

A Study of Female Mental Health in India during Recent Pandemic

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Abstract

Introduction: The current scenario of COVID-19 has changed the picture of the world. The mode of operations among the different segments of society has changed. This pandemic has not spared anyone, and it has affected almost everybody's mental health. The virus has affected the women across the world.

Purpose: In order to review the effect on the mental health of the women due to this pandemic, women are considered as the more vulnerable and can have more serious impact on the women. The whole purpose is to know the root cause and then find out the strategies in order to prevent and treat the consequences of the mental health among the female population across the stages of life.

Methods: The researcher has performed a narrative review in combination with the observations from clinical experience in the field of mental health of the women and reproductive psychiatry. Articles on women's mental health and COVID-19 up to May 30, 2020, were searched using the electronic PubMed and Psych Info databases, as well as publications by major health entities (e.g. World Health Organization, Centers for Disease Control and Prevention, the United Nations) and press releases from prime communication outlets (e.g. National Public Radio).

Keywords: *Novel Coronavirus; Coronavirus; SARS-CoV-2; COVID-19; Pregnancy; Breastfeeding; Women's Mental Health; Intimate Partner Violence; Domestic Violence; Women's Health are Used in Various Combinations and Individually as Well*

Introduction

COVID-19 started from Wuhan, China, in December 2019. Then from there it rapidly spread to all parts of the world. WHO then gave this situation the name of the pandemic COVID-19 has changed the modus operandi of all the segments of the society across the globe.

Although the global magnitudes of this pandemic are extraordinary, there are important lessons that we can learn from erstwhile major outbreaks, such as H1N1, Ebola, and Zika, where the assessment and response delays resulted in the negative outcomes [14].

This article is chronicle review of the published articles on the topic women's mental health and COVID-19 up to May 30, 2020. For the search purpose the electronic PubMed and Psych Info databases and other articles available on the net are used. Different Publications by the major Health organizations like World Health Organization (WHO), Centers for Disease Control and Prevention, the United Nations, Ministry of Health (India) and other press releases from different newspaper, publishing houses etc. are used.

An attempt to identify additional studies was made by reviewing the bibliographies from identified studies. There is no restriction for using materials.

The combines observations from the clinical experiences in the field of mental health of the women were included in the study. The reference is taken from the women living in the surrounding areas.

Inclusion and exclusion criteria

The criteria of inclusion and exclusion of the material is defined before initiating the study. The systematic type of review has been done for the whole study. In this article reviews of the peer articles were also included as how women are especially affected due to the SARS-CoV-2 and the effect of current situation as well. The problems related preconception, pregnancy, postpartum, and lactation, as well as the impact of quarantine and social isolation on the mental health on the women. The repercussions that this whole thing has on the increased incidence of domestic violence. Opinion articles were not validated when the objective data were omitted.

Gender influences on mental health effects of the COVID-19 pandemic

There were studies from China where this whole matter of COVID-19 started dramatically. In those studies, it has been found out that the women are the ones who are significantly more associated with the higher self-reported levels of anxiety, stress, posttraumatic stress symptoms and depression [1]. There was more severe overall impact on the psychology of the women. This is not the case of only China. This whole thing is associated across the globe as this has pushed the women into a phase where people are staying at home creating more burden on them and this results in more stress and more depression like situation as women are not getting their own time of relaxation and their own life [17,18]. It has been found out in a study that women are more vulnerable in terms of mental health and they have higher risk factors as well which have been intensified during this pandemic. This pandemic is a situation where every woman has experienced a lot of stress and anxiety. There is chronic environmental strain as well on the mental health of the women. (Street and Dardis 2018). If there exists a preexisting situation of depression and anxiety disorders (Hao., *et al.* 2020), and domestic violence [24] it will all work as fuel to fire and will only increase the problem.

There are other influences as well that are associated with the cultural roles of the genders. The women experience the stressors related to the pandemic which are specific to reproductive functioning and the stages as well. Following are the key influences that are summarized for the better understanding of the subject matter.

Preconception and fertility issues

Approximately 45% of pregnancies in India are unplanned or unintended (Finer and Zolna 2016, Ralph., *et al.* 2020). This number may be higher during the COVID-19 pandemic due to many restrictions that are existing in the market as people do not have access to contraception there is also decreased office hours which acts as fuel to fire to avoid going to a healthcare center in order to see a doctor or to obtain a prescription, or there were also problems related to cancellations of procedures for birth control, such as insertion of intra-uterine devices, long-acting injections, or hormonal implants. All these factors have rapidly increased the chances of preconception and hence resulted in increase in number of unwanted unplanned births.

There are unclear effects of SARS-CoV-2 on the developing fetus, as there is limited therapeutic options, and the availability of resources that led many of the couples to decide whether they want the child or want to postpone the pregnancy for some time. For instance, let us take an example outside India: in a study in Italy, the survey participants who wanted to have a child before this COVID-19 pandemic drama no longer did it or in 37.3% cases they dropped the whole idea of having a baby [11]. But this is not the case in India as people here are very much excited about their stay at home and without planning, they have taken the decision of having a baby. As per the study in this whole pandemic situation 20.1 million babies born in only India during lockdown. This lockdown and pandemic have accelerated the whole rate of having a baby. One of the reasons that people have not given a second thought about this is because they do not have access to the other facilities or medical facilities preconception of the whole matter. Among all the reasons that are cited were the problems

related to non-availability of the resources and other materials. And in case the couple decides to not have a baby all these things create a negative impact on the mental health of the women, and this creates a lot of stress which will later lead to infertility. So, the treatments of infertility, and for the women who are nearing the end of their reproductive years with reduced access to assisted reproductive technology have more complicated impact on the mental well-being.

Pregnancy

The period of perinatal (pregnancy and the first year postpartum) is a time when the women are highly vulnerable to mental health problems. Roughly, one in seven perinatal women experience increased anxiety, depression, and distress and this is an alarming rate. The women having high-risk pregnancies are having the higher risk of mental illness (Fairbrother, *et al.* 2017).

For most of the pregnant women in the country, this COVID-19 pandemic has brought increase fear and also the reduced sense of control because of the scarcity of the accurate data on the effects of COVID-19 during the pregnancy period [23,26]. Following are the key stressors that are very prominent during this situation are:

Worries about the vulnerability, e.g. as most of the women are asking questions like:

- Am I more vulnerable to COVID-19 infection or its complications while I am pregnant?
- Can COVID-19 be transmitted to my fetus as well if I get the infection during my pregnancy?
- Does COVID-19 increase the risk of complications during pregnancy? Decisional stress, e.g.
- Am I better off attending or skipping prenatal care visits to the hospital?
- Should I avoid the hospital and deliver the baby at home?

The fear of infection and how it would affect the developing fetus is adding another layer to the very complicated apprehension that the situation demands. Additionally, the pregnant women face other additional unique challenges and experiences regarding perinatal care delivery during a pandemic:

- In order to reduce the risk of COVID-19 exposure and transmission, many of the perinatal care visits have transitioned into a virtual mode as it gives them a sign of relief and stress-free option to attend these sessions from home.
- For in-person visits, there are several hospitals that prohibit or limit, companions, or the escorts (Hermann, *et al.* 2020) that come with the patient to the hospital.
- Treatment teams have been reconfigured as many of the healthcare workers are positioned to other areas or are unable to maintain their previous roles because of the rush that has been created due to the whole pandemic.
- In many of the places the patients and the providers need to follow a universal mask policy and this mask policy may have negative emotional associations and limit the patient- clinician rapport because both the parties will not be able to connect in person. Wearing a mask is especially anxiety-provoking for some of the women who have experienced prior trauma, e.g. women whose intimate partners have tried to suffocate them. All these are the core challenges with the women during pregnancy as all these things accelerate with the pregnancy because there are other biological and physical changes are occurring in the body of the women.

Studies till date indicates that pandemic-related stressors are substantially elevating perinatal mental health challenges in women. For instance: a study of 4124 pregnant women in China [18] compared scores on the Edinburgh Postnatal Depression Scale (EPDS) which is a well-validated screening and assessment tool in the field of psychology before and after January 20, 2020 (the day it was announced that SARS-CoV-2 could be transmitted from human to human). As compared to pregnant women before that announcement, the pregnant women after that announcement had higher overall EPDS scores which is a greater likelihood of scoring above the cutoff for possible major depression, higher scores on the anxiety subscale, and greater probability of countersigning suicidal feelings. Over the time, EPDS scores are correlated with the number of new COVID-19 cases and deaths announced each day in order to find out the exact mental health condition of the women. Similarly, there was a study of on the pregnant women in India that gave the results that women who are recruited after the onset of the pandemic were approximately twice as likely to report symptoms that met the criteria for a diagnosis of depression, anxiety disorder, or substance use disorder [26,27]. All these signs stresses that a woman is more likely to be prone to depression when she is pregnant. A different study of pregnant women in India has been carried out by using validated screening tools. It has been found out in the study that found that 37.0% of participants endorsed elevated depressive symptoms (EPDS score 13 or above), 46.3% endorsed severely elevated anxiety, and 67.6% had clinically elevated pregnancy-related anxiety. Social isolation is strongly correlated with the likelihood of clinically significant depression or anxiety symptoms of the patient. This is also notable that social support is one of the methods that has been consistently shown to be a key protective factor in order to save these pregnant women from acute depression. It significantly reduces the risk of depressive and anxiety symptoms during the pregnancy of the women (Milgrom., *et al.* 2019).

The fear of birth of the child is very prone in every part of the world (Koc., *et al.* 2020). It can also become sensitive when a woman is deprived of the support of the family [2]. If a woman is unfamiliar with the medical team during giving birth to the child the chances of panic attacks increase, and the women also worries about the baby as what will happen if the child acquires the virus during pregnancy or delivery or what will happen if she will be separated from her child. There is unclear safety enduring uncertainty about the safety of the breastfeeding with COVID-19 and there is also suspense on the possibility that the newborn will be admitted to a neonatal intensive care unit that represents an additional source of tension among the women who have recently give birth to child.

There is no even guideline that is pertaining to the valuation and care of pregnant women during this pandemic. This leads to important inconsistency in management of the whole process of giving birth of a child (Favre., *et al.* 2020). To cite one example, in city of Bangalore, India, the women who are going to give birth to a child need to visit a police station and then surrender their identification card in order to obtain a "childbirth pass" before heading to the hospital for delivery. The childbirth passes are only valid for 12 hours and many of the women have denied service [26,27].

Data about transplacental transmission of SARS-CoV-2 from the infected pregnant women to their fetuses are vague (Chen., *et al.* 2020; Kimberlin and Stagno 2020; Ferrazzi., *et al.* 2020; Egloff., *et al.* 2020) and this vagueness intensifies maternal stress. As there is no exact data available on the matter. Some of the newborns whose mothers had COVID-19 have been found to have IgM antibodies to SARS-CoV-2. It is the case even when the child was delivered by Cesarean section and are immediately removed from their mothers. Similar type of situation has been reported even when the mothers and all health personnel wore masks or other personal protective equipment [20]. Since IgM antibody molecules do not cross the placenta, it is suggested that these represent an immune response that is mounted by the fetus itself due to in utero exposure. Though, the IgM antibodies disappeared more quickly than it is expected, and it suggests that these could have been false positives as well. In addition to this there are also some cases where the newborns have tested positive for SARS-CoV-2 despite of the immediate separation from their mothers at the time of birth, and in some of the cases there had radiologic findings in the lungs, lymphocytopenia, and thrombocytopenia as well (Zaigham and Andersson 2020). All these facts tell us that there is no definite data that says that what will exactly happen. In terms of other complications when a pregnant woman has been infected by the COVID-19, in this case the most common adverse pregnancy outcome has been preterm birth. In 19 - 47% of the cases preterm birth has been reported (Di Mascio., *et al.* 2020; Mullins., *et al.* 2020; Juan., *et al.* 2020; Li., *et al.* 2020). Much of this is iatrogenic. There are other observed complications as well which are associated with this COVID-19 complication, they are premature rupture of membranes which happens in 19%

of cases, fetal distress which has been reported in 43% of cases, and late perinatal loss which is also known as stillbirth or neonatal death which is in 7% of the cases (Di Mascio., *et al.* 2020). Although in the initial data there is no sign of an increased rate of miscarriage [19]. There is at least one case of second-trimester miscarriage that has been reported in a woman with COVID-19 that appears related to placental infection with SARS-CoV-2 which is supported by virological findings in the placenta (Baud., *et al.* 2020). The chances of contamination at the time of delivery, sampling, or laboratory error were questionable, as all the other swabs were negative for SARS-CoV-2 [23].

As compared to the pre-pandemic placental tissue, placentas of the women who are infected with COVID-19 have shown significantly more abnormal maternal (but not fetal) vascular perfusion which especially affects the maternal arterioles, and more intervillous thrombi (Shanes., *et al.* 2020).

Postpartum

Following are the worries that the postpartum period brings with addition to the pandemic- related worries:

- Is the newborn child being more vulnerable to COVID-19?
- Is it safe to hold the baby close to the mother?
- Is COVID-19 is transmitted to the child through breastfeeding?
- If the mother has COVID-19, is it safe to store the breast milk of the mother and then use it later?
- Is it safe to use a rented or shared breast pump? How to disinfect the pump safely before using it?
- What if the mother cannot find formula or diaper wipes due to stockpiling in the market?
- How does the mother will manage without the relatives coming to help to the hospital?
- How can the mother support her baby now as she is unemployed?

Social support is considered as the strong protective measure against the postpartum depression. The degree of social support very significantly and inversely correlates with the postpartum depressive symptom severity [15]. The effective postpartum social support can include reliance on the family members, friends, or hired professional in order to get help and some relief from the added responsibilities that has been leaped up while dealing with the profound hormonal changes that is taking place in the body, sleep deprivation, and adjustments in the family dynamic and distribution of roles regarding work. As the situation in this pandemic is to stay-at-home or shelter-in-place orders, this is no longer an option for many of the mothers as they are now finding themselves juggling multiple roles with the limited help present as everybody is busy in their own lives (Brooks., *et al.* 2020). And this creates a lot of stress and burden on the mothers.

Several postpartum mothers and their partners are also dealing with the added tasks such as childcare if they have other children at the home. As the schools and other childcare centers have been closed since many days at many of the places and there is no accurate news when these schools and centers will reopen. There are also cases where the family has chosen to keep their children at home due to the fear of contamination of the virus. Single mothers are the ones who are hit even harder. Elderly grandparents may be unable to assist or even visit their grandchildren due to delicate age-related COVID-19 risk [31].

Another significant factor of mental illness among the women is the tension related to the financial hardship. The unemployment rate is very persistent in the country like India where in this lockdown situation many of the people have lost their jobs and there are many who do not have anything to sustain their family. This situation is so acute that this has not been experienced during the great depres-

sion. In a country like India, unemployment is not the only problem people here are so illiterate that they do not understand the value of anything, and they just give birth to a child without giving a second thought a what will happen to the child if they will not be able to earn a living for their family. All these things result in acute depression and anxiety among the women because they are the ones who are very sensitive and, in a study, it has been found out that women are the ones who takes more tension of all these things. In the country many schemes had been started regarding this problem. At many of the places counselling sessions have been started for the women who have recently given birth to a child as they are more prone to depression and mental illness. Many of the families are unable to pay their house rent and this has resulted in that they have to vacate the house and become homeless. There are also cases where even the shelter homes are closed as the people got infected by the virus.

Till date the SARS-CoV-2 viral isolates have rarely been found in the breast milk of the mother [19,20]. There were only a few cases that has been reported of women who are newly diagnosed with COVID-19 shortly after delivering their child and then breastfed their babies without masks. In this case the newborns were tested positive for COVID- 19 on day 1 and day 3 of breastfeeding (Ferrazzi, *et al.* 2020). Due to this uncertainty, there is no consent about the guidelines in order to address the problem of breastfeeding in the COVID-19 context means there is no certainty whether a mother who has tested positive for COVID-19 can breastfed her child or not. Some of the studies [16] have recommended that the mothers should not breastfed their child in cases of confirmed infection as this will increase the chances of infection to the child as well. But in most of the cases, there is support in favor of breastfeeding with precautions in place. Let us take an example of the American Academic of Pediatrics that recommends that an infected mother can continue to promote and support breastfeeding in a family with suspected or confirmed COVID -19 because breastfeeding is very important for infants and in case, they do not get thisthey are more likely to have severe respiratory symptoms in the future. As we all know the importance of the oxytocin that are released during breastfeeding that helps to promote maternal wellness and stress relief. So, the study recommended that in cases where the mother is COVID- 19 positive, infants with negative SARS-COV-2 molecular testing should be discharged in order to care of a designated non- infected caregiver (American Academy of Pediatrics 2020). In an another study of Center for Disease Control (CDC) that recommends that if a mother wears a facemask and wash her hands with soap and water regularly and before each feeding the chances of infection is reduced (Centers for Disease Control and Prevention 2020).

Miscarriage

As compared to the women who maintain viable pregnancies, but there are women who have miscarriage and have higher rates of depression, anxiety, and posttraumatic stress symptoms [3,5,6]. In non-pandemic conditions as well, the women with non-viable pregnancies can also opt for expectant care (natural miscarriage), medical treatment, or surgical treatment. But during the pandemic, more of the pregnant women may opt to miscarry at home in order to reduce the risk of COVID-19 exposure in a medical setting because hospitals are more prone to infection as there are more chances of infection. As compared to the surgical treatment, natural miscarriage takes longer time and there are chances that it will be incomplete and will require unplanned surgical intervention as well and/or transfusions [12]. The women who would otherwise have opted for surgical intervention may experience several days of bleeding and cramps as well, and there are chances that sometimes there are chances that they will see fetal parts in the material they pass while bleeding and often experience this in more isolation with less available social support increases the chances of anxiety and other related problems [4]. And thus, resulted in higher risk for subsequent mental health problems.

Parenting

Family life has been redefined by the COVID-19, and maybe this will continue for generations to come. The schools were instantly closed in most of the cities as an attempt to maintain the spread of the pandemic [21,22], that affects approximately 1.2 billion students or almost three-fourths of all the learners worldwide. There is a heavy load of parental stress that has come as a consequence, and particularly for the mothers who typically carry the bulk of childcare and eldercare in most parts of the country. Many parents have reported

that they are feeling more anxious, agitated, fearful, or depressed due to the limited financial and social resources, unemployment, and they have increased the use of alcohol and other addictive substances. There is a global sense of unpredictability and also loss of control from the juggle between homeschooling and the remote work and all are combined with limited outsourced help. This has substantially magnified in the case of single parents or parents with disabilities that they have extra burden of their child and work both [30].

This sometimes increases the risk of violence towards the children at home. In addition to the stress of caregivers, the children are also facing their own struggles. They have to adapt to a new routine, and there is lack of outside world. The children are also deprived of the social and physical activities that are very essential in their stage of life. And as they have increased exposure to screen time, irregular sleep patterns, and less balanced diets their life has become more strange and full of tension [17].

In a study from the American Psychological Association that recommended that there should be some strategies in order to mitigate these conflicts. And there is need to establish a structured routine for the children and acknowledging the feelings of the children. There should be relaxing screen time rules and the children should practice self-care for example good sleep hygiene, healthy eating habits, meditation, yoga. The parents of the children try to get (virtual) professional help if necessary (American Psychological Association 2020).

There should be reorganization of time and responsibilities which is also very important in order to prevent an exacerbation of gender inequities. They should be treated as how to balance the division of work and what are the consequences. Women who are spending significantly more time on housework and childcare and the other unpaid work as compared with men, and mothers under even greater disadvantage as compared to childless people (Minello 2020).

It is possible to find a silver lining amongst these very challenging times of need. While there are health emergencies and natural disasters taking place and all these have serious implications as well which includes the increased rates of child abuse and intimate partner violence. These women also present as opportunities in order to build strengths and positive behaviors, deepen interpersonal relationships with their partners and families, these women should enhance their interactions between parents and children, and try to develop new skills and abilities (Cluver, *et al.* 2020). Many of the families have reported increased cohesion and partnership and a deeper understanding of which values are perceived as priorities for their family. Many of the women mentioned that this experience has allowed them to return to previous hobbies or to develop the new ones. In this period the women are spending more time with their immediate family and it has been incredibly positive for their mental well-being.

Intimate partner violence (IPV)

Though in India, the impact is not significant as it is in USA and mainly it is concentrated in the metros the researcher has tried to capture the impact of this kind of violence on the psychology of the women [25].

As everyone has been told to stay at home in the world and India is not a different place. This has been done in order to ensure the safety of the people. For many of the people home represents the least safe option because these are the victims of the intimate partner violence. Usually, women are the victims of such type of abuse. Now with the greater exposure to culprits of violence during these times of unprecedented psychological and economic stress and with the reduced access to safe havens the women are more prone to violence and other psychological issues. In some of the cases, violence may even develop in homes where it had not been an issue prior to the lockdown [13].

As per the Centers for Disease Control and Prevention (2020), one in three women in metros of India has experienced violence from an intimate partner. According to World Health Organization, domestic violence is "the most widespread but among the least reported human rights abuses" (World Health Organization 2020).

Violence in the home is linked with several negative outcomes which includes increased use of substances, risky sexual behaviors,

higher risk for chronic medical illnesses, depression, and posttraumatic stress disorder [7,8].

The rates of the intimate partner violence have been increased in the context of prior natural disasters as well. During and after the effect of cyclones and other natural disasters, for example, the higher rates of domestic violence were reported including both intimate partner violence and child abuse. Both of these are very acute and were observed very keenly (Schwartz, *et al.* 2018). There are contributory factors as well that includes the reduced access to the resources and social supports which are when coupled with the increased stress due to job loss and/or strained finances increases the violence against women [9,10]. As per the data, a similar type of increase is happening during the COVID-19 pandemic as well. This type of violence when compared to the prior disasters includes especially prolonged shelter-in-place mandates. The increasing rates of domestic violence have been reported across the country. There have been substantial documented increases in calls to (IPV) emergency support lines all over the world including China, Italy, and Spain during their lockdowns. Calls to women support services in the country have tripled (Bradley, *et al.* 2020). It is notable that these numbers are likely underrepresented as well, as many of the victims are deprived from any contact with the outside world or are fearful of revenge. Or it may be the case that these women are not given permission to talk to the outside world. According to the United Nations, there has been a “horrifying surge” in domestic violence since the beginning of the pandemic all over the world (United Nations 2020). The organization advised every country that the prevention and redress of violence against women should be a key part of national response plans for COVID-19 (United Nations 2020).

As there are isolation guidelines in effect in many of the places the victims of intimate partner violence are deprived of the option to stay with a friend or family member as well [24,28]. They also do not have an option to go to a domestic violence shelter. Even filing a protective order to the police can be a challenge. Many of the women do not seek medical care in order to avoid the risk of COVID-19 exposure as well.

As there are current measures in place in order to limit the spread of COVID-19 triggers increase in intimate partner violence all over the country. Physicians and frontline healthcare workers must be attentive enough in recognizing signs of violence and they should feel comfortable asking about IPV and be aware of local resources for referral as well (Campbell 2020).

There has been a Position Statement issued by World Psychiatric on Intimate Partner Violence and Sexual Violence Against Women and has also developed a curriculum to support research, enable professionals, educate the public, and expand resources that address this theme [31].

In India, there has been many laws that protects the rights of the women against violence but the problem is many of the cases are not been reported because of their personal issues and other reasons.

Conclusion and Clinical Implications

The COVID-19 pandemic may have worsened the mental health challenges of the women that are going to give birth to a child or had miscarriage or other pregnancy related issues. It has just pushed the women in a darker place as it has rapidly increased the rate of violence against women. Following are the available data about gender-specific effects that has affected the mental-health of the women:

- There is high risk of developing psychological issues in the women who are pregnant, postpartum, miscarrying, or experiencing intimate partner violence during the pandemic. There should be proactive outreach to these groups of women and in this way only this could lead to prevention, early detection, and prompt intervention.
- S discussed above as well social support is a key protective factor. Social support can be enhanced via online contact for e.g. secure messaging with professionals, telehealth visits, online support groups, online doula support. There are many ways in which these women can be saved from acute depression and other psychological issues.

- For the pregnant women who may need to undergo in to labor and delivery without a loved one present the childbirth education can be adapted in order to include more stress management techniques and can be delivered online as well. This will help to keep that lady at ease at the time of delivery.
- Parenting may be considerably more stressful during the COVID-19 pandemic. By offering specific parenting tips, such as those provided by UNICEF, could improve mental health for parents and children as well and can reduce the risk of domestic violence as well [29,30] (UNICEF 2020).
- For women who are at risk of intimate partner violence, can maintain up-to-date information about available hotlines, shelters and family courts could be lifesaving.
- Gender disparities may be emphasized, particularly for the employed women or single parents, as women are disproportionately responsible for the bulk of domestic tasks, including childcare and eldercare.
- In India, there are many online helps available for the women in order to counsel them at this time of need.
- There are also many laws present in India which safeguards the women against any type of violence.
- The women having anxiety and other mental illness problems can reach out to any of the forums or platforms and can seek help from there.

The chances of high risk are Women as they are considered as more vulnerable. The women who are pregnant, postpartum, miscarrying, or experiencing intimate partner violence are especially at high risk. There are chances that they develop problems related to mental health during this time of pandemic. The only way out to prevent this to proactively reach to these groups of women and the social support should also be enhanced in order to do this. If early detection and prompt treatment is provided to these women then only it can be reduced. As it is rightly said that in these situations social support is a must. Likewise, the process of parenting may be considerably more stressful during the pandemic. Gender disparity is one of the goons that can take the person to a situation which is very stressful and difficult to live. The problem is mainly with the working women or the single parents as it is very intentionally passed on the responsibility of the house and other domestic chorus, childcare and elder care will also come complementary with these responsibilities on the shoulders of the women.

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Volume 11 Issue 2 February 2022

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