

Mental Health Status of Women Post Covid-19 in Indian Context

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Abstract

COVID 19 is a global crisis having caused large scale deaths and is continuing in numbers. It has endangered the finances and economies across the world and impacted all aspects of daily life. There has been an increase in reports of mental health issues and suicide globally, and experts predict a pandemic of mental health issues post COVID-19. Although all individuals are susceptible to psychological impact of COVID 19, the mental health of women is particularly a point of concern for different social, cultural and familial reasons.

Women could arguably be the population most affected by the secondary impact of COVID in developing countries like India. The prevailing situation have exposed women to increased household responsibilities, increased care giving and parenting responsibilities, yet being subject to increased domestic violence and abuse as reported in media in recent period. The psychological sequel of these could be in terms of irritability, anger, biological disturbances, reduced libido as well as clinically significant anxiety and depression. The article focuses on the risks and psychological impact of the COVID pandemic on women in India with support from existing scientific literature and surveys from reliable national media.

Keywords: *Mental Health; Women; Covid-19*

Introduction

The COVID-19 pandemic started emerging at the end of year 2019 and with around 7.3 million cases as on October 15, 2020; India accounts for around 18 percent of global infections. With current rate of progression, India is slated to have highest number of individuals tested positive with COVID. The secondary impact of the pandemic in terms of financial and economic loss is enormous and yet to be correctly assessed. By an estimate, the GDP of India is predicted to shrink by 4.5% in 2020 due to the pandemic. Financial loss, loss of jobs and salary cuts and lack of clarity on timeline for resolution of the situation has made everyone apprehensive and worried about their survival and wellbeing. There has been steady report from across the globe regarding the rise in report of mental health issues and suicide post pandemic [1]. While all individuals are susceptible to psychological impact of COVID-1; women especially homemakers and middle aged women could be at higher risk of their mental health getting impacted which has further familial ramification including higher risk of mental health issues in children. Women in India are primarily the frontline caregiver of their families not only in illness situation, but in general daily life.

The increased risk for women: In Indian context this can be understood in terms of complex multiple roles women play in family. Because of enforced lockdowns, not all but a large number of industries and offices have adapted the work from home model, including school and colleges. School children are attending online classes, while other working members too are working from home as permis-

sible by their employers. This has increased the household responsibilities of women manifold. This is not a speculation, but based on the fact that in India, women spend 297 minutes per day only on domestic work for own final use within the household compared to mere 31 minutes spend by men on the same work [2]. The situation becomes tougher in case of working women or if there is another ill family member to be taken care of, the probability of which has increased in current situations. The lockdown situation though gives family members more time to spend together at home; it might not be perceived as quality family time to long for.

Though not established, but some homemakers might perceive this situation as curtailment of the free time they enjoyed previously and have reduced sense of personal space [3]. In worst scenarios where male earning members have lost jobs, treatment needs of women pertaining to mental health might take a back seat further.

The disturbing reports: There have been reports of growing incidents of abuse and domestic violence against women post pandemic situation in India [4] which is consistent with global reports [5]. As per reports by national media houses, the domestic violence complaints were at a 10 year high during the COVID 19 lock down, but even this unusual spurt is only the tip of the iceberg as 86% women who experience domestic violence do not seek help in India [6]. The fact that reports of domestic violence against women was found even higher in red zones (areas with strictest lockdown enforcements) [7] is not mere coincidence and demands remedial attention.

It may be inferred that the 'reports' rather than 'rates' of sexual violence against women might have gone down due to reduce mobility of public and people not venturing out, but there are higher chances of displacement of these sexual violence on 'women outside home' to 'women inside home. Certain reports already indicate an increase in sexual violence during the lock down supported by data on surge of porn usage and sale of sex toys and condoms in India [8]. The threat and risk has leaped into cyber world also, as there is a significant increase in cybercrimes including online stalking, 'sextortion' against women in India [9] which is consistent with reports from across the world [10,11]. Within these reports some countries also report a decline in reports of domestic violence, but that could also be inferred as women encountering more difficulties in calling for help due to enforced lockdown. The situation could be worse in countries in India, where cybercrimes against women are often not reported due to associated stigma.

The predisposition of women increased in current scenario: While the impact of the pandemic acts like a persistent stress [12] for others; the impact could be compounded many fold for women because of the above mentioned issues. A generic manifestation of these persistent stresses could be irritability, low mood, anger outbursts, and sleep, appetite and libido disturbances. Persistence of these symptoms might lead to clinically significant anxiety and depression for which women are already at higher risk. Further, consultation with mental health professionals for the primary symptoms is often out of question, as family members and even women themselves might fail to recognize the symptoms as significant enough for consultation. For severe issues too, seeking professional help for mental health issues for women faces several roadblocks including stigma, and further compounded by current lockdown situation and reduced financial resources of families. Women in pregnancy too are at increased risk of clinically significant anxiety and stress considering the restrictions and limitations post lockdown to avail appropriate medical help when required.

Gender has been described as a critical determinant of mental health and mental illness [13] and holds truer for Indian subcontinent. It is an established fact that gender differences occur in the rates of common mental disorders -depression, anxiety, and somatic complaints wherein women predominate. Unfortunately, efforts to bridge these differences for availing treatment are not proportional and women lag behind for consulting or being brought for consultation for mental health issues. The primary reason behind this could be women's greater exposure to poverty, discrimination and socioeconomic disadvantage [14] and women have a higher mean level of internalizing disorders compared to men, who show a higher mean level of externalizing disorders. In a recent survey in eastern India, involving 240 working women, 32.9% of study respondents were found to have poor mental health but only about 10% of these women had sought any kind of mental health services [15]. Thus, in absence of any externalising illness features, women are further at risk of increase in their mental health issues and increased predisposition for common mental disorders like anxiety and depression.

The steps ahead: While the scientific community around the world have been working tirelessly on developing vaccine for the corona virus, the mental health needs of people and especially women should also be taken into consideration. Definitely in current context the prevention and treatment of COVID is a priority and much of the health care services are focussed on COVID; the long term secondary impact of the COVID 19 on mental health of women can have long term negative familial and societal ramifications and also demand equal focus. The obvious shortage of health professionals during this crisis can be mitigated by increased vigilance for domestic violence, provision of more avenues of tele- counselling help lines and integrating health workers from non-government organizations. As suggested by the world Health Organization [16], community members have an important role to play, and need be made aware of the increased risk of violence against women during this pandemic and need to keep in touch and support women subjected to violence. A collaborative approach by state authorities, private and non government organization health workers and community members only can mitigate the direct and secondary impact of the COVID-19 pandemic.

Conclusion

The impact of the COVID pandemic is not only in terms of infection and deaths. The enormous economic loss and lockdown situation has wreaked havoc among financially and socially disadvantaged population. The multiple and complex responsibilities women undertake and their higher predisposition for common mental disorders put them at higher risk of developing clinically significant mental health issues in prevailing pandemic situation. Stakeholders, including non government as well as community members have an important role in mitigating the risks including domestic violence and widen the access to mental health services.

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