



“Psychosocial Aspects Covid Disaster on Women and Children”

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ABSTRACT



This current COVID-19 epidemic is the worst pandemic to hit since the 1918 H1N1 flu pandemic. There was widespread fear because of the coronavirus outbreak that caused so much disease. Concerns regarding people's mental health have swiftly developed because of the lockdown, even though the focus throughout the epidemic has been on physical health.

The purpose of this research is to learn the effects of the Covid-19-related lockout on the emotional well-being of mothers and their young children.

In response to the global spread of the COVID-19 pandemic, individuals everywhere have been forced to alter their habits and routines to meet new standards. As part of the norm in today's society, people are keeping a distance from one another physically. Isolation from others has

become the norm in today's society. Additionally, these preventive measures are highly essential; nonetheless, a comprehensive and all-encompassing reaction from both society and the health system is necessary to combat the COVID-19 epidemic. Only in this manner can we hope to win this battle. Consideration of the specific needs of vulnerable groups is crucial for the effectiveness of this strategy. To improve public health, policies and activities have been implemented, but they have ignored the gendered implications of disease transmission. The COVID-19 epidemic has highlighted existing inequalities and brought to light systemic flaws in our social, political, and economic institutions. The result is that the pandemic's consequences are far more severe than they otherwise would be because of these weaknesses. When it comes to health and the economy, the

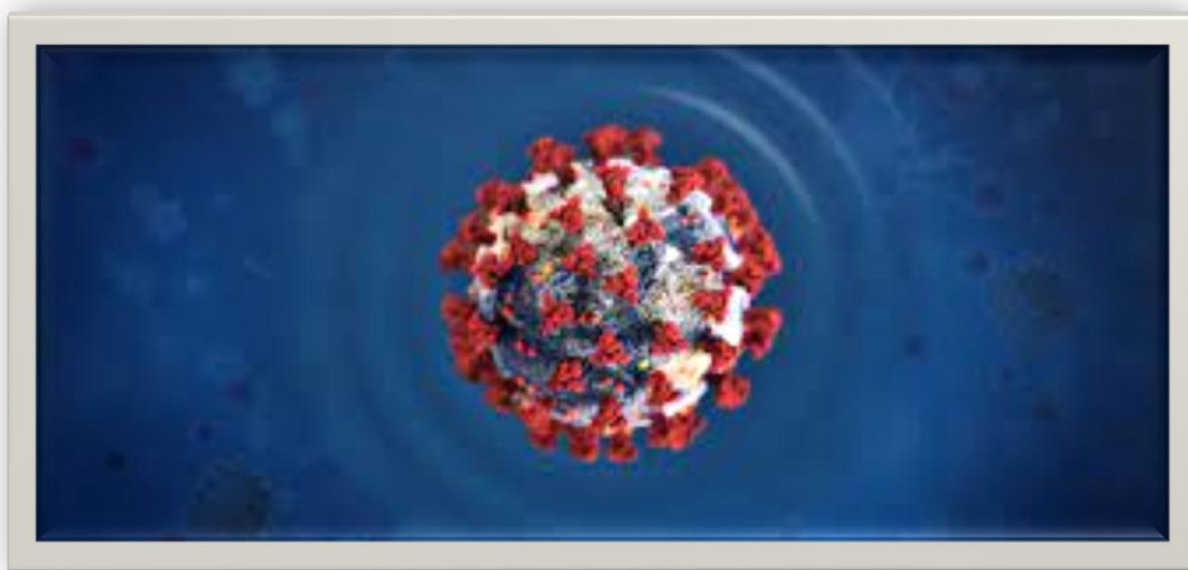


impacts of COVID-19 are exacerbated for women and girls. This is true regardless of perspective. This policy brief examines the wide-ranging impacts of the COVID-19 epidemic on various groups and suggests ways forward to ensure that women and girls continue to be prioritized in response and recovery efforts.

I. INTRODUCTION

The Covid-19 virus has been a pandemic since March 2020. Because of human-to-human transmission, most countries have established isolation and lockdowns.

This decision led to travel constraints, fewer entertainment options, boredom, social isolation, and financial challenges. COVID-19 poses a threat to people's physical, social, and psychological wellbeing. This research aimed to explore COVID-19's psychological effects on mothers and children.



Women and children are more likely to be exploited and sexually assaulted during outbreaks like Ebola (2014–2016) and Zika (2016–present). This weakens them (2016). The data derives from previous epidemics. Breakdown of social and protective networks, increased stress, and diminished resource availability all raised the chance of women becoming violent crime victims. This led to more female violent crime victims. In the past, attempts to avert epidemics diverted money from prenatal, postnatal, and contraceptive care. This reduces patient treatment quality. As a result, access to sexual and reproductive health care is limited.

The 20164 High-Level Panel Report on the Global Response to Health Crises recommended, "Focusing on gender elements of global health crises." The UN Secretary-General made this 2016 suggestion. 2016 UN General Assembly report. It was stated that responses should involve gender analysis and recognize women's role in giving health solutions. The argument emphasized both arguments. "Policymakers and epidemic responders

must pay attention to gender-related tasks and social and cultural norms," it said. (Policymakers and epidemic responders must consider gender-related roles and cultural behaviors.) In many domains, such as economic planning and catastrophe response, data lacks a gender perspective. Less than 1% of scholarly articles on Ebola and Zika explored gender dynamics. 5 Few studies have examined the effects of gender on historical health crises.

Men, the elderly, and persons with impaired immune systems may be at most risk of mortality from COVID-19, although women and girls' care giving roles may damage their mental health and well-being. A recent poll in India by the Population Foundation of India found that during the state's lockdown, 51% of female teens and 23% of male adolescents reported greater workloads (PFI). The Indian research explored Uttar Pradesh (UP), Bihar, and Rajasthan. In UP, 96% of women reported an increase in workload, and 67% were under 18 years old. This means younger generations are doing more work.



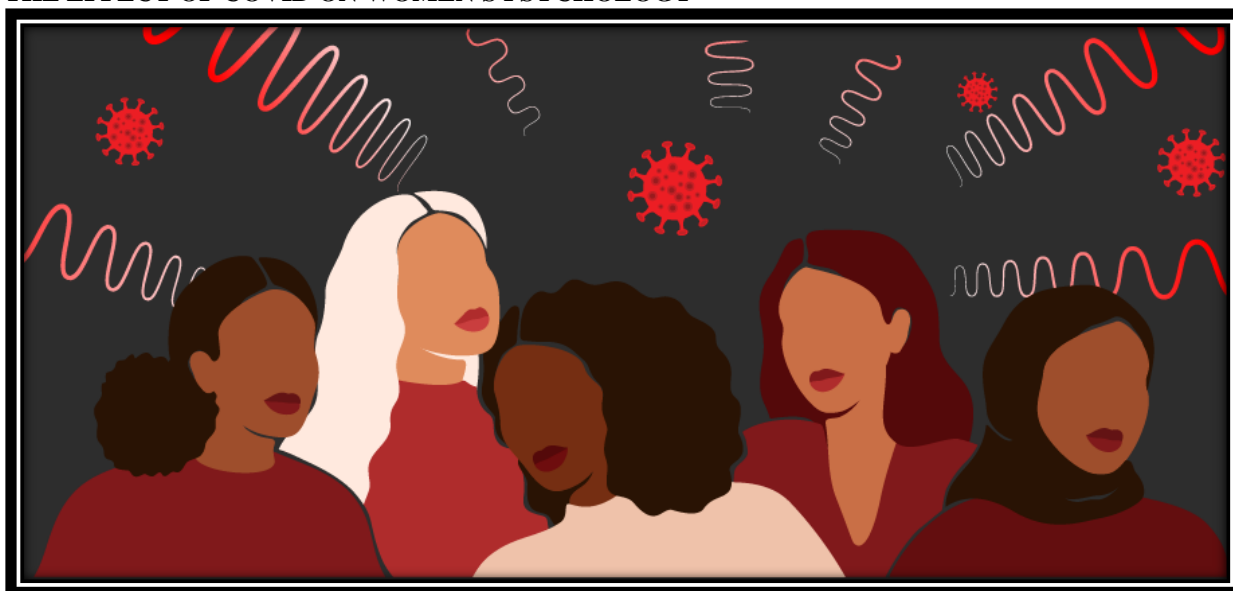
Because of COVID-19, some people are mentally distressed. [Source needed] Frontline healthcare workers suffer stress due to resistance from the patients they serve. People of all ages and income levels are finding it harder to deal with social isolation and stress at home because of the lockdown. Some of these people face harsh maltreatment, have their efforts to improve their education impeded, and worry about their futures.

In addition to caring for others, women and girls are often the last to seek medical help while ill. This means women and girls get sick-treatment last. Women and girls are pressured to seek counseling after exhausting all other options. Patients may have a harder difficulty getting COVID-19 treatment quickly. Misconceptions, misunderstandings, and

stigmas around COVID-19 may lead individuals, especially vulnerable populations like women and children, to conceal their sickness. This is particularly true for undiagnosed patients. This is because of the condition's stigma. This is particularly true for the weakest members of society, such children and mothers. Consequently, people would be discouraged from getting early medical care and from adopting healthier behaviors.

Epidemics may interrupt mental health and psychological services. It's possible. Frontline health workers, women and girls with care giving duties, and community members who fear infection or infecting others may endure stress and trauma from the COVID-19 pandemic. This is due to a rise in total epidemic cases.

THE EFFECT OF COVID ON WOMEN'S PSYCHOLOGY



INCREASED DOMESTIC VIOLENCE AGAINST WOMEN

Young children and adolescents have low COVID-19 infection rates, but stress threatens their health. There have been cross-sectional studies on COVID-19 and lockdown's impact on kids. Many factors, including developmental age, educational achievement, prior mental health disorders, poverty, or quarantine due to disease or fear, impact this effect. Young children often experience clinginess, sleep difficulties, nightmares, poor eating, inattention, and separation anxiety. Long-term closures have disastrous effects on children's academic, psychological, and developmental progress, thus schools and activity centers are closed. Online gaming and social media addiction

puts them at danger. Mentally sick kids aren't used to change. Symptoms and behavior may worsen. Children in training, therapy, or other treatments will likely be withdrawn. Low-income children are more prone to abuse and exploitation. Quarantined kids had higher mental health issues. In-person and online mental health services for children and teens must be improved. This network of parents working together needs psychiatrists, psychologists, physicians, community volunteers, and non-profits. Telemental health compatibility and public access are needed. This may avoid mental health problems in vulnerable and underprivileged communities. Prevention, promotion, and treatments that conform to the public mental health system should be at the core of the health care system and policies.



WOMEN'S UNEMPLOYMENT

Unpaid care and salary inequality have made more women poor. Women's income in India was one-fifth men's even before the pandemic. COVID-19 caused worldwide and Indian female unemployment. 7% of men lost their employment during the first lockdown in 2020, compared to 47% of women. Informal sector women performed badly. In March and April 2021, 80% of rural Indian women's informal employment disappeared.

Indian women do more housework than men. Ladies spend 9.8 times more time than males

on unpaid housework and 4.5 hours a day caring for children, elders, and the unwell. During the outbreak, their unpaid care tasks rose 30%.

Women's socioeconomic toll is long-term unless laws and actions invest in them. Women may leave the workforce permanently, hurting gender equality and GDP gains. More girls than boys dropped out of school during the outbreak, and 65% of parents turned to child marriages to save money. Young women may lose employment and schooling.

AFFECT ON SPECIAL NEEDS CHILDREN AND ADOLESCENTS



- Conceptions, intentions, plans, or attempts of self-harming suicide
- First known self-cutting/s• Intense dread, anxiety, helplessness, panic or terror,
- The presence of dissociative symptoms such as depersonalization and detachment
- A high level of bewilderment or an inability to make even the simplest of choices
- A profound and unmanageable sense of loss
- Preoccupations that won't go away or a serious cognitive impairment
- Physical problems that are incapacitating but for which there is no clear medical explanation



EFFECTS OF SARS-COV-2 ON CHILDREN'S MENTAL HEALTH



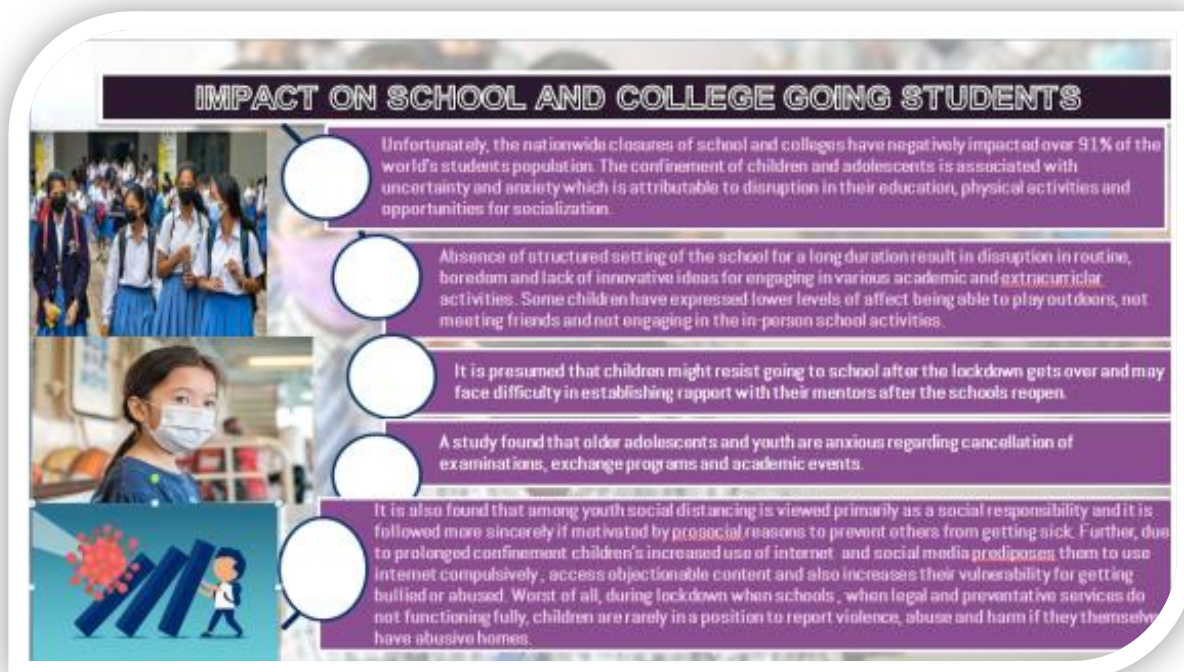
➤ Adolescence has fast biological, social, and mental changes. Young people are unprepared for pandemics. Routine disturbances, parental stress, social isolation, and domestic abuse promote teen mental disorders. Young people may experience psychological effects of the global health crisis while seeming less sensitive.

➤ Schools educate, socialize, and develop students' views. Educational systems include education, counseling, after-school activities, and health services including immunization clinics and nutrition programs. Inequality and marginalization are reduced. Teachers, friends, and students lose touch during facility closures, isolation, and quarantine. Reduced exercise, missed tutor time, and more "screen time" may harm mental health. Special education pupils, those without internet or resources, and those from unstable homes risk falling behind when schools limit peer participation. This encourages bullying and circadian rhythm disturbance. Social networking causes stress and sickness. Social media boosts social ties, self-expression, and knowledge.

➤ Illness, jail, or death separates caretakers, causing stress. Teens dread dying and losing their parents. This is worse for COVID-19 frontline

caregivers. Companionship improves health and development. Children feel uncomfortable and risk mental illness when separated from caretakers. Several studies show that COVID-19-affected children are more prone to stress, anxiety, and adjustment problems. More COVID-19 or restricted kids experienced PTSD. Special needs children are sensitive to psychological pandemic effects. Autism and NCI are frustrating.

➤ Teens may feel parental concern and tantrum. Fussy kids are prevalent. Parents' behaviors produce confusion, empathy issues, despair, worry, loss of control, and sleeplessness. Teens' energy, curiosity, drive, and passion avoid social isolation. Social connections are crucial. Missing sports, gatherings, etc. Teens become aware of social status, peer groups, and relationships due to hormonal changes and age-related social dynamics. Pandemic social isolation makes teens lonely, sad, frightened, and left out. Future worries may lead teens despair, rage, disappointment, isolation, and unhappiness. Fear death, sickness, and the unknown. Social events, classmates, and school lose interest. Troubled teens may engage in dangerous behavior such social distance violations, drug misuse, or self-harm. Government, institutions, and justice disappoint.



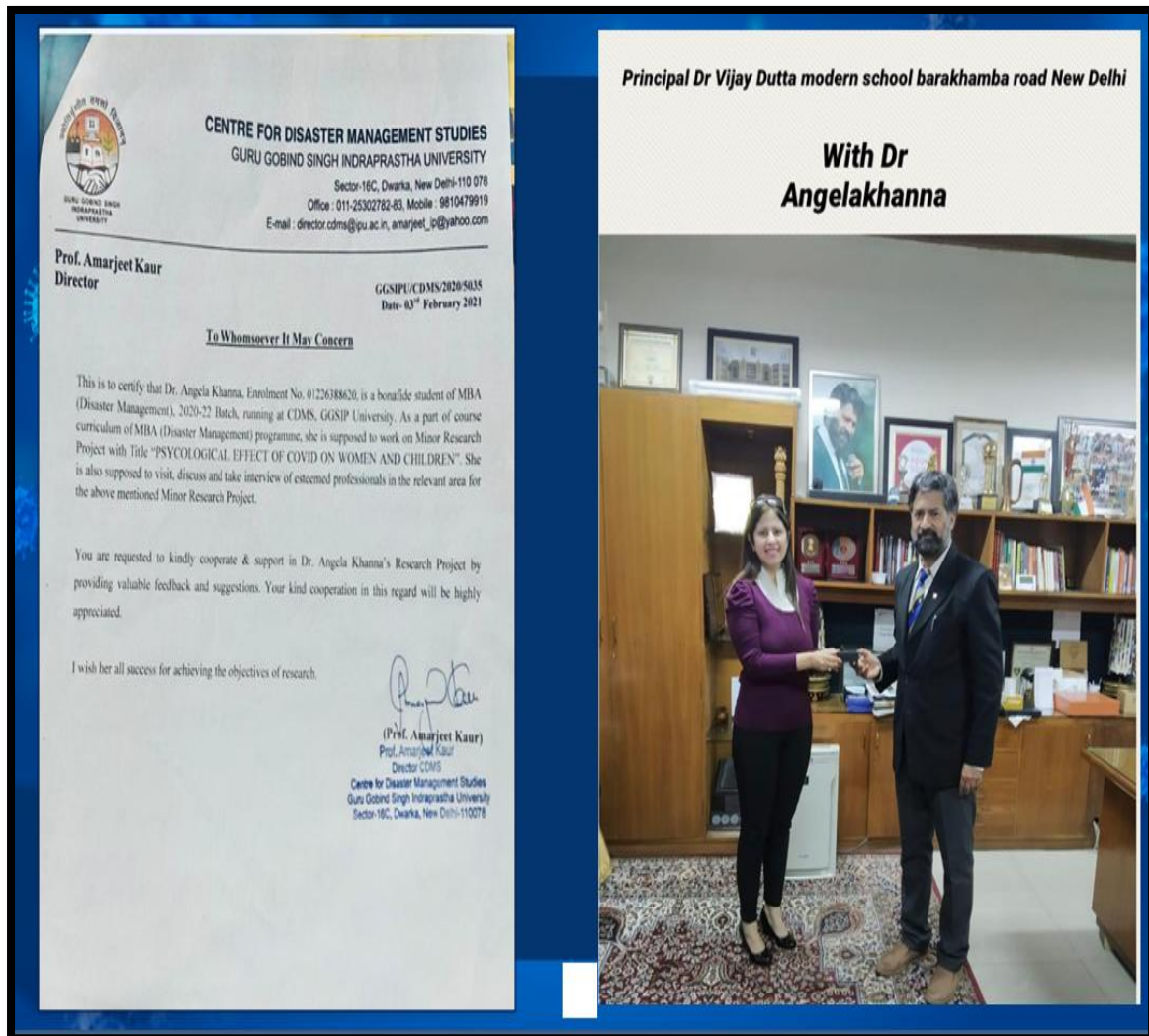
II. RESEARCH METHODOLOGY

Research Methodology My research work compiled Primary data and Secondary data, quantitative and qualitative data comprising of statistical detailed analysis of questionnaire survey

and interviews conducted in various fields to gather psychosocial aspects of Covid.

Primary data collected has—

- 1) Questionnaire survey conducted on 500 students at Modern School Barakhamba Road, New Delhi under permission granted by CDMS authority letter granted to conduct the survey



2) Interviews conducted on one-to-one basis –

- 1) Dr Urvashi Sehgal, top gynaecologist, New Delhi
- 2) Dr T.S. Kler, Cardiac specialist, Padmabhushan awardee, Fortis, Gurugram
- 3) Dr Arvind Taneja -Paediatrician, New Delhi
- 4) Dr Arun Wadhwa, Paediatrician, New Delhi

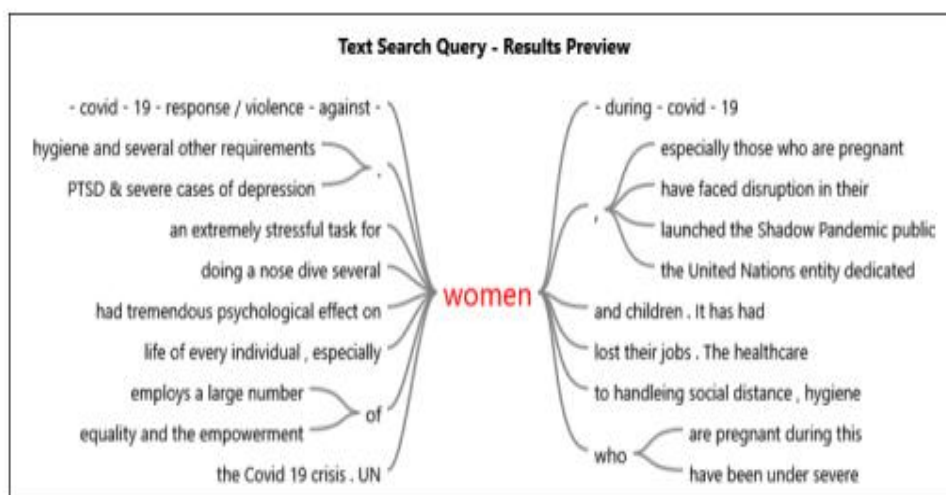
- 5) Dr Dang, CEO Dang lab, New Delhi
- 6) Dr Gaurav Bharadwaj, orthopaedic head, PSRI hospital
- 7) Dr. Vijay Datta, Principal, Modern School Barakhamba Road, New Delhi
- 8) Mrs Meenu Malhotra, Teacher Junior Modern School, Delhi Parents, students, grand parents



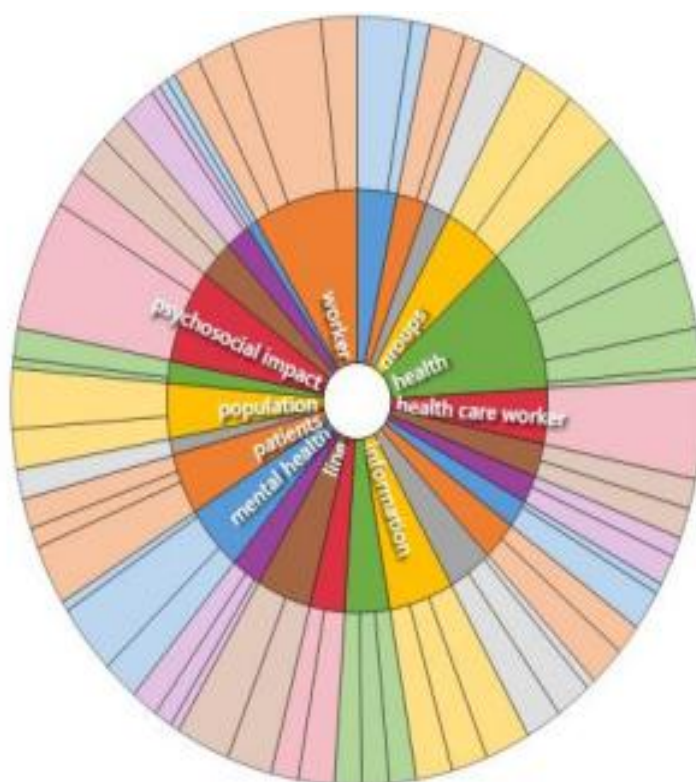
Different methodologies we are used in data analysis. These are as follows:



1. Word cloud
- 2) Word string search
- 3) Frequency tables
- 4) Text search query
- 5) Thematic Analysis of interview
- 6) Sentiment Analysis
- 7) Sample Testing
- 8) Histogram
- 9) One Sample testing



Word tree of string search of “Women and Children”



THEMATIC ANALYSIS OF INTERVIEWS TAKEN

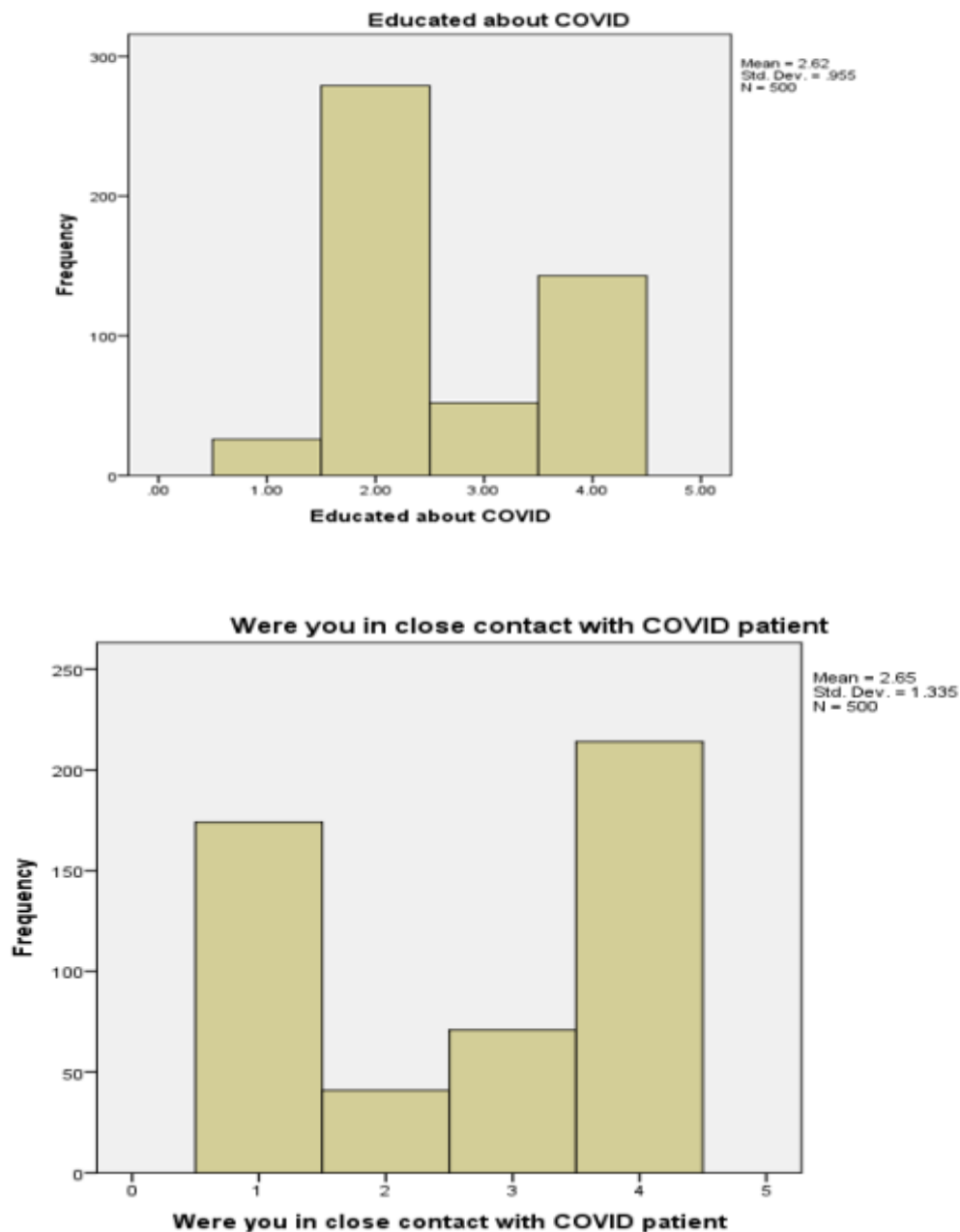


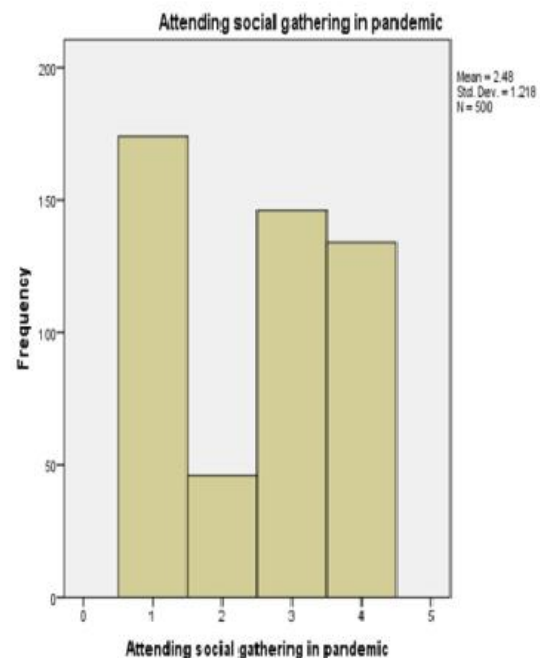
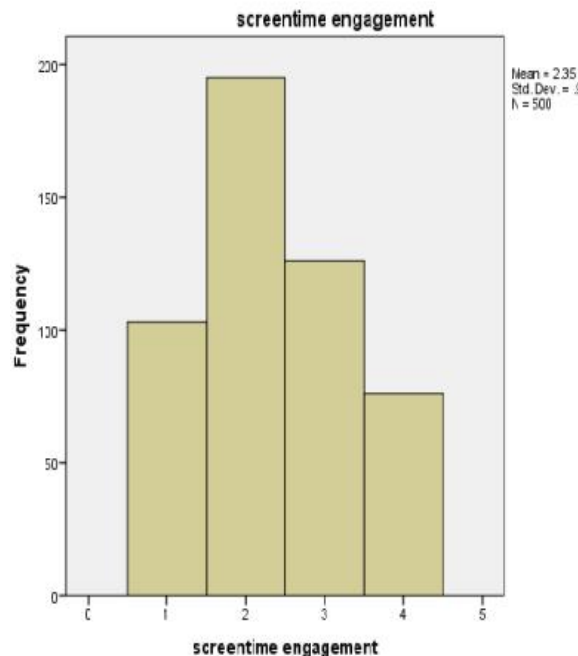
SENTIMENT ANALYSIS OF INTERVIEWS TAKEN FOR PRIMARY DATA



Histograms were created for all questions ,few are as below

Histogram





III. CONCLUSION

While young children and adolescents have a low COVID-19 infection rate, their health is nonetheless vulnerable due to the pressures they experience. Multiple cross-sectional studies have examined how COVID-19 and confinement affect young people. It has been established that the degree to which this impact is felt depends on a number of factors, such as chronological age, level of education, history of mental illness, financial status, and isolation due to sickness or fear. Young children are disproportionately affected by problems including clinginess, sleep problems, nightmares, poor eating, a lack of focus, and extreme separation anxiety. Long-term closures of schools and youth centers are utilized as a form of confinement, despite the disastrous effects on academic performance, mental health, and growth and development that such policies have on children and young adults. There is a higher risk of addiction among this demographic due to their predilection for online activities like gaming and social networking. Children and adolescents with mental health issues may struggle to adapt to new situations quickly. Consequently, symptoms and behavioral difficulties may become more severe. There is a high risk of dismissal from programs that help children who are undergoing therapy, training, or counseling. Young people living in poverty are more likely to be exploited or abused. Children in quarantine are at a

greater risk for emotional and behavioral issues. Child and adolescent mental health services must be made more easily available via both traditional and digital channels. It takes psychiatrists, psychologists, physicians, community volunteers, and non-profit organizations to build a network of cooperative parents. There is a need for widespread 'tele mental health compatibility and availability. If this were to be put into place, it may help reduce the prevalence of mental health problems among the most marginalized and at-risk populations. Prevention, promotion, and treatments that are consistent with the public mental health system should be at the heart of health care systems and policies in order to meet the needs of the general public in terms of mental health while also taking into account regional contextual characteristics.

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