

The effect of COVID-19 on women in north-east India: an inter-sectionalism perspective

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ABSTRACT

Despite significant advances by mankind, time stands witness to the magnified sufferings of the vulnerable condition of women during the pandemics. Inter-sectionalist overview of the scenario becomes quintessential to understand the root cause. An observational study was carried out among 100 women from the north-eastern states of Arunachal Pradesh and Assam to understand the role of the impact of the Covid-19 pandemic on women. Data were collected using questionnaires in e-forms of UN Women Rapid Gender Women Assessment Survey, Perceived Stress Scale by Sheldon Cohen, and Patient Health Questionnaire (PHQ-9). The results showed a significant increase in time devoted to household chores and management among the majority of women especially cooking, serving, and cleaning. The study reported mental and emotional health issues by a majority of the percentage in addition to maintaining personal health care routine. Further analysis of psychological variables reported a positive correlation between perceived stress and depression among women at different age levels.

Keywords: Arunachal Pradesh, Assam, Covid-19 Pandemic, Women at Intersections

The natural tendency of humans in any stressful situation is the “Fight or Flight” response. In the present context of Covid-19, humans have shown both. Although the disease in itself does not discriminate based on gender, economic disparity, geographical locale, SES as such, history holds itself witness that we are not all equal to adversity due to differences, especially gender and its subsequent psycho-social variables laid by society eliciting intensification of pre-existing gendered social and economic inequalities.

It is important to consider and address gender and health inequities as a response to disease outbreaks (Wenham et. al 2020, Mitra 2020). Given their predominant roles as caregivers within families and as front-line health-care workers, gendered norms meant that women were more likely to be infected by the virus. (Davies & Bennett 2016, Lau et. al 2013).

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The lockdown instilled for disease control resulted in the multiplication of workload with the dwindling in their economic sources, furthermore evident in the case of Covid-19. As per the data from the National Family Health Survey -4 (2015-2016) acceptance of physical abuse was higher in rural areas, and decreased with education and wealth (Menon 2018, NIMHANS). Currently, the situation is worse as the home is a living hell for many women as reported, with nowhere for them to go with the strict implementation of lockdown.

Society and culture predetermine the standing of men and women (Buongpui 2013). The customary laws and practices of varied social groups in northeast India treat women as 'second sex' (Gough, 1971). Northeast, being the conflict region for a protracted time, women here have learned to sustain their families in the absence of the men, who are taken to insurgency or led to drugs or drunkenness (Brara 2017). Blumberg (2005) viewed that the economic empowerment of women was the key to attain gender equality furthermore, women's capability of higher cognitive process in varied areas of life as they are prepared for the worst-case state of affairs for their survival.

The legal status too inflicts a serious impact on varied levels, notably for women whereby follow of polygamy is commonplace from ancestral times across the various tribes particularly within the state of Arunachal Pradesh. A higher risk for the poor mental health of women has been noted regardless of their SEP and education, wherein social support seems to have a little protective effect (Daoud et al, 2013). However, from a social perspective, major differentiation for widows, divorcees, or single women does not exist as a taboo besides the absence of specific age as a norm for marriage.

While access to education, employment, and health could also be the enabling factors, it is rather the outlook that plays a primary role in action towards a goal (Mahanta et. al 2013).

Rational of the study

The impending inequalities are seen to be exaggerated in the face of a pandemic across the globe. The inequalities especially of gender, wherein women constitute the marginalized section of the patriarchal society possessing a trickle-down effect as one goes down the utteristic layers operating in the name of culture and tradition exacerbated specifically subjudice to one's caste, socioeconomic and marital status and the geographical locale as the severity of the impact is highest in the interior, remote, rural areas.

METHODOLOGY

Sample

The sample consisted of 100 women (age range-18-25, 26-35, 36-45, 46-60 and above years of age) collected randomly from 2 north-eastern states namely, Arunachal Pradesh and Assam. The study adopted purposive sampling. Detailed demographic information along with informed consent was also taken.

Research design

This study is a correlation ex-post factor research. The design of the study will include pandemic situation due to COVID-19 as IV, Effect on women as DV variables.

Instruments

Four measures were used in this study,

- 1. Interview Schedule:** A structured interview consisting of a total of 40 questions were asked on different dimensions of the effects of Covid-19 pandemic on finance

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and household chores/ work distribution (9 questions), indirect consequences of pandemic and lockdown (12 questions), psychological health assessment (10 questions) and physical health assessment (9 questions).

- 2. UN Women Rapid Gender Women Assessment Survey Questionnaire:** This inventory comprised of 21 items measuring the direct and indirect effects caused by the pandemic as well as a lockdown.
- 3. Perceived Stress Scale by Sheldon Cohen:** It consists of 10 items inquiring about the women's feelings and thoughts about last month. The responses were measured on a 5 point Likert-scale.
- 4. Patient Health Questionnaire (PHQ-9) Depression Test Questionnaire:** The questionnaire comprised of 9 items about how one has felt and behaved over the last two weeks. The responses were measured on a 4 point Likert-scale.

Hypothesis

- There will be no significant difference among the various age group in perceived stress during COVID-19 pandemic.
- There will be no significant difference among various employment status groups in perceived stress during COVID-19 pandemic.
- There will be no significant difference among the various marital status group in perceived stress during COVID-19 pandemic.
- There will be no significant difference among the various educational level group in perceived stress during COVID-19 pandemic.
- There will be no significant difference among the various age group in depression during COVID-19 pandemic.
- There will be no significant difference among various employment status groups in depression during COVID-19 pandemic.
- There will be no significant difference among the various marital status group in depression during COVID-19 pandemic.
- There will be no significant difference among the various educational level group in depression during COVID-19 pandemic.
- There will be no significant correlation between perceived stress and depression among women during the COVID-19 pandemic situation.

Procedure

North-eastern women from the two states of Arunachal Pradesh and Assam, India were sent the questionnaires in Google forms for data collection using snowball technique. The consent from participants was also obtained.

RESULTS

The present study was carried out to explore the effect of COVID-19 on women in North East India with an intersectional perspective. The final results are presented in the following tables:

Table No. 1 Showing demographic details of the sample

Sl.No.	Category	Percentage
1.	Age Group:	
	18-25	23%
	26-35	19%
	36-45	27%
	46-60 & above	31%

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Sl.No.	Category	Percentage
2.	Employment Status: Unemployed Private -Permanent Private -Contractual Govt. -Permanent Govt. -Contractual Free lancer	26% 2% 3% 52% 9% 8%
3.	Marital Status: Single Married Divorced Widow	38% 57% 4% 1%
4.	Family Income per annum: 50K-1 Lakh 1,00,001-5 L 5,00,001-10 L 10,00,001 & Above	13% 26% 27% 34%
5.	Educational Qualification: High School UG PG MPhil PhD	9% 42% 39% 4% 6%

Table No. 2 Showing percentages on economic wellbeing or its impact due to Covid-19

Item	Percentage
1. The amount of earning before Covid-19 was: More than partner Less than partner Same No earnings Partner has no earnings Does not apply	9% 11% 45% 16% 19% 9%
2. Duration of paid work: Increased No change Decreased I lost my job Doesn't apply	27% 33% 14% 1% 25%
3. Government aids: Yes No	3% 97%
4. Due to Covid-19, duration of household work changed: Don't do it Increased Unchanged Decreased	16% 60% 20% 4%
5. Since Covid-19, most engaging task: Cooking and serving meals Cleaning Household management	52% 48% 16%

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Item	Percentage
Shopping for the family	22%
Minding children	17%
Caring for children	31%
Teaching children	24%
Assisting adults	10%
Emotional support for adult members	19%
Pet care	20%
6. My partner helps	
Yes	33%
No	19%
Not Applicable	48%
7. Family members help.	
Yes	49%
No	24%
Not Applicable	27%
8. Have a hired help.	
Yes	37%
No	40%
Not Applicable	23%
9. Hired help no longer works with us:	
Yes	20%
No	31%
Not applicable	49%

Table 2 shows the data for economic wellbeing or its impact on women due to Covid-19. When asked if the changes were seen in their salary, 45% reported no changes in salary and 33% reported no changes in duration. However, a significant majority of the sample (97%), revealed an increase in the duration of engagement in the unpaid work. In receiving additional help via a hired help, many chose the option of *Yes* (37%) and *No* (40%). 33% of the sample reported getting help from partner whereas 48% reported not applicable and 49% reported getting help from other family members.

Table No. 3 Showing percentages on components of personal experience during Covid-19

Item	Percentage
1. Physical illness:	
Yes	11%
No	78%
Maybe	11%
2. Death of a Family member:	
Yes	8%
No	91%
Maybe	1%
3. Illness of a family member:	
Yes	30%
No	64%
Maybe	6%
4. Children's school was affected:	
Yes	64%
No	5%
Not applicable	31%
5. Migrated within country:	
Yes	9%

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Item	Percentage
No	80%
Not applicable	11%
6. Migrated to a different country:	
Yes	1%
No	99%
7. Mental/Emotional Health was compromised	
Yes	69%
No	31%
8. Difficulty accessing basic supplies:	
Yes	46%
No	54%
9. Longer wait times to visit doctors/ seek medical care:	
Yes	66%
No	34%
10. Unable to seek medical care:	
Yes	47%
No	53%
11. Lost access to basic needs:	
Yes	84%
No	16%
12. Unable to perform usual personal care.	
Yes	60%
No	40%

Table 3 depicts the personal experiences during Covid-19. A majority of the sample have shown to have no physical illness (78%), facing no death (91%) and nor illness of family member (64%). Mental/emotional health was reported to be compromised for a majority (69%). The difficulty was seen for a greater number in differing areas of personal needs and services.

Table No. 4 Showing Mean and SD values on stress and depression variables for all the demographical dimensions

Dimension	N	Perceived Variable		Stress	F value	Depression Variable		F value
		Mean	SD			Mean	SD	
(I)Age Range:					2.47			12.57**
Group 1 (18-25)	23	23.96	5.38	11.65		6.36		
Group 2 (26-35)	19	24.37	6.47	9.11		6.37		
Group 3 (36-45)	27	20.19	5.40	4		3.50		
Group 4 (46-60 & above)	31	22.13	6.50	5.29	3.60			
(II) Employment Status:					1.16			5.40**
Unemployed	26	23.46	6.11	9.65		6.07		
Private	3	25.66	7.57	13.33		9.29		
Govt.-Permanent	53	21.30	6.45	5.19		4.67		
Govt.- Contractual	10	24	5.27	11.4		7.06		
Freelancer	8	24.13	3.80	6.75	5.68			
(III)Marital Status:					0.28			5.91**
Single	39	25.67	7.57	13.33		9.29		
Married	57	22.26	6.36	5.81	4.88			

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Dimension	N	Perceived Variable	Stress		Depression Variable		
		Mean	SD	F value	Mean	SD	F value
Divorced	4	20.75	7.14		2.75	1.71	
(IV)Family income per annum: 50k-1 Lakh	13	21.15	6.93	1.91	7.23	6.22	2.41
1,00,001-5 Lakh	26	22.34	6.07		9.46	7.03	
5,00,001-10Lakh	27	20.85	7.46		5.52	4.20	
10,00,001 & Above	34	24.29	3.99		6.56	5.06	
(V)Educational Qualification: High School	9	21.56	10.19	0.66	6.89	6.49	1.08
UG	42	21.83	6.46		7.12	4.88	
PG	39	23.41	4.78		7.82	6.62	
MPhil	4	24.5	4.79		7.75	4.99	
PhD	6	20.5	4.46		2.67	2.42	
Total scores	100	22.45	6.09		7.11	8.83	

** $p < .01, .05$

The results in table showed that there were three F values found to be significant whereas, all other F values were non-significant. The significant F values were found for 3 categories, those were age, employment status and marital status.

Table No. 5 Showing inter-correlation between stress and depression

Variable	Depression
Perceived Stress	0.53**

** $P < .01, .05$

The result in Table 5 shows significant positive correlation between Perceived stress and Depression variables. The correlation coefficient value was found positive and average magnitude. The coefficient value of 0.53 is significant at both 0.05 (0.0195 value) and 0.01 (0.254 value) levels respectively as can be observed here.

DISCUSSION

The present study was carried out to assess the effects of Covid-19 on the women from north-eastern states of India, namely Arunachal Pradesh and Assam. A wide majority of the participants had been found to have no change in paid work due to Covid-19 as given in table 2. However, at the same time, they did report that as a result of Covid-19, the number of hours devoted to household chores and management increased (60%). This goes on to highlight the underlying fact that a significant number of respondents, draw a parallel between psychological stress and work, which does not necessarily always entail to paid-work, implying that the unpaid work at home too does consume a significant amount of time and energy, which too can lead to physiological as well as psychological drain-out. 97% reported that their family did not receive any unemployment benefits/ financial support from the government which may be a cause of economic stress given the uncertainty of the situation. Other supporting evidence to prove the detrimental effects of emotional health was with the sample who reported it to be compromised for a majority (69%). The difficulty was seen for a greater number in accessing basic supplies, medical services and public

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transportation. The differences between working women and non-working women with differing marital status can be observed in table 4. The F value for perceived stress amongst different age groups was indicated not significant which imply the fact that uncertain situations like Covid-19 have a similar impact on everyone. However, the F value for depression was significant implying that there might be indirect effects of stressful situations that might have an overburdening impact for women in particular. This interpretation indicated that the 5th, 6th and 7th hypothesis were rejected. A positive significant correlation found between perceived stress and depression indicated that a higher level of perceived stress could lead to depression among women in a stressful situation which can be interpreted as the higher the perceived stress of individuals, the more people are inclined to have depression, especially given the circumstances they are in as of Covid-19. This result leads to rejection of 9th hypothesis. This result was supported by previous research findings of an outbreak (Bradshaw 2015; Bradshaw and Fordham 2015; Mondal 2014; Nawaz and McLaren 2016; Women's Mental Health Alliance 2020). The reasons behind the disparity are yet unclear. However, for this study, the results were found to be contradictory as even though the respondents scored low on the perceived stress scale, the majority scored high on the depression scale. A tentative explanation for this finding can be that the respondents have underestimated the negative impact of the increase in household duties as despite them reporting that they do not experience or perceive stress, they have reported experiencing depressed mood symptoms. Therefore, this is an indicator that there is a possible underestimation of the impact of unpaid, domestic work, and an overestimation of paid work. There might also be a possible reason for genetics, brain chemicals, and chronic life situations which can increase the risk of developing depression if one isn't coping with the stress well.

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Conflict of Interest

The author declared no conflict of interest.

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