

# IMPACT OF COVID 19 PANDEMIC ON WOMEN

## Abstract

COVID 19 pandemic shook the world upon its onset in 2019. It had a drastic and lasting psychological impact on each section of the population. It led to the development of various mental health effects like anxiety, depression, panic, PTSD and caused widespread suffering. It had a significant social, economic and psychological effect on women as well. At the work front, women working in informal jobs became unemployed, lost daily wages and suffered economic hardships. Those working in skilled jobs had to suffer from massive layovers and loss of income. At home women had to constantly indulge in care of the children unable to attend school leading to an increasing trend in their domestic work. Higher gender based intimate partner violence was also reported during the pandemic. Families staying in close quarters, increased stress and lack of access to resources rendered escape difficult for women. Migrant labourers with women contributing to the family budget also suffered immensely along with displacement of migrant workers impacting women more severely with lack of privacy, minimal access to menstrual care products and shortage of food. Women healthcare workers also faced challenges with balancing the pandemic burden with long work hours affecting their already skewed work life balance. Women suffering from pre existing mental health conditions had a poor impact due to the additional stress in COVID 19 pandemic. Women had less access to safe delivery and abortions during this time. There were also less treatment protocols for pregnant women suffering from COVID 19. Due to these ongoing factors the impact of COVID 19 was severe for women and needs to be explored adequately.

**Keywords:** women, childcare, intimate partner violence, pandemic.

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## **I. INTRODUCTION**

Through the course of human history, pandemics have killed millions of individuals and severely damaged public mental health. A pandemic, as defined by the World Health Organization, is the global spread of a new disease that has injured or killed a significant number of people. Throughout history, many times have seen pandemics. Every epidemic has a terrible effect on society, the economy, and human psychology. [1]During and after an infectious illness pandemic, the psychological responses of the populace have a significant impact on the spread of the disease as well as the frequency of emotional distress and social instability. Despite this, there are rarely adequate resources available to treat or lessen the effects of pandemics on mental health and welfare. The COVID-19 pandemic has the most severe effects on an individual's physiological and psychological state. According to numerous studies looking at the psychological effects of the COVID-19 epidemic on patients, the majority of patients feel negative psychological diseases such as posttraumatic stress disorder, anxiety, depression, loneliness, discomfort, panic, and fury. They also frequently experience negative emotions like fear of getting tagged. [2]After the outbreak, the UN secretary-general also made a statement that the COVID-19 pandemic can reverse the small amount of progress that has been achieved toward the rights of women and gender equality. After two years of the pandemic, his words seem to make a lot of sense. This pandemic has been observed to enhance and propagate the already existent gender-based inequality and several issues about social, political, and economic systems have come to light which create vulnerabilities in a gender-biased manner. These vulnerabilities further bring attention to the great effect of this pandemic on women. [3,4]

## **II. IMPACT OF COVID-19 PANDEMIC ON EDUCATION AND ECONOMIC CONDITION OF WOMEN**

Regarding education during the pandemic time, in March 2021, UNESCO released an estimate that due to the massive spread of corona virus, approximately 1.52 billion children could be prevented from attending school. Some of them will never be able to return to their schools or go back to formal education due to the covid 19 pandemic. As for women, due to removal from formal education and schools, they may be forced into child marriages and have a greater risk of genital mutilation in developing societies. [4]

Millions of women are a part of the informal economy. This accounts for more than two thirds of women's employment in emerging nations. However, due to the lockdown across the globe, job opportunities for odd jobs, and payments in cash for informal work reduced considerably and led to catastrophic consequences for women. [4]Due to various reasons women prefer or are forced to work in the informal economy, commonly unskilled laborers and domestic maids. These are temporary positions that disappear if there is a downturn in the economy. In fact, an estimated 72% of domestic workers, mainly women, lost their jobs during the pandemic. Globally in March 2020 at the beginning of the pandemic employment was reported in 35% women and 32% men. This decreased to 26% women and 20% males by September 2021, suggesting the pandemic's long-term negative impact on employment, particularly for women. Further during the pandemic higher closure rates were seen in businesses owned by women as compared to men. A well-known but little-discussed fact is that women play a major role in the global food system not only as laborers in farms and plantations but also in processing plants. Additionally, women around the world are in charge of obtaining and cooking food for the household. Despite this, the prevalence of food

insecurity is greater in women than in men. When there is a shortage of food women are the first to go hungry.

According to the International Labour Organisation, on average, globally, women are involved in four hours or more of unpaid care work per day as compared with around one hour for men. This unpaid/ care work is also known as care, core, or reproductive economy. Also called the economy of hypocrisy as this care work remains to be a largely gender-biased work and ironically it is being called women empowerment when women work unpaid at home and are also working outside for their jobs. At the same time, there is zero attempt to encourage men to be involved in the household or family care responsibilities as they are considered to be the work of women only. This work is usually carried out by women as compared to men because of several reasons like persisting archaic gender-based norms, roles, and also how women are placed at their paid jobs- part-time, flexible hours, or generating less earnings. [5]

To restrict the further propagation of gender-based inequality, the amount of unpaid care work performed by women during this epidemic must be taken into consideration. In the year 2020, a report formulated by the United Nations described that the care work which is unpaid had increased majorly during the pandemic, with children not attending school, the elderly population requiring excessive caretaking, overburdened health services. The report also confirmed that due to a lack of access to community or institution based child care, this responsibility is being shouldered heavily by the women and that has even reduced their productivity in their paid jobs. [5]

### **III.COVID 19 PANDEMIC AND PREGNANCY**

Due to the COVID-19 epidemic spreading globally, UNFPA, the United Nations Population Fund, anticipated that there would be approximately 7 million unwanted pregnancies worldwide. Along with it, they predicted several thousand deaths due to unsafe abortion, birth complications since emergency care was not accessible to all due to the ongoing outbreak. Another organization called MSI (Marie Stopes International) that works in almost thirty seven countries had predicted statistics as high as 9.5 million women and girls who were in vulnerable places and would lose their access to safe medical termination of pregnancies as well as contraceptive measures due to closure of their services during the pandemic in the year 2020. Around 2.7 million unsafe abortions and 11,000 pregnancy-related deaths were estimated to result from this shutdown. Several MSI-operated clinics had to cease operations as a result of widespread lockdowns in Nepal and India, which was a huge blow as they have been one of the largest family planning services providers apart from the public sector in these countries. Due to the restriction on mobility across the country in the lockdown, patients and the service providers could not manage to reach the clinics which eventually led to the shutting down of these MSI-run clinics. Another MSI-affiliated organization, The Foundation for Reproductive Health Services India, has additionally anticipated that a sizable 26 million couples may be left without access to contraceptives as a result of lockdown, leading to a significant increase in unwanted births and almost 800,000 unsafe abortions—the third highest cause of maternal mortality in India. [6]

Additionally, there have been calls for pregnant women to be included in the continuing covid-based clinic trials. This inclusivity in the trials can lead to evaluation of therapies for the mothers and can improve pregnancy quality, the health of the mother,

outcomes of birth and can hasten the development of treatment protocols and recommendations for pregnant women. There is a massive need to recognize and implement treatment protocols in this pregnant population. [7] In fact WHO has appealed the same and has asked for including pregnant women in the ongoing research to formulate prevention techniques- vaccination and therapies for treatment of infections in pregnancy. [8] This task would require addressing of social, economic and cultural barriers which prevent participation of women in clinical trials. Other such barriers may include- belonging to minority ethnic groups, less education rates, no permanent housing, migrants, living in regions of humanitarian crisis. [9,10]

#### **IV. GENDER BASED VIOLENCE**

The gendered consequences of the COVID 19 epidemic have been becoming more apparent as it has spread. The data is coming through from the media houses and organizations that are first responders to violence against women and they show a worrisome trend of increasing intimate partner violence in this COVID-19 pandemic where even social distancing measures are being used against women's access to resources for their protection by their partners. [11,12] According to reports from the Hubei Province police department in China, the number of domestic violence cases tripled between February 2019 and February 2020, with an estimated 90% of cases being linked to the COVID 19 pandemic. [13] Reports from a UK-based project that has tracked violence against women between the months of March and April 2020 reported that the average rate of domestic abuse-related deaths during the previous decade had more than doubled. [14] These reports have been disturbing. Around 30% of women worldwide experience physical or sexual abuse from a partner during their lives. The rates of such violence can go up during humanitarian crises, conflicts, and even during natural disasters. [15] Similar trends have been seen during previous epidemics like Ebola and Zika viruses [16], it has been suggested that because of these epidemics' effects on social and economic life, violence against women may change in kind or intensity. [17] The risk of intimate partner violence can rise for women who are already in abusive relationships or who are at risk of abuse during the prolonged stay at home required by pandemic guidelines. Even children have the potential to experience violence in the home, along with women. [18]

During such outbreaks, increasing home stress may also raise the possibility of intimate relationship violence. People spend more time at home, families are more in close proximity to one another, and family members spend more time together, frequently in tight quarters. There is also a major impact on jobs and earnings; resulting in the loss of jobs and decreased income, ultimately affecting the ability to meet basic necessities and raising stress levels. Then, those who commit intimate partner abuse may impose restrictions on access to money, necessities, or even medical supplies like medicines, sanitizers, soaps, etc. as well as to health care services. Due to pandemic restrictions, there is also a drop in social support, and protective networks and this can increase the violence toward women ending in disastrous consequences as women may have less contact with their support system including family or friends. Their partners can also restrict their access to any kind of personal, psychological, or social support from formal or informal sources. [19].

Despite being overburdened, the health care system can be a source of intervention to lower the likelihood of violence against women during the pandemic and can aid in lowering its impacts. Governments must incorporate crucial services to lessen the impact of violence

experienced by women during the epidemic. They can accomplish this by developing response plans and figuring out different ways to make them available while adhering to social distance standards. Health care centers can take note of the local availability of local support services for such women in need, like shelters, rape crisis centers, emergency hotlines, and counseling services, and can refer women when they seek health services. [20] Healthcare service providers must be made aware of the various risk factors and the results of violence against women so that they can guide, and provide support, and medical treatment to those in need. [21] There is also a requirement to have essential medical services for medication supplies for women, and post-rape care. There should also be a provision for women of advanced age, with disabilities, stranded in human crises, belonging to lower socio-economic class, women who live in crowded conditions and members of ethnic minorities, as they may be more affected and have greater requirements than others. For women facing violence, another option is the usage of mobile health or telemedicine portals to ensure a safe method of assistance and this must be explored. Along with it measures need to be taken for women who do not have access to mobile phones or are staying in remote areas with less internet access or knowledge about the same. [22]

## **V. COVID-19 PANDEMIC AND WOMEN PHYSICIANS**

During the COVID-19 pandemic, healthcare professions have been stretched more than their limits in both personal and professional lives. Merely calling them heroes or virtually putting them on a pedestal is not a solution for the distress endured by them in such trying times. The burden maybe even more for female physicians. There always have been longer work hours but now they have been stretched to become ever more, in order to handle the growing demand on the healthcare system to fulfill the ongoing pandemic requirements, physicians have had to make additional personal sacrifices and a number of compromises. Work-life balance is skewed which has been prominently visible during the covid 19 pandemic. This trouble is faced by women physicians more than their male counterparts. A frequent belief is that female doctors will compromise or adapt their professional lives. This pandemic increases this burden even more and has been needing more adjustments which are disproportionately shouldered by women more. [23] Women physicians have to spend more time on home and family care responsibilities as well. [24] There has been a disruption in activities like meal preparations, planning, family or social obligations, and leisure due to the pandemic and these changes have affected women more who are often finding ways to adapt to this new normal and balance it all out. [23]

## **VI. FEMALE MIGRANT WORKERS AND COVID 19 PANDEMIC**

The communities from lower socio-economic strata in South Asian countries have been affected most adversely by this pandemic specifically the migrant workers in India who have been severely affected. [25, 26] Female migrant workers form the most vulnerable group, they are challenged excessively due to poverty, several deprivations, and being in an informal line of work. They have lost their livelihood, have unfairly been subjected to violation of their rights, and have even been infected by the COVID-19 virus. [27] Families with migrant workers who are headed by women suffer the most during times of crisis because there aren't enough financial possibilities to cover the necessities of the home. [28] Women are impacted in a variety of areas, including the economy, social protection, health, and gender-based violence. [27] The COVID-19 pandemic has increased the hardships on the homes and lives of female migrant workers. Due to the sudden outbreak of the pandemic and

then the lockdown livelihood options and opportunities for the migrant workers were severely affected. This has been the central issue of the severe financial hardship brought on by the epidemic, which has resulted in increased debt and the loss of a source of income for women migrant workers. [3] Apart from this financial burden, there have also been other difficult areas for women laborers in the form of food, access to basic menstrual hygiene products, modes of communication to contact families, cooking gas, etc. which even compromises the health of the entire family generating more burden. Due to the financial crunch, those dependent on the income of these workers back in their home villages have also been impacted. Due to restrictions in mobility, loss of work, and finances, these women have faced a deep sense of despair, isolation, and captivity. Their daily routine has also been altered drastically with losing employment and this has led to negative psychosocial consequences too. The feelings of captivity are also increased due to an extended burden of constantly caring for the family and taking care of the household needs with reduced resources and child-rearing. [3]

Most of these women stay in rented housing which has a very small amount of space and they are forced to manage their children inside the home during the entire day which is a challenging task. Due to the sudden loss of jobs, these families have even lost any source of entertainment like television or phones- all of this due to the socio-economic circumstances they have been forced into. Another difficulty for these women has been a loss of access to toilets with overcrowding of the common toilets used in the slums, open spaces being under the risk of surveillance by men, and potential violence, all of which were less prevalent before the onset of the pandemic. [3] Another challenge has been food security and the risk of malnutrition. [29] Gender dynamics affect these too, as women are the ones who skip meals, eating less quantity of food most often to save enough for the rest of their families. [3]

## **VII. WOMEN'S MENTAL HEALTH DURING COVID 19**

Studies from China have reported that females are having significantly more stress, anxiety, depression, and PTSD symptoms and are facing a greater psychological impact. [30,31] Women also have a high prevalence of risk factors that become exaggerated during adverse events like pandemic environmental stressors, pre-existing struggles with mental health, having depressive and anxiety disorders, and risk of domestic violence. [32, 33] Women have to deal with pandemic-related stressors that are particular to their reproductive functioning and thus affect their mental health in addition to their existing societal gender-based duties. [34]

## **VIII. CONCLUSION**

Women with pregnancy, postpartum period, post miscarriage, intimate relationship abuse during the pandemic are at a heightened risk of acquiring mental health problems. Outreach strategies are required for prevention and early intervention. Social support is required as well including online consults, support groups, and home visits. Parenting tips must be provided, and childbirth guidance and stress management training are needed too. [35] With multiple women-centric interventions covering all possible areas like domestic violence, childbirth, child care, outreach to marginalized communities, governmental help toward migrant workers and those who have lost their jobs during a pandemic, and mental health support, the gender-based burden of covid pandemic can be then reduced.

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