A STUDY ON HEALTH STATUS OF WOMEN DURING THE COVID-19 PANDEMIC

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ABSTRACT

Disease and human health are interrelated with each other. Infectious diseases like COVID-19 can lead a community to a very dangerous condition. COVID-19 pandemic has a dangerous impact on women’s health. We have seen it practically in our region and the world level. This study is based on the existing related literature and collected data from secondary sources like articles, web portals, and government and non-government organizations. The present study is purely secondary-based. In this study, women’s physical health, mental health, and social health during pandemic situations have been explored. Suggestions are included that strengthening the working environment for women health workers, special attention to the pregnant and lactating women, punishment of brutal and providing helpline numbers for victim women.

Keywords: Health status, Women, COVID-19, Pandemic.

I. INTRODUCTION

The novel coronavirus outbreak has declared as a world pandemic by the World Health Organization on March 11, 2020 (W.H.O, 2020). According to the Worldometers website updated on May 24, 2021, total coronavirus cases in the world 167,518,213 of which 3,478,240 cases resulted in death. The United States, India, Brazil, France, and Turkey are the most affected countries in the world. In the United States, a total of 33,896,660 confirmed cases have been recorded and deaths are 604,087 (Worldometers, 2021). India recorded 4,529 fatalities in a single day on May 19, 2021. So far 4,529 COVID-19 death has not happened in any place of the world in a day. Earlier the highest number of coronavirus deaths in a single day was 4,475, recorded in the US on January 12 (The Assam Tribune, 2021). This COVID-19 pandemic create a crisis in the world and human health is its first victim. Their physical health, mental health, and social health are affecting badly. When a person gets COVID-19 positive, his or her physical and mental statuses gradually deteriorate. They feel tiredness or weakness in the body as well as mind. We have observed other common symptoms of COVID-19 such as dry cough and fever. The less common symptoms are aches and pains, sore throat, diarrhea, conjunctivitis, headache, loss of taste and smell, rash on the skin, and discolouration of fingers or toes, etc. The difficulty of breathing, chest pain, loss of speech or movement are defined as serious symptoms of COVID-19 by the WHO (W.H.O, 2021). At present, it is a difficult time for us to predict the risk of COVID-19. Different problems are arising day by day due to this crisis. Although all are affected by this pandemic, weaker sections are in a serious position for this harmful disease. Especially, it is harmful to women’s health. As reported in the newspapers pregnant women, breastfeeding women, and at the time of menstrual cycles might be affected by the COVID-19. It has not only an impact on their physical health but also has an impact on mental health and social health. As defined by W.H.O, “Health is a complete physical, mental and social well-being and not merely the absence of disease or infirmity” (W.H.O, 2021). According to the Merriam Webster Dictionary, “Health is the condition of being sound in body, mind, or spirit”. This means that health is the greatest wealth of a person to support in wider society. For the well-being of a person both social and mental environment is a matter of concern. But, when the COVID-19 pandemic spread very fast, the human lifestyle has been changed. Women faced a lot of problems due to COVID-19 like domestic violence, patriarchal domination, extreme level of family responsibility, economic insecurity, losses of job, stress, anxiety, and depression, etc. So, we considered women’s health and well-being as vital for this study.
II. MATERIALS AND METHODS

The present study is descriptive and based on the existing related literature. The data was collected from different sources like national and international journal articles, government and non-government websites, and organizations. Studies were searched using Jstor, Google Scholar, Google Book, Research Gate, and National Digital Library. The statistical data like total confirmed cases and death rates of COVID-19 in the world were collected from the W.H.O websites, Ministry of Health and Family Welfare, UNICEF, and the Worldometers website. In this study, the author used the search term “COVID-19”, “Pandemic”, “Outbreak”, “Coronavirus”, “NovelCoronavirus”, “SocialDistancing”, “Women”, “Physical Health”, “Mental Health”, and “Social Health”, etc. Articles also searched using citations and footnotes to retrieve additional references.

III. DISCUSSION

Women represent 49.6% of the total population in the world (Ritchie Hannah & Max Roser, 2019). Women also constitute 48.5% of the world’s workforce (ILO, 2018). A woman's health reflects both her individual biology and her sociocultural, economic, and physical environments. These factors affect both the duration and the quality of her life. For example, the average life expectancy for a woman varies considerably according to her race. In 1997, the average life expectancy for white women was 5 years longer than that of African American women (80 years versus 75 years). Women who live in poverty or have less than a high school education have shorter life spans; higher rates of illness, injury, disability, and death; and more limited access to high-quality health care services (Office of the Women’s Health, 2001). Women health status is not a new phenomenon for study. They are affected before COVID-19 and during COVID-19 also. The author is trying to discuss the Health Status of Women during the COVID-19 Pandemic from the three dimensions of human health. Those are physical health, mental health, and social health.

Women’s Physical Health during COVID-19:

Physical health is directly related to the human body. When a person gets sick, his physical strength will deteriorate on its own. It feels tiredness in the body. According to the Collins Dictionary, “Physical health is the condition of our body and the extent to which it is free from illness or is able to resist illness” (Collins Dictionary). Physical healths depends on four main factors: 1) Genetics (heredity) (18-22%). 2) Health Status (8-10%) 3) The state of the environment (17-20%) 4) Person’s mode of life (49-53%). Besides, its level is determined by the ability of a person to adjust to these factors (Koipsheva E.A et al., 2018). A good physical health is not only talking about the absence of disease, it includes an adjustment to the new environment, performing basic social activities, taking responsibilities, maintaining a good relationship with the mind and soul of our body. During the COVID-19 this physical health directly fights with this situation. Mostly, women are in front of this harmful disease. They are the excessive exposure in this pandemic situation. They should perform family responsibilities, caring for the child, care for sick members of the family, and perform many health services works. The national lockdown has made it difficult for women to purchase necessary goods, nutritious food, and attend medicare appointments. Due to the lack of nutritious food, they have experienced malnutrition, different medical problems like Anemia, Maramus, Tuberculosis, Diabetes, Eye problems, and Heart disease, etc. The reduction in health services may lead to increase unplanned pregnancy, unsafe abortion; and even delivery cases happen at home. As reported in the newspapers and updated in the government organizations pregnant women are mostly affected by this virus. Commonly we believe that pregnancy is a joyous time for most women. But, COVID-19 makes it stressful for them. It is a risk for children’s physical, cognitive and psychological development. During pregnancy, women experience immunity changes, physical changes, changes of mood that might make them more vulnerable to viral respiratory infections, such as influenza, SERS, and MERS. In the same way, lactating women have also faced the same situation due to COVID-19. Their immune system is weak than the other women. The research is going on the effect of COVID-19 on pregnant and lactating women. When the COVID-19 vaccine was released, they were not permitted to take the vaccine. Recently, it has been recommended by WHO that breastfeeding women can be vaccinated against COVID-19 and can continue breastfeeding after vaccination. Soumya Swaminathan, chief scientist at the World Health Organization (WHO) has stated, “Globally, it has been observed that pregnant women are at higher risk of complications and that of premature birth because they already have a low respiratory reserve…”(downtoearth.org.in).

Women health workers are on the frontline of the fight against COVID-19. Approximately over 70 percent of women health workers are working globally. They faced double burden at the hospital and as well as home. Their
work-life has changed dramatically due to this crisis. It is very difficult for them to wear double masks or goggles, PPE kit, hand gloves, shoe cover, and the face shield for the entire shift. They always carried a fear of infecting coronavirus from the positive patients and dealing with the anxiety of affecting their relatives. Over 38% of healthcare workers infected with coronavirus in India till October 1, 2020, are women. This includes doctors, nurses, midwives, and ancillary health workers (TOI, 2020). So, it is important to give special attention to the female health workers by making a good environment for them. The administrative of the hospital should provide essential hygiene facilities and sanitation items (eg. sanitary pads, soap, hand sanitizers, etc) for female health workers.

The mental health of women during COVID-19:

Studies show that women healthcare workers have high rates of depression, anxiety, stress, insomnia during the COVID-19 pandemic than male healthcare workers. The study, carried out by the University of Sheffield in the UK, is the largest global review of factors associated with distress amongst health care workers during an infectious disease outbreak, including COVID-19, SARS, bird flu, swine flu, and Ebola. Researchers assessed fixed factors such as demographic characteristics, age, sex, and occupation as well as social-psychological, and infection-related factors in more than 143,000 health care workers from around the world. The review of 139 studies included data collected between 2000 and November 2020. “Consistent evidence indicated that being female, a nurse, experiencing stigma and having contact or risk of contact with infected patients were the biggest risk factors for psychological distress among health care workers,” Dr. Fuschia Sirois, Reader in Social and Health Psychology in the university and lead author of the study, said (The New Indian Express).

Baris Sensoy et al. reported in their study that a higher average level of depression and a higher incidence of anxiety were demonstrated among applicants in the COVID-19 pandemic. Also, a higher level of anxiety was demonstrated in hospitalized patients compared with the outpatient group. Different from the presence of depression symptoms, the presence of anxiety symptoms was associated independently with hypertension in their study (Sensoy Baris et al., 2020). Women feel helpless in the hospital as compared to men. They forgot to live their life due to excessive fear or worry of COVID-19. There are risk factors associated with the poor mental health status of women during the COVID-19 pandemic included chronic mental illness, smoking, unplanned pregnancy, marital rape, intimate partner violence, patriarchal domination, juggling family responsibilities, economic insecurity, and professional status, etc.

Women’s social health during COVID-19:

Social health is more than just the prevention of mental illness and social problems. Being socially healthy means an increased degree of happiness including the sense of belonging and concern for others. Social health is a positive dimension of health that is included in the constitutional definition of health of WHO. It is an individual’s ability to handle and act based on different social conditions (National Health Portal India, 2019). According to Corey Lee M. Keyes, there are five dimensions of social health and well-being; those are social integration, social contribution, social coherence, social actualization, and social acceptance (National Health Portal India, 2019). But, COVID-19 makes it difficult for us to maintain social communication among ourselves. Like other human beings, women also face the difficulty of interaction, communication, and social coherence in this harmful situation. The government was released rules and regulations to prevent COVID-19 infections such as social distancing, wearing masks, using hand sanitizer, avoiding mass gathering, and avoiding festivals and celebrations.

The nationwide lockdown has been started in every country of the world with the common slogan “Stay home, stay safe”. But staying at home is not always staying in a safer position particularly for women. They faced the problems of domestic violence like wife-beating, using abusive comments by the partners and family members, sexual violence, mental torcher, murder, and many others. Only a few empirical studies have been done on domestic violence against women during COVID-19. Gebrewahd et al. (2020) conducted a study on Ethiopian women found that husbands’ level of education, being a housewife aged less than 30 years, and marrying with arrange marriage were highly related to any form of domestic violence by their respective husbands. Identifying the high-risk individuals is important to strengthen the link between the social and national health system, family laws as well as police investigations to prevent the high impact of domestic violence against women during COVID-19 (Gebrewahd Gebremeskel Tukue et al., 2020).
Economy, goods and services, access to education, connectivity with the communities are some of the determinants of the social health of a person. Unfortunately, coronavirus impacts the economic condition of a person or woman. Women’s economic condition is down due to the losses of jobs and services. In the US, 4.4% of both women and men were unemployed in March 2020. But in just one month, unemployment jumped to 16.1% for women and 13.6% for men. The gender difference disappeared gradually and both rates fell to 6.7% in December 2020. But during the year, women’s labour force participation dropped by 3.4% compared with 2.8% for men (Zarrilli Simonetta & Henry Leomaranta, 2021).

From the above discussion, it has been revealed that women’s physical health and as well as mental and social health are affected by the COVID-19 disease. In this context, suggestions are highly needed to minimize the bad impact of the pandemic on women’s health.

- Government should give special attention to women who are working in the health sectors including nurses, ASHA workers, community health workers, etc.
- Awareness should be made among women against domestic violence. For example, providing the awareness of legal provisions of crime against women, organizing meetings, and awareness camp on it.
- Punishment should be given to the person; who is engaged in illegal works.
- Changes in the patriarchal mindset of the people.
- The media should take up it very seriously and telecast the fact.
- Released helpline numbers are very important for providing help to women to share their problems and challenges.

IV. CONCLUSION

The COVID-19 pandemic has affected the entire world. It is a challenge for the global health system. The present outbreak of COVID-19 pushes the women to the disturbed mental health and as well as physical and social health. The national lockdown doesn’t permit for staying out of home, can’t meet their loved ones, and can’t visit their favorite place. The negative impact of COVID-19 and lockdown is increasing day by day. So, create a peaceful and positive environment is crucial to living in a better way. Government and other nongovernment organizations should take proper measures to minimize their problems.

REFERENCES