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Gendered Impacts Of The Covid-19
Pandemic On The Health And Financial
Well-being Of Women:
A Narrative Review With Recommendations

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Abstract

The COVID-19 pandemic has caused an upheaval in the functioning of the modern world, leaving all people with a sense of fear, anxiety, and uncertainty about the future. However, individual lives have been impacted disproportionately due to the specific privileges that people hold, or hindrances they have to overcome— women, in particular, have suffered setbacks that have exacerbated their living conditions exponentially. The purpose of this paper is to delineate how the coronavirus pandemic, along with the pre-existing gender inequalities across the globe, has adversely impacted the financial, physical, mental, reproductive, and sexual health of women. At the heart of this study are issues like the plight of the women employed in sectors that lack social protections, the increase in instances of domestic and workplace violence and harassment, the lack of access to healthcare services during lockdowns, and the burden of balancing unpaid care work and paid work and its toll on the mental and physical well-being of women. The authors have performed a narrative review based on journal articles on the impacts of the COVID-19 crisis on women and publications by major economic and health entities (like the United Nations, International Labour Organisation, the Organisation of American States, the World Health Organisation, etc.). A comparative analysis has also been performed to compare the current gender disparities in India with the objectives of the Sustainable Development Goal of Gender Equality. Additionally, a survey was conducted to analyse the impacts of COVID-19 on women, compared to men, through which it has been concluded that the coronavirus pandemic has affected the finances and health of women more severely than that of men from the same background. Some recommendations and solutions for the issues faced by women are also provided.

Keywords: *Women, Gender inequalities, Mental Health, Financial Health, COVID-19 Pandemic*

1.0 Introduction

The pandemic outbreak of the newly identified strain of coronavirus, namely Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2), began when the first case of the respiratory illness caused by the same was identified in Wuhan, China, in December 2020. With more than 1.5 million deaths, and a myriad of social, economic, political and psychological implications, the COVID-19 pandemic has impacted every aspect of life as previously understood by people with a disruptive force, and the consequences of the same go beyond the fear of contagion and uncertainty about the future. The devastating effects of the pandemic, and the consequent nation-wide lockdown(s), have been felt by all humans collectively, but the magnitude of damage caused to individual lives has been disproportionate due to the specific circumstances, immunities, and privileges of people, or lack thereof. While race, caste, socio-economic class, religion, ethnicity, sexuality, or gender may not have helped guarantee people protection from the virus, these factors did determine whether, if infected, they would have the chance to recover, and how the pandemic would alter their lives for years to come.

Often incorrectly defined by the biological characteristics of people, ‘gender’ hasn’t always been recognised as a spectrum. Today, people see it as the expression and perception of a range of characteristics of people, which reflect their social, emotional, and psychological traits, and which pertain to masculinity, femininity, both or none. While the current coronavirus pandemic is an untoward event for the human population, the pandemic of gender inequality has been around since the inception of society, culture, and fictive language. “Gender norms, stereotypes, differential access to and control over resources constrain the behaviour of men and women in ways that lead to inequality” (UNDP, 2015). Gender biases determine how people with different gender identities relate to one another, and the roles that they are socially conditioned to occupy in their interpersonal and professional lives.

These prejudices are omnipresent — in the United States, an average woman earns 82 cents for every dollar that an average man makes (U.S. Bureau of Labor Statistics, 2014). In the census of 2011, the child sex ratio (0-6 years) of India stood at 914 females for every 1000 males (*Gender Composition of the Population*, 2011). Concerning their physical and mental health, women all over the world have reported a higher number of unhealthy days per year than men (Centers for Disease Control and Prevention [CDC], 2013). And now, the risk of adverse

immediate and long-term effects of the pandemic on their well-being has exponentially increased, which brings to light the impending need for a gender-specific analysis of the impacts of the pandemic. It has also been indicated by Connor et al. (2020) that the COVID-19 pandemic has worsened the pre-existing gender disparities.

Hence, this paper aims to apply a gender lens to delineate the impact of the COVID-19 pandemic and the consequent lockdowns on the overall development of women and to describe the increase in gender inequalities and domestic violence against women since the pandemic. The purpose of this paper is to fill the gaps in existing literature, highlight the importance of dispersing resources towards the well-being of women, and to provide appropriate recommendations to decrease gender-based differences in the realms of economy and health.

2.0 Methodology

For this paper, the authors collected and reviewed journal articles, media articles, reviews and advisories of various governments and international organisations on the health and finances of women during the pandemic. The articles have been selected and organised thematically, wherein the main findings of the reviewed studies are placed under two large themes:

1. Impacts of the COVID-19 pandemic on the financial well-being of women.
2. Impacts of the COVID-19 pandemic on the health of women.

Under these, there are various sub-themes where the collected studies are reviewed.

Along with a narrative review of the various spheres of women's lives that were impacted by the COVID-19 crisis the most, a rapid survey was also conducted in majorly two metropolitan cities of India, Delhi and Mumbai, and a few smaller cities. Data were collected from a total of 56 participants via a Google Form Survey, between 11th and 13th December 2020. The questions asked in the survey sought to understand and compare, based on their gender identities, the domestic and professional lives and the physical and mental health of the participants during the pandemic. The mental health of the participants was assessed using the COVID-19 Peritraumatic Distress Index (CPDI), which is a test used to check the prevalence of various mental health problems like anxiety, depression, and distress related to the COVID-19 pandemic. Insights from both- the narrative review and the survey conducted by the researchers- reflected the gendered impacts of the pandemic on women's health and finances.

3.0 Hypotheses

The COVID-19 Pandemic will impact women more severely than men.

- The pandemic will impact women's employment, work and income more severely than men's.
- More women will lose their jobs during the COVID-19 pandemic than men.
- Women will do the majority of the domestic and care work in the household during the coronavirus pandemic.
- Confirmed/suspected cases of COVID-19 diagnosis will be higher in men than women.
- COVID-19 will worsen the existing medical conditions of women more than that of men.
- In comparison to men, women will experience greater aches and pains due to the burden of household and professional work.
- Men will experience less anxiety/distress due to the pandemic as compared to women.

4.0 Impacts of the COVID-19 Pandemic on the Financial Well-Being of Women

In the past, economic and health emergencies, like the recession of 2008 and the Ebola outbreak, have proven that people with different gender identities bear the brunt of such crises differently. Women, in particular, are disproportionately affected in such times because of their familial and societal obligations that lead to lower participation in the workforce from their end. Lesser access to land, financial capital, and other assets makes it harder for women to weather a crisis and rebuild their livelihoods (Azcona et al., 2020).

The International Labour Organisation (ILO) has estimated a loss of 17% of working hours, equivalent to 495 million full-time jobs, in the second quarter of 2020. The data also suggests that the risk to women's employment is 19% more than that to men's (ILO, 2020). Since the start of the Coronavirus outbreak, 25% of women in Europe and Central Asia have lost their jobs, compared to 21% of men, a trend which is expected to continue as unemployment increases. In Asia and the Pacific, 50% of women have reported drops in working time, compared to only 35% of men (Azcona et al., 2020).

Hence, while the COVID-19 pandemic has taken a toll on the economic well-being of all individuals, it has also worsened the pre-existing economic inequalities based on gender, which is now reflected in the gaps between the wages of men and women, and the gender poverty gaps.

4.1 Unpaid Care Duties and Household Chores during the COVID-19 Pandemic

In a patriarchal society, women mostly take care of the household and provide care which they aren't paid for. Even before the COVID-19 pandemic, women around the world did three times more care work than men — four times more in Asia — and it forced them to stay out of the workforce (ILO, 2020a). Gender roles attribute the duty of performing household chores to women, which limits their economic opportunities and participation in the labour market and causes the wage gap to increase.

The increase in workload has made it harder for women to concentrate on paid work, especially if they are single parents, or if they have to provide for elders who are dependent on them for shelter and food security. For many women, the pandemic has increased 'time poverty,' which is when an individual might not have enough time left for leisure or rest, after spending all their time doing household or professional work. In the workplace, the employment life cycles of men and women are often different; women's household duties often result in motherhood penalties and less access to employee provisions and essential old-age benefits later in life. During downsizing, women on maternity leave, pregnant women, and women on long-term leave due to caregiving or other familial obligations are likely to be let go. The risk of this has increased during COVID-19 pandemic due to increased household and care duties that women have to perform (ILO, 2020).

In 80% of the households that lack on-site drinking water, women are responsible for collecting water from crowded community pumps, even if it risks their exposure to the virus (Azcona et al., 2020).

4.2 Layoffs in the Service Sector and an Increase in Informal Employment during the COVID-19 Pandemic

Women are represented in fewer sectors than men and receive lower wages for similar work, which results in occupational segregation and clustering of women at the lowest tiers of the supply chain (ILO, 2020).

550 million women, 40% of women employed all over the world, work in the sectors that have been most severely hit by the pandemic, namely manufacturing, especially the garment industry, retail, tourism and lodging, food services, etc., compared to 36.6% of men (Azcona et al., 2020). Women constitute approximately 80% of the garment sector workforce (International Labour Organisation, 2020). Measures taken to prevent the spread of Coronavirus have led to the closure of factories, causing layoffs in these sectors. For example, the accommodation and foodservice sectors, employing 75.4 million women, have been devastated by job losses (Azcona et al., 2020).

Hence, the loss in manufacturing jobs is likely to affect women the most severely, and it may even expose them to informal employment with lower job security, greater risks of harassment in the workplace, lack of social protection, which may further increase the uncertainty about their source of income, causing mental health problems like anxiety and depression. In the informal sector, millions of workers are unprotected and face poverty and food and livelihood insecurity daily. Their economic insecurity is compounded by the lack of (access to) state-sponsored social assistance that may act as a safety net in times of financial uncertainty; according to ILO, 71% of the world's population lacks access to such comprehensive social protections (ILO, 2020).

In the very first month of the COVID-19 pandemic, informal workers, 740 million of whom are women, globally lost an average of 60% of their income (*COVID-19 and Its Economic Toll on Women: The Story Behind the Numbers*, 2020).

While recovering from the setbacks caused due to the pandemic, women may not have the money to sustain themselves, or their families, especially if they are the sole bread earner/guardian in the family. Although some governments are trying to provide relief to the affected workers by social protection schemes like cash transfers, unemployment benefits, low-interest and short-term loans, women may not have bank accounts or mobile phones to access these services (ILO, 2020).

4.3 Impact on Female Poverty

The COVID-19 pandemic has left millions of people without any means to provide for their livelihood. The number of people living in extreme poverty is expected to increase by 96 million in 2021. Women are more likely to lose their source of income, to not be covered by social protection measures, and to face higher rates of coronavirus transmission, especially those who are marginalised and face racism or other forms of discriminations every day (Azcona et al., 2020).

According to an analysis by UN Women and United Nations Development Programme (UNDP), around 435 million women and girls will be living on less than \$1.90 a day by 2021. The poverty rate for women is expected to increase by 9.1% between 2019 and 2021. Pandemic-induced poverty is expected to widen the gender poverty gap: In sub-Saharan Africa, where the majority of the poorest live, 132 million women, compared to 124 million men, will be living on less than \$1.90 a day in 2021. The global gender poverty gap for ages 25 to 34 will worsen from 118 women for every 100 men in 2021 to 121 women for every 100 men in 2030 (Azcona et al., 2020).

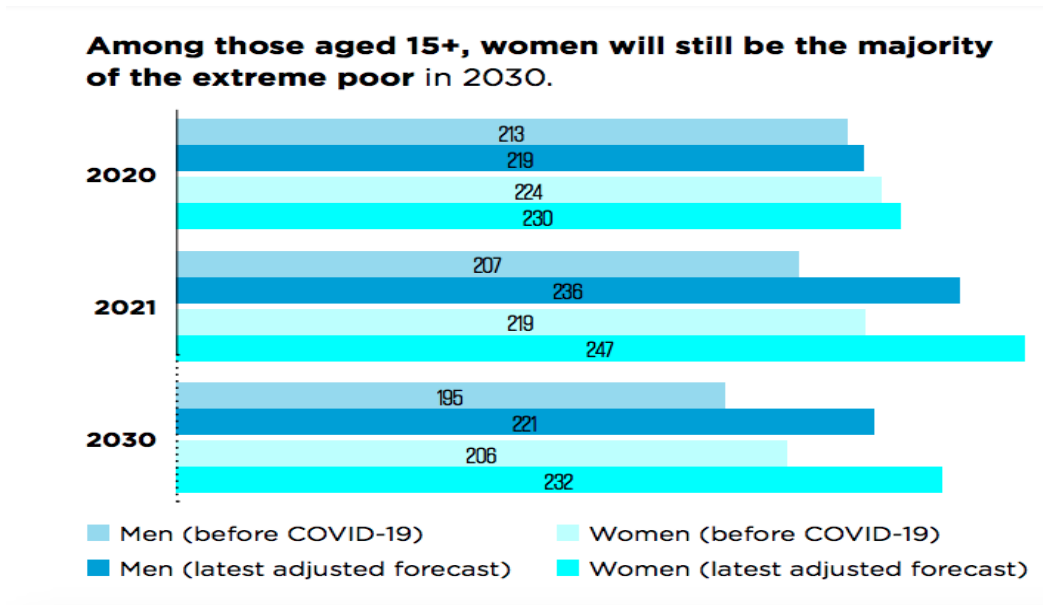


Figure 4.1: Gender poverty gaps likely to worsen over the next 10 years. Source: Azcona et al., 2020.

4.4 Impacts on the Well-being of Domestic Workers, Migrant Workers and Healthcare Workers

- (a) Domestic workers: Although more people staying at home has increased the need for caregiving and housework services, lockdowns due to COVID-19 have made it difficult to maintain the same working arrangements as before (Butler, 2020b). Since they are only informally employed, domestic workers lack basic protections like paid leave, notice period or severance pay. The anxieties of their employers have caused 72% of the domestic workers around the world to lose their jobs, 80% of whom are women (*COVID-19 and Its Economic Toll on Women: The Story Behind the Numbers*, 2020). In some cases, employers have even refused to pay wages to these workers unless they agree to continue doing their jobs while being quarantined with their employers (Butler, 2020b).
- (b) Migrant Workers: Migrant women, from marginalised ethnic groups, involved in household and personal care work have experienced serious ill-effects of the pandemic on their economic conditions and health. Migrant care centres, shelters and immigration detention may face a shortage of essential supplies, lack in health services, and may present overcrowded conditions, creating higher risks of infection (The Organization of American States (OAS), 2020). The inability to travel long distances during lockdowns and/or the risk of being infected with the virus may have caused them to lose their jobs (ILO, 2020). General fear in the public related to the Coronavirus, along with xenophobia, may risk the safety of migrant women, and restrict their access to justice resources and sexual and reproductive health services (OAS, 2020).
- (c) Healthcare workers: Healthcare workers are performing critical work, maybe even without the necessary protective equipment or hygiene facilities, but since the pandemic has endangered their economic security, they cannot quit their jobs even if it exposes them to the risk of being infected by the virus. Women are the default family caregivers, and the majority of the unpaid/poorly paid community health workers (UN Women, 2020b). They constitute 70% of the health and social care workforce globally and are more likely to be front-line health workers, especially nurses, midwives and community health workers (Azcona et al., 2020). The COVID-19 infection rates are 2x to 3x higher in women healthcare workers compared to men, based on recent data collected from

Italy, Spain and the United States, where women make up nearly 69%, 76% and 73% of the infected healthcare workers, respectively (UN Women, 2020a).

4.5 Impacts on Women Entrepreneurship

Self-employed and Small and Medium Enterprises (SME) are at the centre of the COVID-19 crisis; 50% of SMEs have already lost significant revenue and are at the risk of going out of business (Organisation for Economic Cooperation and Development (OECD), 2020). For women, the damage caused by the pandemic is disproportionately higher; they have to balance their businesses with increased familial obligations. Women own 20% of the enterprises in India, providing direct employment to 22-27 million people. Around 1 in 3 of these enterprises has been temporarily or permanently closed, which has affected the business outlook and the risk appetite of these enterprises. 45% of the women-led businesses that were shut due to the pandemic may never set up enterprise again, which could affect the economic independence of these businesswomen and the women that were employed by these enterprises (Karthick, Narasimhan, 2020).

Solo women entrepreneurs usually have lesser capital and rely on internal financing. Hence, the COVID-19 crisis is likely to risk their incomes (*Women's Entrepreneurship in the Wake of the Covid-19 Crisis* | Emerald Publishing, 2020). A report by Bane and Company, Google and AWE Foundation, through a survey of 350 women who were solo entrepreneurs and small business owners in urban India cited that the revenue of almost 20% of the entrepreneurs reduced to zero during the COVID-19 pandemic. The outbreak caused customers all over India to reprioritise their expenses, which resulted in new demand patterns. For examples, services like salons, restaurants, and gyms experienced a drop in their revenue. (Gandhiok, 2020)

5.0 Impacts of COVID-19 on the Health of Women

The COVID-19 pandemic is amplifying the health disparities that exist along the axis of gender (Connor et al., 2020). There were reports at the onset of the pandemic that men were at a greater risk of being infected by the Coronavirus than women (Richardson et al., 2020). However, the gender distribution of healthcare workers in India, the social roles that Indian women play in the context of providing constant informal care to their families by looking after the household without the help of any domestic workers, going out to crowded market spaces for

groceries, providing education to their children as schools remain closed, etc. create a unique circumstance for Indian women. This has adversely impacted their health making them more vulnerable to the risk of SARS-CoV-2 infection and other physical and mental health problems (Chakravarthy, 2020).

5.1 Impact On Overall Health

The burden of household chores in India is solely carried by women (Sharma & Vaish, 2020). There has been an exponential increase in expectations from women during the COVID-19 pandemic. It has resulted in adverse impacts on their overall health, in terms of increase in backaches, neck pains and eye strain. In a rapid survey conducted by Sharma & Vaish (2020), more than three-quarters of the total sample of women reported that they single-handedly managed household chores during the lockdown period.

This highlights the urgent need of resource mitigation and provision of necessary help to women, not only during the COVID-19 pandemic but also post-pandemic when these women will have to deal with the aftermath of this global crisis.

5.2 Impact on the Accessibility of Health Services

The Central and State governments of India have issued guidelines recommending diversion of resources from community health services to the COVID-19 pandemic relief programs. With diverted resources, women are not seeking routine healthcare services due to financial pressure, lack of transport and fear of contracting the infection (Chakravarthy, 2020; Azcona et al., 2020). In Asia, more than half the proportion of women are encountering barriers to seeking help from a doctor due to COVID-19 (Azcona et al., 2020).

In fact, in India, the outreach programs for pregnant women, adolescent girls, children, etc. have been deferred to focus on COVID-19. This includes a deferred supply of health-related products like sanitary napkins/pads, contraceptives, etc. (Chakravarthy, 2020). In states like Bihar, Uttar Pradesh and Jharkhand, Chakravarthy (2020) found that only 5% of frontline workers provided sanitary pads to women during the pandemic. Though the percentage was much higher (75+) in states like Odisha and Rajasthan, women still faced issues related to the limited supply of these commodities.

Earlier, due to outreach programs, contraceptives were supplied by frontline workers during home visits. However, due to the increased risk of COVID-19 infection, contraceptives are now provided only to those who come and ask for them, which is a very small portion of women. The limited supply of contraceptives is also mentioned as an emerging challenge in these states, engendering the threat of increasing unwanted pregnancies and abortions. Many women stated that they were waiting for the pandemic to end to access these services, which is detrimental to their health (Chakravarthy, 2020).

5.3 Impact on Sexual Health

Female sexual behaviour is impacted by the level of stress encountered by women in their daily routines (Yuksel & Ozgor, 2020). However, studies conducted in this regard have found mixed results. A study conducted by Yuksel & Ozgor (2020) in the initial months of the pandemic found that women had a significantly higher desire for sex and an increased frequency of intercourse. The researchers suggest that spending more time at home could be one reason behind this. However, the quality of their sexual life had contrastingly decreased during this period.

On the other hand, Fuchs et al. (2020) conducted a study among women before and during the pandemic and found that the pandemic adversely impacted the quality of their sexual life, including sexual desire, arousal, satisfaction, orgasm, frequency, etc. The reasons for this were reported as isolation/quarantine, stress, difficulties in relationships, and the fear of contracting the virus through sexual contact. The researchers also deduced that decreased frequency of intercourse could be because of avoiding unwanted pregnancies (because of limited availability of contraceptives).

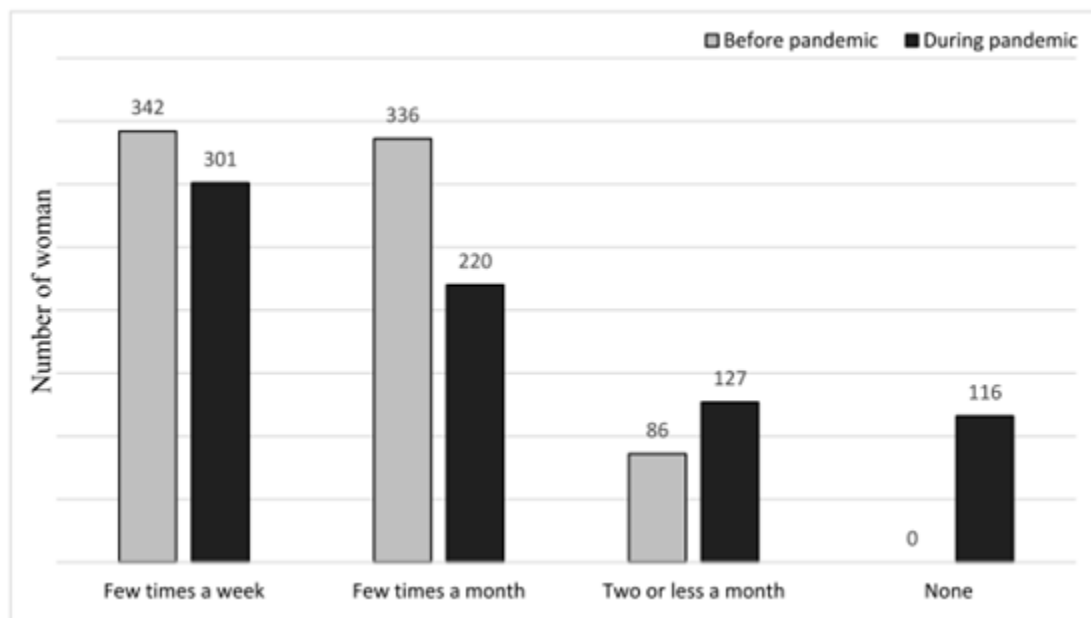


Figure 5.1: Sexual intercourse frequency before and during the pandemic. Source: Fuchs et al., 2020.

Fuchs et al. (2020) also outlined that women who were not working during the pandemic, along with single women, showed the most decrease in the scores on sexual behaviours (desire, arousal, satisfaction, frequency, etc.) This can be because the opportunities for forming new bonds reduces without work. The sexual life of women who were living with their parents or living alone was also more impacted by COVID-19 as opposed to women living with their partners. Lastly, it was also found that vaginal lubrication decreased significantly in the pandemic, which could result in female sexual disorders, engendering the risk of developing a sexual dysfunction in women.

According to the United Nations Children's Fund, the UN Women, & the Plan International (2020), the number of young girls who are victims of unplanned and unwanted pregnancies is going to surpass the before COVID-19 data of 13 million girls, which could lead to an increase in sexually transmitted diseases.

5.4 Impact on Reproductive Health and Services

Globally, women's access to contraceptives has decreased exponentially during the pandemic. (Endler et al., 2020). In India, Chakravarthy (2020) found that in states like Bihar and Uttar Pradesh, only 10 and 24 per cent of frontline workers, respectively, reported provision of Antenatal Care services. Hence, only a small proportion of women who can afford private transportation and other facilities can access these services. Besides, there is a substantial decrease in the availability of abortion facilities (Endler et al., 2020). Considering these factors of limited access and supply of contraceptives, fear of COVID-19 infection to the fetus, issues in accessing other antenatal healthcare services and economic concerns, there is a significant decrease in the number of women wanting to get pregnant during the pandemic (Yuksel & Ozgor, 2020).

Women are stuck with the logistical challenge of contraceptives and political challenge regarding abortion rights (Connor et al., 2020) which have become even more restrictive during the pandemic (Endler et al., 2020). Women themselves are scared of seeking abortion facilities given the current risk. This leaves many women with the inevitable (or forced) option of childbearing which comes with its challenges during the pandemic.

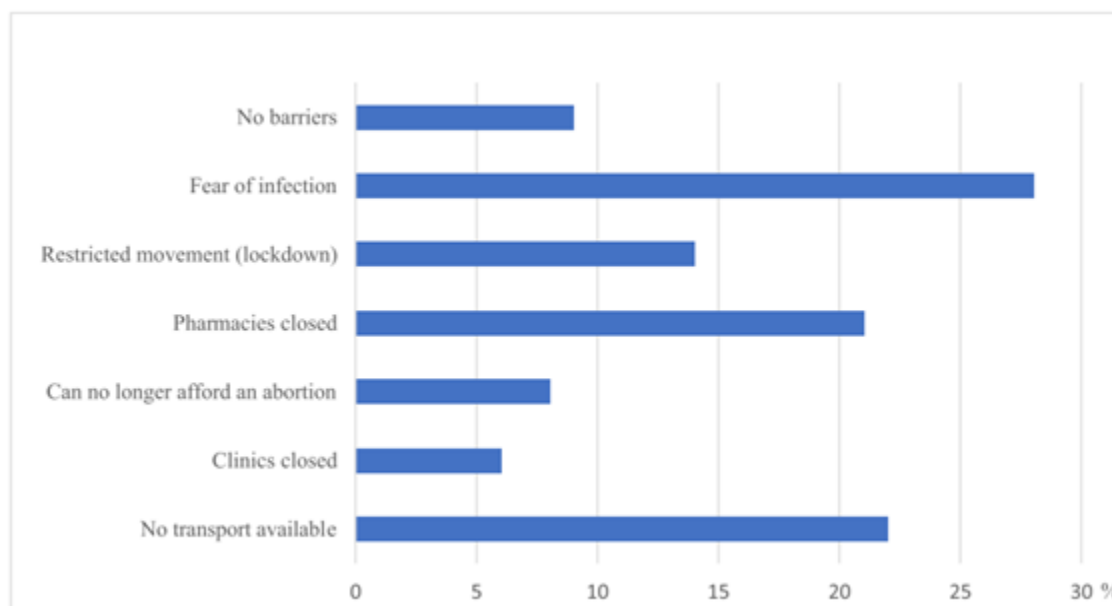


Figure 5.2: Perceived barriers to access to abortion due to the COVID-19 pandemic.

Source: Endler et al. (2020)

Pregnant women are inordinately known to be more susceptible to respiratory illnesses. Data shows that previous epidemics like the SARS-CoV and MERS-CoV have caused the fatality of almost one-third of pregnant women (Dashraath et al., 2020). However, there is still a lack of clarity regarding SARS-CoV-2 outcomes among pregnant women. Liu et al. (2020) reported that pregnant women may be more susceptible to COVID-19 than the general population, but Dashraath et al. (2020) detailed that COVID-19 outcomes have resulted in almost 0% fatality. Another study by Allotey et al. (2020) found that COVID-19 symptoms occur more in pregnant women, but if they are diagnosed with the virus, they would require intensive care and treatment. Additionally, COVID-19 is reported to be more serious in women of higher age, or higher BMI or having existing comorbidities.

Also, the quality of care that pregnant women are receiving during this time is not ideal. Chakravarthy (2020) mentioned in her findings that frontline workers from India are taking care of pregnant women over the phone. In some states, pregnant women are asked to call only in case of emergency. A report by the UN Women (Azcona et al., 2020) established that in some regions of Africa, skilled professionals attended to only 60% of the childbirths during the pandemic and in Turkey and Azerbaijan, the majority of women had trouble seeking help from gynaecologists or accessing obstetric care services. Maternal deaths were higher among pregnant women belonging to minority groups and they had trouble accessing healthcare facilities (Azcona et al., 2020; Connor et al., 2020).

Coronavirus can also impact fetal well-being (Lie et al., 2020). Though studies have not found conclusive evidence regarding transmission of COVID-19 infection from mother to the child, other complications like miscarriage, restriction in child growth, preterm births, etc. might occur during fetal development or the postnatal period (Liu et al., 2020). Preterm births are reported as high as among 39% of pregnant women during COVID-19 (Dashraath et al., 2020) but other studies have reported otherwise (Allotey et al., 2020). There are also some occurrences of neonatal deaths or stillbirths in pregnant women with COVID-19 infection (Allotey et al., 2020). COVID-19 has also shown to manifest as a mild respiratory infection in the new-borns (Dashraath et al., 2020).

Almost half of the women from 4 out of 10 countries in Central Asia and Europe, those who require family planning services, endure immense difficulties in accessing them because of the COVID-19 pandemic (Azcona et al., 2020). Other studies also report that the pandemic has caused major shifts in family planning choices of women (Connor et al., 2020). Hence, shedding light on the mental health of women in general in the wake of such a global crisis is of indispensable importance.

5.5 Impact on Violence against Women:

Violence against women has been a massive global and public health issue since before the current COVID-19 emergency (Sánchez et al., 2020). The widespread presence and normalisation of violence against women have been amplified manifold owing to the ongoing global health emergency (Sánchez et al., 2020; Azcona et al., 2020; Endler et al., 2020). The COVID-19 crisis has exacerbated the vulnerability of women. Gender-based Violence (GBV) or Intimate Partner Violence (IPV) was seen to escalate worldwide even in the past, during the outbreaks of Ebola and Zika viruses (Connor et al., 2020).

Studies and analyses from all around the world have confronted and talked about this daunting public health issue. It was found that:

- Calls to domestic violence helplines surged during the initial weeks of lockdown in many countries like Singapore, Argentina, France, etc (Azcona et al., 2020).
- There was a three-fold increase in deaths of women at the hands of an aggressor in the United Kingdom (Azcona et al., 2020).
- Some countries have seen alarming reductions in the number of reports and helpline calls during the pandemic, because of women not being allowed to leave their homes or access these services from there (Azcona et al., 2020).
- The COVID-19 pandemic has exponentially exacerbated the instances of sexual harassment in many countries. In the past 12 months, sexual harassment was experienced by 90% of women from Ecuador, which is appalling and disquieting to think of (Azcona et al., 2020).
- The United Nations Population Fund (as cited in Connor et al., 2020) has estimated that every 3 months in lockdown are expected to provoke 15 million additional cases of violence against women globally.

- 1 in every 3 women has reported experiencing difficulties in accessing the necessary support and protection resources after incidents of violence during the outbreak of COVID-19 (Lindberg et al., 2020).
- In India, areas with stricter lockdown restrictions had more domestic violence and cybercrime case complaints. However, they had lower rape and sexual assault reports (Ravindran & Shah, 2020).

Women's homes have become dangerous and unsafe spaces for them (Sánchez et al., 2020). Increase in violence can be engendered by the coexistence of several factors, including but not limited to, the social-distancing and lockdown measures forcing women to isolate with their abusers/aggressors; the economic and psychological burden due to the pandemic aggravating IPV and/or GBV (Connor et al., 2020); limited or no access to resources of community support services and protection (Azcona et al., 2020; Endler et al., 2020); escalating consumption of alcohol; and barriers to implementing safety plans (Sánchez et al., 2020). Globally, violence against women has also been underreported (Sánchez et al., 2020).

These actions of violence are faced by all women – veterans, migrants, pregnant women, disabled women, female healthcare workers, adolescent girls, etc. (Sánchez et al., 2020; Azcona et al., 2020). Women with disabilities who are institutionalized are not allowed any visitors due to the lockdown restrictions, which further increases the risk of violence being inflicted on them. These women, because of their disabilities and isolation due to COVID-19, have a hard time seeking help and reporting what they have endured (Azcona et al., 2020).

In India, Chakravarthy (2020) reported that violence against women was often recognised by the frontline workers from whom these women sought first aid. However, given the current hostile environment of India, these workers were apprehensive about recording, reporting or intervening in the situation to help. The implications of such instances can be life-threatening for the victims of violence and abuse.

There are also other forms of violence inflicted on women during the Coronavirus pandemic, like cyber-violence. Since the outset of the pandemic, the use of virtual media has proliferated to a huge extent. This has increased cyber crimes like cyber abuse and bullying.

Australia has seen a 50% increase in cybercrimes against women since the start of the lockdown period (Azcona et al., 2020).

Sánchez et al. (2020) reported the adoption of the model given by the World Health Organisation (WHO) to understand violence against women. This model takes into account the individual, interpersonal, communal and societal factors playing a role in this regard during the time of a global health emergency (Figure 2.3).

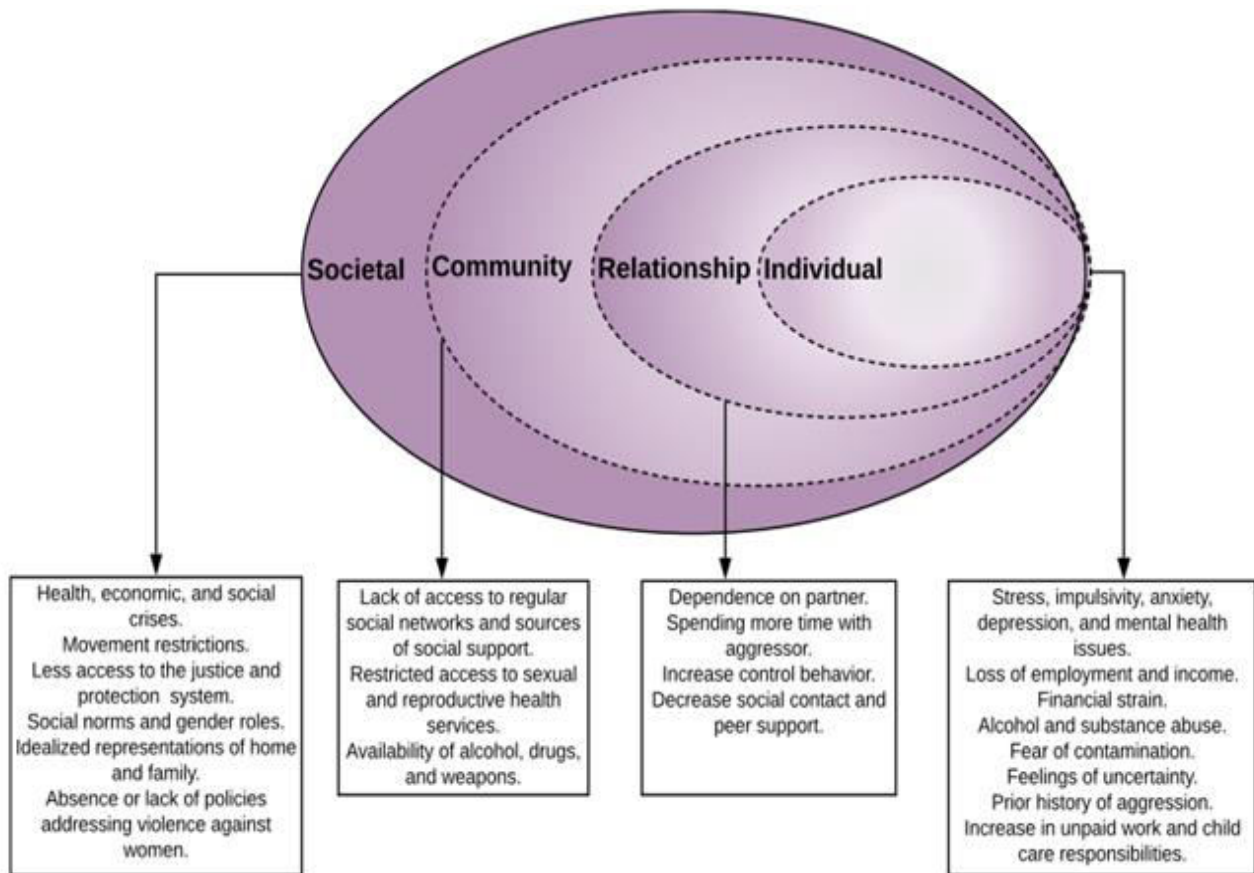


Figure 5.3: Ecological model for understanding violence against women during the COVID-19 pandemic. Source: Sánchez et al., 2020

Violence against women, in all its forms, has severe impacts on their physical and mental health. These instances of constant violence at home are also known to have associations with increased morbidity and mortality of existing medical conditions or co-occurring diseases (Connor et al., 2020). In the current scenario, this represents a dangerous and tragic public health emergency that could potentially be life-threatening for women. It warrants increased vigilance of healthcare workers to detect, record, report and intervene in cases of violence against women.

5.6 Impact on Mental Health

COVID-19 has had an enormous impact directly and indirectly on the mental health and well-being of people from all around the world. Studies have shown that during this pandemic, people have manifested high generalized anxiety symptoms, health anxiety, distress symptoms, trauma response, depression symptoms and COVID-19 fear (Bäuerle et al., 2020; Özdin & Bayrak Özdin, 2020; Fuchs et al., 2020). It has also been found in a considerable amount of studies that these symptoms are more severe in women because of the higher burden on them (Bäuerle et al., 2020; Özdin & Bayrak Özdin, 2020).

Working women have reported a higher impact of the pandemic on their mental health due to imposed societal norms on women (Sharma & Vaish, 2020). The economic downturn has severely affected employed women (Connor et al., 2020). Problematic use of social media and its adverse repercussions on the mental health of women was reported by Sediri et al. (2020).

Women who work in the healthcare industry in India have found to suffer from high amounts of stress, anxiety, trauma, owing to their role in the health emergency. Chakravarthy (2020) also found that they had fear about risking the lives of their children and the unstable and hostile environment in India towards healthcare providers. Most women in India are informal care providers and responsible for most of the domestic tasks and hence have shown to have poor self-care, depression and anxiety (Connor et al., 2020; Almeida et al., 2020).

To add to this muddle is the lack of mental health resources available in India even in the pre-pandemic period. Even before the pandemic, only 1 out of 10 people in India used to receive treatment for their mental health problems (Gautham et al., 2016). With even more limited access to these resources in lockdown and with increasing mental health problems in women, there is a compelling need to channel more resources for the well-being and health of women.

6.0 Comparative Analysis: The Impact of the COVID-19 Pandemic on Women V/S on Men

A survey was conducted to analyse the differential impacts of the COVID-19 pandemic on the physical, mental and financial health of women compared to men, between 11th and 13th December 2020. The sample consisted of 56 people, **28** of whom were **men** and **28 women**.

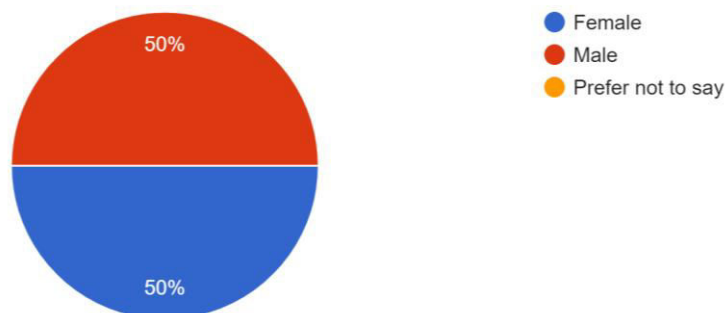


Figure 6.1: Gender distribution of the participants of the survey

Out of this, 64.2% of the men reside in **Delhi**, 17.85% in **Mumbai**, and 17.85% in other Indian cities. 46.42% of the women reside in Delhi, 35.71% in Mumbai, and 17.85% in other Indian cities. Hence, the data has primarily been collected from people who live in two metropolitan Indian cities. Most of the people who were surveyed said that they live in a house with 1-5 total members.

6.1 Employment and Income

While only 7.14% of the men, i.e. 1 homemaker and 1 student, are **unemployed**, 46.42% of women who were surveyed do not work, i.e. 12 homemakers and 1 student. It can be observed that out of the sample, at least 12 women were dependent on other people for food and security during the coronavirus pandemic.

The **annual income** of 46.42% of men is above 25 lakhs, whereas only 7.14% of women earn as much as them. On the other hand, while only 2/28 men earn less than 2 lakhs per annum, 13/28 women said that their annual earnings are below 2 lakhs.

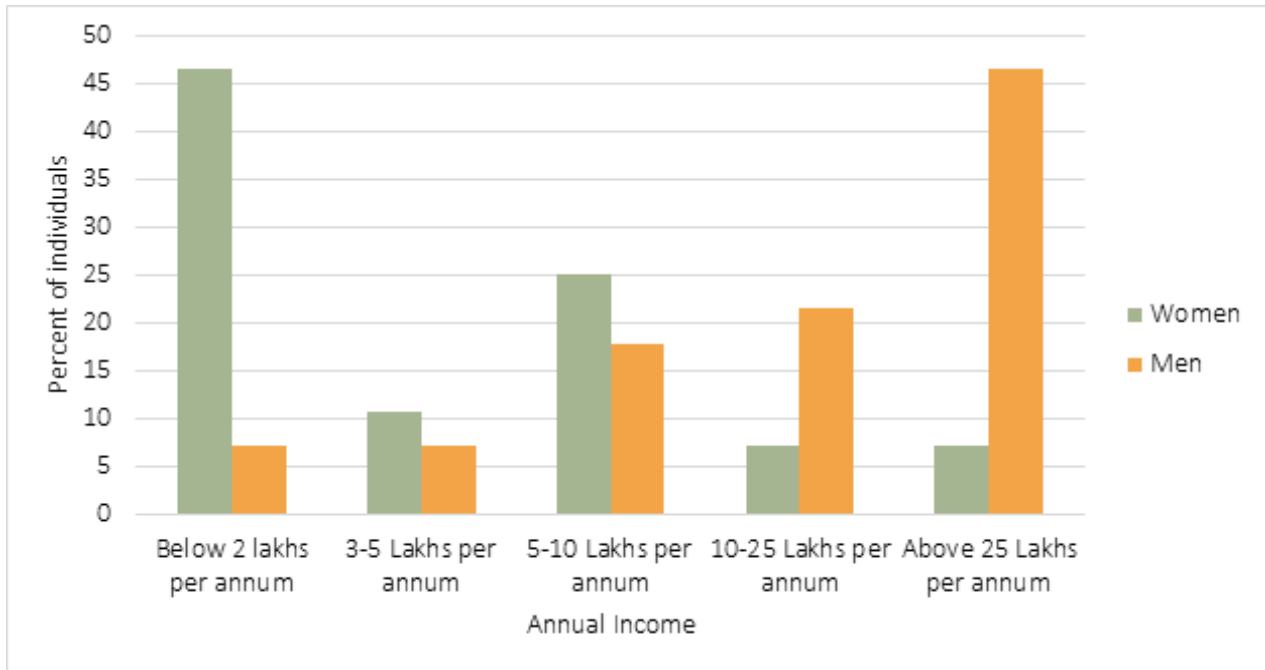


Figure 6.2: Gender disparity observed in terms of Annual Income in Women and Men who were a part of the current survey.

28.57% of women have been **working from home** since the beginning of the pandemic, compared to 21.42% men. When asked whether their **salary was reduced** during the pandemic, 25% of both, men and women, said yes. 28.57% of working women said that they received no **employee benefits** (sick leave, paid maternity leave, child care, healthcare etc.) during the pandemic, compared to 21.42% men. Hence, the hypothesis that the pandemic will impact women's employment, work and income more severely than men's has been proven true by the current data.

6.2 Layoffs during the COVID-19 Pandemic

When asked if they **lost their job** during the pandemic, 14.28%, i.e. 4 women said yes, while all men said no. According to a report by UN Women, 25% of women in Europe and Central Asia have lost their jobs, compared to 21% of men, a trend which can also be observed in the results of the survey conducted by the current researchers and which, according to UN Women, is expected to continue as unemployment increases (Azcona et al., 2020). Therefore, the current data is in line with the hypothesis that more women will lose their jobs during the COVID-19 pandemic than men.

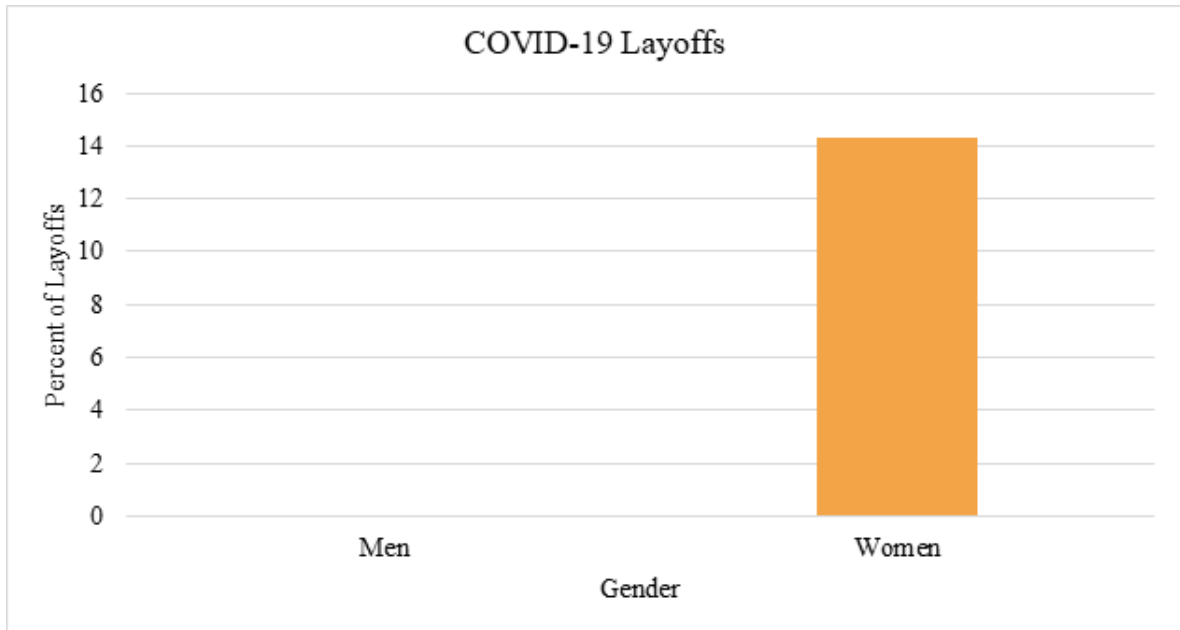


Figure 6.3: Gender disparity observed in terms of job losses because of the pandemic.

6.3 Household Chores

When asked how much, on a scale of 1-5, household **chores interfered with their professional lives**, 14.28% women said 5, compared to only 3.57% men. The average score for women was 2.6, compared to 2.07 for men.

The pandemic has intensified women's unpaid care and domestic workloads

Share who reported an increase in time spent, based on 22 countries in Asia and the Pacific and Europe and Central Asia:

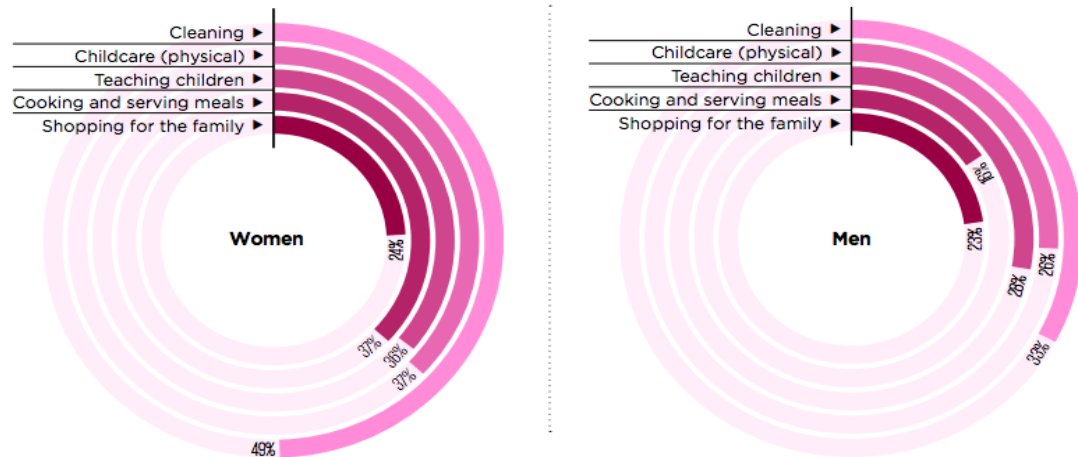


Figure 6.4: Contribution of men and women in unpaid care work during the pandemic. Source: Azcona et al., 2020.

While only 0-3.57% men said that they regularly/frequently helped in **cooking** food at home in lockdown, 64.28% of women said that they cooked for their families every single day during the pandemic. Only 1 man (3.57%) helped in **cleaning** the house every day, compared to 12 (42.85%) women. 76.42% of all the women who were surveyed, and 3.57% of men, said that they did **laundry** every single day during the pandemic. 11 men said that they have never helped in washing clothes, compared to only 1 woman. 21.42% of men said that they never helped in **washing dishes**, compared to 3.57% of women. 39.28% of women answered that they would clean dishes daily, while only 10.71% of men admitted to doing the same. Similar trends can be observed in a report released by UN Women and this trend proves the hypothesis that women will do the majority of the domestic and care work in the household during the coronavirus pandemic.

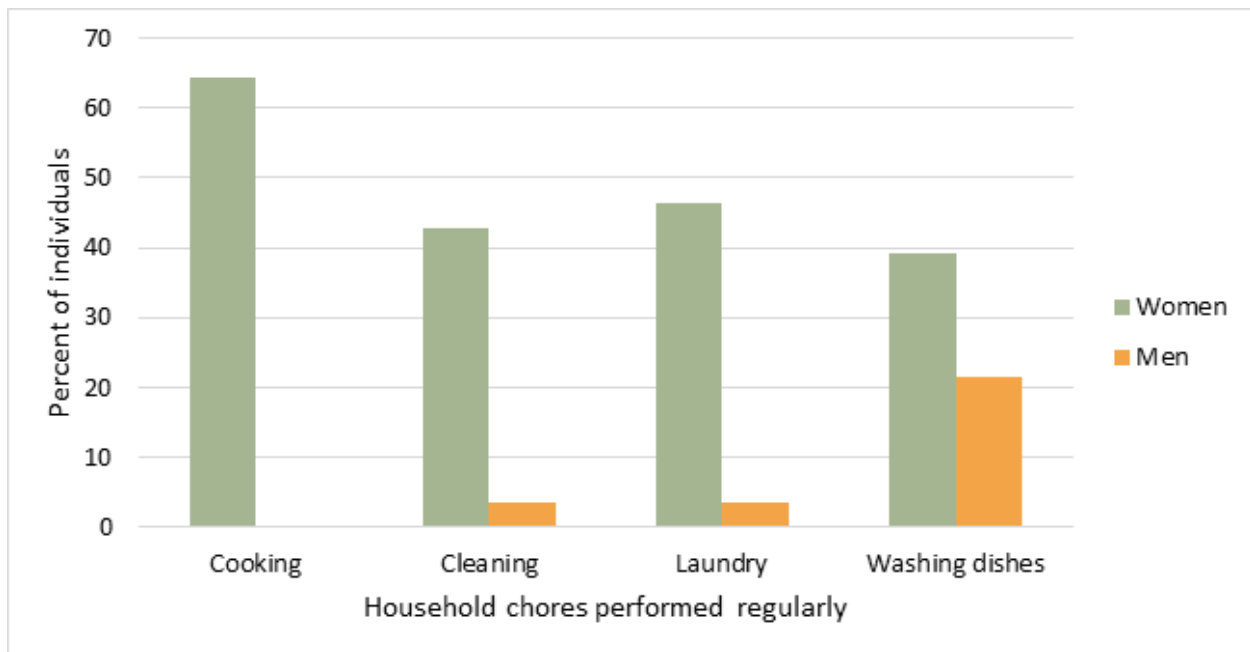


Figure 6.5: Percentage of Men and Women performing the household chore on a regular basis during the time of COVID-19.

6.4 Suspected/Confirmed Cases Of Covid-19 Diagnosis

Surprisingly, 35.71% of all the women who were surveyed and 17.85% of men admitted that they were required to be in isolation/quarantine due to confirmed/suspected **COVID-19 diagnosis**. This is not in line with the hypothesis of the current paper that the confirmed/suspected cases of COVID-19 diagnosis will be higher in men than women.

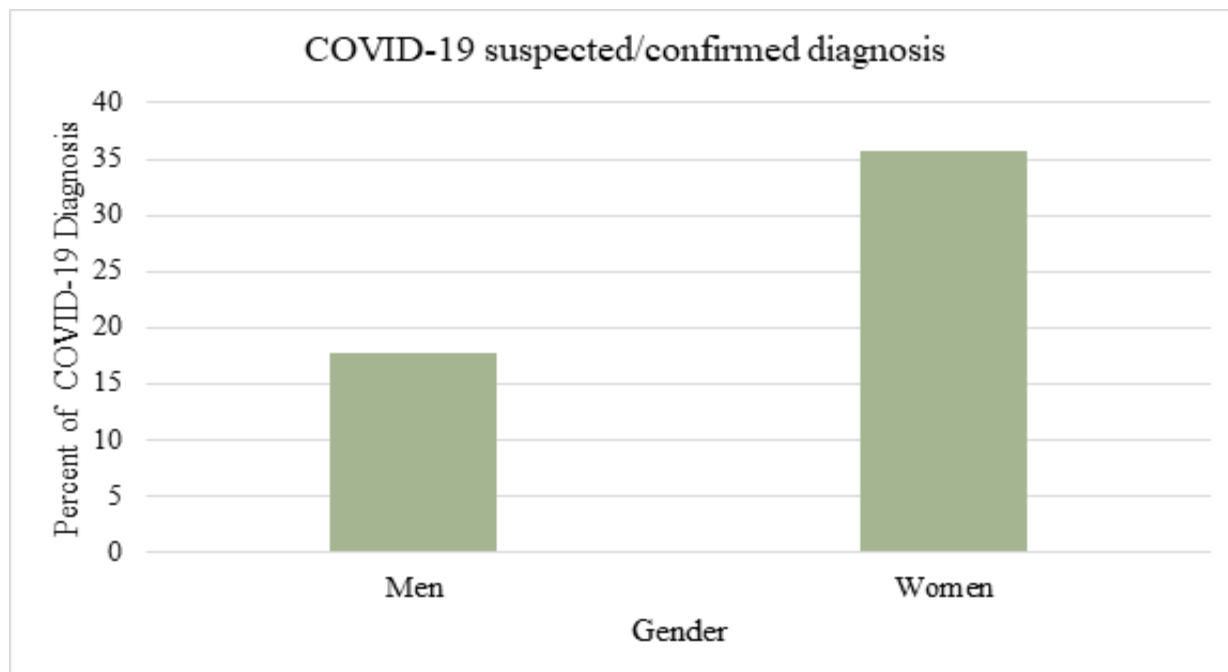


Figure 6.6: Percentage of Men and Women who were quarantined due to suspected or confirmed diagnosis of COVID-19

Men have been reported to be more vulnerable to COVID-19 infection than women since the outset of the pandemic (Richardson et al., 2020). However, the studies that have reported the same possibly did not take into account the various environmental and psychosocial factors which favour men, making women more vulnerable to COVID-19. Also, it might be because the current study takes ‘suspected’ diagnosis of coronavirus into account as well.

6.5 COVID-19 and Existing Medical Conditions

When asked if their existing physical health conditions worsened during the pandemic, 60.71% women said yes, compared to only 28.57% men. One reason for this could be the burden of increased domestic and care work that fell on women’s shoulders during the lockdowns due to COVID-19. This proves the hypothesis that COVID-19 pandemic will worsen the existing medical conditions of women more than that of men.

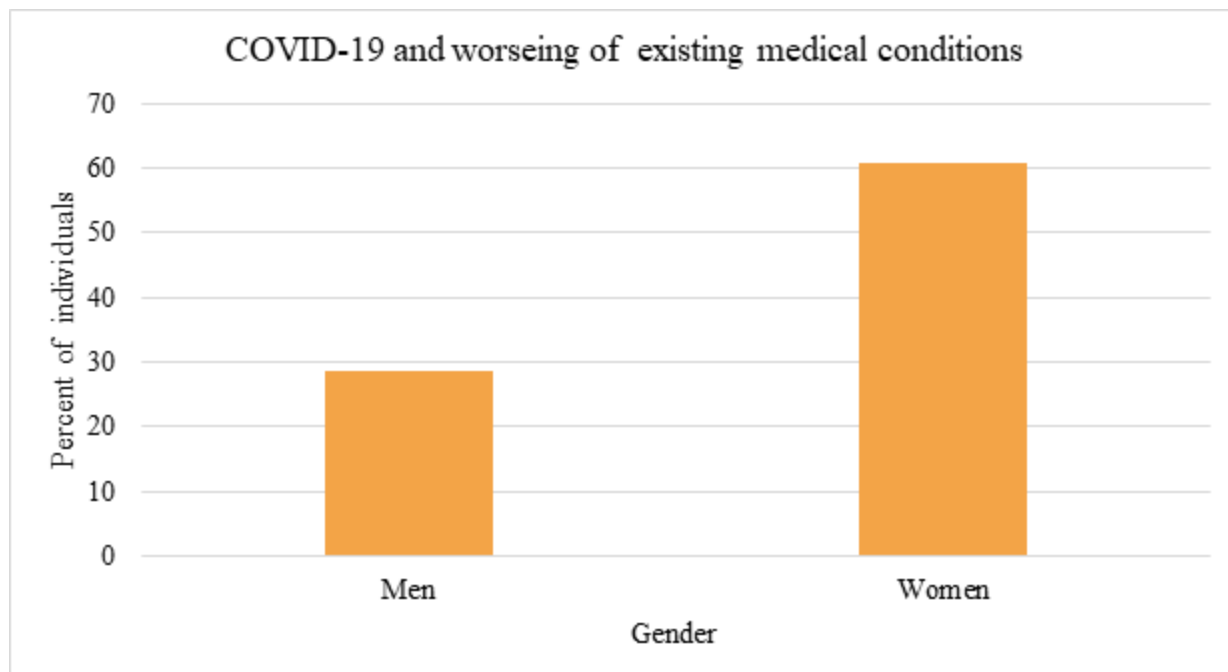


Figure 6.7: Percentage of Men and Women who experienced worsening of existing medical conditions due to COVID-19 pandemic and lockdown.

6.6 COVID-19 and Physical Symptoms of Aches and Exhaustion

25% of all the women who were surveyed reported that they regularly felt exhausted due to the increase in household and/or professional work during the pandemic. On the other hand, only 1 man reported the same level of work-related exhaustion during lockdowns. Women also reported experiencing body aches and headaches more regularly than men in our survey as seen in Figure 3.8.

This is also supported by Sharma & Vaish (2020), where they found that women experienced pain in the neck, back, leg and arm regions and strain in eyes because of the increased burden of household work. Hence, the hypothesis that, in comparison to men, women will experience greater aches and pains due to the burden of household and professional work is proven true.

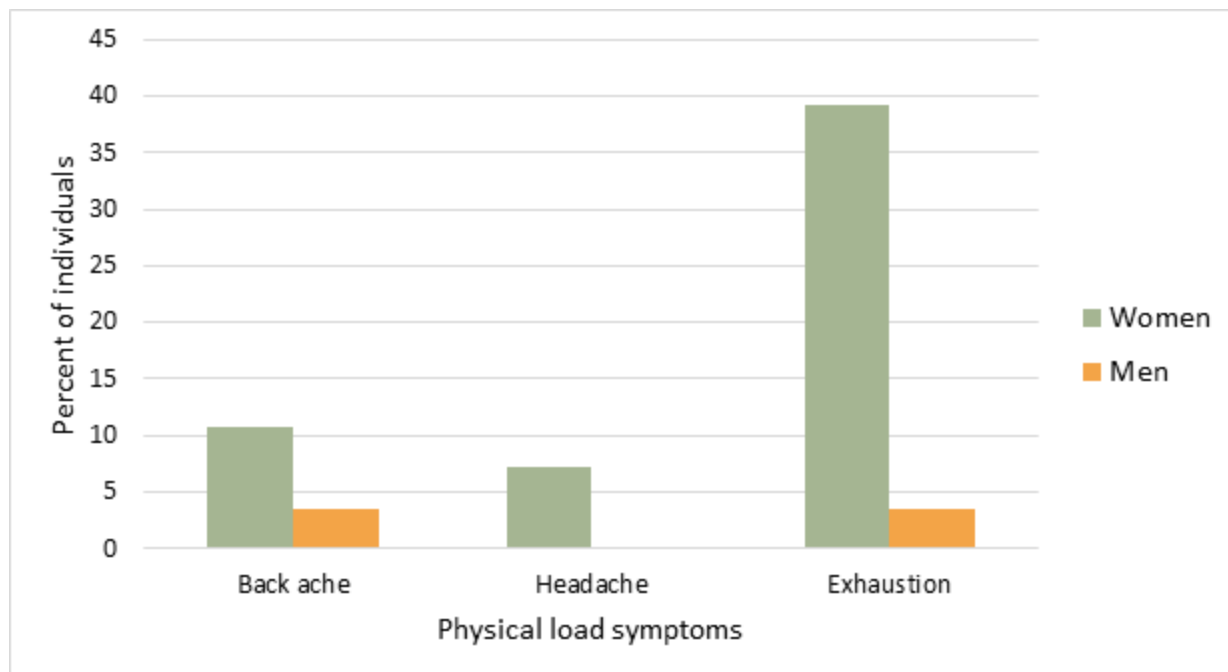


Figure 6.8: Percentage of Men and Women who experienced symptoms of aches and exhaustion due to COVID-19 pandemic and lockdown.

6.7 COVID-19 and Mental Health

When asked how **anxious** (on a scale of 1-5) they felt **because of working** in the middle of a pandemic, 47.82% of women selected options indicating higher perceived feelings of anxiety i.e. 4 and 5. On the other hand, only 22.72% of men selected options 4 & 5, indicating that they were experiencing comparatively lower levels of anxiety. This could also be because society expects women to perform all domestic tasks like childcare/eldercare, whether they have a job or not. Plus without help from domestic workers, which most Indian families are accustomed to, the burden of household work on women has increased, which can cause them to feel more anxious than men.

Also, The **COVID-19 Peritraumatic Distress Index (CPDI)** was used to learn how the coronavirus pandemic affected the mental-well being of people living in Indian cities. For 32.14% women and 25% men, the CPDI scores showed mild distress. The CPDI score of 1 man reflected high distress, while the scores of 14.28% of women (4 women) showed severe peritraumatic distress. Hence, the hypothesis that men will experience less anxiety/distress due to the pandemic as compared to women is proven true.

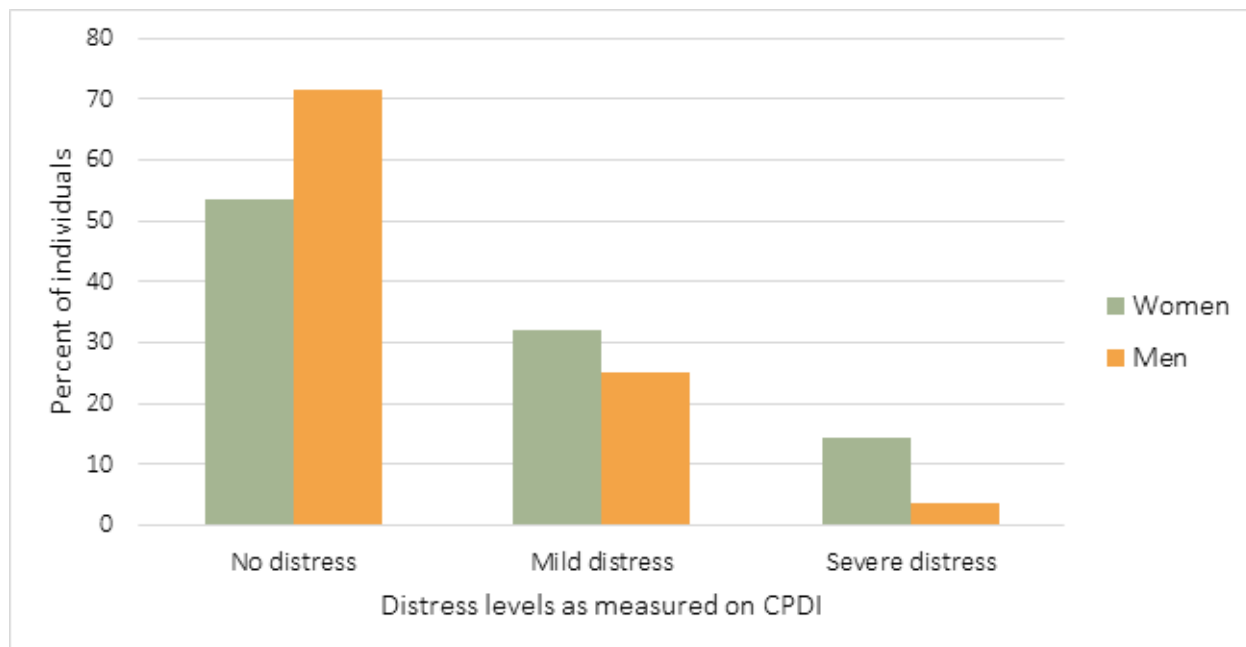


Figure 6.9: Percentage of Men and Women who experienced distress due to COVID-19 pandemic and lockdown.

7.0 Solutions and Recommendations

Measures taken to mitigate the ill-effects of the Coronavirus outbreak on the physical, mental and financial health of people must recognise the pre-existing inequalities and biases that may have aggravated the damage caused to the lives of people with different gender identities. Gender-inclusive social dialogue is a key component in designing and advancing policy responses that improve social and economic resilience (ILO, 2020). A gender lens should be applied to reverse the adverse impacts of the COVID-19 pandemic on women. Affirmative actions must be taken to ensure that the mental and financial well-being of women who are marginalised/from high-risk groups is also considered while formulating socio-economic policies as a part of COVID-19 response (OAS, 2020).

7.1 Inclusion of Women in Decision-making

Women's representation has been largely absent from policy discussions and decision-making spaces (ILO, 2020).

- A) Gender roles prescribed to women place them in a prime position to identify trends at the local level that may signal the onset of an outbreak and thus improve global health security.
- B) In countries with greater participation of women in COVID-19 response, the confirmed deaths from coronavirus are six times lower, partly due to these leaders' faster response to the outbreak and greater emphasis on social and environmental well-being of the country. It has been observed that incorporating women's voices and knowledge in surveillance, detection, and prevention mechanisms could improve outbreak preparedness and response. (*COVID-19: The Gendered Impacts of the Outbreak*, 2020)
- C) Women are at the forefront of the pandemic response as caregivers and it is imperative to engage their diverse perspectives in policy-making and dialogue.

7.2 Measures to Encourage Equitable Distribution of Unpaid Domestic and Care Work

- A) Co-responsibility between men and women, both within households and in the workplace, can be encouraged by guaranteeing care-related leave for men and women, facilitating teleworking for the staff to promote flexibility to reconcile familial obligations with work activities, and potentially recognising reproductive and care work as a right. (OAS, 2020).
- B) To avoid segmentation of work based on gender, men and women should be encouraged to continue in the labour market on equal terms, without women being affected to a greater extent by cuts or dismissals (OAS, 2020).
- C) To recognise, measure, value, reduce and redistribute the burden of unpaid care work, efforts are needed to engage citizens and workers in public campaigns that encourage equitable distribution of household and care duties between men and women and promote the provision of paid leave, flexible working arrangements and childcare services (Azcona et al., 2020). For example, El Salvador has mandated private companies to provide 30 days of paid sick leave to all workers above the age of 60, pregnant women and those with pre-existing conditions (UN Women, 2020a).

The unpaid care and domestic work performed by women is critical for sustaining societies, has immense economic value and needs to be supported through adequate policies.

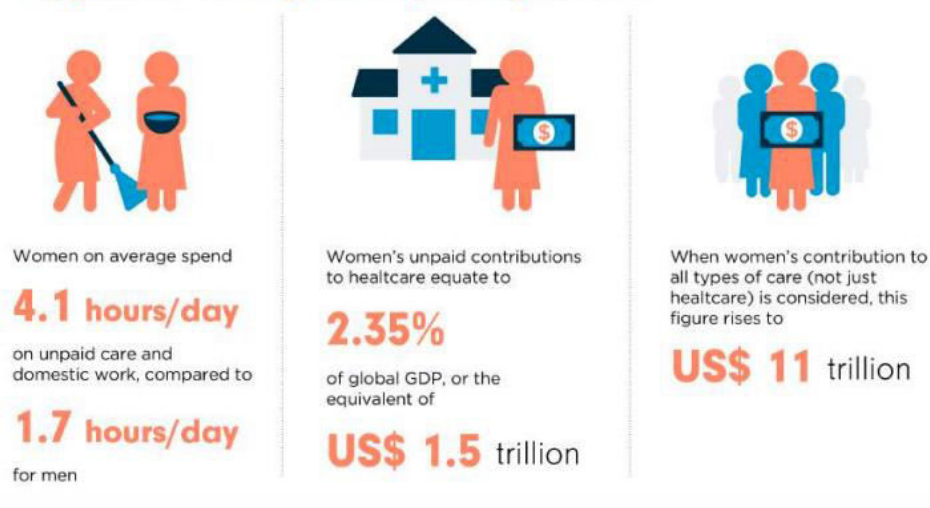


Figure 7.1: Unpaid care and domestic work done by women. Source: United Nations, 2020.

7.3 Sex Disaggregation of Data

- A) In the past, health emergencies, such as the Ebola virus epidemic of 2014-16, have shown that the absence of sex/gender-disaggregated data hampers sound decision-making and appropriate responses during a global crisis (OAS, 2020).
- B) The disaggregation of data on the number of cases, hospitalisation, testing, mortality, and socio-economic impacts of the pandemic on people (like job losses and unemployment), based on their sex, age, race, ethnicity, migratory status, disability, wealth, etc., is needed to understand the differential impacts of the COVID-19 pandemic on the lives of different people (Azcona et al., 2020).
- C) A gender lens should be applied while preparing relief programs, which would ensure the integration of gender planning and budgeting. (Chakravarthy, 2020).

7.4 Help from Governments to Women-led Businesses and Women-dominant Sectors

- A) Economic relief policies should specifically target industries where women constitute a large proportion of workers (Azcona et al., 2020). Women-led businesses should be provided with specific grants and subsidised and state-backed loans. Food, personal protection equipment, and other essential supplies can be sourced from businesses owned by women. In rural areas, this can support local economies and guarantee income for women who are informal agricultural workers. In Argentina, home-based workers, who are mostly women, are producing face masks for the local market (UN Women, 2020a).
- B) Since the pandemic, only 54 out of 195 countries have introduced amended social protection measures targeting women and girls (Azcona et al., 2020). Governments can implement measures like providing women, especially those who are informally employed, with grant cash transfers, temporary alternative jobs, tax breaks, expanded unemployment benefits, family and childcare services, and other social protections in low-productivity sectors. For example, Burkina Faso is providing cash transfers to informal workers, in particular women fruit and vegetable vendors (UN Women, 2020a). However, this is only possible by acknowledging the possible problems of under-registration in the civil identification necessary to be able to access these provisions. For example, there are 200 million more men than women with access to the internet, and women are 21% less likely to have a mobile phone (OAS, 2020).

7.5 Improving Physical and Mental Health

- A) Using stress-buster techniques like meditation, mindfulness, eating healthy, doing something one likes, etc. can help release mental distress effectively.
- B) It is recommended to keep different working areas in the house so that static postures can be avoided. Having the computer screen at 90 degrees to the eyes with the help of a chair or a table would ensure proper body position.
- C) Fix a routine while at home to avoid feeling all over the place and it will also help in maintaining work-life balance.
- D) Setting manageable and short-term goals and targets for self.
- E) Limiting screen time and spending more time with family and friends (Sharma & Vaish, 2020).

- F) Research has shown how the consumption of COVID-19 news can trigger anxiety responses. Hence, not seeking updates on the latest COVID-19 and vaccine news would be beneficial in such times (Connor et al., 2020).

7.6 Miscellaneous

- A) Continuity of basic services such as housing, water and electricity should be ensured, and support should be provided to cover financial obligations (in cases of income loss) to decrease the financial burden on households. This would be especially helpful for women who are employed in the informal sector or are the sole bread earners in their homes (UN Women, 2020a).

8.0 Conclusion

Although the COVID-19 pandemic has left the entire world in a state of turmoil, the impacts of the outbreak of the potentially life-threatening virus have been specifically detrimental to the finances and health of women, because of the pre-existing gender biases and inequalities across the globe. The achievements of the Sustainable Development Goal of Gender Equality are likely to be adversely affected by the outcomes of the COVID-19 pandemic.

The data released by the International Labour Organisation suggests that women's employment is 19% more at risk than men's. 550 million women work in sectors that have been the hardest-hit by the pandemic. This has exposed them to informal employment, which lacks social protections and may lead to food and job insecurity. Moreover, pandemic-induced poverty is likely to push 47 million women and girls into extreme poverty by 2021, further widening the gender poverty gap.

Also, the physical and mental health of women have been in dire straits since the onset of the pandemic and the situation is only getting worse. Along with an increase in the workload of women, the pandemic has also caused a spike in instances of violence against them, severely impacting their well-being. However, these women have not been able to seek the help they require due to inaccessibility of healthcare resources during lockdowns. This has led to a vicious cycle which has further exacerbated their living conditions.

Through the studies that were reviewed and primary data that was collected via an online survey, it has been concluded that the COVID-19 pandemic has had differential impacts on the lives of men and women: in comparison to men, women's employment, income, job security and mental and physical health have been more gravely impacted. Hence, it's imperative to recognize the urgent need for adoption of a gender lens while planning, budgeting and mobilizing COVID-19 relief and outreach programs.

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