# The Psychological Impact of COVID-19 on Working Women

#### **Abstract**

COVID-19 has undoubtedly significantly impacted lives all across the world. Among the many effects of COVID-19 is an impact on the mental health of all those affected. Through this article, we wish to research the repercussions of COVID-19 on Working Women and, in turn, devise ways to alleviate the issue. The four factors hypothesized to affect professional anxiety are Family Conditions, Economic Conditions, Social Network, and Working From Home. A survey was conducted across India with 275 women from various sectors of the workforce. It was observed that being able to spend time with family has had a positive effect on their wellbeing. However, there is anxiety and stress regarding the economic conditions, friends and family members contracting the virus and managing both the household and work. A majority of women are working longer hours than before, which is leading to much pressure. Corporations must take into account this data when it comes to long term planning and decision making.

### Introduction

On March 11<sup>th</sup>, 2020, The World Health Organization declared COVID-19 a pandemic. After observing the Janta Curfew on March 22<sup>th</sup>, 2020, the Indian Government announced a 21-day lockdown to flatten the curve. The lockdown was further extended to May 3<sup>th</sup>, 2020, and then till May 17<sup>th</sup>. Lockdown 4.0 was announced starting from May 18<sup>th</sup> with some relaxation. However, cases in India are still on the rise, and working from home is considered to be the new norm for many industries.

The United Nations Population Fund (UNFPA) points out that disease outbreaks affect women and men differently, and pandemics make existing inequalities for women and girls worse. The National Commission for Women has received 587 complaints from March 23 to April 16, out of which 239 are related to domestic violence. They have now launched a WhatsApp number to be more accessible.

As women form the central part of primary health care interventions, including front-line interaction at the community level, they face a higher risk of exposure, along with having to distance themselves from their families. There is an average pay gap of 28% in these sectors, and pandemics are known to exacerbate gender pay gaps [1].

Of the 4.3 million ITBPO workforce, approximately two-thirds have adapted the Work from Home Model, in order to keep their business functions running uninterrupted. Many companies will have to continue this model for an extended period, to combat the virus

and follow social distancing. The lockdown has brought an economic downturn with it, which has impacted many industries. Delayed Appraisals and pay cuts are also looming.

Owing to the COVID-19 lockdown, many families are staying at home together, which has varied repercussions. Some women have reported that the lockdown has doubled the burden; they have to work from home and work for home. Not having domestic help has contributed to the load, especially in situations where equal sharing of housework is not present. Domestic workers themselves have been impacted considerably, as they are unable to work due to the travel ban.

While some schools are currently in summer vacation, several schools and colleges have taken to virtual learning and online classes. This closure has a differential effect on women, as they are generally the primary caregivers of a family. In India, CBSE, ICSE, ISC, and numerous state board exams were postponed indefinitely and were ultimately canceled in June 2020. This uncertainty is a cause of great concern to parents and students. Teaching being a female intensive sector, teachers need to cope with adjusting to virtual classrooms and assessments along with housework.

However, there have been positive outcomes to the lockdown, too, along with a decrease in pollution levels. People have been able to spend quality time with their families. Many individuals have developed healthy habits and new skills. There is a newfound emphasis on physical and emotional wellbeing, with several people incorporating exercise and Yoga into their daily schedules. Through our research, we wish to understand the psychological impact of the COVID-19 lockdown on working women.

#### **Literature Review**

Sudden changes in a person's environment and the uncertainty associated with it are known to be anxiety triggers [2]. Social disconnection or isolation also makes people susceptible to anxiety and depression [3] apart from the threat of the virus itself. The effect of the COVID-19 Virus on Mental Health has been researched, but none of them have concentrated on working women. While conducting the Literature Review, we have come up with the following four factors which might influence the anxiety of working women.

**Family functioning**: Family functioning is a term that describes how a family responds to a series of tasks, including basic, hazardous, and developmental tasks [4]. Several studies have shown that familial functioning has an implication on anxiety disorders and depression [5][6]. Family plays a vital role in a person's support system. Due to the lockdown, women have been spending much more time with their families, which leads us to hypothesize that family conditions must have a significant impact on anxiety.

**Economic Conditions**: The International Labour Organization has stated that as a result of COVID-19, almost 25 million jobs could be lost. Women are at risk because they tend to be over-represented in low-paid jobs and affected sectors. Losing a job comes with not just a disruption of income flow but also depressive symptoms, anxiety, and a loss of psychological assets.

**Social Conditions**: Social Distancing has been identified as an essential step towards combating COVID-19, but social isolation can cause individuals to be more anxious, stressed, withdrawn, angry, and agitated [7]. Many working women also do not have the opportunity to spend the lockdown with their families and are in lockdown alone. The general fear of the family, friends and themselves contracting the virus can cause hypervigilance [8]. This, coupled with the rapid spread of misinformation, can result in depression and Post Traumatic Stress Disorder in severe cases.

**Working from Home**: Professional women tend to suffer the most personal conflict while working from home as they tend to see their roles as homemakers and workers as equal [9]. The lack of separation between family demands and work can be stressful and leaves little room for leisure [10].

# Methodology

The study design adopts a cross-sectional design and quantitative approach. The Literature Review identified five construct- Family Functioning, Economic Conditions, Social Network, Working from Home and Professional Anxiety. A structured questionnaire is developed to collect the data using Likert scale. Then the data was collected through an online survey among the students community of India. This study was conducted across India.

The survey consisted of three demographic questions: Field of Work, Age and Number of Dependents. There were three questions for each construct. A total of 275 working women participated in the study. Around 55% of the responses were from the IT industry, 20% from the education sector, 6% and 4% from the healthcare sector and self-employed people, respectively. The remaining 15% was from various other industries. Women ranging from the ages of 20-60 took part in the survey. In the absence of sampling frame a non-probability method such as snowballing was found to be appropriate. Logistic Regression was carried out using IBM SPSS 21.

#### Results

Variable	Standardized Co-efficient
Independent Variables	Dependent Variable: Anxiety among Women Employee
Family functioning	-0.073(0.329)
Economic Condition	0.165(0.008)
Social	0.322(0.000)
Work from Home	0.148(0.009)
R-Square	0.602
Durbin-Watson	1.998
F Value	15.758(0.000)

Table 1: Statistical Analysis. Values in parenthesis indicate p-value

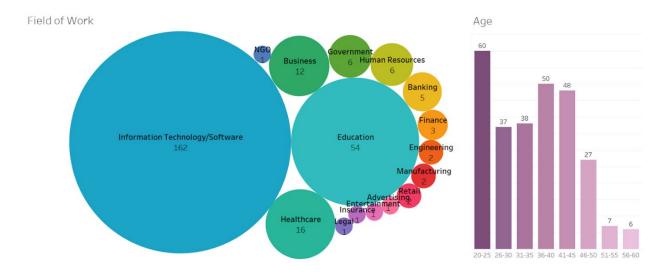


Fig 1. Demographic Data of Respondents

## Family Conditions



It is refreshing to see that family members appear to be helping out women by taking up the responsibility of some household chores. Being at home with their families has had a positive effect on their well-being; this is the question in the survey that has observed the highest positive response.

#### **Economic Conditions**



There is understandable anxiety about the economic impact of COVID-19. Many women expect to see lifestyle changes, especially in terms of spending post lockdown.

#### Social Network



Not being able to meet colleagues in person is not a substantial barrier to productivity, according to our survey respondents; this question received the highest average rating for disagreement. However, there is a general anxiety about their peers and friends being affected by the virus.

### Working from Home



As work hours are not fixed anymore, women are spending more time working, which can lead to stress and anxiety. From the company's point of view, more work is being done, and productivity is higher than before.





It appears that women are not nervous, rather excited to return to their workplace. However, there is anxiety about the changes that the workplace will be going through.

## Conclusion

Hence this article concludes that lockdown has indeed induced anxiety among working women. They are more worried about economic conditions post-COVID-19. Even the work from home culture and social conditions influence their anxiety factor. The only solace is that being with family seems to be helping them to reduce the anxiety level. This result concurs with the previous studies [5][6]. It is imperative that companies address the concerns of women employees and ensure that their mental health is looked after. More women must also be involved in planning and decision-making processes at national and state levels.

### References

10. Allen, T., Golden, T., & Shockley, K. (2015). How Effective Is Telecommuting? Assessing the Status of Our Scientific Findings. *Psychological Science In The Public Interest*, *16*(2), 40-68. doi: 10.1177/1529100615593273

- 5. Chapman, L., & Woodruff-Borden, J. (2009). The impact of family functioning on anxiety symptoms in African American and European American young adults. *Personality And Individual Differences*, 47(6), 583-589. doi: 10.1016/j.paid.2009.05.012
- 9. Crosbie, T., & Moore, J. (2004). Work-life Balance and Working from Home. *Social Policy And Society*, *3*(3), 223-233. doi: 10.1017/s1474746404001733
- 6. Drake, K., & Ginsburg, G. (2012). Family Factors in the Development, Treatment, and Prevention of Childhood Anxiety Disorders. *Clinical Child And Family Psychology Review*, 15(2), 144-162. doi: 10.1007/s10567-011-0109-0
- 4. Epstein, N., Bishop, D., & Levin, S. (1978). The McMaster Model of Family Functioning. Journal Of Marital And Family Therapy, 4(4), 19-31. doi: 10.1111/j.1752-0606.1978.tb00537.x
- 1. Harman, S. (2016). Ebola, gender, and conspicuously invisible women in global health governance. *Third World Quarterly*, *37*(3), 524-541. doi: 10.1080/01436597.2015.1108827
- 2. Hirsh, J., & Kang, S. (2015). Mechanisms of Identity Conflict. *Personality And Social Psychology Review*, *20*(3), 223-244. doi: 10.1177/1088868315589475
- 7. Jiloha, R. (2020). COVID-19 and Mental Health. *Special Issue On SARS-Cov-2 (COVID-19) Epidemiology International*, *5*(1), 7-9.
- 3. Santini, Z., Fiori, K., Feeney, J., Tyrovolas, S., Haro, J., & Koyanagi, A. (2016). Social relationships, loneliness, and mental health among older men and women in Ireland: A prospective community-based study. *Journal Of Affective Disorders*, *204*, 59-69. doi: 10.1016/j.jad.2016.06.032
- 8. Usher, K., Durkin, J., & Bhullar, N. (2020). The COVID-19 pandemic and mental health impacts. *International Journal Of Mental Health Nursing*. doi: 10.1111/inm.12726