



# A STUDY ON THE IMPACT OF WOMEN'S HEALTH AFTER COVID -19 WITH SPECIAL REFERENCE TO ERODE.

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## ABSTRACT

Global health systems and people have been profoundly impacted by the COVID-19 pandemic, with differing effects on different demographic groups. In the context of Erode, Tamil Nadu, India, this study focuses on the effects of COVID-19 on women's health. The study investigates the impact of the pandemic on women's reproductive, mental, and physical health outcomes. It looks at the difficulties women had getting access to healthcare both before and after COVID-19, taking into account regional cultural norms, healthcare facilities, and socioeconomic issues. In order to obtain a thorough grasp of the problems, both qualitative and quantitative methods are used, including surveys, interviews, and secondary data analysis. With recommendations for practice and policy, the study seeks to provide light on the particular vulnerabilities and resiliency of women in Erode after COVID-19.

**Keywords :** COVID-19, Women's health and Pandemic's effects.

## 1.INTRODUCTION

One of the worst global health emergencies in recent memory, the COVID-19 epidemic has had a tremendous effect on civilizations all around the world. In addition to its immediate health implications, the pandemic has made preexisting vulnerabilities and disparities worse, with women's health being disproportionately affected. The pandemic has presented particular difficulties for women's health in Erode, Tamil Nadu, India, in terms of their physical, emotional, and reproductive well-being. Erode, renowned for its thriving economy and rich cultural legacy, is a microcosm of larger Indian society. The pandemic has caused disruptions in healthcare delivery and access, placing further burden on already overburdened resources. These interruptions have affected women in Erode in a variety of ways, including their capacity to manage pre-existing medical issues, obtain necessary healthcare services, and deal with new obstacles brought on by the epidemic. This research aims to contribute to a global knowledge of the pandemic's effects on women's health in comparable situations by bringing these challenges to light. The ultimate goal of the research is to provide evidence for evidence-based interventions that support women's health equity and resilience in the wake of COVID-19.

## 2. STATEMENT OF THE PROBLEM

The COVID-19 pandemic has severely impacted women and other vulnerable groups, posing hitherto unheard-of challenges to international health systems. The epidemic has made already-existing gaps in healthcare outcomes and access worse in Erode, Tamil Nadu, India, with a disproportionate impact on women's health. Even with initiatives to slow the virus's transmission, little is known about how COVID-19 affects women's health in Erode. Important concerns include interruptions to medical services, obstacles to obtaining reproductive health care, an increase in the workload associated with providing care, and an

increased risk of mental health disorders among women. In order to fill these gaps, this study looks specifically at how COVID-19 has affected women's health in Erode. It seeks to determine the elements that contribute to these effects, including cultural norms, healthcare infrastructure constraints, and socioeconomic position.

### 3. OBJECTIVE

The purpose of this study is to evaluate the physical health outcomes of COVID-19 in women, taking into account risk factors for serious diseases, long-term health effects, and the frequency and severity of symptoms.

To investigate the effects of COVID-19 on women's mental health, specifically stress, anxiety, and depression.

To assess the socioeconomic effects of COVID-19 on women, such as decreased income and employment.

### 4. SCOPE OF THE STUDY

Analyzing the long-term impact of COVID-19 on the physical health of women, taking into account potential side effects such as persistent fatigue, respiratory problems, and cardiovascular problems.

Examining the psychological effects of the pandemic on females, encompassing elevated stress, anxiety, and depressive levels along with plausible signs of post-traumatic stress disorder (PTSD).

Evaluating how COVID-19 has affected women's reproductive health, particularly how access to reproductive healthcare services, pregnancy outcomes, and fertility treatments have been affected.

### 5. LIMITATION OF THE STUDY

The sample population selected for the study may have limitations, perhaps resulting in biased findings if specific groups of women are either over or underrepresented.

The study's findings might not apply to all women because access to healthcare facilities, socioeconomic status, and geographic location could all have an impact.

It's possible that participants won't remember their health state as precisely as they did before and after COVID-19, which could result in inaccurate data being gathered.

### 6. LITERATURE REVIEW

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### 7. RESEARCH METHODOLOGY

The current study is straightforward and descriptive in character. The questionnaire survey method has been used for the study's purpose in order to gather primary data from the women regarding their age group, primary health goal, positive and negative opinions about COVID, and the impact of COVID on the chosen women's physical and mental health.

#### 7.1 RESEARCH DESIGN

Study Design for the Effects of COVID-19 on Women's Health with Particular Reference to Erode,

#### 7.2 Quantitative Methods

**Survey Questionnaire:** Create a systematic questionnaire to gather data on health behaviors, physical health symptoms, history of COVID-19, access to healthcare services, and demographics.

**Sampling:** To guarantee representation across various age groups, socioeconomic levels, and geographic locations within Erode, employ stratified random sampling.

**Data Analysis:** To examine quantitative data about health outcomes and socioeconomic determinants, use statistical techniques such as regression analysis, correlation, and descriptive statistics.

### 7.3 Qualitative Methods

**In-Depth Interviews:** Hold semi-structured interviews with a subgroup of participants to delve into their viewpoints on health services, personal experiences, and sociocultural elements affecting their health in the wake of COVID-19.

**Focus Groups:** Set up focus groups to get further into particular topics, such as the effects of mental health or the availability of reproductive health care.

Thematic analysis can be employed to discern patterns, themes, and narratives that emerge from qualitative data, so offering contextual insights into the health experiences of women.

## 8. DATA COLLECTION METHOD

To effectively reach a larger audience, create and disseminate structured online surveys. Response gathering is made simple and anonymous with this method.

**Face-to-Face Surveys:** Ask questions of respondents in person at several points around Erode. In addition to allowing for respondents who might not have internet access, this method encourages deeper interaction.

**Interviews:** Use a predetermined list of questions to conduct structured interviews with participants in order to reliably collect precise information from them.

**Structured Interviews:** These interviews provide for greater freedom in delving deeply into subjects according to the viewpoints and experiences of the participants.

### SIZE OF THE SAMPLE

The sample size is 100

### STATISTICAL TOOLS USED

To analyze and interpret collected data the following statistical tools were used.

#### Simple Percentage Analysis

Simple Percentage Analysis is the method to represent raw streams of data as a percentage for better understanding of collected data.

Number of respondents

Percentage analysis = ----- X 100

Total number of respondents

#### Chi-Square Test

The chi-squared test is used to determine whether there is a significant difference between the expected frequencies and the observed frequencies in one or more categories. As depicted in the formula, the Chi-Square statistic is based on the difference between what is actually observed in the data and what would be expected if there was truly no relationship between the variables.

$$\chi^2 = \sum_i \frac{(O_i - E_i)^2}{E_i}$$

Where,  $\chi^2$  = Chi-Square value,  $O_i$  = Observed frequency and  $E_i$  = Expected frequency

## 9. ANALYSIS AND INTERPRETATION OF THE STUDY

### CHI SQUARE TEST

The relationship between INCOME and LONG TERM CONSEQUENCES

#### NULL HYPOTHESIS:

**H<sub>0</sub>:** There is no significant relationship between the INCOME and the LONG TERM CONSEQUENCES.

#### ALTERNATIVE HYPOTHESIS:

**H<sub>1</sub>:** There is significant relationship between the INCOME and the LONG TERM CONSEQUENCES.

#### ACTUAL VALUE

	A	B	C	D	E	TOTAL
INCOME	15	33	34	16	2	100
LONG TERM HEALTH CONSEQUENCES	13	22	45	13	7	100
TOTAL	28	55	79	29	9	200

#### EXPECTED VALUE

	A	B	C	D	E	TOTAL
INCOME	14	27.5	39.5	14.5	4.5	100
LONG TERM HEALTH CONSEQUENCES	14	27.5	39.5	14.5	4.5	100
TOTAL	28	55	79	29	9	200

Chi square=0.64

#### INTERPRETATION:

According to the above table, there is no statistically significant correlation between income and long-term effects.

#### ANNOVA

ANOVA test for health status, long-term effects, and symptoms Ho= There is no discernible link between long-term effects, health condition, and symptoms. H<sub>1</sub>: There is a substantial correlation between health condition, long-term effects, and symptoms.

Anova: Single Factor

#### SUMMARY

Groups	Count	Sum	Average	Variance
Symptoms	5	100	20	210.5
Long term health consequences	5	100	20	224
Physical health status	5	100	20	239
	0	0	#DIV/0!	#DIV/0!

## ANOVA

<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>
Between Groups	0	3	0	0	1	3.587433702
Within Groups	2694	11	244.9090909			
Total	2694	14				

Anova: Single Factor

## SUMMARY

<i>Groups</i>	<i>Count</i>	<i>Sum</i>	<i>Average</i>	<i>Variance</i>
Anxious or stress level	5	100	20	293.5
Depression level	5	100	20	300
Sought help for anxious	5	100	20	144

## ANOVA

<i>Source of Variation</i>	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>P-value</i>	<i>F crit</i>
Between Groups	0	2	0	0	1	3.885293835
Within Groups	2950	12	245.8333333			
Total	2950	14				

## INTERPRETATION

The three patients' symptoms, long-term effects, and physical health status are all below the significance level of 0.01 and 0.05, so the null hypothesis is accepted. As a result, the null hypothesis are accepted because it is determined that there is a statistically significant difference between the symptoms, long-term effects, and physical health condition.

## 10. CONCLUSION

The research conducted in Erode on the effects of COVID-19 on women's health has shed important light on the complex difficulties that women in the aftermath of the pandemic face. Numerous important findings can be reached by thorough investigation and analysis, including those regarding the following: policy and interventions, health impacts, socioeconomic factors, healthcare system challenges, and challenges. The study's conclusion emphasizes the value of holistic approaches to women's health that take into account both the socioeconomic determinants at play and the immediate effects on health. Erode can lessen the long-term consequences of COVID-19 on women's health and increase the community's overall resilience to health issues by putting targeted interventions into place, supporting inclusive policies, and building community support. Sustained improvements in women's health outcomes after the pandemic require ongoing research, observation, and flexible solutions.

## 11. REFERENCE BOOKS

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