



How vulnerable are they? Women amid the COVID-19 pandemic

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Abstract

Indian women have a history of playing multiple roles, often at odds with one another. In order to effectively fulfill their duties as mothers, daughters, and wives, women are given the power to do so. However, in order to make women dependent on the male gender, they are presented as helpless and feeble. Every aspect of a woman's life is marked by dependency, weakness, exploitation, and gender discrimination. All social, cultural, and economic boundaries are unsafe from gender-based violence, which threatens women's rights, safety, and dignity. The nation is concerned about violence against women. Increased incidents and evidence show that the policy of isolation and confinement because of COVID-19 leads to domestic violence against women and girls is a problem that calls for protection. Attention needs to be provided to handle the long-term effects of the pandemic to balance the professional and personal lives of women's economic independence. There is an urgent need for Government to make frantic efforts to find solutions.

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INTRODUCTION

Women's mental health does not appear to be worthy of priority in the contemporary environment, which includes widespread concerns about gender equality and multiple international accords that have ended all forms of discrimination against women.¹ There are differences between men and women that go beyond their physical features but also in their psychological makeup. Men and women have distinct differences in the anatomy and "wiring" of their brains and how they process information and respond to events and stimuli. Women and men connect, deal with relationships, express their emotions, and respond to stress in different ways.

The COVID-19 pandemic is extending prior disparities, uncovering weaknesses in friendly, political, and financial frameworks, which are thusly intensifying the effects of the pandemic. The impact of COVID-19 is compounded for women and girls across all spheres, from well-being to the economy.

After the 1918 Spanish flu, COVID-19 is the most severe pandemic the human race ever faced. Men were the majority affected (52–58%) but around 70% of the COVID-19-related deaths. Women maintain hand hygiene habits, reducing

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the incidence of infection, according to Johnson et al. A distinct immunological response between the sexes may also play a role in the differences seen between them.^{2,3}

Due to lockdown and quarantine procedures, women were more severely impacted by COVID-19 than men in a number of spheres of life, including the workplace and household. On average, women spend two times more hours on unpaid caregiving work to their family than men. COVID-19 and the associated lockdown have tremendously burdened women's caregiving role. Around 70% of the frontline healthcare workers in the workplace are women. The majority of them are nurses, midwives, and community health professionals. Women work in other healthcare-related fields. 2020 UN Women Policy Brief Because of the nature of their jobs, the majority of these women are exposed to the virus. 66 and 72% of female healthcare workers in Italy and Spain had COVID-19 infection.⁴

During this pandemic, domestic violence increased drastically in many countries. (4) The major reason for domestic violence against women was asking for more support, which unfortunately makes the home unsafe. Additionally, because gender-based violence is so widespread, it could not get enough attention. Increased gender and economic status-based inequalities have been observed in the past during epidemics like Ebola and Zika (UN issue-brief-covid-19-and-ending-violence-against-women-and-girls-en).⁵

Women's mental health suffers as a result of the lack of support for emotional and household responsibilities. This further increases the likelihood that women may experience anxiety, despair, and post-traumatic stress disorder (PTSD).⁶

Women and Mental Health

The larger caregiving responsibilities placed on women and girls may be detrimental to their mental health and well-being, even if reports have suggested that men, the elderly, and those with weakened immune systems may be most at risk of dying from COVID-19. According to findings from a recent PFI study assessing young people's knowledge of and reactions to COVID-19 in the Indian states of Rajasthan, Uttar Pradesh, and Bihar, 51%

of female adolescents reported a rise in workload during the nationwide lockdown, compared to 23% of male adolescents. In UP, 96% of women reported heavier workloads and 67% of them were under the age of 18.⁷

Women health care workers and mental health

Many medical professionals may experience anxiety, sadness, PTSD, and burnout during and after this epidemic, according to WHO. A large prevalence of mental health symptoms was found in a research of 1257 Chinese healthcare professionals who were treating COVID-19. Severe depression, anxiety, and distress were found to be related to the female gender and intermediate occupation. The latter group's increased risk of infection increased their families' dread of transmission. Only 5.3% of participants in a study by Chew et al. from Singapore and India indicated moderate to severe depression, 8.7% reported moderate to severe anxiety, 2.2% reported strong to severe stress, and 3.8% expressed moderate to severe psychological distress. In this study, female participants made up 64.3% of the total. This study found no evidence of a gendered connection. Following the SARS epidemic in 2003, some follow-up research on PTSD discovered a link between being unmarried and having a low income as risk factors for PTSD. However, these analyses did not take gender into account.

Physical, mental, and emotional ailments and burnout were caused by the tension between professionalism and one's health.⁸ Fear, mental distress, and sleep issues were prevalent among carers who experienced a rise in workload, isolation, and discrimination.⁹

Psychiatric symptoms in COVID-19 positive patients

Women have reported helplessness more than males. The immune-inflammatory response indicated the correlation between CRP level and depression among COVID-19 positive patients.¹⁰ Many patients reported intense fatigue and apathy after infection for weeks to months. This further highlights the interplay between depression, immune-inflammatory responses and viral infection¹¹

Intimate partner violence (IPV)

Intimate partner violence comprises of physical or sexual violence, stalking and emotional abuse. These victims are at increased risk for mental and somatic illnesses. Several risk factors include less income, loss of bearings, social isolation, loss of loved ones, narrowness of remises, fear of dying and hard to access for medical social services, difficulty to flee from stressful situations and drug abuse, etc, contributing to intimate partner violence.^{12,13} These risk factors were increased during this epidemic and is associated with intra-family conflicts. During a time of crisis, it is considered normal for a man to behave aggressively. But women were accused of behaving overreacted and their request for help during violence is simply ignored.^{14,15} Pregnancy has been identified to put four-fold greater risk of physical violence among women after the Fukushima disaster which is approximately 1.5%.¹⁶ Violence against women in UK is doubled compared to the previous decade and COVID-19 like pandemic times can be a threat to women who can be exploited because of their inability to call for help or escape.¹³ During the pandemic, various media and women's rights experts reported an increase in online violence like bullying, stalking, sex trolling, and sexual harassment.

DISCUSSION

Certain biological mechanisms in women make them vulnerable to anxiety and depression when dealing with stressful events.^{17,18} Females at puberty have a higher prevalence of major depressive episodes indicating role of hormones in their increased susceptibility to depression and anxiety.¹⁹ Women are the major caregiver involved in household chores and care of children. The lockdown put more responsibility over these responsibilities.²⁰ Further, it is increased by the temporary closure of schools for children. Young parents and first-time parents are at higher burnout.²¹ Studies suggest that about 40% of the femicide cases in the world is because of Intimate Partner Violence.²² Those women who were abused are at higher risk of developing depression, suicidal attempts, sexually

transmitted diseases, unwanted pregnancy and low birth weight babies.²³ According to United Nations Population Fund (UNFPA), About 31 million increase in gender-based violence cases when a lockdown is extended by six months followed by an additional 15 million for every extension of three months.²³ "Stay at home" policies have significantly increased violence against women.²⁴ The women who were abused are at higher risk of developing depression, anxiety and other stressful symptoms than those who have not experienced abuse. The home is considered equal to a sanctuary where individuals can seek love, safety and security. But some home can become a place where more drastic forms of violence are perpetrated against girls and women. This violence is usually perpetrated by males in the positions of trust and intimacy like husbands, fathers, fathers-in-law etc. In India the population foundation of India recommended measures that ensure girls and women's safety during the COVID-19 response planning activity. According to estimates from UNICEF, India would have the highest number of forecast births at 20 million, in the nine months from when the COVID 19 pandemic was declared first.

As per this evidence, we should take the gender lens under consideration while making amendments to programs and policies related to COVID-19 like the pandemic. Certain policy guidelines like the development of public health response for violence against women, emphasizing more on reporting of violence in covid response planning, and establishing hotlines and crisis intervention centers for domestic violence can help control these domestic violence issues. Increased investment in family planning services and social behavior change communication campaigns are used to spread information and awareness regarding pandemic myths and misconceptions.

India's healthcare sector is the backbone of the current battle against COVID-19 pandemic and Females play major roles in our healthcare system. There is ample evidence that mental and physical illness will have adverse consequences following a pandemic. Girls and Women can be vulnerable and victims of violence during this pandemic. This necessitates the need for protection and support from the policymakers and COVID-19 response teams.

CONCLUSION

There is an urgent need to strengthen the policies and strategies to protect women during situations like this pandemic. The current pandemic warranted the importance of policies dealing with vulnerable populations, including women. This will help prevent various mental health issues women will face due to a pandemic like COVID-19. The changes in the behavior of society take time to adapt the safety policies of women. It must be inculcated within the society and not to be imposed over them to effectively change the mentality of the individuals. This further highlights the need for developing effective psychosocial interventions for women. These include educating the whole family by collaborating with society and the Government to ensure long-lasting change.

CONFLICT OF INTEREST

Nil

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