

# A STUDY ON WOMEN AND MENTAL HEALTH DURING COVID-19 PANDEMIC

GIRIJA C

Assistant Professor in Commerce

M.P.M.M.S.N. Trusts College, Shoranur, Palakkad, Kerala

**Dr. S. Siyamaladevi**

Associate Professor

Department of Commerce

M.V. Muthaiah Govt. Arts College for Women, Dindigul.

## **Abstract: -**

*Mental Health problems affect women and men equally, but some are more common among women. Various social factors put women at a greater mental health risk than men. Mental Health depends upon various determinants like age, family structure, education, occupation, income, and social support. COVID-19 has presented a scenario of increased incidence of family abuse, intimate partner violence, and greater complication in reporting and seeking help. Women experiencing varied mental health issues like depression, anxiety and trauma, stigma, and lack of social support. It is essential to recognize how the socio-cultural, economic, legal, infrastructural and environmental factors that affect women's mental health are configured in each country or community setting. Only by responding to the complexities and particularities of women's lives can health promotion strategies hope to increase the opportunities women want and need to control the determinants of their health. The objectives of present study are to analyse the mental health issues faced by women and the consequences of mental health issues among women. The study includes both primary and secondary data.*

*(Keywords :- Mental Health, WHO, Women and Mental Health, Stress etc..)*

## **Introduction**

Women are the key to sustainable development and quality of life in the family. The varieties of the role of women assume in the family are those of daughter, wife, mother, leader, administrator, manager of family income etc. Gender is a critical determinant of mental health and mental illness. The patterns of psychological distress and psychiatric disorder among women are different from those seen among men. Women shows higher mean level of stress than men. The morbidity associated with mental illness has received substantially more attention than the gender specific determinants and mechanisms that promote and protect mental health and foster resilience to stress and adversity. Social and economic factors determine the differential power and control men and women have over their mental health and lives, their social position, status and treatment in society and their susceptibility and exposure to specific mental health risks.

Gender differences occur particularly in the rates of common mental health disorders – depression, anxiety and somatic complaints. These disorders, in which women predominate, affect approximately 1 in 3 people in the community and constitute a serious health problem. Unipolar depression, predicted to be the second leading cause of global disability burden by 2020, is twice as common in women.

The battle against women's mental health is one of the most difficult issues facing the health-care industry. To begin with, identifying severe illnesses including schizophrenia, bipolar disorder, depression, and anxiety can be difficult. The social stigma attached to mental health conditions is perhaps the most formidable barrier to care. Women are disproportionately affected by patients' unwillingness to seek care for mental health problems, in part because women are more vulnerable to many common mental health conditions than men. People of any gender, race, or age may be affected by mental illnesses. The mental disorder affects over 50 million people in the United States, and you are not alone. Women, rather than men, are more likely than men to suffer from women's mental health.

Women's mental health is multifactorial which determined by both biological and social factors. Depression, anxiety, psychological distress, sexual violence, domestic violence and escalating rates of substance use affect women to a greater extent than men across different countries and different settings. Pressures created by their multiple roles, gender discrimination and associated factors of poverty, hunger, malnutrition, overwork, domestic violence and sexual abuse, combine to account for women's poor mental health. There is a positive relationship between the frequency and severity of such social factors and the frequency and severity of mental health problems in women. Severe life events that cause a sense of loss, inferiority, humiliation or entrapment can predict depression.

## Women Mental Health issues

- Depressive disorders
- Mental health problems like depression, organic brain syndromes, and dementias.
- Around 80% women affected by violent conflicts, civil wars, disasters and displacement.
- At least 5% women suffer rape or attempted rape in their lifetime.
- Anxiety and specific phobias
- Post- traumatic Stress Syndrome (PTSD)
- Suicide disorders
- Alcohol use disorders
- Insomnia

## WHO'S focus on Women's Mental Health

- Build evidence on the incidence and causes of mental health problems in women as well as on the mediating and protective factors.
- Promote the formulation and implementation of health policies that address women's needs and concerns from childhood to old age.
- Enhance the competence of primary health care providers to recognize and treat mental health consequences of domestic violence, sexual abuse, and acute and chronic stress in women.

## Literature Review

**Almeida, M., Shrestha, A. D., Stojanac, D., & Miller, L. J. (2020).** The current worldwide outbreak of COVID-19 has changed the modus operandi of all segments of society. While some pandemic-related stressors affect nearly everyone, many especially affect women. The purpose of the study was to review what is known about the pandemic's effect on women's mental health, what makes them more predisposed to weaknesses and adverse impacts, and strategies for preventing and treating these mental health consequences in the female population during specific stages across the lifespan. The methods used includes a narrative review in combination with their comments from clinical experience in the field of women's mental health and reproductive psychiatry. Women who are pregnant, postpartum, miscarrying, or experiencing intimate partner violence are at especially high risk for developing mental health problems during the pandemic. Active outreach to these groups of women and enhancement of social supports could lead to prevention, early detection, and prompt treatment. Social support is a key protective factor. Similarly, parenting may be significantly more stressful during a pandemic. Gender disparities may be accentuated, particularly for employed women or single parents, as women are excessively responsible for the bulk of domestic tasks, including childcare and eldercare.

**Jacques-Aviñó, C., López-Jiménez, T., Medina-Perucha, L., De Bont, J., Gonçalves, A. Q., Duarte-Salles, T., & Berenguera, A. (2020).** Lockdown has impacts on people's living conditions and mental health. The study objects to assess the relations between social impact and mental health among adults living in Spain during COVID-19 lockdown measures, taking a gender-based approach into account. The main variable was mental health measured by Generalized Anxiety Disorder Scale for anxiety and the Patient Health Questionnaire for depression. Sex-stratified multivariate ordinal logistic regression models were constructed to assess the association between social impact variables, anxiety and depression. The social impact of the lockdown is related to gender, age and socioeconomic conditions. Women and young people had worse mental health consequences during lockdown. It is urgent to establish strategies for public health emergencies that include mental health and its determinants, taking a gender-based approach into account, in order to reduce health inequities.

**López-Morales, H., Del Valle, M. V., Canet-Juric, L., Andrés, M. L., Galli, J. I., Poó, F., & Urquijo, S. (2021).** The aim of this study is to analyse longways the psychopathological consequences of the pandemic in pregnant women, and to explore differences with non-pregnant women. The participants in this study were 102 pregnant women, and a control group of 102 non-pregnant women. In a time, range of 50 days of quarantine, all women showed a gradual increase in psychopathological indicators and a decrease in positive affect. Pregnant women showed a more pronounced increase in depression, anxiety and negative affect than the non-pregnant women did. In addition, pregnant women showed a more definite decrease in positive affect. It is important for institutions devoted to perinatal health care to count on observed information to optimize the provision of their services.

## Scope of the Study

During their lifetime women are facing various stressors including childbirth and maternal roles. To contribute to the improvement of mental health of women concerned efforts are required at social, political, economic and legal levels. Education, training and interventions targeting the social and physical environment are important for addressing women's mental health.

## Problem Statement

Women's mental health is an important element in one's overall well-being and contentedness, as it maintains cognitive alternates, emotional sanity and balance of ourselves, lives and relationships. When women find hard to talk about difficult feelings and internalise them, this can lead to problems such as depression and eating disorders. They may express their emotional pain through different descriptive and anti-social behaviour. The study intends to analyse the mental health issues faced by the women and its consequences among women.

## Objectives

1. To study the mental health issues faced by the women
2. To analyse the consequences of mental health issues among women

## Methodology

### Sample Size

The study was conducted by taking the sample of 45 women respondents from various sectors. The data were collected through online survey.

### Sampling Techniques

The study adopted convenience sampling method for selecting respondents.

### Data Collection & Analysis

The study included both primary and secondary data wherein primary data were collected through structured questionnaire, which has been administered among women in different sectors. The secondary data were collected from journals, research articles and websites. The simple percentage analysis has been used to analyse the data.

## Results & Interpretation

**Table 1: Distribution of Age**

Age	Frequency	Percentage
18-20	21	46.7
21-30	18	40
31-40	3	6.7
41-50	2	4.4
Above 50	1	2.2
Total	45	100

(Source: Primary Data)

Table 1 reveals the distribution of age of the respondents.46.7% are belonging to 18-20, age group;40%, 21-30; 6.7%, 31-40, 4.4%, 41-50.

**Table 2: Distribution of Education Qualification**

Qualification	Frequency	Percentage
Plus Two	10	22.2
Graduation	16	35.6
PG	18	40
Other	1	2.2
Total	45	100

(Source: Primary Data)

Table 2 shows the distribution on the basis of educational qualification. 40% respondents are qualified master's degree, 35.6% are degree ,22.2% are Plus two and 2.2% are other.

**Table 3: Distribution of Occupation**

Occupation	Frequency	Percentage
House Wife	3	6.7
Teacher	11	24.4
Bank/Office Work	1	2.2
Other	30	66.7
Total	45	100

(Source: Primary Data)

Table 3 shows occupation status of respondents. It has been revealed from the above table that 66.7% are from various fields; 24.4% are teachers, 6.7% house wives, and 2.2% are bank / office work.

**Table 4: Distribution of Feeling Sad or Down in the Dumps**

Option	Frequency	Percentage
Not at all	11	24.4
Sometime	26	57.8
Moderately	5	11.1
A lot	3	6.7
Extremely	-	-
Total	45	100

(Source: Primary Data)

Table 4 shows the opinion of the respondents in feeling sad.57.8% are sometimes down in dumps,24.4% not at all feel ,11.1% moderately and 6.7% a lot.

Option	Frequency	Percentage
Not at all	11	24.4
Sometime	23	51.1
Moderately	6	13.4
A lot	4	8.9
Extremely	1	2.2
Total	45	100

**Table 5: Distribution of Feeling Unhappy**

(Source: Primary Data)

Table 5 shows the unhappiness of the respondents.51.1%are sometimes felt unhappiness;24.4% not at all, 13.4% moderately; 8.9% a lot and 2.2% extremely.

**Table 6: Distribution of Crying Spells or Tearfulness**

Option	Frequency	Percentage
Not at all	18	40
Sometime	19	42.2
Moderately	7	15.6
A lot	-	-
Extremely	1	2.2
Total	45	100

(Source: Primary Data)

Table 6 shows the opinion about tearfulness.42.2% opined that they are having tearfulness sometimes; 40% sometimes; 15.6% moderately and 2.2% extremely.

**Table 7: Distribution of Feeling Discouraged**

Option	Frequency	Percentage
Not at all	15	33.3
Sometime	23	51.2
Moderately	4	8.9
A lot	1	2.2
Extremely	2	4.4
Total	45	100

(Source: Primary Data)

Table 7 shows the feeling discouraged while stress.51.2% felt sometimes; 33.33% not at all;8.9% moderately; 2.2% sometimes 4.4% extremely and 2.2% a lot.

**Table 8: Distribution of Feeling Low Self-esteem**

Option	Frequency	Percentage
Not at all	17	37.8
Sometime	18	40
Moderately	8	17.8
A lot	-	-
Extremely	2	4.4
Total	45	100

(Source: Primary Data)

Table 8 shows the self-esteem of the respondents. 40% felt low self-esteem sometimes, 37.8% not at all,17.8% moderately and 4.4% extremely.

**Table 9: Distribution of Feeling Hopeless**

Option	Frequency	Percentage
Not at all	21	46.7
Sometime	16	35.6
Moderately	6	13.3
A lot	2	4.4
Extremely	-	-
Total	45	100

(Source: Primary Data)

Table 9 shows the feeling hopeless of the respondents. 46.67% not at all felt like this, 35.6% sometimes, 13.3%moderately and 4.4% a lot.

**Table 10: Distribution of Feeling Worthless or Inadequate**

Option	Frequency	Percentage
Not at all	26	57.8
Sometime	11	24.4
Moderately	5	11.1
A lot	3	6.7
Extremely	-	-
Total	45	100

(Source: Primary Data)

Table 10 shows the feeling worthless. 57.8% not at all feel worthless, 24.4% sometimes, 11.1% moderately and 6.7% a lot.

**Table 11: Distribution of Feeling Guilt/Shame**

Option	Frequency	Percentage
Not at all	26	57.9
Sometime	15	33.3
Moderately	2	4.4
A lot	2	4.4
Extremely	-	-
Total	45	100

(Source: Primary Data)

Table 11 depicts the distribution of feeling guilt / shame. 57.9% not at all feel guilt or shame,33.33% sometimes,4.4% sometimes and extremely.

**Table 12: Distribution of Criticising yourself or Blaming others**

Option	Frequency	Percentage
Not at all	20	44.4
Sometime	19	42.3
Moderately	4	8.9
A lot	1	2.2
Extremely	1	2.2
Total	45	100

(Source: Primary Data)

Table 12 shows distribution of criticising yourself or blaming others. 44.4% not at all do this, 42,3% sometimes, 8.9% moderately and 2.2% a lot and extremely.

#### Activities & Personal Relationships

**Table 13: Distribution of Loss of Interest in Family, Friends or Colleagues**

Option	Frequency	Percentage
Not at all	27	60
Sometime	13	28.9
Moderately	2	4.4
A lot	-	-
Extremely	3	6.7
Total	45	100

(Source: Primary Data)

Table 13 shows the distribution of loss of interest in family, friends or colleagues. 60% not at all felt loss of interest in family and friends, 28.9% sometimes, 4.4% moderately and 6.7% extremely felt.

**Table 14: Distribution of Loneliness**

Option	Frequency	Percentage
Not at all	14	31.1
Sometime	24	53.3
Moderately	3	6.7
A lot	3	6.7
Extremely	1	2.2
Total	45	100

(Source: Primary Data)

Table 14 shows the distribution of feeling loneliness of respondents. 53.3% women sometime felt loneliness, 31.1% opined not at all, 6.7% moderately as well as a lot, 2.2% extremely.

**Table 15: Distribution of Spending Less Time with Family or Friends**

Option	Frequency	Percentage
Not at all	22	48.9
Sometime	12	26.7
Moderately	5	11.1
A lot	5	11.1
Extremely	1	2.2
Total	45	100

(Source: Primary Data)

Table 15 shows spending less time with family or friends. 48.9% commented not at all to this statement, 26.7% opined sometimes, 11.1% moderately and a lot and 2.2% extremely.

**Table 16: Distribution of Lack of Motivation**

Option	Frequency	Percentage
Not at all	9	20
Sometime	29	64.4
Moderately	3	6.7
A lot	3	6.7
Extremely	1	2.2
Total	45	100

(Source: Primary Data)

Table 16 shows distribution lack of motivation. 64.4% sometimes feel they won't get proper motivation, 20% feel not at all, 6.7% opined moderately as well as a lot and 2.2% extremely.

**Table 17: Distribution of Loss of Interest in Work or Other Activities**

Option	Frequency	Percentage
Not at all	14	31.1
Sometime	23	51.2
Moderately	6	13.3
A lot	1	2.2
Extremely	1	2.2
Total	45	100

(Source: Primary Data)

Table 17 shows the loss interest in work and other activities. 51.2% sometimes felt lack of interest while working, 31.1% not at all, 13.3% moderately and 2.2% a lot and extremely.

**Table 18: Distribution of Awaiting work or Other Activities**

Option	Frequency	Percentage
Not at all	16	35.6
Sometime	20	44.4
Moderately	4	8.9
A lot	3	6.7
Extremely	2	4.4
Total	45	100

(Source: Primary Data)

Table 18 shows the distribution of awaiting work or other activities. For this statement 44.4% opined sometime, 35.6% not at all, 8.9% moderately, 6.7% a lot and 4.4% extremely.

**Table 19: Distribution of Avoiding work or Other Activities**

Option	Frequency	Percentage
Not at all	22	48.9
Sometime	14	31.1
Moderately	7	15.6
A lot	1	2.2
Extremely	1	2.2
Total	45	100

(Source: Primary Data)

The table 19 shows the distribution of avoiding or other activities. 48.9% respondent opined not at all to this statement, 31.1% sometimes, 15.6% moderately and 2.2% a lot and 2.2% extremely.

**Table 20: Distribution of Loss of Pleasure/Satisfaction**

Option	Frequency	Percentage
Not at all	14	31.1
Sometime	19	42.3
Moderately	6	13.3
A lot	4	8.9
Extremely	2	4.4
Total	45	100

(Source: Primary Data)

Table 20 shows the loss of pleasure or satisfaction. 42.3% sometimes felt lack of pleasure, 31.1% not at all, 13.3% moderately, 8.9% a lot and 4.4% extremely.

### Physical Symptoms

**Table 21: Distribution of Feeling Tired**

Option	Frequency	Percentage
Not at all	7	15.5
Sometime	30	66.7
Moderately	3	6.7
A lot	3	6.7
Extremely	2	4.4
Total	45	100

(Source: Primary Data)

Table 21 shows the distribution of feeling tired.66.7% women respondents sometimes feel tired, 15.5% not at all, 6.7% moderately as well as a lot and 4.4% extremely.

**Table 22: Distribution of Difficulty in Sleeping/Sleeping too much**

Option	Frequency	Percentage
Not at all	15	33.3
Sometime	18	40
Moderately	7	15.6
A lot	-	-
Extremely	5	11.1
Total	45	100

(Source: Primary Data)



Table 22 shows the distribution of difficulty in sleeping / sleeping too much.40% sometimes felt sleeping disorders, 33.33% opined not at all, 15.6% moderately and 11.1% extremely.

**Table 23: Distribution of Decreased/Increased Appetite**

Option	Frequency	Percentage
Not at all	21	46.8
Sometime	14	31.1
Moderately	6	13.3
A lot	2	4.4
Extremely	2	4.4
Total	45	100

(Source: Primary Data)

Table 23 shows distribution of decreased or increased appetite.46.8% opined they are not at all felt this issue, 31.1% sometimes, 13.3% moderately and 4.4% a lot as well as extremely.

**Table 24: Distribution of Worrying about your Health**

Option	Frequency	Percentage
Not at all	19	42.2
Sometime	17	37.8
Moderately	4	8.9
A lot	3	6.7
Extremely	2	4.4
Total	45	100

(Source: Primary Data)

Table 24 shows distribution of worrying about your health. 42.2% opined they not at have worry about their life, 37.85 sometimes, 8.9% moderately, 6.7% felt a lot and 4.4% extremely.

#### Suicidal Urges

**Table 25: Distribution of Suicidal Thought**

Option	Frequency	Percentage
Not at all	39	86.7
Sometime	5	11.1
Moderately	-	-
A lot	1	2.2
Extremely	-	-
Total	45	100

(Source: Primary Data)

Table 25 distribution of suicidal thoughts. 86.7% respondents are not such thoughts, 11.1% sometimes felt and 2.2% extremely.

**Table 26: Distribution of Feeling like to end yourself**

Option	Frequency	Percentage
Not at all	37	82.3
Sometime	6	13.3
Moderately	-	-
A lot	2	4.4
Extremely	-	-
Total	45	100

(Source: Primary Data)

Table 26 shows the distribution of feeling like to end yourself. 13.3% sometimes felt this, 82.3% opined not at all and 4.4 % a lot.

**Table 27: Distribution of Plan for Harming yourself**

<b>Option</b>	<b>Frequency</b>	<b>Percentage</b>
Not at all	27	60
Sometime	13	28.9
Moderately	2	4.4
A lot	-	-
Extremely	3	6.7
Total	45	100

(Source: Primary Data)

Table 27 shows the distribution plan for harming yourself. 60% opined not at all ,28.6% sometimes, 6.7% extremely and 4.4%moderately.

**Findings**

- Majority of the respondents belongs to the age group 18-20
- Majority of the women respondents qualified graduation.
- 66% women respondents are other professionals
- Sometimes the respondents felt sad or downward
- Most of the respondents felt unhappiness and social isolation
- Majority of the women are facing the problem of crying and tearfulness
- Women’s having low self esteem
- Sometimes the respondents felt hopeless
- Women opined they are worthless in sometime
- Most of them felt guilty/ shame
- Women are facing loneliness from family and friends.
- Lack motivation is one of the main problems faced by the women
- Most of the times women losses their pleasure / satisfaction
- Women felt tired
- Most of the women have sleeping problems
- Lack of appetite
- Worrying about health
- Sometimes they have suicidal and harming themselves thoughts.

**Suggestions**

- Should provide proper motivation to women
- Ensure access to some material resources that allow the possibility of making choices in the face of severe events
- Should provide psychological support from family, friends, or health providers.
- Provide proper counselling to women to prevent them from suicidal thoughts, alcohol abuses.
- Should implement health policies to address women’s needs and concerns from childhood to old age.
- Should enhance the services of primary health care providers to recognize and treat mental health consequences of domestic violence, sexual abuse, and acute and chronic stress in women.
- Create good atmosphere in working places and families.
- Should create good social and physical environment for addressing women’s health.
- Should provide proper education, training and interventions.
- Develop and enhance social status of women and remove gender differences and increase awareness of their rights.

**Conclusion**

The present study focused the mental health issues and its consequences among women. During the life time’s women are faced with various stressors including childbirth and mental roles, caring for the sick and old of the family. To improve the mental

health of women concerted efforts are required at social, political, economic and legal levels. It should incorporate physical and mental health across the life cycle beyond reproductive and mental health.

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