



## ECONOMIC, SOCIAL, HEALTH AND PSYCHOLOGICAL IMPACT OF COVID-19 ON WOMEN

**Dr. Megha Gakhar**

Assistant Professor, College of Physiotherapy, Pt. B.D.S University of Sciences, Rohtak (Haryana).

**Dr. Vinay Jagga\***

Professor and Principal, Prem Physiotherapy and Rehabilitation College Panipat (HARYANA). \*Corresponding Author

### ABSTRACT

The purpose of present study was to explore the economic, social, health and psychological impact of COVID-19 on women. The study was conducted on 92 married women age 25-50 years, having at least graduate degree and serving in teaching or working in private or public concern. For this, investigator has developed her own tool for measuring the belief/ attitude of women towards COVID-19. Data was analysed with the help of percentage technique. The study found that majority of women were unable to purchase critical necessities, avail medical facilities and pay the school/college fee of the children. About 80% women lost the job or their salary is lowered. Women were harassed, abused, their household duties have increased two to three times and there was domestic violence in the family. During on-line interaction, women were harassed and abused by husbands and also they have lost personal health freedom. COVID-19 has threatened their health and they are facing access to health care as health facilities has become costly. Due to closure of schools/college, there is negative impact on educational outcomes of children and they have developed negative emotions.

### KEYWORDS :

#### INTRODUCTION:

In December 2019, patient in Wuhan, China, reported having viral pneumonia due to an unknown microbial pathogen and was named corona virus-2019. On January 30, 2020 the World Health Organization (WHO) announced that the emergence of a new corona virus (2019-nCoV) was a public health emergency of international concern (PHEIC). On Feb 18, 2020, 57805 people have been confirmed to be infected with COVID-19, leading to 2004 deaths across 31 provinces in China. As a result of COVID-19 outbreak caused by severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) infection in China, a situation of socio-economic crisis and profound psychological distress rapidly occurred worldwide. In India, due to this disease, first nationwide locked down was announced by Prime Minister in March, 2020. In India also various psychological problems and their consequences in terms of mental health including stress, anxiety, depression, frustration, economic uncertainty during COVID-19 outbreak emerged progressively.

In India rapid spread of pandemic was clearly recognized by authorities and several measures were taken to reduce its impact but still everyone is being affected by the social and economic consequences of this pandemic.

As women in India, bear the brunt of consequences of this pandemic more, therefore the investigator in this research study tried to find the impact of COVID-19 on women economic, social, health and psychological aspects.

#### Review of Related Studies

Xiang, Yu, Ungvari, Correl and Chiu (2014) found that infectious diseases have become one of the major threats to global public health in the twenty first century. Jeong et al (2016) reported that frustration and pervasive loneliness seem to drive by the inhibition from daily activities interruption of social necessities not taking part in social networking activities. Desclaux et al (2017) concluded that boredom, social isolation and frustration are directly related to confinement, abnormally reduced social/physical contact with others and loss of usual habits. Qu, Wang, Zhang and Wang (2014) found that post-traumatic stress disorder is closely related to depression and other psychological problems.

Thakur and Jain (2020) found that psychological reactions to COVID-19 pandemic may vary from panic behavior to

pervasive feeling of hopelessness. Talha Burki reports (2020) says that it is women who are more likely to bear the brunt of the social and economic consequences of the pandemic. Similarly UN policy brief published in April 2020 says across the globe, women earn less, save less, hold less secure jobs, are more likely to be employed in the informal sector. They have less access to social protections. A report by Institute for Fiscal Studies found that mothers in UK were 1.5 times more likely than fathers to have either quit their job or lost it during the lockdown. Some 243 million women are thought to have experienced sexual or physical abuse at the hands of an intimate partner during last 12 months. Report of domestic violence had surged by 30%. Liang et al (2020) reported the effect of COVID-19 on youth mental health.

#### Need and Significance of the Study

From the review of related studies, it is clear that all the studies have been conducted in foreign countries and also in India no research study has been conducted where impact of COVID-19 was seen on the economic, social, health, psychological aspects of women. Hence, the need for present study.

The present study will not only contribute by way of developing and standardization of reliable and valid instrument for measuring the impact of COVID-19 on different aspects of women for the use of future potential researchers but also highlight the need for local, state and central governments take appropriate interventions and measures based on the findings of the study.

#### Objective of the Study

Present study aimed to explore the economic, social, health and psychological impact of COVID-19 on Women.

#### Hypotheses

1. There are implications of the impact of COVID-19 on women's economic condition.
2. There are implications of the impact of COVID-19 on women's social condition.
3. There are implications of the impact of COVID-19 on women's health condition.
4. There are implications of the impact of COVID-19 on women's psychological condition.

#### Sample

Present study was conducted on 92 married women, age 25-50 years having graduate or post graduate degree, serving in

teaching, or working in private or public concern in Hisar district

**Instrument Used**

As no appropriate, reliable and valid instrument was available, therefore for measuring the belief or attitude of women towards COVID- 19, investigator developed and standardized her own scale- **“Women Attitudes Towards COVID-19”** so that inferences can be drawn from verbal statements regarding their belief, feeling and tendencies. For this, the researcher preferred Likert’s method of summing rating.

In the beginning 39 statements divided into four aspects (both positive and negative) were written with five alternative`s such as – strongly agree, agree, undecided, disagree and strongly disagree. The weight ranges from 5 to 1. For negative statements order was reversed. These statements were given to three experts and on the basis of their judgement 15 statements were dropped. This preliminary draft comprised of 24 statements.

This draft of 24 statements was administered to 60 women who responded to each statement by giving their preference out of five alternatives. A total score for each subject was found by adding the weight earned by her on each statement. Finally selection of statement was done through the procedure of item analysis. For this purpose 27% of the subjects (N=16) with the highest total scores and 27% of the subject (N=16) with the lowest total scores were taken. In evaluating the responses of high and low groups to the individual statements, a ratio of `t` was found out. This t-ratio was a measure of extent to which a given statement differentiated between the high and low groups.

Standard deviation and standard error of mean for each statement were computed by taking the mean of higher group (N=16) and mean of lower group (N=16) for each statement separately. Then t-test was applied for each statement.

**Table 1:-** Table showing mean responses of higher and lower groups along t-value

Statement No.	Mean responses in higher group	Mean responses in lower group	t- value
1	70	64	2.14**

2	68	60	2.10**
3	76	66	3.01**
4	74	64	3.26**
5	70	65	1.53
6	75	66	3.58**
7	73	64	2.46**
8	72	65	1.84
9	77	66	3.02**
10	73	65	3.19**
11	72	62	4.51**
12	74	61	4.13**
13	76	63	4.35**
14	70	66	1.79
15	70	60	3.67**
16	72	60	4.16**
17	71	62	3.18**
18	73	61	2.90**
19	72	60	4.13**
20	69	58	5.33**
21	70	66	1.53
22	71	62	4.61**
23	72	64	3.18**
24	70	61	2.87**

Finally 20 statements with the largest t- value ( t ≥ 1.98) were selected for the final draft of the scale. Thus, final draft of Women Attitude Towards COVID-19 comprised of 20 statements divided into 4 aspects (i.e. Economic aspects; Social aspects; Health aspects and psychological aspects) and comprising of 5 statements in each aspect.

Reliability of the scale was computed by split half method on a sample of 20 women, which was found to be 0.91. Content Validity was measured by the opinion of 2 experts in the field of test-construction. All experts agreed with the content, which shows scale is valid for further use. Finally instructions were written on the first page of the scale for the information of respondents.

**Analysis of Data and Results**

The responses of the respondents were analyzed with the help of statistical technique of percentage. The results in terms of women responses have been presented below in front of each statement to make them more easily readable and perceive the intended meaning and interpret the results.

**Women Attitudes Towards COVID-19**

Statement No.	Description of Statement	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
1	During COVID-19, I am not paid any salary and thus it becomes difficult to purchase even critical necessities.	78 (84.78%)	10 (10.86%)	-	4 (4.36%)	-
2	With present income, I can avail medical facilities for me and family	-	11 (11.96%)	3 (3.26%)	78 (84.78%)	-
3	Due to economic hardship during COVID-19, it becomes difficult to pay the school/ college fees of my child/ children	10 (10.86%)	68 (73.92%)	-	14 (15.22%)	-
4	Due to pandemic, I have lost my job/my salary is lowered	56 (60.86%)	22 (23.92%)	-	14 (15.22%)	-
5	Due to distrupction in income there is poor access to health and essential services specially for elders and persons living with disabilities.	62 (67.40%)	21 (22.82%)	-	9 (9.78%)	-
6	Due to COVID-19, family members stay at home and I am unnecessary harassed by their abuses.	11 (11.96%)	31 (33.70%)	24 (26.08%)	26 (28.24%)	-
7	Due to pandemic, my household duties hours increased two to three times.	82 (89.13%)	8 (8.69%)	2 (2.18%)	-	-
8	There is increase in the domestic violence/ aggressive acts in the family	8 (8.70%)	34 (36.95%)	32 (34.78%)	18 (19.57%)	-
9	At the time of domestic violence it is difficult to enforce my right, as court systems is shuttered during COVID-19.	9 (9.78%)	24 (26.08%)	55 (59.78%)	4 (4.36%)	-
10	During on-line interaction there is always risk of on-line harassment, abuse and sexual exploitation.	56 (60.86%)	22 (23.92%)	4 (4.36%)	10 (10.86%)	-

11	Due to COVID-19, most of time my husband is in the house and I am physically and sexually abused by him.	9 (9.78%)	31 (33.70%)	36 (39.14%)	16 (17.38%)	-
12	Due to lockdown and social distancing, I am lost my personal health care freedom.	78 (84.78%)	10 (10.86%)		4 (4.36%)	-
13	COVID-19 has greatly threatened my and my girl`s health and well being because when chronic and non- COVID related health concerns persist, they are not properly addressed by medical staff.	57 (61.95%)	7 (7.60%)	-	28 (30.45%)	-
14	Women are facing access to health care during COVID-19 as many private clinics had to shutdown because of transport shortages, provider unavailability and lack of personal protective equipments.	74 (80.42%)	10 (10.86%)	8 (8.72%)	-	-
15	During COVID -19, health care facilities become extremely costly.	73 (79.35%)	10 (10.86%)	9 (9.79%)	-	-
16	Due to lockdown, husband and children remain busy in social net working manifested in panic, unavoi d n c e behavior and irritability.	48 (52.17%)	11 (11.95%)	-	33 (35.88%)	
17	Due to closure of schools/ colleges, there is negative impact on education outcomes and value patterns of my children.	31 (33.70%)	33 (35.88%)	-	28 (30.42%)	-
18	Many times I feel psychological distress, depression and anxiety as children have developed symptoms of negative emotions.	22 (23.91%)	48 (52.18%)	-	22 (23.91%)	-
19	The biggest threat of source of disappointment to my life is not virus itself, but the shutdown of routine health services and fear of infection that prevented me from going to health facilities (if they remained opened).	57 (61.95%)	32 (34.78%)	-	3 (3.27%)	-
20	The COVID-19 outbreak and increased with new cases together with inadequate anxiety provoking information which are provided by media made me all the time fearful, frail and helplessness.	21 (22.82%)	39 (42.39%)	14 (15.22%)	18 (19.57%)	-

In the light of above results, thus hypotheses 1, 2, 3, 4 were accepted

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