



# A Review: The Global Impact of the COVID-19 Pandemic on Women's Health



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## Abstract

In order to mitigate the spread of the COVID-19 (coronavirus disease 2019) infection on a global scale, governments put in place strict lockdowns and work-from-home scenarios. Since 2020, such measures have had a deep impact on various key aspects of the lives, health status and economic as well as social security of women on a global scale. This article presents a summary of the disproportionate and detrimental impact the COVID-19 pandemic has had on the already existing gender inequalities, well being and health of women.

**Keywords:** COVID-19 pandemic; Women's health; COVID-19 and women's health; Gender-based violence; Gender inequalities; Sexual and reproductive health of women

## Introduction

Since 2020, the global COVID-19 (coronavirus disease 2019) pandemic has had a severe impact on people with a staggering number of over 4.5 million world-wide fatalities and counting till date [1]. In the first quarter of 2020, what looked like a first three week period of a world-wide strict lockdown (with the expectation of resuming usual life routines as well as normalized healthcare service by the autumn of 2020) stretched into numerous rounds of continuous global restrictions on social activities and travelling. This has continued till 2022 even though most countries have ongoing vaccination initiatives together with strict norms for both domestic and international travel [2,3].

The global COVID-19 pandemic has outlined steep economic as well as social inequalities (in terms of access to health care) amongst the different classes of society. The continuing COVID-19 pandemic has had the effect of widening the pre-existing gap amongst classes of society and it has been shown that one of the most susceptible population in society, namely women and girls have been subjected to vastly unequal impacts simply due to their gender [1,2]. Although the COVID-19 pandemic exhibited a seriously negative effect world-wide on the physical as well as the mental health status, access to necessary health care, and social functionality in every age group (of all populations or those with pre-existing medical conditions), the global women population has suffered from a disproportionately high negative effect. This undesirable effect has been shown across various aspects of life

such as access to health care, sexual and reproductive health, higher risk as frontline workers and primary caregivers at home, economic insecurity, higher incidence rate of domestic violence, adverse socio-economic as well as health outcomes and last but not the least, higher physical and emotional costs [4-9].

## Detrimental impact on the physical health and unpaid work status of women globally due to the COVID-19 pandemic

During the analysis of the response to the global COVID-19 pandemic, it was seen that women are at the centre of the care as well as the response initiatives being carried out. In terms of being front-line responders, healthcare staff, NGO (non-governmental organization) staff (like ASHA, Accredited Social Health Activist Workers who played a critical role as first-responders in the initial lockdown in India) or community volunteers, transportation and logistics executives, scientists and other key responders, women have been making significant contributions in the management of the COVID-19 outbreak daily.

A major percentage of global caregivers both in the home environment as well as the community are also women and more so in many countries of the West, Asia, Africa and the Middle East, mainly due the societal gender-based stereotypes [5]. During the COVID-19 pandemic and the accompanying stringent lockdowns in most countries, playing the part of the caregiver exposed women to a higher number of recorded COVID-19 infections (due

to close and continuous contact with the patients). A majority of the front-line healthcare staff who provide care to COVID-19 patients is also women and it has been estimated that almost 72% of the total number of COVID-19 cases amongst the healthcare work force was in this vulnerable female population. The physical

as well as the emotional costs of being subjected to longer work shifts in hospitals, the anxiety of self exposure and the exposure of family members to the COVID-19 infection was something all female healthcare staff took home (Figure 1) [5, 7-12].

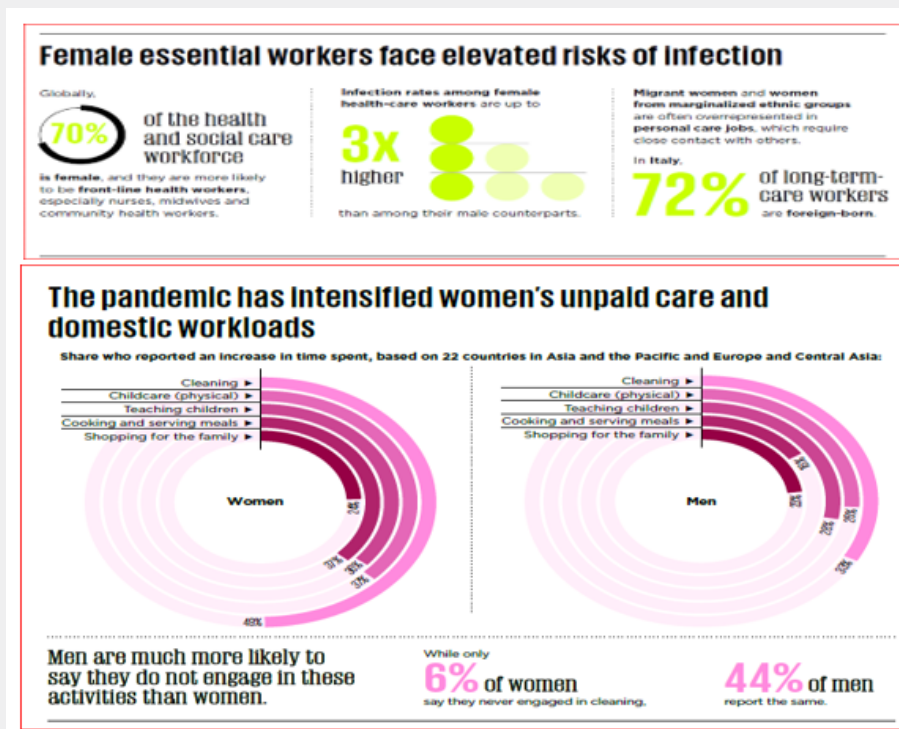


Figure 1: Physical health of women severely impacted due to elevated risk of infection and higher domestic workloads. Source [12].

### Detrimental impact on economic security and socio-economic status of women caused by the COVID-19 pandemic

The female population had subpar protection as they struggled through long work shifts combined with the added burden of household chores at home [5,7]. The prevailing practice of work-from-home for spouses and online education for children resulted in women shouldering almost 81% of chores as in many households husbands did not provide required support. Many studies have documented that women staff of the healthcare systems experienced increased incidents of anxiety, bouts of panic, depression, insomnia and burnout as compared to the male staff in the healthcare systems [5,7-12]. As a result, women have been documented as being at a higher risk of infection and potential loss of livelihood due to the much heavier burden of doing most of the household chores in the lockdown or the work-from-home periods [5,10-12]. The increased physical burden had a poor impact on the physical health of women on a global scale [5,7,10-12]. This impact has been so harsh that The World Economic Forum's Global Gender Gap report 2021 has estimated that a

step back of approximately 39 years has been caused in terms of economic and social inequalities due to the pandemic (see Figure 2 below) [12].

Apart from the above stated physical health impacts, the COVID-19 pandemic also caused severe economic damage to women and girls. The COVID-19 pandemic caused loss of income for women on a disproportionate scale and in the present scenario, it has pushed a significant number of women and girls into the socio-economic group of "extreme poverty." Poverty levels among women and girls on a global scale have increased from 11.7% in 2019 to 12.5% in 2021 and as a result, a report released by the International Monetary Fund, the UN (United Nations) Development Program and the UN Women stated that it would take till 2030 to reverse this figure back to the pre-pandemic scale [5, 7, 10- 12].

### Detrimental impact on the sexual and reproductive health of women caused by the COVID-19 pandemic

As the COVID-19 pandemic continued to present in wave after wave, most nations put in place very strict lockdowns

coupled with stringent movement restrictions, so as to mitigate the spread of the infection. While implementing such measures, many governments such as those of Brazil, Nepal, India, South American nations as well as African nations paid no attention to WHO's guidelines on prioritizing women's health initiatives as an essential service during lockdowns [3, 7, 13, 14]. The nationwide lockdowns in India, Nepal, Brazil and many other countries resulted in services like maternity clinics operated by MSI (Marie Stopes International that is the biggest provider of family planning initiatives other than those run by the public healthcare sector) becoming nonoperational for extended periods of time as they had not been classified as an essential service. This poor strategy made sure that women and girls of reproductive age were unable

to gain timely access to time sensitive as well as life-saving medical help, particularly in low socio-economic populations and remote areas [3,7,13,14]. The United Nations Population Fund documented that as many as 115 low as well as middle-income nations recorded disruptions of over 3-4 months in access to sexual and reproductive health care for women. This caused lack of timely access to contraception and family planning services which in turn has caused a record number of over 7 million unwanted pregnancies in the COVID-19 pandemic. In all these countries, the restricted access to reproductive healthcare services had such a poor impact on maternal health that there was a large increase in global maternal deaths and poor pregnancy outcome statistics since the pandemic started in 2020 [3,6,14,15].

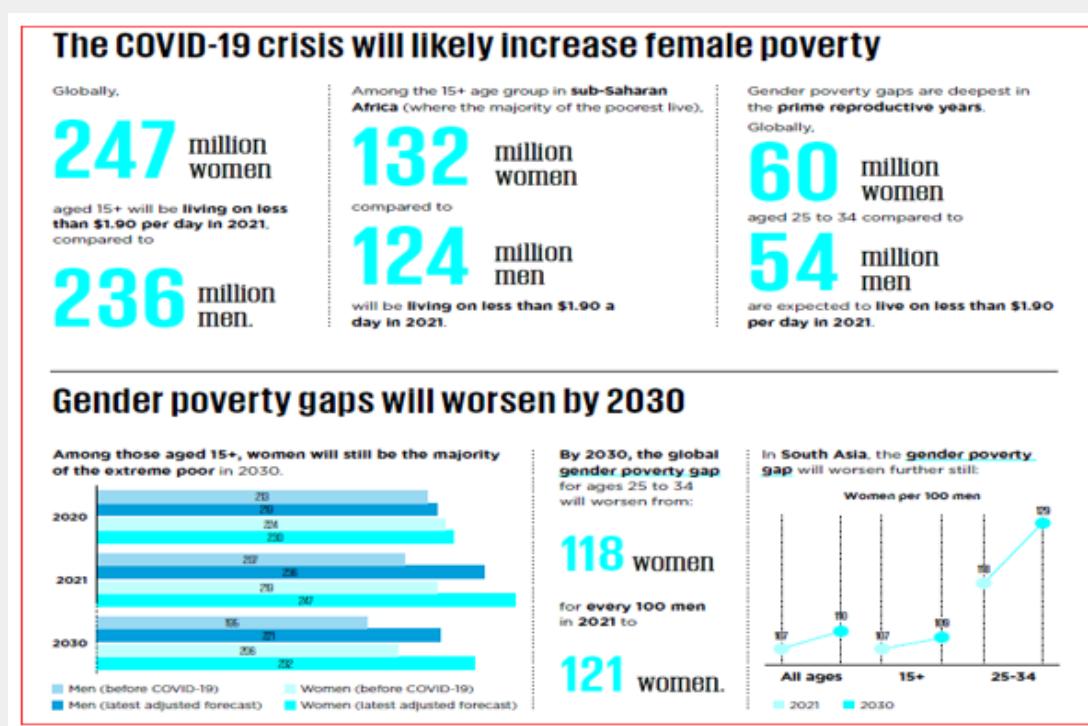


Figure 2: Economic security of women severely impacted due to the COVID-19 pandemic. Source [12].

The global re-conditioning of entire healthcare systems for the management of the COVID-19 emergencies resulted in women and girls subject to infection with HVI, keeping unwanted pregnancies, health risks due to unmonitored pregnancies and poor reproductive health status [3]. There has been a significant disruption in global supply chains that provide cheap contraception and this has had the impact of higher risks of contracting sexually transmitted diseases like HIV in women and girls [1,3,5,6,10-12]. The COVID-19 pandemic has resulted in higher numbers of maternal fatalities as many pregnant women lived with the fear of contracting COVID-19 and as such, they avoided the much needed services of a healthcare facility and many simply did not get timely

healthcare. In the Caribbean region and Latin Americas alone, during the last two years, over 366,000 incidents of COVID-19 have been documented in pregnant women with over 6,000 fatalities and poor pregnancy outcomes [5].

**Increase in gender-based violence and domestic abuse of women caused by the COVID-19 pandemic**

Many studies have documented the over 50% jump in reported figures of gender-based violence against women in the COVID-19 pandemic [2,3,15]. There has been a very vast increase in gender-based violence which women faced during global lockdowns (see Figure 3 below) [12].



**Figure 3:** Global increased in gender-based violence and domestic abuse of women due to the COVID-19 pandemic. Source [12].

The risk factors for an increase in gender-based violence and incidents of domestic abuse against women were the prevalent home environment of high stress, economic insecurities, enclosed spaces providing spouses with higher degrees of control or power and increased alcohol use. In these difficult times, women facing violence and abuse at home did not get access to their previous support networks like help lines, counseling services and community or extended family support. Most of such help lines and NGOs were either closed or operating with a skeleton staff or redirected in handling the COVID-19 pandemic and women did not get the much needed help [15,16,17]. In many low income countries like Kenya, many young girls were forced into marriages characterized by domestic violence by families unable to take their financial burden [1,3,5,6,10,11,15-17]. The most disturbing conclusion drawn from many of these studies was the documentation of the fact that in the past also, social disruption by pandemics or disasters gives rise to the wide-spread social trend of increased gender-based and domestic violence for women and girls world-wide [15].

### A global detrimental impact on the mental health of women caused by the COVID-19 pandemic

In many studies it has been indicated that the COVID-19 pandemic affected the mental health status of women more disproportionately as compared to men, particularly in the population of frontline staff, healthcare workers as well as those

playing the role of the primary care-givers during home isolation of COVID-19 infected family members. The increased physical burden, loss of income and extreme stress has contributed to a higher rate of mental health issues amongst women [2,3,18,20]. The increase in mental health issues amongst women during the COVID-19 pandemic has been associated with their limitations to work or earn, get support from family, pre-existing support networks and no engagement in their respective communities. In addition, isolation during lockdowns resulted in loneliness, the constant fear of infection; suffering and death of family members, isolated grief without counseling following bereavement as well as increased financial stress. This in turn led to higher anxiety and depression rates amongst women globally. In the population of healthcare workers, exhaustion and burnout were found to be the most common triggers for suicidal thoughts in women [3, 18, 20].

A recent (released in March 2022) WHO report on mental health during the COVID-19 pandemic has highlighted that women have been more impacted in terms of mental health issues during the pandemic. The non-availability of adequate support in the form of accessible mental health services led to higher incidents associated with mental health conditions. As a result now, over 90% of countries have made changes like inclusion of mental health as well as psychological support in the COVID-19 response strategies, though huge gaps still exist [19,21].

## Conclusion

The COVID-19 pandemic has had a disproportionately detrimental impact on pre-existing gender inequities in key spheres of the lives, health, economic status and development of women. Organizations like the WHO, PAHO and the UN have to assist governments in developing gender-based COVID-19 responses to tackle the issues highlighted in this article. Since gender data is at best incomplete in most countries, there is an urgent need to improve gender data collection as the requirements of marginalized women and will not be visible until there is accurate data to validate needs. Policy initiatives that provide protection to women's health and well being, provision of economic support initiatives as well as prevention of violence against women in this COVID-19 era is an urgent need on a global scale.

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