

A Brief Narrative Study On The Vulnerability Of Women's Mental Health During The Lockdown Period Of Covid19

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Abstract-The first-ever global outbreak of COVID-19 has been intensely impacting humanity and continues to affect all segments of the population since its origin. While dealing with such public health emergencies, the past experiences have testified generalised public fear and anxieties due to uncertainty, fatality, and lack of public health preparedness. Gender, from its very biological origin to the psychological processes and coping styles it follows specifically makes it an important and independent factor for both mental health and mental illness. Women are different from men, so are their problems and needs. Starting from age of onset, clinical pattern and severity, treatment response, course, prognosis and long term outcome; all are much different for the persons with female gender which needed both gender and person specific care. The current COVID 19 pandemic has impacted us globally without sparing almost anybody. However, women have been affected very differently (if not more severely) around the world the reason of which is more than mere biological. The socio cultural background along with the environment factors need to be well explained to understand this difference or overall to understand the women mental health holistically during this global stress.

Key words: COVID 19, Lockdown, Women mental Health.

Introduction - Covid-19 has clearly shown that our Public Health infrastructure must be fortified, and this time, women's mental health urgently needs to be a priority. Covid-19 has affected women much more profoundly, even though the Chinese Centre for Disease Control and Prevention (CCDC) found that the fatality rate for men at 2.8% was higher than women's at 1.7%. So, why must we especially focus on women's mental health during this global pandemic? Due to various social, cultural and economic factors, women are facing a sharp increase in caregiving responsibilities, with even less freedom, space, or economic security. In 2000, the World Health Organisation (WHO) declared Gender to be a critical determinant of mental health and mental illness. They said that "gender determines the differential power and control men and women have over the socioeconomic determinants of their mental health and lives". Following the coronavirus outbreak, the Inter-agency Standing Committee (IASC) has also called for "gender-sensitive" deployment of healthcare, especially mental health. The Covid-19 virus is deadly. This is a pandemic and unprecedented measures need to be put in place in order to save human lives. Yet, as we make extraordinary adjustments for the sake of this objective, there is increasing recognition of the ways in which the health-related warlike emergency measures are disproportionately affecting specific sections of our society adversely. Governments have responded to these in various ways, some more proactive and considerate than others, but their overarching message has been: this is the price we have to pay to halt the spread of the virus. If saving human lives is the overarching objective, it is worth asking ourselves this question: could the lockdown, which is essential, be organised better to minimise or eliminate the loss of lives from the negative consequences of the pandemic management measures? Also, while some adverse effects may not have easy solutions, it is still imperative that we identify them. There are stories about the immense hardships faced by migrant workers, daily wagers, health workers, and people with disabilities. There are accounts of how the new norm of "social distancing" is not being seen for what it is, which is physical distancing, but is seen as a license for glorifying the demeaning and despicable, not to mention illegal, practice of untouchability towards castes that were stigmatised for doing the most menial jobs nobody else wanted to do. Commentators have made excellent suggestions about how some of these hardships could be alleviated. The central government finally announced a set of measures; whether these

are adequate to the enormity of the challenge is a moot point. Coupled with these are racist attacks on people from North East India because of their similarity with Chinese phenotype. India is not unique in this regard. Other countries are experiencing similar negative whiplash on specific sections of their populations. As the spread of the virus gives a fillip to all kinds of discrimination, we need a reality check. The one section of the population that is painfully, but sadly not surprisingly, absent from this discussion of negative consequences – whether unintended or foreseen but inevitable – of the anti-pandemic measures has been women. Painfully, because the negative consequences of pandemic control measures on women are wide and deep. Unsurprisingly because this is yet another instance of a gender-blind policy that ignores its disproportionate impact on women. While gender has been absent from the official lens everywhere, the last week has seen a few –although far fewer than warranted – pieces about the impact of pandemic management measures on women. The most horrific and obvious impact of the lockdown imposed to flatten the curve has been a rise in domestic and intimate partner violence as has been noted for the United States, the United Kingdom, and China, among other countries. A rise in domestic violence literally increases the risk to women's lives: as one curve gets flattened, the other one slopes upwards, perhaps not exponentially, but sharply, nevertheless. The accounts are painful to read. Women are being battered by frustrated partners and being threatened to be kicked out of the house if they fell sick. A child called a US helpline to report that her mother's partner had abused her mother and her. With schools and workplaces shut, women and girls in abusive situations have no respite.

Objective of the study-

- 1) to discuss the nature of increasing gender discrimination issues during the lockdown period of covid 19.
- 2) to explain the causes of this type discrimination
- 3) to study about the possible remedies

Women mental health: specific focus is needed - 1) Pregnancy and child birth- Depression and anxiety affect one in seven women during the perinatal period, and are associated with increased risk of preterm delivery, reduced mother-infant bonding, and delays in cognitive/emotional development of the infant. With this study we aimed to rapidly assess the influence of the COVID-19 pandemic and subsequent physical distancing/isolation measures on the mental health and physical activity of pregnant and postpartum women. Pregnancy and childbirth, is a significant life event and is a known cause of increased physical and mental problems among women. Even in a normal situation they become distressed due to restrictions of movement socialisation and difficulty in performing regular routine .An ongoing pandemic contributes further to this distress. Though the initial reports were not in favour of any vertical transmission of COVID-19 from the mother to the Infant during pregnancy the recent findings say the contrary. Pregnant women infected by the viruses are found to develop severe forms of the disease, with increased risk of preterm deliveries, abortions and perinatal and maternal mortality. There is also an anecdotal report of placental transmission of COVID-19 in the second trimester. Moreover, the possible teratogenic effects of the SARS-COV-2 virus still not fully known. These uncertainties may result in heightened psychological stress among the expecting women(8). Also, almost all the states and governments has imposed various preventive measures to contain the viral spread like quarantine home isolation lockdowns, physical distancing, and remote consultations This has resulted in the added concern for timely transportation and availability of expected level of healthcare services in case of any obstetrical emergency. There is also a lack of Universal guidelines regarding the management of obstetrical cases, including labour during the ongoing corona pandemic, especially in COVID-19 positive mothers.

2) Psychological issues- Even in urban India, one woman reaches public health psychiatric out patients for every three men to seek help for their psychological problems. However, even back in 2001 WHO mentioned that depressive disorders account for close to 41.9% of the disability from neuropsychiatric disorders among women compared to 29.3% among men. The very gender focused suffers of civil wars, violent conflicts or disasters are mostly women; where lifetime prevalence against women have been documented upto 50% .Both severe mental illness(SMI) and common mental disorders(CMD) hit women badly. Though no major gender difference is observed in rates of SMI like schizophrenia or bipolar illness;

woman have bimodal peak for schizophrenia and also have more frequent episodes of depression, more rapid cycling and a seasonal episode of mood disturbances. Among the CMDs, women predominate in depression, anxiety and somatic complaints. Unipolar depression is more common in women, as well as more persistent too; also life time risks of anxiety disorders are 2-3 time more in females.

3) Women health workers- The wellbeing and emotional resilience of health care female workers are key components of maintaining essential health care services during the COVID-19 virus (coronavirus) outbreak. Therefore, it will be crucial to anticipate the stresses associated with this work and put in place supports for health care female workers. Monitoring and assessment of mental health and wellbeing of health care female personnel (who suffer from frustration due to detachment with family members especially with their child) will be important, along with efforts to ensure their successful reintegration with work colleagues, should they themselves become infected. Both institutional supports and self-care strategies are important.

4) Domestic violence- Violence against women is a human rights violation that takes place every single day around the world. Globally, one in three women experiences physical or sexual violence, mostly by an intimate partner. While domestic violence and abuse are sometimes hidden, if we know the signs of an abusive relationship, we may be able to recognize it better and seek or offer help. One of the big myths about domestic violence and intimate partner violence is that it is greater among poorer sections. The reality is that rich and middle-class women are not immune to it. In India, because this is seen as essentially a problem of the poor, it's not very high on policy priorities, given the class bias in policymaking. Helplines, shelters and legal assistance for battered women are woefully inadequate at the best of times. It is incredibly hard for women to speak up openly even under the most supportive conditions. With the sudden lockdown, when women find themselves isolated, alone and vulnerable, what are their options? Virtually none.

Causes of more vulnerability during lock down- Covid-19 has deepened pre-existing inequalities and exposed gaps in our systems, amplifying the effects of the pandemic. The multi-layered effects of Covid-19 have been exacerbated for women and girls.

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- Physical distancing and stay-at-home orders have had larger implications for women in every sphere of their lives. Nearly 70% of women work in the informal economy; they hold less secure jobs, earn less and save less. With the sharp rise in unemployment and limited access to social protections, they do not have the capacity to absorb the economic shocks and are at greater risk of falling into poverty. In addition to this, there has been an exponential increase unpaid care work with school closures and heightened care needs of family members at home. Women are spreading themselves thin as they bear the burden of household responsibilities. Competing home and work demands place their jobs at further risk with cuts (inability to avail paid sick leave) and lay-offs. Single-parent or female-headed households are facing significant difficulty in supporting themselves and their families.
 - Loss of financial independence along with control of finances keeps women bound to relationships and increases their vulnerability to experience exploitation and abuse. This along with restriction of movement, limited decision-making capacity and lowered social bargaining power, further threaten their safety and autonomy at home. Family members may use deliberate and neglectful tactics to exert power, including continuously finding fault with them, belittling their effort, refusing access to jointly owned money and threatening to cause harm. Neglectful strategies involve withholding interaction, invalidating their feelings and communicating to a woman that she is inferior.

- Psychological abuse is often a precursor to physical and sexual violence in relationships; depriving them of basic needs, causing harm, using coercion, manipulation or guilt to have sex and making offensive statements about one's sexuality or body. Covid-19 has presented a scenario of increased incidence of family abuse, intimate partner violence, and greater complication in reporting and seeking help. With diminished community support, disconnection from social networks and inability to seek temporary refuge from 'outside spaces' or have access to 'private spaces', women are experiencing chronic distress. Women trapped in an escalating cycle of tension, power and control are vulnerable to experiencing varied mental health concerns, including depression, anxiety and trauma. Stigma and lack of (and access to) social support often lead to internalization of abuse and directing the anger, humiliation and fear towards themselves, aggravating feelings of worthlessness and helplessness. This may also result in trauma bonding. If a woman experiences abuse from a partner who also expresses love, they learn to associate love with abuse. They often rationalize, justify or minimize the abuse and are less likely to report it. For those already coping with these concerns, it may worsen their experience of mental health conditions. Symptoms may include (but are not limited to) the following: negative self-perception, persistent low/anxious/empty/erratic mood, inability to experience pleasure, difficulty with attention/memory, changes in appetite and sleep, fatigue, bodily pains and thoughts of self-harm and suicide. (*Seek support from a mental health professional if you are experiencing these concerns*)

- During the pandemic, as healthcare resources are often diverted from routine health services, women do not have access to sexual, reproductive and maternal health services. Challenges in accessing contraception, safe abortion and medication further perpetuate isolation, violence and feelings of shame and lowered self-worth and heighten the risks to women's health and well-being. Visible and invisible wounds of exploitation and abuse remain with women throughout their lives.

Possible recommendations- Therefore, here are some aspects to keep in mind to reinforce the necessity of keeping women in the front and centre of mental health policy.

Re-orienting the Domestic Space, to unburden women

Lockdowns and self-quarantine measures across the world have increased women's workload as more people are home-bound for a continued period of time and caregiving tasks have increased. Data from the Organisation for Economic Cooperation and Development (OECD) shows that Indian women do nearly six hours of unpaid care work each day. Indian men, on the other hand, spend less than an hour on an average doing the same. Globally, women perform 76.2% of total hours of unpaid care work. According to UNESCO, 300 million children are missing school globally due to the current virus outbreak, increasing the responsibilities of women. According to "Time To Care", a report by Oxfam, women and girls spend 3.26 billion hours of unpaid care work each and every day, making a contribution to the Indian economy of Rupees 19 lakh crore per year, which is equivalent to 20 times the entire education budget of India.

This is not to say that women must not engage in caregiving work. In fact many women cherish and prefer caregiving activities when it comes to children and other close dependents. However, the fact is that a woman asking openly for rest or support with domestic chores, is viewed with disapproval at best, and faces emotional / physical abuse at worst. This becomes particularly distressing during certain phases of women's lives like perimenopause / menopause, pregnancy or soon after childbirth, uncomfortable menstruation and more. Already vulnerable due to huge physical transitions, unexpected health issues and discomfort, a lack of domestic and emotional support can have long term consequences on their mental health.

To provide a solution to this, it might be helpful to turn to Jessica DeGroot, a quality of life theorist and founder of ThirdPath Institute. She introduced the concept of "shared care", a radical unlearning of social

conditioning, honest sharing of domestic work and emotional labour between partners so that both may thrive at home and work, and remain healthy and happy. It talks about removing gender as a determinant of who does more care work but allows couples to honestly chart out goals, equally share responsibility and increase gratitude.

Overhauling value systems at the workplace to include women

Due to the Covid-19 lockdown many women are working at home and also working from home. The virus outbreak has brought women's economic insecurity to the forefront. According to a survey by the Kaiser Family Foundation a much larger proportion of women worry about loss of income due to disruption of work caused by Covid-19 as compared to men. Under "normal" circumstances women already face a significant wage gap. A 2016 study from Columbia University shows that women who have lower income than male counterparts (when matched across age, education, industry, marital status and other factors) are twice more likely to be depressed and six times more likely to suffer from anxiety.

Women in leadership positions are more likely to suffer from "depression, social tension and isolation" due to negative perceptions around women in power. This is significant again because people in leadership positions have better income control and better socio-economic status. Yet in case of women, these factors are more likely to make them more stressed.

Women entering the workplace en masse is a relatively recent phenomenon and cultural attitudes are yet to square with this shift. For several women, workplaces can be a huge positive reinforcement for their intellect, independent identity, and economic self-sufficiency, but there remain some inexorable barriers to success along with difficult balancing acts. It should be a matter of some collective embarrassment that "mom guilt" is such a pervasive experience- this is the guilt that mothers feel for being inadequate or having to divide their time between child-rearing and other commitments.

According to sociologist Tetyana Pudrovska, "male leadership is accepted as normative and legitimate, while women face more stressors overcoming negative stereotypes and other resistance, presumably even pressure from home". And therein lies the key. Covid-19 has taught us that work from home, flexiwork and other models of engagement with the workplace are not only possible but can also be productive. It is important to dismantle the male default at the workplace and incorporate systems and behaviors which are inclusive, empathetic and accommodating of equal lifestyles for all genders. In order to holistically address mental health women should not have to prove themselves as efficient and committed employees while also not getting much help with managing domestic responsibilities. And men should not be penalised at work for wanting to contribute extra hours at home.

The impact of sexual, emotional and physical abuse

Home is unfortunately not a safe space for everyone. One of the most heartbreaking adverse effects of self-quarantine has been that many women are isolated at home with abusive spouses. China, and several other countries, have reported a surge in domestic violence cases after the viral outbreak. In India as well, the National Commission for Women (NCW) has raised an alert about an increasing number of domestic violence cases since the national lockdown began.

Not just at home, a survey by "Stop Street Harassment" found that 81% of women surveyed had experienced some form of sexual harassment at the workplace. This has detrimental effects to the morale of other female coworkers as well, increasing a fear of lack of safety, affecting perceptions of women in offices and often even hiring decisions. The report also found that 66% of the women surveyed said that they have faced some form of harassment in the public place. It is noteworthy that the risk of Post Traumatic Stress Disorder (PTSD) following exposure to trauma is twice as high in women.

The impact of abuse therefore not limited to the women who go through it but also on women who are hearing this on the news so commonly. It is no wonder then that women have or are made to internalise so many self-blaming reasons for rape- because of the way it is reported on the news and the way in which people respond. Dealing with the problem of gender-based violence (GBV) is going to be a long-drawn process, but we must work towards it intentionally on a daily basis. In the short-term we must strengthen and support peer-support groups for survivors of violence in order to help women recover from the trauma of abuse, direct or vicarious, we must bring men into the conversation.

The media must report GBV in a responsible and sensitive manner. Matthew Baum, a researcher at Harvard's Kennedy School of Government, recently conducted research which concluded that the manner in which rape is reported in the media, influences the local culture, mindset and norms around sexual assault. So when it comes to abuse, language matters.

The WHO states that “women's health is inextricably linked to their status in society. It benefits from equality and suffers from discrimination. Today the status and wellbeing of countless millions of women worldwide remains tragically low”. The writing on the wall is clear- we have deprioritised women's mental health for far too long. The pervasive issue of women's mental health is not invisible but culturally invisibilized. The cost of blindsiding this reality is too high. Acknowledgement is the first step which will then lead to changes in policy.

As we stand in the middle of this historic inflection point, our collective response must be equally historic and urgent. Time and time again, women have proved to be the backbone of recovery in communities as they sustain their families, households and communities during difficult times. They need to be included and represented in economic planning, policy decision-making and emergency response planning. Individuals and communities must be sensitized about Covid-19's effects on women, and work towards addressing long-standing inequalities. Governments should draw up immediate plans and coordinate efforts between local governing bodies, civil society organizations and mental health organizations to ensure women's safety. This is not only about combating inequalities but building a more resilient and just world, in the interest of all. Strategies may include to,

- Designate domestic violence shelters as essential services and increase resources to them and groups on the front line of response
- Designate safe spaces to report abuse (example grocery stores, pharmacies etc.) with the benefit of anonymity
- Move services online and create social networks for survivors
- Increase awareness and advocacy campaigns
- Provide and expand inclusive social protection for caregivers to mitigate the effects of the overload of unpaid care work (for instance, providing family and paid sick leave, flexibility in work timings etc.)
- Prioritize sexual and reproductive healthcare services and legal aid

Conclusion-Women are pillar of our society with their special caliber to work persistently while managing quality in different sectors, all simultaneously. However, the discrimination over them is much real, including poor attention over their health as a whole. Mental health of women is no exception either, and significantly affected by socio political and economic issues. Attention should be focused on designing a multi disciplinary approach by the policy level committees in order to deal with domestic violence and other mentioned problems specific to women. Hence, one needs to critically look for the changes, record them, infer from them and structure the protocol and policies accordingly.

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