



## GENDER LENS OF PSYCHOLOGICAL CHALLENGES DURING COVID-19 PANDEMIC

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**Abstract:** Health is primordial importance for all the living beings. The pandemic like calamities time and again has been creating distressing situations globally irrespective of gender. This disturbing state of affairs has psychological influence on the individuals. Stress in the individuals not only deviate from their routine but also levy health burden. The researchers tried to study the psychological challenges faced during COVID -19 pandemic in gender perspective. The pandemic not only imposed health burden but also heavy workload and psychosocial and economic anguish.

**Key Words:** Gender, Covid -19, Psychological, Workload, Stress

### I. INTRODUCTION:

COVID-19 crisis having devastating impact globally and affecting both men and women in different ways. Stress is one of the main factors due to which there is much of the suffering due to pandemic. Stressors have a serious influence upon mood, our sense of well-being, behaviour, and health. Acute stress responses in young, healthy individuals could also be adaptive and typically don't impose a health burden. (Schneiderman, et al., 2005) Psychological effects of maltreatment/abuse include the dysregulation of affect, provocative behaviours, the avoidance of intimacy, and disturbances in attachment (Haviland et al. 1995). Exposure to intense and chronic stressors during the developmental years has long-lasting neurobiological effects and puts one at increased risk for anxiety and mood disorders, aggressive dyscontrol problems, hypo-immune dysfunction, medical morbidity, structural changes within the CNS, and early death (Shaw, 2003). Women are also more likely to have mental health conditions that are made worse by stress, such as depression or anxiety. (Hammen, et al., 2009)

The diagnosis of a serious medical illness often has been considered a severe life stressor and sometimes is amid high rates of depression. Other consequences of stress that would provide linkages to health are identified, like increases in smoking, substance use, accidents, sleep problems, and eating disorders. Populations that sleep in more stressful environments like communities with higher divorce rates, business failures, natural disasters, etc. (Cassem, 1995)

Stress-related outcomes also vary consistent with personal and environmental factors. Personal risk factors for the event of depression, anxiety, or Posttraumatic stress disorder after a significant life event, disaster, or trauma include prior psychiatric history, neuroticism, female gender, and other sociodemographic variables (Green 1996, McNally 2003, Patton et al. 2003). There is also some evidence that the connection between personality and environmental adversity could also be bidirectional (Kendler et al. 2003). Levels of neuroticism, emotionality, and reactivity correlate with poor interpersonal relationships also as "event proneness." Protective factors that are identified include, but aren't limited to, coping, resources (e.g., social support, self-esteem, optimism), and finding meaning as an example, those with social support fare better after a natural disaster (Madakaisira & O'Brien 1987) or after myocardial infarct (Frasure-Smith et al. 2000). Pruessner et al. (1999) found that folks with higher self-esteem performed better following the perception of an acute stressful event, there is a cascade of changes within the nervous, cardiovascular, endocrine, and immune systems. These changes constitute the strain response and are generally adaptive in short term (Fioranelli Massimo et. al., 2018). Two features especially make the strain response adaptive. First, stress hormones are released to form energy stores available for the body's immediate use. Second, a replacement pattern of energy distribution emerges. Energy is diverted to the tissues that become more active during stress, primarily the skeletal muscles and therefore the brain. Cells of the system also are activated and migrate to "battle stations" (Dhabar & McEwen 1997). Less critical activities are

suspended, like digestion and therefore the production of growth and gonadal hormones. Simply put, during times of acute crisis, eating, growth, and sexual intercourse could also be a detriment to physical integrity and even survival.

Stress hormones are produced by the SNS and hypothalamic-pituitary adrenocortical axis. The SNS stimulates the medulla to supply catecholamines (e.g., epinephrine). In parallel, the paraventricular nucleus of the hypothalamus produces corticotropin releasing factor, which successively stimulates the pituitary to supply adrenocorticotropin. Adrenocorticotropin then stimulates the cortex to secrete cortisol. Together, catecholamines and cortisol increase available sources of energy by promoting lipolysis and therefore the conversion of glycogen into glucose (i.e., blood sugar). Lipolysis is that the process of breaking down fats into usable sources of energy (i.e., fatty acids and glycerol; Brindley & Rollan 1989). Energy is then distributed to the organs that require it most by increasing vital sign levels and contracting certain blood vessels while dilating others. Vital sign is increased with one among two hemodynamic mechanisms (Llabre et al. 1998, Schneiderman & McCabe 1989). The myocardial mechanism increases vital sign through enhanced cardiac output; that's, increases in pulse and stroke volume (i.e., the quantity of blood pumped with each heart beat). The elevated basal levels of stress hormones related to chronic stress also suppress immunity by directly affecting cytokine profiles. Cytokines are communicatory molecules produced primarily by immune cells (Roitt et al. 1998). There are three classes of cytokines. Proinflammatory cytokines mediate acute inflammatory reactions. Th1 cytokines mediate cellular immunity by stimulating natural killer cells and cytotoxic T cells, immune cells that focus on intracellular pathogens (e.g., viruses). Finally, Th2 cytokines mediate humoral immunity by stimulating B cells to supply antibody, which "tags" extracellular pathogens (e.g., bacteria) for removal. During a meta-analysis of over 30 years of research, Segerstrom & Miller (2004) found that intermediate stressors, like academic examinations, could promote a Th2 shift (i.e., a rise in Th2 cytokines relative to Th1 cytokines). A Th2 shift has the effect of suppressing cellular immunity in favour of humoral immunity. In response to more chronic stressors (e.g., long-term caregiving for a dementia patient), Segerstrom & Miller found that proinflammatory, Th1, and Th2 cytokines become dysregulated and lead both to suppressed humoral and cellular immunity. Intermediate and chronic stressors are related to slower wound healing and recovery from surgery, poorer antibody responses to vaccination, and antiviral deficits that are believed to contribute to increased vulnerability to viral infections (e.g., reductions in natural killer T cell cytotoxicity; see Kiecolt-Glaser et al. 2002). Stressed people, for instance, might seek more outside contact and thus be exposed to more viruses. Therefore, during a more controlled study, people were exposed to rhinovirus then quarantined to regulate for exposure to other viruses (Cohen et al. 1991). The studies reflected that the individuals with the foremost stressful life events and highest levels of perceived stress and negative affect had the best probability of developing cold symptoms. During a subsequent study of volunteers inoculated with a chilly virus, it had been found that folks enduring chronic, stressful life events (i.e., events lasting a month or longer including unemployment, chronic underemployment, or continued interpersonal difficulties) had a high likelihood of catching cold. (Cohen et al. 1998).

Disease outbreaks increase girls' and young women's duties caring for elderly and ill family members, as well as for siblings who are out of school. Girls, especially those from marginalised communities and with disabilities, may be particularly affected by the secondary impacts of the outbreak. Economic stress on families due to the outbreak can put children, and in particular girls, at greater risk of exploitation, child labour and gender-based violence. Based on this background the present research objective are as follows -

### **Objectives**

- To understand the impact of Covid 19 and
- To analyze the challenges faced by men and women during lockdown

## **II. METHODOLOGY**

### **Sample selection**

The researchers conducted online survey using google forms from 14<sup>th</sup> May to 20<sup>th</sup> June 2020, and by invitation through text messages to participate. The sample selection is through random sampling.

## Data collection

Through survey method researchers collected data on socio-demographic and psychological impact of lockdown and received 480 responses from various parts of India as well as abroad mostly from USA, UAE, UK and Philippines.

## Construction of questionnaire

The researcher has used questionnaire as tool for data collection. Closed-ended items are used by the researchers and are interested in receiving well-defined variable or to construct participants' level of agreement with the statement, perceptions of risk, or frequency of a particular behavior. In studying about psychological research, it is likely to encounter the term Likert scale hence the researcher used Likert scale.

## Statistical analysis

The researchers carried research to understand experiences, or gain detailed insights into the psychological impact of lockdown during pandemic. The data collected is tabulated and statistically analyzed using SPSS tool. The data collected is presented and discussed in the following tables.

### III. RESULTS AND DISCUSSION

**Table 1. Socio Demographic details of the selected subjects**

Category	No.	Percentage
<b>Total</b>	<b>480</b>	<b>100</b>
<b>Gender</b>		
Male	127	20.00
Female	353	80.00
<b>Age in years</b>		
18-27	199	41.5
28-37	84	17.5
38-47	85	17.7
48-57	88	18.3
58-67	24	5.0
<b>Educational Status</b>		
Lower than UG	14	2.9
Under Graduation	158	32.9
Post-Graduation	193	40.2
Higher than PG	115	24.0

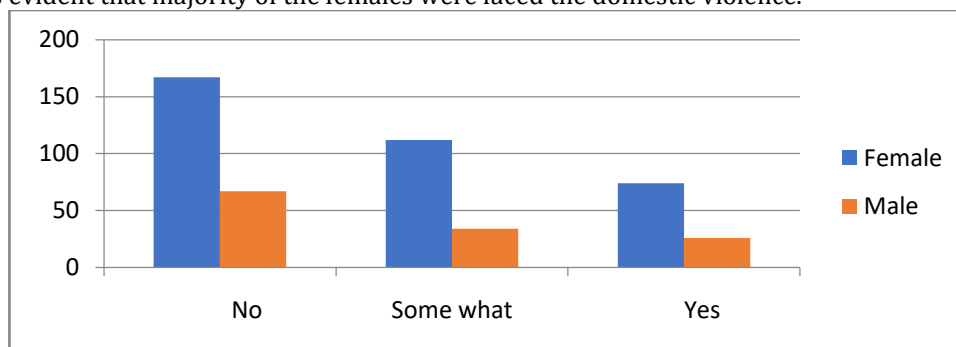
A total of 480 members were included in the analysis. Table 1 shows the gender percentage participated in the online survey study. It clearly shows that 80 percent of females and 20 percent of males participated in the survey. The age range of the participants were 18 to 67 years.

Table 2 reveals the selected aspects of psychological challenges during COVID-19 of selected subjects according to gender prospects. The impact of COVID -19 has changed the daily routine and majority faced health issues in the lock down, same thing was observed in both genders. Mainly, females suffered with more workload, because males were reluctant in helping in domestic work. 64 percent of females experienced humiliation and domestic abuse. The stress was reduced by the preparedness for pandemic in both genders.

**Table 2 Gender Lens of selected aspects psychological Challenges during COVID-19 Pandemic**

	Gender	Yes	%	No	%
Are you getting enough time for yourself	F	233	48.54	120	25.00
	M	84	17.50	43	8.95
Do you have enough space in your house	F	251	52.29	102	21.25
	M	103	21.45	24	5.00
lockdown gave an opportunity to spend with family	F	310	64.58	43	8.95
	M	121	25.20	6	1.25
Lockdown enhanced your workload	F	192	40.00	161	33.54
	M	67	13.95	60	12.50
Have you faced any health issue in the lockdown	F	60	12.50	293	61.04
	M	16	3.33	111	23.12
Is your daily work disturbed	F	58	12.08	295	61.45
	M	18	3.75	109	22.70
Did you experience of any humiliation, domestic abuse	F	44	9.16	309	64.37
	M	14	2.91	113	23.54
Do preparedness reduces stress in pandemic	F	234	48.75	119	24.79
	M	91	18.95	36	7.50

Ironically women hardly receive any help from their family members in the domestic chore's despite of heavy workload without servant maid. Almost half of women said that they didn't expect any help from others as it is routine to them, but 40% of the female respondents said that they didn't receive any help in spite of repeated requests. Only 10% female respondents expressed that for the first time their male members at home helped them in the domestic chores. Fig 1 shows the domestic violence in male and female, Its evident that majority of the females were faced the domestic violence.



**Fig 1. Enhancement of Domestic Violence**

**Table 3. Income dynamics of the study subjects**

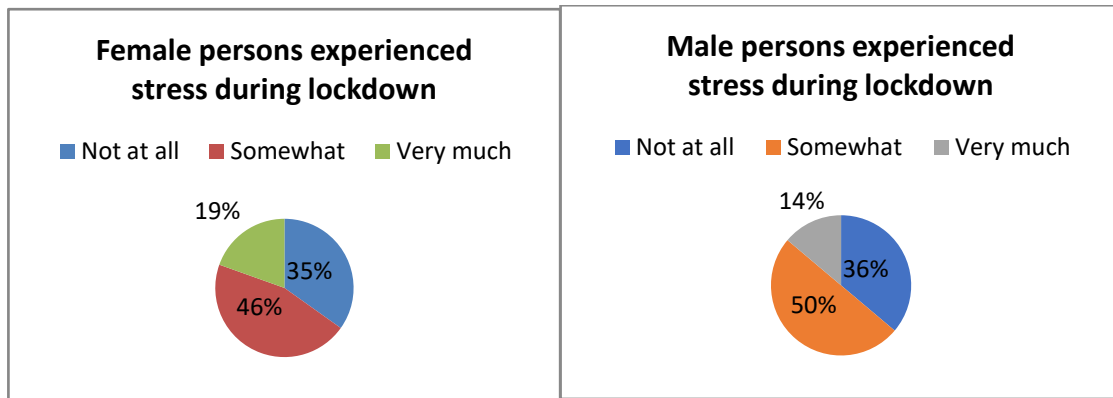
Sex	Income dynamics		Total
	Change	No change	
Female	224	129	<b>353</b>
Male	89	38	<b>127</b>

<b>Total</b>	313	167	<b>480</b>
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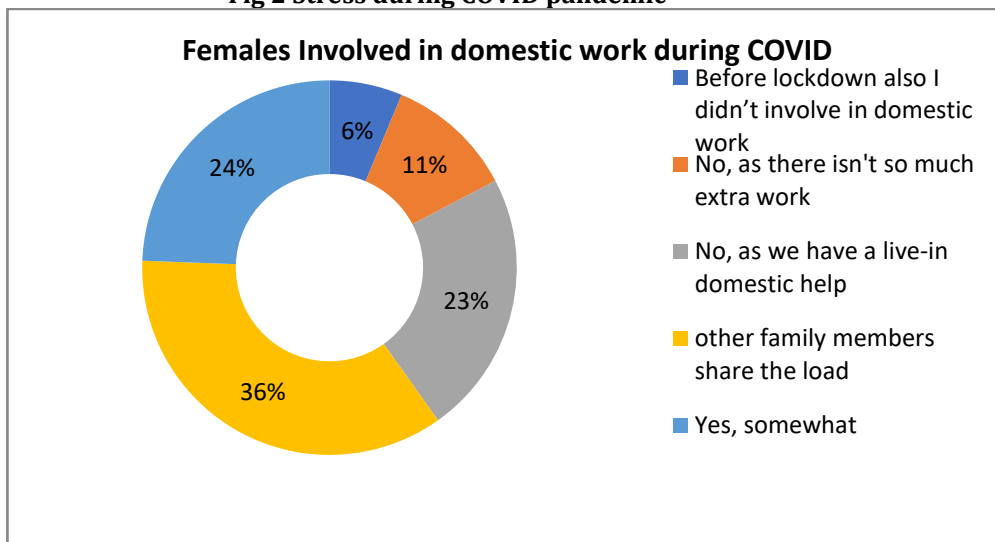
**Table 4. How did you manage your daily needs?**

Gender	Adjusted with what I possess	Any other	Borrowed Loan	From Savings	Keeping account on spending and reducing unnecessary costs	Total
<b>Female</b>	134	60	36	119	4	353
<b>Male</b>	45	23	4	55	0	127
<b>Total</b>	179	83	40	174	4	480

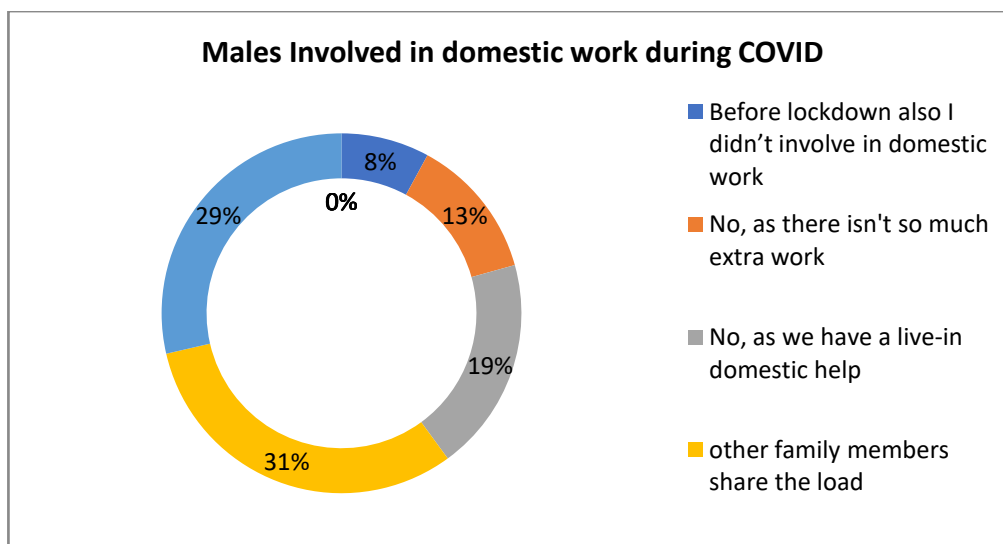
Table 3 shows the income dynamics of the study subjects during the COVID-19 pandemic. It shows that a majority of the study population income was changed i.e., reduced. Table 4 presents the data how did they managed their daily needs with decreased income. A maximum number of subjects adjusted with what they possess and from savings they met their expenses. Remaining adjusted from others and borrowed loans to meet their daily expenses. It is observed that more females were seem to have adjusted with what they possess and only females seem to keeping account on spending and reducing unnecessary costs. But when we assess with in the same gender, amongst 353 female's majority adjusted with what they possess instead than having their own savings whereas most of the male members adopt savings than to adjust with what they possess.



**Fig 2 Stress during COVID pandemic**



**Fig 3 a. Domestic work during COVID 19 pandemic**



**Fig.3 b. Domestic work during COVID 19 pandemic**

In the above pie diagram (fig.2), it is visible that only 46% of female persons experienced stress during lockdown where as 50% of male persons experienced stress during lockdown. In this small sample of 480, 4% higher rate of males are undergoing stress due to lockdown but females could manage the stress. Fig 3.a and 3.b shows the domestic work load distribution in the COVID pandemic time.

The fact that women's stress was higher than men's was also consistent with existing evidence (Vianaetal, 2019; Ishiguro et al., 2019) and similar studies conducted during the COVID-19 pandemic in different countries (Xiong et al., 2020; Le et al., 2020; Tee et al., 2020; Wang et al., 2020). The finding corresponds to epidimeological research suggesting that women are at increased risk for psychological outcomes [35]. Some researchers have hypothesized that greater psychological stress in women may be due in part to their work being more affected by COVID-19 and the burden of care at home (Xiongetal., 2020; Wang et al., 2020).

The researcher made an effort to analyse psychological challenges during COVID-19 pandemic through gender lens, the statistical data collected revealed that whether relating to managing the daily needs with decreased income, managing of heavy workload or management of stress created due to pandemic situation it is the females seem to have better management capacity when compared to its male counter parts.

#### IV. CONCLUSION:

The COVID-19 epidemic raises gender-linked mental health challenges. Available data on gender-specific effects indicate the following:

However, the Covid-19 pandemic has affected women much more deeply than men. The financial crisis is gradually developing, and as a consequence, mental health problems are likely to grow exponentially.

However, we must view this pandemic as an opportunity to build better, stronger and more resilient societies that can bring relief and hope to all the women of the world.

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