



## IMPACT OF COVID-19 ON WOMEN IN INDIA: A STUDY OF DIFFERENTIAL IMPACT OF PANDEMIC ON GENDER

**Nidhi Meena**

LLM Student

**ABSTRACT** This paper focuses on various areas where Covid-19 and its subsequent lockdown has affected women differently. May it be in education where we see the normal household burden increasing on girl child refraining her from indulging in studies, or the damage to women's mental and physical health with reported increase in domestic violence cases especially in the Red Zones of quarantine zones where movement was restricted to the extreme. Both these areas will leave a long-lasting mark on Indian society where the pre existing patriarchal norms were exacerbated with the lockdown.

The economy of our country which at the end can be seen as a byproduct of all other sectors is also filled with inequalities observed toward women-entrepreneurs, labors and workers. The inequality in income and working hours on top of added household responsibility for women resulted in labor force shrinking in size for women. Finally, I focus on some steps that should have been in place to mitigate the risk associated with all this.

### KEYWORDS :

#### 1. INTRODUCTION:

COVID-19 not only affects the health of people but also in many other ways this pandemic has changed many aspects of everyone's lives. This paper deals in how it has affected women and how this pandemic is destroying women's right.

Women across country are being adversely affected in different ways. Firstly, domestic violence- the UN called the increase in domestic violence globally the "shadow pandemic". Women in household are worst hit, in emergent public health emergencies, women's increased financial dependency on the male members bolsters the patriarchal norms of the household. Due to this pandemic huge economic uncertainty increase women's fragility that exposes them to face the increased unemployment.

When we discuss coronavirus pandemic, we either frame out arguments un gender blind or gender-neutral frame and ignore the fact that the pandemic shapes gender relationship in general and renders differential treatment to women especially in the social cultural economic realms

This paper tries to analyze how the covid-19 impact women in different areas such as **education, health-both physical and mental and economic conditions** mainly. It also recommends ways government can tackle these issues and while doing so keep the differential affect of pandemic on sexes in mind, which in turn make the steps taken more gender sensitive.

#### 2. EDUCATION:

In India we live in a patriarchal society where the control over resources and knowledge lies in the hands of males even if they are younger. Normally households are not gender-neutral space and women whether they are young or old, married or unmarried bears the most burden of domestic chores, the stereotype are saturated in that way only.

In a joint family the situation for girls is even grave. They are expected to wake up early, do all household chores like cooking, washing, cleaning etc but the case is not the same for boys or men in family. In some areas during this pandemic, teachers were asked to keep the classes around 6 or 7 am in the morning so that girls can manage and take time out for the household chores and responsibilities.

One of the main reasons by women for discontinuing their education is household chores and responsibilities which keeps them away from it and limits their opportunities. Even if girls do have access to technology, because of the domestic responsibilities they were not able to cope up with all things especially since schools, anganwaadi and childcare centers are closed. Out of currently enrolled women around 30% reported engagement in domestic activities as their reason for discontinuing education.

One of the major reasons for adverse impact of pandemic on girl's education has been through unequal access to technology. As everything shifted to online mode, girls are more likely to lose out due to massive digital disparity across wealth and location. There exists a

50% gender gap in mobile internet users in India, where mobile internet is used by around 42% of males while only 21% of females use mobile internet.

Low accessibility to technology, digital schooling or online mode of teaching will disengage girls from education and increase the educational inequalities among learners. Another issue to highlight is that while normal schooling continued it also provided a safe space for children especially girls to talk to their teachers, peers and friends about things, gave them opportunity to engage in sports and other extra-curricular activities which provides a sense of individualism and belonging and encourages them to aspire, but due to lockdown they had no where to go or someone to talk to other than engaging in forced household work.

A bigger issue for adolescent girls enrolled in government schools is their financial dependency since secondary education is not free of cost unlike primary education, many might drop out. The opportunity cost of girl's education is higher than boys especially for poor households when they go through economic hardship it is likely they reconsider the above cost associated with their daughter's education. Already existing pro-male biasness in the intra household allocation of education expenditure can result in non-enrollment of girls in schools or lower expenditure on her schooling.

Both the lack of access to school and economic hardship due to Covid-19 has resulted in one shadow epidemic of the early marriage of girls which robs them of their childhood and pulls them out of education. India faced an increase in child marriage during this lockdown. ChildLine India has reported 17% increase in distress calls related to early marriage of girls in 2020 year in June and July as compare to 2019.

#### Below are few points worth highlighting given by professionals in the area:

" During the present Covid-19 pandemic, mass school closure is tending to entrench learning gaps between girls and boys and putting many more girls at risk of sexual exploitation, early pregnancy and early forced marriage. They (ref) also mean that children are unable to report abuse to a trusted teacher.

-Patricia Scotland, Secretary General, Common-Wealth of Nations

" It is estimated that about 20% of girls are not going to come back to school after lockdown.... most of the girls from families of migrant workers are in the vulnerable age where they are likely to get married.

-Prof Amita Rampal, Educationist, Delhi University

#### 3. HEALTH:

Some of the privileges such as safety, healthcare facilities, counselling etc which are enjoyed by the developed nations still creates a huge divide in India and this divide has a very strong correlation between economic class and gender. This represents a normal year in India and 2020 has been far more catastrophic in all these sectors.

As per UNFPA in State of World Population Report (SWOP) Covid-19 may exacerbate the already concerning number around early marriage,

violence and sex birth ratio at birth and estimated that 31 million additional cases of gender based violence expected to occur if the lockdown continues for at least six months. There have been others reports also suggesting that the greater caregiving role that women and girls are expected to perform may compromise their mental health and well-being.

Results of a recent PFI study to assess the knowledge and impact of Covid-19 on younger people in 3 Indian states of Uttar Pradesh, Bihar and Rajasthan shows that 51% of female adolescents experienced an unease in household workload during the lockdown as compared to 23% male adolescent. In UP 96% females experienced an increase in workload with 67% below 18 years of age.

In India the average age of marriage for 25% of girls is 18 years, out of these around a third experience some form of physical violence at the hand of their spouse. The sex ratio at birth in India is 899 girls for every 1000 boys born. Domestic violence not only impacts women but also their families, community negatively and at large the nation the violence by intimate partner on a woman not only affects her physical health but also her mental health tremendously and the trauma haunts her and in some case children also till the end and can be a possible reason for increasing rates of suicide among them.

Recently the pandemic drastically changed and increased the number of cases of domestic violence all over the globe. In India only reported cases between March and September 2020 were 13,410 out of which 4350 were of domestic violence as reported by National Commission of Women. NCW chairperson Rekha Sharma had said that domestic violence complaints were increasing by the day since the nation-wide lockdown was imposed on 25<sup>th</sup> March 2020. Complaints peaked in the March-May period with a third of complaints being filed in these months alone.

As per Saravana Ravindran and Manisha Shah in "Unintended Consequences of lockdown: Covid-19 and the shadow pandemic" stated and estimated that in May 2020 increase in domestic violence complaints in Red Zone districts was 131% higher than green zone districts with fewer restrictions.

In the lockdown period, people of all age group found it difficult to deal with social isolation and stress at home and myths, misconceptions and stigma surrounding Covid-19 further drive people, particularly vulnerable section like women to hide their illness to avoid discrimination which discourages them from adopting healthy behaviors.

The women are not only restricted to their home for caregiving responsibilities but also making 70% of health workforce. In India there are 1 million ASHAs (Accredited Social Health Activists), 0.9 million ANMs (Auxiliary Nurse Midwives) and 1.4 million nutrition workers called Anganwadi workers. These frontline workers are leading the health system's response to Covid-19. They have experienced stress and trauma relating to the outbreak during the Covid-19 and faced backlash from communities.

WHO benchmark for health workers over population is 22.8 per 10000 but in India specifically the rural part is facing an acute shortage of health staff i.e. 1 per 14445 the doctor population ration which is far lower than the WHO's prescribed 1:1000 and the rural India has only a fourth the doctors as compared to urban areas. Health workers performing their duties without proper precautionary measures like PPE and these types of situations nor only raise anxiety amongst them but also among the public on fear of being infected.

This pandemic had affected the most vulnerable and specific section of women i.e. Indian mothers, this depression and anxiety affect 1 in 7 women during prenatal period, developing risk of preeclampsia, premature birth and low birth weight. Postpartum depression which is also called 'baby blues' disturbs the ability of women to take care of her baby and herself approximately 22% of mothers suffer from this. The restriction of physical movement and social distancing demoralizing the would-be mothers to give birth in a socially negative environment. They may feel greater fear of infection for themselves as well as their infants. The entire situation has also resulted in underutilization of MHCs including both ANC and PNC checkups. Many hospitals have put restrictions on visits of partners and relatives of pregnant woman admitted to hospital for delivery due to Covid-19 measures, that's why women in labor find it difficult to access MHCs because most of ambulance services are diverted for Covid-19 related activities. Cases

of transit delivery have also been observed during this period of pandemic. According to Media reports data in Uttar Pradesh, Bihar, West Bengal, Jharkhand, Odisha and Chhattisgarh the number of institutional deliveries has fallen by as much as 40 percent during lockdown, with many women giving birth at home.

As pregnant ladies being extra vulnerable to infection all of the medical examiners had been directed to offer online consultations but this or launching "Arogya Setu" mobile application to track coronavirus cases near them are not anything but mere eyewash for Indian where 12.4% people were lying. Even in possible regions of tele consultation absence of face to face interactions with healthcare providers has brought to the pressure and despair amongst pregnant ladies. Cases of unwanted pregnancies and their fatal consequences have become another reason for mental anxiety among the women during this period.

As we all know that India health system has been hit hard by the Covid-19 and its long-term implications will result in fatalities for women. According to IPAs around 1.85 million women in India will not be able to access abortion services as a near term impact of Covid-19. A recent study conducted by Ipas Development Foundation (IDF) assessed the impact of COVID-19 on abortion access in India in the three months following the commencement of the lockdown (25 March 2020 to 24 June 2020). According to them, abortion access was compromised at all points of care, including public and private sector facilities and chemist outlets. The study concluded that "of the 3.9 million abortions that would have taken place in three months, access to around 1.85 million was compromised due to COVID-19 restrictions." The reasons include disruption in the supply chain for drugs and commodities, redeployment of facilities and staff for COVID-19 care, closure of some private facilities, lack of transport, and restricted mobility. Ministry of Health and Family Welfare, Government of India 's advisory, public facilities suspended provision of sterilizations and intra-uterine contraceptive devices (IUCDs). Foundation for Reproductive Health Service India (FRHS) released a policy brief which estimated that as a result of the pandemic 24.55 million couples would not be able to access contraceptive in 2020 and 63 million couples would have not been able to access contraceptive services during the period of the lockdown and in the worst case scenario this loss of services to access and use of contraception will likely result in an additional 38 million unintended pregnancies, 679,864 child births, 1.45 million abortions (including 834,042 unsafe abortion), and 1,743 maternal deaths.

#### 4. ECONOMY:

One of the most prevalent and visible effect we see of Covid-19 is on the economy. Not only India but the whole global economy faced dip in the economic growth, employment levels, income etc. recent studies suggest that the effect of this short-term regression will impact women disproportionately to men. As is the case in education and health- when it comes to employment as well there already existed a gap in the income, savings, job security etc between men and women with around 70% of women in developing economies working in informal sector which keeps them from safeguard formal sector provides. On an average, the unpaid caregiving and household work primarily done by women in families takes up twice as much time as compare to their male counterparts. And now with health facilities being overburdened this responsibility will increase. This also in turn affects their already low workforce participation rate.

In India, the lockdown imposed by the government across the country created a huge migrant labor crisis which became the hot topic for a few weeks and then disappeared leaving millions of workers unemployed and starving. Women of course formed a large part of this workforce. Indian urban workforce saw a huge influx of women migrant workers between 2001 and 2011, where female migration more than doubled from 4.1million to 8.5 million, Mazumdar and Neetha N. wrote in a paper published in The Economic and Political Weekly in May 2020. In 2001 47% of women migrating for employment headed to urban areas which grew to around 58% in 2011. "Notwithstanding the visibility of women among these migrants, the gender dimensions of the migrant question and the special conditions of women's labor migration remained largely ignored or sidelined in the public policy debates and interventions that were pushed to center-stage by the COVID-19 pandemic," they added.

Due to this lockdown and migrant crisis in Nov 2020 it was observed that labor force had shrunk by 13% for women but just 2% for men compared to Nov 2019. Even months after the phased lift of lockdown there were roughly 13.5 million fewer people out of which 6.7 million

were women accounting for the 13% decrease given their starting position. This huge number is worrying because in economic terms this translates to less income, less expenditure and less savings as these women had dropped out of the labor force entirely meaning they are neither employed nor looking for job anymore.

Women entrepreneurs are struggling to survive, women employed as domestic help in cities, at construction sites and in call centers, and in handicraft and retail units, have lost jobs, IndiaSpend reported in November.

Several studies state that around 83% women covered in the study majorly in Delhi region faced massive income drops as a result of lockdown. Most of the survey population included construction workers who said they lost their jobs and around 97% of street vendors stated no source of income at all. The relief measures from Delhi Government was not able to reach and help a lot of them and only 6% reported receiving any amounts. Home based workers, waste pickers, street vendors – most of the work under informal sector employing women had lost their livelihood and those who are still operating are doing it at a marginal income. Even women working in formal sector reported mental stress due to work from situation exceeding 70 hours a week in many cases with a cut in salaries for the months in lockdown.

The National Sample Survey Office (NSSO)'s 2017 data show that the average daily wage rates for general agricultural men and women labors are ₹264.05 and ₹205.32, respectively, the latter being 22.24 per cent lower. For non-agricultural labors, the average daily wage rate was ₹271.17 for men and ₹205.90 for women, or 24.06 per cent lower. Studies indicate that due to Covid-19 this is pushed even further and even in sectors where there are regulations in place- concept of minimum wages, work hours have completely disappeared, and this directly impacts women work force. A recent McKinsey Global Institute report, since gender inequalities have existed already when it comes to income – Covid-19 leaves women more vulnerable than men. Using the existing data and trends observed in US and Indian market they conclude that job loss rates caused due to Covid-19 are about 1.8 times higher than male job loss.

## 5. RECOMMENDATIONS:

### 1) IN EDUCATION:

No matter how good online mode of education is as a concept government should have paid attention to the conditions required to enable such an environment. There should be monitoring of participation and retention of students in such courses and this should be done keeping in mind the gendered impact and mechanism in place to retain and reengage women and girls if their participation falls off. They should also address the risks of job losses to women who may take on additional caregiving during school closures.

There should be support in terms of providing them with free learning materials so that girls can study at their convenience and measures should be taken to bring everyone on level in terms of technological infrastructure before promoting such online courses- laptops, tablets, data packs should be provided by the government.

To reduce the economic burden on parents, the cost of schooling for girls should be decreased through the provision of scholarships, incentives, cash transfers, and waiving off examination fees. Education for adolescent girls should be made free of cost by extending the Right to Education Act 2009 to include secondary education.

Allocation of budget for education should also include a gender sensitive framework. Percentage of expenditure for education should be also be increased as mandated by National Education Policy 2020. Female teachers should be appointed, and proper facilities should be provided to them.

Lastly teachers should be given regular trainings with a gender sensitive framework in mind to help them equip to respond against gender-based violence.

### 2) IN HEALTH:

There should be awareness campaigns by government to inform of the services available for domestic violence victims, especially for those living in areas under movement restrictions or under quarantine and those infected with COVID-19.

Governments should support frontline health and social service care workers with the recognition that these workers are mostly women.

Inclusion of measures to address violence against women in preparedness and response plans for COVID-19 by Governments and policy makers.

- Development of a public health response to violence against women.
- Ensuring preventive, curative and systematic referral support to the survivors of violence and early detection cases.
- Training of healthcare providers to provide better quality of care and counseling services to victims of violence.
- Facilitating hotlines, telemedicine services, shelters, rape crisis centers, counselling for survivors of violence must be ensured.
- Emphasis on greater reporting on violence in COVID-19 response plans.
- Inclusion of psychological support services for women into primary health care.
- Increased investments in mental health research.
- Building a cadre of trained professionals to strengthen mental health services.

These policies can bring the much-ignored divide when it comes to women health workers and their needs along with preparedness and awareness, we need in order to combat domestic violence as a problem- specially in rural areas where most of these cases go unreported.

### 3) IN ECONOMY:

Covid-19 exposed the flaws of Indian work force and laws regarding labor in a much more magnified way, these have been in question for a long time now and employment schemes where job guarantee for women or at least an allowance should be in place to help the marginalized section in such times.

Similarly, a universal the PDS with a higher quantity of food grain allotment for at least the next few months with more publicity is worth a try.

Gender equality in household work was brought to light during this pandemic, particularly when all members of the household are engaged in full-time employment. For this, it is suggested that the work from home norms and online education becomes more flexible and suits requirements of the employees. However, caution should be exercised in terms of policy making as flexibility in working will not automatically translate into gender equality in unpaid work. Finally, the new norms of work and related policy, by both the government and the private players should focus on gender mainstreaming, where gender perspectives are integrated into the designing, implementation, and monitoring and evaluation of policies, rather than addressing these concerns isolation.

### Summary:

We see through the lens of several published studies and researches that the shadow pandemic- in loose terms the side effects we see of lockdown and pandemic on women's life is a real thing and has affected multitude of women across country. We see that girls starting from an adolescent age were impacted through their studies being impacted with hinderance in technology along with inflexible timing interfering with a lot of their household work – which also increased causing stress and inconveniences.

Then we see married women facing a completely different story- where with their addition to responsibility as house maker and bread earners in many cases they were subjected to domestic violence either physical or mental. The long-lasting affect of such cases are seen in women for a long time. The term Post Traumatic Stress Disorder becomes a reality for Indian women and they also find themselves fighting a battle, just inside their own house. Areas where the lockdown was imposed in its strictest witnessed rise in such cases. Those who did go out to work found themselves without a job or pay cut with increases work hours. In areas such as construction work, street vendors where women were a huge part of the work force, we observed dip in economic activities.

There are several steps that could have prevented or mitigated the effect of lockdown on women. Better inclusion in education, awareness for domestic violence victims and safeguard for those who are working could have been a solution. It should be in mind of policy makers as to how they should first identify, acknowledge and resolve

such issues. This paper touches a few such points through secondary research but the further scope of study is enormous and the real-world implications of such a study can help better formulate strategies keeping gender in mind.

#### List of Abbreviations:

- 1.UN: United Nations
- 2.UNFPA: United Nations Population Fund
- 3.WHO: World Health Organization
- 4.MHCS: Major Histocompatibility Complex
- 5.ANC: Antenatal Care
- 6.PNC: Postnatal Care
- 7.GDP: Gross Domestic Product
- 8.PDS: Public Distribution System

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