

COVID-19 PANDEMIC AND WOMEN

KOBIETY A PANDEMIA COVID-19

Harpreet Singh Dhillon^{1(A,B,E)}, Shibu Sasidharan^{2(D,E)}

¹Department of Psychiatry, 166 Military Hospital, Jammu, India

²Department of Anesthesiology and Critical Care, Level III IFH, United Nations Organization Stabilization Mission in the Democratic Republic of the Congo, Goma, the Democratic Republic of the Congo

Authors' contribution
Wkład autorów:
A. Study design/planning
zaplanowanie badań
B. Data collection/entry
zebranie danych
C. Data analysis/statistics
dane – analiza i statystyki
D. Data interpretation
interpretacja danych
E. Preparation of manuscript
przygotowanie artykułu
F. Literature analysis/search
wyszukiwanie i analiza literatury
G. Funds collection
zebranie funduszy

Dear Editor,

After its modest start in Wuhan in December 2019, the single strand of RNA has wreaked havoc in the social, political, economic and psychological realms of the world. Although the Coronavirus-2 (SARS-CoV-2) did not discriminate against any race, caste, religion, socio-economic class etc., the devastating effects of pandemic and consequent lockdowns have disproportionately affected the women worldwide.

In the beginning of the pandemic, it was expected that men would be affected more owing to their gender role of venturing out of home to earn for their families. However, as the pandemic worsened with ensuing lockdowns, the situation reversed. Despite lockdown, women still had to step out of the house for groceries and other household errands. Women are tasked with collecting drinking water from crowded community water pumps in certain states where onsite drinking water is not available. There are additional pandemic specific factors such as juggling household and work from home duties. With the closure of schools and daycares, women are taking care of children for the entire day, their online teaching, looking after the elderly with more number of family members inside the house, making the routine household and caregiving burden an endless work. This is a gender specific unpaid job with no economic security and in pandemic times like these, can jeopardize a women's source of livelihood.

The composition of global workforce has changed with more women joining the payroll but the pandemic is threatening to put an end to their financial independence. Even prior to the pandemic, the financial discrimination borne by the female professional was omnipresent, and not limited to developing world only. As per U.S. Bureau of Labor Statistics, 2014, an average female professional earns 82 cents for every dollar compared to an average male. The pandemic has further worsened the financial divide, which could be attributed to the additional familial and societal obligations expected from the women. In Asia and the Pacific, 50% of women have reported drops in working time, compared to only 35% of men [1]. The International Labor Organization (ILO) has estimated a loss of 17% of working hours with a 19% higher risk for women's employment compared to men's [2].

Gender related factors have amplified the differential economic impact on women working in industries with predominant women workforce such as the garment industry, hotel and tourism sectors, food industry and the health sector. This differential setback to the industry has severely affected women employment and has forced them to venture into informal employment sectors. The informal

Keywords: COVID-19, healthcare workers, women

Słowa kluczowe: COVID-19, pracownicy służby zdrowia, kobiety

Tables: 0
Figures: 0
References: 9
Submitted: 2021 Jun 10
Accepted: 2021 Jun 16

Dhillon HS, Sasidharan S. COVID-19 pandemic and women. Health Prob Civil. 2021; 15(3): 161-163. <https://doi.org/10.5114/hpc.2021.107176>

Address for correspondence / Adres korespondencyjny: Harpreet Singh Dhillon, Department of Psychiatry, 166 Military Hospital, Satwari str., 180003 Jammu, India, e-mail: harpreet5467@yahoo.com, phone: +919869144561
ORCID: Harpreet Singh Dhillon <https://orcid.org/0000-0001-5956-874X>, Shibu Sasidharan <https://orcid.org/0000-0003-2991-7595>

Copyright: © Pope John Paul II State School of Higher Education in Biała Podlaska, Harpreet Dhillon, Shibu Sasidharan. This is an Open Access journal, all articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) License (<http://creativecommons.org/licenses/by-nc-sa/4.0/>), allowing third parties to copy and redistribute the material in any medium or format and to remix, transform, and build upon the material, provided the original work is properly cited and states its license.

employment sector does not ensure job security, poses greater risk for harassment and exploitation with no state sponsored social protection leading to financial insecurities and psychological maladjustments.

In the health care sector, women are the default health care workers especially in unorganized/quasi-organized community health care system. They constitute majority of the midwives, social and health care workers and nurses especially in the poor countries where they work without adequate protective gears and are at higher risk of exposure to viral transmission [3]. In addition, the access to health care facilities has become more difficult as majority of the community outreach resources and manpower has been diverted to tackle the COVID-19 pandemic. Women find it difficult to access health care in view of financial hardships, transportation costs and the fear of contracting the illness. The existing outreach programs for children, adolescent girls and pregnant women have been severely disrupted interrupting the supply of sanitary care products, contraceptives, iron/calcium supplements etc. [4]. Thus, there is an enhanced risk for sexually transmitted diseases, unwanted pregnancies and poor maternal and child outcomes. These factors not only predispose the women for increased risk of contracting the illness but also negatively impact the recovery from the same.

The violence against women has existed since time immemorial and has peaked during the previous outbreaks of Ebola and Zika virus but it has become a major public health issue during the current pandemic. There was an increase in number of distress calls to emergency services, increase in number of deaths, increase in sexual violence, difficulty in accessing the support and protective services due to lockdown. An Indian study by Ravindran & Shah, 2020, revealed a higher incidence of domestic and cybercrime (abuse and bullying) complaints, although the complaints for rape and sexual assault were less [5]. There could be multitude of factors including limited/no access to community/state support services during lockdown, being locked down with aggressive/abusive partners, increased alcohol consumption, online gambling, financial insecurities etc.

The pandemic is also expected to differentially worsen the already existing gender disparities in the medical and psychological conditions in women [6,7]. The impact on mental health during the COVID-19 pandemic has been ubiquitous across race, religion and countries; however, it again impacted women more than men because of the differential perceived burden borne by women. Working women including those in healthcare industry suffered more stress, anxiety and psychological maladjustments. They were found to be more worried about contracting the illness and transmitting it to their family members. The mental health of women working from home has been adversely affected due to dual role of work from home and working for home. There has been an increase in psychosomatic complaints such as headaches, backaches, myalgias, neck pain, eyestrain [8]. The sexual health also experienced a decline in terms of reduction in frequency of sexual intercourse as well as sexual intimacy during the pandemic and lockdown period in India [9]. Moreover, patients with existing psychiatric conditions deteriorated further due to stress, disruption in OPD consultations/medicine supplies and diversion of already limited mental health resources in India to pandemic relief measures.

It is imperative to utilize a gender lens to study the already existing and rapidly widening gender disparities owing to the current pandemic. Women representatives should be included into decision-making capacity from the policy levels to the grass root situations to identify the trends at local levels. Equitable sharing of responsibility between man and woman at both household and workplace should be encouraged with equal pay and care related leaves. The Government should provide for paid leave, flexible working and childcare services, social and state sponsored protection in the informal employment sectors, economic relief packages for industries with predominantly female workforce and to ensure continuity of the existing health and social services supporting women. In order to combat physical and mental exhaustion, stress management techniques such as meditation, mindfulness, balanced diet, optimal sleep and behavioral scheduling should be cultivated and practiced.

References:

1. Azcona G, Bhatt A, Encarnacion J, Plazaola-Castaño J, Seck P, Staab S, et al. From insights to action: gender equality in the wake of COVID-19. New York: UN Women; 2020.
2. International Labor Organization. Gendered impacts of COVID-19 on the garment sector. Bangkok: International Labor Organization; 2020.
3. UN Women. COVID-19 and its economic toll on women: the story behind the numbers [Internet]. New York: UN Women; 2020 Sep 16 [cited 2021 Jun 6] Available from: <https://www.unwomen.org/en/news/stories/2020/9/feature-covid-19-economic-impacts-on-women>
4. Chakravarthy V. Women at the center of the COVID-19 pandemic: insights from rural contexts in India. *Demography India*. 2020; 49(Special Issue): 132-139.
5. Ravindran S, Shah M. Unintended consequences of lockdowns: Covid-19 and the shadow pandemic.

- NBER Working Paper, No. 27562. Cambridge, MA: National Bureau of Economic Research; 2020. <https://doi.org/10.3386/w27562>
6. Connor J, Madhavan S, Mokashi M, Amanuel H, Johnson NR, Pace LE, et al. Health risks and outcomes that disproportionately affect women during the Covid-19 pandemic: a review. *Social Science and Medicine*. 2020; 266: 113364. <https://doi.org/10.1016/j.socscimed.2020.113364>
 7. Meyer PA, Yoon PW, Kaufmann RB, Centers for Disease Control and Prevention. CDC Health Disparities and Inequalities Report, United States. *MMWR*. 2013 Nov 1; 62(Suppl 3): 3-4.
 8. Sharma N, Vaish H. Impact of COVID-19 on mental health and physical load on women professionals: an online cross-sectional survey. *Health Care for Women International*. 2020; 41(11-12): 1255-1272. <https://doi.org/10.1080/07399332.2020.1825441>
 9. Grover S, Vaishnav M, Tripathi A, Rao TS, Avasthi A, Dalal PK, et al. Sexual functioning during the lockdown period in India: an online survey. *Indian Journal of Psychiatry*. 2021; 63(2): 134-141. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_860_20