepartum depression among pregnant women attending ANC in health facilities in urban Guinea, with one in three women affected.
Study 22: (Micheline R. Anderson, 2022)	United States	Pregnant and post-partum women	60	Randomized Controlled design	Purposive Sampling	Validated	Women reported negative impacts on their emotional well-being, especially a resurgence of mental health symptoms. Participants also articulated positive experiences during the pandemic, including an appreciation for increased time with family, especially infants.
Study 23: (H. S et al., 2023)	England	Postnatal women	The usable response rate to the surveys was	Population Survey	Not applicable	Validated	The study-based national maternity surveys in England indicate that almost

			47% in 2014 (n = 4571) and 29% in both 2018 (n = 4509) and 2020 (n = 4611)				one in four women who gave birth in May 2020, during the Covid-19 pandemic in the UK, reported symptoms indicating probable clinical depression six months after giving birth
Study 24: (Kinser et al., 2022)	United States	Pregnant and postpartum women	54	Hermeneutic Phenomenological Study	Purposive Sampling	Not Validated	Evaluating the effectiveness of COVID-19 interventions through experimental methods
Study 25: (Awad-Sirhan et al., 2022)	Spain	Pregnant Women	695	Observational, Correlational, and cross-sectional	non-probabilistic convenience and snowball sampling	Partially validated	The socio-health restrictions and the consequent lockdown resulted in the emergence of significant concerns from the pregnant population.
Study 26: (Gluska et al., 2022)	Israel	Postpartum Women	421	Observational Cross-Section Study	Purposive Sampling	Not Validated	Results suggest that the prevalence of PPD symptoms during the pandemic among women was similar across the entire cohort, regardless of its ethnic diversity; there were no differences in PPD symptoms among women from different ethnicities, education, marital status, or religious beliefs.
Study 27: (Eri et al., 2022)	Norway	Postpartum Women	806	Inductive Thematic Analysis	Purposive sampling	Not validated	Feelings of insecurity, anxiety, stress, and worries throughout pregnancy were experienced by many. They had limited knowledge about what to

							expect, or what or who would be available for them, either during antenatal check-ups or at the place where they were going to give birth.
Study 28: (Atmuri et al., 2022)	Melbourne, Australia	Pregnant Women	15	Qualitative Descriptive Design	Convenience sampling	Not Validated	The themes identified in the study indicate that the experiences of pregnant women were framed by not only COVID-19 as an infection but by their responses to physical distancing and other restrictions.
Study 29: (H et al., 2022)	United States	Women who reported a live birth at either T2 or T3	2341	Longitudinal Study	Purposive Sampling	Validated	Study findings corroborate the importance of social support — prenatally and during birth — to women's birth satisfaction. Perceived social support has previously been linked with better birth experiences, and yet support availability was reduced by the COVID-19 pandemic for many women.
Study 30: (Sharma et al., 2023)		Women with young babies	89 Focused Group-14	Randomized Controlled Study	Randomized sampling	Not validated	This study demonstrates that a 6-week online songwriting intervention for women with young babies can reduce loneliness and symptoms of PND and increase social connectedness
Study 31: (Lucchini et al., 2022)	New York	Post Partum Women	232	In-depth qualitative interviews	Not mentioned	Validated	Findings indicate that maternal COVID-19 infection during

							pregnancy did not significantly influence maternal sleep postpartum in any domain.
Study 32:. (Vall-Roqué et al., 2021)	Spain	Adolescent and young women	2601	cross-sectional and retrospective design	Not Reported	Validated	Evaluating the effectiveness of COVID-19 interventions through experimental methods
Study 33: (Bhatt et al., 2023)	Nepal	Married Women of reproductive age	420	Cross-sectional web-based survey	Purposive and snowball sampling	Validated	Study findings revealed a high prevalence of IPV among women in Nepal, with more than half of the participants (52.62%) experiencing at least one form of IPV. This reported prevalence is twice the magnitude of IPV reported by NDHS in 2016 and is even higher than the global prevalence of IPV as per the WHO.
Study 34: (Victoria Fallon, 2021)	UK	Postnatal women	614	Cross-sectional survey design	Convenience Sampling	validated	Descriptive findings from the overall sample indicated a high percentage of mothers self-reported psychological and social changes as a result of the introduction of social distancing measures.
Study 36: (Lorentz et al., 2021)	Rio Grande do Sul, the Brazilian state	Puerperal Women	50	Prospective Cohort Study		Not Reported	Evaluating the effectiveness of COVID-19 interventions through experimental methods
Study 37:	Vansh Maheshwar	Postmenopausal and	28,160	cross-sectional study	secondary data		One-fifth of postmenopausal women in India

(Maheshwari et al., 2025)	i, Suruchi Mishra	Older Women					experience sleep problems
Study 38: (Katarzyna Nowakowska-Domagała, 2025)	Katarzyna Nowakowska-Domagała	Young Adults	306	cross-sectional study	Snowball sampling method		The daytime sleepy type showed more prevalent symptoms of depression.
Study 39:(Nagashima-Hayashi et al., 2022)	Asia-Pacific region	Phnom Penh city, Mondulkiri, and Kampong Cham	21	qualitative study design	purposive sampling		Participants across countries explicitly described the overall increase in the number of calls to helplines and of police reports of physical violence against women since the pandemic began, although empirical data are still to be collected.

DISCUSSION

Recent studies summarized in Table 1 demonstrate significant progress in understanding women's mental health during and after the COVID-19 pandemic, but also reveal critical service and knowledge gaps, particularly for non-pregnant married women in South Asia. Globally, many interventions and studies have been (Nagashima-Hayashi et al., 2022)youth-focused or designed for(Perkins et al., 2023) Mixed -gender populations. Similarly, interventions tend to be content-specific, for example, substance misuse, anxiety, or PTSD, rather than context-sensitive, overlooking how situational.(Deshmukh et al., 2025) Factors such as time of day, family environment, decision-making preferences, or caregiving pressures shape women's mental health experiences.

A notable gap is the limited integration of personality screening into preventive interventions. While Trait Activation (Robert P. Tett, 2021)Theory suggests that personality traits become more predictive in specific contexts, for example, in help-seeking or high neuroticism, manifesting more strongly at night. Current progress rarely operationalizes (Prof Nusrat Husain, MD, 2024)This is real-time prevention. Tools that exist for personality-targeted prevention have been tested mostly in adolescents or substance (Bhattacharya et al., 2019)misuse populations, but no existing intervention framework applies this model to adult married women in high-risk contexts, such as nighttime or domestic caregiving environments.

Globally, women's safety and well-being in nighttime contexts, for example, in commuting to public events, have been studied through behavioural or (Katarzyna Nowakowska-Domagała, 2025)Environmental perspectives. However, personality-based prevention models for women's nocturnal mental health are very limited. This created a mismatch, while the risk. (Melis, 2025)Contexts are well-defined on women's experiences in urban public spaces, such as commuting, nighttime movement, and safety in public areas. Interventions remain generic, focusing largely on environmental or infrastructural improvements like lighting, surveillance, and transport safety. However, these strategies do not personalize prevention to women's lived psychological risk profiles, leaving a critical gap in designing adaptive, personality strategies to women's lived risk profiles, a gap that the Integrated Nocturnal Mental Health model directly seeks to address in India.

Another limitation across most studies in the table is methodological. The majority rely on quantitative cross-sectional surveys, which provide prevalence data but offer little insight into women's lived experiences, especially in regions like India, where somatic distress. (Mo Daming, 2021)Presentations are common. Few

studies employ longitudinal designs to examine how personality traits, resilience.(Igor Londero, 2024) , and social support interact over time to influence long-term trajectories of depression and anxiety.

Approximately 22.5% of married women in India spent over 70 hours per week on chores, unmatched by men or (Panchal et al., 2023)Unmarried women. In severe cases, prolonged stress led to critical mental health conditions, including suicidal thoughts. Furthermore, the neurological impact of COVID-19 might have aggravated mental health issues for those who were already at risk. (Shetty et al., 2023), demonstrating how social and biological pressures combined to worsen women's mental health struggles.

In the Indian context, research remains fragmented and heavily maternal-focused, with postpartum depression. (Richa et al., 2025)Dominating the literature. Non-pregnant married women, who face the double burden of paid work and unpaid caregiving, remain largely invisible. Unlike global studies that have begun exploring (Richa et al., 2025), risk perception, or digital access, Indian studies rarely test these dimensions. Moreover, there is no established community-based intervention model that explicitly addresses women's mental health high high-risk nocturnal contexts. This highlights an urgent need for innovative frameworks such as an Integrated Nocturnal Mental Health Service Model that combines personality screening for risk identification, context-sensitive tools, and culturally adapted interventions responsive to stigma and gender norms in South Asia.

The service gap is equally striking. While India has initiated programs such as (Kirpekar et al., 2024)SMART Mental Health Project, these efforts emphasize scaling basic mental health access in rural areas and do not yet incorporate adaptive, personality-driven, or situationally responsive strategies. In contrast, some global interventions, for example, personality-targeted CBT in South Asia Women (Lau et al., 2022)in the UK, studies show that culturally adapted, personality-aware models can yield strong outcomes, yet such evidence is limited in India. This reinforces the need to anchor research more firmly in the context of married women, who face the dual burden of caregiving and economic insecurity. Unlike adolescents or postpartum mothers, married women in Andhra Pradesh navigate persistent marital dynamics, household responsibilities, and Long Covid risk that compound their vulnerability.

CONCLUSION

This review highlights that while global research has advanced in identifying pandemic-related mental health stressors among women, significant conceptual and service gaps persist for married women in South Asia. Available studies emphasize youth, mixed -gender, or maternal populations, overlooking the unique vulnerabilities of married women navigating professional responsibilities, unpaid caregiving, and marital dynamics in high-risk contexts such as nighttime. Three gaps are most evident: the Contextual gap, like current interventions rarely integrate situational variables like time of day, caregiving environment, or social support. Personality screening gap, few interventions use personality screening for real-time, adaptive preventive strategies, despite(Christina M. Juchem, 2024). Effectiveness of personality-based preventive approaches. In terms of Service, India lacks community-based, culturally responsive programs designed for married women's mental health needs. By situating diverse findings back within the framework of married women's mental health, this review highlights the urgency of developing interventions that address their distinctive intersection of caregiving, marital, and health-related stressors.

REFERENCES

1. A, S., S, N., A, J., S, A., T, A., V, D., Kr, D., Bk, M., Gk, Y., D, S., Bk, G., S, S., J, Y., S, O., C, D., M, S., Sd, B., Pb, R., S, R., … S, C. (2023). Gender differences in COVID-19 knowledge, risk perception, and public stigma among the general community: Findings from a nationwide cross-sectional study in India. International Journal of Disaster Risk Reduction : IJDRR, 93. https://doi.org/10.1016/j.ijdrr.2023.103776
2. Ana-Maria Andrei. (2023). Health anxiety, death anxiety, and coronaphobia: Predictors of postpartum depression symptomatology during the COVID-19 pandemic—ScienceDirect. https://www.sciencedirect.com/science/article/pii/S026661382300150X

3. Anteneh Asefa. (2025). Antepartum depression among women attending antenatal care in the third trimester in Conakry, Guinea: Findings from the MISPOD study—ScienceDirect. https://www.sciencedirect.com/science/article/pii/S2666915324001537
4. Arbağ, E., Aluş Tokat, M., & Özöztürk, S. (2023). Emotions, thoughts, and coping strategies of women with infertility problems on changes in treatment during the Covid-19 pandemic: A qualitative study. Women's Studies International Forum, 98, 102735. https://doi.org/10.1016/j.wsif.2023.102735
5. Arilha M. (2024). Women's mental health and COVID-19: Increased vulnerability and inequalities—PMC. https://pmc.ncbi.nlm.nih.gov/articles/PMC11480059/
6. Atmuri, K., Sarkar, M., Obudu, E., & Kumar, A. (2022). Perspectives of pregnant women during the COVID-19 pandemic: A qualitative study. Women and Birth, 35(3), 280–288. https://doi.org/10.1016/j.wombi.2021.03.008
7. Awad-Sirhan, N., Simó-Teufel, S., Molina-Muñoz, Y., Cajiao-Nieto, J., & Izquierdo-Puchol, M. T. (2022). Factors associated with prenatal stress and anxiety in pregnant women during COVID-19 in Spain. Enfermería Clínica (English Edition), 32, S5–S13. https://doi.org/10.1016/j.enfcle.2021.10.003
8. Bhatt, B., Bhatt, N., Karki, A., Giri, G., Baaniya, B., Neupane, B., Bogati, S., Mahaju, S., Poudel, A., Pokharel, S., Kafle, N., Nepal, S., Sapkota, R., Shrestha, S., Tuitui, R. L., & Sagtani, R. A. (2023). Intimate partner violence against married women of reproductive age in Nepal during the COVID-19 pandemic. Heliyon, 9(9), e20117. https://doi.org/10.1016/j.heliyon.2023.e20117
9. Bhattacharya, A., Camacho, D., Kimberly, L. L., & Lukens, E. P. (2019). Women's Experiences and Perceptions of Depression in India: A Metaethnography. Qualitative Health Research, 29(1), 80–95. https://doi.org/10.1177/1049732318811702
10. Christina M. Juchem. (2024). Personality-Based Approaches to Health and Health Behavior Interventions | Request PDF. ResearchGate. https://www.researchgate.net/publication/391481569_Personality-Based_Approaches_to_Health_and_Health_Behavior_Interventions
11. Conrod, P. J. (2016). Personality-Targeted Interventions for Substance Use and Misuse. Current Addiction Reports, 3(4), 426–436. https://doi.org/10.1007/s40429-016-0127-6
12. Deshmukh, R., Bano, S., & Sakshi. (2025). Determinants of decision-making among ever-married women in Indian households: A cross-sectional study based on binary logistic regression and multinomial logistic regression. PLOS One, 20(2), e0316805. https://doi.org/10.1371/journal.pone.0316805
13. Eri, T. S., Blix, E., Downe, S., Vedeler, C., & Nilsen, A. B. V. (2022). Giving birth and becoming a parent during the COVID-19 pandemic: A qualitative analysis of 806 women's responses to three open-ended questions in an online survey. Midwifery, 109, 103321. https://doi.org/10.1016/j.midw.2022.103321
14. Gellasch, P., Torraca, M., & Okun, M. L. (2024). Sleep and Mood Among Women With Histories of Depression When They Used a Responsive Infant Bassinet During the COVID-19 Pandemic. Journal of Obstetric, Gynecologic & Neonatal Nursing, 53(4), 406–415. https://doi.org/10.1016/j.jogn.2024.02.006
15. Gluska, H., Shiffman, N., Mayer, Y., Margalit, S., Daher, R., Elyasyan, L., Sharon Weiner, M., Miremberg, H., Kovo, M., Biron-Shental, T., Helpman, L., & Gabbay-Benziv, R. (2022). Postpartum Depression in COVID-19 Days: Longitudinal Study of Risk and Protective Factors. Journal of Clinical Medicine, 11(12), 3488. https://doi.org/10.3390/jcm11123488
16. Gómez-Chávez, P., Soriano-Avelar, V. M., Aguilar-Rodríguez, A., Rojas-Russell, M., & Castro-Porras, L. V. (2024). Risk perception increases due to COVID-19 impacting antenatal care utilization among women in an indigenous community. BMC Pregnancy and Childbirth, 24(1), 578. https://doi.org/10.1186/s12884-024-06748-w
17. Gulati, N., Nanda, C., & Hora, R. K. (2023). COVID-19 and its impact on mental health as a function of gender, age, and income. Discover Mental Health, 3(1), 4. https://doi.org/10.1007/s44192-022-00025-y
18. Güner, Ö., & Aydın, A. (2022). Determining the relationship between anxiety levels, stress coping styles, and emotional eating of women in the COVID-19 pandemic. Archives of Psychiatric Nursing, 41, 241–247. https://doi.org/10.1016/j.apnu.2022.08.002
19. H, P., B, M., C, H., & M, L. (2022). The impacts of the COVID-19 pandemic on birth satisfaction in a prospective cohort of 2,341 U.S. women. Women and Birth : Journal of the Australian College of Midwives, 35(5). https://doi.org/10.1016/j.wombi.2021.10.004

20. Hartveit Kvarstein, E., Zahl, K.-E., Stänicke, L. I., Pettersen, M. S., Baltzersen, Å.-L., Johansen, M. S., Eikenæs, I. U.-M., Hummelen, B., Wilberg, T., Ajo Arnevik, E., & Pedersen, G. (2022). Vulnerability of personality disorder during COVID-19 crises: A multicenter survey of mental and social distress among patients referred to treatment. Nordic Journal of Psychiatry, 76(2), 138–149. https://doi.org/10.1080/08039488.2021.1942980
21. Igor Londero. (2024). Personality dimensions, resilience, and depression during the COVID-19 pandemic: A one-year longitudinal study—ScienceDirect. https://www.sciencedirect.com/science/article/pii/S0001691824001069
22. Indu, P. V., Vijayan, B., Tharayil, H. M., Ayirolimeethal, A., & Vidyadharan, V. (2021). Domestic violence and psychological problems in married women during the COVID-19 pandemic and lockdown: A community-based survey. Asian Journal of Psychiatry, 64, 102812. https://doi.org/10.1016/j.ajp.2021.102812
23. Jeong, K.-H., Lee, S., Kim, C., Im, J.-H., & Jung, H. (2024). Patterns of depression among women post-divorce and the influential factors: Latent growth modeling. Journal of Affective Disorders Reports, 17, 100789. https://doi.org/10.1016/j.jadr.2024.100789
24. Jones, M. M., & Kimble, L. P. (2022). Body Image, Depressive Symptoms, and Health-Related Quality of Life in Black Women with Systemic Lupus Erythematosus. Nursing for Women's Health, 26(5), 363–370. https://doi.org/10.1016/j.nwh.2022.07.008
25. Karp, C., Moreau, C., Sheehy, G., Anjur-Dietrich, S., Mbushi, F., Muluve, E., Mwanga, D., Nzioki, M., Pinchoff, J., & Austrian, K. (2021). Youth Relationships in the Era of COVID-19: A Mixed-Methods Study Among Adolescent Girls and Young Women in Kenya. Journal of Adolescent Health, 69(5), 754–761. https://doi.org/10.1016/j.jadohealth.2021.07.017
26. Katarzyna Nowakowska-Domagała. (2025). The Association Between Mental Health Indices and the Chronotypes Measured by Single-Item Chronotyping in Young Adults. https://www.mdpi.com/2077-0383/14/13/4447
27. Kattimani, S., Penchilaiya, V., Sarkar, S., & Muthukrishnan, V. (2016). Temporal variations in suicide attempt rates: A hospital-based study from India. Journal of Family Medicine and Primary Care, 5(2), 357–361. https://doi.org/10.4103/2249-4863.192369
28. Kinser, P., Jallo, N., Moyer, S., Weinstock, M., Barrett, D., Mughal, N., Stevens, L., & Rider, A. (2022). "It's always hard being a mom, but the pandemic has made everything harder": A qualitative exploration of the experiences of perinatal women during the COVID-19 pandemic. Midwifery, 109, 103313. https://doi.org/10.1016/j.midw.2022.103313
29. Kirpekar, V., Faye, A., Bhave, S., Gawande, S., & Tadke, R. (2024). District mental health program: Then and now. Indian Journal of Psychiatry, 66(7), 603–613. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_974_23
30. Lau, P. H., Carney, A. E., Marway, O. S., Carmona, N. E., Amestoy, M., & Carney, C. E. (2022). Investigating the antidepressant effects of CBT-I in those with major depressive disorder and insomnia disorders. Journal of Affective Disorders Reports, 9, 100366. https://doi.org/10.1016/J.JADR.2022.100366
31. Li, H., Lee, B., Reyneke, T., Haque, S., Abdullah, S. Z., Tan, B. K. W., Liddell, B., & Jobson, L. (2022). Does culture moderate the relationships between rumination and symptoms of posttraumatic stress disorder and depression? PloS One, 17(11), e0278328. https://doi.org/10.1371/journal.pone.0278328
32. Lorentz, M. S., Chagas, L. B., Perez, A. V., da Silva Cassol, P. A., Vettorazzi, J., & Lubianca, J. N. (2021). Correlation between depressive symptoms and sexual dysfunction in postpartum women during the COVID-19 pandemic. European Journal of Obstetrics & Gynecology and Reproductive Biology, 258, 162–167. https://doi.org/10.1016/j.ejogrb.2020.12.039
33. Lucchini, M., Kyle, M. H., Sania, A., Pini, N., Babineau, V., Firestein, M. R., Fernández, C. R., Shuffrey, L. C., Barbosa, J. R., Rodriguez, C., Fifer, W. P., Alcántara, C., Monk, C., & Dumitriu, D. (2022). Postpartum sleep health in a multiethnic cohort of women during the COVID-19 pandemic in New York City. Sleep Health, 8(2), 175–182. https://doi.org/10.1016/j.sleh.2021.10.009
34. Maheshwari, V., Mishra, S., & Basu, S. (2025). Sleep problems in community-dwelling postmenopausal and older women in India: A country-level cross-sectional analysis. Discover Public Health, 22(1), 219. https://doi.org/10.1186/s12982-025-00614-6

35. Melis, B. (2025). Enhancing Women's Experiences in Urban Public Spaces. In J. A. Lara-Hernandez, A. Melis, P. Boarin, & P. Besen (Eds.), The Dusk of Design: Exploring Multidisciplinary Approaches and Evolutionary Biology in Architecture (pp. 37–51). Springer Nature Switzerland. https://doi.org/10.1007/978-3-031-76867-5_4
36. Micheline R. Anderson. (2022). Stress, coping, and silver linings: How depressed perinatal women experienced the COVID-19 pandemic—ScienceDirect. https://www.sciencedirect.com/science/article/pii/S0165032721011988
37. Mo Daming. (2021). Somatization Symptoms Regulate Emotional Memory Bias in Adolescents With Major Depressive Disorder—PMC. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8428275/
38. Nagashima-Hayashi, M., Durrance-Bagale, A., Marzouk, M., Ung, M., Lam, S. T., Neo, P., & Howard, N. (2022). Gender-Based Violence in the Asia-Pacific Region during COVID-19: A Hidden Pandemic behind Closed Doors. International Journal of Environmental Research and Public Health, 19(4), 2239. https://doi.org/10.3390/ijerph19042239
39. Panchal, N., Saunders, H., & 2023. (2023, March 20). The Implications of COVID-19 for Mental Health and Substance Use. KFF. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/
40. Perkins, R., Spiro, N., & Waddell, G. (2023). Online songwriting reduces loneliness and postnatal depression and enhances social connectedness in women with young babies: Randomised controlled trial. Public Health, 220, 72–79. https://doi.org/10.1016/j.puhe.2023.04.017
41. Prof Nusrat Husain, MD. (2024). Efficacy of a culturally adapted, cognitive behavioural therapy-based intervention for postnatal depression in British South Asian women (ROSHNI-2): A multicentre, randomised controlled trial—The Lancet. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01612-X/fulltext
42. Richa, S., Parveen, S., Abullais, S. S., Mahmood, S. E., Alsamghan, A., & Alshaikh, A. A. (2025). Personality Traits and Social Support: Their Role in Postpartum Depression. Psychology Research and Behavior Management, 18, 1685–1699. https://doi.org/10.2147/PRBM.S507701
43. Robert P. Tett. (2021). Trait Activation Theory: A Review of the Literature and Applications to Five Lines of Personality Dynamics Research | Request PDF. ResearchGate. https://www.researchgate.net/publication/348660142_Trait_Activation_Theory_A_Review_of_the_Literature_and_Applications_to_Five_Lines_of_Personality_Dynamics_Research
44. S, H., Ma, Q., G, F., A, S., & F, A. (2023). The impact of the Covid-19 pandemic on postnatal depression: Analysis of three population-based national maternity surveys in England (2014-2020). The Lancet Regional Health. Europe, 30. https://doi.org/10.1016/j.lanepe.2023.100654
45. S, K., S, D., Ap, T., A, P., & Pk, M. (2018). Common mental disorders and risk factors in rural India: Baseline data from the SMART mental health project. BJPsych Open, 4(4). https://doi.org/10.1192/bjo.2018.28
46. Sagar, S.K., Nusrat, F., Rashid, Md. U., Ghosh, P., Sultana, M., Ahsan, A., Pinky, S. D., Mahboob, R. N., Nayon, S. R., Shariful Islam, S. M., & Hossain Hawlader, M. D. (2022). Mental health status of married women during the COVID-19 pandemic in Bangladesh: A cross-sectional study. Heliyon, 8(1), e08785. https://doi.org/10.1016/j.heliyon.2022.e08785
47. Senapati RE. (2022). The patterns, trends, and major risk factors of suicide among Indian adolescents – a scoping review—PMC. https://pmc.ncbi.nlm.nih.gov/articles/PMC10775453/
48. Sharma, A., Lin, Y.-K., Chen, C.-C., Deng, L., & Wang, Y.-C. (2023). Projections of temperature-associated mortality risks under the changing climate in an ageing society. Public Health, 221, 23–30. https://doi.org/10.1016/j.puhe.2023.05.017
49. Shetty, P. A., Ayari, L., Madry, J., Betts, C., Robinson, D. M., & Kirmani, B. F. (2023). The Relationship Between COVID-19 and the Development of Depression: Implications on Mental Health. Neuroscience Insights, 18, 26331055231191510. https://doi.org/10.1177/26331055231191513
50. Szuster, E., Kostrzewska, P., Pawlikowska, A., Mandera, A., Biernikiewicz, M., & Kałka, D. (2021). Mental and Sexual Health of Polish Women of Reproductive Age During the COVID-19 Pandemic – An Online Survey. Sexual Medicine, 9(4), 100367. https://doi.org/10.1016/j.esxm.2021.100367
51. Toleon, C., Deborde, A.-S., Ahmad, S., & Vanwalleghem, S. (2023). Contextual influence of the COVID-19 pandemic on pregnant women's emotional regulation abilities. L'Encéphale, 49(5), 489–495. https://doi.org/10.1016/j.encep.2022.05.010

52. Vall-Roqué, H., Andrés, A., & Saldaña, C. (2021). The impact of the COVID-19 lockdown on social network sites use, body image disturbances, and self-esteem among adolescent and young women. Progress in Neuro-Psychopharmacology and Biological Psychiatry, 110, 110293. https://doi.org/10.1016/j.pnpbp.2021.110293
53. Victoria Fallon. (2021). Psychosocial experiences of postnatal women during the COVID-19 pandemic. A UK-wide study of prevalence rates and risk factors for clinically relevant depression and anxiety—ScienceDirect. https://www.sciencedirect.com/science/article/pii/S0022395621000595
54. Vidyasagaran, A. L., McDaid, D., Faisal, M. R., Nasir, M., Muliyala, K. P., Thekkumkara, S., Wright, J., Huque, R., Benkalkar, S., & Siddiqi, N. (2023). Prevalence of mental disorders in South Asia: A systematic review of reviews. Cambridge Prisms: Global Mental Health, 10, e78. https://doi.org/10.1017/gmh.2023.72
55. Wang, Q., Xie, L., Song, B., Di, J., Wang, L., & Mo, P. K.-H. (2022). Effects of Social Media Use for Health Information on COVID-19–Related Risk Perceptions and Mental Health During Pregnancy: Web-Based Survey. JMIR Medical Informatics, 10(1), e28183. https://doi.org/10.2196/28183
56. Wei Lin. (2021). Associations of COVID-19 related experiences with maternal anxiety and depression: Implications for mental health management of pregnant women in the post-pandemic era—ScienceDirect. https://www.sciencedirect.com/science/article/pii/S0165178121004121
57. WHO. (2022). COVID-19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide. https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide