

## Gendered Impacts of the COVID-19 Pandemic

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### Abstract

*This paper highlights that the ongoing COVID-19 pandemic and lockdown have together contributed to an intensification of the already existing gender inequalities and violence against women. They have now health threat outside the home, more household responsibilities and unpaid care work inside the home and rise in number of domestic violence cases. There is an urgent need to strengthen the leadership and ensure meaningful participation of women in all decision-making policies in addressing the COVID-19 and similar pandemics in future.*

**Keywords:** Gender Inequality, COVID-19, Domestic Violence, Unpaid Care Work, ASHA workers

### Background

COVID-19 and the ensuing lockdown has brought untold miseries in the lives of women. While there is a health threat looming large outside the home, inside the home there are compounded women's burden of household responsibilities and unpaid care work. In the present context, the importance of these officially called and

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socially defined ‘non-economic activities’ can be felt across the world with increasing demand for domestic and care work due to the pandemic, which has intensified the already existing gender inequalities and violence against women. The domestic help and all other service providers who would otherwise share the burden of household chores are locked down in their own homes as well. Therefore, in this situation, the bulk of the domestic work ranging from the responsibility of children- both school and non-school goers, spouses and elderly care, ensuring ration and supplies, preparation of meals and feeding them, catering to the demands of cooking different cuisines, cleaning and mopping the house, guaranteeing hygiene and sanitation, cleaning the utensils and clothes has occupied center stage in the lives of women, and has made the lives of women miserable. Importantly, in such a situation, those office-going women who are now working from home are finding their time, mental peace, energy, and motivation jeopardized as they are unable to give full attention to their office-work.

The exclusive responsibility of domestic work on women is one of the key constraints on women’s ability to work outside the home, which has gone unrecognized and uncounted by the male-dominated family, society and governments around the world. In other words, such labour of household work and caring is not incorporated while accounting the income of a country.

This article delves into questioning the gendered division of work at home and in the labour market as well as the non-recognition of domestic and care work as a paid economic activity through global and Indian accounts. To deal with the prevailing burden and frustration in shouldering the entire burden of household work and care requires immediate policy attention, which would ensure

gender equality, wage parity and dignity as well as justice to women at home and at the workplace (Mehta and Awasthi, 2019).

### **Feminist Perspectives on Gendered Division of Labour in the Household**

In the 1960s and 1970s, several feminist scholars made optimistic predictions that the traditional unequal division of domestic tasks would soon be replaced by an equal division (Benson, 1968; Young and Wilmott, 1973). However, this is far from realization even in the third decade of the 21<sup>st</sup> century.

The exclusive and enforced responsibility of household work on women is one of the key constraints on women's ability and liberty to work outside the home. The existing social norms and assumptions dictate that a woman's primary duty is to take care of the house, and man is the bread winner of the household and in his capacity as household head he does not do any household or caring work, but at the same time makes decisions for every member of the family. This creates a masculine hegemony throughout the country and globally. In fact, a gender-conscious historiography led by feminist historians have pointed this out and highlighted the way in which social policies become shaped by 'assumptions' about sexual division of labour, power, and responsibility (Tinker, 2001).

While women's participation in economic activities has been rising over the years in urban areas, even in households where both husband and wife may be working, the domestic and care workload is excessively borne by the women (Dempsy, 1997). They need to consistently meet the demand of the elderly, children and

the husbands, parents-in-law, or siblings-in-law etc. The socialization of performing the household work and unpaid care is inculcated by the family from her childhood, where she is taught with teachings of ‘duty’ and ‘moral obligation’ to take care of younger siblings, and help in performing the daily tasks (Coltrane and Shih, 2009). Research has shown that the young girls are made to compromise their school education in favour of the male siblings. They are raised to be economically and otherwise depending on the male support and take care of the elderly family members. This gets compounded during crises like the COVID-19 pandemic and when public services and healthcare systems fail.

Since 1990s, feminist economists have made consistent attempts to attribute monetary worth to the women’s household and unpaid care work (Nandi, 2017). Depending upon their schools of thought, one finds that they had varied opinion on the labour performed by women. They tend to consider wage labour as the only yardstick of recognizing work, the so-called productive work as work. Karl Marx went beyond the classic thinking of economists, but he also did not acknowledge household work and unpaid care work as major components of labour. Feminist economists drew attention to the gender inequality stemming from the intersection of capitalism and patriarchy. The unequal distribution of household work and unpaid care between women and men in the feminist analysis is being called unjust and is carried out in violation of the basic human rights of women.

Further, the household realm position itself on the range of unpaid work such as domestic and care work that is performed mainly by women in developing countries like India, which is regarded necessary for the functioning of life. Long hours of household work have been the very

reason why feminists have promoted the use of appropriate technology to reduce women's work burdens (Hennock, 2001). The following section provides insights on the reality of unpaid domestic and care work.

### **Women in Unpaid Domestic and Care Work: Insights from Global and Indian Statistics**

Globally, women (4.1 hours) spend more than twice per day time on unpaid domestic and care work than men (1.7 hours). They perform three-fourth (76%) of the total time of unpaid care work per day, which is more than three times as much as men per day time on the same work. According to OECD statistics, even in industrialized countries such as USA women spend 1.7 times more time per day than men in unpaid domestic and care activities; and 1.8 times more time in UK. In India, women spend 6.8 times more time per day in unpaid work in the country than men; on an average, 352 minutes per day for women and 52 minutes per day for men. The Oxfam report 2019 estimates unpaid work done by women across the globe amounts to a staggering US \$10 trillion a year, which is 43 times the annual turnover of the world's biggest company Apple and more than thrice the annual income of India. The report also estimated that unpaid work performed by women for domestic and care work is worth 3.1% of the India's Gross Domestic Product (GDP). However, the less visible domestic and care economy remain unaccounted in the national accounting system as economic activities.

Women in the paid and unpaid work are most vulnerable in the current pandemic situation. For example, amid the prevailing lockdown and pandemic, the government has announced under the Prime Minister Gareeb Kalyan Yojana, that 20,000 crore women would

receive rupees (Rs.) 500 each in their zero-balance accounts<sup>i</sup> for the next three months, increase in MGNREGA wage from Rs. 202 from Rs. 182 per day, Rs. 1000 to 3 crore poor citizens, poor widows and poor disabled and Rs. 2000 paid as frontload to farmers in the month of April. These policies and initiatives to support the women and marginalized from the government of India, is rather just the tip of the iceberg. Rs. 500 for women for three months each is a very meagre amount for their economic unpaid care work in COVID-19 situation. Government has clearly lacked policies for women in the formal sector. Women in the lower and upper middle class who are facing severe risks of unemployment and lack of social security have not been addressed. Future employment opportunities for women post lockdown has also been neglected by the government so far. The government has hardly answered to women security and provision of a support system for unpaid work and other care work done by women. Disabled women have been addressed with a Rs. 1000 each, which amongst a national health emergency lockdown would not be practically sufficient for their medical and other necessities. The country has been facing millions of migrant workers (both women and men) stranded on the streets without any safety net mechanisms with hunger and meagre support from the economic initiatives of the government during months' long lockdowns. Women farmers and workers in the agricultural sector lack economic security, because of no land security and possession of land and properties. According to the World Economic Forum, women all around the world own only below 20% of the world's land. In India 74% women work in agriculture but only 13% are operational holders (Villa, 2017). This phenomenon has strongly affected women in agriculture in the country,

where they lack self-sufficient economic security and recognition for their basic rights own and control land and other property.

Millions of migrant workers are not provided transport services despite the official claims for doing so. Pregnant women and elderly who are highly vulnerable to the disease are taking huge pressure in the humanitarian crisis having to walk miles under heat and rain to reach home/safety/shelter. With no money in their pockets, many migrant workers are forced to stay under construction sites, with no transport and in starving conditions. Government action plans to reach the migrant workers through registration and access to help via phone calls, bank accounts and other means seems very impractical, with the basic fact that the migrant workers and many poor citizens have no access to phone calls or possess no smart phones and bank accounts.

There is no doubt that women's participation in paid work has been declining over the last 25 years. The Periodic Labour Force Survey (PLFS) for 2017-18 and earlier employment and unemployment surveys, conducted by the National Sample Survey (NSS), revealed the Labour Force Participation Rates (LFPR) for men have always been significantly higher than those for women, often double. Over the years, the gender gap in LFPR is rising, 28 percentage points (men: 54%, women: 26%) in 1999-00 to 38 percentage points (men: 56%, women: 18%) in 2017-18. One of the most common arguments against women's participation in labour market is their domestic and childcare responsibilities. As per the PLFS data, over 59% of the adult women were engaged in domestic and unpaid care activities in the country than only 1% for adult men, which is slightly higher in urban areas (60%). The domestic and unpaid care work activities ranging from cooking,

cleaning, routine household chores, and looking after children and the elderly. However, these unpaid domestic and care activities are not considered within the standard boundaries of the System of National Accounts, i.e. counted as economic activities when national income or GDP is measured. One of the interesting finding comes up from the NSSO 68<sup>th</sup> round (2011-12) on the Employment and Unemployment Situation in India survey is that up to 64% of women said they have no option than to taking up domestic and care work, since there is no one to carry out the domestic activities.

According to Ministry of Health there are approximately 76% of men are infected from COVID 19 whereas the percentage of women infected stands at 24% only. Men have been affected more than women. It is important, however, to point out a study by the World Health Organization (WHO) (2016), of all health workers in India, 38.0% were female, whereas only 16.8% of allopathic doctors 16.8% female. There were more female than male nurses and midwives, with females accounting for 83.4% of the nurse's category - accounting for 30.5% of all health workers (Anand and Fan, 2016). Globally women constitute 70% of workers in the health in social sector and are on the front line of the response to COVID-19 within this sector an average gender pay-gap is 28% which is likely to increase in times of financial crisis.

Accredited Social Health Activist (ASHA) and Anganwadi Workers (AWWs)<sup>ii</sup> also constitute care workers in India; they play a major role in health and hygiene as well as the welfare of the poor and minorities. Unjustifiably, the government has neglected the need to respond to the internal lack of proper income distribution and therefore ensure economic equality (Majumdar, 2020). Their sad state of affairs is imminent from the wages they



receive: ASHA workers get an honorarium of Rs. 2,000 to Rs. 4,000 per month varying from state to state. Even with this meagre salary, the onus to pay for travel and stationery is on them. AWWs earn between Rs. 2,250 and Rs. 4,500 and Anganwadi helpers between Rs. 1,500 and Rs. 2,250 per month. India has been the last in its standing amongst the BRICS nations in its budget allocation for health care with a 3.5% of the total Gross Domestic Product. This has hugely influenced the health and conditions of the informal sector and unpaid care workers. Care workers, amongst which the significant majority are women, with no protective equipment, the government's neglect during COVID-19 has worsened their economic situations and personal safety, and they stand the risks of violence, discrimination, and the spread of the disease. In fact, India's exports of protective wears and facemasks came at an expense of the cost of safety and protection of health care workers and various other vulnerable minorities working on the ground-level in combating the spread of the virus.

Overall, the government of India has been widely appreciated for stringent measures of the lockdown of vast areas of the countries. Of course, these measures have saved numerous lives, but at the same time have deprived people under poverty line, mainly migrants, casual workers, daily wagers and the access to livelihood opportunities, institutional care and food with dignity. One of the worst outcomes of this pandemic has been a rise in in domestic violence against women. This is true not just in India but in many countries around the world. The next section provides a glimpse of this dire situation.

## **Unpaid Care Work and Domestic Violence against Women**

Fueled by mandatory stay-at-home rules, social distancing, economic uncertainties and anxieties caused by the coronavirus pandemic, domestic violence against women has increased globally. For instance, countries like China, United States, Brazil, Tunisia, France and Australia and many others have reported cases of increased domestic violence and intimate partner violence (Allen-Ebrahimian, 2020; Godin, 2020; Berger, 2020; Morton, 2020; UN Women, 2020). India, is also showing similar trends, especially when it is infamous for being the fourth worst country (after United Arab Emirates, Qatar and Saudi Arabia) for gender equality (ranked by perception) (Radu, 2020; *USA News*, 2020). According to the Crime in India Report 2018, published by the National Crimes Research Bureau (NCRB), every 1.7 minutes a crime was recorded against women in India, every 16 minutes a rape was committed and every 4.4 minutes a girl is subjected to domestic violence (NCRB, 2018).

Within a few days of the lockdown, the National Commission of Women (NCW) noted a rise in the number of domestic violence and intimate partner violence complaints received via emails. According to the NCW, India, in the months of March, April and May 2020, the NCW received 813 complaints of domestic violence. During this period, a total of 1668 complaints were received by NCW for other forms of violence against women (example: bigamy/polygamy; denial of maternity benefits to women; dowry deaths; harassment of married women/dowry harassment; outraging the modesty of women/molestation; rape/attempt to rape; right to live with dignity; sexual assault and; sexual harassment) (NCW,

2020). It must be pointed out that a study on domestic violence during March and up to April 5, 2020, the total number of the complaints was 885 (Kumar et al., 2020). This means that crimes against women of the nature described above registered almost a 100% increase in just 45 days. There is an absolute certainty that real figure is likely to be more since the bulk of complaints come from women in the lower strata of society who send their complaints by post, as was stated by the NCW Chairperson (NDTV, 2020). This is mainly because a woman locked down with the abuser does not have access to a mobile phone or the space, and has very limited access to financial resources and social networks or even the confidence that she could call up police for help. In other words, all options of escape for the former from a violent situation of are closed. Thus, in this intensity of the impediments she would normally face has been exacerbated by the pandemic and the lockdown (Kumar et al., 2020).

We are at a loss to understand the reasons as to why for women the home has become the ‘sphere of fear and anxiety’. The agony and depression due to repeated physical and mental abuse has far reaching consequences including victims’ suicides. In fact, the intensity of abuse could even extend to child abuse. The various forms of such violence include as slapping, hitting, kicking and beating; sexual violence, including rape within marital relations and other forms of sexual attack; emotional (psychological) abuse, such as insults, belittling, constant humiliation, intimidation by destroying things or otherwise, threats to harm and take away children; controlling behaviours, including isolating a person from family and friends; monitoring their movements; and restricting access to financial resources, employment, education or medical care. These often have lasting impact on the survivors as

research suggests that the trauma of abuse persists long after the violence has stopped. This often results in chronic health problems and developing risks of many diseases that arise from prolonged stress (Krug et al., 2002). It is disappointing to ponder that elected representatives and democratic governments in the country have failed to put domestic violence in their crisis management agenda of COVID-19 pandemic. We live in a time when masculinity proudly parades itself as sovereign authority.

### **The Way Forward**

The above discussion demonstrates that there is an urgent need for recognition and awareness in our institutions, both formal and informal about the disproportionate rising burden of domestic and care activities of women. The prevalence of orthodox social norms has ensured domestic violence to continue unabated, yet grossly underreported. When government start putting together plans to address the COVID-19 crisis, it is important that addressing domestic violence and intimate partner violence must figure in the priority list. This recognition would go a long way in achieving dignity for women and gender equality within the masculine institutions that only recognize the work done by men.

The sharing of domestic and unpaid care activities by men need to be encouraged through sustained behavioural change measures such as motivational public awareness programmes, curriculum and pedagogy, and public engagement, communications, advocacy and research; and more important financial incentives and promotions in firms and organizations.

Services and care giving activities of ASHA workers and AWWs need to be included in the list of

‘essential services’ and providing them with all-possible support to combat coronavirus pandemic. The caregivers must be provided with financial and non-financial incentives and social protection.

Expansion in the reach and benefit of social assistance programmes that can substantially reduce women’s domestic work burden, such as cash transfers and providing LPG gas to poor women, under the *Ujjwala*<sup>iii</sup> scheme. However, accessing the LPG refills has become increasingly difficult amid the financial difficulties caused by the coronavirus. There is an immediate need to introduce universal implementation of subsidized LPG under the scheme.

This will go a long way in building resilience of women and infants whose lungs can be damaged by exposure to smoke caused by cooking with solid biomass (Kelkar et al., 2019). Furthermore, the support through cash transfers is needed for women who are burdened with unpaid care and food provisioning responsibilities in the household.

Importantly, the concern for unpaid care work is not only because of increasing the visibility of unpaid work. What is needed are policy measures to alleviate the unpaid care burden on women and redistribution of this work between women and men. This would prove to be essential in keeping the unit of the family functional and without domestic violence against women.

The importance of domestic and unpaid care work needs to be included in the national accounting system as an economic activity; this inclusion is long overdue and is needed putting social and economic value to household work and unpaid care. Policies aimed at ensuring gender equality in labour force participation and gender wage

parity go a long way towards paving the way for dignity in life and livelihoods of women, as well as men.

Regular Time Use Survey of the time spent by women in unpaid work must be ensured, which will bring to light the gap in policies needed to address the rising need for care and tackle the huge disparity between women's and men's care responsibilities (Mehta and Awasthi, 2019).

As responsible members of the household, society and nation, we need to be alert and supportive to the scientific and medical fraternity as they find the cure for COVID-19; but we cannot discount the period of isolation which takes a disproportionate toll on the health and livelihoods of women and men.

The strategic planning for preparedness and response to the COVID-19 pandemic must be grounded in strong gender analysis, considering gender roles and responsibilities in the dynamics of change of social norms. As has been repeatedly pointed out in feminist analyses of the COVID-19 that there is need to strengthen the leadership and meaningful participation of women in all decision-making policies in addressing the COVID-19 and similar pandemics in future.

*(The authors are grateful to Dr Arjun Kumar, Ritika Gupta, Anshula Mehta and Pooja Kumari for their inputs.)*

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<sup>i</sup> Zero-balance bank accounts were encouraged by the Prime Minister of India in 2014 under the Pradhan Mantri Jan Dhan Yojana. It is a financial inclusion program of Government of India open to Indian citizen, that aims to expand and make affordable access to financial services such as bank accounts, remittances, credit, insurance and pensions.

<sup>ii</sup>An ASHA is a community health worker and there are over 9 lakh such workers in India while there are over 35 lakh AWW in India.

<sup>iii</sup>*Ujjwala* scheme or Pradhan Mantri Ujjwala Yojana was launched by Prime Minister of India Narendra Modi on 1 May 2016 to distribute 50 million LPG connections to women of below poverty line families.