

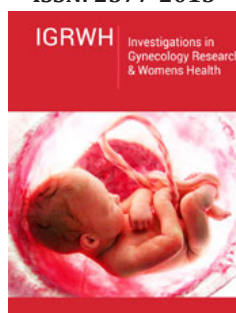
Health Challenges for Women during COVID-19

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Abstract

The coronavirus COVID-19 pandemic is having potentially disastrous consequences for women's and girls' health around the world. Global health officials are struggling to keep the COVID-19 pandemic from wreaking havoc on women's health. With domestic violence and maternal mortality expected to rise as women lose access to critical health treatments and social support. With children out of school, growing care needs for older people, and overburdened health services, unpaid care work has increased. Women make about 70% of the global health workforce and are more likely to work in front-line positions like nurses, midwives, and community health workers, in particular workers in the medical field. They also make up the majority of health-care workers, such as nurses and therapists. As such, they provide cleaning, laundry, and catering services are more likely to come into contact with the virus. All public health preparedness and response strategies for COVID-19 must account for both direct and indirect health effects on women and girls. This review highlights these challenges of women during the pandemic with an orientation to the policy makers to consider these while making policies for women.

Keywords: COVID-19; Pandemic; Women; Mental health; Reproductive health; Gender inequalities

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Mini Review

The data on the women's health during COVID-19 pandemic is very limited even when the havoc is dynamic. The pandemic has created physical, social, economic and psychological health problems with increased stress, overburden of work, unpaid work responsibilities, non-accessibility to health care services, social isolation and job inequalities. According to a study published by PwC in May 2020, women account for 78 percent of individuals who have already lost their jobs as a result of the coronavirus. Furthermore, the Institute for Fiscal Studies and the University College London Institute of Education discovered that mothers were 47 percent more likely to have lost their work permanently or quit, and 14 percent more likely to have been furloughed since the crisis began [1]. Women are more likely than men to work in risky or susceptible jobs, which are frequently the first to be lost during economic downturns. Single parents who need to work and generate money, on the other hand, may be unable to adhere to social distancing measures [2]. Nearly 60% of women worldwide work in the informal economy, earning less, saving less, and putting themselves at higher risk of poverty [3]. Millions of women's employment has vanished as markets have fallen and firms have closed.

Women's unpaid care work has expanded rapidly as a result of school closures and the rising demands of the elderly, at the same time that they are losing paid jobs. In addition, the pandemic has resulted in an alarming spike in violence against women. In the last year, nearly one in every five women in the world has been subjected to violence, mental or physical. Many of these women are now confined to their homes with their abusers, unable to seek help due to budget cuts and restrictions [3]. An observational study conducted online on 1031 women of reproductive age has reported the significant impact of the pandemic on the reproductive health of women. These disruptions are linked to an increase in mental health symptoms, as well as weight gain, longer work hours, and a poor diet. Over the course of the epidemic, a small number of women have reported improvements in their reproductive health and

lifestyle. Women reported menstrual cycle irregularities, which are known to be linked to psychological distress. The hypothalamus pituitary gonadal axis is inhibited by stress (HPG) [4].

Since the emergence of pandemic women faced work life balance challenges. COVID-19 has had a substantial impact on women's socioeconomic circumstances in Bangladesh, where 91.8 percent of women work in the informal sector [5]. Household owners and employees, SMEs employees, everyday workers, street sellers, and cleaners, among others, have quickly lost their livelihoods. Huge employment losses for women continue to be a big concern even in many official sectors. It is reasonable to suppose that women are more stressed and have a more distorted work-family interaction. This could be owing to increased time pressures associated with multitasking. They encounter major challenges in their daily lives, including high job pressure, non-cooperation from their spouses in household tasks, socio-cultural and family traditions, and gendered issues [5]. The COVID-19 pandemic has had an impact on people's lives, livelihoods, and working conditions all across the world especially in developing countries. It has resulted in recommendations to limit all travel unless absolutely necessary. Because of the fear of infection while utilizing public transportation and the difficulty in maintaining physical distance, the pandemic has changed the commuting preferences of working women. Travel has also decreased as a result of the rising cost of living [6]. During national lockdown due to the pandemic, the mental health of females who worked from home is significantly impacted, as are their job pressures in terms of working from home and household tasks. Physical health challenges among women included pain in their necks, backs, legs, and arms, as well as strain in their eyes, and more than half of them tended to overreact in the current circumstance.

A growing body of literature suggests that psychosocial work-related characteristics such excessive workplace stress, inadequate job control, and psychosocial job demands are also predictors or risk factors for musculoskeletal illnesses [7]. Women are disproportionately responsible for the bulk of domestic activities, which may exacerbate gender inequities, especially for working women or single female parent. In China, where COVID -19 first emerged, female gender is significantly associated with higher self-reported levels of stress, anxiety, depression, and post-traumatic stress symptoms, and more severe overall psychological impact. Hiked unwanted pregnancies, postpartum stress, parenting responsibilities and intimate partner violence are the major causes of mental health issues among women during COVID -19 [8]. A study about perceived stress level and depressive tendencies among employed women of Delhi/NCR has reported no significant interaction between family status and working from-for home on depressive tendencies. However, significant interaction between marital status and working from-for home on depressive tendencies have been reported [9]. As first gap stands out: majority of the front-line COVID-19 heroes were women, despite the fact that women make up only 30% of leaders in medicine and science and authors of COVID-19 academic journal submissions [10]. The high physical demand imposed by wearing protective equipment for the entire

shift, fighting against the fear of contagion and spreading the virus to family members, dealing with the anxiety of masks or goggles not fitting properly or involuntary dirty gloves touching the face have all changed the way health-care providers work. Furthermore, they are discouraged by the enormous obstacles of caring for COVID-19 patients, including coping with the emotional work of interacting with patients and their relatives, dealing with people who are suffering and dying alone, and making difficult decisions on care prioritization.

Pandemic lockdowns and restrictions disproportionately impacted female workforces, particularly those with domestic responsibilities and caregiving responsibilities, affecting most of the services that helped them find a work-life balance, overloading them more than ever with a permanent, difficult, and invisible extra shift work: the mental load of planning, scheduling, and coordinating, prioritizing and problem solving. Daily emotional and mental pressures have been reported, with female frontline workers having a greater prevalence rate of anxiety, depression, and suicide [10].

COVID-19 pandemic increased women's housework and childcare beyond a threshold, thereby creating a gender gap in work productivity and job satisfaction. During the lockdown, women reported lower work productivity and job satisfaction than men [11]. A single women academician in the UK shared her felling of loneliness due to the impact of never-ending shift toward a virtual workspace as she no longer has access to spontaneous conversations and interactions with colleagues whom she shares an office with. She won't be able to chat with other colleagues in the kitchen or corridor where they usually share thoughts and practices on teaching and research. She explained "As early career researchers, I acknowledged the challenges for our professional development as a result of the lockdown. We have reflected the importance of the taken-for-granted human contact which is vital for our thinking and being.

We are aware that as virtual workers we will miss out on informal learning of work-related skills through spontaneous conversation with colleagues. We are accustomed to working flexibly in order to combine our teaching, research, writing, and administrative responsibilities as academics. However, as the lockdown continues and we immerse ourselves in our virtual workstations, we both suffer a rush of feelings of social and emotional isolation" [12]. Women are nearly one-third more likely than males to lose income as a result of the COVID-19 pandemic among the self-employed [13]. The epidemic condition had no substantial impact on nurses' mental health. However, other risk factors were linked to their anxiety, sadness, and self-efficacy, including length of employment, working status, department, and if they had cold-like symptoms and similar results has been reported among nurses in Spain [14,15]. In contrast to many of their colleagues in other specialties, hospitalists are unable to "work from home" therapeutically.

Female hospitalists will likely struggle to satisfy family demands when pandemic-related work responsibilities increase, because to increased childcare and schooling obligations, unequal household

chores, and the inability to work from home due to which they are at high risk of burnout. Poor performance, despair, suicide, and leaving the job have all been linked to burnout. Burnout is more common in female physicians, and various contributing factors, including as having children at home, gender bias, and a real or perceived lack of justice in promotion and compensation, are exacerbated by gender disparities [16]. One most touching instance we observed on our national TV was a mother of young child who had hospital duty and could not meet her child due to containment in the hospital. The father of the child brought the child to mother's workplace so that they can see each other, the child's cry to reach out for mother and mother's simultaneous tears were heart-wrenching and made one realise the sacrifices the frontline women task force had to endure, and what havoc it would have played on their psychology!

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