iJRASET
International Journal For Research in Applied Science and Engineering Technology



INTERNATIONAL JOURNAL FOR RESEARCH

IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 9 **Issue:** I **Month of publication:** January 2021

DOI: https://doi.org/10.22214/ijraset.2021.32727

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International Journal for Research in Applied Science & Engineering Technology (IJRASET)
ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.429
Volume 9 Issue I Jan 2021- Available at www.ijraset.com

Psychological Consequences of Lockdown on Womens due to COVID-19

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Abstract: ***The 2019 corona virus disease (COVID19) pandemic is a public health emergency of international concern and poses a challenge to the psychological resilience, economy, and social life of people. As we know that women are playing an outsized role responding to COVID-19, including as frontline health workers, caregivers at home and as mobilizers in their communities. The answers to the simple question- "What are the main factors affecting women's health and have there been some changes in their life and behaviour post lockdown". The associations between the factors gave some important results in this study through Qualitative Study.***

Keywords: COVID-19, Qualitative Study, psychological, women's, associations, mental health

I. INTRODUCTION

Life has been oddly, yet systematically, suspended by the pandemic. It is systematic because the pandemic has frozen us not only in our homes, but in the larger typecasts of our caste, class and gender. Women and men are different not only in their obvious physical attributes, but also in their psychological makeup. There are actual differences in the way women's and men's brains are structured and "wired" and in the way they process information and react to events and stimuli. Women and men differ in the way they communicate, deal in relationships, express their feelings, and react to stress. Thus, the gender differences are based in physical, physiological, and psychological attributes. Governments across the world have implored people to stay home while failing to even acknowledge the increased domestic responsibilities created by the lockdown. The home now includes children who are compelled to be home all day and aged people who are especially vulnerable to the virus. As quarantine measures keep people at home, close schools and day care facilities, the burden of unpaid care and domestic work has exploded. But even before COVID-19, women spent an average of 4.1 hours per day performing unpaid work, while men spent 1.7 hours- that means women did three times more unpaid care work than men, worldwide. Schools and day-care closures, along with the reduced availability of outside help, have led to months of additional work for women. For working mothers, this has meant balancing full-time employment with childcare and schooling responsibilities. The responsibility of caring for sick and elderly family members often falls on women as well. We know from previous crises in general, increased unemployment tends to encourage people to go back to traditional gender roles: unemployed men are favoured more heavily in the hiring process when jobs are scarce, while unemployed women take on more household and care work. During the 2008 economics crisis, the diversion of government funds toward relief efforts culminated in major cuts to social services and benefits, with heavy impacts the women. Since this lockdown has affected women's health the most. As for both working and non- working the increase in roles and responsibilities has increased the number of cases in suicides, depression and even some chronic diseases.

II. LITERATURE REVIEW

Recent years have seen a widening interest in research on aspects of well-being [1–4]. Extensive research on subjective well-being (SWB) which focuses mainly on how people feel, e.g. positive affect, negative affect and life satisfaction (see review by Diener et al.) [5], has begun to be complemented by a heightened interest in how well people perceive aspects of their functioning, e.g. the extent to which they feel they are in control of their lives, feel that what they do is meaningful and worthwhile, and have good relationships with others e.g. [6, 7]. This perspective is often referred to as psychological well-being (PWB) and is based on a eudaimonia perspective, rather than the hedonic perspective of subjective well-being research.

A. Measuring Psychological Well-being

As alluded to above, the concept and measurement of well-being are elusive. Various approaches have included life satisfaction (Neugarten et al., 1961), morale (Lawton, 1975), self-esteem (Rosenberg, 1965), and the balance between positive and negative affect (Bradburn, 1969). In general, psychological well-being is associated with a broad, or global, sense of subjective well-being (state of mind as opposed to action); in other words, happiness (Kozma et al., 1991). However, reducing the measurement of psychological wellbeing to a single dimension of morale or life satisfaction constraints the understanding of well-being.

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Ryff (1989b) argues that there is little consensus or certainty around the concept of well-being because much of the literature on psychological well-being has been founded on conceptions that have rationale and, as a consequence, neglect important aspects of positive functioning.

B. Analysis and Interpretation

The researchers were able to reach out as many as 105 respondents who were working from home due to Lock down imposed as a curtailing measure by the Government of India / State Government of Uttar Pradesh All the respondents were women (100%) in the age group of 18-60. In this survey a questionnaire with 5-point Likert scale was forwarded through online. So classification is as under. Out of 105 female respondents 52.3% were of between 18 to 25 age group, 33.3% were of 25-30, 10.5% were between 30-35 and 3.8% were 35 and above. 39% of them are married while 61.9% are unmarried. The questionnaire consisted of 23 main emotional aspects including demographic variables. The whole analysis has been carried out on SPSS software.The 'do it all' generation of females is feeling the strain, with working women far more stressed than men. Women aged between 35-54 - who are likely to be juggling many roles including mother, carer for elderly parents, homemaker and sometimes breadwinner - experience significantly higher stress than men.

C. Associations Between Various Factors

For the present study certain research hypotheses were formulated and tested as stated below:

1) Stress and Sleep

a) Ho: there is no association between Stress and Sleep pattern in women's life during lockdown.

b) H1: there is association between Stress and Sleep pattern in women's life during lockdown.

Table1. Chi square association between Stress and Sleep

	Value	df	Asymp. Sig.
Pearson Chi-Square	26.741[a]	12	.008
Likelihood Ratio	22.109	12	.036
Linear-by-Linear Association	1.806	1	.179
N of Valid Cases	105		

- *Interpretation:* We can interpret above table as the p-value = 0.008, which is smaller than 0.05 indicating that the null hypothesis is rejected. Hence there is association between sleep and stress.

2) Anger and Fear

a) Ho: there is no association between anger and fear among women.

b) H1: there is association between anger and fear among women.

Table2. Chi square association between Anger and Fear

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	15.813[a]	9	.042
Likelihood Ratio	14.152	9	.117
Linear-by-Linear Association	7.734	1	.005
N of Valid Cases	104		

- *Interpretation:* We can interpret above table as the p-value = 0.04, which is smaller than 0.05 indicating that the null hypothesis is rejected. Hence there is association between anger and fear.

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3) Fear and Disappointment

a) Ho: there is no association between fear and disappointment among women.

b) H1: there is association between fear and disappointment among women.

Table3. Chi square association between Fear and disappontment

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	23.412[a]	9	.01
N of Valid Cases	73		

- *Interpretation:* We can interpret above table as the p-value = 0.01, which is smaller than 0.05 indicating that the null hypothesis is rejected. Hence there is association between fear and disappointment.

4) Fear and Sadness

a) Ho: there is no association between fear and sadness among women.

b) H1: there is association between fear and sadness among women.

Table4. Chi square association between Fear and Sadness

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	24.388[a]	9	.004
N of Valid Cases	74		

- *Interpretation:* We can interpret above table as the p-value = 0.01, which is smaller than 0.05 indicating that the null hypothesis is rejected. Hence there is association between fear and Sadness.

5) Fear and worry

a) Ho: there is no association between fear and worry among women.

b) H1: there is association between fear and worry among women.

Table5. Chi square association between Fear and worry

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	28.220[a]	9	.001
Likelihood Ratio	29.661	9	.001
Linear-by-Linear Association	16.144	1	.000
N of Valid Cases	103		

- *Interpretation:* We can interpret above table as the p-value = 0.001, which is smaller than 0.05 indicating that the null hypothesis is rejected. Hence there is association between fear and worry.

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6) Worry and Anger

a) Ho: there is no association between worry and anger among women.

b) H1: there is association between worry and anger among women.

Table6. Chi square association between worry and anger

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	29.996[a]	9	.0001
Likelihood Ratio	29.102	9	.001
Linear-by-Linear Association	16.414	1	.000
N of Valid Cases	105		

- *Interpretation:* We can interpret above table as the p-value = 0.0001, which is smaller than 0.05 indicating that the null hypothesis is rejected. Hence there is association between worry and anger. Since post lockdown worries related to health, family, career, personal problems have increased which has resulted in increase in anger and frustration on others and themselves.

7) Worry and Calmness

a) Ho: there is no association between worry and calmness among women.

b) H1: there is association between worry and calmness among women.

Table7. Chi square association between worry and calmness

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	35.059[a]	12	.000
Likelihood Ratio	30.906	12	.002
Linear-by-Linear Association	2.224	1	.136
N of Valid Cases	104		

- *Interpretation:* We can interpret above table as the p-value = 0.0001, which is smaller than 0.05 indicating that the null hypothesis is rejected. Hence there is association between worry and calmness.

III. CONCLUSIONS

As through this study we observe that during lockdown women faced a drastic mental trauma and we see that significant associations were observed between various psychological emotions. If you decide to work with women because of the discrimination they face, initiatives should be based on a thorough analysis of gender roles and relationships. Recognize that both women and men are agents of change and active participants in their communities. Do not label women as victims, recognize and acknowledge their capacities and roles they play in their communities. Design interventions that take into account inequalities and differences and criterion such as socio-economic status, ethnicity, religion, age, etc. Structure resources so that programmes recognize inequalities and attempt to rectify them. Encourage participation based on ability and interest, rather than existing socially determined gender roles. Introduce economic support packages, including direct cash transfers, expanded unemployment benefits, tax breaks, and expanded family and child benefits for vulnerable women and their families. Direct cash transfers which would mean giving cash directly to women who are poor or lack income, can be a lifeline for those struggling to afford day to day necessities during this pandemic. These measures provide tangible help that women need right now. Businesses owned and led by women should receive specific grants and stimulus funding, as well as subsidized and state- backed loans. Tax burdens should be eased and where possible, governments should source food, personal protection equipment, and other essential supplies from women-led businesses.

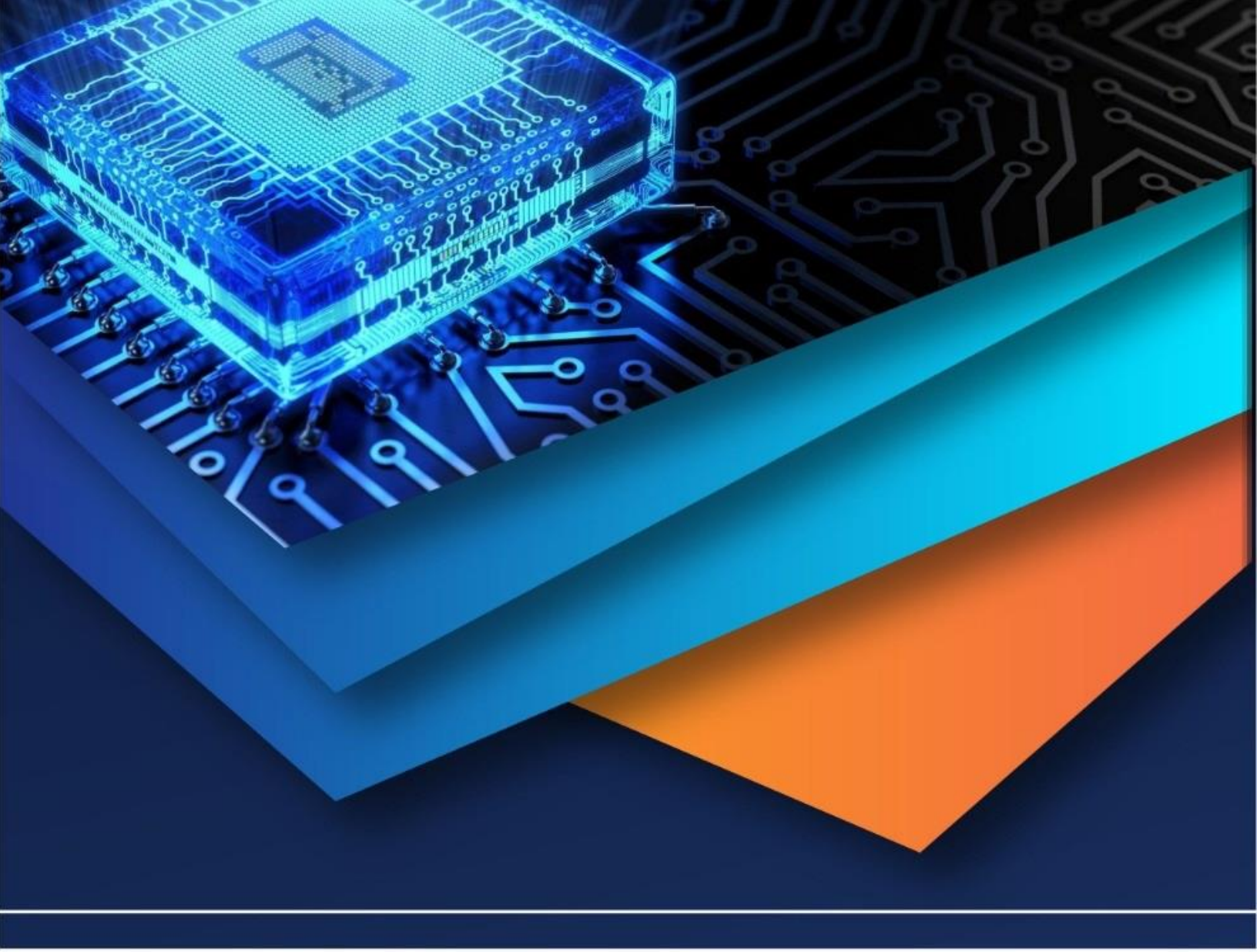
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Economic relief should similarly be target sectors and industries where women are a large proportion. Implement gender responsive social protection systems to support income security for women. For instance, expanded access to affordable and quality childcare services will enable more women to be in the labour force. Bridging the gender pay gap is urgent, and it begins by enhancing laws and policies that guarantee equal pay for work of equal value and stop undervaluing the work done by women. Provide social protection and benefits to informal workers. For informal workers left unemployed, cash transfers or unemployment compensation can help ease the financial burden, as can deferring or exempting taxes and social security payments for workers in the informal sector. Provide all primary caregivers with paid leave and reduced or flexible working arrangements. Provide essential workers with childcare services. Unprecedented measures to address the economic fallout have already been taken, but comparatively few measures have been directed at supporting families grappling with paid and unpaid work, including care needs. More efforts are also needed to engage citizens and workers in public campaigns that promote equitable distribution of care and domestic work between men and women. Policy makers must pay attention to what is happening in peoples'' homes and support an equal sharing of the burden of care between women and men. There is a great opportunity to "stereotype" the gender roles that play out in households in many parts of the world.

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