

# Coronavirus Disease (COVID-19): The Health and Well-being of Indian Women

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Received: 11 March 2022;

Accepted: 28 April 2022.

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## Abstract

The COVID-19 pandemic is primarily affecting women and girls, who are bearing the brunt of pandemic-related deaths, illnesses, and socio-economic burdens. The pandemic is also harming the health, social and economic well-being of women around the world, but women are leading the response and are making vital contributions to the pandemic response. Women are over-represented among the pandemic's victims and far more likely than men to be caring for loved ones with pandemic-related illness, or managing the pandemic's impacts on their families, communities and countries. In response, women are stepping up to lead the health response, and they are making critical contributions to the pandemic response and to the pandemic

**Keywords:** COVID-19, Women health, Well-being, Pandemic, vaccination.

## BACKGROUND

Wuhan City was the first to Report, the flared-up Coronavirus disease in December 2019 and it has escalated so far worldwide. A Public Emergency of International Concern on 30<sup>th</sup> January 2020, and a Pandemic was declared by the World Health Organization (WHO) due to the escalation of COVID -19. The global tallies of cases and deaths from the COVID-19 and Corona virus-borne illness have started to plateau, in July 2021 according to WHO, but these remain at objectionably sky-high levels in India, where the crisis continues to expand. Despite national lockdown and phased re-openings, the eruption of the variants has increased with the social blending; the prejudiced vaccinations and the discriminatory measures for public health are all driving transmissions. The COVID-19 situation in India is an unprecedented public health emergency.<sup>1</sup>

In 2020, India's female population was 662 million people, with 48.04 percent of the population expanding at a 1.82 percent yearly pace. The fundamental reason for the gender imbalance in India is strong son choice and consequent daughter aversion, which is driven by deeply rooted socio-cultural biases. According to the UNFPA's State of the World Population (SWOP) 2020 report, gender-biased sex selection practices account for almost 40% of the estimated 1.2 million missed female births worldwide each year. While the COVID-19 pandemic and subsequent lockdown affected people from all areas of life, it has become clear that the impact on women has been disproportionately severe.<sup>2</sup>

COVID-19 has far-reaching ramifications for people's health, happiness, social and economic well-being, and human rights. All the dimensions of health, physical health, social health, emotional health, occupational and financial health, environmental health, intellectual health, and spiritual health have been divided into seven categories. Despite being a worldwide

catastrophe, the COVID-19 epidemic appears to have had a disproportionate impact on women's lives. This targeted rapid review aims to identify the effects of COVID-19 on women's health in India, understand how financial challenges caused by the pandemic affect women's livelihoods and endorsed effectual policies and intercession for Indian women to be prepared and to prevent the upsurge by involving women in the various proceedings.

## COVID-19 and changed life of Indian women

A survey was accomplished in 2019, which stated that approximately a woman spends five hours per day on unpaid dues for doing home and childcare tasks, in comparison to 30 min for males. Domestic employment is becoming more common among women. Women's care work has surged by nearly 30% as the cessation of the school continues and families remain home due to COVID-19.<sup>3</sup>

## Economical and financial domains

Due to the scenario of COVID-19, the country's domestic product gross has fallen by 23.9 percentile in the first quarter of 2020-21 (April-June), with 40-50 percentile failing in manufacturing, construction, and services such as trade, hotels, and transportation.

To begin with, women are experiencing significant employment and remuneration losses. It was stated that between March and April 2020 approximately 15.4 million women or 37 percent of the female employers lost their livelihood by losing their jobs, compared to 28 percent of men. Between October 2019 and October 2020, the labor force shrank by 10.5 percent for women and 2% for men. Women-owned small companies, which primarily work in consumer-facing industries like textiles, food processing,

and handicrafts, have experienced a significant demand shock, with slow recovery. Anecdotal data suggests that as the economy opens, men will be chosen for re-employment in the informal sector.<sup>4</sup>

Secondly, only 54% of women were allowed to go to a neighboring market alone prior to COVID-19, women are restricted in their mobility. COVID-19 has made it more difficult for women to leave the house, limiting their capacity to work, manage enterprises, study, or even get health care and government assistance.

## Digital Gender Deprivation

Inequity in access to education, health, and job prospects has deteriorated as a result of the digital gender divide. Although 63 percent of adult women in India hold a mobile phone (compared to 79 percent of adult men), just 21% use mobile internet (compared to 42 percent of adult men). Women have routinely been denied access to technology, and their prior usage of phones is regulated by male relatives. Women are at risk of being left behind as online education, telemedicine, and work from home become the norm, leaving them unable to gain the efficiency needed to engage in the digital economy.

In India, a substantial number of women are still without access to cell phones or the internet. While this has historically impeded women from obtaining financial services, information, and news, as well as education and employment prospects, these disparities were exacerbated during the COVID-19 pandemic, resulting in difficulty in obtaining relief packages and information. According to the IWWAGE survey, in India, there is a 20% gender difference in mobile ownership, with 79 percent of males owning a phone compared to 63 percent of women. In addition, when it comes to mobile internet users, the gender divide is significantly worse, with 42 percent of Indian men having access to the internet on their phones compared to only 21% of women.<sup>5</sup>

## Domestic violence

Domestic abuse has become a shadow pandemic for women. Domestic violence is made more likely by social detachment and obligatory captivity with prospective perpetrators. In May 2020, the districts with the strongest lockdown measures reported a 131 percent spike in domestic abuse complaints compared to other districts, according to a 2020 report.<sup>3</sup>

## Health

### What government has done?

Several social protection measures were included by the government and its partners while assessing the challenges the protection measure taken was, the cash will be directly transferred, which will have a direct benefit to the women's, monthly cash payments were received by over 200 million females account holders per month from April to June 2020. About 800 million ration cardholders received grains such as rice and one free cylinder was received by 75 million households.<sup>6</sup>

6.3 million Women organized self-help groups were benefited from the Collateral-free lending limits which increased from INR1 million to INR2 million (\$13,000 to \$26,000) to benefit 6.3 million. Total 108 million people were employed in between April – October 2020 by The Mahatma Gandhi National Rural Employment Guarantee Program which even provided reservations for women workers.

## Policy Recommendations

### Policy formulation

Certain action plans should be computed and mapped up for the abrupt and long-term measures on keeping the view of women's health, their livelihoods, and domestic violence. This policy consults the nongovernmental women organization with governmental women organization which enhances that woman guided groups need to be started. Women parliamentarians shall be decision-makers and instrumental in these gender-specific policies. There is critical urgency of powerful local bodies for dealing with local issues and planning doorstep solutions for women. Civil sector organizations shall make more effective and instrumental through Outreach, funding, and freedom to work through active women involvement. To create effective awareness at all levels of the policy the content and the data should be converted into local regional language.

### Scaling of health services – special focus on women-centric services

Starting with bigger budget allocation for women's health, reproductive child health services shall be made available for free. Rescheduling of canceled vaccination and RCH services shall be rescheduled. Capacity building through training of ASHA, nurses, and paramedical services to handle the impact of pandemic.

### Counselling services

Along with Provision Safety and counseling support services shall be launched for women in social isolation and quarantine. Along with this personal and financial crisis, solutions for affected women shall be the priority of these service providers. This Counsellor shall address mitigation of emerging stresses due to COVID-19 through personalized contacts and modified technology. These services shall be free to women, along with helpline services dedicated to addressing stressors, domestic violence, and health issues. To ensure the safety of the women who are working as the frontline workers to deal with the coronavirus patient a non-metropolitan and district governance system, COVID-19 teams should be used for the sake.

### Surveillance system

Database Domestic violence, accidental deaths of women, suicide cases shall be imitated especially during the lockdown. This woman dedicated surveillance system shall track indicators of governmental women's health service provisions and update local, state, and national government for continuous improvement.

### Gender justice

To ensure that the women's requirements are being met through the initiated policies, there should be a foolproof system in place to review gender justice programs run by the government.

### Financial support

Domiciliary workers must be documented, and the unofficial sector must be included in a dignified official database. Standard operating procedures (SOPs) should be developed to ensure that the government distributes money to women in a respectful manner, taking into the interpretation of their dignity, in order to secure that universalized cash transfers or finances

are distributed as smoothly as possible. There has to be more discussion on universalizing financial support for all citizens who need it and should be able to access it.

## Research and Development

Action Research with a gender lens should be prioritized by eminent research organizations in India, such as the ICMR, in close collaboration with the health ministry, beginning with health delivery at the grassroots.

As we have efficient evolution in the health Ministry which emphasizes forestalling and zeal of the pandemic even in the normal episodes. Organizations are working on the bedrock on the research activities of gender lens, what it works, what is the alteration of the portage, the collision of the women's, encompassing the alterations of the joint effort of the government and civil society organizations.

## CONFLICT OF INTERESTS

The authors declare that there is no conflict of interest.

## REFERENCES

1. WHO Director. General's opening remarks at the media briefing on COVID-19; Mar 11 2020 [internet] [cited Mar 2 2022]. Available from: <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.
2. Gender-based violence. United Nations Population Fund [internet] [cited Mar 2 2022]. Available from: <https://www.unfpa.org/gender-based-violence#readmore-expand>.
3. Raine S, Liu A, Mintz J, Wahood W, Huntley K, Haffizulla F. Racial and ethnic disparities in COVID-19 outcomes: Social determination of health. *Int J Environ Res Public Health*. 2020 Nov;17(21). doi: 10.3390/ijerph17218115, PMID 33153162.
4. Bates AE, Primack RB, Biggar BS, Bird TJ, Clinton ME, Command RJ, *et al*. Global COVID-19 lockdown highlights humans as both threats and custodians of the environment. *Biol Conserv*. 2021;263:109175. doi: 10.1016/j.biocon.2021.109175.
5. Gajbhiye RK, Sawant MS, Kuppusamy P, Surve S, Pasi A, Prusty RK, *et al*. Differential impact of COVID-19 in pregnant women from high-income countries and low- to middle-income countries: A systematic review and meta-analysis. *Int J Gynaecol Obstet*. 2021 Oct;155(1):48-56. doi: 10.1002/ijgo.13793, PMID 34160059.
6. Fortification of rice and its distribution under public distribution system OPERATIONAL GUIDELINES.