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**IMPACT OF COVID-19 ON WOMEN PARAMEDICAL STAFF**

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**ABSTRACT**

*History witnessed that every epidemic left a negative impact on people similarly, COVID-19 outbreak hit the world with unexpected consequences on global health, economy and people's lives. Women workers are on the front lines of the fight against COVID-19. Nearly 80 percent of healthcare workers and 83 percent of workers who provide social assistance, including child care emergency services, are women. And women dominated occupations, such as nurses, flight attendants, and personal care aides, are among the most vulnerable to getting sick and spreading it to others. Some of the effects produced by the COVID-19 crisis on female health workers such as- longer work days and greater work load, loss of job and income, discrimination, Social isolation, stigma, fear and anxiety etc. In this study I want to analyze the problems faces by women paramedical staff during COVID-19 and people's attitude towards women paramedical staff during COVID-19. Data would be collected through books, journals, articles and factsheet etc. Women staff were exhausted, worried and emotionally drained, many of them have been infected some have died. Women staff had the daily emotional and mental pressure which made their life miserable. 100 million female workers in health care institutions around the world, balancing work and family responsibilities has always been a challenge. Many female workers loss their family and job because of too many difficulties during COVID-19.*

**KEYWORDS:-** Women, Paramedical staff, COVID-19, Stigma, Discrimination, Social isolation



## INTRODUCTION

Corona virus or COVID-19 pandemic which broke out in late 2019 in the Wuhan city of china has directly and indirectly affected each and every sphere of life across the world. Dealing with pandemic medically is hard but more difficult to come out of the fear and panic. Women are specially suffer more because of gender discrimination. According to the *Lancet report 2020* there has not been any gender analysis of the pandemic by any Government of health organisation. *Plan International* (2020) highlights that the COVID-19 has interrupted our way of life and has further disrupted individuals, families and communities putting them under stress of health and economic burdens. However, there are other reasons of stress caused by COVID-19. In times when social isolation and distancing practices are being applied, there are increased risks of violence against women, their abuse, exploitation and neglect. Past evidences inform us that diseases outbreak affected men and women differently in their day-to-day activities. Women are at the forefront of the battle against the COVID-19 pandemic, risking their lives to save others. Yet the crisis has shown that the decision making bodies, including those established specially to manage the pandemic, do not reflect a gender balance between women and men. Today women account for 70% of the health and social care workforce and deliver care to around 5 billion people. Women health workers are regularly subjected to discrimination, abuse and harassment, a situation that has worsened with COVID-19. And with shuttered schools, even both parents working from home, it is the women who are dealing with their children's care, education and household chores, in parallel with other paid job. This is particularly true for female health workers living in single headed households who might have no other option but to care themselves for their children and older parents when returning from work, with the risk of infecting them with COVID-19. Generally in employment sector there is significant gender wage gap that still persists in the sector, as well as the greater incidence of informality among women. In comparison with their male colleagues, on average female health workers work more additional hours, they are more vulnerable to violence at work, they are more exposed to agents that could be infected and they have less access to personal protective equipment for performing their job.



Whilst there are primary effects of the pandemic, there are secondary impacts as well, which are often missed out in the policy discussions, but which have deeper social and political implications. These implications are even more difficult to understand and resolve when sex-disaggregated data is missing or incomplete. Unfortunately, affected countries have still not released their national sex disaggregated data, which is seriously hampering the creative planning or preparatory efforts in a gender-sensitive manner (Sandoiu 2020).

Despite the important job they perform every day, female health workers are still not valued as they would deserve, neither within the health sector nor in society as whole. Moreover, there exist no public policies that comprehensively deal with their situation and they are often excluded from decision processes. In spite of being the backbone of the healthcare system, female health workers find themselves in a highly vulnerable condition in term of their health, and their social and economic well being. (East.et al.... 2020).

In the situation of COVID-19 women paramedical staff are on the frontline and are responsible for providing holistic care for all types of patients. Considering the fact that nurses constitutes the majority of healthcare providers, they have a crucial function in healthcare systems. Their roles in treating the patients of COVID-19 involve the detecting suspected cases with infections; providing necessary treatment in an emergency and dealing with suspected patients with precautions; helping in decontamination and coordination with other health care providers; supplying holistic nursing practices in managing multiple infections simultaneously; playing critical roles in expanding care services; and dealing with relatives.(Al Thobaity,2020).

## **OBJECTIVES**

- To find out the problems faced by women paramedical staff during COVID-19.
- To analyze the attitude of people towards women paramedical staff during COVID-19.
- To explain how women staff balance their life in COVID-19.



## **METHODOLOGY**

The methodology of the paper involves the secondary sources includes reviews of scholarly articles and research papers. This paper includes the analysis based on observation in near by locality made by the researcher. This study has some limitations. One was that most participants in the study were working in high-risk areas so it is very difficult to contact them directly. Also researcher did not ask the respondents directly about their experiences during COVID-19.

## **REVIEW AND ANALYSIS-**

KHASNE (2020) In this first Indian survey of health care workers during the COVID-19 Pandemic, researchers found a high level of pandemic- related burnout among health care workers. The female respondents had higher chances of getting personal and work-related burnout, and this may be related to the dual roles of the females play in running the house, apart from working in the hospitals. The common concerns seemed to be fear of infection of COVID-19 and also fear of catching infection by the family members. In this study respondents also were worried about dying due to COVID-19 infection. In last researchers gave some valuable suggestions for coping out of COVID-19.

SHAUKAT (2020) The findings of this study identified the following risk factors for COVID-19 related health impact: working in a high risk department, diagnosed family member, inadequate hand hygiene, suboptimal hand hygiene before and after contact with patients, improper PPE use, close contact with patients. The study also reveals the psychological impacts of COVID-19 such as high levels of depression, anxiety, fear, insomnia and distress. Health care workers are at risk for developing physical and mental health consequences due to their role in providing care to patients with COVID-19.

LI, G (2020) This cross sectional survey showed that women health care workers had a high proportion of stress, depression and anxiety symptoms during the early stage of COVID-19. Moreover those women health care workers in the crisis of COVID-19 were placed at a considerable dilemma, which existed between working and family care and avoidance of contact with family members. As this study showed the women with more children were



more likely to feel family members and friends avoidance. This study also reveal that the women health care workers in isolation wards present higher rates of psychological stress. Therefore, there was clearly a need for more psychological support to reduce the perceptions of threat of COVID-19 among women health care workers.

MALIK (2020) this study shows that in the Pakistan's context, female workers are mostly engaged in informal sector where they are paid minimal wages. Though both female and male daily wagers have lost their jobs, women are impacted more severely, as they also have to combat psychological welfare in addition to financial crisis in response to cruel domestic atmosphere around. The government of Pakistan' is actively is trying to ensure the security of wages and financial needs. Recently, the government has earn marked PKR 200 billion for daily wagers of formal industries but no specific quota has been allocated for female daily wagers.

EAST (2020) Authors describe the Corona virus crisis especially affects several dimensions of the work of female health care workers in Argentina, beyond merely the health care aspects. Female health workers generally work more hours in comparison with their male colleagues likewise, these women face a combination of greater exposure and less protection which multiplies their risk before the current pandemic. Women staff also suffer from the situations of violence and harassment to a greater extent than males-especially by patients, clients, public etc. In this study authors also suggests the policy and planning for female health care workers in Argentina.

MEKONEN (2020) The study showed that the more than two-thirds, more than half, and nearly one-fifth of the nurses had anxiety, depression, and stress in response to the COVID-19 outbreak respectively. This prevalence is high and nurses are highly affected psychologically during the pandemic which suggests psychological health interventions like psychological counselling and group meeting sessions. It is better to create awareness for the community, avail a guideline, train nurses, and give special attention to nurses with nurses with chronic disease and a history of mental disorders to minimize the psychological impact of COVID-19 pandemic on nurses and protect their mental health. The government shall develop and implement national programs for occupational health and safety, prevent violence in the work-place, improve psychological well-being, and protect from physical and



biological hazards to take care of the mental health of health care professionals during this pandemic.

SELVARAJ (2020) The result of this study shows that the doctors working for the pandemic, around 55% of medical officers in the study reported having moderate levels of depression. With respect to anxiety, it was found that among men as many as 52% reported experiencing severe anxiety and 24% had moderate levels of anxiety whereas females reported as high as 68% and 48% of moderate and severe anxiety, respectively. In this study around 30% and 44% of male doctors reported mild and moderate levels of stress, respectively, whereas 70% and 56% of female doctors reported mild and moderate levels of stress, respectively. It was also observed that among female doctors the rates of moderate insomnia were especially high (65%), whereas a high level of male participants reported sub-threshold insomnia(52%).

## **RESULTS**

The study results show that there are lots of problems faced by women paramedical staff. Some were faced physical- infections of disease, dying because of COVID-19. Psychological- anxiety, fear, depression, insomnia and mental distress and social problems such as avoidance of friends and family, harassment, violence, social isolation etc. Women paramedical staff with chronic diseases become more stressed compared with their counterparts. Also those women staff who had family members / relatives confirmed or suspected for COVID- 19 Were three times at higher risk of developing stress compared with those who had not. Women staff become stressed since they lose the possibility to visit their loved ones, cannot contact their family members, and unable to cope with this challenging situation. Women who work in hospitals not able to balance their life during pandemic. At the result some of them leave their jobs, some feeling exhausted, some were drained and some were dying in the situation of COVID-19. Caused of leaving of job during pandemic health care systems faced shortage of employees especially women employees. Women have to manage their job as well as their family which lead their life miserable. Women health care workers were highly prone to experiencing stress, fear, depression insomnia and anxiety. Government should take care of issues which faced by women paramedical staff.



## CONCLUSION

The study suggests that the female frontline workers who had close contact with COVID-19 patients may have the most to gain from efforts aimed at supporting psychological well being. The impact of this pandemic casting over the mental and physical health of the health care workers mostly on women health care workers. These impact should not be overlooked today and even in the coming times when the crisis is over. It is suggestive that there is a need of proper government policy, planning and programmes to avoid gender discrimination in the society especially in the period of COVID-19 pandemic. Thus, it is sheer importance that governments must recognize the extent of damage caused by the COVID-19 to appreciate how does the pandemic affect women as a fundamental step towards tackling the primary and secondary effects through equitable policies and interventions. Implementation of the following strategies may help to reduce the burden of health consequences: the adequate provision and training on the use of personal protective equipment, strict infection control practices, shorter shift length and provision of mental and physical health and support services. By follow the above strategies women paramedical staff lives a better life in the phase of COVID-19 pandemic.

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