



The Psychological Trauma of Women in Kolkata, During Pandemic: A Cross-sectional Study

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ABSTRACT:

Various research studies demonstrate that women are twice as liable to foster PTSD, experience a more extended term of posttraumatic manifestations and show greater sensitivity to upgrades that help them to remember the injury. In spite of the fact that women are at more serious danger for unfortunate results following horrendous accidents, many regularly wonder whether or not to look for psychological wellness treatment. Survivors frequently stand by years to get help, while others never get treatment.

Untreated posttraumatic indications have huge emotional wellness implications, yet can likewise prompt unfavourable impacts on actual wellbeing. Female survivors might experience actual manifestations including cerebral pains, gastro-gastrointestinal issues and sexual dysfunction. In this scenario this research studies the psychological scars on women, created mainly during the second phase of COVID-19 pandemic in a metro city like Kolkata, where most of the women are supposed to maintain two-fold of responsibilities, in the place of employment as well as in families.

The survey was through online questionnaire to 132 respondents, following all the ethical considerations and anonymity. The result was further analysed using psychometric assessment tool, Depression and Anxiety and Stress Scale (DASS-21).

Keywords: *Psychometric Assessment, Psychological Trauma, Women, Kolkata, Covid-19*

1. Introduction

Following the declaration of World Health Organization, Government of West Bengal declared lockdown since March, 2020. The lockdown followed for almost four long months, followed by unlock measures. Since then the graph of affected patients were downwards. Suddenly, during the Assembly Election of the state, the cases soon started rising. Called for another lockdown on the second wave of pandemic in 2021 from 16th May onwards. Due to the importance of human-to-human transmission, social distancing and lockdown have been the control strategies adopted by most countries in the world.

Lockdown causes a significant change in the everyday life of everyone, for travel or movement restrictions, suspension of work and studies, prolonged and forced contacts between family members, reduced means of entertainment, boredom, loss of economic security so on and so forth. Moreover, in different reports, it has come out that lockdown gave freedom to offenders and domestic violence against women soon risen up. Allan Ebrahimian reported that China witnessed a three-fold increase in the cases of domestic violence after imposing quarantine. Different states in the United States also reported an increase of about 21–35% in domestic violence. And India was no exception. And women being one of the most vulnerable gender of

the society, the trauma and mental stress had to increase in them during this period. A pandemic of physical health concern was slowly becoming a pandemic of psychological crisis as well.

1.1. Why Women?

During humanitarian crises such as, wars, natural disasters, epidemics, violence expands mainly to the most vulnerable section of the society. It is widely accepted that women are the most affected in psychological crises, as they are known to have a more anxious temperament. (Akiskal and Akiskal, 2005) The pandemic has affected women more profoundly than men in several areas, both at workplace and at home with an increased workload, mostly unpaid, during lockdown and quarantine measure. A lack of adequate domestic and emotional support can have consequences on women's mental health.

1.2. Objectives of the study

- To evaluate the increment of mental trauma of working women as well as home-makers in a metro city, during the second wave of pandemic.
- To find out the specific psychological and psychiatric risks faced by women during the ongoing second wave.

2. Literature Review

Verma et al (2011) defines that, response and responsiveness to stress appear to be different by gender. Because of several underlying biological mechanisms, women may be more vulnerable to depression and anxiety disorders and might be particularly affected by stressful events. Indeed, starting at puberty, the prevalence of major depressive episodes is higher in female subjects, suggesting a hormonal and biological role in the susceptibility to anxiety and depression. Most of the time, the woman is the main caregiver and is more responsible for household tasks and for the care of children. This burden could have increased due to the temporary closure of schools during the lockdown. In fact, being a young parent, being a first-time parent, having many children.

Stöckl et al. (2013) says that, gender-based violence can be psychological, physical, sexual, or economic. The intimate partner was responsible for 40% of the cases of femicide in the world. Studies suggest that an abused woman has a higher risk of developing depressive symptoms (Mapayi et al. 2013), attempting suicide, a higher risk of physical conditions such as physical trauma, sexually transmitted infections, unwanted pregnancy, and low birth weight.

Activists have sounded the alarm about the increase in violence against women during this pandemic (Campbell 2020). The United Nations Population Fund (UNFPA) predicted a 31 million increase in cases of gender-based violence if lockdown extends by 6 months and 15 million additional cases with each 3-month extension (Bellizzi et al. 2020).

2.1. Research Gap

Although in last one and a half year, many researches have been performed to measure the trauma of many vulnerable sections of the society specifically, and women were no exception. But in India, metro cities specifically have a different distribution in terms of sex ratio, in terms of status of the women in the society and family. In these perspectives, very few works have been done on specifically the women living in a metro city, may be employed or not. In this specific area, this research fills the gap to conclude an overall scenario of the country.

2.2. Theoretical Understanding:

2.2.1. Gender Roles theory:

Gender roles are "socially and culturally defined prescriptions and beliefs about the behavior and emotions of men and women" (Anselmi and Law 1998, p. 195). Many theorists believe that perceived gender roles form the bases for the formation of identity. Prominent psychological theories of role and identity development include evolutionary theory (Buss 1995; Shields 1975), object-relations theory (Chodorow 1989), gender schema theory (Bem 1981, 1993) and social role theory (Eagly 1987). Evolutionary theories of gender development are grounded in genetic bases for differences between men and women. Functionalists (e.g., Shields 1975) propose that men and women have evolved differently to satisfy their different and complementary functions, which are necessary for survival. Similarly, sociobiologists (e.g., Buss 1995) suggest that behavioral differences between men and women stem from different sexual and reproductive strategies that have evolved to make sure that men and women are ready to efficiently reproduce and effectively transfer their genes. These evolutionary-based theories share similarities with the essentialist and maximalist perspectives discussed previously. In contrast, object-relations theorists specialise in the consequences of socialization on gender development. For instance, Nancy Chodorow (1989) emphasizes the role of girls as primary caregivers within the development of sex differences. Chodorow asserts that the first bond between mother and child affects boys and girls differently. Whereas boys must break away their mothers to make their identities as males, girls don't need to endure this separation to define their identities as females. Chodorow (1989) explains that the devalued role of girls may be a product of the painful process men undergo to separate themselves from the feminine role.

2.2.2. Triple Oppression Theory:

The theory was primarily developed by black socialists, namely, Claudia Jones. The theory states that a connection exists between various types of oppressions, namely, classism, racism and sexism.

The theory was mainly constructed for African-American women, as they had to face the racial discrimination and sexual oppressions from the White community and black males of their own community respectively.

The background of the present research study is quite similar, as here also women had to face multi-level of oppressions. As in Indian society, women are considered as the primary care givers of the family, in spite of the fact that women can be a home-maker or a working professional. The nurturing of kids and running the household are two basic duties bestowed on women. The Work From Home culture during lockdown increased the work pressure to the working women manifold. Even the home makers had to face the burden of taking care of the family even more as all the members of the family were present at home all day, every day. And with increased burden of doing office work, from home and frustration of job loss of another members of the family made an impact on the mental health of everyone in general and women in particular.

Therefore 'Double Jeopardies' theory is implied to describe the facades of women in the crisis period, like pandemic.

2.3. Research Questions:

3.5.1. what is the level of increment of mental trauma in women of a metro city?

3.5.2. What is the predominant psychiatric risk faced by the women of Kolkata?

3. Research Design:

The research design for the paper follows the research onion for a descriptive research design particularly.

3.1. Research Philosophy:

The particular research follows pragmatism research philosophy. The pragmatist researchers use materials and methods to build the paper and to find answers to the research question arise before. The research approach used here is inductive, as from particular sample inferences are drawn for the general public.

3.2. Research Methodology

The particular research is a quantitative research technique. The research was conducted using an online survey, between June 16 to 30th June 2021, a month after the West Bengal government announced the lockdown for the second time. The researcher has chosen a female social group on Facebook and used the snowball sampling method, with an initial start of Five participants. Each one of them was asked to choose five women, residing in the city to send the questionnaire to. The other participants were contacted using the same method until data saturation was reached. Women were recruited homogeneously throughout the city to ensure a representative sample of all the geographic area of the city. The survey was anonymous.

3.3. Data Collection technique

The researcher has used an anonymous online questionnaire to collect socio-demographic information (age, marital status, number of children, geographical area), mental health status (history of mental illness and eventual treatments taken), information on lockdown conditions (changes in working activities), and COVID-19 risk status (no personal risk, under quarantine, COVID+).

3.4. Data Analysis Technique

The researcher has used DASS-21 scale to analyze the collected data further. Depression Anxiety and Stress Scales (DASS-21) is a quantitative 21-item screening tool to assess symptoms of depression, anxiety, and stress.

The depression subscale (DASS-21 D): with the following categories for the total score—normal (0–9), mild depression (10–12), moderate depression (13–20), severe depression (21–27), and extremely severe depression (28–42).

The anxiety subscale (DASS-21 A): with the following categories for the total score—normal (0–6), mild anxiety (7–9), moderate anxiety (10–14), severe anxiety (15–19), and extremely severe anxiety (20–42).

The stress subscale (DASS-21 S)—with the following categories for the total score: normal (0–10), mild stress (11–18), moderate stress (19–26), severe stress (27–34), and extremely severe stress (35–42) (Tran et al. [2013](#)).

4. Findings and Discussions:

Of the total received responses of 132, Twenty-Five (25) responses are found to be incomplete. Therefore, the total number of valid responses collected are 107. Below are the tables of the demographic characteristics of the samples.

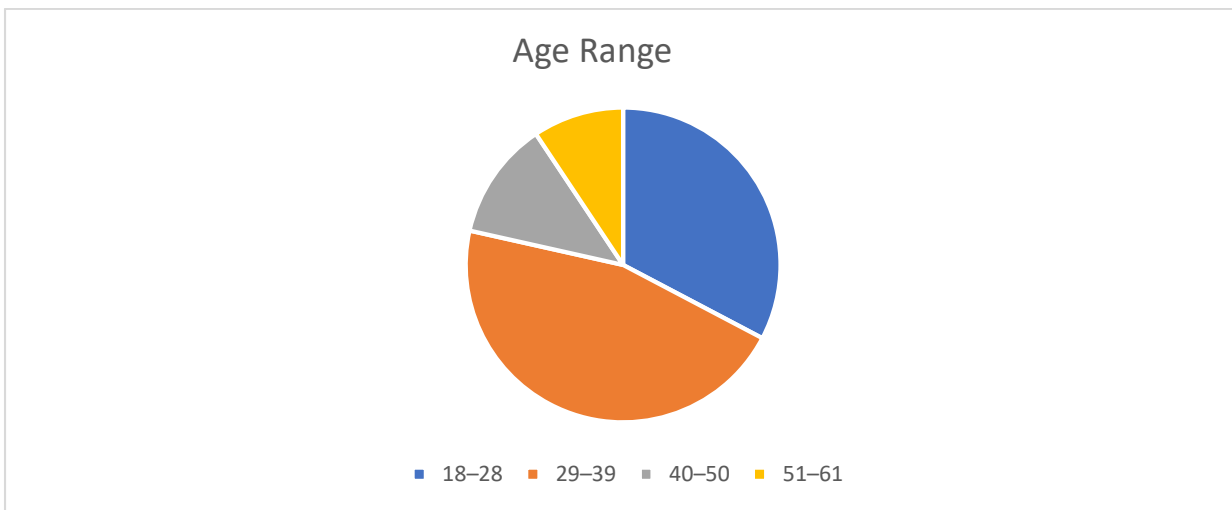


Chart 4.1: Age Range of Respondents

From the above chart 4.1 analysis, it is evident that most of the researchers are from 29-39 years age group (45.8%). And the second highest are 18-28 years age group (32.8%).

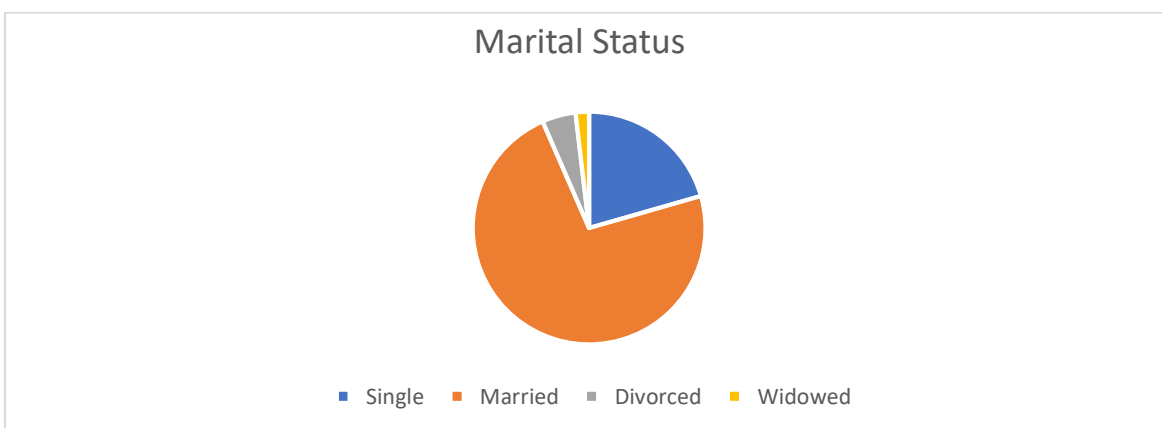


Chart 4.2: Marital Status of respondents

From the chart 4.2, it is evident that, most of the respondents are married (74.2%). Out of 107 valid responses, 78 respondents are married. 22 are single, 5 divorced and 2 widowed.

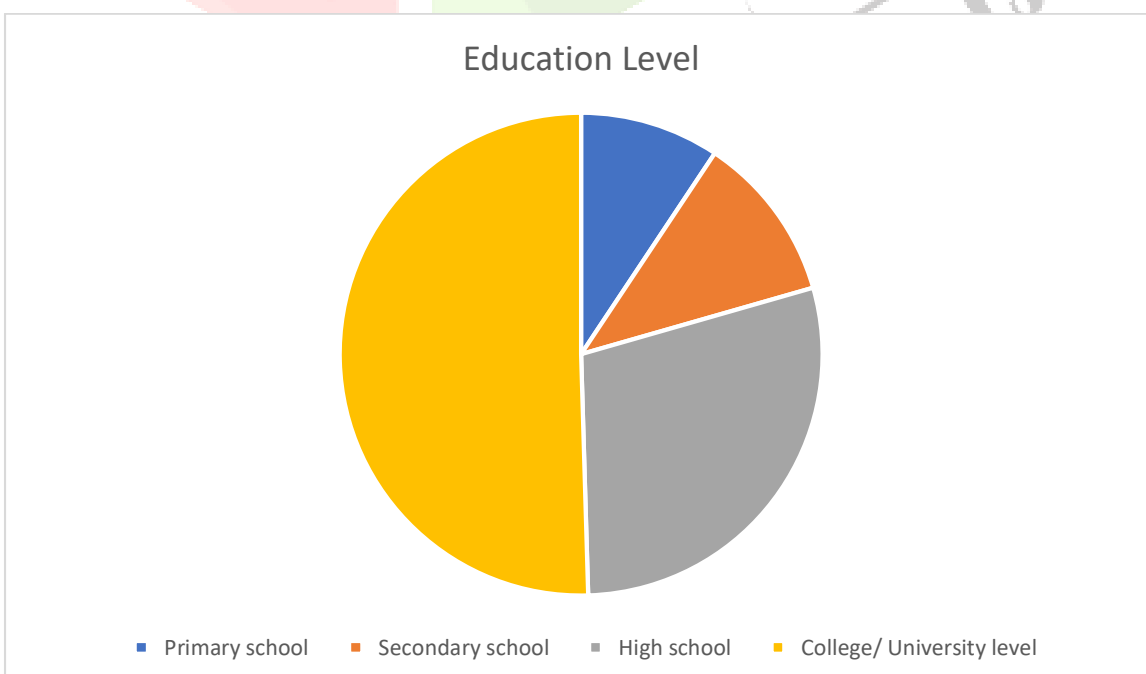


Chart 4.3: Education Level of Respondents

After analyzing the highest education level of the respondents, it is found that, most of the respondents completed their college/ university level studies. 9.4% of total respondents have highest degree of primary school. 11.6% have the highest degree of Secondary school. 29.4% have highest degree of High School and rest 49.6% have the highest degree to university or college level.

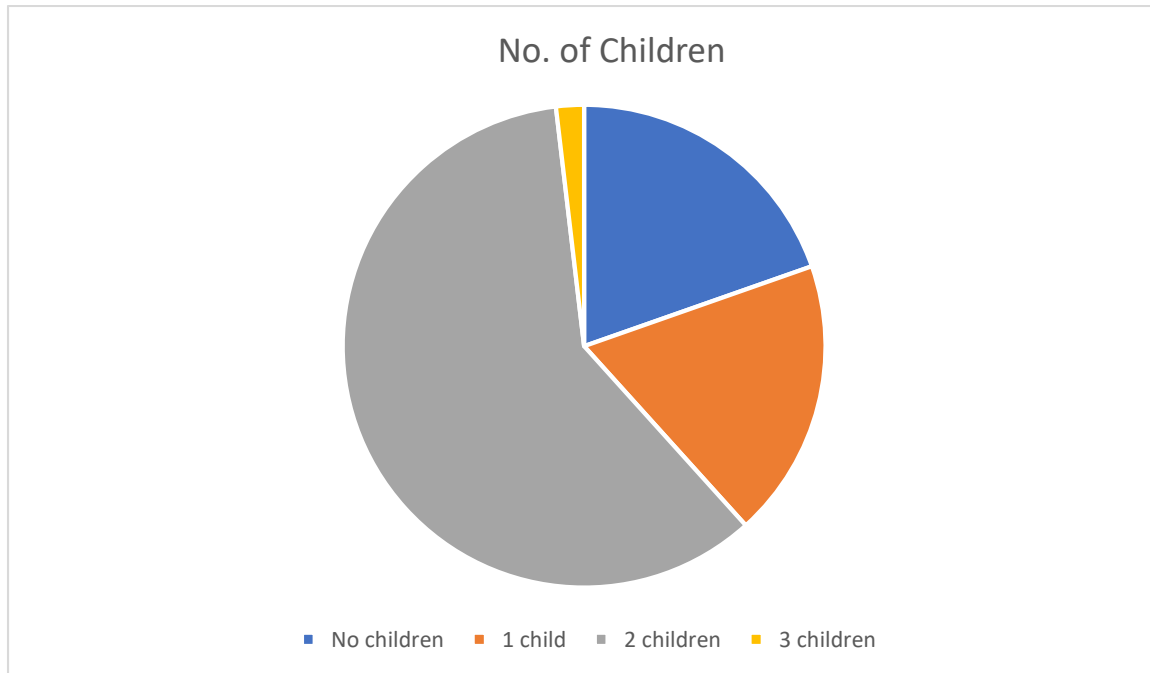


Chart 4.4: No. of Children respondents have

From the above chart of the no. of Children respondents have, it is found most respondents have 2 children. 20% of the total respondents do not have any children. 18.4% have only one child, 59.6% have 2 children and mere 2% have 3 children.

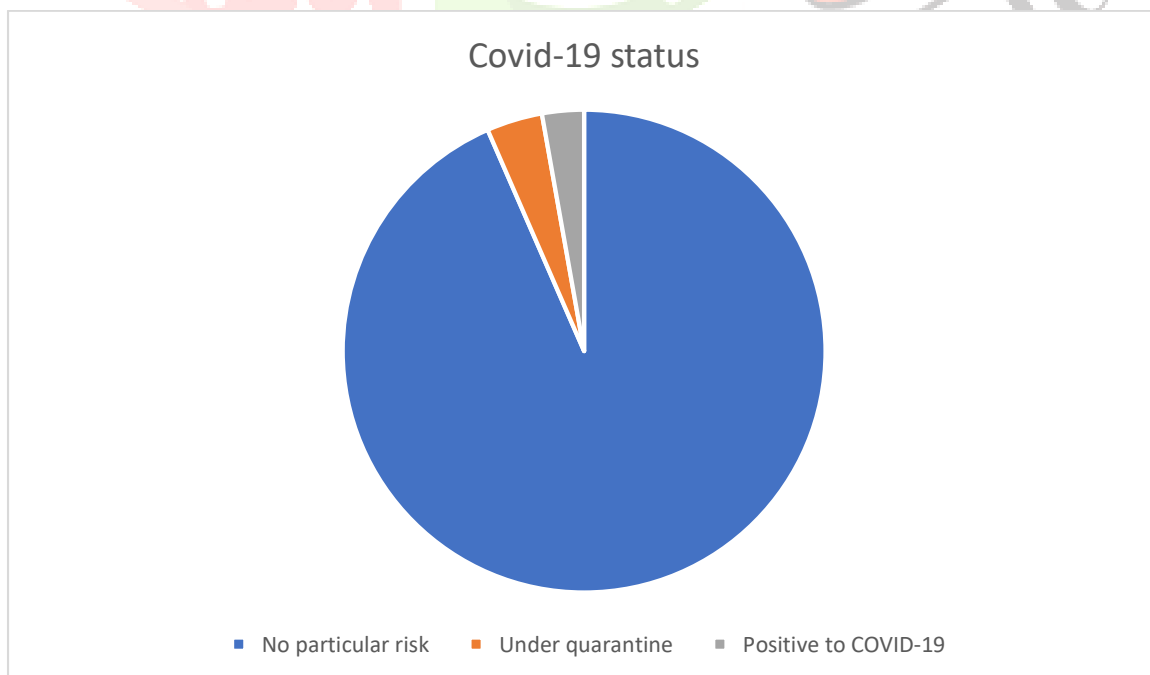


Chart 4.5: Covid-19 status of respondents

From the above chart it is found that, most respondents did not face any particular physical risk from Covid-19. Out of total respondents, 93.5% did not face any risk in particular. 3.7% went under quarantine and 2.8% were tested positive to Covid-19.

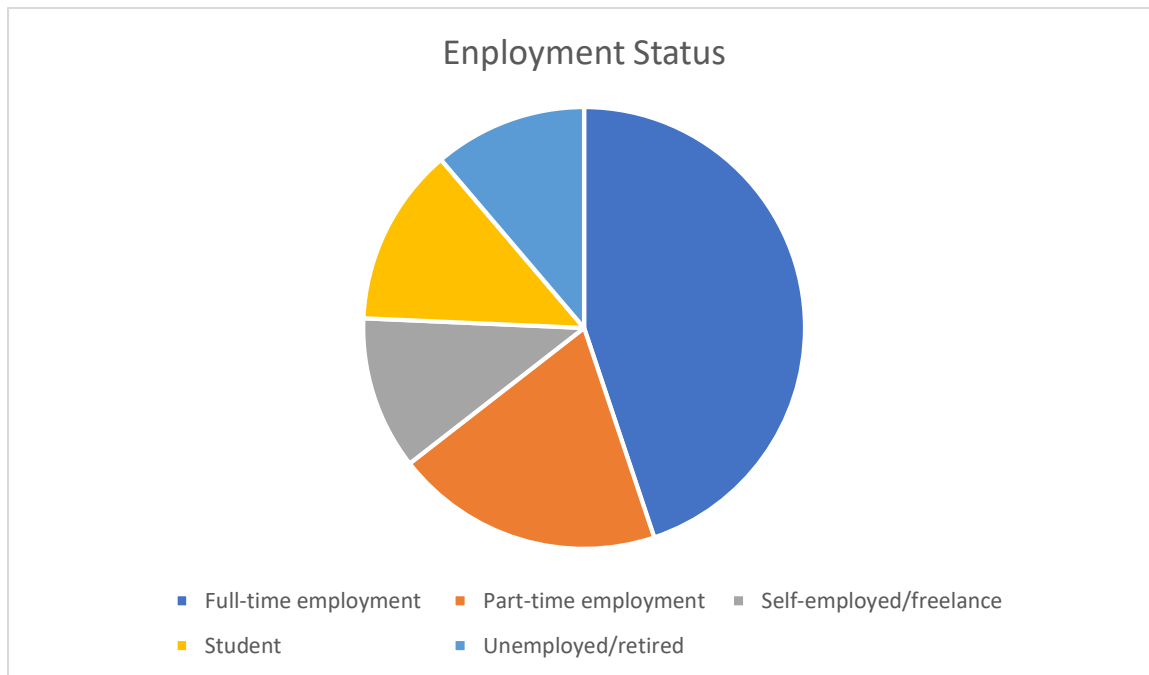


Chart 4.6: Employment Status of respondents

From the above chart, it is found, most of the respondents are full time employees, 45.2% of the total respondents. 19.3% are Part time employees, 11.2% are either self-employed/ freelancer. Whereas, 13.8% are still a student, 11.7% are either retired or unemployed.

The second part of the questionnaire, dealt mainly with the history of mental illness and the difference of violence level from pre to during lockdown. The detailed table with the result of psychometric assessment is listed in the table 4.1. 83.1% of the total respondents did not have any history of mental illness before, and 16.8% had the history of mental illness. 88.7% respondents never witnessed violence before the lockdown, but 11.2% respondents had faced it before as well. During lockdown, the scenario changed. This time there is an increase on the number of women facing violence. 75.7% women were not facing violence during the second phase of lockdown, whereas 24.2% were facing the violence.

After taking the DASS-21 score in count for depression particularly, the median of the score, of the respondents, not having the history of mental health issues before, is 14. Where the similar median for the people had mental issues before, is 28. For the people did not face violence before lockdown, the median was, 16. For the people who faced violence even before lockdown, the depression score median was 22. For the people who did not face any violence even during lockdown got the score median at 14. And the people who faced violence during lockdown, got the median score of 26.

Similarly, following the same DASS-21 scaling technique, the anxiety score median is 10, for the respondents who did not have any clinical condition of mental illness. The median is 20, for the people who had clinical condition before. For the ones, who did not face any violence before lockdown, the median for anxiety scored to 10, whereas who faced the violence, went to 18. The respondents who were not facing violence during lockdown, had the median anxiety score of 10, whereas who were facing the violence the median was 18.

Similarly, for the Stress subscale of DASS-21 scaling technique, the median for the people who did not have history of mental illness got a median of 18, whereas for the ones, who were clinically treated the score ranged to 28. The people who faced violence even before lockdown, the median of their score was 26, whereas who did not face the issue got the median of 18. Respondents who did not face any violence even during lockdown, after analysing their total score, the median is 16, contradictorily, the women who were facing issues of violence, after analysing their scores, the median was 26.

n (%)	History of mental illness		Violence before the lockdown		Violence during the lockdown	
	No	Yes	No	Yes	No	Yes
	89 (83.1%)	18 (16.8%)	95 (88.7%)	12 (11.2%)	81 (75.70%)	26 (24.2%)
DASS depression score median	14 (7.5–26)	28 (17–37)	16 (8–26)	22 (15–37)	14 (6–24)	26 (18–32)
DASS anxiety score median	10 (4–18)	20 (13–28)	10 (4–18)	18 (11–29)	10 (4–18)	18 (10–28)
DASS stress score median	18 (10–28)	28 (18–36)	18 (10–28)	26 (14–34)	16 (8–26)	26 (18–34)

Table 4.1: Association between DASS-21 scores and socio-demographic characteristics

The third and the last part of the analysis deals with the level of severity of different mental health conditions, of DASS-21 scaling technique, and the results are depicted in table 4.2 below.

n (%)	Extremely severe	Severe	Moderate	Mild	Normal
Depression	37(34.3%)	41 (38%)	2 (2.2%)	8 (7.8%)	19 (17.7%)
Anxiety	61 (57.3%)	7 (5.7%)	8 (7.3%)	9 (8.9%)	22 (20.8%)
Stress	29 (27.2%)	14 (10.5%)	28 (22.9%)	18 (22.7%)	18 (16.7%)

Table 4.2: DASS-21 subscales severity ratings

From the above table it is shown that, 34.3% of the total respondents have extremely severe depression, 38% have severe level of depression, 2.2% have moderate level of depression, 7.8% of mild depression and 17.7% are in normal range.

Similarly, 57.3% of the total respondents have extremely severe anxiety, 5.7% have severe level of anxiety, 7.3% have moderate level of anxiety, 8.9% have mild anxiety and 20.8% people are in normal range.

For the stress subscale, the dominant phenomenon is extremely severe level of stress that is faced by 27.2% of the respondents. 22.7% experienced mild stress, 22.9% faced moderate anxiety, 16.7% are in normal range, 10.5% experienced severe anxiety.

After analyzing all the three parts of the questionnaire, it is evident that violence was increased two-fold for the selected respondents during lockdown. The respondents faced severe to extremely severe mental health conditions during this period. The subscales of DASS-21 questionnaire indicated that for three different subscales, the dominant phenomenon of severity is 'extremely severe'.

5. Conclusion

Research zeroed in regarding the matter of psychological well-being issues during the COVID-19 pandemic is still scant, particularly in women. This examination gives extensive data considering the social just as mental particularities of the city. Truth be told, it could be a sound reason for fostering a more viable mental mediation focused on women in the metro urban areas like Kolkata. In many social orders, women are the essential parental figures, and Kolkata is no exemption. This exploration discovers what horrendous mental injury women of the city needed to look on the generally difficult stretch. This have to do a drawn out impact on those women, however to the entire society.

In any case, we ought to think about this pandemic as a chance to assemble better, more grounded, stronger social orders that could carry help just as desire to all women on the planet. For instance, during the First World War and the corresponding influenza pandemic, without precedent for the historical backdrop of the United States, black medical attendants had the chance to serve the US armed force. Truth be told, this show has been transformed into a chance to further develop sexual orientation equity. We trust that this pandemic will likewise assist with perceiving the significant job of ladies at home and at the work environment.

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