



# Gendered Experiences of COVID-19 in India

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*Edited by*  
Irene George · Moly Kuruvilla

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## PREFACE

Nations across the globe have been making rapid strides of progress in attaining the Sustainable Development Goals since their formulation in 2015. The fifth sustainable goal on gender equality was especially derailed from achieving due to the unprecedented outbreak of a tiny but fatal virus. The supreme battle with the Covid-19 virus has rendered the world with the largest health crisis that has turned out to be the most threatening challenge to humanity with its implications on every aspect of safety, sustenance and survival. Because of their specific social positioning, women in India are disproportionately affected by the pandemic than their counterparts. This book focuses on the Covid-19 experiences of Indian women belonging to various walks of life and at multiple levels of socio-economic status.

The Indian women already entrapped in the vicious circle of poverty, hunger, joblessness, landlessness and sexual violence have become inevitably further traumatised during the pandemic. The resources that they had squirrelled away for a rainy day had been exhausted after a prolonged shutdown of economic activity across the country, nay across the globe. Whatever little they had saved got used up; whatever small jobs they held are lost and the power they gained within homes vanished. The subjective feelings of women analysed through a gender perspective and that too with an intersectional approach generate insights into the gender dimensions of Covid-19 in India.

This book is a compendium of research based on rapid assessment surveys, micro studies and review of credible reports on women's lives during the Covid-19 pandemic. A solid understanding of women's plight during

the lockdowns has facilitated recommendations for gender-responsive policies and programmes in every sphere of women's lives that the Covid-19 has negatively impacted. The experiences narrated by the heterogeneous group of women subjects reflect the hope over despair and the determination to fight rather than give in. The push that they need from various corners including the government agencies is highlighted in the book. Both short-term and long-term policies that foster the attainment of sustainable development goals are proposed for 'the decade of action'.

Sharjah, UAE  
Kerala, India

Irene George  
Moly Kuruvilla

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We appreciate and acknowledge the untiring efforts of all the contributing authors who have taken much pain in the data collection during the time of lockdowns. Amidst the waves of the pandemic, there were several hardships to meet the sample residing in dispersed locations. Usually, the pandemic time is considered a less productive period for researchers, but this book is a testimony to the willpower and dedication of the authors, the majority of whom are women.

We are incredibly indebted to all the women respondents like frontline health workers, migrant women, elderly women, transgender persons, women academics, housewives and students in higher education who spent their valuable time and participated with patience in the surveys and interviews conducted by the contributing authors.

We want to thank the members of the editorial committee consisting of Jaya Dantas, Professor of International Health, Curtin School of Population Health, Australia; and Pauline Stoltz, Associate Professor, Department of Politics and Society, Aalborg University, Denmark; and other reviewers who have made significant contributions to enhance the quality of the book.

The authors acknowledge the support extended by the University of Calicut in the completion of this book project.

We would also like to place on record our gratitude to all the academics across the country who facilitated the outreach to samples in every nook and corner of India.



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# Introduction: Gender Dimensions of COVID-19

*Irene George and Moly Kuruvilla*

## INTRODUCTION

The world today is undergoing tectonic throes of the severe pandemic that has far-reaching disruptions unsettling almost all activities across the globe. Twenty-five years after the United Nations convened the Fourth World Conference on Women: Beijing Platform for Action, the World Health Organization on 11 March 2020, declared Covid-19 as a pandemic caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Covid-19 was first reported on 31 December 2019 and was found to cause respiratory illness, ranging from the common cold to more severe diseases resulting in death. People at the highest risks from Covid-19 belong to the vulnerable groups—the elderly, chronically ill and immune-compromised people such as those with heart diseases, diabetes

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and respiratory diseases. The virus spreads on close contact with infected people through respiratory particles or through fomites present in the environment around the infected person. In response, the WHO recommended airborne precautions where aerosol-generating procedures and support treatments are performed apart from frequent hand hygiene practices, environmental cleaning and disinfection.

Archaeologists and anthropologists have identified archaeological locations in the ancient historical sites in China, in the erstwhile Roman Empire, present Istanbul, Mexico, Central America, and so on, which are considered as mass burial grounds. These sites are evidence of a series of epidemics and plagues in different periods in different parts of the globe, which changed the course of history from time to time. The most recent outbreaks are Spanish flu (1918–20), Asian flu (1957–58), H1N1 Swine flu (2009–10), West African Ebola epidemic (2014–16) and Zika virus epidemic (2015 till date). Therefore, Covid-19 of 2020 is not the first pandemic, nor will it be the last one.

Pandemics cause massive fatalities and disruptions globally; for that reason, the Spanish flu a century ago had evoked awe in the scale of loss of lives in that period. The globe-trotting modern man has made the latest edition of the coronavirus a benchmark in the quantum of destruction in lives and livelihood due to the deep level of interconnectedness in all spheres of activities. The earlier pandemics like the Ebola epidemic, the SARS or the Swine flu did not have such large-scale devastating effects. While the Covid pandemic is wreaking havoc worldwide, people fall prey to social, economic and political exploitations. ‘The pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of the pandemic’ (United Nations, 2020a, p. 1).

In the absence of 100% safe and effective vaccine and treatment information based on evidence, complete lockdown is being observed by several nations including high-income countries like the USA and low to middle-income countries like India. When writing this chapter in June 2021, the world is treading towards new equations, new speed, new values and new unknowns. The future that seemed to be sure and secure because of all the scientific advancements made by humanity in the last century is unknown and uncertain. The confidence level of human ability is at a crossroad where the knowledge and expertise of man is tested on the altar of time. As a result, decisions cannot be made in such a situation with any degree of certainty. Besides, endless questions remain as to whether the available vaccines will be 100% safe and effective, will the disease recur, will

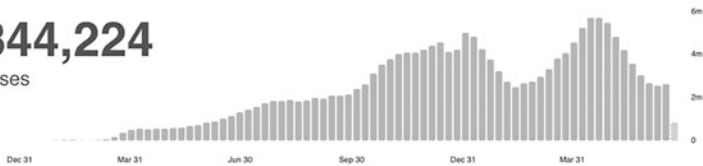
the societies acquire herd immunity and what could be the post-Covid-19 problems awaiting those who survive the threats of upcoming waves of the pandemic. All the same, the pandemic is predicted to be there for many months to come, influencing and impacting lives and work. The global scenario of confirmed cases of Covid infection and the death rates during the first and second waves of the pandemic highlights the severity of the second wave in both number and fatalities compared to the first. The second wave is flattening in a few countries while the third wave has commenced in few others; the crisis may unfold with no end in sight. Governments across the globe are setting their preparedness to face the third wave with a still virulent delta plus Covid-19 variant (Fig. 1.1).

The ongoing pandemic is still shaking the globe with its devastating effects in every nook and corner of the global village. Men and women of all ages have learned new styles of being and not being with each other. Terms like ‘social distancing’, ‘quarantine’, ‘Covid protocol’, ‘PPE kits’, ‘masks’ and ‘sanitisers’ turned out to be the buzzwords of the time. The pandemic-triggered lockdown has also led to new realisations, new thought patterns and new trends in food habits, healthcare, recreation, rituals of all kinds, whether related to birth, marriage or funeral and the interaction styles and social relations among people. Now the pandemic has necessitated the need for new approaches and perspectives in policy-making at regional, national and global contexts.

### Global Situation

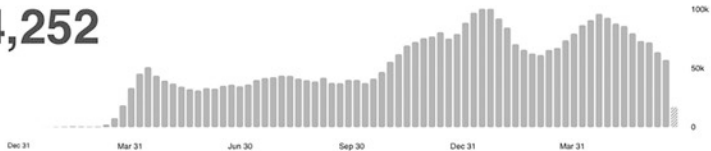
**181,344,224**

confirmed cases



**3,934,252**

deaths



**Fig. 1.1** Covid-19 infection and death rates—global situation (as on 30 June 2021). (Source: WHO, 2021)

This chapter provides an overall picture of the gender dimensions of the Covid-19 health crisis, focusing on its spillover effects on women's labour force participation, unpaid care work, education, gender-based violence, mental health, sexual and reproductive health rights, and so on. Though this book is a documentation of the gendered experiences of Covid-19 in India, it is situated in an international context. In the globalised world, whatever happens in a country is interconnected and interdependent with the events in all other countries. Hence Section I of the chapter provides the global picture of gendered implications of Covid-19, and Section II details the specific situations in India.

## SECTION I—GENDER DIMENSIONS OF COVID-19: THE GLOBAL CONTEXT

When countries across the globe were making faster strides towards the 'Sustainable Development Goals' (SDGs) set to be achieved by 2030, the outbreak of Covid-19 has been a heavy blow to the attainment of all goals, especially Goal 5 of the 2030 Agenda on gender equality. As repeatedly assured, the virus is gender-neutral with regard to the rate of its infecting men and women, but the death toll is higher among men than women, which is attributed to the differences in their lifestyles like smoking habits (UK Research and Innovation, 2020) and biological reasons of the immune system (Klein & Flanagan, 2016). Started as a health crisis, the Covid-19 pandemic has shaken the economies the world over, with women being the hardest hit everywhere.

Several agencies have reported Covid-19 pandemic as the greatest setback to gender equality ever in history. The Global Gender Gap Report released on 30 March 2021 estimates that it will take 135.6 years to close the gender gap worldwide. Covid-19 has exposed the existing gender inequalities in various spheres of life on one side and has deepened the gender gaps to a great extent on the other. Though the challenges women face can vary from country to country based on cultural, religious and sociopolitical factors, and based on their class, caste, religion, marital and employment status, the pandemic has revealed the vulnerabilities of women, transgender persons and other sexual minorities across the globe. Nevertheless, the novel coronavirus has also brought to the limelight the huge worth of women's unpaid care work and the strength of women power. Still, the analyses with a gender perspective undertaken by the various authors in this book have served a lot in revealing the shocking,



threatening and painful experiences through which women across the world pass through during the pandemic. Though people have got used to the ‘new normal’ with a reduction in the panic levels, the sufferings and plight of women continue. About this global context Dugarova in her paper prepared for the UN expert group meeting on ‘Families in development’ opines:

Women and girls, especially those with intersectional characteristics, are particularly disadvantaged during the crisis due to unequal structures, power relations and social norms that prevent them from accessing basic services, including healthcare and education, and participating in decision-making processes that affect their lives. Consequently, they face higher risks of falling into poverty, dropping out of schools, and experiencing hunger and malnutrition. (Dugarova, 2020, p.1)

### *Loss of Jobs and Loss of Income*

The International Labour Organisation (ILO) estimates that globally in 2020, women’s employment loss stood at 5% compared to 3.9% for men. In other words, 64 million women lost their jobs during the pandemic (ILO, 2021). Madgavkar et al. (2020) predict that women who make up 39% of the global employment would account for 54% of overall job losses. The resulting economic fallout has impacted the lives and livelihoods of people across the globe, with a disproportionate burden on women due to their unpaid care work at home. With a shrinking global economy and without measures to shield the most vulnerable, the number of people living in extreme poverty is estimated to increase by 96 million in 2021 (Azcona et al., 2020). Accordingly, women who already constituted a majority of the world’s poor are going to be further pushed into poverty and sufferings.

As far as paid work is concerned, women are predominant in precarious, unsafe and stigmatised jobs in the form of frontline health workers, waste-pickers and domestic workers (Chakraborty, 2020). Often they do not even receive the minimum wages as stipulated by the government. Moreover, the nature of the work done by women workers in the informal sector is subject to informal arrangements. A majority of them are invisible and are more likely to bear the burden of job losses and wage cuts than men. ‘For every pound that a man can spend on necessities during this crisis, a woman can only spend 82 p’, says Mudhar, global chief executive and co-founder of ‘The World We Want’, an enterprise aimed at accelerating progress towards the UN’s Sustainable Development Goals. The

gender pay gap in countries across the globe also aggravates the economic conditions of women during the pandemic as they have few resources to fall back on should they lose their work. In the US, women earn 85% of what men earn. In Australia, it is 86%, while in India it is 75%. And this is worse for women of some races and ethnicities than others—in the US, for example, black women earn 21% less than white women (Henriques, 2020). Though women constitute 70% of the global health workers, at 28%, the gender pay gap in the health sector is higher than the overall gender pay gap of 16% (UN Women, 2020a).

### *The Burden of Unpaid Care Work*

According to the OECD Development Centre's Social Institutions and Gender Index (SIGI), globally, women undertake approximately ten times more care work than men (OECD, 2020). The value of unpaid work globally for women aged 15 and above is over 10.8 trillion dollars annually, three times the size of the tech industry (Coffey et al., 2020). International agencies like the UN Women and WHO repeatedly assure how the gender gap in unpaid work is huge in developing countries. During the crisis, childcare poses a further threat to working parents. Schools and day-care centres closed, the maids also on leave, and the few available grandparents being prevented from offering childcare due to the possibility of virus exposure has created a severe crisis. It leaves parenting duties entirely to parents and more on the woman.

Two-thirds of the healthcare workforce across the world consists of women. Most of the women healthcare workers isolate themselves to prevent carrying infection for those at home. In such situations, it becomes difficult for them to balance professional duties with unpaid daily work at the home front (OECD, 2020). As illustrated by the data from European OECD countries, women employed in the healthcare sector are half as much more likely as compared to men to deliver care work for the elderly, the ill and the disabled relatives at home, in addition to looking after children and routine domestic chores of cooking and cleaning (OECD, 2020).

### *Global Education Scenario During the Pandemic*

With the lockdowns of the pandemic, schools, colleges and universities got closed down all of a sudden (Nicola et al., 2020), and the uncertainties prevailed for a short time. It has impacted 94% of the world's student

population and up to 99% in low and lower-middle-income countries (United Nations, 2020b). But almost everywhere, the closure was soon overcome with the distance learning modes, primarily through online education facilitated by the Information and Communication Technologies (ICTs). Several researchers have acknowledged the vitality of ICTs in women empowerment and overall development (Abubakar et al., 2017; Shehata, 2017). Yet, the shift from conventional classroom learning to online classes brought up many apprehensions, inconveniences and struggles to adapt to the new wave. It is estimated that almost half the world's population remains offline, most of them belonging to the least developed countries. Though ownership of mobile phones has an empowering potential, there are wide gender disparities with women lacking a mobile phone in several countries assessed by the International Telecommunication Union [ITU], 2020. Intel's report on 'Women and the Web' (Intel, 2013) reveals that, on average, across the developing world, nearly 25% fewer women than men have access to the internet. Thus the proportion of men using the internet is higher than that of women in two-thirds of the countries worldwide and is estimated as 55% and 48% respectively in the year 2019 (ITU, 2020) (Fig. 1.2).

The gender digital divide is more widened in developing countries than the developed ones. Because of the gender digital divide (Emmanuel, 2020; GSMA, 2020; OECD, 2018) and the burden of unpaid domestic

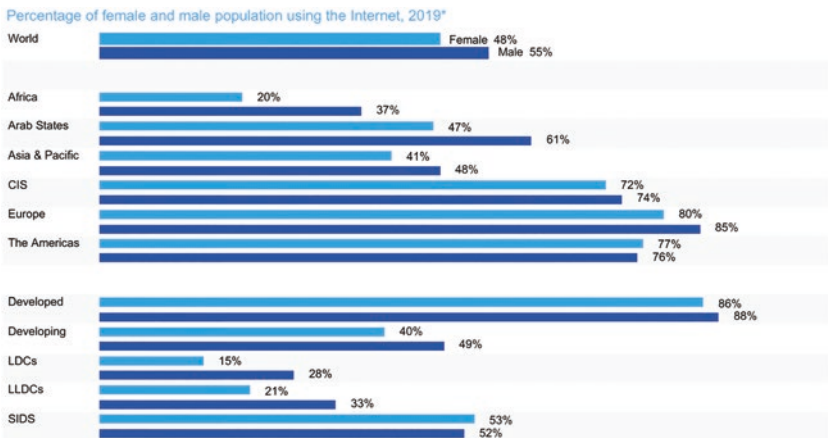


Fig. 1.2 Internet gender gap across countries. (Source: ITU, 2020)

and care work at home (Burzynska & Contreras, 2020), women students and women educators have to bear excessive losses and burdens compared to their male counterparts. Moreover, the effectiveness of online education itself is a matter of concern as it is not a substitute for face-to-face learning happening in offline classes (Mishra et al., 2020).

There have been various reports pointing out that during the days of lockdown, the overall productivity of professional women, in terms of research and publications, has gone down (Deryugina et al., 2021; Flaherty, 2020; Shurchkov, 2020; Vincent-Lamarre et al., 2020). Higher levels of anxiety and stress are reported among women educators as they are overburdened with household chores and necessitated to learn the technology of handling online classes and conducting meetings on online platforms (Datta & Rej, 2020; Flaherty, 2020).

Another aspect that needs special mention while discussing education during the pandemic is the trauma that interstate and international students and their parents had to pass through during the initial days of lockdown. The students got stranded in faraway locations, with fear of infection and worries about their wards, and utterly confused on whether to stay back or return homes far away. When the countries closed down their borders and the flights were all cancelled, there was insurmountable grief and trauma to the students who had taken heavy debts to pursue their studies in destination countries. Soria et al. (2020) report that students who experienced financial hardships, including unexpected increases in spending for technology or living expenses; the loss of wages from on-campus or off-campus employment; the loss or cancellation of an expected job or internship; and food and housing insecurity, had more negative impacts on their mental health when compared to those without any financial hardships. In this regard, Redden (2020) reports how international students in America were found to adapt well to online education than their American peers but were more concerned about staying safe and healthy and about navigating the healthcare and immigration systems during the coronavirus pandemic.

### *The Shadow Pandemic*

Women constitute a major proportion of the most vulnerable and those living in extreme poverty. Their conditions are aggravated by the rising violence against women and girls, forming the 'shadow pandemic' (UN Women, 2020b). The lockdown policies have led to the confinement of

women with their abusers within the four walls of the house, which increased the risk of violence manifold since the length of cohabitation increased. There was less likelihood of interruption, which made helplines on violence, counselling centres, psychological care and support and information about legal remedies extremely crucial (Inter-American Commission for Women, 2020). Women get trapped in their homes with their abusers, isolated from the people and the resources that could help them (Godin, 2020). Thus, there has been a drastic increase in domestic violence cases across many countries during the pandemic. In France, cases increased by a third in the first week of lockdown, while reports were up 75% in Australia, and cases have doubled in Lebanon and India. While domestic violence can affect men and women, women experience a disproportionate toll; in the US, they are twice as likely to experience violence from an intimate partner and 14 times as likely to be raped (Henriques, 2020). On 28 March 2020, the UK reported its first coronavirus femicide committed by a man against his wife who was in self-isolation with him (European Network of Migrant Women, 2020).

In addition to the physical violence that is likely to be present in every abusive relationship, common abuse tools used during the pandemic include constant surveillance, restrictions on access to basic necessities such as food, clothing and sanitary facilities (Taub, 2020). After widespread outrage from women's groups, France and Belgium have converted hotels into shelter homes for abused women. In Spain, the government has announced that the lockdown is not applicable for women stepping out to seek help or report violence. Despite the helpline services available, most women seem to be unable to avail them because of the constant monitoring of the abusive partner with whom they are pressured to stay under the same roof. So far, no estimates have come regarding the number of unreported rapes and abuses that might have happened behind isolated homes. The largest UK-based support organisation reported a 700% surge in calls and complaints received from affected women (Guterres, 2020). It should be noted that several support services for high-risk women also face closures owing to lockdowns, and this intensifies the risk of exposure to intimate partner violence.

A WHO report on global child abuse states, 'schools were closed due to the Covid-19 for 1.5 billion children who had to remain at home with their parents facing heightened anxiety and stress levels due to lost income, social isolation and potential crowding at home' (WHO, 2020a). It naturally will increase the propensity for child abuse and aggravates the fear,

stress and trauma of women at home. Sidpra et al. (2020) endorse the situation on similar lines that while overt measures are being undertaken to control the global pandemic, another ‘silent pandemic’ that is on display at the home front is continuing because of the vicious circle created by factors like abuse, mental health, substance abuse and socioeconomic conditions. The usual gender discrimination in the pandemic days has become the dominant undercurrent narrative.

### *Gendered Implications of Covid-19 on the Healthcare Sector*

As a health crisis, Covid-19 has its devastating perils on the health of infected people, their families and that of the healthcare providers. In the initial days of the breakout, both the developed and developing countries were equally unprepared to provide adequate healthcare to the patients, PPE kits to the healthcare providers and sufficient know-how or strategies to contain the virus. It took almost a year to develop effective vaccines against the virus. Better treatment procedures are still evolving across the world. Women who constitute 70% of the global health workers (Boniol et al., 2019; WHO, 2020b) are at a triple disadvantage as they have to take care of their own health, that of the Covid patients whom they are destined to serve, and that of the family members when they reach home and carry on the domestic and care work. Lack of PPE kits in the early days of the pandemic was a major threat for many of them (Boniol et al., 2019). Many studies have illustrated the key challenges women healthcare workers face in sexual and reproductive health, pregnancy, childbirth and lactation (Green et al., 2020). The higher proportion of female healthcare workers getting infected in Italy, Spain and the USA (69%, 75.5%, 73% respectively) (UN Women, 2020c) during the first wave of the pandemic created much fear and panic among the health workers and their families. All these physical, emotional and mental pressures have led to anxiety, depression (Pappa et al., 2020; Rossi et al., 2020) and suicides among women healthcare professionals (Rahman & Plummer, 2020).

The UNFPA (2020) reveals the multipronged impacts of the pandemic on women’s health that may arise due to the limitations in the availability of health services, at a time when the healthcare system focuses its attention on the pandemic cases; lack of availability of contraception due to disruption of the global supply chain; and the heightened vulnerability of women to gender-based violence while being trapped at home with abusive partners and that too for prolonged periods. The burden of