



GENDER INEQUALITY & HEALTHCARE DURING THE PANDEMIC - NEED FOR A RADICAL SHIFT

MR. PRANAV M

II MBA Student,
SDM P G Centre for Management Studies & Research
Mangalore

ABSTRACT

The COVID-19 pandemic has had a significant impact on women's lives by aggravating gender disparities that already existed. The necessity for unpaid household duties has grown as a result of the closure of offices and educational institutions, the emergence of work from home and online learning, as well as the unavailability of domestic worker services. In addition, the demands of sanitization and social isolation have generated new unpaid tasks. The burden of unpaid work rests disproportionately on women because of the gendered roles and societal conventions associated with doing household and family-care duties as well as the sexual division of labour. In this context, the paper's goal is to investigate how COVID-19 has affected the amount of time spent engaging in unpaid employment as well as the underlying gender disparities and other problems faced by women.

KEYWORDS: Gender disparities, COVID-19, Unpaid tasks, Social isolation.

INTRODUCTION:

The burden of unpaid work is disproportionately carried by women due to gendered roles, social conventions and the need to fulfil domestic and family-caring duties in a household. Such jobs take a lot of time, are physically taxing and put women in a time-poor situation, leaving them with little to no time to engage in constructive activities like education, employment or leisure. The patriarchal doctrine permeates every aspect of life in India. Males in Indian families are referred to as annadata (the provider of food), which symbolises the practise of man-worship and male dominance (Bhattacharya, 2004). According to the National Crime Records Bureau's 2018 report, "Cruelty by Husband or His Relatives" in the domestic setting accounts for 31.9% of all reported occurrences of "cruelty against women" overall.

In India, the dowry system is also one of the most significant indicators of domestic violence (Menon, 2020; Srinivasan & Bedi, 2007); in 2018, there were 7,166 reported cases of dowry fatalities. Domestic abuse has so long been one of

the main gender-based ills in Indian society. The aspect of unpaid work by women at home that was previously present in most households has been made worse by the pandemic. With offices closing, work-from-home employment became more common and closure of educational institutions meant the whole family would now function from the comforts of their homes. This only increased the burden of unpaid work on women, as it was their responsibility to care for the family.

LITERATURE REVIEW

It is a known fact that women in India have always been considered lower in stature in comparison to men. The work of women was always considered to be pertaining to child birth, cooking and caring for the family. This work however was always taken as a gender based one and hence not fit for the male population. The same fact is now corroborated by research findings that have proved that slowly and steadily it is now becoming a burden for most women. With the unique joint family



system, women in India have always managed the household. In such households, in case a woman was sick or incapable of completing her work, it would be immediately taken over by other women members. However, nuclear households do not have this luxury of support from other members of the family. This called for domestic help and was well appreciated by women both in urban and rural sectors. But this glory was short-lived.

Indeed, this being the scenario prior to COVID-19, it only worsened afterwards. Various researchers have brought to light the state of deteriorating state of women during COVID-19. COVID-19 pandemic has affected women more profoundly than men in several areas, both at workplace and at home-with increased workload due to lockdown and quarantine measures. (Goyal K., Chauhan P., 2020) COVID-19 pandemic brought with it a lot of issues including the absence of domestic help, loss of productivity due to extra house work, burden of caring for all at home etc. (McKinsey Report, 2020) Since the burden of unpaid work is relatively greater on women as compared to men, it raises various concerns for them. The chores that fall into the category of unpaid labour are physically exerting and time consuming. As such, the unpaid work of women takes away most of their time and subjects' women to a lot of stress, leaving little or no time for them to engage in productive activities like education and paid employment. (McGinnity, F., & Russell, H., 2008).

Various research showed that regardless of geography or occupation, women in India consistently reported an increase in domestic workload since the start of the pandemic; this was just a reflection of various research outcomes of the past. Even prior to the pandemic, it was accepted that lack of domestic and emotional support has caused serious adverse effects on both physical and mental health of women. The risk of anxiety and depression is also higher in women. (Jalnapurkar, 2018). The uncertainty accompanying the efficacy of COVID-19 vaccines, widespread media coverage of confirmed cases and deaths, lack of sufficient necessities and pressure of working from home are some of the drivers of increased mental and

psychological issues. (Lai J. et. al. 2020)

Objectives of the study:

1. To examine the impact of COVID-19 on women in India.
2. To assess the ways in which social and cultural norms in India have shaped the experiences of women during the Covid-19 pandemic, including through gender-based violence and other forms of discrimination.
3. To make recommendations on how to address the challenges faced by women in India during the covid-19 pandemic.

Methodology & Data Collection:

This paper is drafted solely with the use of secondary data like research articles published in reputed journals, magazines and newspaper articles. The results of this study will contribute to a better understanding of the specific challenges faced by women during the pandemic and inform efforts to mitigate their negative effects.

Scope of the study

Several studies have been conducted to uncover the psychological effects of COVID-19. Most of these studies have focused on the general public and healthcare workers. Although women and children are the most vulnerable populations at times of emergencies, studies investigating their particular experience are scarce This study aims to explore the ways in which the pandemic has affected women across various domains, including but not limited to these questions:

1. Employment: How have job losses and economic downturns due to the pandemic disproportionately affected women?
2. Mental health: How has the stress and uncertainty of the pandemic affected women's mental health?
3. Domestic violence: Has the pandemic led to an increase in domestic violence against women?
4. Healthcare: How have women's healthcare needs been impacted by the pandemic, including access to reproductive healthcare and maternal care?



Limitations:

The present study is limited to highlight the impact of pandemic on women and analyse the challenges, issues related to women in India. It is limited to the information gathered through personal interview with several women in Mangalore city only.

RESEARCH FRAMEWORK:

1. Economic Impact

Recent data on COVID-19's effects indicate that women's productive and economical lives will be affected unequally and in a different way than men. Women throughout the world have lower incomes, lower savings rates, less secure jobs and a higher likelihood of working in the unorganised sector. In underdeveloped countries, 70% of women labour are in the unorganised sector, where they have little protection from retaliation or access to paid sick leave. Quarantines can drastically limit women's economic and livelihood activities, raising poverty rates and escalating food insecurity, as the Ebola virus demonstrated. Millions of migrant women in India are now jobless and food insecure due to the government's state wide lockdown, inflicting a significant financial strain on these women who make contributions to society.

2. Health Impact

Restrictive social norms, gender stereotypes, home quarantining and diversion of resources to respond to the COVID-19 pandemic can limit women's ability to access health services as well as make them more susceptible to health risks. Global lockdowns have led to several women being stuck at home with their perpetrators and incidents of violence against women has been on a rise globally. Women's access to sexual and reproductive health services has also been severely impacted due to the COVID-19 emergency response and global lockdowns. Multiple responsibilities have also put severe strain on their mental health.

3. Violence against women and girls

The WHO claims that violence against women continues to pose a serious concern to both the health of women and the general public worldwide.

Reports from China, the United Kingdom, the United States and other nations indicate an increase in domestic violence cases since the COVID-19 pandemic started (despite the lack of authentic data). The number of recorded incidences of violence in India has also increased, according to the National Commission of Women. The risk of violence for women can be increased by stress, the disruption of social and protective networks, and limited access to assistance.

The likelihood of intimate partner violence is probably going to rise when distancing measures are implemented and people are urged to stay at home. One in four females in India get married by the time they are 18 years of age. In India, there are 899 females for every 1,000 boys at birth. According to the UNFPA's State of the World Population (SWOP) report, COVID 19 may make the already alarming statistics around early marriage, violence, and sex birth ratio at birth even worse. According to current forecasts from UNFPA, there would likely be 31 million more incidences of gender-based violence.

Violence against women and their children, especially violence committed by intimate partners or in the home, has serious negative effects on their health. Injuries and major issues with one's physical, mental, sexual and reproductive health, such as STDs, HIV and unintended pregnancies, may occur from this. Violence has an adverse effect not only on women but also on their families, the community and the country as a whole. It has significant consequences, including increased health care and legal fees as well as productivity losses, which have an effect on national budgets and global development.

4. Mental health

While there have been reports suggesting that men, the elderly and persons with compromised immune systems may be at greatest risk of fatality from COVID-19, the greater caregiving role that women and girls are expected to perform may compromise their mental health and well-being. Results from a recent Population Foundation of India (2020) study to assess the knowledge and impact of COVID-19 on young people in three



Indian states of Uttar Pradesh (UP), Bihar and Rajasthan show that 51% female adolescents experienced an increase in workload during the nationwide lockdown, as compared to 23% male adolescents. In UP 96% females experienced an increase in workload, with 67% being below 18 years of age.¹⁴ Specific population groups are showing high degrees of COVID-19-related psychological distress. Frontline healthcare workers are facing backlash from communities leading to stress.

In the wake of the lockdown, people across all strata and age groups are finding it increasingly difficult to deal with social isolation and stress at home, with some facing increased abuse, disrupted education and uncertainty about their futures. In addition to the caregiving burden, social norms in some contexts dictate that women and girls are the last to receive medical attention when they become ill, which could hinder their ability to receive timely care for COVID-19. Furthermore, myths, misconceptions and stigma surrounding COVID-19 can further drive people, particularly vulnerable sections like women and children particularly vulnerable sections like women and children to hide their illness to avoid discrimination.

This would prevent people from seeking health care immediately as well as discourage them from adopting healthy behaviours. The caregiving responsibilities of women extend beyond their homes. 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. During the ongoing crisis, these frontline health workers were leading the health system's response to COVID-19. In Italy 66% of the total health workers infected with COVID-19 were women while in Spain 72% of the total infected health workers were female. Given the increase in cases during the COVID-19 outbreak, frontline health workers, women and girls with caregiving burdens and community members fearful of becoming infected or infecting others have all experienced stress and trauma relating to the outbreak.

5. Access to Sexual and Reproductive Health Services

Evidence suggests that during past public health emergencies, resources have been diverted from routine health care services toward containing and responding to the pandemic. These re-allocations constrain already limited access to sexual and reproductive health (SRH) services, such as clean and safe deliveries, contraceptives and pre- and post-natal health care.

Various studies conducted on the impact of such diversion of funds have conclusive evidence that it has affected women adversely. As a result, women have faced unwanted pregnancies, serious difficulties with pregnancy-related care and newborn health care, unsafe abortions performed in local clinics due to lockdown and restrictions on free movement etc.

SUGGESTIONS TO OVERCOME THE HURDLES

- Ensuring women's equal representation in all COVID-19 response planning and decision making.
- Health systems strengthening and adequate/increased health budget allocation.
- Greater health awareness through behaviour changes communication campaigns- stepping up advocacy and awareness campaigns, including targeting men at home.
- Partnerships between government and civil society organizations to ensure uninterrupted supply of sexual and reproductive health services.
- Capacity building of community level health workers to ensure continued access to family planning services, improved quality of care and counseling services to women.
- ASHAs and other community level health workers need to be supported to ensure continued access to family planning services.
- Strengthening counseling services through helplines, telemedicine services, community radios, and mobile services.
- Integrating prevention efforts and services to respond to violence against women into COVID-19 response plans.



- Developing a public health response to end violence by providing preventive, curative and systematic support to the survivors of violence and early detection

CONCLUSION

COVID-19 pandemic has forced the world to embrace a new normal, with self-isolation and physical distancing being the accepted way of life globally. While such preventive measures are critical, we also need to bear in mind the specific needs of vulnerable population, especially women and children. What is good for gender equality is good for the economy and society as well. The COVID-19 pandemic puts this truth into stark relief and raises critically important choices. As India attempts to move towards creating a more gender-inclusive economic system and distribute the care burden, pivotal questions arise: How deep are the gendered divisions of unpaid work in India? What are the causes and consequences of this unpaid care work being taken up mostly by women? Most importantly, how can key stakeholders work together to create an inclusive and efficient economy that aims to recognise, reduce, and redistribute women's care work responsibilities? and other related questions such as what about

the mental and physical health of women? Who will contribute to their loss of economic power? Whether women only are responsible for caring? Etc. Only time will tell.

Several studies have been conducted to uncover the psychological effects of COVID-19. Most of these studies have focused on the general public and healthcare workers. Although women and children are the most vulnerable populations at times of emergencies, studies investigating their particular experience are scarce. After conducting a thorough review of secondary resources on the topic of the impact of COVID-19 on women, it can be concluded that the pandemic has had a significant and disproportionate impact on women across a variety of areas. This includes economic impacts, such as job loss and wage stagnation, as well as increased caregiving responsibilities and a disproportionate burden of unpaid labour v r. The pandemic has also highlighted and exacerbated existing inequalities and discrimination faced by women, particularly for women in marginalized communities. It is crucial for policy makers and stakeholders to address these issues in order to mitigate the negative impact of COVID-19 on women and promote gender equality.

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