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The Psychological, Social, and Economic Impact of COVID-19 and its Associated Implications on Women

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Abstract

*Due to the strict measures imposed by the government to curb the spread of the novel coronavirus across the world the people were forced to stay at home longer. The indirect effects of covid-19 are far more than the pathogen itself. The social isolation measures have had a profound impact on the mental and psychological health of people. Some of the consequences include stress, anxiety, and lack of sleep. Also, the pandemic has been biased towards women from facing economic consequences to increased household work. The cumulative effect of managing work and home has also been a major contributor to their mental turmoil. The pandemic also aggravated the problem of gender abuse and gender inequality which have been thoroughly analyzed. The paper aims to argue that though the pandemic had a lethal impact on the population, unintended impacts can not be avoided. The methodology used to present data in bibliographic research considering reliable resources. The results offer a comprehensible view of the problem aggravated during the pandemic. **Keywords:** Covid-19, mental health, women empowerment, women employment, gender inequality.*

1.0 Introduction

The first human case of COVID-19, subsequently named SARS-CoV-2 was first reported by officials in Wuhan City, China, in December 2019. Retrospective investigations by Chinese authorities have identified human cases with onset of symptoms in early December 2019((COVID- Virus - Coronavirus Disease 2019 (COVID-19), 2020). It was disclosed to WHO on December 31, 2019. It was declared a global health emergency by WHO on January 30, 2020. On March 11, 2020, WHO declared COVID-19 a global pandemic, its first such designation since declaring H1N1 influenza a pandemic in 2009 (What Is COVID-19? 2021). Since then it has been spreading expeditiously throughout the world.

On March 25, 2020, a nationwide lockdown was announced in India because of the surging number of Covid 19 cases. But it brought with it boundless issues. The indirect effects of covid are far more than that of the pathogen itself. Along with the ever-rising numbers of active cases and the subsequent deaths, the imminent mental health surge has further brought individuals, families, and communities down. A major cause of it being bereavement, lack of

human contact, increased workload, and fear of livelihood.

According to WHO, Mental health is a state of well-being in which an individual realizes his or her abilities, can cope with the normal stresses of life, can work productively, and can make a contribution to his or her community. (Mental Health: Strengthening Our Response, 2018). But Covid-19 led to a surge in these mental distresses. The prominent symptoms of mental distress during Covid-19 include poor sleep quality (40%), stress (34%), and psychological distress (34%). An online Indian survey has reported that about 40.5% of the participants reported anxiety or depressive symptoms. About three-fourths (74.1%) of the participants reported a moderate level of stress, and 71.7% reported poor well-being. (Dalal, 2020). Behavioural and physiological reactivity to mildly stressful stimuli is its indicators. But this is not the end of it.

The pandemic-induced poverty will widen the gender poverty gap – meaning, more women are going to be pushed into extreme poverty than men. The inequality in gender has always been prevalent in various societal institutions but the bitter fact is that it was reproduced daily in households. Covid-19 has further aggravated the problem of women being empowered. Social stereotyping and savagery at the household and societal levels are a portion of alternate signs. The act of victimizing young ladies, juvenile young ladies, and women persevere in parts of the nation.

Women need economic power to stand on their legs. According to a report (India, 2021) by the Times of India Women Empowerment is defined as increasing and improving the social, economic, political, and legal strength of women, to ensure equal rights to women. It helps women to procure benefits from resources, assets, income, and their own time, as well as the ability to manage risk and revamp their economic status and wellbeing. When women realize their goals and ambitions whether it is starting their own business or investing their time in training and education, they are more resilient and can provide for their families and themselves. It is furthermore necessary to enhance the quality of human resources available in India.

It has been observed that Covid-19 will impede the progress of women's empowerment. Women are a part of many of the industries hardest hit by COVID-19, like food service, retail, and entertainment. For example, 40% of all employed women globally work in hard-hit sectors,

compared to 36.6% of employed men (United Nation Women) Furthermore, girls' education is affected by crises more than boy's with long term impacts on the skills and knowledge they need to succeed in the economy thus dampening their growth chances in the future further. There is also evidence about the interrelation between violence and psychological state issues. The severity and the duration of the physical intimate violence are linked to the recurrence and the intensity of the depressive symptoms. Thus, it is often stipulated that patients with the mental disease are more likely to suffer domestic abuse, and at an equivalent time, people that undergo domestic abuse are more likely to develop psychiatric conditions as well as experience acute decompensation of preexisting mental illnesses (Sagar, 2018).

2.0 Psychological Impact Of Covid 19

It is common knowledge that pandemics pose a threat to mental health. The impact of the pandemic on mental health is complex and diverse affecting all parts of the world. COVID-19 has disrupted critical mental health services in 93% of countries worldwide while the demand for mental health is increasing(WHO, 2020). The survey of 130 countries provides the first global data showing the devastating impact of it on access to mental health services and underscores the urgent need for increased funding(WHO, 2020).

The psychological effects that have been seen range from alarmingly high levels of anxiety, depression, post-traumatic stress disorder, and even suicide. A single universal cause can't be justified for this mental turmoil however during this pandemic, it looks to be an amalgamation of factors such as isolation, uncertainty, unemployment, and bereavement. A June 2020 survey from the Centers for Disease Control and Prevention of 5412 US adults found that 40.9% of respondents reported "at least one adverse mental or behavioural health condition," including depression, anxiety, post-traumatic stress, and substance abuse, with rates that were 3 to 4 times the rates a year earlier. Remarkably, 10.7% of respondents reported seriously considering suicide in the last 30 days (Simon, 2020). The sudden personal loss associated with COVID-19, along with severe social disruption, has changed the ways, individuals and families, cope with bereavement. Central concerns are the transformation of normal grief and distress into prolonged grief and major depressive disorder and symptoms of post-traumatic stress disorder.

Prolonged grief disorder is characterized by at least 6 months of intense longing, preoccupation, or both with the deceased, emotional pain, loneliness, difficulty re-engaging in life, avoidance, feeling life is meaningless, and increased suicide risk. Once established, these conditions can become chronic with additional comorbidities such as substance use disorders (Simon, 2020). Further, each COVID-19 death leaves an estimated 9 family members bereaved, making it a total of 9.33 million individuals worldwide.

2.1 Status Of Mental Health Before And During Covid - A Comparative Analysis

Whenever it comes to physical health, people are well aware and informed about it but the same is not about mental health. Many people are not even aware that they are suffering from mental health issues. In India, it is often followed by denial to seek help and people are even more hesitant to talk about it. For most people, it still remains taboo.

According to The Times of India (Birla, 2019), a report by the World Health Organisation revealed that 7.5 per cent of the Indian population suffers from some form of mental disorder. India accounted for nearly 15% of the global mental, neurological, and substance abuse disorder burden. A recent survey by the Indian Psychiatry Society found that the number of mental illness cases had increased by 20% since the lockdown and that at least one in five Indians were affected. The situation is dire in India because of pre-existing neglect, the taboo surrounding mental health as well as due to limited accessibility and availability of medical support (Patnaik, 2021).

Two recent reviews (Schäfer, 2020) found a consistently negative impact of COVID-19 on mental health, with 16–18% of participants showing symptoms of anxiety and depression. During the pandemic, about 4 in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder, a share that has been largely consistent, up from one in ten adults who reported these symptoms from January to June 2019 (Adults Reporting Symptoms of Anxiety or Depressive Disorder During COVID-19 Pandemic, 2021). A KFF Health Tracking Poll from July 2020 also found that many adults are reporting specific negative impacts on their mental health and well-being, such as difficulty sleeping (36%) or eating (32%), increase in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and

stress over the coronavirus. As the pandemic wears on, ongoing and necessary public health measures expose many people to experiencing situations linked to poor mental health outcomes, such as isolation and job loss.

It should be noted that, even in the normal course of events, people suffering from mental illness have a lower life expectancy and poorer physical health outcomes than the general population. As a result, people with pre-existing mental health and substance use disorders will be at increased risk of infection with COVID-19, increased risk of having problems accessing testing and treatment, and increased risk of negative physical and psychological effects stemming from the pandemic. A considerable increase in anxiety and depressive symptoms among people who do not have pre-existing mental health conditions, with some experiencing post-traumatic stress disorder in due course is also expected (Mental Health in the Covid-19 Pandemic, 2020).

2.2 Effect of Media Coverage of the Pandemic on Mental Health

The media coverage of the virus is innately harmful. The intrinsic negativity which transfers from news of the virus to both our subconscious and consciousness could cause mental health issues. Research on media effects has long documented that negative news can lead to mild to severe mental health issues among consumers (Su, 2021). Importantly, due to the scale and severity of COVID-19, media attention has been disproportionately focused on pandemic-related news, which could further affect individuals already facing more significant mental health challenges. Fake news further adds to the argument of avoiding news these days. Biased news channels often show one side of the story, the narrative which they want the general public to believe has led to misinformation, hate crimes, and increased xenophobia. Common refrains include raging QnA conspiracies, a false and misleading “Chinese virus” narrative, and the use of disinfectants to “cure” COVID-19 (Su, 2021). The recent surge in the vitriolic attacks on Asians all over the world is also a result of this. Constantly seeing the rise in cases, corpses lying on roads, and the overall negativity of collective human misery holds the potential to deteriorate mental health.

2.3 Increase in Suicidal Tendencies Since the Onset of Covid 19

Stress-related psychiatric conditions including substance use disorders are associated with being suicidal during and after the pandemic. Mental health consequences of the pandemic including suicidal behaviour are likely to be present for a long time and peak later than the actual pandemic. Multiple cases of COVID-19 related suicides in the USA, UK, Italy, Germany, Bangladesh, India, and other countries have been reported in mass media and psychiatric literature. For example, a 19-year-old waitress in England died in a hospital after a suicide attempt because of fears of the 'mental health impacts' of isolation. A 66-year-old man with throat cancer hanged himself in a New York City hospital after testing positive for the coronavirus. A man in Illinois who feared that he and his girlfriend contracted the coronavirus fatally shot his girlfriend and then killed himself. They tested negative for the coronavirus. A 36-year-old Bangladeshi man killed himself. He and people in his village thought that he was infected with COVID-19 because he had a fever and cold symptoms. A postmortem examination showed that he did not have COVID-19. The 49-year-old head of the Emergency Department in a New York City hospital died by suicide after telling her family about the tremendous suffering and death she witnessed while taking care of coronavirus patients (Watkins et al., 2020). Studies in the USA suggest that more than 90% of suicide victims have a psychiatric disorder. For example, depression is a major risk factor for suicide, accounting for up to 60% of suicide deaths (Bachmann, 2018). Mental health consequences of the COVID-19 crisis including suicidal behaviour are likely to be present for a long time and peak later than the actual pandemic. increases in the unemployment rate were associated with a higher prevalence of depression, alcohol and other substance use disorders, and suicide deaths (Psycom.net, 2020).

2.4 Case-specific Impact On Women

This pandemic has been essentially negatively biased towards women. From facing economic disruption to getting overburdened with caretaking responsibilities, women have been at the receiving end of it. They are affected more than men by the social and economic effects of infectious disease outbreaks. Maintaining a work-life balance has also become excruciatingly hard because of the added domestic work.

For many pregnant women, the COVID-19 pandemic brings increased fear and reduced sense of control due to the scarcity of definitive data on the effects of the virus during pregnancy (Almeida, 2020). The fear of contagion and how it would affect the developing fetus adds another factor to the vast apprehension that the situation entails. Furthermore, pregnant women face added challenges and experiences regarding perinatal care delivery during a pandemic. The postpartum period also comes with its fair shares of apprehension including questions about how vulnerable the newborn is to the contagion if it's safe to hold the baby close if the virus is transmitted through breast milk and likewise (Almeida, 2020). Many postpartum mothers and their partners are also dealing with added tasks such as childcare as children are there at home as schools and childcare centres have been closed due to the deadly outbreak, or the family is worried about their kid's health due to which they kept them at home.

Single mothers are hit even harder as the elderly grandparents may be unable to assist, or even visit, due to heightened age-related Covid risk. Thus the cumulative effect of managing home and work while navigating through a never-experienced before the labyrinth-like world is also one of the major contributors to the mental turmoil being experienced by women.

2.4.1 Constitution of Women in the Frontline Workforce and its Negative Impact on Mental Health

The barriers faced by female health workers who constitute 70% of the workforce undermine their well-being and livelihood, a result of the increased gender inequality. At 28 per cent, the gender pay gap in the health sector is higher than the overall gender pay gap which is 16 per cent (World Health Organization, 2019). From the past two years, work-life has modified dramatically for healthcare providers, with high physical demand imposed by wearing the protective equipment for the entire shift, fighting against the fear of the virus and bringing home the virus to relatives, dealing with the anxiety of masks not fitting properly or involuntary contagion lidden gloves touching the face. Moreover, they feel discouraged by the extreme challenges of caring for COVID-19 patients in long and successive shifts, coping with the emotional task of difficulty in communicating with patients and their relatives, dealing with people who are suffering and dying alone, and sometimes they need to prioritize care.

Studies have shown gender-related behavioural differences in communication to patients among physicians, with females engaged in a more empathic approach compared to their male colleagues(Crimi, 2021).

On the other hand, life outside work has been incredibly demanding especially for female workers since women predominantly assume the role of family caretaker. Lockdowns and restrictions disproportionately impacted female workers since a majority of them have had domestic responsibilities including caring for the children, catering to the elders because of them being more susceptible to the virus, household responsibilities, in some cases not seeing their loved ones for long periods. Women were targeted with economic recession all while being expectedly emotionally available for every person they talk to this overwhelming them more than ever, with a challenging and invisible mental weight. The daily emotional and mental pressures have been documented, showing a higher prevalence rate of anxiety, depression, and suicide in female frontline workers. (Crimi, 2021).

3.0 Social Impact Of Covid-19 On Women- Gender Abuse, A Constant Struggle

A surge in the covid 19 cases and imposition of lockdown in India gave rise to countless acts of violence against women. This pandemic has created a dingy environment that may intensify different forms of violence against women.

During the first four phases of the COVID-19-related lockdown, Indian women filed more domestic violence complaints than recorded in a similar period in the last 10 years. In 2020, between March 25 and May 31, 1,477 complaints of domestic violence were made by women. Complaints received in March and May in the previous 10 years were far less than those which were recorded in this 68-day period. (Singaravelu, 2020).

According to the National Commission for Women's (NCW), (Krishnakumar & Verma, 2021) domestic violence complaints doubled after the nationwide lockdown was imposed in India. There was a surge in domestic violence complaints in Tamil Nadu. The police received approximately 25 calls every day during the lockdown period and registered at least 40 such cases which itself is a huge number. Similarly, Bangalore Police reported a spike in complaints

from 10 to 25 calls every day from the victims of domestic violence (Krishnakumar & Verma, 2021). As per NALSA's report, the maximum number of domestic violence (DV) cases have been received from Uttarakhand (144) followed by Haryana (79), Delhi (63) respectively. (Das et al., 2020) This data from different sources indicate that domestic violence incidents increased across the country during the lockdown.

3.1 Increase In Domestic Violence During The Lockdown

This can be attributed due to the disparity in household work. Often it is believed that household work is meant for the women of the society but due to the lack of domestic help during the lockdown, it increased the workload for both the male and female partners, and this added to the ongoing friction between the couple which might have led to a surge in cases of domestic violence against women. The stress of economic instability, financial crisis due to increase in unemployment, increased alcohol consumption might have been the other reasons for aggravating anger in the couple. Due to the lockdown, there was also disruption of mobility and the couples were forced to live together 24 hours a day and the women could not move away from their dangerous spouses. All this leads to increased frustration between the partners.

3.2 Increase In Child Marriages During The Pandemic

Before the pandemic, there was quite good progress in the prevention of child marriages. There were sustained efforts by the government by creating awareness about the importance of education. But now the pandemic further aggravated the problem-posing a threat to the future progress in the prevention of child marriages.

India reported a 17% increase in distress calls related to the early marriage of girls in June and July 2020 as compared to 2019. According to the government, more than 10 million of the workers, many of them young men, returned back to their hometowns and villages during the lockdown because there was no work in the country. Parents of young girls were worried for their safety and at the same time anxious about their prospects due to the uncertainty about reopening of schools, so they married off their daughters in order to ensure their welfare. Another reason is that in India parents are expected to pay for big weddings, but due to COVID

restrictions only a certain number of people could attend the wedding which will gradually lower the cost of organizing the marriage. So parents were quick to take up the marriage offer this year. (BBC News, 2020). The further problem is that these girls did not have access to the child helplines set by the government in times when the whole world was suffering from another crisis. All this made the women more vulnerable and exposed.

3.3 Impact on Girls' Education

The aftermath of the COVID-19 pandemic on girls' education is innumerable. Visibly, many schools around the world remain closed, affecting girls' education directly since they can't access online and distance learning. Only 12% of households in the poorest countries have internet access at home, and access to mobile internet is 26% lower for women and girls than for their male peers. (What's Happening to Girls' Education during the COVID-19 Pandemic? well-being 2020). A crisis disrupts girl's education more than boys, with enduring impacts on the skills and knowledge that they need to succeed in the economy. The girls who are barred from going to school have to take up additional caregiving responsibilities, domestic labour, or other income-generating activities outside the home. Instead of continuing their learning, girls are the first to be pulled out of school, put to work, and care for younger siblings when families face economic hardship.

Malala Fund research estimates that as a result of the pandemic, 20 million girls in developing countries may never return to the classroom (Malala Fund Releases Report on Girls' Education and COVID-19, 2020). Girls' education is also influenced due to sickness and mortality among parents or other household members by at least two channels. First, losing a parent may lead to reduced income, so the children need to go out for work in order to earn a living. In the wake of the Ebola epidemic, (Malala Fund Releases Report on Girls' Education and COVID-19, 2020) girls in Sierra Leone reported gathering stones to sell, selling fruit in the market, and buying and selling scrap metal, among other activities. In some cases, it can even mean transactional sex. In Liberia when a similar crisis occurred, girls sometimes became the income earners in their households. Second, girls may become primary caregivers for sick members of the families and younger siblings. All of these responsibilities pull girls away from

school, sometimes permanently in cases where girls become the household breadwinners (COVID-19 and Girls' Education: What We Know So Far and What We Expect, n.d.). These repetitive patterns of long-term negative impacts on girls' access to learning, opportunities, and resources undermine their chances to a better and respected quality of life, having a direct impact on their educational, economic, and health outcomes.

4. Economic Impact Of Covid 19 on Women

The impact of a crisis is never gender-neutral and Covid-19 is no exception. The pandemic-induced poverty surge will also widen the gender poverty gap meaning more women are going to be pushed into extreme poverty than men.

4.1 Unemployment of Women

According to the data collected by The Times of India (Ghosh et al., 2020), there was an uneven economic impact of the Covid-19 pandemic on men and women. First, an informal workers' survey conducted by the Action Aid Association between May and June covering 20 Indian states shows more women were out of work post-lockdown compared to men. (Ghosh et al., 2020) 79% of the women surveyed reported they were unemployed compared to 75% of men by mid-May. Additionally, 51.6% of the women reported no wages during the lockdown period compared to 46% of men. Clearly, this illustrates that women workers have suffered more due to the pandemic-induced lockdown than their male counterparts.

Meanwhile, as per new data released by UN Women and the United Nations Development Programme (Ghosh et al., 2020), an estimated 87 million women and girls are living in extreme poverty in India in 2020 and this number is expected to increase to around 100 million by 2021 in the wake of the Covid-19 pandemic. The pre-pandemic poverty rate for females in India was 13.3% compared to 12.1% for males. But by 2021, 14.7% of women and girls will be living in extreme poverty in India in comparison to 13.7% of men. This again shows the disproportionate economic impact of the pandemic on women. If the present-day post-pandemic trends hold, India will take another 37 years to eradicate the gender poverty gap among individuals of ages 25 to 34.

Women entrepreneurs who manage smaller businesses are struggling too. Many of them chose to keep their enterprise small and their work timings flexible. Women tend to make this choice, so they can manage home and work seamlessly as lockdown forced them to stay at homes and they had to do all the household chores without any domestic help. This harmed them as the pandemic shut down most of the small enterprises across the country. It caused immense hardships for the woman whose boutique or salon can't be opened; whose catering services are no longer demanded; or whose event management enterprise is almost bankrupt for want of orders. (Contributors, 2020)

The ecosystem which enabled women to go out and work has again suffered a setback and made it extremely difficult for women to return to work. If this holds there will be a huge setback in the progress of women empowerment in India as well as in the world. When resources are scarce, patriarchy ensures that it must be the women who will agonize and the men will have a privilege whether they are jobs or wages. But the prolonged impact of such gender-based discrimination is catastrophic and can put societies back decades. If this continues to happen women will be squeezed out of the economy soon.

4.2 The Gender Pay Gap In A Covid-19 World

We are right in the middle of what seemingly looks like a never-ending recession. The global economy is now at the worst since the Great Depression, and even though men are more likely to die of the Covid 19, the pandemic's effect on women's economic growth and employment is heavier.

The International Labor Organization estimates that 195 million jobs might be eliminated globally thanks to the pandemic, with a majority in sectors predominated by ladies. Furthermore, over 740 million (From Insights to Action: Gender Equality in the Wake of COVID-19 | Digital Library: Publications, n.d.) women around the world work in the informal sector, and as low-wage workers, employment that is vulnerable to elimination due to COVID-19 and which often lacks protections against exploitation and harassment. (From Insights to Action: Gender Equality in the Wake of COVID-19 | Digital Library: Publications, n.d.) Migrant women working in non-essential service industries such as foodservice and hospitality and domestic workers in predominantly female-heavy sectors (e.g., housekeeping, childcare) are particularly

vulnerable to being laid off or exploited for their labour during COVID-19. Women are a part of many of the industries hardest hit by COVID-19, such as food service, retail, and entertainment. For example, 40% of all employed women – 510 million women globally – work in hard-hit sectors, compared to 36.6% of employed men. (From Insights to Action: Gender Equality in the Wake of COVID-19 | Digital Library: Publications, n.d.). Globally women earn 24% less than men do. Women have difficulty in making ends meet, dealing with unexpected expenses, and saving for retirement in contrast to men. They have a lack of confidence in their potential to accomplish their financial goals. (Financial Capability Study, n.d.) And when the pre-existing gender pay gap gets coupled with the gender-specific economic effects of the pandemic and the mental toll that it results in, the situation is only destined to get worse.

5.0 Conclusion

The number of people suffering from bereavement post-stress disorder, anxiety and an overall blue feeling has risen hand in hand with the rise in cases and death rates due to the pandemic. All these factors have also increased the suicide rates as the people who previously suffered from a psychological disorder are more likely to contemplate suicide and in some cases, also take the next step.

Studies also show that the mental wellbeing of humans has worsened since the onset of the pandemic and will probably reach its most destructive phase months after the pandemic is over. The health infrastructure of some of the biggest economies has crippled, resulting in a flood of cases and unavailability of resources- both for physical and mental wellbeing. The media coverage of this pandemic has also contributed to the negativity that we entail by constantly showing the misery around instead of also focusing on the other events happening worldwide. Unchecked sources of information have majorly led to xenophobia and hate crimes, especially against Asians. The economic recession of women aptly termed secession(she-recession) is showing its effects loud and clear as women composed a major portion of the sectors hit worst by the pandemic i.e. hospitality, grooming et al. Added to this is the increased expenditure of medicines, protective gear, domestic supplies, etc. The mental burden has also shot up because of the increase in caretaking responsibilities on the home front. Women also constitute about 70% of the healthcare workforce worldwide, a job sector whose workers have been on their toes since

the onset of the pandemic. Ironically, this sector also has a staggering gender pay gap of 28% which is 12% higher than the overall pay gap of 16%. So not only do women form a major part of the sector and hence have been intensely overworked over the past 18 months, they have been severely underpaid. Adding further to factors that have damped women empowerment is the suffering of girl child education. The physical and mental impact of domestic violence is far-fetched and leads to obvious distrust between the affected and the doer resulting in isolation from the few people the person wasn't already expected to be isolated from. Analyzing the past months and its consequences on women, if there's one clear thing is that other than a mask, women need critical protection from the government and the system to help get back to 'normal' at the earliest irrespective of when we may reach there.

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