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COVID19 PANDEMIC AND ITS IMPACT ON WOMEN'S HEALTH: A STUDY

UNDER THE GUIDANCE AND SUPERVISION OF

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CERTIFICATE

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DECLARATION

I declare that this Dissertation titled "Covid19 Pandemic and its Impact on Women's Health: A Study" is researched and submitted by me to the National University of Advanced Legal Studies, Kochi in partial fulfilment of the requirement for the award of Degree of Master of Laws in Public Health Law Law, under the guidance and supervision of Dr Aparna Sreekumar, Assistant Professor and is an original, bona fide and legitimate work and it has been pursued for an academic interest. This work or any type thereof has not been submitted by me or anyone else for the award of another degree of either this University or any other University.

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ABBREVIATIONS

- AIR - All India Report
- ASHA - Accredited Social Health Activist
- CEDAW -Convention on Elimination of Discrimination Against Women
- DVAct - Domestic Violence Act
- et al. - and others
- FPP - Family Planning Programme
- GBV - Gender Based Violence
- Govt – Government
- GR - General Recommendations
- HRC - Human Rights Commission
- Ibid - Ibidem (Same)
- ICCPR - International Covenant on Civil and Political Rights
- ICDSP - Integrated Child Development Services Programme
- ICESCR - International Covenant on Economic, Social, and Cultural Rights
- ie., - That is
- IPV - Intimate Partner Violence
- MCHP - Mother and Child Health Programme
- MOHFW - Ministry of Health and Family Welfare
- MTP - Medical Termination of Pregnancy
- NCW -National Commission for Women

- NHP - National Health Programme/Policy NHRC -
  National Human Rights Commission
- NRHM - National Rural Health Mission
- NMHP - National Mental Health Programme
- PTSD - Post-Traumatic Stress Disorder
- RCH - Reproductive and Child Health
- SRH - Sexual and Reproductive Health
- SRHR -Sexual and Reproductive Health Rights
- UN - United Nations
- VAWG - Violence Against Women and Girls
- Vol.- Volume
- WHO - World Health Organization

LIST OF CASES

- Shirin Aumeeruddy-Cziffra and 19 Other Mauritian Women v. Mauritius, CCPR/C/12/D/35/1978, UN Human Rights Committee (HRC), 9 April 1981
- Broeks v. Neth., Comm. 172/1984, U.N. Doc. A/42/40, at 139 (HRC 1987)
- Chandigarh Admn v. Nemo, CWP No. 8760/2009
- Chandrakant Jayantilal Suthar v. State of Gujarat (2015) 8 SCC 721
- Devika Biswas v. Union of India, AIR 2016 SC 4405, 2016 (4) RCR 461 (Civil), 2016 (8) SCALE 707, 2016 (10) SCC 726
- Ms X V. Union of India & Others, SC 2016 14 SCC 382
- Nikhil. D. Datar v. Union Of India (2014) C.A. No. 7702

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CHAPTER 1

INTRODUCTION

Health

Nothing in this world is more important than health and well-being of an individual. The World Health Organization in the year 1948 defined Health as A State of Complete, physical, and social well-being and not just merely the absence of any disease. The term Health can be defined in many ways and that the term health has different perspective. For some physical health is important while for some other health means the mental happiness. But in reality, health is the combination of well-being on every state of condition be it physical, mental, social, economic, spiritual or financial. Whatever the definition is the thing is that health is important for everyone not matter what their gender is, no matter one's financial status. Basically, health can be classified into: Physical Health & Mental Health

Physical Health

Physical health can be defined as normal functioning of the body at all levels; a normal course of biological processes that ensures individual survival and reproduction; a dynamic balance between the body's functions and the environment; participation in social activities and socially useful work; performance of basic social functions; the absence of diseases, painful conditions, and changes; and the body's ability to adjust to the constantly changing conditions of the external environment[1]. Some definition says that physical health consists of many elements like physical activity, medical self-care, nutrition & diet and Rest & Sleep.

Physical health is also maintaining a healthy lifestyle so as to reduce the risk of getting diseases. Like, the definition for physical health can be more focused on being able to live comfortably by doing the things that we love to do. From the

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[1] Koipysheva, E. Physical Health (Definition, Semantic Content, Study Prospects). Eur. Proc. Soc. Behav. Sci. EpSBS 2018. Available on https://www.europeanproceedings.com/files/data/article/81/3851/article_81_3851_pdf_100.pdf

different definition we can conclude that physical health is nothing but being physically fit without any diseases.

Mental Health

While Mental health can be defined as a person's emotional, social and psychological well-being. Mental health effects on our thinking, feelings, also determines on how we act. Mental health can affect our relationships, our day-day happiness. It is not very easy to maintain mental health as there are many factors around our world which can easily affect one's mental health.

Physical health is interconnected with mental health because a good physical health can can give a person better personal feeling in their life. Both are correlated because mental health problems can eventually create on developing physical health and vice-versa. What is harder to define is mental health because mental health different for everyone. For some it can be staying happy, for some mental health means emotionally capable of doing what they like. The thing is that no one wants to live in a condition where they are suffering mentally everyone wants to stay mentally healthy.

Be it physical health or Mental health, what is important is that staying healthy and living in a world where everyone can be in a state of well-being is more important. The World Health Organization and other international and national instruments are always trying to keep the world healthy in a way by identifying the diseases and giving the proper remedies and protocols to ensure safety all over the world.

Arrival of Covid19 and Its Impact

The entry of Covid19 Pandemic has changed the whole world upside down. It has not only affected the physical health of Covid patients but also affected mental health of many people, especially women. The researcher in this study is more focusing on the health issues faced by women at the time of Covid19 Pandemic. Pandemic has often more led to Sexual and Reproductive health issues, domestic violence issues, etc.

COVID-19 has made a great negative impact not only on the whole world system but also effected on the health of the women. It's not just the health affected by the corona virus but during this pandemic woman is facing a lot health issues which even violating the health rights of women. The health issues faced by women during this pandemic as reported are mainly sexual & reproductive health, health issues faced by female health workers and domestic violence which is affecting mental health and physical health.

This pandemic is both exposing and amplifying pre-existing inequalities between women and men. Men are the one who is suffering higher mortality rates. But women are particularly affected by the economic and social outcome; they are the victims of domestic violence locked down with their abusers in the house; unpaid health care providers in families and societies, picking up the stand where schools, offices, childcare and other services are shut down and rolled back; and as workers in jobs which lack social protection, and which are being lost at an horrifying rate.

The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) is mainly focusing on to promote and enshrine women's equality around all over the world. Laura Turquet, the Policy advisor of UN Women's Research and Data section, speaks about the gendered aspects of both the covid19 pandemic. They also notified the socio-political issues surrounded due to the pandemic, which includes the increased burden of care for the family, sexual & reproductive health issues and the domestic violence or so called 'shadow pandemic'.

From the beginning of Covid19 Pandemic itself, the centers providing services for Sexual and Reproductive health have been shut down and more closures are still expected. This causes a huge variety of problems for women. A study by the Guttmacher Institute predicts closures could eliminate as much as 80% of these services, including contraception and safe abortion care. The study says that even a 10% cut would mean some 15 million additional unplanned pregnancies, more than 3 million unsafe abortions, and 28,000 maternal deaths.

Lockdowns and quarantines have led to the disturbing rise in reports of domestic violence, including sexual violence. During the COVID-19 pandemic, emerging data from around the world shows that domestic violence has intensified, according to UN women. According to an analysis of 104 countries conducted by World Health Organization, about 70% of the worldwide health-care workforce are women. A higher proportion of female health-care workers were infected in Italy, Spain and USA according to study. And therefore, women health workers are more exposed to the virus which obviously affecting their health more than men.

As the virus spread around the globe, it quickly became clear that it had differing effects on men and women. The data of Gender analysis and Sex-dis aggregated showed various results of same age& sex, with a total significant higher Covid19 related health issues more in women than in men.

There is a need for extra efforts to strengthen the public health system and increase health budgets to optimize service delivery and health facilities especially for women. We also need to understand unintended consequences of the global lockdown on women health in general. For example, have rates of domestic violence risen; to what extend has women's mental health and physical health been affected and have women successfully adapted or devised new coping mechanisms; have women been denied access to gynecological treatments during the lockdown, including safe abortion and, if so with what impact on their health and well-being; has the female work-force especially health workers suffered.

SCOPE OF THE STUDY

The Covid19 pandemic has changed the life of many people, in which women are the one who suffered a lot either physically or mentally. Health rights is a fundamental right for everyone but it seems to be violated in different ways due to Quarantine and Lockdowns. In this study the researcher is trying to evaluate the provision regarding the health rights of women, how deeply the pandemic had impact on women's health and how far government is taking the health issues of women seriously and brings the conclusion on the drawbacks of the government.

OBJECTIVE OF THE STUDY

1. To identify the international instruments protecting women's health
2. To analyze Indian legal provisions and Policies safeguarding the health of women
3. To study the health issues faced by women on Covid-19 pandemic
4. To analyze whether the Government has taken any policies safeguarding the health of women

RESEARCH PROBLEM

1. Whether the Covid19 pandemic made any adverse effect on the health of women?
2. Whether existing laws are efficient enough to protect the health rights of women in the pandemic?
3. Whether government has taken any policies or guidelines to protect women's health rights?
4. What can the government and other authorities can do to ensure more safety for women in this pandemic?

HYPOTHESIS OF THE STUDY

1. The guidelines issued by the UN are not properly followed by the state parties.
2. Government didn't much acknowledged health issues faced by women and doesn't bring out policies safeguarding the health of women in this pandemic.
3. Apart from the direct impact of the diseases, women are finding it more difficult to access much needed maternal health services which affects the sexual and reproductive health. Some Sexual and Reproductive health services like contraception and safe abortion care, are often seen as non-essential or even illegitimate.

RESEARCH METHODOLOGY

The Researcher followed the Doctrinal method of research in order to establish the hypothesis in the best suitable way.

LITERATURE REVIEW

1. Rebecca. J. Cook, "Women's Health & Human Rights; The Promotion and Protection of Women's Health through International Human Rights Law", WHO Geneva Convention 1994, defines the definition of "Health as a state of physical, mental and social well-being and not merely the absence of disease or infirmity" emphasizes the significance of the social welfare of populations and not merely the medicalization of disease.
2. Manasee Mishra, "Gendered Vulnerabilities : Women's Health and Access to Healthcare in India" , The Center for Equity into Health and Allied Themes (CEHAT) , First published in July 2006, from the research desk human rights and health rights has explicit intrinsic connections and has emerged as powerful concepts

within the rights based approach especially so in the backdrop of weakening public health system, unregulated growth of the private sector and restricted access to healthcare systems leading to a near-total eclipse of availability and accessibility of universal and comprehensive healthcare[2].

3. Florence Thibaut, "Women's Mental Health in the time of Covid 19 pandemic", Frontiers in Global Women Health, Published on December 8,2020

4. This research is based on the doctrinal study of the present procedural law. For this purpose researcher went through the primary sources like law Law commission reports and recommendations, the Constitution of India 1950, Indian Penal Code 1860, The Domestic Violence Act 2005. The researcher has searched the internet extensively and downloaded material from various websites. In addition to that, researcher used secondary sources like articles, journals, Newspaper etc for the fulfillment of the research.

CHAPTERISATION

1. Chapter 1: Introduction
2. Chapter 2: Right to health: International perspectives on women's health
3. Chapter 3: Protection of women health; Indian perspective.
4. Chapter 4: Identifying the impact of covid19 pandemic in women's health
5. Chapter 5: Government policies and guidelines.
6. Chapter 6: Conclusions and suggestions

[2] Manasee Mishra, Gendered Vulnerabilities: Women's Health and Access to Healthcare in India, The Centre for Enquiry into Health and Allied Themes (CEHAT), July 2006, Available On http://www.cehat.org/go/uploads/Hhr/whahc.pdf

CHAPTER 2

RIGHT TO HEALTH: INTERNATIONAL PERSPECTIVE ON WOMEN'S HEALTH

INTRODUCTION

The Right to Health is an important right like many other rights and also it has clear links on many other rights. Right to health requires the attainment of other interconnected rights of a range determinant, like food, education, shelter, working conditions and so on. Therefore, health status of a person determines the enjoyment of other rights, i.e., a person who is not 'healthy' may not be able to participate actively in any economic, social or political activities in the society. This Right to health has to be enjoyed by everyone irrespective of any Colour, caste, Religion, Gender, Nationality or anything. Which means Women's health is also important and there is no doubt in that. Focusing on women's health particularly is just because Women have a variety of health challenges that males do not. Furthermore, some health conditions that afflict both men and women can have differing effects on women[3]. Women and men can have similar health problems but certain problems hit women differently either through physically or by mentally. For example: Women are more likely than males to die from a heart attack, Women are more prone than men to display indicators of depression and anxiety. In women, the consequences of sexually transmitted illnesses might be more severe. Women are more likely than men to get osteoarthritis. Urinary tract disorders are more common in women.

The women's health have been noticed and identified by WHO and many other international instruments since its formation. With the passage of the United Nations Charter in 1945, the contemporary era of rights that can be applied to women's health can be said to have begun. International organization are always been looking forward to protect women's health in such a way that no state party shall violate the right to health of women in any manner.

[3] Women's Health, Medline Plus, Last visited on July 2020. Available On https://medlineplus.gov/womenshealth.html

The purpose of this chapter is to identify the international instruments protecting the health rights of women and to analyze whether does it comply with the covid19 pandemic impact.

The researcher in this chapter deals with the international instruments safeguarding women's health and mainly focusing on instruments like WHO, International Covenant on Civil and Political Rights, International Covenant on Economic, Social and Cultural Rights, CEDAW.

International Instruments

1.	WORLD HEALTH ORGANIZATION, 1948	The right to health was first enshrined in the Constitution of the World Health Organization (1946), which always guarantees the health rights of every individual.
2.	THE 1995 BEIJING PLATFORM FOR ACTION	• 12 important areas where immediate action is required to guarantee better equality and opportunities for women, men, girls, and boys were identified. • They recognized the health of women and their need to be healthy can lead them to full potential.
3.	INTERNATIONAL COVENANT FOR CIVIL AND POLITICAL RIGHTS (ICCPR)	• Since health is considered a civil and political right, treaty rights and freedoms are indirectly related to the enjoyment of the right to health. • The ICCPR also enshrines rights and freedoms which are indirectly linked to the enjoyment of the right to health

4.	INTERNATIONAL COVENANT ON ECONOMIC, SOCIAL AND CULTURAL RIGHTS (ICESCR)	• Article 12 (1) of the ICESCR recommends that States Parties recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. • Article 12 (2) of the Covenant lays down several steps that should be taken by the States Parties to achieve the full realisation of this right.
5.	CONVENTION ON THE ELIMINATION OF DISCRIMINATION AGAINST WOMEN (CEDAW)	• Article 12 establishes the obligation to adopt adequate measures to guarantee women access to health and medical care, with no discrimination whatsoever, including access to family planning services. • Article 12(1) government shall make appropriate measures to eliminate discrimination against women in the field of health care to ensure, access to health-care services, including those related to family planning. • Article 12 (2) ensure to women appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.

A. Key aspects of Right to Health

Health right is an inclusive right[4], which extends to seasonable and proper health care, and also to the fundamental determinants of health, such as access to health-related education, information and health services, including on sexual and reproductive health[5]

Health includes a wide range of factors that can help us lead a healthy life. The Economic, Social, and Cultural Rights. Committee is in charge of monitoring and analysing the International Covenant on Economic, Social, and Cultural Rights[6], calls these as the "underlying determinants of health". These determinants include safe drinking water and adequate sanitation, Safe food, adequate nutrition and housing, healthy working and environmental conditions, health-related education and information and gender equality.

Right to Health contains freedom[7] is another key aspect of Right to health which recognized internationally. Just like any other rights, rights to health includes freedoms and entitlements. Freedom includes the right to control's one's health and body. Sexual and reproductive health is an example for the same. Freedom also includes non-interference. For example, torture and non-consensual medical treatment and experimentation are prohibited. Rights include the right to a health care system that gives everyone an equal opportunity to achieve superior health.

The right to health includes the right to health care, access to high quality health care, the right to immunization, treatment, disease control, access to essential medicines, access to maternal and child health, reproductive health, basic health services, education and information at the national and social levels. Involvement of people in health-related decision making at national and international levels can also be included under right to health.

[4]Face sheet No. 31 office of the United Nations High commissioner for Human Rights; WHO. https://www.ohchr.org/documents/publications/factsheet31.pdf

[5]WHO Constitution paragraph 11; https://www.who.int/governance/eb/who_constitution_en.pdf

[6]The Covenant was adopted by the UN General Assembly in its resolution 2200A of 16 December 1966. It entered into force In 1976.

[7]Face sheet No. 31 office of the United Nations High commissioner for Human Rights; WHO; https://www.ohchr.org/documents/publications/factsheet31.pdf

All the health-related services, goods and facilities must be available, accessible and must be of good quality is another key aspect of Right to Health. Within a state, there should be enough access to public health and health care facilities, goods, and services. They should be physically accessible to all groups of people, including children, adolescents, the elderly, the disabled, and other vulnerable groups without any discrimination.

Accessibility also implies Right to seek, receive and impart health-related information in an accessible manner, but does not impair the right to have personal health data treated confidentially. Medical ethics must be respected, and facilities, goods, and services must be gender-sensitive and culturally appropriate. That means they must be acceptable both culturally and medically. Finally, they must be relevant from a scientific and medical standpoint, as well as of high quality. This necessitates, among other things, qualified medical personnel, scientifically approved and unopened pharmaceuticals and hospital equipment, proper sanitation, and clean drinking water.

All the above said aspects of Right to health is followed globally, recognized and implemented by United Nations High Commissioner for Human Rights in accord with the World Health Organization. Those aspects are not just for any particular group of people or gender or citizens of any particular state. These are applicable all over the world irrespective of religion, caste, colour, gender, age, nationality or anything. And so, this is not specifically protecting the Health Rights of Women. Even though 'Right to Health' is not a special protection provided for any particular group, the need to bring out special and specific instruments protecting women's health is much in need.

B. International Instruments and Women's Health

Women's health issues have emerged at the top of the worldwide healthcare agenda[8]. This international fear was evidenced during two milestone discussions that resulted

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[8]Women's health: A global perspective, Author: Afaf Ibrahim Meleis University of Pennsylvania Scholarly Commons(1997) https://repository.upenn.edu/nrs/12/

in the Cairo Action Document (United Nations, 1994) and the Beijing Document (United Nations, 1995). The Cairo Action Document identified women, their status, and their development as central to population programs and to global development efforts, and the Beijing document emphasized attention to Women's rights. Both these documents mainly called for to family planning programs, and to women's health and development in general.

There are many organizations and international instruments that protect and safeguards the health of the people in general and for special groups. There are many other international human rights treaties which have recognized or referred to the right to health or to elements of it, such as the right to medical care[9]. Furthermore, through international declarations, internal legislation and policies, and international conferences, states have pledged to defend this right.

The First and notable international instrument governing the health right of women are WHO. The World Health Organization is a United Nations specialized organization in charge of international public health. The Constitution of the World Health Organization, which establishes the governing structure and principles of the Agency, states that its main objective is "the benefit of all people at the highest level of health"[10]. The work of the WHO is defined by its Constitution, which divides WHO's core functions into three categories ie, normative functions, including international conventions and agreements, regulations and non-binding standards and recommendations; directing and coordinating functions, including its health for all, poverty and health, and essential medicine activities and its specific disease programs; research and technical cooperation functions, including disease demolition and emergencies. Over the past fifty years or so, the WHO has gone through various variation in prioritize different aspects of these categories over others, and its effectiveness in doing so has been the subject of analysis and criticism especially in the area of women health. The right to health was first enshrined in the Constitution of the World Health Organization (1946), which always guarantees the health rights

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[9]Office of the United Nations High Commissioner for Human Rights, Right to Health Face sheet no.31, WHO. Available on https://www.ohchr.org/documents/publications/factsheet31.pdf

[10]The 1948 Universal Declaration of Human Rights mentioned health as a part of the right to an adequate standard of living (Article 25)

of every individual. The WHO cares about not only physical health, but also mental health. On March 2020 where the year Beijing Declaration turns 25 Years old, WHO analysed the progress made on Women's health[11]. It conveys anxiety that progress has been too slow and superficial. Some essential areas of effort, such as comprehensive sexual and reproductive health information, services, and rights, have delayed or even been pushed back. The authors advocate for increased and targeted investment in women and girls in order to satisfy their unique health needs and accelerate the attainment of equal rights for all.

The steps to be taken by the State Parties to the Agreement of WHO for the full realization of this right should include the necessary provisions for the reduction of birth and infant mortality and the healthy development of the child; Improving all aspects of environmental and industrial hygiene; Prevention, treatment and control of infectious, local, occupational and other diseases; Creation of conditions that ensures all medical treatment as well as medical care in the event of illness"[12].

The right to health is relevant to all States and therefore every state has ratified atleast one international Human Rights treaty that recognizes the Right to health[13]. The right to health is an inclusive right, extending not only to timely and appropriate health care, basic health factors such as access to information on safe, drinking water, adequate sanitation, healthy work, environmental conditions, education related to health, and sexual and reproductive health[14].

So, in short in the last 25 years, as outlined in the visionary global policy framework from 1995, the Beijing Platform for Action on Women, the WHO has made progress on various elements of women's rights, health, and gender equality. The 1995 Beijing Platform for Action 12 important areas where immediate action is required to

[11] On International Women's Day the World Health Organization, United Nations University - International Institute for Global Health and the British Medical Journal have launched a special series marking 'Beijing+25'.

[12] Article 12 of Universal Declaration of Human Rights; https://www.un.org/en/about-us/universal-declaration-of-human-rights#:~:text=Article%2012,against%20such%20interference%20or%20attacks.

[13] The Right to Health- OHCHR; https://www.ohchr.org/EN/pages/home.aspx?gclid=Cj0KCQjw-NaJBhDsARIsAAja6dONHvCE22G8YqOI__KE-a-QWUSOWQxxHMmD-whHhUtBny5GWu9ly8saAu8fEALw_wcB

[14] Paragraph 11 of The World Medical Association- Right to Health; The Right to Health: A Human Right Enshrined in International Human Rights Law; https://www.wma.net/what-we-do/human-rights/right-to-health/#:~:text=The%20right%20to%20health%20is,to%20health%2Drelated%20education%20and

guarantee better equality and opportunities for women, men, girls, and boys were identified. It also outlined specific steps that countries might take to effect change. UN Women collaborates with governments and partners around the world to ensure that such transformation is realised for women and girls everywhere. Women and Poverty, Education and Training for women, Women and Health, Violence against women, Women and armed conflict, Women and the economy, Women in power and Decision making, Institutional mechanisms , Human Rights of women, Women and the Media, Women and the Environment, The Girl Child[15], are the 12 areas of Concern of Beijing. They recognized the health of women and their need to be healthy can lead them to full potential. This encompasses healthy eating habits, sexual and reproductive rights, mental health, and the absence of violence. UN Women campaigns for States to better coordinate the delivery of health care for women and girls, especially survivors of violence, and supports non-governmental organisations that provide critical services. Ending violence is another priority of Beijing Declaration Action plan. Since the Beijing Conference, a historic two-thirds of countries have passed domestic violence legislation. Despite this, women continue to face legal gaps, lack of legal protection, and lack of access to key services around the world. Women and girls have the right to exercise all of their human rights in a full and equal manner. The Beijing Platform for Action affirms that countries' primary obligation is to preserve and promote human rights, which is at the heart of the UN's work. The Beijing Declaration states that women's human rights are inextricably linked to universal human rights, but that without actual steps to develop them, they will remain just that: rights in name only. Since 1995, some progress has been observed in terms of health outcomes, such as a decrease in maternal mortality and rates of female genital mutilation. Positive development is also evident in public awareness: previously taboo topics such as period poverty and sexual harassment are now being discussed in everyday conversation. Despite this, sexual and reproductive health issues continue to be one of the primary causes of death and morbidity among women and girls worldwide. The most common human rights violation in the world is violence against women and girls. The Beijing agenda is still relevant and incomplete even after these years.

[15]12 Critical Areas, UN Women

The two international treaties that make the 'International Bill of Human Rights' along with the Universal Declaration of Human Rights, the ICESCR[16] provides the legal framework for protecting and preserving the most fundamental economic, social, and cultural rights, including rights to work in just and favourable conditions, to social protection, to an adequate standard of living, to the highest attainable standards of physical and mental health, to education, and to the enjoyment of the benefits of cultural freedom and scientific progress, and of course, to the enjoyment of the benefits of cultural freedom and scientific progress (ICESCR).
International Covenants on Civil and Political Rights doesn't contain specific provision safeguarding health but however, several rights, what is included in the agreement is directly or indirectly related to an individual's right to health and enjoyment of the provisions of the ICCPR Can be considered to be directly related to the right to health. Since health is considered a civil and political right, treaty rights and freedoms are indirectly related to the enjoyment of the right to health.

There are many other Documents, codes and declarations safeguarding the health of the people, and many ethical guidelines for the same. These documents are applicable for the whole and not for any particular group. However, some groups or individuals, such as children, women, people with disabilities or people living with any form of disability, or people living with HIV/AIDS, confront unique challenges when it comes to exercising their right to health. These can even result from biological or socio-economic factors, discrimination and stigma or generally, a combination of these. Considering health as a Human Right requires specific attention to different groups or individuals or for group of individuals. Therefore, state should adopt specific positive measures to ensure that those particular individuals and groups are not discriminated in kind any of manner. For instance, they should segregate their health laws and policies and adapt them to those who need help, rather than passively allowing laws and policies that seem neutral to benefit the majority.

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[16] The International Covenant on Economic, Social and Cultural Rights was adopted by the UN on 16 December 1966;
https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx

To illustrate what the standards related to the right to health mean in practice, this chapter focuses on Women. Even though the above said Covenants and other international instruments applicable to whole, the need for protecting the Women's health is important, because Women are considered as one of the vulnerable group of the society. And so they need specific policies protecting 'right to health', both mentally and physically.

Women are affected by many of the health conditions just like men, but the thing is that women experience them differently. The prevalence of poverty and economic dependency among women, as well as their experiences of violence, gender bias in the health care system and society at general, and racial discrimination and other factors, limited power of women on over their sexual and reproductive life, and of course their lack of influence in the decision making etc, makes adverse effect on their health both mentally and physically. In a nutshell, we can say that women face particular health issue and many other forms of discrimination like no other groups or individuals facing. Women especially those who living in slums and suburban settings, indigenous and rural women, women with disabilities or having HIV/AIDS, facing multiple forms of discrimination and barriers in addition to the gender discrimination.

There are specific convention and covenants which protecting women and safeguarding their life. In the same documents, there are provisions specified for health. Convention on the Elimination Of All Forms of Discrimination against women is the one for the same and International Covenant on Economic, Social and Cultural Rights, even though it is applicable to whole, but certain articles are particularly focusing on women's health. CEDAW in particular focusing on Elimination of violence against women. Convention on the Elimination of All Forms of Discrimination against Women and State Parties will take all appropriate steps to eliminate discrimination against women in the health care sector, on a basis of equality of men and women, access to health-care services, including those related to family planning[17]. State parties need to ensure appropriate services for women in

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[17]Article 12 of Convention on the Elimination of All Forms of Discrimination Against Women; https://www.ohchr.org/documents/professionalinterest/cedaw.pdf

relation to pregnancy, imprisonment and the postpartum period, providing free services where needed, as well as adequate nutrition during pregnancy and lactation[18].

CEDAW is an important instrument protecting the health and so the life of women in all forms. The implementation of CEDAW is to prevent all kind of discrimination against women. There is no Convention for men like women, which expressly states that women are the one who always suffered discrimination in all forms. Women can access to health and medical care without any discrimination[19]. State parties should implement a comprehensive national strategy to promote Women's health throughout their life span. This will include interventions aimed at preventing and treating diseases and conditions that affect women, as well as responding to violence against women. It will also ensure that all women have access to a full range of high-quality and affordable health care, including sexual and reproductive health services. States should also set aside sufficient economic, human, and administrative resources to guarantee that women's health receives a part of

the overall health budget that is similar to men's health, taking into consideration their distinct health needs[20]. The international instruments are even providing Special

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[18]Notwithstanding the provisions of Paragraph 1 of Article 12

[19]Article 12 of Convention on the Elimination of Discrimination Against Women- States parties should report on their understanding of how policies and measures on health care address the health rights of women from the perspective of women's needs and interests and how it addresses distinctive features and factors that differ for women in comparison to men, such as: (a) Biological factors that differ for women in comparison with men, such as their menstrual cycle, their reproductive function and menopause. Another example is the higher risk of exposure to sexually transmitted diseases that women face; (b) Socio-economic factors that vary for women in general and some groups of women in particular. For example, unequal power relationships between women and men in the home and workplace may negatively affect women's nutrition and health. They may also be exposed to different forms of violence which can affect their health. Girl children and adolescent girls are often vulnerable to sexual abuse by older men and family members, placing them at risk of physical and psychological harm and unwanted and early pregnancy. Some cultural or traditional practices such as female genital mutilation also carry a high risk of death and disability; (c) Psychosocial factors that vary between women and men include depression in general and post-partum depression in particular as well as other psychological conditions, such as those that lead to eating disorders such as anorexia and bulimia; (d) While lack of respect for the confidentiality of patients will affect both men and women, it may deter women from seeking advice and treatment and thereby adversely affect their health and well-being. Women will be less willing, for that reason, to seek medical care for diseases of the genital tract, for contraception or for incomplete abortion and in cases where they have suffered sexual or physical violence.
https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx

[20]The CEDAW Committee, in its (Twentieth session,1999) elaborated a general recommendation on women and Health on Article 12 of the Convention. Recommendations for state action according to the GR 24 on Article 12 of CEDAW.

protection to the mothers during a reasonable period before and after childbirth. Working mothers should be given paid leave or leave with substantial social security benefits during this time[21].

Both the International Covenant on Economic, Social and Cultural Rights and Convention on the Elimination of All Forms of Discrimination Against Women requires the Elimination of discrimination against women in health. Also guarantees equal access for women and men to health-care services. The fundamental objective of treating health as a human right includes the provision for health care, and ensuring equality between men and women. So, the Convention on the Elimination of All Forms of Discrimination against Women[22] specifically calls upon states to ensure that women in rural areas have access to adequate health-care facilities counseling and services in family planning".

The Committee on the Elimination of Discrimination Against Women further requires state parties to ensure that women have appropriate services in relation with pregnancy, childbirth and post-natal period, which include family planning and emergency obstetric care. State has the duty to ensure safe motherhood and reduce maternal mortality and morbidity in respect to the Convention.

Sexual and Reproductive health is also considered as a Right to health and key aspect of women's right to health. States should enable women to have control over and decide freely on their own sexuality, including their sexual and reproductive health. They should also be free from coercion, lack of information, discrimination and

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[21]Article 10(2) of the International Covenant on Social, economic and Cultural Rights. https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx

[22].Article 14 of CEDAW- The obligation to respect rights requires States parties to refrain from obstructing action taken by women in pursuit of their health goals. States parties should report on how public and private health-care providers meet their duties to respect women's rights to have access to health care. For example, States parties should not restrict women's access to health services or to the clinics that provide those services on the ground that women do not have the authorization of husbands, partners, parents or health authorities, because they are unmarried* or because they are women. Other barriers to women's access to appropriate health care include laws that criminalize medical procedures only needed by women punish women who undergo those procedures. https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx

violence. The International Conference on Population and Development's Action Plan [23] and the Beijing Platform for Action[24], the right to information regarding the right to safe, efficient, cost-effective, and gratifying family planning methods, as well as the right to health care services that assist women in successfully navigating pregnancy In addition, childbirth and couples have a better chance of having a healthy baby, thereby protecting women's health.

Violence against women is not a new thing. It is happening on all over the world. It is a widespread cause of physical and psychological harm or suffering among women. Violence against women is violation of their right to health. The role of CEDAW is very important to mention in the area of violation against women. The Committee of Elimination of Discrimination against Women requires the state to enact and enforce laws and policies that protect women and girls from violence and abuse that they are facing and provide for appropriate physical and mental health services. In addition to this, health care workers should be trained to detect and deal with the health consequences of violence against women, while also focusing and preventing female genital mutilation[25]. States must exercise due diligence to investigate, prevent and prosecute such violence against women whether it is perpetrated by the state actors or private persons.

Although the CEDAW Committee has the ability and competency to receive complaints from individuals, the number of cases is still very low. However, personal communications regarding sexual discrimination have been brought before the Human Rights Council. In the Mauritanian Women Case[26] the committee found that an immigration law giving certain status to wives and not to husbands made an

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[23] Report of International Conference on population and Development, Cairo, 5-13 September 1994 (United Nations Publication)
https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/icpd_en.pdf

[24] Beijing Declaration and Platform for Action, Report of the Fourth World conference on Women, Beijing, 4-15
September 1995 (United Nations Publication)
https://www.un.org/womenwatch/daw/beijing/pdf/Beijing%20full%20report%20E.pdf

[25]Committee on the Elimination of Discrimination against Women, general recommendations on violence against women and on women and women health.
https://www.ohchr.org/en/hrbodies/cedaw/pages/recommendations.aspx

[26]Aumeeruddy Cziffra and 19 other Mauritanian Women v. Mauritius CCPR/C/12/D/35/1978, UN Human Rights Committee (HRC),9 April 1981
https://www.refworld.org/cases,HRC,3f520c562.html

adverse distinction on the grounds of sex on the right to be free from unlawful interference with the family influence and was violated ICCPR. Another case brought before the Human Rights Commission dealt with a law that stipulated married women could not claim continued unemployment benefits unless they proved they were either 'breadwinners' or they are permanently separated from their husbands or divorced. And this condition does not apply to men. The committee found violation Article 26 of International Covenants on Civil and Political Rights on the ground of sex (Broeks v. Netherlands)[27].

In addition, reference should be made to the UN Commission on the Status of Women, which has a mandate to consider confidential and public communications about the status of women. During each session, a working group of five members, selected with due regard for geographic arrangement, gathers in closed meetings to consider communications addressed to the Commission and those concern to women received by the Office of the High Commissioner for Human Rights, including the replies of governments thereto, with a view to bringing to the attention of the commission those communications which bring out a accordant pattern of reliably attested injustice and discriminatory practices against women. Even though gender discrimination does not create any physical health issue but always affecting the mental health of women, implies Right to health include mental health and physical health.

The inferior status of women is entrenched in history, in our culture and tradition. From time to time, national and religious institutions seek to justify violations of women's rights to equality and the enjoyment of fundamental human rights. Even now, women are subjected to all kind of discrimination in all stages of their life; in income, education, participation in society and health. They are even particularly vulnerable to specific violation such as gender- based violence, trafficking and sex discrimination. They are various international bodies established with the aim of eradicating policies, actions and norms that perpetuate discrimination against women and violates women's human rights and right to health.

[27]Broeks v. Netherlands, 9 April 1987 Communication No. 172/1984, U.N. Doc. CCPR/C/OP/2 at 196 (1990)

A woman's right to the enjoyment of the highest standard of health must be guaranteed throughout her lifetime no matter what the world is growing through. Women's health is affecting differently both due to the genetic and social construction of gender. Examples of social realities that have an adverse impact on women's health include: impoverishment and economic dependence, gender-based violence and discrimination, and limited autonomy in life-decision making, especially on sexual and reproductive life. The right of all women to regulate all elements of their health, including their own fertility, is important to their independence and empowerment. According to International Treatise the State is obliged to respect, in the sense, state not to do certain things in order to guarantee women's right to health. For example, the state must not subject women to unethical trials or commit violence against them. The state is obliged to protect women, which means state have the duty to take action. Also, state must take action to prevent third parties from interfering with women's right to health. For example, state must ensure that a woman is not prevented from accessing health facilities by her family; states should prevent violence against women by her husband/partners, even health providers. Etc.

CONCLUSION

All the said instruments and documents are protecting health of the women and many states has adopted the treaties so as to protect and safeguard the health of their women citizens. Even though those guidelines and recommendations provided by the International treaties are very significant, the question is how much it is effective ,or to what extend it is applicable. Treaties aren't enough for the women in the world. They require immediate action to make the terms of these instruments a reality in their lives and in their health-care access. The women all over the world are still suffering physical and mental health issues even these said documents are still in existence. The important and notable example is the pandemic period of Covid-19. There is no clause or provision to not to protect women's health at the time of any pandemic. According to International Treatise the state is obliged to Fulfill and

Promote[28] also to adopt appropriate legislative, administrative, financial(budgetary), judicial, promotional and other measures so that women's right to health is attained/realized. State has to provide necessary interventions to address violence against women, provide necessary resources as well as policies/ legal guarantees to ensure that she can access health care and health protection. So, it's important to have a special look by the state parties on the women's health at the time of any crisis or pandemic. It is women who is most suffering at the time of any pandemic than men. All the guidelines protecting women under the covenants or treaties are applicable irrespective of any year, situation, or state of affairs. So it is important to have a look on to violations on Women's health rights at the time of Covid-19 pandemic even there are Instruments protecting women's health. There shall be a specific legislation which must focus on Vulnerable groups especially on women.

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[28] Women's Health and Human Rights; The Promotion and Protection of Women's Health through International Human Rights law. World Health Organization Geneva 1994; https://apps.who.int/iris/handle/10665/62074

CHAPTER 3
PROTECTION OF WOMEN'S HEALTH: INDIAN PERSPECTIVE

INTRODUCTION

In India, members of different caste, class, gender and ethnic identity people experience structural discrimination which have great impact on their health and access to health care too. In which women face double discrimination one being members of specific religion, caste, class or ethnic group apart from experiencing gendered vulnerabilities. In Indian society, women have low status as compared to that of men. Also, when compared to men women have only little control on the resources and on important decisions related to their lives.

In India, early child marriage and childbearing affects women's health adversely. About 28% of girls in India get married below the age and experience pregnancy at their very early age itself[29]. The adverse health problems for women in their old ages may be because of their early child marriage and related pregnancies. Even though there is a change in this situation, early marriage and pregnancy is still considered as an issue especially in rural areas. These have a serious repercussion on the health of women. And so Maternal mortality rate is very high in India.

Women suffered great disabilities like the evil of dowry, child marriage, domestic violence, sexual violence which had become deep rooted, even after 74 years of Independence and such evils continue to exist in various parts of the country. When we are looking over the last 55 years journey in health we can understand how the healthcare system responds to health and particularly women's health. India has never had a clear policy on women's health, but policy decisions and actions have had a direct impact on women's health. Social structures and biases also disadvantage girls and women. Women's health and well-being depend on the growth of gender

[29]Reproductive and Child Health- District level Household Survey 2002-04, August 2006. Available on http://dhsgoa.gov.in/documents/Goa-dlhs-2-survey-2002-04.pdf

equality and equity, as well as empowerment and the elimination of prejudice. Only by considering the gender factor in the formulation of health programmes and research can this be accomplished.

The every time greatest issue regarding women's health is Sexual And Reproductive health, mental traumas due to domestic violence/ intimate Partner violence. In which Women's health is usually only considered during pregnancy and the immediate postpartum period[30]. Mental health & Physical health issues of frontline workers due to covid19 pandemic is now new to the list.

In this Chapter the researcher is focusing on the protection of women's health under Indian legislation, policies and Programs. The main policies/programmes discussing under this Chapter are National Health Programme, Integrated Child Development Service Programme, National Health Policy, Family Planning Programme, National Mental Health Programme, Mother and Child Health Programme, National Rural Health Mission and the Statues like Medical Termination of Pregnancy Act,1971 and Protection of Women from Domestic Violence Act,2005 are discussed here:

Government Schemes/Programmes

Sl.no	**Scheme/Programme**	
1.	NATIONAL HEALTH PROGRAM , 1990	• Discusses the need to provide health services to all social groups and all sectors • Department of Health and Family Welfare, Indian Medicine and Homeopathy Systems are the important one coming under NHP.
2.	INTEGRATED CHILD DEVELOPMENT SERVICES PROGRAM , 1975	• The programme is aimed for children under the age of six, pregnant and breastfeeding moms, and women aged 16 to 44.

[30]Framing Women's Health Issues in 21st Century- A Policy Report, The George Institute For Global Health India, 2016. Available On https://www.georgeinstitute.org/sites/default/files/framing-womens-health-issues-in-21st-century-india.pdf

3.	NATIONAL HEALTH POLICY, 2017	• The policy emphasises the importance of healthcare prevention, promotion, public health, and rehabilitation. • The policy stresses the importance of creating comprehensive primary health care services to serve the country's distant populations.
4.	FAMILY PLANNING PROGRAMME, 1952	• Family planning should be prioritised to the extent necessary to reduce birth rates. "to keep the population at a level that meets the needs of the national economy[31]"
5.	NATIONAL MENTAL HEALTH PROGRAMME, 1982	• Focusing on the heavy burden of mental illness in the country and the insufficiency of the health system to meet the specific mental health needs. • Aimed at shifting practice from the traditional (psychiatric) services to community care.
.6	MOTHER AND CHILD HEALTH PROGRAMME, 2013	• Nutrition and immunization programmes • Aimed at providing and improving the quality, affordable and availability of services and to meet the health care service needs of women and children in their reproductive ages efficiently & effectively. • Later transformed into the Reproductive Child Health (RCH) programme
7.	NATIONAL RURAL HEALTH MISSION,2005	• Launched in 18 states that to provide primary health care for the rural poor. • To provide effective health care facilities and Universal access to rural population.

Indian Legislation

[31]Milestones in the Evolution of the Population Policy are listed at Appendix II, page 30, Available On https://nhm.gov.in/images/pdf/guidelines/nrhm-guidelines/national_population_policy_2000.pdf

Sl.no	Statues	
1	MEDICAL TERMINATION OF PREGNANCY ACT, 1971	• Indian Law pioneered in legalising abortion under this Act • To protect and safeguard the health rights of women regarding their pregnancy • Object to legalize abortions
2	PROTECTION OF WOMEN FROM DOMESTIC VIOLENCE ACT, 2005	• First law aimed at tackling domestic violence • It is a comprehensive and promising piece of legislation that combines civil and criminal remedies to provide effective protection and timely redress to victims of domestic violence of any form.

INDIAN POLICIES AND PROGRAMS

There are many policies and programmes under the National health Programmes that, have been crucial in determining the health situation of women in India. Department of Health and Family Welfare (MOHFW) Department of Health and Family Welfare, Indian Medicine and Homeopathy System are the important one. In addition to the general health services provided by MOHFW, women's specific health and nutritional needs are also addressed through the Integrated Child Development Services (ICDS) program[32]

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[32] The Department of Women and Child Development, Government of India, came into existence as a separate Ministry with effect from 30th January, 2006, earlier since 1985 it was a Department under the Ministry of Human Resources Development. https://wcd.nic.in/about-us/about-ministry#:~:text=The%20Department%20of

The Government of India passed the National Health Policy subsequent to the Alma Ata commitment in 1983. The policy discusses the need to provide health services to all social groups and all sectors, and proposes to do so by establishing new facilities in inadequate areas and improving existing ones. Because low access to health care disproportionately affects women and other vulnerable groups, the National Health Policy attempts to improve such groups' access to basic services. Also it is important to note the priorities given by Central Government to improve women's health in the recent years. The health problems of women and children are reduced to a category of rhetoric and the passing of references without a specific note. The steady decline in the sex ratio over the past few decades is neither a cause for concern[33], it also fails to mention any measures to restrict sex-selective abortions, such as prenatal diagnostic facility licencing and regulation. It fails to address the problem of malnutrition or to suggest plan of action and interventions to deal with the problem.

The Women's health was also focused by Family Planning Programme (FPP) under the National Population Policy (NPP). Although NPP 2000 provides igneous for late marriage, it is silent on vocational training and job opportunities for empowerment, reflecting that its goals are still limited to fertility reduction[34]. Though India is a party to the entice International Conference on Population and Development (ICPD), It continues to be used as an execution tool to achieve targets, promoting a target-free approach. Contravening the NPP, most states in India have formulated their own population policies with respect to the International Conference on Population and Development, which focus on population control through two-child norm. The most favourable objective of FPP for women is that Women have the opportunity and freedom to decide on the size of their family and the spacing of their pregnancies through family planning. The freedom of a woman to select "When to become pregnant" has a direct impact on her health and well-being, as well as the health and well-being of her child[35]. The norm of having two children changed the entire burden

[33]Das, Abhijit (2002) 'The Current Policy Scenario in India' in Renu Khanna, Mira Shiva & Sarala Gopalan (ed) Towards Comprehensive Women's Health Programme and Policy. SAHAJ for Women & Health (WAH!) Available on https://nhrc.nic.in/sites/default/files/Womens.pdf

[34]Qadeer, Imrana (2002) 'Women's Health Policies and Programmes: A Critical Review' in Khanna & Gopalan(ed) Towards Comprehensive Women's Health Programmes and Policy, pg 243. Available on https://aud.ac.in/uploads/1/school-notice/old/health.pdf

[35]National Health Mission, Department of health and Family Welfare, Himachal Pradesh. Available on http://www.nrhmhp.gov.in/content/family-planning

of birth control for women and more victimized women, because birth control and pregnancy are an important part of sexual-reproductive health. Family Planning programmes have gone through many transformations through the decades. Now, the Family Planning programme is focused not only on population stabilisation, but also on improving reproductive health and lowering mother, newborn, and child mortality and morbidity. Family planning minimises the need for risky abortions by lowering the rate of unplanned pregnancies.

Mental health and NMHP

Women experience mental disability ranging from severe confusion, fear and anxiety, to depression and despair to the point of suicide, and also the thought disorder-and-disconnect of schizophrenia. Sometimes there are physical factors that contribute to the condition, from genetic factors, to birth injury or accidental head injury, reduced mental function with aging, and so on. Unequal social status women are subjected to greater stresses of all kinds and their vulnerability to abuse is high. Since all the aspects of society affects the health of women, challenges faced by the mental health care sector with regard to women are also are also great and diverse.

Mental health has received differing degrees of attention from the Government of India's various health committees. Mental healthcare as an essential part of primary healthcare[36]. A National Mental Health Programme (NMHP)[37] was launched in 1982, keeping in view the heavy burden of mental illness in the country and the insufficiency of the health system to meet the specific mental health needs. This

[36]Recommendation by The Alm Ata Declaration, 1978

[37] The Mental Health Care Act 2017 was passed on 7 April 2017 and came into force from July 7, 2018.The law was described in its opening paragraph as "An Act to provide for mental healthcare and services for persons with mental illness and to protect, promote and fulfill the rights of such persons during delivery of mental healthcare and services and for matters connected therewith or incidental thereto. “This Act superseded the previously existing the Mental Health Act, 1987 that was passed on 22 May 1987.

programme basically aimed at shifting practice from the traditional (psychiatric) services to community care. But however, NMHP is only a footnote to the national health policy because it does not offer any support for building community initiatives. The treatment of mental health problems still trust heavily on the biomedical model, which limits the supply of drugs. And also the pattern of institutional care, especially for women, reeks of neglect and paternalism and requires gender sensitive cross-referral systems[38]. Because all of the negatives the programme has been criticised as giving more importance to curative services rather than preventive measures. There is also a lack of professional manpower and training programs are inadequate. Moreover, the medical care provided is still custodial in nature and requires a therapeutic approach[39].

The health specifically includes Mental Health, Reproductive Health and Sexual Health, as they are critical areas of health care and health rights for women. The right to health care includes the right of access to information and services needed to support responsible choices that optimise health and wellbeing[40]. It is important to have a look on to the policy regarding Reproductive and Child Health.

Sexual and Reproductive Health

Reproductive health is not just a concern during a woman's so-called 'reproductive years' customarily defined from age 15 to 45. It concerns the life-time from infancy to old age for both women and men. In the case of Devika Biswas v. Union of India & Ors[41]., the Supreme Court went beyond the reproductive health framework to identify women's autonomy and gender equality as essential parts of their constitutionally protected reproductive rights. All persons have the basic right to choose the number and timing of their children freely and responsibly, as well as to have the information and resources to do so. It is also their right, as stated in human

[38]Davar, Bhargavi (2002) 'Dilemmas of Women's Activism in Mental Health' in Khanna, Shiva and Gopalan (ed) pp 472 Available on https://journals.sagepub.com/doi/abs/10.1177/097152150801500204

[39]National Institute of Health and Family Welfare http://www.ndc-nihfw.org/html/Programmes/National%20Mental%20Health.htm

[40]The Indian Women's Health Charter, March 2007 Available on http://www.phmindia.org/wp-content/uploads/2015/09/Indian_Womens_Health_Charter.pdf

[41]Devika Biswas v. Union of India & Others, W.P. (C) 81/2012

rights documents, to make these decisions free of discrimination, pressure, and violence. ‘Reproductive rights' were defined during the 1994 International Conference on Population and Development (ICPD) in Cairo as:[42]:“right of all couples and individuals to decide freely and responsibly the number, The right of their children to have the highest level of sexual and reproductive health, with time and information, and information and means for it.”

There are, number of laws relating to children and women in India[43] . The Mother and Child Health (MCH), nutrition and immunization programmes were brought under one roof of the Family Welfare Programme and was finally transformed into the Reproductive Child Health (RCH) programme[44]. It basically focusing on the welfare programs for women and Children and also aimed at providing and improving the quality, affordable and availability of services and to meet the health care service needs of women and children in their reproductive ages efficiently & effectively. The factors included: prevention and administration of unwanted pregnancy; Services to promote safe motherhood and child survival; Nutrition services for vulnerable groups, prevention and treatment of reproductive tract infections (RTIs) and sexually transmitted infections (STIs); Reproductive health services for adolescents, health, sexuality, gender information, education, and counseling; Establishment of effective referral systems etc.

In spite of the guidelines of the RCH program and the current reproductive health care services, there are some issues that have been totally ignored and ignored by experts and authorities. Women cannot be treated for problems unrelated to pregnancy and other gynecological complications.

There are no services for workplace health issues, domestic violence or abuse, or mental health issues, for example. Furthermore, the programmes lack a commitment

[42]Ashok K. Jain, “Socio-legal Offshoots - the Saga of Female Foeticide in India", at 78 (2006) Available On
https://www.cwds.ac.in/wp-content/uploads/2016/09/11.sex-ratio.pdf

[43]Few legislation that deal with reproductive rights/health rights are: Child Marriage Restraint Act 1929, Hindu Marriage Act 1955 (see option of puberty, the wife's special ground of divorce); Maternity Benefit Act of 1961, Medical Termination of Pregnancy Act 1971, Pre-Natal Diagnostic Techniques Act 1994, Infant Milk Substitutes, Feeding Bottles and Infant Foods Regulations of Production, Supply and Distribution Act 1992

[44]Qadeer, Imrana (1999) ‘Policy on Women’s Health’ for National Consultation towards Comprehensive Women’s Health Policy and Programmes Feb 18-19.
https://aud.ac.in/uploads/1/school-notice/old/health.pdf

to respond to women's health needs throughout their lives and to move beyond a limited understanding of their reproductive roles as limited to childbearing[45]. A broad law on reproductive rights, based on the theory of gender equality, would be a good step in that direction. A reproductive rights regime however, needs to be complemented by a women empowerment regime, otherwise, in a patriarchal society like India, reproductive decisions can turn out to be unfavorable for a girl. She will not be able to achieve the happiness of the desired pregnancy, avoid the misery of unwanted pregnancy, plan her life, continue her education, take up a productive career, or plan her birth,optimal times for child bearing, ensuring greater safety for herself and better chances for her child's healthy development[46].

Moreover, according to available data of NFHS III (2005-06), 55% of women are anaemic[47]. The declaration made at the end of the two day colloquium on Population Policy-Development and Human Rights jointly organized by the Department of Family Welfare, Ministry of Health and Family Welfare, the National Human Rights Commission and the United National Population Fund (UNFPA), recognized that family planning measures have been coercive and impacted the life of women negatively specially due to the son-preference practice. It affirmed that giving priority to health, education and livelihood of women is necessary for empowerment of women as also for reduction in fertility rates and stabilization of Population.

In this Context, Medical Termination of Pregnancy Act, 1971 is very important, as Abortion is the other factor which affecting the health of women. Abortion is the act of terminating the fetus by any means (spontaneous or induced) before it is sufficiently developed for the fetus to survive independently (less than 20 weeks of gestation). Performing an abortion in violation of the conditions mentioned in the Medical Termination of Pregnancy (MTP) Act, 1971 is a criminal offence

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[45]Women's Right to Health by N. B. Sarojini & others; National Human Rights Commission Available on https://nhrc.nic.in/sites/default/files/Womens.pdf

[46]Ved Kumari, "Fertility Revolution and Changing Concept of Family and Identity," Delhi Law Review, Vol. XXV, at 103 (2003).

[47]survey conducted by national rural health mission (NRHM) reveals that iron deficiency is highly prevalent among young women in Punjab. Blood Examination of 33, 685 pregnant women and 16, 595 children in 299 health camps organized by the Punjab health department revealed that the haemoglobin level over 65% women was below 8 g/dl for details '65% women in Pb anaemic: Study'. The Times of India August 28, 2009.

under Section 312 of Indian Penal code 1860[48]. Indian Law pioneered in legalising abortion under the MTP Act, 1971, in which the Act specifies the reasons for which an abortion can legally be performed. The main objective behind the was to protect and safeguard the health rights of women regarding their pregnancy and also with the object to legalize abortions and to carry out abortions. The proposed measure which seeks to liberalize certain existing provisions relating to termination of pregnancy has been conceived (1) as health measure-when there is danger to the life risk to physical or mental health of the woman;(2) on humanitarian grounds-such as when pregnancy arises from a sex crime like rape or intercourse with lunatic woman etc; (3) eugenic grounds-where there is substantial risk that the child if born would suffer deformities and diseases[49]. The law recognises women's rights, as the medical practitioner is simply required to assess the woman's environment under the law, and the husband's agreement is not required. In reality, however, a woman's right to abortion is very restricted, and in most instances, it is invariably the family's decision.

The courts have chosen to restrict the absolute right given under the statute, and tend to view abortion from a patriarchal perspective. Since 2008, a slew of lawsuits have been brought across the country, arguing that Section 5 of the MTP Act, which expressly authorises abortion to save a pregnant woman's life, should be interpreted to enable abortion past 20 weeks on health grounds in cases of rape or foetal impairment. While the Supreme Court is still debating whether the Constitution requires access to abortion after 20 weeks on broader grounds, the court has ruled three times since 2015 to allow abortion after 20 weeks in individual cases where medical panels found that forcing the women to continue the pregnancy would

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[48]Section 313 of the IPC reads as "whoever commits the offence defined in the last preceding section without the consent of the woman whether the woman is quick with child or not, shall be punished with imprisonment for life, or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine." The offence is cognizable, non-bailable and non-compoundable and may be tried by the court of session.

[49]In Chandigarh Admn v. Nemo CWP No. 8760/2009 (Nari Niketan Rape case) In a landmark judgement, the Supreme Court while reversing Punjab and Haryana High Court directions in SLP, allowed a mentally challenged rape victim to have her baby. However, the controversial issue was that, that who will take care of the baby. A bench headed by Chief justice of India Balakrishnan alongwith justice Sathasivam and justice B.S. Chauhan underlined the fact that human rights for a disabled woman in State custody should be strengthened not weakened. The court further said that the rights of disabled men and women to parenthood is provided under several international and Indian laws.

endanger their mental and physical health[50]. The Act also provides for government health facilities for abortion services continue to be low despite the existence of the MTP Act and Rules framed thereunder. The first MTP Act was amended in the year 2003[51]. In 2003, the MTP Rules were amended so that women's accessibility to legal and safe abortions, is enhanced[52].

The MTP does not aim at permitting abortion for the purpose of sex- selection, but an objective at giving protection to the physical and mental health of a pregnant woman and also to the child in the
womb. The fact, in practice, in majority of the cases, the issue is not of the reproductive rights of the women or her choice, but of the sex of the unborn child[53]. The latest amendment bill on Medical Termination of Pregnancy Act was on 2020[54] , which focused on extra care Women's health and Reproductive Rights. Broadly speaking, there are two different views on whether abortion is permissible. One comment is that terminating a pregnancy is part of a pregnant woman's choice and

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[50]Ms. X v. Union of India and Others (2016) C.W.P. 593 (IND); Chandrakant Jayantilal Suthar v. State of Gujarat, (2015) 8 SCC 721; Mrs. X and Mrs.Y v. Union of India & Others (2016) C.W.P. 308; Nikhil D. Datar v. Union of India (2014) C.A. No. 7702.

[51]The Medical Termination of Pregnancy Rules, 2003 Ministry of Health and Family Welfare (Department of Family Welfare) Notification New Delhi, the 13th June, 2003 Available On https://www.indiacode.nic.in/ViewFileUploaded?path=AC_MP_74_272_00003_00003_1547466611830/regulationindividualfile/&file=viewfileuploaded.pdf

[52]The Amended MTP Rules 2003. provide for:
Simplification of the registration process for private clinics by decentralization of the process as well as evolving of separate registration procedures for facilities providing abortion services upto 12 weeks and those providing services for 12-20 weeks gestation. The Chief Medical Officers in a district will now have the decentralized power to grant recognition to private clinics with the help of local committees (comprising o representatives from Government and NGO, empowered to approve abortion facilities and ensure provision of safe abortion care). The amended rules mandates the district level committee to inspect the abortion facility within two months of receiving an application for registration and in the absence of or after rectification of any noted deficiency in the abortion facility, for the approval to be processed within a couple of months. However the rules do not specify measures or redress mechanisms if certification procedures are not completed in the stipulated time frame. The rules also clearly recognized the distinction between first and second trimester abortions. While the physical standards for a facility to perform second trimester abortion remains as before, the physical standards appropriate to perform first trimester abortion have been relaxed. The rules also allow for approval of abortion facilities without the necessity of on site capability of managing emergency complications.

[53]Nearly 95% of abortion conducted in the period between 12 to 20 weeks of pregnancy have been found be sex selective. It is recommended by the Delhi Medical Association that gynecologists should not abort fetuses. It has suggested that an abortion in this period can be carried out only if the doctor advises it and not because the parents want it. It has also suggested that the government should come out with a policy that abortions after 12 weeks be checked by a nodal agency. Asha Bajpai, "Child Rights in India - Law, Policy and Practice," at 395-396 (2004).

[54] The Medical Termination of Pregnancy (Amendment) Bill, 2020, introduced on March 2,2020 and Passed on March 16,2021 https://prsindia.org/billtrack/the-medical-termination-of-pregnancy-amendment-bill-2020

part of her reproductive rights. Another view is that the state has a responsibility to save lives, so the protection of the fetus should be provided. Around the world, countries have set different conditions and time limits for allowing abortion, depending on the survival of the fetus (the place where the fetus exists outside the fetus), the risk of fetal abnormalities, or the risk to the pregnant woman[55].

People living in Rural areas especially women face lack of health care facilities. To tackle the situation The National Rural Health Mission (NRHM 2005) – launched in 18 states that to provide primary health care for the rural poor. The main objective of the mission is to provide for effective health care facilities and universal access to rural population. ASHA'S performance indicators and her compensation are related to this disproportionate importance of RCH, family planning, and RCH could undermine the effectiveness of other primary health care components[56].

Domestic Violence

Violence against women always affects not only her physical health but also mental health badly. Violence against women can lead to long-term physical and mental health problems. Violence and abuse affect not only women but also their children, families and communities and everyone can be a victim of the same. These consequences include harm to an individual's health, potential long-term impact to children, and community harm such as job loss and homelessness[57]. The National Family Health Survey-III of India, conducted in 29 states during 2005-06, found that a significant proportion of married women have been physically and sexually abused by their husbands at some point in their lives. The study pointed out that across the nation, 37.2% of women have experienced "violence" after their marriage. Bihar has been found to be the most violent, with violent rates of 59% rates against married women.

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[55]PRS Legislative Research https://prsindia.org/billtrack/the-medical-termination-of-pregnancy-amendment-bill-2020

[56]People's Rural Health Watch of JSA (2005) Action Alert on National Rural Health Mission https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=969&lid=49

[57]OASH- Office of Women's Health. Available on https://www.womenshealth.gov/

Oddly enough, 63% of these incidentals were reported from urban families rather than the most backward villages in the state. Madhya Pradesh (45.8%), Rajasthan (46.3%), Manipur (43.9%), Uttar Pradesh (42.4%), Tamil Nadu (41.9%) and West Bengal (40.3%) as follows[58]. Violence are not just causing physical injury, it also evolves the social, economic, psychological, spiritual and emotional well being of the women, the perpetrator and the society as a whole. Domestic violence is a major reason causing ill health in women. It can also cause serious consequences including on their reproductive and sexual health. These include different kinds of gynecological problems, temporary or permanent inabilities, depression, suicidal tendencies and other injuries. For this, India enacted its first law aimed at tackling domestic violence, known as The Protection of Women from Domestic Violence Act, 2005 (DVact). A case can be filed against any male adult person as well as other relatives of the husband or male partner, for committing violence against woman in the family[59].

Health legislation has made a significant contribution to public health, and it should be used more aggressively to improve women's health. Existing positive examples of legislation that has improved women's health should inspire the worldwide community. Women are survivors, despite their poor health, which is typically connected to socioeconomic conditions. Throughout the history we can see their survival of wars, disasters, famines and diseases, and ensured the survival of their children, families and communities. They should be encouraged and supported to take advantage of the many basic human rights and freedoms that empower them to realize their own health goals[60]. Women's rights in the health care sector may be violated by the lack of certain health services. They may be violated due to lack of information about their health options or lack of appropriate technology to lighten

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[58] Ministry of Health and Family Welfare.Govt of India; Fact Sheet: National Family Health Survey NFHS-III 2005-06
https://dhsprogram.com/pubs/pdf/frind3/frind3-vol1andvol2.pdf

[59] The domestic relationship covered under the Act includes not only wives, widows, daughters, mothers, sisters but also woman who may not have a valid marriage as well as ex-wives. The Act even gives protection to women in live-in relationships. See section 2(f) of the Act No. 43 of 2005.
https://www.scconline.com/blog/post/2020/07/27/law-on-domestic-violence-protection-of-women-from-domestic-violence-act-2005/

[60] Women's Health and Human Rights; The Promotion and Protection of Women's Health through International Human Rights law; World Health Organization Geneva 1994 Available On
https://apps.who.int/iris/handle/10665/39354

their weight inside and outside the home. Today, the ranks of the poor are unequally filled with unmarried women who are the head of the household.

These poor women and young girls adopt strategies that involve looking for low-paying jobs in enriched environments with known risks to their own health and future generations. The legal implication of a broad concept of health is that States have duties both to promote health, social, and related services, and to prevent or remove barriers to the realization and maintenance of women's physical, mental, and social well-being. The challenge of assuring women's health focuses not only on physical and mental health services, but also on the justice of the basis on which societies operate.

CONCLUSION

Government have to induce maternal health services to be more sensitive and responsive to the mental health implications of reproductive health. Increase the financial and human resources to provide free mental health care (medical, non-medical) by referring women to the appropriate level of care at the primary health center level. Even though India has recognised mental health as a major problem, there are still gaps in the development and provision of effective, efficient, and adequate community-based mental health care, including promotion, prevention, treatment, and rehabilitation, with links to primary, secondary, and tertiary health services. In the case of sexual health, the government can affirm every woman's right to express her sexuality, to engage in sexual relations beyond reproduction, and to be treated with dignity as an equal sexual partner, as well as to protect women's right to choose their sexual and life partners and to engage in sexual relations with them, regardless of caste, class, ethnicity, religion, nationality, ability, or sexuality.

The national health programmes should be coordinated in the primary health care system with redistributed planning, decision-making and implementing with the progressive involvement of the community. Focus should be shifted from bio-medical and individual based measures to social, ecological and community based

measures[61]. So hence the existing policies and programmes need to be reviewed in the context of changing socio- economic situation in the country.

[61]PHA Charter https://www.spherestandards.org/wp-content/uploads/2018/07/the-humanitarian-charter.pdf

CHAPTER 4
IDENTIFYING THE IMPACT OF COVID19 ON WOMEN'S HEALTH

INTRODUCTION

Due to Covid19 pandemic, the world has literally facing big challenges that we have experienced in over a century. The pandemic has effected everyone in the word either economically or mentally or physically. The health and social care sectors have reacted by providing emergency medical care on an unprecedented scale, at the same time the scientific community has focused on developing new treatment and vaccines to prevent the virus and future waves of the pandemic[62]. Even though the fatality rate has twice been higher to men than women, the Covid-19 pandemic has affected women more than men, both as frontline workers and at home[63]. It is important to find out the impact of the covid pandemic on women's health.

In Western Europe, men represent 52-58% of corona virus cases, but 70% of corona virus deaths. In contrast, in South Korea, men represent fewer cases of corona virus cases (40%), but still make up a small proportion of corona virus deaths (approximately 52%). The largest proportion of deaths (male-to-female ratio) in confirmed cases was observed in Myanmar, Thailand, Albania and Wales (ratios > 2) (September 2020)[64]. comparatively, men are having more death rate due to their higher prevalence of at-risk behaviors such as alcohol abuse or tobacco smoking or other deadly diseases. Also, according to Johnson et al.[65] ,women seem more likely to follow hand hygiene practices, which may decrease the infectious risk. But yet,

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[62]Front. Glob. Womens Health, 08 December 2020 https://www.frontiersin.org/articles/10.3389/fgwh.2020.588372/full#B7

[63]Frontiers in global women's health ; https://doi.org/10.3389/fgwh.2020.588372

[64] The sex, gender and Covid19 Project, Global Health 5050, the African Population and Health Research Center and the International Center for Research On Women. Available on https://globalhealth5050.org/the-sex-gender-and-covid-19-project/

[65] Johnson HD, Sholcosky D, Gabello K, Ragni R, and Ogonosky N. Sex differences in public restroom handwashing behavior associated with visual behavior prompts. *Percept Mot Skills*. (2003) 97:805–10. doi: https://pubmed.ncbi.nlm.nih.gov/14738345/

covid19 pandemic are affecting on women than men in several areas, both at workplace and at home with an increased workload due to lockdown and quarantine. Worldwide, 70 percent of the health workforce is made up of women who are often frontline health workers (nurses, midwives and community health workers). Similarly, most of health facility service-staff (cleaners, laundry, catering) is made up of women[66]. Many counties have reported an increase in domestic violence cases after the viral outbreak[67], and India too is not less in that. In countries where lockdown is observed, home is unfortunately not always a safe space for many girls and woman. In the midst of the epidemics and the pandemic, the escalation of gender-based violence are not getting the attention it deserves.

The purpose of this chapter is to identify the impact of Covid19 Pandemic on women's health and to Analyze how far it affected the health of women. The chapter is mainly dealing with Sexual and Reproductive Health issues and how long does it violated the Sexual and Reproductive Health Rights of women, Domestic Violence and its impact on women's mental health, and the health issues faced by frontline workers.

COVID19 AND ITS IMPACT

The lockdowns and curfews made women more responsible, made more burden to them and asking for more support with domestic burden can trigger domestic violence against women. Women's mental health might be harmed by a lack of proper domestic and emotional care. The risk of anxiety, depression and post-traumatic stress disorder (PTSD) is also much higher in women[68]. In short, covid19 pandemic could have serious consequences for women's health[69]. The epidemic

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[66]UN Women Policy Brief The Impact of COVID-19 on Women. (2020). Available online at: https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406

[67]UN Women World Health Organisation. *Violence Against Women and Girls. Data Collection During COVID-19*. (2020). https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-violence-against-women-and-girls-data-collection-during-covid-19

[68] Yu S. Uncovering the hidden impacts of inequality on mental health: a global study.*Transl Psychiatry*. (2018) 8:98. doi: 10.1038/s41398-018-0148-0 https://www.nature.com/articles/s41398-018-0148-0

[69] Covid19: A Gender Lens, Protecting Sexual and Reproductive Health Rights and Promoting Gender Equality (March 2020). Available On https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf

disrupted sexual, reproductive health and gender-based violence services. It could also exacerbate existing financial inequalities between men and women. Women and girls are frequently denied care outright or endure lengthy delays in receiving services that they require. Regardless of where one looks, women are responsible for the majority of the responsibilities that keep communities and families together, whether at home, in healthcare, or at school. It becomes worse when women are both working and to look after the house. It is a truth that women are particularly vulnerable economically. Women's personal finances are weaker than men's over the world, and their employment prospects are less stable[70].

Sexual and Reproductive Health and its violation

Sexual and reproductive health is an important health right of every person including women. It is always an issue that the sexual and reproductive rights are often neglected in the midst of an emergency. There is no difference in covid19 pandemic. No matter whatever the emergency, any kind of health rights shall not be neglected even if it is Sexual and Reproductive Health Rights. The sexual and Reproductive Health Rights comes under the Human Right that primarily focuses on the sexuality and reproduction. Women should have the right to be free from torture, inhuman or degrading treatment, the right to be free from all forms of violence and the right to privacy[71].

One of the prevalent violations of women's SRHRs is the Intimate partner violence (IPV), which is prevalent in both Developed and developing countries. IPV affects one out of every four women worldwide, and it can take various forms, including physical, emotional, sexual, and psychological[72]. The IPV is more or less only causes negative impact including injuries and serious reproductive health problems, such as sexually transmitted infections (e.g., HIV) and unexpected pregnancies. An increase

[70] Laura Tyson, Anu Madgavkar, Where Women Stand, Project Syndicate (April 7, 2020). Available on https://www.project-syndicate.org/commentary/women-progress-and-hurdles-advanced-economies-by-laura-tyson-and-anu-madgavkar-2020-04
[71] Beijing Conference on women held in 1995 https://www.un.org/womenwatch/daw/beijing/
[72] Krantz G. Violence against women, a global and public health issue.*J. Epidemiol. Community Health.* 2002;56:242– 243. doi: 10.1136/jech.56.4.242. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732122/

in IPV has been shown during the recent COVID-19 pandemic[73]. This is due to the restricted movement during the lockdown, as women have limited opportunities to escape from their abusive partners. In addition, social factors such as financial loss and over-dependence on couples led to depression during the Covid-19 pandemic, which led to an increase in IPVs. In addition, stress and lack of access to reproductive health services have been cited as factors that further complicate the experience of many women during Covid-19 Pandemic[74]. Because of isolation standards in place in many regions, victims of intimate partner violence miss out on the chance to visit a domestic violence shelter with a friend or family member. Even filing a protection order is a challenge. Many do not seek medical attention to avoid the risk of Covid-19 exposure.

The epidemic is putting a burden on public health systems around the world, causing many types of important health care to be interrupted or delayed. Family planning and contraception are among the most often disrupted health services, according to a recent World Health Organization report, with 7 out of 10 nations experiencing disruptions[75]. Governments in Nepal and India have ordered severe national lockdowns for months, and due to movement restrictions, neither providers nor clients have been able to reach MSI clinics, forcing clinics to close. In India, millions of women living in different localities especially at remote areas are unable to access contraceptive services. In addition, many private clinics have had to close due to traffic shortages, lack of donor availability and lack of personal protective equipment. Nearly three-quarters of abortions in India are abortions, up to 7 weeks of gestation. There are also concerns that disruption in the global supply chain of contraception could lead to more sexually transmitted infections, including HIV. Access to contraception is essential for women to exercise their right to self-

[73] Evans M.L., Lindauer M., Farell M.E. A pandemic within a pandemic- Intimate partner violence during Covid -19. *N. Engl. J. Med.* 2020;383:2302–2304. doi: 10.1056/NEJMp2024046.
[74] Bradbury C., Louise I. The pandemic paradox: the consequences of COVID-19 on domestic violence. *J. Clin. Nurs.* 2020;29:13–14. doi: 10.1111/jocn.15296.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7262164/

[75] Three things you need to know about contraceptives and COVID-19, UNFPA (September 25,2020) https://www.unfpa.org/news/three-things-you-need-know-about-contraceptives-and-covid-19

determination about their body and life, so do not delay after a pandemic emergency[76].

Several papers have reported a high rate of maternal and neonatal complications in COVID-19 positive pregnant women[77]. About 15% of SARS-CoV-2 positives in 46 pregnant women developed severe COVID-19, which mainly occurred in overweight women with comorbid somatic disorders. However, the increased risk of having more severe COVID-19 disease during pregnancy[78]. The covid19 also gives a chance of high rate of miscarriage, preterm birth, pre-eclampsia, and perinatal death[79]. Infectious diseases can be distressing especially serious in certain situations, such as pregnancy times. Women in the Covid-19 group show higher levels of depression and anxiety compared to women before Covid-19 (OR = 1.94).

Moreover, in the COVID-19 cohort, women with previous psychiatric diagnosis or low income were at higher risk to report elevated distress and psychiatric symptoms[80]. Moreover, there is a chance for after-effects of maternal exposure to COVID-19 infection and the risk of future mental disorders in offspring[81]. COVID-19 has reportedly restricted access to abortion services for almost 1.9 million individuals in India, and it may also restrict access to contraception for over 25 million people. COVID-19 has not only exacerbated pre-existing issues, but it also has the potential to reverse years of progress, given that providing access to sexual

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[76] Covid19: Ensure Women's access to Sexual and Reproductive health and Rights, Commissioner for Human Rights, Council of Europe(2020) https://www.coe.int/en/web/commissioner/-/covid-19-ensure-women-s-access-to-sexual-and-reproductive-health-and-rights

[77] Hantoushzadeh S, Shamshirsaz AA, Aleyasin A, Seferovic MD, Aski SK, Arian SE, et al. Maternal death due to COVID-19. https://pubmed.ncbi.nlm.nih.gov/32360108/

[78] Chen LQ, Zheng D, Jiang H, Wei Y, Zou L, and Feng L. Clinical characteristics of pregnant women with Covid-19 n Wuhan, China *N Engl J Med*. (2020) 382:e100. doi: 10.1056/NEJMc2009226 https://pubmed.ncbi.nlm.nih.gov/32302077/

[79] Della Gatta AN, Rizzo R, Pilu G, and Simonazzi G. COVID19 during pregnancy: a systematic review of reported cases. *Am J Obstet Gynecol.* (2020) 223:36–41. doi: 10.1016/j.ajog.2020.04.013 https://pubmed.ncbi.nlm.nih.gov/32311350/

[80] Berthelot N, Lemieux R, Garon-Bissonnette J, Drouin-Maziade C, Martel E, and Maziade M. Uptrend in distress and psychiatric symptomatology in pregnant women during the coronavirus disease 2019 pandemic. (Case Study Conducted in Canada) https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/aogs.13925

[81] Transplacental transmission of SARS-CoV-2 infection. *Nat Commun.* (2020) 11:3572. doi: 10.1038/s41467-020-17436-6 https://www.researchgate.net/publication/342918951_Transplacental_transmission_of_SARS-CoV-2_infection

and reproductive health care is critical to lowering maternal and newborn mortality, poverty, and gender equality[82].

Covid19 pandemic has affected the mental health of women in a worse way. Studies from China, where Covid-19 first appeared, found that the female sex was more associated with high stress, anxiety, depression, and post-traumatic stress symptoms[83]. Women are always having a risk factor due to covid19, than men, including chronic environmental strain, preexisting depressive and anxiety disorders, and domestic violence[84]. The reason for all the kind of mental health issues can be due to the above said Sexual and Reproductive health, domestic violence, parenting etc. Burden of looking after the children is always upto the mother of the family. Parenting may be substantially more stressful during a pandemic and stress always effects our mental health. Depression and anxiety during the perinatal period affect one in seven women, and are associated with preterm labor, decreased maternal-infant relationships, and delays in the cognitive / emotional development of the infant[85].

A study with 100 pregnant women in Italy found that there is a psychological impact of Covid19 on the pregnant ladies and highlighted the need for intervention to improve the mental health of this population[86]. The study also shows that the pandemic is expected to decrease the access to diagnosis and psychological or pharmacological treatment; this is likely aggravating poor mental health. There are many policies and programmes under the National health Programmes that, have been crucial in determining the health situation of women in India. Under the Ministry of Health and Family welfare, there are number of programs were set up

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[82]Sanghamitra Singh and Priyasha Banarjie, In India's Covid19 Fight , Women's Sexual And Reproductive Health Should Not be Ignored, News 18, Published on July 11,2021. Available On https://www.news18.com/news/opinion/in-india-covid-fight-women-sexual-reproductive-health-should-not-be-ignored-3949010.html .

[83]Marcela Almeida, Angela D.Shrestha, Danijela Stojanac & Laura J.Miller, The impact of Covid19 pandemic on Women's mental Health, Springer Link, (December 2020) Available on https://link.springer.com/article/10.1007/s00737-020-01092-2

[84]Id

[85] American College of Obstetricians and Gynecologists. ACOG Committee Opinion No. 757: screening for perinatal depression. *Obstetr Gynecol.*(2018) Available On https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/11/screening-for-perinatal-depression

[86] Saccone G, Florio A, Aiello F, Venturella R, De Angelis MC, Locci M, et al. Psychological impact of COVID-19 in pregnant women. *Am J Obstetr Gynecol.*(2020). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7204688/

targeting the welfare of women and children. There are number of health care centers too. But at the time of the pandemic, it is difficult for women to access and to reach out the services of the health centers.

SRH and rights are a major public health concern during outbreaks, and they should be prioritised. Given the ongoing nature of the pandemic, the scientific community must quickly develop robust clinical, epidemiological, and psychosocial behavioural linkages between COVID-19 and SRH and rights consequences. In particular, prompt planning and activities for epidemiological research and surveillance of the primary susceptible groups of women and adolescents, as well as assessing the immediate, medium, and long-term consequences on their SRH, are critical. More significantly, during the epidemic, we must consolidate operational policies and activities to defend SRH and the rights of women, young people, and vulnerable communities. This necessitates collaboration, trust, and solidarity among scientists and clinicians, as well as policymakers, community organisations, and international agencies[87].

Domestic Violence

With the declaration of COVID-19 as a global pandemic, governments were under pressure to take measures to reduce the community spread of the disease. Hence, in the absence of a vaccine or effective treatment, going into quarantine and lockdowns for varying periods of time is being adopted as an option by most countries. This has led to a forceful alteration in the day-to-day lifestyle of the individuals. Most of the work is done from home, trying to maintain social distance. These measures are critical to the protection of health care systems. However, just as a coin has two sides, positive attempts to deal with COVID-19 have adverse effects associated with them. The negative consequences include the risk of losing jobs, economic vulnerabilities, and psychological health issues resulting from isolation, loneliness,

[87]Kun Tang,Junijian Goshan, Nathalie Broutet, Caron Kim, Sexual and Reproductive Health : A Key issue in the emergency response to the Corona Virus Disease Outbreak, BMC, Article No.59(2020). Available On https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-020-0900-9

and uncertainty, among others. Gender-based violence is a type of violence that targets a person based on their gender[88].

Quarantine has resulted in an upsurge in reports of gender-based violence, which is often disregarded. It's a complicated issue involving a mix of sexual, physical, and emotional violence, as well as neglect or deprivation[89]. The National Commission for Women (NCW) reported a twofold increase in complaints of gender violence, according to an article published in India's national newspaper, The Hindu[90].

Domestic violence also called as Intimate Partner Violence (IPV) occurs between people in an intimate relationship. Emotional, sexual, and physical abuse, as well as threats of harm, are all examples of domestic violence. Domestic violence is defined as physical, sexual, verbal, emotional, and financial abuse against a woman by her partner or family members live in a joint family, as well as unlawful dowry demands, according to the Protection of Women from Domestic Violence Act of 2005[91]. Domestic Violence has no gender ie., anyone can be a victim of domestic violence, be it men, women, children. But most of the victims of Domestic Violence are always Women. Statistics published by the World Health Organization indicate that approximately 1 in 30 (30%) women worldwide have been subjected to physical or / or sexual intimate partner violence or non-partner sexual violence during their lifetime. Worldwide, approximately one-third (27%) of women aged 15-49 report being physically and / or sexually abused by their next of kin[92]. In the United States,

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[88] Peterman P, O'Donnell T, Shah O-P, and van Gelder. "*Pandemics and Violence Against Women and Children." CGD Working Paper 528*. Washington, DC: Center for Global Development. (2020) Available On https://www.researchgate.net/publication/341654631_Pandemics_and_Violence_Against_Women_and_Children

[89] Andersson N, Cockcroft A, and Shea B. Gender-based violence and HIV: relevance for HIV prevention in hyperendemic countries of southern Africa. *AIDS.*(2008) Available On https://www.researchgate.net/publication/51435044_Gender-based_violence_and_HIV_Relevance_for_HIV_prevention_in_hyperendemic_countries_of_southern_Africa

[90] Chandra J. NCW launches Domestic Violence Helpline. The Hindu. (2020, April 10); https://www.thehindu.com/news/national/ncw-launches-domestic-violence-helpline/article31312219.ece

[91]Abramsky T, Watts CH, Garcia-Moreno C, Devries K, Kiss L, Ellsberg M, et al. What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence.BMC Public Health.2011;11(1). Available On https://pubmed.ncbi.nlm.nih.gov/21324186/

[92]Violence Against Women, World Health Organization, (9 March 2021) Available On https://www.who.int/news-room/fact-sheets/detail/violence-against-women

close associate violence accounts for 85% of all violent crimes against women and 3% of all violent crimes committed by men[93]. Domestic violence is act by, and on, both men and women. However, most commonly, the victims are women, especially in our country, India. Any act, conduct, exclusion or commission that may cause harm, injury, harassment or harassment is considered domestic violence under laws[94].

Data and testimonials from individuals on the front lines demonstrate that since the emergence of Covid19, all sorts of violence against women and girls, notably domestic violence, has increased. Domestic is also termed as Shadow Pandemic growing in the amidst the COVID-19 crisis. Stay-at-home orders, lockdowns, curfews are intended to protect the public and prevent widespread infection, but it left many IPV victims trapped with their abusers. As states enforced these orders, domestic-violence hotlines were prepared to increase the demand for services, but many organizations experienced the opposite. The number of calls plummeted by more than half in some areas[95]. Women and their children are significantly more likely to be victims of violence because family members spend more time in contact and increase domestic pressure, and the risk increases when they face financial risk or job loss. Only a few empirical published studies on domestic violence during the COVID-19 are accessible. For example, during the COVID-19 pandemic, nearly one in four Ethiopian women experienced some type of domestic violence, according to a research. Domestic violence was more likely to occur among housewives under the age of 30 and those who were married in an arranged marriage[96].

There is always a chance in increase of Domestic, sexual and gender- based violence increases during crisis and pandemics. Violence in the home can lead to adverse health and mental health consequences, including chronic illness, depression, post-

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[93] Callie Marie Rennison, Intimate Partner Violence, 1993-2001,Bureau of Justice Statistics (2003) Available 0n https://bjs.ojp.gov/library/publications/intimate-partner-violence-1993-2001

[94] Protection of Women from Domestic Violence Act, 2005 https://www.indiacode.nic.in/handle/123456789/2021?sam_handle=123456789/1362

[95] Fielding S. In quarantine with an abuser: surge in domestic violence reports linked to coronavirus. The Guardian. April 3, 2020 https://www.theguardian.com/us-news/2020/apr/03/coronavirus-quarantine-abuse-domestic-violence

[96]Gebremeskel Tukue Gebrewahd, Degena Bahrey Tadesse, Intimate partner violence against reproductive age women during COVID-19 pandemic in northern Ethiopia 2020: a community-based cross-sectional study, PubMed, 2020. Available On https://pubmed.ncbi.nlm.nih.gov/33028424/

traumatic stress disorder, and dangerous sexual-drug use. It happened during the 2014-16 Ebola and 2015-16 Zika epidemics, and it appears to be happening now also[97]. In situations of quarantine or stay-at-home procedures, women and children living with violent and restrained men are at greater risk. While lockdowns and home stay orders are important in limiting and preventing the spread of COVID-19, they can be disrespectful to women and girls who are vulnerable to sexually transmitted violence (GBV). Preventive approaches exacerbate factors that contribute to or perpetuate violence against women and girls.

The increase in domestic violence against women is due to the Unemployment, economic instability and stress may lead offenders to feel a loss of that power, which in turn may worsen the ratio and intensity of their abusive behaviour. Rising tension due to economic imbalances and losses, it could lead to a spike in domestic violence behind closed doors. It's a period where the counselling and support services may be stripped back to a minimum. Even the working women are being unemployed, faces domestic violence. There is no difference for working women or homemaker facing domestic violence in the pandemic.

The crisis creates additional barriers to life-saving services for women and girls such as counseling, legal resources and legal advice; Providing refuge, as well as sexual health and other necessary medical services. Long before COVID-19, there was a pandemic known as VAWG (Violence Against Women and Girls). The root causes are not the virus or the resulting financial crisis, but the imbalance of power and control. According to Bradbury-Jones and Isham, the lockdown imposed to deal with COVID-19 gave more freedom to abusers. It has become easier for the abusers to enforce control tactics by limiting the access of the victims to phones, internet, and other people[98]. Fielding[99]pointed out that the victims of abuse may even be scared to visit a hospital for treatment of their injuries due to the fear of contracting the

[97] Amanda Taub, A new COVID-19 crisis: Domestic abuse rises worldwid, Chicago Tribune, (2020) Available On https://www.chicagotribune.com/coronavirus/sns-nyt-coronavirus-domestic-abuse-rises-worldwide-20200407-6kd46ga4hrfizoxmhz4dmiigja-story.html

[98]Bradbury-Jones C, and Isham L. The pandemic paradox: The consequences of COVID-19 on domestic violence.*J Clin Nurs*. (2020) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7262164/

[99]Fielding S.In Quarantine With an Abuser: Surge in Domestic Violence Reports Linked to Coronavirus. The Guardian. (2020, April 8). Retrieved from https://www.theguardian.com/us-news/2020/apr/03/coronavirus-quara~ntine-abuse-domestic-violence

COVID-19 disease which leads the situation even more worse. Although the need for sexual abuse care is apparently increasing, access to health services is becoming more difficult. In earlier times itself, accessing care for sexual and domestic violence can be difficult due to many reasons like stigma, fear of retribution, lack of trust in authorities or can be due to family issues. Now women and girls face even more barrier. Due to the lockdowns and protocols only emergency cases are being seen at many health facilities and authorities and that too by appointment. As health and other support services, including sexual and reproductive health services, decline, women who are victims of violence may be less likely to receive support and referrals from the health sector.
Other important support services, such as hotlines, crisis centres, shelters, legal aid, and care and counselling services, may be cut, limiting women in abusive relationships' access to help[100].

In short, Although the coronavirus that caused the COVID-19 pandemic does not discriminate between genders in its clinical effects, gender may play a role in the pandemic's socio-psychological effects. The COVID-19 pandemic has wreaked havoc on the lives and livelihoods of the entire world's population. However, its impact on women has been unprecedented and even worse. Women have suffered more as a result of home containment, which was once thought to be the most effective technique of protecting the public's health and well-being. While the nationwide lockdown protected women from out-of-home assault, they were increasingly exposed to violence within their homes without much socio-legal support. The sharp increase in domestic violence cases published in India's leading news newspapers is a strong indication that the domestic space remains dangerous for the majority of women. While the threat of a pandemic has passed and the lockdown has been lifted, the wounds of the violence will remain for the women who have been harmed. Although the current study found evidence of an increase in domestic violence in India, there has been a worldwide increase in domestic abuse instances. This is clear proof of gender inequality in all societies.

[100] Elisabeth Roesch,Avni Amin,,Jhumka Gupta,Claudia García-Moreno,Violence against women during covid-19 pandemic restrictions, the bmj (7 May 2020). Available on https://www.bmj.com/content/369/bmj.m1712

Health of Healthcare Workers

Health of the medical frontline is another area of concern. Women make up an estimated 70% of the world's global health and social workforce[101]. Women's safety being compromised through high contact of covid patients and due to lack of Personal Protective Equipment (PPE). There is also have a necessity of psychological support at a time of high stress for health workers, says United Nations Population Fund (UNFPA). The WHO postulated that many health care providers could develop PTSD, depression, anxiety and burnout during and after the pandemic peak[102]. Female gender has an intermediate occupation were associated with experiencing more severe depression, anxiety, and distress. Working as a frontline health worker (41.5% of the participants) were also risk factors for worse mental health outcomes. Many healthcare workers have been infected and lost their lives due to corona virus.

ASHA workers continued to extend their working hours and duties and even struggled to be recognized as government employees who were entitled to benefits other than volunteers. Interestingly, despite working for the government, ASHA employees are referred to as activists and are not considered part of the professional labour. Though they are employed on long-term open contracts, their labour is voluntary and temporary, and they are paid an incentive (rather than a wage or honorarium) based on their performance. The majority of welfare workers work in their own or nearby towns. Many other women who are part of the ASHA scheme and other similar state-run schemes like the Anganwadis and the Auxiliary Nurse Midwives have similar stories of mental and physical abuse (ANMs). ASHA personnel have been collecting data on COVID-19 patients, offering counselling, and raising awareness in the community during the lockdown. They are still doing so in the field, conducting door-to-door surveys, including in containment zones and

[101] World Economic Forum; The COVID-19 pandemic could have huge knock-on effects on women's health, says the UN. Available on https://www.weforum.org/agenda/2020/04/covid-19-coronavirus-pandemic-hit-women-harder-than-men/

[102] Boniol M, McIsaac M, Xu L, Wuliji T, Diallo K, and Campbell J. Gender equity in the health workforce: analysis of 104 countries. *Working Paper 1*. Geneva: World Health Organization (2019) https://apps.who.int/iris/handle/10665/311314

hotspots. In some cases, their work profile puts them at risk of being boycotted and attacked by locals, as well as being accused of spreading the virus. Not unexpectedly, these women employees, like health workers in other nations, are becoming sensitive to COVID-19. Last year, the government informed parliament that eighteen ASHA workers had died while on COVID duty[103]. Although ASHA workers are a lynchpin, they say they are treated like volunteers and do not even qualify for the minimum wage. The persistent increase in morbidity, mortality, lack of any specific medication or vaccine, extensive media coverage, large workload, lack of personal protective equipment, and feelings of inadequate support all contribute to the mental burden of this health care staff[104]. Prior to the COVID-19 pandemic, these women were in the habit of assisting with pregnancies, childcare, immunisation, and elderly care, among other things. They also conduct surveys and gather data on cancer, leprosy, tuberculosis, and HIV/AIDS patients, as well as retain records of community mortality, including information on the cause of death. They keep track of health records and organise community families around health issues. The incentive paid to women in India's state social welfare schemes, such as ASHA, is far less than the legal minimum or living wage, which is a major crisis for women.

Studies have found that nurses are more likely to have mental disorders than physicians. Nurses are one of the largest occupational groups in direct and intense contact with their patients[105]. The studies show that working under poor high-risk departments was another main reason of poor mental health. Because of the majority of the health care workers are female, their infection risk is also higher comparing to male.

Wherever one looks, women have a responsibility to keep societies together. Be it at home, health care, at school or any other areas of the society. After their stressed

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[103] India’s female health workers on rural front line get COVID shot, ALJAZEERA, (Jan 2021) https://www.aljazeera.com/news/2021/1/22/tables-turn-as-indias-female-health-workers-get-covid-vaccine

[104] Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019, JAMA Network, (March 2020), Available On https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229

[105] Maunder RG, Lancee WJ, Rourke S, Hunter JJ, Goldbloom D, Balderson K et al. Factors associated with the psychological impact of severe acute respiratory syndrome on nurses and other hospital workers in Toronto. Psychosom Med. (2004);https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3291360/

work at hospitals and clinics, they have to look after their family, have to household chores when reached home. Compared to the general public, workers in the health care sector who are at constant risk of contracting the Covid-19 infection were found to be particularly stressed due to relatively direct exposure, inadequate care facilities, overwork, and comments in a defamatory form. Quarantine needed, sometimes inadequate support from family[106]. During the SARS epidemic, close to 25-30% of health care professionals are found to experience high levels of emotional distress[107].

Psychological effects on health care workers include the following conditions: total anxiety (23-44%), severe anxiety (2.17%), moderate anxiety (4.78%), mild anxiety (16.09%), stress disorder (27.4-71%), and depression (50.4%), insomnia (34.0%)[108], anxiety in women was higher than in men, and leading health professionals involved in direct Covid-19 patient care were at increased risk for depression, anxiety, insomnia, and distress[109]. Furthermore, they are frustrated with the difficult emotional mission of caring for Covid-19 patients, dealing with patients and their relatives, dealing with the suffering and dying, and sometimes making the difficult decision to prioritize care.

Life outside work has been incredibly demanding, especially for female workers, since women predominately assume the role of family caregiver[110].

Psychiatric Symptoms in COVID 19 Positive Patients

[106] Que J, Shi L, Deng J, Liu J, Zhang L, Wu S,*et al*. Psychological impact of the COVID-19 pandmic on healthcare workers: A cross-sectional study in China. Gen Psych 2020. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7299004/

[107] Maunder R. The experience of the 2003 SARS outbreak as a traumatic stress among frontline healthcare workers in Toronto (2004) https://pubmed.ncbi.nlm.nih.gov/15306398/

[108] Huang JZ, Han MF, Luo TD, Ren AK, Zhou XP. Mental health survey of 230 medical staff in a tertiary infectious disease hospital for COVID-19. Chin J Ind Hyg Occup Dis. 2020; https://pubmed.ncbi.nlm.nih.gov/32131151/

[109] Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019, JAMA Network (2020) https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229

[110] N. Sharma, S. Chakrabarti, S. Grover. Gender differences in caregiving among family - caregivers of people with mental illnesses. World J Psychiatry., 6 (2016), pp. 7-17. Available on https://www.wjgnet.com/2220-3206/full/v6/i1/7.htm

It has been reported that COVID-19 positive patients had higher levels of depression, anxiety, and post-traumatic stress symptoms as compared with normal controls[111]. Women reported more “perceived helplessness” compared to men and restrictions.

Many patients complain about intense fatigue and apathy in the weeks or months following infection, which have already been observed with previous SRAS infections or influenza. These symptoms highlight the link between depression, viral infections and inflammatory mechanisms[112].

Implications for the mental health of the world's emerging epidemics over the past decade may give us an idea of the long-term impact of the current Covid-19 pandemic. This can be seen in the psychological suffering and guilt that the Zika virus has caused in moms of newborn kids with congenital deformities since 2013, and in mothers of newborn babies with congenital malformations to this day[113]. The Ebola virus, which arose in 2010 and caused post-traumatic stress disorder among survivors in Sierra Leone, is the same[114].

CONCLUSION

Corona virus disease 2019 (COVID-19) created a situation of pandemic general distress. Although there was initially a greater focus on physical health during the outbreak, mental health concerns associated with the lockdown quickly arose. Although the mortality rate is more than twice that of women, Covid-19 has affected more women than men as pandemic frontline workers and at home. According to Ms. Funzail Mlambo-Nkukka, Executive Director of the United Nations (UN) Women: The Covid-19 pandemic is not only a health problem, but also exposes the

[111] Immediate psychological distress in quarantined patients with COVID-19 and its association with peripheral inflammation: a mixed-method study.Brain Behav Immun. (2020) https://pubmed.ncbi.nlm.nih.gov/32416290/

[112] The role of inflammation in depression and fatigue. Front Immunol. (2019) 10:1696. doi: 10.3389/fimmu.2019.01696 https://pubmed.ncbi.nlm.nih.gov/31379879/

[113] Tucci V, Moukaddam N, Meadows J, Shah S, Galwankar SC, Kapur GB, The Forgotten Plague: Psychiatric Manifestations of Ebola, Zika, and Emerging Infectious Diseases.(2017) https://pubmed.ncbi.nlm.nih.gov/29302150/

[114] Reflections on the Ebola Public Health Emergency of International Concern, Part 2: The Unseen Epidemic of Posttraumatic Stress among Health-care Personnel and Survivors of the 2014-2016 Ebola Outbreak.Paladino L, Sharpe RP, Galwankar SC, Sholevar F, Marchionni C, Papadimos TJ, Paul E, Hansoti B, Firstenberg M, Garg M, Watson M, Baxter RA, Stawicki SP, American College of Academic International Medicine (ACAIM).

shortcomings of the existing public and private regulation, which has a profound impact on our society. Women do multiple unpaid jobs. It is time for governments to recognize the magnitude of the contribution of women and the accuracy of many[115]. The pandemic is having an impact of the disease, women find it difficult to access much needed maternal health services given that all services are being directed as to essential medical needs. Availability of contraception and those kinds of services become disrupted. Some sexual and Reproductive health services such as contraception and safe abortion care are seen as non-essential. As Sexual and Reproductive health is a fundamental right of a person, the duty to protect these rights at any kind of pandemic is important.

COVID-19 not only led to an increase in cases of gender-based violence, but also disconnected them from their support networks. Most people who experience IPV do not seek help. Medical professionals have the opportunity to identify these patients, provide counseling and connect people to social services in health care settings. This is the shadow pandemic that is growing in the inside of the Covid-19 crisis, and we need a global collective effort to prevent it. As the Covid-19 cases continue to plague health services, essential services such as domestic violence shelters and helplines have reached capacity.

In the COVID-19 reaction and recovery activities, more has to be done to prioritise combating violence against women. India is having a well written Act to Prevent Domestic violence, but it didn’t given any provision regarding the violence and abuse faced by women at pandemic and disasters. As current efforts to limit the spread of COVID-19 trigger in close partner violence around the world increase, physicians and leading health care providers should be careful in identifying the symptoms of violence, be comfortable asking about IPV, and be aware of local resources for referral. This imbalance roots from inequality between men and women, discriminatory attitudes and beliefs, gender stereotypes, social norms that

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[115]. UN Women Policy Brief.The Impact of COVID-19 on Women. (2020). available at https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406

tolerate violence and abuse, and social structures that repeat inequality and discrimination. If we want to eliminate VAWG, we need to develop long-term strategic approaches that address these underlying causes. Screening for symptoms of Covid19 is a part of the virus prevention and breaking the chain.

There are control measures at many health facilities right now, but it may also present a barrier to care, especially people seeking treatment and protection for domestic violence. As Covid cases continue to plague health services, essential services such as domestic violence centers and helplines have reached incapacity.

Because of the majority health workers are females their infection risk is higher. So attention must be paid to ensure safe conditions for all health workers. Special attention have to be provided female nurses and other workers.

Economically, women are extremely susceptible. Women's personal finances are weaker than that of men[116]. Giving notice to all these differences, it is critical that economic crisis-responses measures account for women's unique situation. Particularly at the time of pandemics. The whole world is struggling and working for the end of the pandemic, it is also important to end the discrimination and health issues faced by women.

CHAPTER 5
POLICIES TAKEN BY GOVERNMENT

INTRODUCTION

The coronavirus disease 2019 (COVID-19) outbreak emerged in Wuhan city, China, during 2019. Since then, COVID-19 infection has spread rapidly through many countries, with the number of confirmed cases .The rising rate of COVID-19 infection necessitated the use of containment measures to minimise infection

[116]LAURA TYSON ,ANU MADGAVKARWhere women stand by Project Syndicate. (April 2007) Available On https://www.project-syndicate.org/commentary/women-progress-and-hurdles-advanced-economies-by-laura-tyson-and-anu-madgavkar-2020-04?barrier=accesspaylog

transmission, such as border closures, physical separation, hand cleanliness, and lockdown measures. Lockdown measures have resulted in the closure of institutions and shops, restriction of movements and increased home stays. These changes have resulted in normal way of living, which is associated with the challenges of deprivation of contact with peers, loneliness and boredom even depression. Covid-19 is not just a world health crisis, its more than that. Covid19 created financial crisis, a humanist crisis, a safety crisis and mostly human rights crisis[117]. The pandemic exemplifies how risk has evolved throughout time. The crisis has also laid bare severe and systemic inequalities and discrimination. The corona virus impacts all of us, everywhere, however it does now no longer have an effect on all of us equally. Corona virus affected different people in different ways.

The current worldwide outbreak of COVID-19 has changed the all piece of society. The best way to prevent the transmission of corona virus is to Protect yourself and others from infection by washing your hands, Practice physical distancing where possible, avoid unnecessary traveling and stay away from large groups of people. Stay at home if you feel unwell and most significantly it is important to inform about the COVID-19 virus, the disease it causes and how it spreads. But all these measures can only help to prevent, protect ourselves and society from the Corona virus. Those measures couldn't help preventing the discrimination and inequalities, especially the discrimination and mental health issues faced by women and girls. The year 2020, which will celebrate the twenty-fifth anniversary of the Beijing Platform for Action, has been designated as a watershed moment for gender equality[118].

Pre-existing inequalities are being exacerbated by the epidemic, which is exposing vulnerabilities in social, political, and economic systems, compounding the pandemic's effects. Disease outbreaks had a variety of effects on women. Mentally, physically, financially, and so on. Increased the responsibility of girls and young

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[117] Covid19 Responses by UN Nations (June 2020) Available On https://www.un.org/en/coronavirus/UN-response

[118] UN Secretary-General's policy brief: The Impact of Covid19 on Women, United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); United Nations Secretariat (2020). Available On https://www.unwomen.org/en/digital-library/publications/2020/04/policy-brief-the-impact-of-covid-19-on-women

women in caring for old and unwell family members, as well as out-of-school siblings. Girls, especially those from marginalised communities and with disabilities, may be particularly affected by the secondary impacts of the outbreak[119]. The COVID-19 pandemic created a deep shock worldwide, with different implications for both men and women. Women are fighting COVID19 on the front lines, and the crisis' impact on women is severe.

Women face combining burdens: they are over-represented working in health systems especially as nurse. They always continue to do the majority of unpaid care work in households, face high risks of economic insecurity, and face increased risks of violence, exploitation, abuse or harassment during times of crisis and lockdown. The pandemic has had and will continue to have a major impact on the health and well-being of many vulnerable groups[120]. Women are disproportionately affected. According to preliminary medical data, COVID19 appears to impact men more than women. Men who have contracted COVID19 have a 60-80 percent greater mortality risk than women. However, as COVID-19 spreads around the world, the impact of the pandemic on women is becoming increasingly terrible.

GOVERNMENT RESPONSES

International organizations and National governments are responding to the COVID-19 outbreak by adapting programmes and implementing new remote approaches to ensure and address the immediate and medium impacts of the outbreak. Women and girls suffer most during emergencies, it is impotant to ensure their needs are addressed and not left behind. The majority of member states, international organisations, and non-governmental organisations are taking steps to address the COVID-19 crisis's specific impact on women's rights. Policy responses must be proximate, and they must account for women’s concerns. Governments should consider implementing emergency measures to assist parents in balancing work and

[119]How will Covid19 affects girls and young women: Plan International. https://plan-international.org/emergencies/covid-19-faqs-girls-women
[120] OECD (2020),COVID-19 Policy Brief on Well-being and Inclusiveness, Available at: https://www.oecd.org/coronavirus/en/

caring responsibilities, strengthening and expanding income support programmes, providing mental and financial support to healthcare workers, and improving measures to assist women who have been victims of violence. Fundamentally, all policy responses to the crisis must incorporate a gender lens and take into account women's specific needs, responsibilities, and perspectives. States must ensure that their responses are gender-sensitive and protect women's and girls' rights to a life free of discrimination and abuse, as well as access to the sexual and reproductive health services that women require.

The UN High Commissioner for human rights and other similar commissions have issued guidelines to be followed by the states craft measures to respond to the pandemic that also fulfill their human rights obligations. National authorities have to be aware about the pandemic in the context of health, humanitarian or other crises. When the effects of these crises on women and women's rights are not considered, gender inequalities widen. The COVID-19 pandemic does not relieve States of their special obligations to address the gender violence experienced by thousands of women and girls in the region, including trans women and intersex people; rather, it necessitates more stringent measures to mitigate the negative effects of this new health crisis on them. Without a quality approach, half of the population will lack effective protection during the crisis resulting from the pandemic, which will have long-term effects well even after the immediate crisis passes, leading to greater exclusion and discrimination against women and girls all over the world.

Even during a pandemic, the human rights instruments' principles of equality and non-discrimination cannot be overlooked; rather, they must remain an integral element of any government response to the COVID-19 issue. In the event of a pandemic, the instruments must function properly.

Response to Sexual and Reproductive Health

Sexual and Reproductive Health Rights are fundamental human rights guaranteed by any international human rights instruments that establish the right of all people to the best physical and mental health possible, including sexual and reproductive health. Violations of the rights to life, health in particular the sexual and reproductive health rights of womens are a kind of gender violence that may constitute torture or cruel, inhuman, or degrading treatment. Failure to provide these essential services is a form of discrimination against women and girls because it jeopardises their lives, health, and physical and mental well-being.

States have a special responsibility to ensure that women and girls have access to these healthcare services in accordance with principles of equality and non-discrimination, especially given the variety of vulnerability and risk situations they may face while quarantine and isolation measures are in place. Regardless of the COVID-19 pandemic, the World Health Organization emphasises that women's sexual and reproductive health care choices and rights should be protected. Longer stays at home, a lack of access to contraceptive services, and financial difficulties in acquiring condoms or contraceptive pills all contributed to an increase in unintended pregnancies during the COVID-19 pandemic, according to report evidence[121].

Due to distance, transportation, and financial constraints, several women were unable to obtain critical antenatal care or their preferred birthing, post-partum, or baby care[122]. Government policies and structural constraints in several countries have resulted in insufficient financial support for SRHR services during the COVID-19 epidemic. Pandemic-related stressors have been shown in studies to significantly increase prenatal mental health difficulties. Due to the lack of definitive data on the effects of COVID-19 during pregnancy, the COVID-19 pandemic causes heightened dread and a diminished sense of control for many pregnant women[123]. However,

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[121]Kranti S., Shahin S., Senthilkumar N. Impact of COVID-19 on family planning services in India. Sexual and reproductive health matters.SRHM. (2020) Available On: https://pubmed.ncbi.nlm.nih.gov/32552622/

[122] KPMG Government and institution measures in response to COVID (2020) Available On: https://home.kpmg/xx/en/home/insights/2020/04/united-kingdom-government-and-institution-measures-in-response-to-covid.html

[123] The impact Of Covid19 on Women's Mental Health, Springer Link (Dec 2020). Available On: https://link.springer.com/article/10.1007/s00737-020-01092-2

there are no uniform protocols for assessing and caring for pregnant women during this epidemic, which leads to a great deal of variation in management.[124].

The UNFPA has released a technical brief on protecting sexual and reproductive rights[125]on March 2020. During the pandemic, UNFPA helps national and local authorities, communities, and beneficiaries in taking the lead in providing access to sexual and reproductive health services. Cooperation and relationship with WHO and other UN agencies in supporting Ministries of Health and relevant line ministries is critical to ensuring that accurate information on infection precautions, potential risks, and how to seek timely medical care is provided to women of reproductive age, including pregnant women[126]. UNFPA has issued recommendations for the protection of sexual and reproductive health rights, recommending that during COVID-19, special attention be paid to sexual and reproductive health and rights, as these issues can be severely impacted during outbreaks, including following strict infection prevention guidelines for safe pregnancies and childbirth, among other measures.

Sexual and reproductive health services, including maternal health care and gender-based violence services, are critical to women's and girls' health, rights, and well-being. Increasing maternal mortality and morbidity, increased rates of adolescent pregnancies, HIV and sexually transmitted diseases may arise from diverting attention and crucial resources away from these measures. Given the present COVID-19 pandemic situation, an additional 18 million women in Latin America and the Caribbean are expected to lose regular access to modern contraception[127].

On April 2020 the United Nations have released the policy brief: The Impact of COVID-19 on Women, in which they recommended to make provisions for standard

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[124] Favre G, Pomar L, Qi X, Nielsen-Saines K, Musso D, Baud D Guidelines for pregnant women with suspected SARS-CoV-2 infection. Lancet Infectious (2020). Available On https://pubmed.ncbi.nlm.nih.gov/32142639/

[125] Covid19: A Gender Lens on Protecting Sexual and Reproductive Health and Rights and Promoting Gender equality, UNFPA (March 2020) Available On https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf

[126]Supra note 11

[127]Out-of-Pocket Spending for Contraceptives in Latin America. UNFPA, Latin America and Caribbean Regional Office, PubMed.gov (March 2020) Available On https://pubmed.ncbi.nlm.nih.gov/33131452/

health services to be continued, especially for sexual and reproductive health care. Health care services for older women, survivors of gender-based violence, and prenatal, postnatal, and delivery services, especially emergency obstetric and newborn care, must all be prioritised. Infection control procedures should be in place if they aren't already. HIV treatment access needs to be maintained with no interruptions, particularly, but not exclusively in terms of prevention of mother to child transmission of HIV[128]. The UN promotes support for countries with weak public health and social support systems, including those in humanitarian crises, and encourages awareness-raising campaigns aimed specifically at women and girls, as well as higher-risk groups such as pregnant women, HIV-positive people, and people with disabilities, about how to reduce the risk of contracting COVID-19[129].

In addition, the UN is collaborating with governments and partners from throughout the world to ensure that the pandemic's sexual and reproductive health and rights of women and girls receive regular attention. The UN also advised state parties to ensure that vulnerable groups of women, such as those living in informal settlements, rural regions, and refugee camps, have access to sufficient and affordable water, sanitation, and hygiene services.

When we are looking to the guidelines provided by Indian Government on protecting the Sexual and Reproductive health rights of women and Girls, we could find that the Advisory body of National Human Rights Commission (NHRC) played an important role in so. National Human Rights Commission had constituted a committee of experts assess the impact of Covid19 pandemic. Based on the consultations with the Expert Committee, the commissions recommends to various ministries in the form of Advisory, specific to women and girls, under different themes. Regarding the Sexual and Reproductive health, they recommended on both the maternal health and on Abortion and Contraception.

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[128]Policy Brief: The impact Covid19 on Women, UN Nations (April 2020). Available On https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf

[129]Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender responsive services to Address gender-based violence and Sexual and Reproductive Health and Rights for Women And Young Persons with Disabilities, UNFPA (November 2018) Available On: https://www.unfpa.org/featured-publication/women-and-young-persons-disabilities

In terms of maternal health, the NHRC recommended that: maternal health services should not be denied on the basis of religion, caste, or geographic location (such as a containment zone); access to and availability of comprehensive reproductive health services; national support through Integrated Child Development Services (ICDS) such as ration supplies provided to all pregnant and breastfeeding mothers; and availability of free maternal health services. All pending payments under the Pradhan Mantri Matru Vandana Yojana (PMMVY) for all eligible women under the plan should be cleared, according to the NHRC. NHRC was also adware of bringing guidelines for the abortion &Contraception. They advised to make provisions for free contraceptives and other essential materials for safe delivery and safe abortion. Also, they recommended to ensure that the private sector health facilities do not deny abortion services.

Financial assistance under the PM Jan Dhan Yojana/ Pregnancy aided scheme may be extended and cover women seeking abortion, sensitise women's helplines and One Stop Centres are there to cater survivors of sexual about possible pregnancies. The annual report 2020-2021 of Ministry of Women and Child Development has also provided guidelines for Sexual and Reproductive rights of women and girls in the pandemic.

Many NGOs also calls on the government to do take actions and to bring out policies. 'Girls not Brides' is a one such organizations with a vision of A world without child marriage where girls and women enjoy equal status with boys and men and are able to accomplish their full possible in all aspects of their lives. In times of crises, they urge governments to recognise contraception and safe abortion as necessary services. They call on governments to lower obstacles by allowing women to obtain safe abortion and contraception via telemedicine, allowing pharmacists to provide treatments, and eliminating unnecessary wait times and multiple doctor sign-offs[130].

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[130] Resources to help during Covid19: Sexual and reproductive health and rights, Girls not Brides (May 2020). Available On https://www.girlsnotbrides.org/articles/resources-to-help-during-covid-19-sexual-and-reproductive-health-and-rights/

Response to Domestic Violence in the Pandemic

Rates of domestic violence have increased in the context of prior natural disasters. Physicians and frontline healthcare workers must be vigilant in recognising signs of violence, feel comfortable asking about Intimate Partner Violence, and be aware of local resources for referrals as current measures to limit the spread of COVID-19 cause increases in intimate partner violence worldwide[131]. In the middle of the COVID-19 catastrophe, domestic violence is becoming the Shadow Pandemic, and we need a global concerted effort to halt it. Essential services, such as domestic abuse shelters and hotlines, have reached capacity as COVID-19 cases continue to pressure health resources. In the COVID-19 reaction and recovery activities, more has to be done to prioritise combating violence against women. During the COVID-19 pandemic, UN Women plays a crucial role by providing up-to-date information and supporting vital programmes to combat the Shadow Pandemic of violence against women.

The brief of UN Women explores the express for the provision of essential services for women and girls who have experienced violence during the COVID-19 pandemic. It makes recommendations to governments, civil society, and international organisations working to improve the quality of and access to coordinated health, police and justice, and social services for all women and girls, particularly those who face multiple forms of discrimination and are at higher risk of violence.

It was shaped by a diverse group of stakeholders, including civil society and women's rights organisations, which provide the majority of frontline assistance for survivors in many countries[132]. According to the United Nations, it is critical for national response plans to prioritise women's support by applying proven-effective measures[133]. They recommended the state parties to integrate prevention efforts and

[131] Campbell AM, An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. Forensic Science International: Reports 2(2020) Available On https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7152912/

[132] Covid19 and essential service provisions for survivors of violence against women and girls, UN Women (2020). Available On https://www.unwomen.org/en/digital-library/publications/2020/04/brief-covid-19-and-essential-services-provision-for-survivors-of-violence-against-women-and-girls

[133]Policy Brief: The impact of Covid19 On women, United Nations (2020) Available On : https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf

services to respond to violence against women into COVID-19 response plans, appointing domestic violence shelters as essential services, expanding the capacity of shelters for victims of violence, designating safe spaces for women where they can report abuse without alerting offenders, Stepping up advocacy and awareness campaigns, including targeting men at home. It is critical that national responses include particular public announcements stating that justice and the rule of law are not suspended during periods of detention or lockdown. Gender-based violence prevention measures must be incorporated into the justice and security sectors' operational plans for the crisis, and statutes of limitations on offences, notably sexual assault offences, should be suspended[134].

The United Nations is committed to integrating these steps into responses across the board, including in humanitarian emergencies. Governments are being urged by UN Country Teams and top officials to incorporate measures to safeguard women from violence as part of their immediate response to the COVID-19 pandemic. The government of Canada's COVID-19 response package includes $50 million CAD to fund shelters for women who are victims of sexual and other types of gender-based violence. In Australia, $150 million AUD was set aside for family violence response as part of the national response. In Mexico, a bill to donate 405 million pesos to the National Network of Shelters is being contested[135].

The UN brought out Recommendations for Action held hands together with Government- United Nations Agencies. They are: allocate additional resources and include evidence-based measures in COVID-19 national response plans to address violence against women and girls; strengthen services for women who experience violence during COVID-19; build capacity of key services to prevent impunity and improve response quality; put women at the centre of policy change, solutions, and recovery; ensure sex-disaggregated data is collected to understand the impact of

[134]Supra note 19

[135]Deputies ask that the measures taken by the Government of the Republic during the contingency for COVID-19 have a gender perspective, Board Of Directors, Bulletin No.3546. Available On https://comunicacionnoticias.diputados.gob.mx/comunicacion/index.php/mesa/diputadas-piden-que-las-medidas-tomadas-por-el-gobierno-de-la-republica-durante-la-contingencia-por-el-covid-19-tengan-perspectiva-de-genero#gsc.tab=0

COVID-19 on violence against women and girls; and ensure sex-disaggregated data is collected to[136].

UNFPA also plays a key role in sensitizing national partners to understand the intersections of gender and such outbreaks recommended the state parties to update gender based violence referral pathways to reflect changes in available services, as well as the increased risk of gender-based violence and how to safely, ethically and effectively address the issue during this pandemic.

In Indian scenario, India have already enacted its first law aimed at tackling domestic violence, known as The Protection Of Women From Domestic Violence Act, 2005 (DVA). But it is important to check whether the Act is playing its role at the time of Covid19 pandemic as violence has generally been found to increase in the face of pandemics. Factors contributing to domestic violence have been increased due to the quarantine and isolation. According to data given by the National Commission for Women, the number of cases of domestic violence reported increased 2.5 times between February 27, 2020 and May 31, 2020[137].

The National Human Rights Commission has recommended guidelines to reduce Gender-Based Violence (GBV). The important policies are: to provide a a coordinated and inter-ministerial health system response to GBV is required to provide medico-legal support; violence prevention and survivor support services should be classified as 'Essential Services; to maintain confidentiality of all covid19 patients especially women; to setup task force on GBV to ensure monitor support services, implementation of related laws and policies; to ensure public messaging, Information, Education and Communication(IEC) on GBV are displayed in government departments, health and other institutons. Across the country, One Stop

[136]Covid19 and Ending violence against women and Girls, UN Women (2020) Available On https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006

[137]Human Rights Advisory on Rights of women in the Context of Covid19, National Human Rights Commission (October 2020) Available On https://nhrc.nic.in/sites/default/files/Advisory%20on%20Rights%20of%20Women_0.pdf

Centres (OSCs) have been established. Popularly known as Sakhi Centres, the Scheme of One Stop Centre (OSC) is being implemented across the country since 1 st April, 2015 for easing access to an integrated set of services for women who have been victims of violence, including police, medical, legal, and psychological support, as well as temporary refuge. The Scheme is supported by the Nirbhaya Fund[138]. There is also women HelpLine Scheme which was implemented in the year 2015 which is intended to provide 24 hours emergency and non-emergency response to women affected by violence.

Mahila Police Volunteers (MPV) is the another intended to protect women from sexual harassment, violence and any kind of abuse. The MWCD issued an advisory on the continuation of One Stop Centres and Women Helplines during the COVID-19 shutdown period on March 25, 2020, to Chief Secretaries/Administrators of all States/UTs and District Collectors/District Magistrates of all districts. In the same advisory, Protection Officers and other officers appointed under various legislations were also directed to continue providing protection and support to women affected by violence during the lockdown. As a result, during the lock down period, all the Protection Officers notified under the Protection of Women from Domestic Violence Act, 2005 (PWDVA), 684 One Stop Centres (OSCs) and 32 Women Helplines, of short code 181, are operational in the country. Availability of services by One Stop Centres and Women Helplines during the COVID Lockdown period: 27 March to 10 September 2020 2.63 Despite the pandemic's extraordinary nature and scale, 684 One Stop Centres and 32 Women Helplines were operating during the COVID-19 epidemic, demonstrating commendable performance. 264 Sensitization of functionaries of One Stop Centre and Women Helplines has been undertaken through Webinars and Video Conferences (VC). A nation-wide orientation workshop through the webinar was held on 08.04.2020 wherein the frontline functionaries of Women Helpline (WHL), One Stop Centres (OSC) and other shelter homes from States/ UTs participated besides the officers from State Governments and Government of India[139].

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[138]Annual Report 2020-2021, Ministry of Women and Child Development Government of India. Available On https://wcd.nic.in/sites/default/files/WCD_AR_English%20final_.pdf

[139]Supra note 24

‘Snehitha’ is notable initiation by Kudumbasree, 24 hours working gender help desk. The center's major purpose is to give victims of domestic violence with emergency aid, shelter, counselling, motivation, and legal assistance, as well as a voice for their issues and concerns through advocacy, empowerment, and societal change. It also aims to prevent, protect, and prevail over domestic violence through advocacy, empowerment, and social change[140].

Response to the situation of Health-care workers

Many health-care personnel could experience PTSD, depression, anxiety, and burnout during and after the pandemic's height, according to the WHO[141].They found a high prevalence of mental health symptoms. The conflict professionalism as well as personal fear for one's health contributed to burnouts as well as physical and mental symptoms in health workers[142]. Increased workload, isolation, and discrimination were also common in caregivers and could result in physical exhaustion, fear, emotional disturbance, and sleep disorders[143]. In addition, in the time of pandemic, few adequate services may screen physicians and nurses in contact with infected patients for anxiety, depression and suicide mentality and provide counseling.

The healthcare burden on families and communities is always increasing as hospitals and healthcare centres battle to stem the flood of COVID-19 infections. Those affected by COVID-19 patients may be released early to make space for others but will still require care and assistance at home. Non-COVID-19 related health and social services may be reduced, requiring families to offer more support to family

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[140]Snehitha Centers, Kudumbashree. Available On https://www.kudumbashree.org/pages/529

[141] UN Women World Health Organisation.*Violence Against Women and Girls. Data Collection During COVID-19*. (2020). Available online https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006

[142] Goyal K, Chauhan P, Chhikara K, Gupta P, and Singh MP. Fear of COVID 2019.*Asian J Psychiatr*. (2020) Available On https://pubmed.ncbi.nlm.nih.gov/32143142/

[143] Ho CS, Chee CY, and Ho RC. Mental health strategies to combat the psychological impact of COVID-19 beyond paranoia and panic.*Ann Acad Med Singapore, PubMed.gov* (2020) . Available On https://pubmed.ncbi.nlm.nih.gov/32200399/

members who are afflicted with other conditions, particularly chronic illnesses. Women are at the forefront of the COVID-19 response as the default unpaid family caregivers and the majority of unpaid or poorly paid community health workers[144].

The UNFPA advised countries to include the views of women on the front lines of the response, such as health-care workers and those most affected by the epidemic, in future preparedness and response policies and practices. While the UN Women brief suggested Preparing unpaid caregivers and community health workers with information, training, adequate equipment and livelihood support to respond to the COVID-19 pandemic[145], because majority of the frontline workers are female-especially nurses.

While all caregivers must be provided with safe working circumstances, female nurses and carers require special attention, not simply in terms of access to PPE equipment, but also for other needs like menstrual hygiene products,etc. On December 2020, the WHO established interim guidance on "Health workforce policy and management in the context of the COVID-19 pandemic response", which specifically aimed for the welfare of the health care workers. The guidance provided the recommendations for interventions to support health workers at individual level. Policies given mainly on infection prevention and control; decent working condition including occupational health and safety; mental health of health workers and regarding remuneration and incentives.

Invest in the 3.3 million female frontline health workers who are the face of India's public health system, according to the suggestions. The NHRC provided guidelines for Accredited Social Health Activist (ASHA), Anganwadi and Sanitation Workers., regarding their remuneration, safe working conditions, free access to healthcare, providing of good quality PPE kit, mask & sanitizers,etc. During the first wave of Covid19, the Ministry of Health and Family Welfare, announced Rs.50 Lakh

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[144]Policy Brief: the impact of Covid19 on Women, UN Women (2020). Available On https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf

[145]Supra note 30

insurance coverage under the ‘Pradhan Mantri Garib Kalyan Package Insurance Scheme for Health Workers Fighting Covid19’ for all public and private health care providers and frontline health workers. Few states such as Bihar announced additional insurance for the family members of frontline workers.

CONCLUSION

The COVID19 epidemic is causing widespread panic, with varied consequences for men and women. Women are fighting COVID19 on the front lines, and the crisis' impact on women is severe. Women face additional challenges: they are overrepresented in health care, continue to perform the majority of unpaid domestic care work, are at high risk of economic insecurity (both now and in the future), and are more vulnerable to violence, exploitation, abuse, or harassment during times of crisis or quarantine. The pandemic has had and will continue to have a significant impact on many vulnerable groups' health and well-being. Women are disproportionately affected[146].

Even though there are guideline and policies are implemented by government, is aimed to protect the health rights of women in the pandemic, it doesn’t fully ensure the same. Ensure that basic health care services, particularly those linked to reproductive and sexual health (including pre- and post-natal health care), are maintained notwithstanding the additional strain that COVID19 has placed on domestic health care capacity.

[146]OECD Response to Corona Virus (Covid19), Women at the core of the fight against Covid19 Pandemic Crisis, 2020. Available on https://www.oecd.org/coronavirus/policy-responses/women-at-the-core-of-the-fight-against-covid-19-crisis-553a8269/

CHAPTER 6
CONCLUSIONS AND SUGGESTIONS

The Corona virus disease has affected different people differently, especially based on their sex and gender. The fundamental and secondary effects of the present health emergency have been heavily influenced by gender[147]. From the reports and surveys, men are likely to be most affected by Corona virus and die from the disease due to the terrible form of Covid19[148]. Women, on the other hand, are the ones who are suffering the consequences of the pandemic on a societal level, including the risks they face as carers, the rise in domestic violence, and their lack of decision-making power over their own sexual and reproductive health, as well as the situation of health-care workers. COVID-19 has a negative influence on women and girls in every field, from health to the economy, security to social protection, just because of

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[147] Ana Sandoiu, How Covid19 affects women's sexual and Reproductive Health, Medical News Today (April26 2020) https://www.medicalnewstoday.com/articles/how-covid-19-affects-womens-sexual-and-reproductive-health

[148] Philip Ball,Corona Virus hits men harder: Here's what scientist know about, The Guardian (April 2020). Available on https://www.theguardian.com/commentisfree/2020/apr/07/coronavirus-hits-men-harder-evidence-risk

their gender. Domestic, sexual, and gender-based violence has been shown to increase during crises and disasters. It happened during the Ebola and Zika epidemics in 2014-16, and it appears to be happening again now[149]. Women and children who live with abusive and domineering men are in much greater danger, even under quarantine or stay-at-home precautions.

Although the COVID-19 situation is first and foremost a physical health catastrophe, it also has the potential to become a severe mental health crisis if no action is taken. It is more vital to have good mental health than it is to have good physical health. It must be at the forefront of every country's reaction to the COVID-19 pandemic and recovery. This catastrophe has had a significant influence on the mental health and well-being of entire societies, and it is a priority that must be addressed immediately, particularly for women. Mental health refers to a condition of mental well-being in which people are able to manage successfully with life's various challenges, reach their full potential, perform productively and fruitfully, and contribute to their communities[150]. Poonam Muttreja, Executive Director of the Poonam Muttreja Foundation, commented on the study, saying,

"The COVID-19 problem has put a strain on our social services and health-care system that has never been seen before. Sexual and domestic abuse, disruptions in healthcare services, stock-outs of contraception and menstrual hygiene items, and mental stress and worry are all becoming more common among women. To better planning and programming, we must reevaluate our emergency response rules via a gender lens. It also demonstrates PFI's strong commitment to women's reproductive and sexual health and rights, which underpins our COVID 19 research and programme commitment," she added.

The COVID-19 crisis followed by the lockdown had made impact in gender basis and reduced economic opportunity, increased the incidence in gender-based violence along with the fear and stigma associated with covid19, Lack of access to health

[149]Amanda Taub, A new Covid19 Crisis: Domestic abuse rises worldwide, Chicago Tribune (APR07, 2020 AT 10:57AM) Available On https://www.chicagotribune.com/coronavirus/sns-nyt-coronavirus-domestic-abuse-rises-worldwide-20200407-6kd46ga4hrfizoxmhz4dmiigja-story.html

[150]Mental Health: Strengthening our Response, World Health Organization (March 2018). Available On https://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response

facilities, food and nutrition as well. People who are most at risk of death from COVID-19 belong to the vulnerable groups, which include the elderly, chronically ill, and immuno-compromised, such as people with heart diseases, diabetes, and respiratory diseases, who must be at the centre of response efforts, according to WHO and the Centers for Disease Control.

The research is focusing on how covid19 pandemic had made an impact on the health of women. Disease outbreaks affect women and men differently, and pandemics exacerbate existing inequities for women and girls. Given the differences in the implications of disease detection and treatment for women and men, this must be recognised.[151].

CONCLUSION

From the above study I would like to conclude that while the economic and social impacts on all are severe, they are more so for women.

- Women's health and safety are being impacted by the situation. Apart from the disease's direct effects, women may find it difficult to obtain much-needed maternal health services, as all resources are focused on critical medical needs. The availability of contraception and other services may be jeopardised. Women's personal security is also under jeopardy. Isolation, social distancing, and restrictions on freedom of movement—all of which are necessary to combat the disease—are, ironically, the precise conditions that play into the hands of abusers, who now have state-sanctioned settings that are tailor-made for committing abuse[152]. In the middle of a disaster, sexual and reproductive health issues are frequently overlooked — and COVID-19 has been no exception. Despite the fact that safe delivery care has long

[151]UNFPA, COVID-19: A Gender Lens PROTECTING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AND PROMOTING GENDER EQUALITY MARCH, UNFPA (2020). Available On https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_A_Gender_Lens_Guidance_Note.pdf

[152] Anita Bhatia (UN Women Deputy Executive director), Women and Covid19: five things Government can do now, UN Women. Available on https://www.unwomen.org/en/news/stories/2020/3/news-women-and-covid-19-governments-actions-by-ded-bhatia

been recognised as a critical health service, many pregnant women have suddenly found themselves with fewer options. Contraception and safe abortion care, for example, are frequently viewed as non-essential or even illegitimate sexual and reproductive health services. These services have been highly politicised, making them all the more likely to be deprioritised during a crisis as we are seeing now[153]. The current issue is hurting all aspects of sexual and reproductive health, not just abortions. The fact that many health centers are offering restricted services may also affect people's ability to obtain birth control[154]. The epidemic is having a negative impact on both those who do and do not want to have children. Other SRHRs may have been breached during the COVID-19 epidemic, according to evidence. Regardless of the COVID-19 pandemic, the World Health Organization emphasises that women's sexual and reproductive health care choices and rights should be protected. Anecdotal research suggests that during the COVID-19 epidemic, there was a surge in unplanned pregnancies as a result of prolonged home stays, a lack of access to contraceptive treatments, and financial difficulties in acquiring condoms or contraceptive tablets[155]. Due to distance, transportation, and financial constraints, several women were unable to obtain critical antenatal care or their preferred birthing, post-partum, or baby care[156]. Government policies and structural constraints in several countries have resulted in insufficient financial support for SRHR services during the COVID-19 pandemic.

➢ The International instruments and other organizations have provided recommendations to ensure that high attention is given to sexual and reproductive health and rights during COVID-19, given these issues can be severely impacted during outbreaks, including by check to strict guidance for infection prevention for safe pregnancies and childbirth, among other measures, recommended to make provisions for standard health services to be continued, especially for sexual and

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[153]Christina Simons, Isabel Corthier, Melanie Wenger, Guiseppe La Rosa, Women and Girls face Greater danger during Covid19 Pandemic, Medecins Sans Frontiers(MSF) (July 2020) Available On : https://www.msf.org/women-and-girls-face-greater-dangers-during-covid-19-pandemic

[154]Supra note 1

[155] Hongwei Z. The influence of the ongoing COVID-19 pandemic on family violence in China.*J.Fam. Violence.* 2020 Available On https://pubmed.ncbi.nlm.nih.gov/32921903/

[156] Government and institution Measures in response to covid19, KPMG (December 2020). Available On https://home.kpmg/xx/en/home/insights/2020/04/united-kingdom-government-and-institution-measures-in-response-to-covid.html

reproductive health care. With respect to the recommendations of International Instruments the Indian Government provided guildelines to access Sexual and reproductive health facilities and several other schemes like Pradhan Mantri Matru Vandana Yojana. Yet, there are still many women who are not getting enough care and access to facilities provided by the government. The main concern is regarding the restriction on right to movement. Its been found that the availability of the health care professionals has been decreased at hospitals due to the pandemic, which effects the emergency situation faced by pregnant women. During this pandemic, there are no uniform criteria for assessing and caring for pregnant women, resulting in significant variation in management[157]. There are still lack of policies on Sexual and Reproductive Health Rights, especially at the time of any pandemic. The mental health and mental illness of Pregnant women & mother of new born babies are still not identifies/recognized by government.

➢ While the world is encouraged to stay at home for protection, for many people, being at home is the least safe alternative. There is a rise in Domestic violence cases at the time of Covid19 pandemic. Victims of intimate partner violence are often denied the option of staying with a friend or family member or going to a domestic violence shelter due to isolation standards in place in many places. Even obtaining a protective order can be difficult. Many do not seek medical care in order to avoid the risk of COVID-19 exposure[158]. One in every three women in the globe is subjected to physical or sexual violence, the majority of which is perpetrated by an intimate partner. Violence against women and girls is also a violation of human rights. According to diverse media sources and women rights experts, different forms of online violence, such as stalking, bullying, sexual harassment, and sex trolling, have also increased during the pandemic[159]. During the pandemic, there may also be

[157] American Academy of Pediatrics. Breastfeeding guidance post hospital discharge for mothers or infants with suspected or confirmed SARS-Co V-2 infection.https://services.aap.org/en/pages/2019-novel coronavirus-covid-19-infections/breastfeeding-guidance-post-hospital-discharge/.

[158] Marcela Almeida, Angela D. Shrestha, DanijelaStojanac&LauraJ.Miller, The impact of the COVID-19 pandemic on women's mental health, Springer Link, 2020. Available On https:ink.springer.com/article/10.1007/s00737-020-01092-2

[159] Sophie Davies S.Risk of Online Sex Trolling Rises as Coronavirus Prompts Home Working, Reuters (2020). Available online at: https://www.reuters.com/article/us-women-rights-cyber~ashing-trfn-idUSKBN2153HG

difficulties in reporting IPV. Most people who experience IPV don't seek help actually. Involvement of social workers, safety planning, and a review of services available to victims and their dependents can all happen right away in a clinic or hospital setting. Even in the Covid-19 era, this opportunity was frequently missed. Safely screening patients for IPV grew increasingly challenging as offices cancelled and delayed non-urgent clinic visits and switched to telemedicine platforms. Patients may not only reside in places where Internet or cellular coverage is unstable, but abusers may be listening in on discussions, making it impossible for patients to report rising abuse at home[160]. The first step in combating escalating gender violence in pandemic times is to acknowledge the problem, which the government and authorities have already failed to do. The first responders, the judicial, police, and health services, are overwhelmed, have altered priorities, or are otherwise unable to assist. During a conversation with workers from AALI (Association for Advocacy and Legal Initiative, Lucknow, India), it was discovered that the efforts made by the Indian government to address female violence during COVID-19 are insufficient[161]. Concerns have also been raised about a lack of urgency in dealing with domestic abuse cases that have been placed on lockdown. If the helplines are not followed up with essential action and are just logged as data, their usefulness is lessened. On their websites, the National Commission of Women (NCW) of India and NGOs like Jagori have collated information about One Stop Centers, protection officers, and other support services[162]. As a result, it is critical that national response strategies focus support for women by applying proven-effective approaches. High levels of impunity are one of the biggest barriers to justice for women and girls who have been victims of abuse in the region. States have a specific responsibility to guarantee that all acts of gender violence are thoroughly investigated and punished[163]. The designation of hotlines and programmes for all victims of domestic abuse as "essential services" is becoming necessary. Rising tensions as a result of economic losses could be another

[160]Megan.L.Evans,Margo Lindauer,Maureen E.Farell, A Pandemic Within A Pandemic: Intimate Partner Violence During Covid19, The New England Journal Of Medicine(September 2020). Available On https://www.nejm.org/doi/full/10.1056/NEJMp2024046

[161]Shalini Mittal, Tushar Singh, Gender Based Violence During Covid19 Pandemic, Frontiers in Global Women's Health (September 2020). Available on https://www.frontiersin.org/articles/10.3389/fgwh.2020.00004/full#B11

[162]Supra note 15

[163]Women's Link worldwide, Amnesty International, Guide for protecting women's and girls rights during covid19 pandemic: guidelines- Covid & Gender, IPPF (April 2020). Available On https://www.womenslinkworldwide.org/en/files/3112/guide-for-protecting-women-s-and-girls-rights-during-covid-19-pandemic.pdf

factor contributing to domestic violence behind closed doors – particularly during a time when counselling and support resources are likely to be limited. Whatever the reason is the current policies and guidelines seems not enough to tackle the situation. Government must take more initiation to overcome the Shadow pandemic.

➢ Another major source of worry is the medical frontline, where women account for around 70% of the global workforce in the health and social sectors. Their safety is jeopardised in many circumstances due to exposure to high-risk environments and a lack of personal protective equipment (PPE). According to the UNFPA, adequate psychological assistance is also necessary for health workers during times of high stress[164]. They are not only open to diseases but Working as a frontline health worker were also risk factors for worse mental health outcomes. Physical tiredness, fear, emotional disturbance, and sleep difficulties were also common in caregivers, as were increased workload, isolation, and discrimination[165]. Physical tiredness, fear, emotional disturbance, and sleep difficulties were also common in caregivers, as were increased workload, isolation, and discrimination[166]. They also make up the bulk of health-care facility support workers, such as cleaners, laundry, and catering, and as a result, they are more likely to be infected. Women have less access to personal protection equipment or equipment that is properly sized in some regions. Despite these numbers, women are often not reflected in national or global decision-making on the response to COVID-19[167]. While all caregivers need to be safe, female nurses and carers require special attention—not only in terms of access to personal protective equipment like masks, but also in terms of other needs like menstrual hygiene products—that can be easily and inadvertently overlooked but

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[164]Peter Beech, The Covid19 Pandemic could have huge Knock-on effects on Women's health,says UN, Wold Economic Forum (April 2020). Available On https://www.weforum.org/agenda/2020/04/covid-19-coronavirus-pandemic-hit-women-harder-than-men/

[165] Ho CS, Chee CY, and Ho RC. Mental health strategies to combat the psychological impact of COVID-19 beyond paranoia and panic. *Ann Acad Med Singapore*., Pubmed.gov (2020). Available on https://pubmed.ncbi.nlm.nih.gov/32200399/

[166] Boniol, M.,McIsaac, M.,Xu, L.,Wuliji, T.,Diallo, K.et al.,Gender equity in the health workforce: analysis of 104 countries,World Health Organization, (2019). Available On https://apps.who.int/iris/handle/10665/311314

[167]Policy Brief: The impact of Covid19 on Women's Health, United Nations (April2020). Available On https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf

are critical to their ability to function well[168]. The ASHAs, Anganwadi and Sanitation workers during Covid19 have played a crucial role, putting in extra hours of work, at large risk to their health and lives but are not paid enough remuneration. As a result, they require specific consideration, including consideration of how their workplace may expose them to discrimination, as well as consideration of their sexual and reproductive health and psychosocial needs as frontline health professionals. They not only need Personal Protection Equipment but they need financial protection and mental health support. Under the Pradhan Mantri Garib Kalyan Package Insurance Scheme for Health Workers Fighting Covid19, the Ministry of Health and Family Welfare issued a Rs.50 lakh insurance coverage. Number of insurance claims settled for health-care workers who died on Covid19 duty under the Scheme. These include all categories of healthcare workers, doctors, nurses, ASHA workers, lab technicians etc. none of the ASHA worker received the insurance claims. States denied claims on the grounds that ASHA workers died on the Covid19 duty and not due to Covid infection. Anganwadi workers even though are not health workers but crucial to Covid19 response have been excluded from healthcare scheme. Between October and December 2020, a group of 12 researchers talked to ASHA, Anganwadi workers across 10 states to understand their role and the systemic support they received as they responded to the pandemic. The report hold important lessons for the current situation as India seems a surge in the current virulent wave. Even if there is only minimum number of schemes, it has to be implemented properly.

[168] Anita Bhatia (UN Women Deputy Executive director), Women and Covid19: five things Government can do now, UN Women. Available on https://www.unwomen.org/en/news/stories/2020/3/news-women-and-covid-19-governments-actions-by-ded-bhatia

SUGGESTIONS

Based on the above findings and analysis, the researcher suggests that:

1. Improved healthcare systems, such as innovative care models, should be implemented to help women. Public awareness efforts across multiple media channels are needed to raise knowledge that violating women's reproductive and health rights is a crime that is punishable.
2. Develop policies to guarantee that laws on sexual rights violations are implemented in a way that is compatible with the Constitution. Individuals who violate women's SRHRs, regardless of their socioeconomic level, should face justice.
3. In the event of future pandemics, telephone health services, strong infection control procedures, and improved transportation services would all help to boost access to care.
4. Providing security and social services during an outbreak would aid in reducing the number of women's SRHRs being violated. In addition, all victims of sexual and reproductive rights violations should have access to counselling and psychotherapy, which should be regulated by each country's Ministry of Women Affairs.
5. There have to be a uniform guideline relate to the assessment and care of pregnant women during this pandemic, which leads to significant variability in management.
6. Make plans for the continuation of standard health services, particularly sexual and reproductive health care, in the event of pandemics.
7. Gender-based violence referral channels have been updated to reflect changes in accessible resources.

8. Governments and global health institutions can consider the direct and indirect age, sex and gender effects of the COVID-19 when conducting analysis of the impacts of the outbreak.

9. Our cultures do not have to include violence against women and girls. It can and must be prevented. Although much progress has been made in recent decades, we still have a long way to go to meet the 2030 Sustainable Development Agenda's lofty targets.

10. The Schemes must include integrated actions aiming to prevent and respond to violence during and after the COVID-19 pandemic. These can be designed based on lessons learned from previous public health emergencies.

11. When crafting answers to current crisis, and when preparing for the next one, policymakers at all levels must listen to and interact with women's rights organisations.

12. For women at risk of intimate partner violence, maintaining up-to-date information about available hotlines, shelters and family courts could be lifesaving.

13. To ensure that no one is left behind, all health-care personnel should be shielded against the pandemic. Beyond the mask, female health-care professionals require additional protection.

14. The COVID-19 epidemic is still waning. In this situation, both legislative and clinical initiatives to assist healthcare personnel are required.

15. Frontline female health workers, such as midwives, nurses, community health workers, and facility support personnel, require special care in terms of their health, psychosocial needs, and work environment.

16. The scheme for Frontline health workers have to be properly implemented. The authorities have to make sure that they can access the benefits.

17. Ensure that those who are most in need have access to health insurance, as well as paid and/or sick leave for those who are unable to work because they are caring for children or elderly relatives at home.

Women have been disproportionately affected by the Covid-19 epidemic, both as frontline workers and at home. We hope that this pandemic will help people appreciate the important role that women play at home and at work. The virus is treatable with the right immunisation. However, even once the pandemic is over, the health issues that women and girls face must be taken more seriously.

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APPENDIX

THE NATIONAL UNIVERSITY OF ADVANCED LEGAL STUDIES

Kalamassery, Kochi- 683 503, Kerala, India

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