

# IMPACT OF COVID-19 PANDEMIC ON WOMEN IN DIFFERENT RELIGION– A MICRO LEVEL EMPIRICAL STUDY

*Dr.T.Vijayakumar\*, Dr.P.Bharathi\*\* Assistant Professor, Department of Economics  
V.H.N.Senthikumaranadar College (A), Virudhunagar.*

## *Abstract*

*Globally, as well as more so in the context of India, one such major marginalized section seems to be that of 'women' and the lack of differential understanding of how the COVID-19 has impacted their lives remains neglected and a huge omission considering that women provide us with most of the informal care within families. More so, during crisis, women are more prone to risks due to gendered nature of the health workforce, which include women fighting the disease at the forefront, are subjected to limiting work and economic opportunities. Quarantine measures as a response to the disease have also put women at heightened risk of violence at home and cutting them off from essential protection services and networks, which they had prior to the imposition. This will further exacerbate gender inequality and become a source of stress on women's physical and mental health. Based on the above background this paper made an attempt on understand the impact of Covid-19 on Women in different religion in Virudhunagar, Tamil Nadu. The objective of the study are : i) to understand how women are affected differently as individuals and religions and ii ) to recommend effective policies and interventions as a means to be prepared and prevent the outbreak by in cooperating women in the various processes.*

*The study aimed towards collecting data about the impact of Covid-19 among women on health, livelihoods and domestic violence in different religions. An in depth interview schedule is prepared for collection of data from women in different religion. A sample of 50 women respondents. Out of 50 respondents, 15 respondents are from Hindus, 18 respondents are from Christians and the remaining 17 respondents are from Muslims. The purposive sampling method is adopted for collections of primary data. The data are collected from the period of March 2021 to April 2021 in Virudhunagar, Tamilnadu. To verify the objectives, One Way ANOVA and Mean Plots are used.*

**Key Words:** Impact of Covid-19, Covid-19 and women and Covid-19 and women in different religion

## **Introduction**

Coronavirus or COVID-19 pandemic, which broke out in late 2019 in the Wuhan city of China has directly and indirectly affected each and every sphere of life across the world. Till date it has affected more than 3.9 million people with a death toll of 270,740 the world over. Coping with a pandemic medically is hard, but more difficult is to come out of the fear and panic it has causes and can cause to the victims. However, the fear caused by potentially falling victims to the disease can itself be an overwhelming experience as it stirs up people's emotions and sensitivities. Women are mostly the victims of such sensitivities. According to the Lancet report (2020), there has not been any gender analysis of the pandemic by any government of health organization or any estimates of potential victims in preparedness phases.

Plan International (2020) highlights that the COVID-19 has interrupted our way of life and has further disrupted individuals, families and communities putting them under stress of health and economic burdens. However, there are other reasons of stress caused by the COVID-19. In times when social isolation and

distancing practices are being applied, there are increased risks of violence against women, their abuse, exploitation and neglect. Past evidences inform us that diseases outbreak affected men and women differently in their day-to-day activities. Whilst there are primary effects of the pandemic, there are secondary impacts as well, which are often missed out in policy discussions, but which have deeper social and political implications. Thus, it is of sheer importance that governments must recognize the extent of damage caused by the COVID-19 to appreciate how does the pandemic affect women and men as a fundamental step towards tackling the primary and secondary effects through equitable policies and interventions.

It is, as a result, absolutely vital that when we talk of a crisis, we understand how it affects different religions and more so the ones already with increased vulnerabilities or marginalized characteristics. Globally, as well as more so in the context of India, one such major marginalized section seems to be that of 'women' and the lack of differential understanding of how the COVID-19 has impacted their lives remains neglected and a huge omission considering that women provide us with most of the informal care within families. More so, during crisis, women are more prone to risks due to gendered nature of the health workforce, which include women fighting the disease at the forefront, are subjected to limiting work and economic opportunities. Quarantine measures as a response to the disease have also put women at heightened risk of violence at home and cutting them off from essential protection services and networks, which they had prior to the imposition. This will further exacerbate gender inequality and become a source of stress on women's physical and mental health. Based on the above background this paper made an attempt on understand the impact of Covid-19 on Women in different religion in Virudhunagar, Tamil Nadu.

The objectives of this policy brief are:

1. To understand how women are affected differently as individuals and religions
2. To recommend effective policies and interventions as a means to be prepared and prevent the outbreak by in cooperating women in the various processes.

### **Data and Methodology**

The study aimed towards collecting data about the impact of Covid-19 among women on health, livelihoods and domestic violence in different religions. An in depth interview schedule is prepared for collection of data from women in different religion. A sample of 50 women respondents. Out of 50 respondents, 15 respondents are from Hindus, 18 respondents are from Christians and the remaining 17 respondents are from Muslims. The purposive sampling method is adopted for collections of primary data. The data are collected from the period of March 2021 to April 2021 in Virudhunagar, Tamilnadu. To verify the objectives, One Way ANOVA and Mean Plots are used.

### **Analysis and Findings of the study**

Women constitute a major segment in India, who are affected by the COVID-19 in terms of their physical ailment, emotional response and impact vis a vis recovery. Under the present scenario of lockdown, sluggish economic activities, financial insecurities and health issues have increased the risk of trauma and mental illnesses. In reality, the disease is affecting women's lives, health (both mental and physical); and livelihoods. Despite representing half of the global population and significantly contributing to social and

economic development, women continue to suffer from multidimensional disparities and gender-based violence more so in times of crisis.

The study aimed towards the impact of Covid-19 among women on health, livelihoods and domestic violence in different religions. For this purpose, seven important impact factors are identified with the help of previous study and from the study area. The statements are i) greater burden of domestic and care work, ii) high rate of job losses, iii) reduced financial independence, iv) increased risks of pregnancy, v) spikes in sexual, vi) physical and domestic violence and vii) increased risk of front line health work and reduced access to vital health services are identified and Chronobach's alpha test also applied to check the reliability of the statements. Chronobach's alpha value for these statements is 0.725, indicate the higher reliability of the statements.

To analyze the objectives, One way ANOVA and Mean Plots are used to identified the impact of Covid-19 on women in different religion level. For this purpose the following hypothesis has been framed:

Ho – There is no significant difference between the impact of Covid-19 in the aspects of greater burden of domestic and care work, high rate of job losses, reduced financial independence, increased risks of pregnancy, spikes in sexual, physical and domestic violence, increased risk of front line health work and reduced access to vital health services on women in different religion.

H1 – There is a significant difference between the impact of Covid-19 in the aspects of greater burden of domestic and care work, high rate of job losses, reduced financial independence, increased risks of pregnancy, spikes in sexual, physical and domestic violence, increased risk of front line health work and reduced access to vital health services on women in different religion.

#### ANOVA

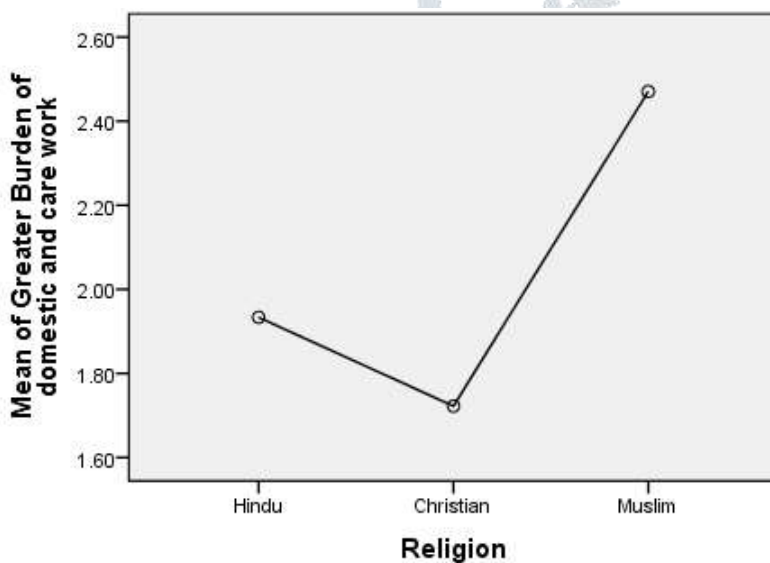
		Sum of Squares	df	Mean Square	F	Sig.
Greater Burden of domestic and care work	Between Groups	5.140	2	2.570	1.425	.251
	Within Groups	84.780	47	1.804		
	Total	89.920	49			
Higher Rates Of Job Losses	Between Groups	.874	2	.437	.296	.745
	Within Groups	69.446	47	1.478		
	Total	70.320	49			
Reduce Financial Independence And Future Prospects	Between Groups	7.369	2	3.684	3.142	.042*
	Within Groups	55.111	47	1.173		
	Total	62.480	49			
Increased Risk Of Pregnancy Related Deaths Pregnancies	Between Groups	.138	2	.069	.053	.949
	Within Groups	61.542	47	1.309		
	Total	61.680	49			
Spikes In Sexual Physical, And Domestic Violence And Exploitation	Between Groups	.122	2	.061	.042	.959
	Within Groups	68.698	47	1.462		
	Total	68.820	49			
Increased Risk For Front Line Health Workface	Between Groups	.125	2	.063	.028	.973
	Within Groups	105.875	47	2.253		
	Total	106.000	49			
Reduced Access To Vital Health Services And Exclusion From Potential Covid-19 Treatments	Between Groups	.122	2	.061	.026	.975
	Within Groups	111.878	47	2.380		
	Total	112.000	49			

Source: Computed Data 5% level of significance

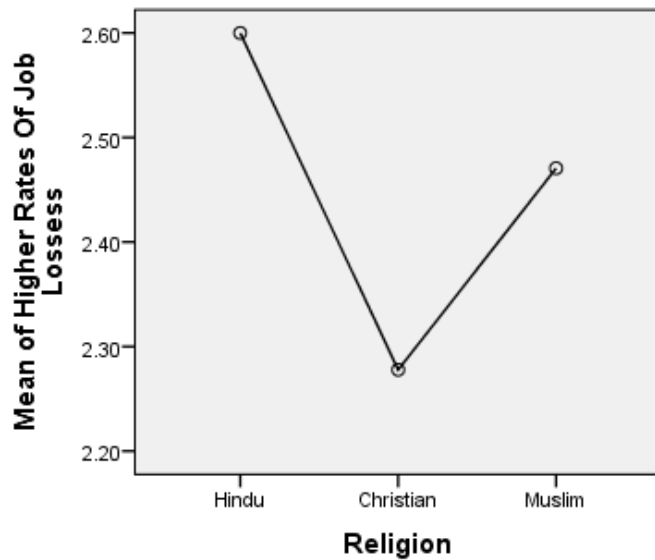
The ANOVA results shows that, there is no significant differences between the impact of Covid-19 in different aspects of greater burden of domestic and care work with (F-value of 1.425, P-value of .251) , high rate of job losses (F-value of .296 P-value of .745), increased risks of pregnancy (F-value of .053, P-value of .949), spikes in sexual (F-value of .042, P-value of .949) , physical and domestic violence (F-value of .028, P-value of .973) and increased risk of front line health work and reduced access to vital health services (F-value of .026, P-value of .975) on women in different religions at 5% level of significance.

Hence, null hypothesis has been accepted and alternative hypothesis has been rejected in major aspects of impact of Covid-19 on women in different religions. It can be inferred that, the impact of Covid-19 affect all the religions of women in health, livelihoods and domestic violence without any partiality in the study area.

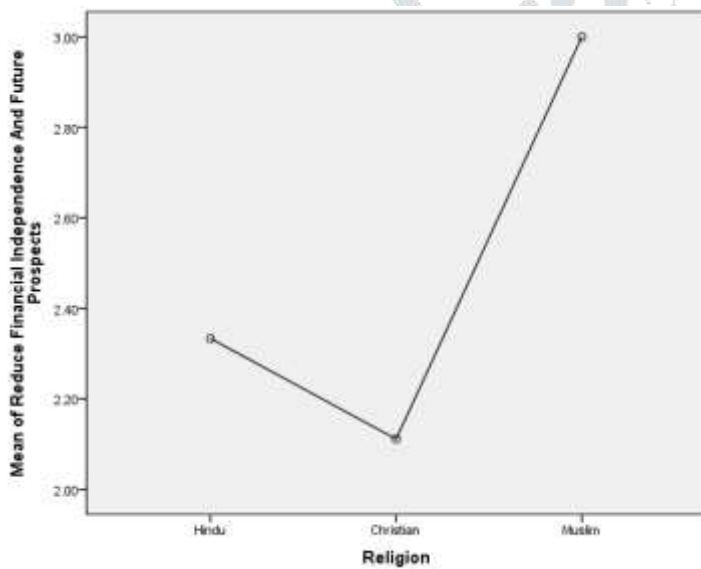
The results also shows that, there is a significant differences found in reduced financial independence with (F-value of 3.142, P-value of .042\*) at 5% level of significance, among women in different religion in the study area. Hence, alternative hypothesis has been accepted. However, ANOVA results shows no significant differences of impact of Covid-19 on women in different religions in major aspects. But, with the help of mean plots, one can understand the level of differences in impact of Covid-19 on women in different religions. The results are as follows:



It shows that, Muslim women are suffered more with the high mean value in the aspect of greater burden of domestic and care work compare to other religions in the study area.



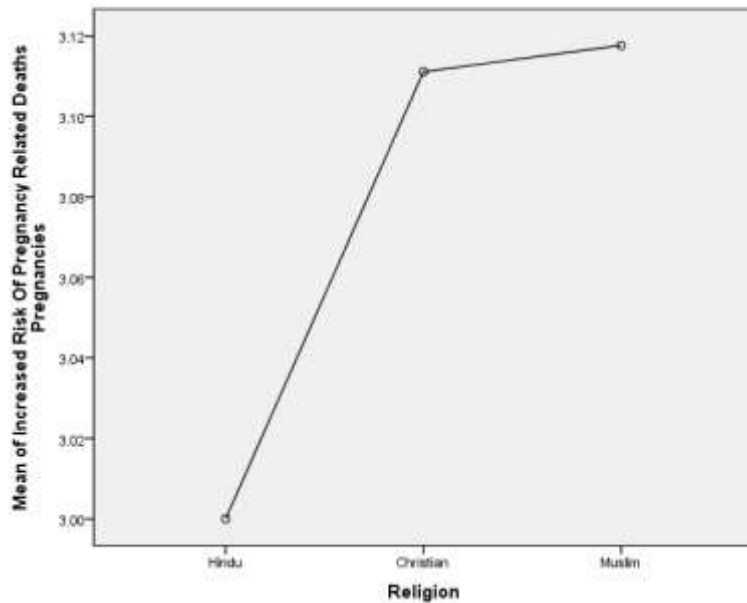
It shows that, Hindu women are suffered more with the high mean value in the aspect of higher rate of job losses compare to other religions in the study area.



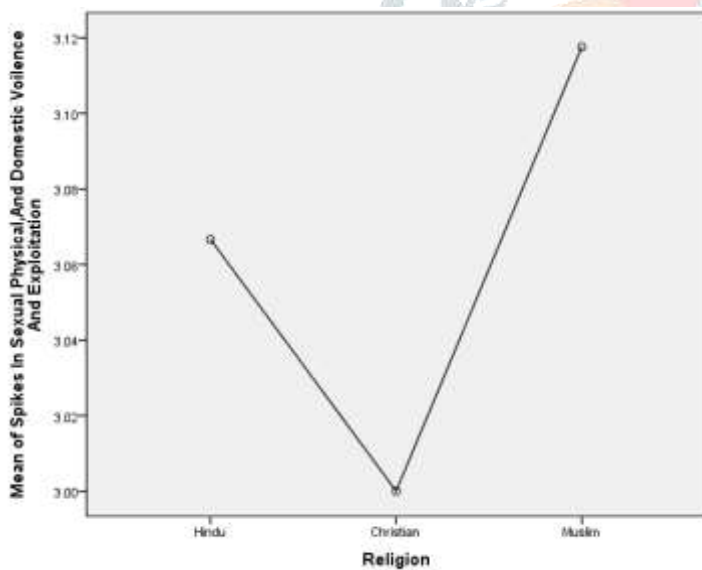
It shows that, Muslim women are suffered more with the high mean value in the aspect of reduced financial independence compare to other religions in the study area.



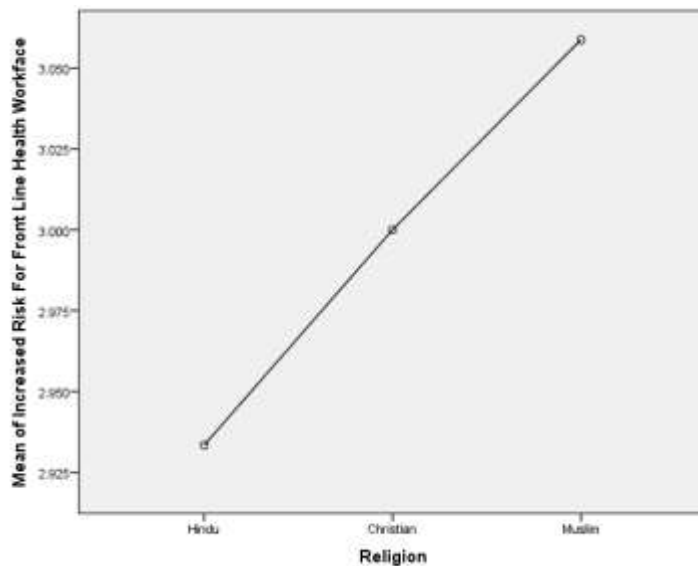
It shows that, Muslim women are suffered more with the high mean value followed by Christian women in the aspect of increased risk of pregnancy compare to Hindu religions in the study area.



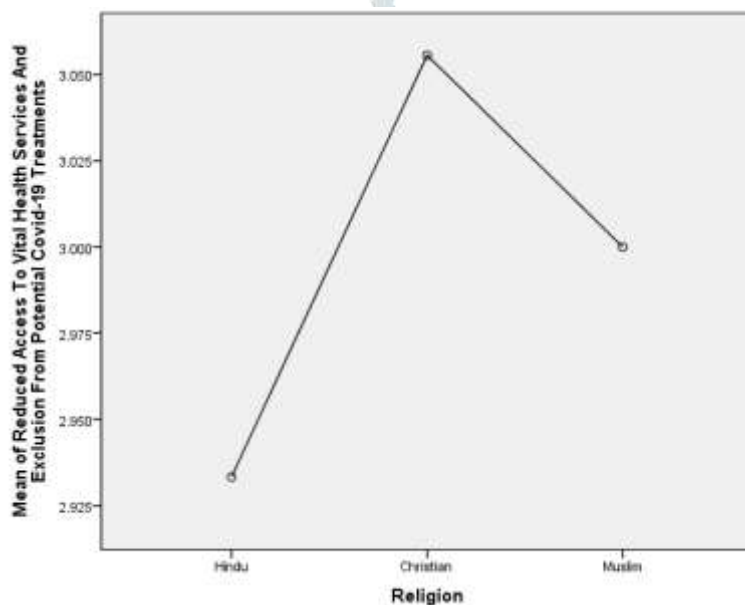
It shows that, Muslim women are suffered more with the high mean value in the aspect of spikes in sexual, physical and domestic violence compare to other religions in the study area.



It shows that, Muslim women are suffered more with the high mean value in the aspect of increased risk for frontline health workforce compare to other religions in the study area.



It shows that, Christian women are suffered more with the high mean value in the aspect of reduced access to vital health services compare to other religions in the study area.



### Policy Recommendations

- The government should map out a plan of action to counter the short and long-term effects of the coronavirus on women keeping in view their health, livelihoods and domestic violence. For this purpose, large-scale consultations with women organizations especially with government, civil society, and women rights bodies need to be initiated.
- Action Research from a gender lens with organizations helping at the grassroots to examine what works; what is the dynamics of delivery; the impact of women's inclusion; the dynamics of collaboration between government and civil society organizations.
- There is an urgent need of a robust local government system to plan and deal with local issues and priorities at their doorstep.

- Foolproof mechanisms should be in place to evaluate gender justice programmes being run by the government and to assess if women's needs are being addressed through policy actions.
- Provincial and district governance systems in addition to COVID-19 response teams should be used to impart safety trainings to the women, especially medical staff, who are at the frontline to deal with coronavirus patients.

## Conclusions

This paper conclude that, in general the impact of Covid-19 on women in the aspects of health, livelihoods and domestic violence are equal in all religion. But in deeply the impacts are more among Muslim women compared to other religion women except in the aspect of reduced access to vital health services. Christian women are more suffered in the aspect of reduced access to vital health services in the study area.

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