



Gender Footprints of Coronavirus

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Abstract:

The massive lockdowns following the Covid19 outbreak has brought the lives of billions to a standstill. It has systematically put people on house arrest. A good look at the crisis can prove that it is not only disrupting economic prosperity but also widening the ever-persistent gap in caste, class, and gender. The virus has dismissed all illusions of 21st-century gender equality. Undeniably, our very survival in these times depends on the class hierarchy we fall in, whereas our days at home are defined by the gender we belong to. While the governments have been successful in putting up a tough fight against the pandemic, they have failed to identify the gender perspectives that came along with the lockdowns. Quarantine has now become a lifestyle, with children forced to be at home, elderly who are particularly prone to get infected, and babies that cannot be babysat by willing neighbours anymore. The unanticipated confinement has disproportionately burdened women with domestic caregiving. The focus of this paper is to analyse the differential impacts of health crisis among women and girls. Scrutinising the gendered perspective of a global crisis can help governments worldwide to operate in the right direction and thereby optimise the containment efforts.

Keywords: Covid 19, lockdown, women, domestic violence, pandemic, quarantine.

Women's health issues amid lockdown:

During health emergencies such as the covid19 pandemic, particularly in developing countries, women are vulnerable to poverty and malnutrition due to food scarcity. As per the United Nations Millennium Development Goals (MDG) program, in 2011-2012, out of the 1.2 billion population, 270 million people, approximately equal to 21.9% of Indians lived below the poverty line. Poor households, especially those living in camps or slums or similar vulnerable environments, will be dangerously exposed to getting infected in large masses. Although globally, the percentage of men and women residing in poor households are equal, gender differentials shape in specific contexts. In poor households, women are likely to live with a large number of children and elderly with fewer earners. The patriarchal functioning of families causes women to take up a disproportionate burden of work at homes. Furthermore, the higher mortality rate of men during COVID-19 increases the chances of losing an income earner in affected families, causing heightened financial and health vulnerability of the women and children left behind.

There is a steady fall in income generation activities and quality of life due to the plummet in the economy. When combined with a lack of adequate safety nets, low-income households may feel compelled to resort to negative coping mechanisms, such as attempting to save food by reducing food consumption. Women and young girls are more likely to starve during such circumstances owing to pre-existing gender differentials. When exposed to the financial burden, low-income families are likely to marry off their teenage daughters. This significantly increases the risk of teenage pregnancy and heightened the maternal mortality rate.

Quite often, the existing societal strata undermine the needs of women. Consequently, essential resources for sexual and reproductive healthcare (SRH) are diverted to mitigate emergency situations. The enormous increase in the infection numbers exacerbates the lack of reproductive and sexual health services. Pregnancy is categorised as a high-risk factor for increased illness in pregnant mothers and maternal deaths during pandemics. The study of previous episodes of an infectious outbreak indicates the lack of focus on women and girls during response measures. During the Ebola outbreak in Africa, there was a general lack of information on how the virus affected pregnant women. Frontline health workers, including midwives and nurses, struggled to treat patients due to lack of clinical guidelines and knowledge on how Ebola-affected pregnant women.

Furthermore, during the outbreak, the birth rate dropped by 30 per cent, and the maternal mortality rate spiked by 75 per cent. The current crisis has already shown traces of maternal morbidity due to the lack of antenatal care

(ANC), and the absence of emergency obstetric care. This makes COVID-19 response measures more challenging for India as the healthcare structure is agonisingly weak. The data collected by the National Family Health Survey (NFHS-4) shows that only 21 per cent of women across the nation have received full ANC.

Across all the affected counties worldwide, COVID-19 has overloaded the healthcare systems. Due to the outbreak, supply chains around the world have been disrupted. As a result, China has halted several drug-manufacturing plants, which has hampered Indian factories that produce generic medicines. This can lead to a severe shortage of drugs such as contraceptives and antibiotics to treat sexually transmitted diseases and antiretrovirals for AIDS/HIV. The shortage can, in turn, lead to price hikes and affect women who need to undergo an abortion. A similar situation was recorded during the Zika outbreak in Brazil where the epidemic caused a shortage of medical supplies such as abortion drugs and contraceptives. Consequently, new-borns with Zika related issues were disproportionately born to women belonging to the low socio-economic section in Brazil.

Status of working women and sex segregation in the workforce:

In developing countries, particularly, women are constantly exposed to infections during a health crisis due to the unequal structure of the healthcare system. Men and women have distinct roles in a typical working environment and therefore are dissimilarly vulnerable to exposure. In the containment phase, women form a majority part of frontline health workers, including nurses, community health officials, birth attendants, and family and community caretakers to the ill and elderly. Women also take up a larger share among basic sector workers, including pharmacy, manufacturing, sales, agriculture, cleaning and sanitation, production, and distribution of food. Therefore, there is a requirement to work outside the home and associate with other people during the containment process. According to the World Health Organization (WHO), 70 per cent of the world's total health workers are women. As per the 68th National Sample Survey's data on employment in India, qualified female health workers comprise almost half of the total qualified health workforce. Among different sectors of healthcare professionals, women's share as qualified nurses and midwives dominated by 88.9 per cent. Moreover, as female health workers form a major part of the frontline health workers, there is an increased risk of violence and harassment against female workers. Reports from early containment phases of Singapore and China indicate a surge in intimidation and aggression towards female health officials, especially nurses. In India, reports from all over the country point out the rise in attacks against the female health staff. They are also

vulnerable to face harassment and discrimination from families at home, their landlords and neighbours for fear of infection. Although work from home techniques and school closures worldwide may look like an unanticipated summer vacation, it has added an additional burden on caretakers who are mostly women. According to the Periodic Labour Force Survey (PLFS) of India, drafted in 2019 by the "Ministry of Statistics and Programme Implementation," the only sector where women take up a larger share is- getting vocational training in work related to childcare, nutrition, pre-school, and nursery. There are 18 per cent of women trainees whereas 1.2 per cent of men get trained in this area. Massive school closures put this section of workers under a tremendous burden.

Furthermore, Social Health Activists (ASHA) and Anganwadi workers have been asked to check up on families in their areas for symptoms, and conduct advisory seminars for spreading awareness regarding COVID-19. However, the ASHA officials approached the central government to provide them with the necessary equipment which they are lacking. Besides this, there are almost one million female community health workers in ASHA and about 1.4 million women workers in Anganwadi.

The gross disproportion indicates that women are not only the level one responders for mitigating the pandemic, but also are in the frontline for catching the disease. Additionally, the hierarchical relationship between doctors and nurses leads to a lower valuation of female nurses and their perspectives. After the SARS epidemic, nurses in Canada, while participating in focus group seminars argued that doctors' negligence towards nurses jeopardised their health and safety. Women are also vulnerable to getting affected differently owing to gender gaps in their involvement in vulnerable forms of work, such as house helps self-employment, domestic work, or waste picking. In the majority of countries, irrespective of their income level, women account for a larger share out of the total in all forms of vulnerable employment. For instance, during the COVID-19 outbreak, female migrant workers in Asia, particularly those engaged in domestic work witnessed their income generation capacities getting adversely impacted. The work situations have the most immediate impacts on their safety, coupled with the lack of basic formal social protection.

It is important to note that women take up a larger share of people making trips on foot and using public transport facilities, whereas men travel by car and motorcycle. According to the automobile industry data, in

India, out of the 2.96 million passenger vehicle market, women account for only 10-12 per cent of sales. This will have a gendered impact during the lockdown when their ability to move safely is constrained.

A potential threat to girls' education:

Educational impacts of Covid19 can be particularly worse for girls in some countries. Social norms, coupled with the disruption of services, can aggravate gender differences. According to the Organisation for Economic Co-operation and Development (OECD), there is a gross lack of participation of women in the use of Information and Communication Technology (ICTs). Women not only lack access to ICTs but also underperform their male counterparts when it comes to skills and operative abilities. This can be primarily attributed to social norms, orthodox culture, and patriarchal families. Amid massive lockdown measures being implemented, home-schooling and distant learning methods will be essential to keep children up to date with school programs and curriculum. Existing gender differentials will, therefore, affect the education of girls. According to the World Bank, in developing countries, women are 8 per cent less likely to own a mobile phone than men and 20percent less likely to use the Internet on mobiles. This would not only limit the capacity of young girls to keep up with home-schooling but also incapacitate their mothers to be of any help. Furthermore, in countries with large gender differentials in access to ICT, orthodox norms are largely prevalent. Girls will be expected to take up domestic duties and family caregiving which will leave little time for home-schooling.

One of the most challenging aspects of the Indian educational system is the massive stagnation of resources termed as 'dropout'. Additionally, school closures as part of pandemic containment may alleviate the burden on young girls who are under constant pressure to drop out of schools. These girls are more likely to stay out of education permanently in a crisis situation and therefore may never go back to school. The 'gender gap' in dropout rates prevalent in countries like India is agonisingly high. Girls especially belonging to rural areas are vulnerable to dropping out of schools. As per the National Commission for Protection of Child Rights, 39.4 per cent of girls belonging to the age group of 15-18 years drop out of school and college. Amongst them, 64.8% of girls who drop out, do so because they are compelled to take up household duties or are married off or are engaged in begging. This puts school going girls at potential risk of being permanently taken off education, post the pandemic. To support the argument, evidence from the 2008-2009 financial crisis proves that there had been a significant increase in the gender gap in education to the advantage of boys across developing countries. According to a study by UNESCO, out of the total population of school enrolled students globally, over 89 per

cent are currently out of school because of school closures. Out of these 1.54 billion children worldwide, nearly 743 million are girls. Out of these girls, over 111 million are living in developing countries of the world where seeking education is already a struggle. Furthermore, women across developing countries are typically less educated than men and have less access to ICTs. This puts them at the risk of having a lack of information or even succumbing to misinformation regarding symptoms, causes, prevention and spread of the disease and regarding what needs to be done infected.

This can be an outcome of misconception and negative coping strategies adopted by their parents or themselves. Young girls may resort to engaging in relationships and marriage, especially with older men, as a recourse for financial help, which is sometimes exploitative. Evidence from the 2013-16 Ebola epidemic in West Africa establishes precedence in this regard. There was a surge in the number of teenage pregnancies, by as much as 65 per cent in some communities. Several women's rights organisations reported an increase in sexual violence against teenage girls.

The surge in the number of domestic violence:

Although home can be considered a safe place in finding salvation during the current distress, for many, it is the worst place to be at. Covid19 has indeed followed the footprints of the previous chapters of epidemics and pandemics, causing a surge in sexual violence by intimate partners. Amid the stringent lockdown restrictions, women across the globe are likely to suffer a new degree of domestic abuse. As the term, 'lockdown' suggests, victims are trapped at home with little or no option of fleeing.

According to the United Nations Populations Fund (UNFPA) data, a similar pattern was recorded in all past epidemics, most common being verbal and physical abuse by intimate partners. In fact, in the initial phase itself, data collected from various affected countries, including Spain, China, France, and Germany indicated an increase in the number of gender-based violence. Most of the cases reported a connection with the combined stress of confinement, financial problems, and job crisis. In India, urgent attention to the increase in the number of household violence was reported by the National Commission for Women (NCW) since the national lockdown began. Within 25 days of lockdown, between March 23 and April 16, 239 complaints were reported at the NCW, which is almost double the number of cases

registered during the previous 25 days. Detachment from social support systems acts as a driving force of the increased incidents of domestic violence.

Oddly enough, several police officials and NGOs have reported a fall in the number of calls that they received during the later part lockdown period. For instance, the Delhi Commission of Women (DCW) reported a decrease in calls complaining of domestic abuse from 808 to 337 between March and April. In the initial phases of lockdown, victims reported an increase in the intensity of violence after their intimate partners caught them, making an official complaint against the abuse. This perhaps explains the drop in the number of calls seeking help. Women's rights activists believe that the official records may not be sufficient to indicate the crime rate in these times. The complaints registered at the NCW were majorly received through e-mails and dedicated Whatsapp numbers, which a lot of women across India don't have access to. According to the NCW, the complaints registered were reported by upper-middle-class women who were literate.

As families spend more time together for an extended period of time, in abusive environments, children become vulnerable to witnessing abuse as well as undergoing the abuse themselves. Increased levels of anxiety, stress, job insecurity, financial tensions, and other such emotions of parents can be a cause of child abuse. In feudal and patriarchal families, relatives and in-laws augment the issue by normalising the whole episode. To aggravate the horror, women, and children facing the abuse are locked up at homes with their very abusers. As an outcome, victims tend to suffer extreme physical and mental health issues, including the risk of chronic illness, depression, anxiety disorders, sexual disorders, PTSD (post-traumatic stress disorder), and substance abuse. Amid increasing incidents of family violence, there is a high chance of an increase in domestic abuse-related homicide.

With the health system being overwhelmed, governments across the world have shifted their entire focus to a public health crisis. In this situation, access to essential protection such as legal guidance, police protection, support services, and judicial help may be limited. This leads to an increased perception of impunity by perpetrators. A similar case was observed during the Ebola outbreak when the support services, including medical and judicial provisions for victims of gender-based violence, got disrupted.

Strategies that can be adopted to mitigate the crisis:

Gender inequity begets gender inequity, and this chain is only strengthened in times of crisis, such as the one that the world is facing today. It is therefore essential that the policymakers pay attention to the existing gender differences and analyse how they are likely to worsen the gender impacts of Covid19. Only after a full understanding of the distinctive effects can the policies prove to be efficient.

Undoubtedly, a research-based focus on gender-related impacts of COVID-19 is needed to mitigate both immediate and long term recovery. Additionally, identifying the efforts and downfalls from various other outbreak responses can shape gender-informed response, recovery, and resilience for the present crisis, as well as for future ones. Based on the problems identified in this note, the following research areas will be crucial:

- **Health:** Statistics of contagion and fatalities by sex, age, income and living conditions, and for targeted groups of women including pregnant women. The assessment must also involve other areas that are affected by the diversion of medical resources to COVID-19 response such as reproductive, maternal and adolescent health, etc. Moreover, an analysis should be carried out for the already affected population suffering from any other medical condition. A study of population with limited access to essential services such as those living in rural areas, low-income areas, as well as for women with social and normative restrictions, can help speed up targeted recovery. Research on nutrition-related impacts can also be valuable, especially on access to food.

- **Education:** It is essential to analyse the impact of home confinements and school closures on girls' education, particularly in high-risk drop out areas. Innovative programs to strengthen the confidence of young girls and parents in resuming school education will be important.

- **Poverty and living standards:** An examination of vulnerable groups such as single parents, widows, large families, etc., related to the sources of the infection of COVID-19 and what their situation after being infected in terms of quality of health and access to services, would be essential. It will also be helpful to measure the change in income-generating activities in men and women to assess gender-differentiated patterns. This will help in developing insight on gains or reversals on women's economic

activity. Employment conditions, entrepreneurship, agricultural occupations, etc. can be monitored as an area of interest.

- Response measures: Impact evaluation of the response initiatives ensure effective implementation and steadfast outcomes. It is also essential to examine the gender dynamics in this regard. Agile implementation can be rolled out to focus on areas that need improvement.
- Evaluation of Participation: The participation of men and women in awareness generation programs across communities, prevention and containment of infection, surveillance and recovery efforts should be documented. This can help in developing a better understanding of the differential contributions of men and women.

Women can play a crucial role in responding to the crisis, not just in the prevention and containment phase, but also during the follow-up. Past experiences of disease outbreaks indicate that women must be a central part of the recovery. Women organisations and female political leaders can bring forth essential insights, messages, and crisis management. Awareness generation programs can be rolled out, targeting the importance of female health and female education. Similar initiatives can be taken up at high risk drop out regions. To combat the increase in violence cases, female community officials can help spread the word regarding the ongoing discrimination against women and transmit key messages to the affected groups. Stringent laws and strengthening of response structure can mitigate the need for the affected population. With a view to counter harassment against female health workers, the Indian government has rolled out strict laws and punishment for up to 7 years to protect the frontline workers.

Furthermore, a study of Medecins Sans Frontiers' Ebola response in Guinea, pointed out that education and awareness generation programs had limited impact as they lacked an understanding of local customs. The effectiveness of programs and initiatives depend upon the trainers' knowledge of drawbacks experienced in past phases of containment efforts. To improve a society driven by orthodox and patriarchal norms, it is essential to have a deep understanding of their beliefs. In order to dismantle the feudal values right from its roots, it is relevant to understand how they function in the affected population.

Conclusion

Oddly enough, the year 2020 was intended to kick-start a brand new decade with remarkable moves towards being generation equality. Instead, the world got hit by the corona wave, and the outbreak is exposing every vulnerability that existed in social political and economic space. The mighty contagion seems to be widening the ever-existing gender gap, rolling back years of hard work done towards achieving gender equality. Moreover, the failure of policymakers to address the issue is making matters worse. Gender differences have lived through centuries. Past incidents of disease outbreaks have indicated that women and girls have been the most vulnerable groups. Following the exact same pattern, the coronavirus has taken the repercussions to a whole new level. Women and girls stand to face the aftermath across every dimension, from the economy to healthcare and financial burden to social security. The impact seems to be amplified for women simply by virtue of their gender.

The outbreak must be identified not only as a threat to the global health system but also as an evaluation of the human spirit. The recovery efforts mustn't just target immediate rehabilitation; instead, they must strive to achieve a more resilient future. It is essential that every affected country roll out an inclusive representation of women, gender-specific plans, social and health outcomes, equality, and protection measures- if they are to effectively benefit from recovery moves. Building a gender-specific recovery mechanism is not only to benefit women and girls but also is in the interest of boys and men. Women will face the hardest blow by the pandemic, but they are also the spinal cord of the very recovery. Every country, every policy that understands this idea will fast-track their moves towards redemption. The crisis demands unparalleled attention not just from the policymakers but from the whole of the society- men women and children alike. We can choose to go back to the past normalcy in which case the whole of humanity will be left exposed to another, more severe hit in the future. Instead, we can use this reminder to unitedly march towards building a more resilient, equal and just world.