CIENT PERIODIQUE

Does COVID-19 Affect Women's Mental Health? The Developing Countries Experience

Gihan Medhat ELNahas

Psychiatry–Women Mental Health, University: Ain Shams Medical School, Country, Egypt

*Correspondence to:** Dr. Gihan Medhat ELNahas, Psychiatry-Women Mental Health, University: Ain Shams Medical School, Country, Egypt.

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With the spread of COVID-19, it rapidly became a crisis of global concern in a matter of few weeks. Its ramifications extended to impact every sphere of human life. The outbreak was initially projected to take an immense human toll on Sub-Saharan Africa, affecting more than 100 million people in the region [1,2].

Many predicted that the first phase of the pandemic in Africa would be devastating due to the region's fragile health systems and large immunocompromised populations suffering high prevalence of malnutrition, anemia, malaria, HIV/AIDS, tuberculosis (TB), and, more recently, Ebola [1,2].

South Africa, the part of the world which is already burdened with the highest HIV and TB numbers, has in addition, the highest number of COVID-19 infections in Africa.

Importantly, the pandemic is not just a health crisis; it also brings drastic social and economic costs. The pandemic and its adverse impact continue to hit hard, and it is projected to drive up to 40 million people into extreme poverty across sub-Saharan Africa, with African women and girls being hit the hardest [1-3].

The negative impacts of the outbreak on mental health were remarkable; either due to the direct pandemic-related adversities that are known to harm mental health, or due to the indirect effect of how COVID-19 outbreak impacts other aspects of life in addition to the control measures that have been taken by governments in order to contain this pandemic [3-5].

It has been a stark reminder of the intricacies and challenges underlying each individual's constitution, resilience, coping, adaptation, and self-awareness as to how they fit into a world facing a global crisis [3].

Across every sphere, from health to the economy, security to social protection, the impacts of COVID-19 are exacerbated for women and girls simply by virtue of their sex.

It became obvious that the coping strategies, resilience and adaptation will start to fail as the distress is escalating [6], given the many uncertainties which people had to face due to the COVID outbreak and the controlling measures that follow, however, this challenge and distress have disproportionately affected people. The United Nations Secretary-General António Guterres speech given in May 2020 highlighted how those most at risk were "frontline healthcare workers, older people, adolescents and young people, those with pre-existing mental health conditions and those caught up in conflict and crisis" [6].

COVID-19 Impact on Women and Girls in Africa and Middle East Countries:

Like many women in the world, women and girls in Africa and the Middle East are among the most vulnerable to the negative impact of the coronavirus pandemic for several reasons;

• Women in Africa are overrepresented at the front lines of the response to the pandemic, i.e.; women, as direct caregivers, are more directly exposed to the virus [7].

• More than 60 percent of Africa's health workforce and essential social service providers are female, in a country like Egypt it is even as high as 70 percent [7].

• They represent the majority of unpaid or poorly paid community health workers

• In places like Mali, women take over care work up to 11 times more than men 8

An overall increased vulnerability to mental illness:

• Ethiopia's Amhara State high levels of anxiety depression rising to a three-fold increase compared to pre-pandemic levels [6], girls whose education has been interrupted may be particularly at risk of worsening mental health

• Pakistan-a neighbour country- 42% of health workers reported depressive symptoms and 26% have anxiety symptoms requiring psychological support. Notably, there is heightened levels of depression and anxiety among women when comparing pre- to post-pandemic studies [6,8].

• In Yemen 1:5 people in conflict zones would need mental health and psychosocial support as in Yemen-it is not only the world's largest humanitarian crisis, but it is also one of the world's largest mental health crises, with more than seven million people who need mental health support [9].

• In South Sudan, it is estimated that 5.1 million people are affected by the ongoing pre-pandemic humanitarian emergency in the country representing one of the one of the largest mental health gaps in the world, which got even worse with the COVID outbreak [9,10].

Several studies reported the physical and mental health impact of COVID-19 particularly on health care workers; physicians, specialized and non-specialized nurses who served in chest hospitals, fever hospitals, and in quarantine hospitals. Female health workers were disproportionately affected, reported to be at higher risk of experiencing symptoms of severe anxiety, depression and stress [11,12]. *In March 2020, early in the pandemic, the UN Women Executive Director, Phumzile Mlambo-Ngcuka* drew attention to this fact and clarified: "The majority of health workers are women and that puts them at highest risk. Most of them are also parents and care givers to family members. They continue to carry the burden of care, which is already disproportionally high in normal times. This puts women under considerable stress".

Women in Jordan, for example, constitute 44 percent of Jordan's health sector workforce, with more than 66 percent female pharmacists standing as frontliners in response to the outbreak, [13] while on the other hand many women are trapped in conflict zones like in Syria and Yemen.

It thus followed that the UN appeal is for mental health care to be incorporated into all Governments' COVID- 19 strategies

The Pandemic and Gender-Based Violence:

As the Corona virus broke out into a pandemic, it has ramification on gender-based violence which erupted as a shadow pandemic. This term does not only describe actual physical or emotional violence as domestic or Intimate Partner Violence, but extends to the online violence faced by many women when they use mobile and smartphones, the Internet, social media platforms and emails.

In the neighbor country of Pakistan for instance, 40% of female college students faced harassment on the internet as detected in a study in 2016. This particular form of escalating online violence against women became more manifest during the era of COVID-19 pandemic and is expected to impact girls and women negatively in several ways, affecting their access to online services, compromising their education and employment opportunities and restricting their participation as active digital citizens [14,15].

Likewise, domestic violence rates witnessed a staggering surge in different parts of both regions including Tunisia, South Africa, Jordan, Egypt, Kenya, Uganda, Nigeria and many more [16].

The Pandemic and Perinatal Health

It is hypothesized that several health policies that were necessary to reduce the spread of COVID-19 might have simultaneously impacted and aggravated a range of known risk factors that placed a larger number of women at heightened risk for postnatal depression.

Examples of such risk factors include: perceived low social support; exposure to perinatal traumatic events; significant prenatal life events; and high stress associated with care of children and addressing household responsibilities. Depression and anxiety which already affect 1 in 7 women during the perinatal period, and are associated with increased risk of preterm delivery, reduced mother-infant bonding, and some developmental delays which may persist into childhood are expected to be heightened during the pandemic

as indicated in several studies. Furthermore, the COVID-19 pandemic is anticipated to have limited the access to diagnosis and psychological or pharmacological treatment; this is likely exacerbating poor mental health; critical services including those that only women need including antenatal care for pregnant women which may result in riskier home births and an increase in maternal mortality [17]. As well as interruption of health services for early detection and chronic illnesses management are markedly shadowed [18].

In a systematic review and meta-analysis study investigating the effects of the COVID-19 pandemic on maternal and perinatal outcomes; results show higher scores on Edinburgh Postnatal Depression Scale scores which indicate poorer mental health, during versus before the pandemic.

These disruptions are having dire consequences for women and girls and call for an urgent need to prioritise safe, accessible, and equitable perinatal care within the strategic response to this pandemic and in any future health crises [19].

Women Mental Health Matters- This is What We Learnt:

The adversities of COVID-19 pandemic are not a past as yet, it continues to teach us lessons as we witness the red flags of long-haul COVID; with a long list of somatic, cognitive, and psychiatric manifestations.

The pandemic remains a public health emergency of international concern and it is yet too early to ease efforts on combating it as declared by the WHO COVID-19 Emergency Committee during their meeting during the first quarter of this year.

Countries national preparedness and response to this pandemic is now stemming from our enhanced understanding of the impact of a global crisis on mental health and how this impact is gender-specific. COVID- 19 has shown that no nation was prepared for the associated mental health crisis and its long-term effects. A substantial amount of research shows that the direct health effects of the COVID-19 pandemic have affected men more than women: COVID-19 incidence, hospitalisation, and mortality rates are higher among men than women across sites. Conversely, existing evidence indicates that the indirect effects of COVID-19 have disproportionately affected women [20].

We need to turn our lens to mental health. It is quite obvious that women mental health care service stands out as an essential component of the national preparedness and response to disease outbreaks. Mental Wellbeing and effective coping with crisis now being recognized as an integral part of the immediate, short-term and long- term of national public health strategy which yet need to be gender-responsive.

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