Women's Well-being During a Pandemic and its Containment

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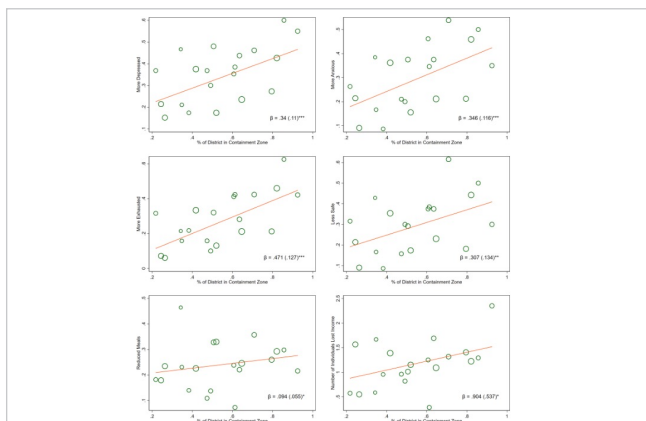
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New phone survey shows Covid-19 and containment policies adverseley affected the well-being of Indian women.

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Topic at a Glance

The COVID-19 pandemic brought the dual crises of disease and the containment policies designed to mitigate it. There is little evidence on the impacts of these policies on women, who are likely to be especially vulnerable, in lower-income settings. We conduct a large phone survey and leverage India's geographically-varying containment policies to estimate the association between both the pandemic and its containment policies, and measures of women's well-being, including mental health and food security. The pandemic resulted in dramatic income losses, increases in food insecurity, and declines in female mental health. While potentially crucial for public health, containment policies are associated with greater food insecurity, particularly for women, and reduced female mental health. For women, average containment levels are associated with a 39-45% increase in the likelihood of sadness, depression, hopelessness, and feeling more worried. Vulnerable groups of women -- those with daughters and those living in female-headed households -- experience even larger declines in mental health.

Caption: Raw District-level Relationships Between Female Well-being (from women's surveys) and Socioeconomic Outcomes (survey of household heads) by Fraction of District in Containment Zone.

New Insights

This project addresses two important gaps in our knowledge. First, while lockdowns may be crucial to stem the spread of COVID-19 cases, when not combined with adequate social safety nets, they can also generate economic and health distress. Low-income settings may be particularly affected, as they have limited state capacity for aid and insurance, a lack of alternatives for in-person transactions, and less resilient supply chains. Thus, understanding the consequences of lockdowns in lower-income contexts is critical. Second, relatively little is known about how the pandemic affected women, and particularly women's mental health, which is difficult to observe in standard data sources, in lower-income contexts. Understanding the effects of the pandemic on women is particularly important in these contexts, as women are often especially vulnerable. The key insights from our study are:

• On aggregate, the pandemic led to dramatic income losses and increases in food insecurity, as well as substantial declines in female mental health, in rural India.

• In districts with higher containment prevalence, women's mental health suffered more.

• In districts with higher containment prevalence, households' socioeconomic outcomes worsened more, with larger negative effects on food consumption for women than men.

• Mental health declined the most for particularly vulnerable women – those with a daughter and those in female-headed households.

• As most datasets do not include questions on mental well-being, researchers and policymakers may fail to take into account an important cost of the pandemic and containment policies.

Policy Recommendations

While potentially crucial for public health purposes, containment is associated with large negative consequences for both standard socioeconomic outcomes and outcomes that are harder to observe and measure, like mental health. This may be especially the case in low-income contexts with limited social insurance, where more vulnerable populations --- such as Indian women --- may be particularly harmed by both the direct effects of the pandemic and these policies. Our results have strong implications for economic policy. Targeted aid, particularly increased access to food, to vulnerable households and women may help mitigate the negative consequences of lockdown policies in lower-income contexts. Furthermore, they suggest that there may be important benefits to providing mental health services to women during lockdowns.

Limitations

Our research suffers from several limitations:

• We do not have a nationally representative sample. We called a sample of rural households that previously were included in a survey of pregnant or lactating women. We reached 32% of households who were called. While this is a relatively high response rate for a phone survey, the survey may not be fully representative of the baseline sample. In practice, households that we reached are slightly richer on average than households whose phone numbers did not go through or were not answered. To the extent that the pandemic and containment policies had larger negative effects on poorer housesholds, we may underestimate the negative effects of the pandemic.

• We were only able to survey women about their mental health in households where the household head was willing to pass the phone to a female household member. To the extent that these are households where women are less vulnerable, we may underestimate the negative effects of the pandemic and containment. In addition, we do not have any measures of male mental health as phone surveys have stricter time limits, so we prioritized female mental health in our data collection.

• Containment policies are not randomly assigned. As a result, we cannot assume that the associations between containment and individuals' outcomes that we estimate are causal.

o Places that adopt containment policies could differ in terms of their socioeconomic status or institutions. However, we find no evidence that containment is associated with differences in socio-economic status across districts prior to the pandemic.

o Places that adopt containment policies are likely to be more affected by Covid-19, in which case, we may also capture the direct effects of the pandemic in our regressions. However, the associations we estimate are unchanged when we control for district-level case and death rates.

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