

An excerpt on the impact of mental health on communities post COVID-19 second wave

While COVID-19 has laid bare the varied fallacies in our society, the one issue that has plagued our country across its rural and urban landscapes is the severe impact that the pandemic has had on the mental health of people, even if the underlying reasons might vary. Sadly, it has taken a global pandemic to finally garner the attention required to address the mental health concerns in India.

Neelanjana, Priyam, Susheela and Sarojini from Sama visited two states, Chhattisgarh and Jharkhand, in the months of September and December, 2021 respectively, to understand the mental health concerns in the aftermath of the second wave of COVID-19 and how people were recuperating from the adverse outcomes of the pandemic. The team conducted informal group discussions with the community – primarily women and adolescents, members of civil society organizations as well as frontline workers of the State.

One of the recurring issues that came forth was the acute mental distress seen across communities, especially among the most vulnerable and marginalized sections of the society. As people were struggling to make ends meet because of the continued impact of the pandemic on their livelihoods, the ever-increasing financial constraints were fuelling fights among family members and provoking domestic violence. Moreover, there was increased surveillance on young girls leading to restrictions on their mobility.

There is also data that corroborates the ground reality but also shows the widening disparity in annual household income between the richest and poorest in our country post the outbreak of COVID-19. A survey conducted by People’s Research on India’s Consumer Economy (PRICE), a Mumbai-based think-tank has found that “the annual income of the poorest 20% of Indian households, constantly rising since 1995, plunged 53% in the pandemic year 2020-21 from their levels in 2015-16. In the same five-year period, the richest 20% saw their annual household income grow 39%,” which shows how severely the economic distress has impacted the most vulnerable sections of the society.¹

¹ Singh, Sandeep. (2022, January 24). Income of poorest fifth plunged 53% in 5 yrs; those at top surged. *The Indian Express*. <https://indianexpress.com/article/india/income-of-poorest-fifth-plunged-53-in-5-yrs-those-at-top-surged-7738426/>

Not only this, but also women have borne the major brunt of this economic distress. Women faced violence in various forms at the hands of their partners while few complained about the additional work that was being dumped on them. While staying at home was advocated as a primary strategy for personal and community safety from the pandemic, for many women and young girls, it became a bane as the threat of sexual violence clashed with these safety protocols, thus confining their mobility and curtailing their rights.

Visit to Chhattisgarh by Neelanjana and Sarojini:

Chhattisgarh being a state dominated by tribal communities, the visit spanned across urban Raipur and two PVTG² hamlets, Mukam hamlet in Daldali village and Chhattri village, located in Pandariya block in Kabirdham district. These two villages were at remote locations in the block, situated around 50-60 kms away from the district headquarters. A discussion was also held with community health workers (CHWs) or Mitans – usually known as ASHAs in other parts of the country – in urban Raipur.

CHWs were able to talk in detail about the predicaments of the community post-lockdown, the losses people incurred during the pandemic and how people had to struggle to access even the most basic needs, which caused severe mental health distress in the community.

The fear of the pandemic itself along with recurring lockdowns, curfews and mobility restrictions severely disrupted livelihoods and financial stability of a large section of people pushing them into acute poverty. Several Mitans narrated how they had to take loans from acquaintances or local money lenders, or pawn off gold jewellery to meet their daily requirements, educational fees of their children, health emergencies, etc. However, the most severe brunt was faced by the daily wage earners of the community.

“Kaafisaare log berozgaarhai, jo daily kamakekhathehai ... bas 12-15 din ka tankha mil rahahai ... maansik tension bhi ho rahahai ... isiwajah se kuchgharonmeinjhagdabhibadhgayahai”

“Several people have lost their livelihoods, especially those who are daily wage earners... They are only getting salaries for 12-15 days of work now... there is a lot of mental distress ... and because of this, in some households a lot of squabbles and quarrels are happening among family members.”

² PVTG: Particularly Vulnerable Tribal Groups

In another instance, a Mitanin remarked how daily wage earners like auto-rickshaw drivers were affected even after the lockdown was lifted. Also, with the relentless increase in petrol and diesel prices and stagnant fares, they are unable to sustain their livelihood even today.

Several families are struggling because the income in their families have reduced substantially while the costs of essential items like oil, pulses, sugar and cooking gas have been rising incessantly. People, especially women are experiencing acute mental distress because of this (“*mental tension ho rahahai*”). [mental tension is mounting]. While the household budget has reduced drastically, women have to manage the daily expenditures in spite of the rising costs, which is a daunting task for them.

In several cases, this economic distress has also impacted their interpersonal relationships with family members. In many cases, men have resorted to domestic violence as they are unable to provide for their families and the constant financial anxiety has been a trigger for disputes (“*Khali jhagde ho rahehai*”)[We are only fighting].

One respondent remarked that she has shifted her child from private school to a government school as she could not afford to pay the fees anymore. She was upset that she could not provide her child with good education, but because of the rising costs, she was forced to take such a decision (Female respondent, Mitanin, urban Raipur, Chhattisgarh).

Another Mitanin, a single mother to two children, has been taking care of her family for 12 years. Her eldest daughter is in Columbia College, a private college in Raipur, studying B. Pharma. The college demanded fees for the whole semester of Rs. 20,000, at one go. She had to sell whatever little gold jewellery she had to gather the fees for her daughter. She is aware that private education is expensive and has taken a toll on her savings, but there is no alternative option for her daughter.

The daily struggles of the PVTGs for essential items like food, water or healthcare are so profound that they are not greatly perturbed by the impact of COVID-19. People from these communities largely perceived COVID-19 to be a ‘city-disease’. Most of them are cut-off from the mainstream society and depend primarily on agriculture for their sustenance — “*Khetibaari karat hai*” (“We do agriculture”). However, the few who have ventured out as migrant labourers were concerned about the lockdown restrictions during the first wave. Later they travelled back to their workplaces.

People here were tense about taking vaccines as there were adverse events following immunization (AEFI) which were not properly addressed by the health system and have given rise to rumours and

misinformation about vaccines. The community members in Mukam have come across two people who have died after vaccination — “*Mahaulkharab ho gayahai*” (The environment is not good – implying people are unable to trust).

One PVTG respondent shared that one of those who died after taking the vaccine was suffering from diabetes. Although the cause of his death remained undetermined, people were scared to take the vaccine after hearing this news. Another person from their village took the shot and immediately went back to work at a nearby brick kiln. He worked all through the night and later passed away — “*Teekakebaadlakwa lag gaya*” (“After getting vaccinated, he got paralysis”). People knew that he also had high BP and diabetes, but concluded that the vaccine was responsible for his death.

One of the reasons behind such lack of faith on governmental initiatives may be historical. There have been several instances in the past when vulnerable communities have been subject to coercion by the government. Certain unilateral policies have also taken away their bodily autonomy. For instance, despite a court order, PVTG communities are not allowed to seek sterilization services as the government, concerned about their dwindling numbers, has framed a policy that forbids them. They have to cross state borders if they want to access sterilization services. These issues are more pressing for them than the challenges emerging due to COVID-19.

Neelanjana with members of PVTG community, Mukam hamlet, Daldali village, Pandariya block



Visit to Jharkhand by Neelanjana, Priyam, Sarojini and Susheela:

COVID-19 pandemic can no longer be perceived only as a health crisis as it has had far reaching ramifications on the lives of young girls, women, oppressed genders, Dalits, Adivasis, not only of the present generation, but of the future generations too. There are certain challenges thrown up by the pandemic that are well acknowledged — such as economic instability, disruptions in lifestyle, coping behaviours, impact on mental health and denial of essential healthcare services like sexual and reproductive healthcare services, etc. However, there is not much effort being taken to understand how women’s lives have significantly altered by the onslaught of violence from varied quarters including violence happening amidst the four walls of their homes.

Narratives from Jharkhand also revealed how the repercussions of the pandemic are not limited to the present generation, but are likely to be borne by the future generations as well, with increasing instances being seen of young girls dropping out of schools, their inability to enroll into colleges due to lack of funds, their restricted mobility outside homes and increased surveillance within homes, among others.

One of the girls from Karge village in Ranchi shared with the team that nearly 50 girls had dropped out of schools as their parents could not afford to provide separate smartphones for their girl children. Even if the family could afford to buy smartphones after the initial panic era of COVID had passed, they were provided to the male children. Thus, boys’ education took precedence over that of girls’.

“Jinkepaas smartphone kharidnekekiye paise nehi the, unkapadhaichhootgaya.”

“Girls (whose parents) did not have the money to buy smartphones, could not continue their studies.”

(13-year-old girl, Karge village, Mandar block, Ranchi, Jharkhand)

Our understanding of how girls and women coped with the lockdown and other consequences of pandemic unravelled when the girls shared how the “little freedoms” bestowed upon them through the route of education were completely snatched from them after the lockdown was declared. Since they were not attending classes physically, they were not allowed to leave their houses even to meet their friends. They could no longer ask for pocket money, which they would earlier get normally for snacks or other tidbits. They were no longer allowed to use mobile phones, even for talking to their friends. However, their brothers did not face such restrictions — “Bhai keupar koi rok-toknehitha” (“There were no restrictions on my brother”). While the girls were constantly scrutinized for stepping outside the confines

of their homes, their brothers were never questioned for roaming outside for several hours or using their mobile phones for gaming.

“Humein phone chhoonebhinehimiltatha.”

“We were not allowed to even touch the phone”

(15-year-old adolescent girl, Parasi village, Icchak block, Hazaribag district, Jharkhand)

“Phone pe agar baatkarrahehongetohlagega ki boyfriend se baatkarrahehain.”

“If I talked over the phone, they felt I was talking to my boyfriend.”

(17-year-old girl, Parasi village Icchak block, Hazaribag district, Jharkhand)

“Phone nehidena chahiye ladkiyo ko!”

“Girls should not be given phones.”

(35 year old woman, Parasi village Icchak block, Hazaribag district, Jharkhand)

While the above instance pertained to a girl who in fact did not have a boyfriend, many other respondents shared that they cannot speak with their boyfriends as family members closely monitor their movements round the clock; it which makes them feel like prisoners in their own homes — *“Bandhijaisalagtahai”* (“Feels like a prisoner.”) Even anxious neighbours seized the opportunity to claim their moral authority on the hapless girls. They too felt all adolescent girls needed to be monitored closely. It was reiterated to the girls time and over again how any “indecent behaviour” on their part could tarnish the image of the entire community.

“Ladkiya poori gaon ki izzat hai.”

“Girls are (responsible for) the honour of the entire village.”



A snapshot of the discussion with women in Parasi village, Ichhak block, Hazaribag district, Jharkhand

The important point to note is that the long term impact of such aspects of the pandemic will not be restricted to older women, but would be carried on to the future generations. Denying adolescent/teenage girls the opportunity to pursue higher education will not only compromise their right to education, but will push the gains made by women in the last few decades, one step at a time to move forward in society, back by several more decades.

The lockdown had aggravated problems of financial distress, access to essential services, access to local transportation, health services, etc. Instances of desolation, lifestyle changes, economic crisis largely tied with livelihood were also found in Jharkhand — “*Sabzi bhinehikrahatha...Corona haibolke log doodhbhinehi le rahe the*” (“Even vegetables were not getting sold ... because of Corona, nobody was buying milk either”); but the voices of women and adolescent girls enabled us to take a deeper look into the larger and often overlooked problems that the patriarchal society has so easily and conveniently laden onto the shoulders of women and adolescent girls. The household work burden on women increased by several folds. They also had to perform the additional role of being caregivers, often at the cost of their own health needs and safety, unless they became critical.

A 24-year-old woman shared her trials when she got pregnant during the first lockdown in 2020. Besides the fact that there were restrictions in mobility or interacting with outside people that made her feel lonely, she had excessive household chores because of lockdown. Several of her family members including her husband came back home in the midst of utter panic and chaos. The entire burden of looking after them fell on her shoulders. She hardly realised that she was working all the time in spite of her delicate physical situation. Ultimately she had a miscarriage — *“Kaam ka jo zyada load hua, uskewajah se bleeding start ho gaya.”* (“Because of the heavy workload, I started to bleed”).

She was in the initial months when the bleeding started. So they decided to seek medical help. Her husband took her to Hazaribag as the nearby health centres were still not functioning. However, the doctor had refused to do a checkup. She had to go to a local quack who gave her some local herbal medicines (*“jadi-booti”*) that finally helped her. She was distressed about the expenditure they had incurred during this time.

“Husband kaambhinahikarrahe the, uss time Mahajan sekarza le karjana pada tha...aur yeh sab jhelna pada!”

(“My husband did not have any work those days; in that situation we had to take a loan from the money lender and go ... then go through all this trouble!”)

While there was a huge lapse on the part of the health system, the respondent did not blame her family members who did not share her household responsibilities even though she was pregnant. Somehow she believed that household work was only for women, and it was her duty at the end of the day to look after the entire household.

(Female respondent, Parsi village, Icchak block, Hazaribag district, Jharkhand)

Similarly, several women shared their plight about working extra hours to complete their household chores. Often, adolescent girls were already being asked to help mothers as they were staying at homes, compromising their education. The most horrifying narratives however, were of women enduring violence within homes, which is considered to be the “safest place for all”. But more often than ever, the home itself has become a structure for continual abuse.

In one instance, a 23-year-old rural woman from Hazaribag vented out her frustration to the Panchayat leader. Her husband had lost his job during the nationwide lockdown and had returned home. Since he was staying at home round the clock, he would push his wife to have sex with her every few hours. She got so frustrated with his incessant advances that she had to finally approach the Sarpanch for help — *“Pehle baharrehthathathodachaensarehtatha”*. (Earlier he used to stay outside, so there was some relief).

While there was much glorification in various media channels and advertisements of the “family time” that the lockdown had provided people with, the bitter truth was that the perpetrators were spending more time at home and many had lost their jobs. The resulting social isolation and economic stress, factors that are known to stoke domestic abuse, created an enabling ground for violence to thrive.

There were several instances of non-consensual, forced sex, within and outside the ambit of domesticity, which could have been preceded or followed by physical assault. Women continued to endure ‘lockdown violence’, that is they are either restricted to undersized urban housing with abusive husbands or forced to suffer sexual attacks while returning to be quarantined in their village homes (Female respondent, Mahila Mukti Sanstha, a grassroots organization working on women’s issues, Ranchi).

Many governments around the world including India are yet to ensure that even in times of a crisis, access to care for victims of sexual and gender-based violence should not be compromised. There were several NGOs/civil society organizations that came up with hotline numbers to provide telephonic counselling to domestic violence survivors during the lockdown, but the larger structural issues such as dysfunctional shelter homes for survivors, unavailability of support systems or regular channels for legal support were absent.

Amidst this, women were left stranded in a position of helplessness and powerlessness. Even their usual shared spaces within the community were inaccessible, owing to lockdown restrictions. Thus, several women and young girls were compelled to remain within the confines of their households, hanging between the threat of sexual violence and the fear of contracting COVID-19 infection.

There needs to be more exploration into the varied situations of vulnerabilities of women from poor families across rural and urban India. Any feminist policy that aims to address mental health concerns of our society must include and reach those at the lowest rung.