

Women mental Health during COVID 19 and Lock down: A brief narrative and Introspection

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Introduction

Gender, from its very biological origin to the psychological processes and coping styles it follows specifically, makes it an important and independent factor for both mental health and mental illness. Women are different from men, so are their problems and needs. Starting from age of onset, clinical pattern and severity, treatment response, course, prognosis and long term outcome; all are much different for the persons with female gender which needed both gender and person specific care. The current COVID 19 pandemic has impacted us globally without sparing almost anybody. However, women have been affected very differently (if not more severely) around the world the reason of which is more than mere biological. The socio cultural background along with the environment factors need to be well explained to understand this difference or overall to understand the women mental health holistically during this global stress.

COVID 19, Lockdown, Women mental Health, Childbirth, Pregnancy

more persistent too (4); also life time risks of anxiety disorders are 2-3 times more in females (5).

Lockdown and women: why the vulnerability is more

The extent of current global pandemic and the novel social situations like lockdown, isolation and quarantine have definitely hit women badly with affecting their mental health even worse. Some of the reasons for this could be following

- Multiple roles of women in life and family
- Increased home stay of entire family putting extra burden of care on the women in house
- For poor families, the less resource and limited support always hit the women first and worst as well
- Women are more likely to lose job or financial independence when resources are limited; more likely to lose their school or education as a whole when more support needed in family, or education is only technology based.

Childbirth care stress

Pregnancy and childbirth, is a significant life event and is a known cause of increased physical and mental problems among women. Even in a normal situation, they become distressed due to restrictions of movement, socialization and difficulty in performing regular routines. An ongoing pandemic contributes further to this distress. Though the initial reports were not in favour of any vertical transmission of COVID-19 from the mother to the Infant during pregnancy(6,7), the recent findings say the contrary. Pregnant women infected by the viruses are found to develop severe forms of the disease, with increased risk of preterm deliveries, abortions, and perinatal and maternal mortality. There is also an anecdotal report of placental transmission of COVID-19 in the second trimester. Moreover, the possible teratogenic effects of the SARS-COV-2 virus still not fully known. These uncertainties may result in heightened psychological stress among the expecting women(8).

Also, almost all the states and governments has imposed various preventive measures to contain the viral spread like quarantine, home isolation, lockdowns, physical distancing,

and remote consultations. This has resulted in the added concern for timely transportation and availability of expected level of healthcare services in case of any obstetrical emergency. There is also a lack of Universal guidelines regarding the management of obstetrical cases, including labour during the ongoing corona pandemic, especially in COVID-19 positive mothers (9). Essential baby care techniques like breastfeeding within the first hour of delivery, expressed breastfeed when the mother is ill or incapable of feeding, and Kangaroo mother care for low weight babies involves skin to skin contact increases the risk of infection of the new-born by the novel virus. Hospitals have also put a restriction on admissions as well as visits by their relatives with latter causing definite compromise in the psychological support (8).

Women as a health care worker during COVID 19

A significant portion of the Frontline health workers are women with increased risk of exposure. Societal stigma and fear of bringing the disease home have forced many to stay at their workplace away from their families and children. Of the quarantined health workers, a significant portion is nurses who are majorly women in the reproductive age group. Among them, there is a shift of role from reproductive and familial service to productive hospital-works (10).

Work from home

Caroline Moser's gender analysis framework explores the women's triple roles, namely reproductive, productive and community services in the society (11). With the onset of a disaster or pandemic, the new roles borne by women is in addition to their existing roles. Even before the corona hit the face of the globe gender inequality and unfair work division among men and women was evident. While working from home, women now also care about household chores, childbearing, and the family round the clock. The increased work burden may result in physical and mental exhaustion and stress (10).

Domestic violence during covid-19

Domestic violence refers to a range of violation that happens within a domestic space. It is a broad term that encompasses intimate partner violence (IPV), a form of abuse that is perpetrated by a current or ex-partner (12).

Domestic violence (DV) is disturbing in wide spectrum with implications from immediate injury to long-term trauma; from physical to psychological, impacting the survivor, family members (13).

Victims of domestic violence not only have a higher chance of developing various physical ailments like cardiovascular disease, chronic pain, sleep disturbances, gastrointestinal problems, sexually transmitted infections and traumatic brain injury, but also, psychiatric illnesses like mood disorders, anxiety disorders, eating disorders, posttraumatic stress disorders and substance use disorders. Children and adolescents, with victims of domestic violence in their household, have a higher chance of being bullied in school or

in the cyber space (14). COVID emergency has given rise to worsening of the domestic abusive situations. Worsening economic crisis during this pandemic has made it more difficult for the victims to separate from their abusive partners. Having to spend their entire time together in a forced lockdown with the media pouring in dispiriting information ceaselessly, is further leading to the rise in the levels of stress and fear, instigating aggressive behavior in the perpetrators(15). The WHO has promptly identified "violence against women remains a major global public health and Women's health threat during emergencies". Data from COVID affected countries like Brazil, China, Germany, Italy, United Kingdom, The United States of America and Australia has shown a rise in the rate of domestic violence(16). Data released by the United Nations (UN) has also shown increased rates of domestic violence in Lebanon and Malaysia(13). In the United Kingdom, 25% increase was seen in calls and online messages to the National Domestic Abuse helpline after the beginning of the lockdown.(17) In India, within first 7 days of the nationwide lockdown, 58 complaints were filed with the National Commission for Women (NCW), which was twice the usual number of weekly complaints, with maximum number of complaints received from Punjab(18). All the complaints were received in the form of e-mail, thus making the Commission apprehensive that the actual figure would be remarkably higher. Restricted mobility has limited the survivors' ability to leave the place where she is being abused and move to a safer place. Even approaching the healthcare facilities for management of the injuries sustained due to the violence has been difficult.

The Director General of WHO made a mass appeal on 5th of April to help the survivors of Domestic violence at any cost, along the lines of the LIVES protocol of WHO (19). According to this, a comprehensive package of psychological first aid should be provided. This includes Listening, Inquiry (relevant information on the history of violence), Validation and Enhancing safety (including a safety plan made according to the particular context of an individual survivor) and Support (including intersectoral referrals). The role of community in supporting a survivor of violence cannot be overemphasized. Local community based organizations can play a pivotal role in providing emotional support to the survivors. Nevertheless, the need to have a set protocol at a national level would play a significant role in dealing with the steadily rising occurrences of domestic violence (13).

Conclusion

Women are pillar of our society with their special caliber to work persistently while managing quality in different sectors, all simultaneously. However, the discrimination over them is much real, including poor attention over their health as a whole. Mental health of women is no exception either, and significantly affected by socio political and economic issues. Attention should be focused on designing a multi-disciplinary approach by the policy level committees, in order to deal with domestic violence and other mentioned problems specific to women. Hence, one needs to critically look for the changes,

record them, infer from them and structure the protocol and policies accordingly.

References

1. Sood A (2008) Women's Pathways to Mental Health in India. UC Los Angeles: UCLA Center for the Study of Women.
2. Geneva: World Health Organization (2001) Gender and women's mental health. Gender disparities and mental health: The Facts.
3. Freeman MP, Arnold LM, McElroy SL (2002) Bipolar disorder. In: Kornstein SG, Clayton AH, editors. Women's Mental Health & – A Comprehensive Textbook. New York: The Gulliford Press.
4. Geneva: World Health Organization (2000) Women's Mental Health: An Evidence Based Review.
5. Pigott TA (2002) Women's Mental Health – A Comprehensive Textbook. In: Kornstein SG, Clayton AH, editors. The Gulliford Press: New York.
6. Y Luo, K Yin (2020) Management of pregnant women infected with COVID-19, Lancet Infect. Dis.
7. Chen H, Guo J, Wang C, Luo F, Yu X, et al. (2020) Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records, Lancet 395:809–815.
8. Thapa SB, Mainali A, Schwank SE, Acharya G (2020) Maternal mental health in the time of the COVID-19 pandemic. Acta Obstetricia et Gynecologica Scandinavica.
9. Matvienko-Sikar K, Meedya S, Ravaldi C (2020) Perinatal mental health during the COVID-19 pandemic. Women and Birth 33:309.
10. McLaren HJ, Wong KR, Nguyen KN, Mahamadachchi KN (2020) Covid-19 and Women's Triple Burden: Vignettes from Sri Lanka, Malaysia, Vietnam and Australia. Social Sciences 9:87.
11. Moser C (2012) Gender planning and development: Theory, practice and training. Routledge.
12. The pandemic paradox: The consequences of COVID-19 on domestic violence (2020).
13. Ghoshal R (2020) Twin public health emergencies: Covid-19 and domestic violence. Indian J Med Ethics 1–5.
14. Clarke A, Olive P, Akooji N, Whittaker K (2020) Violence exposure and young people's vulnerability, mental and physical health. Int J Public Health 1:65(3):357–66.
15. Cluver L, Lachman JM, Sherr L, Wessels I, Krug E, et al. (2020) Parenting in a time of COVID-19, The Lancet. Lancet Publishing Group.
16. <https://www.theguardian.com/society/2020/mar/28/lockdowns-world-rise-domestic-violence>
17. <https://indianexpress.com/article/explained/how-countries-are-dealing-with-the-surge-in-domestic-violence-under-covid-19-lockdown-6350186/>
18. http://www.ptinews.com/news/11348195_Domestic-abuse-cases-rise-as-lockdown-turns-into-captivity-for-many-women.
19. WHO (2014) Global and regional estimates of violence against women.