**COVID 19 AND WOMEN**

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**INTRODUCTION**

Pandemics are illnesses that strike at random throughout human history, killing millions of people and wreaking havoc on the public's mental health. According to the World Health Organization, a pandemic is the worldwide spread of a new illness that has damaged or killed a large number of people. Pandemics have occurred at various times throughout history. Each epidemic has a devastating societal, economic, and psychological impact on humanity. [1] The psychological reactions of the population have a crucial role in influencing both the transmission of the disease and the incidence of emotional anguish and social disorder during and after an infectious disease epidemic. Despite this, enough resources are rarely provided to treat or mitigate the consequences of pandemics on mental health and wellbeing. The COVID-19 pandemic has the greatest physiological and psychological impact on individuals who are infected with it. Most patients experience negative psychological disorders such as posttraumatic stress disorder, anxiety, sadness, loneliness, discomfort, terror, rage, and fear of being tagged, as found in multiple research projects studying the psychological impact of the COVID-19 pandemic on patients. [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 impact of this pandemic on women. [3,4]

**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 coronavirus, 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. When it comes to developing countries this constitutes more than 2/3rds of women’s employment. 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 unemployment was reported in 35% women and 32% men. By September 2021 this reduced to 26% women and 20% men clearly indicating the long-term adverse impact of the pandemic on employment especially 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 labourers in farms and plantations but also in processing plants. In addition, globally women are responsible for procuring and preparing food for the family. Despite this, the prevalence of food insecurity is higher 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, it is important to account for the burden of unpaid care work carried out by women during this pandemic. 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]

**COVID 19 Pandemic and Pregnancy**

UNFPA - the United Nations Population Fund had predicted around 7 million unintended pregnancies across the world due to the COVID-19 pandemic spreading globally. 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. This closure was predicted to cause around 2.7 million unsafe abortions and 11,000 pregnancy-related deaths. Nationwide lockdowns in Nepal and India forced several clinics functioning by MSI to terminate operations 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 also predicted a huge number of 26 million couples who due to lockdown can be left without any access to contraception causing high number of unintended pregnancies and around 800,000 unsafe abortions which is regarded as the 3rd leading cause of maternal mortality in India. [6]

There have also been appeals for inclusion of pregnant women in the ongoing 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]

**Gender Based Violence**

With the progression of the covid 19 pandemic, its gendered effects have been coming to light. 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] Reports from the police department of Hubei Province in China have found that there has been a tripling in domestic violence cases when compared from February 2019 to February 2020 and has been estimated that 90% of them had an association with covid 19 pandemic. [13] Reports from a UK-based project that has tracked violence against women between the months of March and April 2020 noted that deaths from domestic abuse had more than doubled compared with the average rate in the previous 10 years. [14] These reports have been disturbing. Across the globe, around 30% of women face physical or sexual violence from a partner in their lifetime. 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 violence against women can shift in nature or scale owing to these outbreaks affecting social and economic life. [17] For women who are already in abusive relationships or at risk of abuse, the risk of intimate partner violence can increase during the extended stay at home due to pandemic protocols. Along with women, even children can face abuse or be exposed to violent circumstances in the household. [18]

Growing household stress during such outbreaks may also increase the risk of intimate partner violence. During this time, people stay more at home, families are in close contact, and members spend more time near each other and in close contact, often in cramped circumstances. There is also a major impact on jobs and earnings; leading to the loss of jobs and reduced income eventually taking the form of decreased access to basic needs and increasing stress levels. Perpetrators of intimate partner violence may then even restrict access to money, basic needs, or even health care products 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]

The health care system despite being overburdened can be one source of intervention to reduce the risk of violence against women during the pandemic and can help in reducing its effects. Governments have to include essential services to mitigate the effect of violence faced by women during the pandemic and they can do so by formulating response plans and identifying various strategies to make such plans accessible during the social distancing norms. Healthcare 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 living in crowded conditions, and ethnic minorities as these people may be affected more and have surplus needs as compared to 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]

**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- physicians have been required to make extra personal sacrifices and several compromises to accommodate the increasing burden on the healthcare system to meet the ongoing pandemic requirements. 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. There is also a common notion that women physicians will adjust or compromise with 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]

**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] The migrant worker families which are headed by women are heavily affected in times of crisis, due to a lack of economic options there is difficulty in fulfilling the basic household needs. [28] Women are affected in multiple domains like health, social protection, economy, and gender-based violence. [27] The COVID-19 pandemic has added to the burdens in the lives of female migrant workers and their families. 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 theme for women migrant workers’ grave experience of loss of source of income and increasing debts due to the financial crunch generated in the pandemic. [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]

**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] Apart from the cultural gender-based roles, women also have to face pandemic-related stressors which are specific to their reproductive functioning and subsequently impact their mental health. [34]

**CONCLUSION**

Women with pregnancy, postpartum period, post miscarriage, facing intimate partner violence are at a high risk of developing mental health issues during the pandemic. 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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