

**IDSK Special Series on COVID-19**

**1**

**Revisiting Gender Inequalities in India  
in Times of a Pandemic**

Simantini Mukhopadhyay

Supurna Banerjee

**May 2020**



**INSTITUTE OF DEVELOPMENT STUDIES KOLKATA**

**DD 27/D, Sector I, Salt Lake, Kolkata 700 064**

**Phone : +91 33 2321-3120/21 Fax : +91 33 2321-3119**

**E-mail : [idsk@idskmail.com](mailto:idsk@idskmail.com), Website: [www.idsk.edu.in](http://www.idsk.edu.in)**

# Revisiting Gender Inequalities in India in Times of a Pandemic

Simantini Mukhopadhyay<sup>1</sup>  
Supurna Banerjee<sup>2</sup>

## *Abstract*

The paper interrogates the understanding of COVID-19 as a great leveller. While there has been much packaging of the higher susceptibility of men to the virus, the paper seeks to dig deeper than mortality figures to understand the gendered impacts of the pandemic in India. Using secondary data and reports available the paper explores five key areas to predict the costs to be borne by different groups from the crisis. First, the economic impact of the crisis is likely to be more severe for women, who will be subjected to greater poverty and insecurities of employment and lesser incomes and savings. Second, due to reorientation of health policy, women are likely to suffer from sub-optimal allocation of funds for reproductive and sexual health. Third, women have to face the disproportionate burden of unpaid care-work and housework during the pandemic, particularly with lockdowns being enforced. Fourth, we already have reports of increased gender-based violence from different parts of the country during the current pandemic. Help-seeking may be particularly difficult for the women with restricted mobility and with the abuser staying at home. Fifth, all these effects mutually reinforce each other in fragile and conflict-ridden settings facing emergencies and pose further challenges to the realization of women's rights. The gendered fallout of the pandemic calls for an urgent need for graded gendered response of policies which recognize the unequal cost that women bear in such pandemics. Further such policies also need to be intersectional in acknowledging specific ways in which class, caste, religion among other things effect the ways in which the pandemic plays out in people's lives.

---

<sup>1</sup> Assistant Professor, Institute of Development Studies Kolkata, e-mail: simantinihalder@gmail.com

<sup>2</sup> Assistant Professor, Institute of Development Studies Kolkata, e-mail: banerjee.supurna@gmail.com

## Introduction

With disproportionately more men dying from COVID-19 across the world, we find the idea of the fragile male lacking the extra X-chromosome and having lower immunity and shorter lifespan being reinstated in various platforms of the global media (Greene 2020). Nonetheless, males in most cultures are more likely to smoke and drink and are thus more susceptible to co-morbidities such as hypertension, cardiovascular disease, and lung disease (*The Lancet* 2020). Some studies also claim that men are less likely to wash hands and use soap (Krueger 2020). Expected to be the stronger sex, men do not seek healthcare unless their health condition is critical, many reports have argued (Greene 2020). The coinage of the derisive modern term ‘man flu’, however, contradicts this. Now included in the Oxford and Cambridge dictionaries, it refers to a cold or a minor ailment that affects a man who exaggerates the symptoms and demands constant care and attention. In a 2017 BMJ article, Kyle Sue explored if men were plain wimps or actually had low immunity (Sue 2017). Indeed, though there is no systematic pattern across the sexes in the likelihood of being tested positive, death rates from COVID-19 are much higher for men as compared to women in almost all countries for which sex-disaggregated mortality data is available. For instance, as of now the death rates (% of death in confirmed cases) for males and females respectively are 17.1% and 9.6 % in Italy, 10.5 % and 6.0% in Spain and 4.7% and 2.8% in China. As of now, the only exception is Pakistan, with death rate among women (2.6%) slightly exceeding that among men (2.3%) ([globalhealth5050.org](http://globalhealth5050.org), accessed on 15 May 2020). Though India no longer provides this data, this was true also for India according to the last available figures (3.1% among women and 2.6% among men on 28 April 2020). Nevertheless, inter-country comparisons of these figures may not be meaningful because of differences in testing rates.

It would be too simplistic to understand the sex-differential in the impact of COVID-19 in terms of these numbers. Studies have shown that previous epidemics such as the Ebola virus disease had multifaceted repercussions for women (United Nations 2020). United Nations (UN) published a Policy Brief on 9 April 2020 to focus on the various pathways through which COVID-19 may disproportionately affect the world’s women (UN, 2020). First, the economic impact of the crisis is likely to be more severe for women, who will be subjected to greater poverty and insecurities of employment and lesser incomes and savings. Second, due to reorientation of health policy, women are likely to suffer from sub-optimal allocation of funds for reproductive and sexual health. Third, women have to face the disproportionate burden of unpaid care-work and housework during the pandemic, particularly with lockdowns being enforced in different countries. Fourth, we already have reports of increased gender-based violence from different countries during the current pandemic. Help-seeking may be particularly difficult for the women

with restricted mobility and with the abuser staying at home. Fifth, all these effects mutually reinforce each other in fragile and conflict-ridden settings facing emergencies and pose further challenges to the realization of women's rights.

How the pandemic is going to affect India's women is a particularly intriguing question since the combat strategy that the country has adopted till now is gravely deficient from the standpoint of gender justice (Khullar, 2020; Swaminathan and Lahoti 2020). Different countries have adopted gendered strategies to encounter COVID-19. For instance, the Ministry of Human Rights in Pakistan (which, similar to India, is infamous for its skewed figures on indicators of gender equity) has come up with a policy paper on the gendered implications of COVID-19 in the country. In this article we revisit the pathways through which COVID-19 may differentially affect India's women, looking into the economic impact, the health risks, the greater burden of work and the increased risk of facing violence within the domestic space. We also look into how India is placed globally in terms of fragility. All the other pathways simultaneously intersect and the repercussions for women operate with a multiplier effect in fragile states. The magnitude of the multiplier varies across the social spectrum as patriarchal forces interact and intersect with class, caste and religious inequalities. While we categorise the effects on gender under different heads, in reality these intersect as each condition is affected by several others.

### **The Economic Impact for Women in India**

Kundu et al. (2013) note that in both rural and urban India, the sex ratio (number of women per 1000 males) is the highest for households in the lowest expenditure class and declines systematically for the higher economic classes. Female-headed households are usually the ones where the head is the single earner, who earns much lesser than males engaged in similar jobs. They conclude that poverty among women would be much higher than that among men, even if intra-household differences in consumption were ignored.

Again, while labour force participation rates (LFPR) of women are particularly low in South Asia [about 31%, as compared to 81% for men (Verick 2014)], long term trends show that unlike Bangladesh, Pakistan, and Sri Lanka, it has been declining in India. Latest available data show that India's female LFPR is much lower than those of the neighbouring countries and the other BRICS countries (See Table 1). Albeit Neo-Classical Economics predicts a positive relation between education and women's LFPR, in India we have the much-discussed U-shaped curve, i.e. at lower levels of educational attainment LFPR is lower for higher education. This pattern is reversed once a critical level of education is reached, beyond which we have the expected positive slope. Researchers have explained this in terms of cultural

(restrictions on mobility) and structural (lack of suitable employment as education increases till secondary levels) factors and also in terms of the income earned by other family members (Chatterjee et al. 2018). Moreover, there is a significant sex-differential in wages, both for agricultural and non-agricultural work, even for salaried jobs (Desai et al. 2010). Both the demand and supply sides of the Indian labour market are characterized by occupational gendering. According to the results of a PEW research survey, 84% of the respondents in India (12% in the UK, 14% in the US, 37% in Brazil) believed that when jobs are scarce, men should have more right to jobs than women (UNDP 2019).

**Table 1: Female labour force participation rate in India, neighbouring countries and BRICS countries**

| Country            | Female LFPR (modelled ILO estimate)* |
|--------------------|--------------------------------------|
| Bhutan             | 59                                   |
| Brazil             | 54                                   |
| China              | 60                                   |
| India              | 21                                   |
| Myanmar            | 47                                   |
| Nepal              | 83                                   |
| Pakistan           | 22                                   |
| Russian Federation | 55                                   |
| Sri Lanka          | 35                                   |

Source: <https://data.worldbank.org/>

\* % of female population ages 15+

Economic Survey 2016-17, published by the government of India, acknowledges that the limitations of data complicate the estimation of the share of migrants in the Indian workforce. It observes that in the 2000s, ‘female migration for work not only grew far more rapidly than the female workforce, but increased at nearly twice the rate of male migration’. 42 million males and 9 million females stated that they had migrated for economic reasons, as per the 2011 Census. The respective figures were 22 million and 4 million in 1991 and 29 million and 4 million in 2001. A UN report in 2013 pointed out that the Indian state did not pay enough attention to the numerous difficulties faced by the female migrant workers, ranging from hygiene-related issues to sexual harassment at the workplace (Firstpost, 2013). The plight of migrant workers who feared job-loss and hunger with possible extensions of the lockdowns and walked hundreds of miles to their homes in the absence of transportation facilities, has attracted a lot of attention in national and international media (Elsa 2020). The hypervisibility of the migrant labour in the mainstream media is masculinized and women are made invisible in this representation. The additional

problems that female migrant labourers have to face during the pandemic, certainly deserves customized policy attention.

Although the financial inclusion of women has improved considerably between 2005-06 and 2015-16 (mainly because of the Jan DhanYojana, launched by the Government of India in 2014, which tried to ensure that the account was opened in the name of a female member of the household) almost half of India's women still do not have a bank or savings account. Less than 40 % of women own land and/or property (International Institute for Population Sciences and ICF 2017).U.N. Secretary-General Antonio Guterres pointed out the need to reorient allCOVID-19 policy responses to stimulate the economy in this crisis towards expanding safety nets for women. Cash transfers and credit schemes should now specially target women, he explained (Economic Times 2020).

With the Indian economy entering into a massive slowdown with the pandemic, job market opportunities will shrink for everyone, men and women likewise. However, with skewed gender attitudes, women would most likely be laid off in greater numbers. Sectors which require more human interaction, and where social distancing is relatively more difficult, such as construction, retail, and the informal sector in general, are also the ones which employ women more intensively. Women domestic workers, for instance, are also facing loss of income, threat of eviction during the lockdown period with many employers withholding their wages and no wage-protection or financial relief offered by the government. With the shrinking income in upper and middle class households in the impending economic crisis, post-lockdown will mean curtailing of expenditure including domestic workers' wages (Nayar, et.al, 2020). Further the economic distress that the pandemic will cause, will necessitate more women (often whose husbands are now unemployed) to look for work, thus potentially depressing wages (Dev and Vijaylakshmi,2020). Even in the formal sector, with the Maternity Act in force, women are often seen as more costly to employ, since there is no state support for paid leave during the period of maternity in India (Swaminathan and Lahoti, 2020).

These factors are likely to interact with gender attitudes in complex ways and shape the labour market outcomes for women in India. Women are not seen as the principal breadwinners for their families and are believed to be less productive. Moreover, a large proportion of Indians feel that in times of crisis, when employment opportunities shrink, men are the rightful claimants to paid work. With respect to the economic impacts on women, COVID-19 would drastically differ from the Spanish Flu, which coupled with the First World War, led to an acute shortage of young men in the labour market. This, researchers have argued, created new spaces and opportunities for women, changed people's perception about gender roles, and also helped in the realization of crucial women's rights, the most important of which was

perhaps women's suffrage in the United States (Blackburn et al. 2018). Some have argued that opportunities of working from home at flexible timings would increase in the world post COVID-19. As a result, educated women might not be forced to drop out of the labour market post childbirth (Swaminathan and Lahoti 2020).

A discussion of women's employment in the COVID-19 situation in India would perhaps be incomplete without the mention of the health-sector, where we see the intersection of health and economic costs that such underpaid undervalued work has produced. 83% of nurses and midwives in India are female. They are lower in hierarchy than doctors (who are mostly males) and are less likely to get personal protective equipment. These women are much more exposed to the virus and have high health risks (Agarwal 2020). Reports have highlighted the instrumental role of the Accredited Social Health Activists (commonly known as the ASHA workers) in the spectacularly successful management of the COVID-19 pandemic by the state of Kerala. Even in Kerala, the frontline workers were extremely vulnerable during the outbreak of the Nipah virus (Scroll 2018). During the recent protest of the ASHA workers in Karnataka, the Joint Secretary (Policy) of the Union Ministry of Health and Family Welfare said that there were no plans to introduce a fixed salary for the ASHA workers, since 'it is a completely volunteering programme' (Times of India 2020). While we may be clapping for them as a part of national disaster policy there is little being done in the way of providing them with protection for health and livelihood as they are more likely to contract the contagion and also slide further below the poverty line.

### **The Health Impact for Women in India**

Feminist scholars have discussed how the gender-blindness of global health policy aggravates during the time of public health emergencies, particularly with reference to Ebola and Zika (Harman and Wenham, 2016; Davies and Bennett 2016). In the aftermath of a 'complex emergency'<sup>3</sup>, while everyone in the society may have greater needs of healthcare, women and girls are rendered especially vulnerable. Public health policies need to be reoriented, pushing sexual and reproductive health to the backseat. Research has shown that institutional delivery, antenatal care and child immunization rates were adversely affected during the Ebola virus epidemic in the forest region of Guinea, where infection rates were very high (Delamou et al. 2017). According to a UNFPA Report released on 27 April 2020, the COVID-19 pandemic would critically hinder the progress towards achieving the goals of ending unmet need for

---

<sup>3</sup>The United Nations defines 'a complex emergency' as a humanitarian crisis in a country, region or society where there is total or considerable breakdown of authority resulting from internal or external conflict and which requires an international response that goes beyond the mandate or capacity of any single agency and/or the ongoing United Nations country program (Davies and Bennett 2016).

family planning, ending gender-based violence, and ending all preventable maternal deaths. According to their estimates, about two million additional women worldwide would be unable to access modern methods of contraception for every three months the lockdown continues. Seven million additional unintended pregnancies would result if the lockdown continues for six months (UNFPA 2020).

According to the National Family Health Survey Round 4 Report, in India less than a half of women in the reproductive age have used any modern method of contraception. About 14% of them reported that they had an unmet need for family planning. Though the indicators of maternal health improved considerably in India between 2005-06 and 2015-16, only 21% of the mothers received full antenatal care in 2015-16. One out of five mothers still delivered the baby at home. About 40% of children below five years did not receive full immunization (International Institute for Population Sciences and ICF2017). It is anticipated that the crisis will lead to a further worsening of these indicators of maternal and child health. Table 2 shows that India's performance not only compares poorly with the other BRICS countries, but the country also falters behind Sri Lanka, in terms of all the selected indicators of maternal health.

In addition, women's nutrition may be adversely affected due to the skewed intra-household distribution of food, which is likely to aggravate during the crisis. In 2015-16, one-fifth of the women in the reproductive age group were underweight and more than half were anaemic (International Institute for Population Sciences and ICF2017). Harris-Fry et al. (2017) showed that in South-Asian households, food inequality was the highest in the households that faced severe or unexpected food insecurity and in wealthier upper caste households. Women had equal access to food as men in poorer or lower caste households that did not face severe food insecurities. Daily wage-earners and migrant workers in the informal sector have been the worst hit by the crisis. To address their needs, the central government announced *The Pradhan Mantri Garib Kalyan Yojana*, but the public distribution system, through which the state is trying to reach the poor, has serious limitations. Based on the 2011 census, it excludes a large section of the population. Amartya Sen, Raghuram Rajan, and Abhijeet Banerjee wrote, "The correct response is to issue temporary ration cards – perhaps for six months – with minimal checks to everyone who wants one and is willing to stand in line to collect their card and their monthly allocations. The cost of missing many of those who are in dire need vastly exceeds the social cost of letting in some who could perhaps do without it" (Sen et al. 2020). Also, the lockdown in India coincides with the harvest season and is likely to lead to a rise in food prices. This is a situation characterized by vast stocks of foodgrain remaining with the Food Corporation of India on the one hand, and food insecurity looming large for many Indians (Drèze 2020). Women who often eat last and the least, are more likely to be denied of calories and proteins, and may even go hungry during such a crisis (Agarwal 2020). This would lead to



greater undernutrition and anaemia for the women. While this is intrinsically bad, it also has instrumental repercussions; malnourished mothers give birth to babies with low birth-weight, who grow up to be stunted children. Child undernutrition in turn has grave consequences for cognitive development in childhood and adult life earnings.

**Table 2: Maternal Health in India, neighbouring countries and BRICS countries**

| Country            | Antenatal care coverage-at least four visits (%) | Births attended by skilled health personnel (%) | Women of reproductive age who have their need for family planning satisfied with modern methods | Maternal mortality ratio (per 100 000 live births) |
|--------------------|--|---|---|--|
| Bangladesh         | 37   | 53  | 73  | 200 [155-263]*                                     |
| Bhutan             | 85   | 96  | 85  | 183 [127-292]                                      |
| Brazil             | 89   | 99  | 89  | 63 [62-64]   |
| China              | -  | 100   | 97  | 30[24-36]  |
| India              | 51   | 81  | 67  | 158 [131-189]                                      |
| Myanmar            | 59   | 60  | 75  | 246 [186-332]                                      |
| Nepal              | 69   | 58  | 63  | 236 [177-325]                                      |
| Pakistan           | 51   | 69  | 47  | 154 [96-247]                                       |
| Russian Federation | 78   | 100   | 72  | 18 [14-24]   |
| Sri Lanka          | 93   | 100   | 74  | 36 [32-41]   |

Source: Latest available figures from <https://apps.who.int/gho/countries>

\*95% Confidence Interval

### **The Greater Burden of Unpaid Housework and Care**

According to an OECD survey, a woman in India spends almost six hours in a day on housework. A man in India, in contrast, spends less than an hour doing household chores (OECD, 2020). Indian women spend much more time on housework compared not only to women in OECD countries (262 minutes), but also to Chinese women (For a detailed break-up of unpaid work in these two countries, see Table 3). With schools closed and men remaining at home during the lockdown, women are likely to be faced with a disproportionately higher share of housework. Bina Agarwal discusses how the additional workload is likely to be distributed across the economic classes. While in poorer households, girls and women mostly have to do the extra work, professional couples who have to work from home without the support of their part-time domestic helpers are more likely to share the load of domestic work. The super-rich on the other hand would still enjoy the services of their live-in helps (Agarwal 2020).

Also, women are the ones who would most likely be responsible for caring for those testing positive but not requiring or being denied of hospitalization. This would mean a ‘viral overload’ for the women who act as caregivers (Agarwal 2020).

**Table 3: Time Spent in Unpaid Work (in minutes per day) by men and women in India and China, 2020**

| Categories  | China      |            |            | India      |            |            |
|---|------------|------------|------------|------------|------------|------------|
|   | Total      | Men        | Women      | Total      | Men        | Women      |
| <b>Total Unpaid work</b>  | <b>164</b> | <b>91</b>  | <b>234</b> | <b>191</b> | <b>52</b>  | <b>352</b> |
| routine housework   | 103        | 48         | 155        | 148        | 19         | 298        |
| shopping  | 20         | 15         | 25         | 12         | 14         | 9          |
| care for household members  | 23         | 13         | 33         | 21         | 8          | 37         |
| child care  | ..         | ..         | ..         | ..         | ..         | ..         |
| adult care  | ..         | ..         | ..         | ..         | ..         | ..         |
| care for non household members  | 2          | 2          | 2          | 1          | 1          | 1          |
| volunteering  | 1          | 1          | 1          | 0          | 0          | 0          |
| travel related to household activities                                      | 15         | 12         | 18         | 8          | 10         | 6          |
| other unpaid  | ..         | ..         | ..         | ..         | ..         | ..         |
| <b>Personal care</b>  | <b>694</b> | <b>696</b> | <b>692</b> | <b>687</b> | <b>703</b> | <b>670</b> |
| sleeping  | 542        | 540        | 544        | 528        | 534        | 521        |
| eating & drinking   | 100        | 104        | 96         | 84         | 87         | 80         |
| personal, household, and medical services + travel related to personal care | 52         | 52         | 52         | 75         | 81         | 69         |
| <b>Leisure</b>  | <b>228</b> | <b>248</b> | <b>211</b> | <b>254</b> | <b>283</b> | <b>221</b> |
| sports  | 23         | 24         | 22         | 5          | 9          | 1          |

|  |           |             |           |           |             |           |
|--|-----------|-------------|-----------|-----------|-------------|-----------|
| participating / attending events                       | 2         | 3           | 2         | 5         | 6           | 3         |
| visiting or entertaining friends                       | 23        | 22          | 24        | 73        | 81          | 64        |
| TV or radio at home                                    | 127       | 132         | 122       | 61        | 68          | 54        |
| Other leisure activities                               | 53        | 67          | 41        | 109       | 119         | 98        |
| <b>Other</b>   | <b>15</b> | <b>15</b>   | <b>12</b> | <b>12</b> | <b>12</b>   | <b>13</b> |
| religious / spiritual activities and civic obligations | ..        | ..          | ..        | 12        | 12          | 13        |
| other (no categories)                                  | 15        | 15          | 12        | ..        | ..          | ..        |
| <b>Total</b>   |           | <b>1440</b> |           |           | <b>1440</b> |           |

Source: <https://stats.oecd.org/>

Note: the OECD database does not include any other South-Asian or BRICS Country

As is evident from the table above women are responsible for the majority of unpaid housework. The lopsidedness of this structure is generally managed through outsourcing much of the housework to paid domestic workers usually poor working class women who can be very cheaply engaged. The unequal gender division of housework becomes magnified through the requirements of the lockdown. Desponded (2020) observes that the lockdown shows a clear gender dimension where even if both men and women are working from home the latter bears disproportionately larger share of household labour. That the norms of the patriarchal society are embedded in its state structure becomes evident in the silence that the Indian Ministry of Health and Family Welfare has maintained on this issue, reiterating its stand of not interfering in the private sphere of the household. The CM of Odisha, Navin Patnaik has advised men to not treat the lockdown as a holiday by ordering their wives for food multiple times. What is missing in that advisory, as in such similar advisories is asking the men to share in the load of the housework (Kalinga TV, 2020).

The problem of the 'double day' pointed out by Beneria and Sen (1981) is coming back with greater resonance during the time of the lockdown where a large section of the Indian women who are in paid employment are having to manage both their paid 'office' work and unpaid homework, often with the added burden of upkeep of an office space for both. With the lack of spatial separation between the home and workspace, professional chores and unpaid housework flow into each other, resulting into acute

‘time-poverty’. In reorganizing care-work, housework and professional work time, there are changes in productivity which are bound to affect careers in the long run. When, even in gender egalitarian North European societies, women do almost two-thirds of unpaid carework, we can imagine what the situation will look like in India. In an article Alessandro Minello (2020) points out maternal wall and unequal care burden will adversely affect the lives of those who have to juggle both professional and home-fronts.

The piling up of unpaid labour and care-work is also true in the case of women who are not otherwise engaged in paid employment elsewhere. The Economic Survey data of 2019-20 cites that 60 percent of women in India between the age group of 15 to 59 are engaged in full time household work whereas the female labour force participation has reduced to 25.3% in 2020 from 33.1% in 2011-12. It can be safely estimated that this period of lockdown the volume of housework would have increased with family members staying in the house. This is borne out by a report in The Telegraph which reports how men having ‘realised’ the burden that their wives have had to bear in terms of housework, and are now waiting for their maids to resume work as the wives are now saddled with increased domestic work. Apart from pointing out the middle-class male entitlement the article demonstrates the structural sexism by which women are assigned the lion’s share of responsibility of housework and management of the chores even if some were to be delegated to the husband. The recent Amul advertisement, for instance, is a misplaced attempt to pay a ‘tribute to women working from home and working for home during COVID-19 lockdown’. Titled ‘Mom is where the heart is’. The caption depicts the ‘working woman’ as ‘the favourite all-rounder’. In the left half of the storyboard, it shows a woman cooking in the kitchen. The right half shows the same woman sitting in front of a laptop and speaking over the cell phone. Her eyes however, are fixed on her child (the Amul girl) who is sitting next to her, snacking and studying. Such depiction of idealised womanhood creates negative stereotypes and puts women under further societal pressure. The responses to the COVID19 necessitating lockdown have thus not just reinforced the domestic division of labour but also a re-naturalisation of appropriate roles of men and women thus institutionalizing such arrangements of household labour. Household labour does not simply imply the division of task and time between the members of the household; the perception, experience and definition of housework are important in understanding the dynamics that they bring about within the household. Andrea Flynn (2020) argues that even partnerships which seem to be based on equal share of such responsibility also crumble at such times of crisis due to the structural nature of gendered inequality whereby economic and social norms all work in a way to naturalise such division of labour. We can surely imagine then what such division of labour will look like in a society where women have already been bearing a disproportionately high share of unpaid carework.

## Greater Risk of Facing Domestic Violence

While the lockdowns enforced in different parts of the world have urged people to stay home and stay safe, home is not a safe place for everyone. Worldwide there have been reports of increasing domestic violence during the pandemic. Early marriage of girls is also likely to increase with a shortage of resources to be distributed within the household (UN 2020). Economic constraints may force poorer households to prioritise available resources for boys in a culture that already sanctions such patriarchal norms. The rate of early marriage among women (aged 20-24 years) in India is 27.3 (International Institute for Population Sciences and ICF 2017). Feminists in India have raised concerns about increased child marriage and trafficking of girls during the pandemic (Gupte and Dalvie 2020).

As Table 4 shows, India has worse indicators of domestic violence, compared to all other neighbouring and BRICS countries, apart from Bangladesh. In 2015-16, 25% of ever-married women in India reported having faced spousal ‘physical’ (but not ‘sexual’) violence, 1% reported having faced sexual (but not ‘physical’) violence and 5% reported having faced both. Less than a third of women who faced violence have sought help. 52% of women and 42% of men agreed that wife-beating is justified if at least one of the following occurs: she goes out without telling him, she neglects the house or the children, she argues with him, she refuses to have sex with him, she does not cook food properly, he suspects her of being unfaithful, and she shows disrespect for her in-laws. All of these factors point towards the structural nature of gender inequality and norms of male dominance existing in the society.

**Table 4: Violence against women and child marriage in India, neighbouring countries and BRICS countries (% of women)**

| Country    | Lifetime Physical and/or Sexual Intimate Partner Violence | Physical and/or Sexual Intimate Partner Violence in the last 12 months | Child Marriage |
|------------|---|--|----------------|
| Bangladesh | 54.2  | 26.9   | 58.6           |
| Bhutan     | 15.1  | 6.1  | 5.8            |
| Brazil     | 16.7  | 3.1  | 26.2           |
| India      | 28.8  | 22   | 27.3           |
| Myanmar    | 17  | 11   | 16             |
| Nepal      | 25  | 11.2   | 39.5           |
| Pakistan   | 24.5  | 14.5   | 21             |
| Sri Lanka  | N/A   | N/A  | 12             |

*Source: Latest available figures from UN Women 2020*

*Note: Data is not available for China and Russian Federation*

Social activists and scholars have predicted that economic stress, general anxiety and lack of availability of alcohol could all trigger a rise in domestic violence and in general greater violence against women in society. The National Commission for Women in India have already reported a surge in cases of domestic violence. Between March 23<sup>rd</sup> and April 16<sup>th</sup> it reported having registered 587 domestic violence cases, already a significant jump from the 396 complaints received in the previous period between February 27 and March 22 (Rukmini, 2020). Further there has been greater police apathy towards such complaints with the NCW reporting having received 16 such complaints in the period following the lockdown as compared to the 6 in the same time before. That this number is severely underreported is borne out by the fact that one-third of women in the 2015-16 National Family Health Survey reported having experienced some form of domestic violence but less than 1% of them sought help from the police. A large section of those reporting violence do so in secrecy, when their abusers are away, something that the lockdown makes impossible. Jagori, a Delhi based NGO which runs a helpline for women facing domestic violence, in fact recorded a 50% drop in the calls a fact which they ascribe to restrictions of movement and lack of privacy in the house (Chandra, 2020). Further, women facing domestic abuse often take recourse to community structures for redressal and/or intervention without seeking formal procedures of the police or court. Research shows that local clubs, *mahilasamity*, panchayat etc. have often been effective means of short-time intervention (e.g. Basu, 2015). In the period of the lockdown such community based interventions are no longer accessible to women. In fact, being locked down in their homes, often they do not even have the recourse to run out on to the street as that maybe met by violent repercussions from the police. The two standard modes of complaints to the NCW have been through fixed helpline numbers and posts, both of which remain suspended during this period. The NCW has launched a whatsapp service in order to facilitate the ease through which complainants can reach them, but many women might not possess smartphone or the technical know-how to navigate this or have their phones monitored by abusive partners.

In a webinar organised by Jagori (29.04.2020), Geeta Menon of Stree Jagruti Samiti notes that in many working class families, where women are the primary earners, they give a major part or entire earnings to their husbands. With drying up of this cash flow because of their wives' inability to go to work, many of the men have resorted to violent abuse. The government's apathy towards the poor and vulnerable was also complemented by their similar indifference towards women who were likely to be exposed to violence at home, as is evident in the lack of any mechanisms put in place for such women. Rukmini, S. (2020) reports on behalf of Al Jazeera how Chennai-based International Foundation for Crime Prevention and Victim Care tried creative ways of making help available to survivors during this period through

diverting their calls directly to counsellors and allowing them to submit documents digitally. In Tamil Nadu, unlike in most Indian states the Protection Officers are allowed movement and have been able to rescue and move women to shelters. This is, however, an exceptional situation as in most other states such services have not been recognized within the gamut of 'essential services'. Moreover, such women are not allowed to go to their maternal homes or such other places during the lockdown but can only be sent to government-run shelter homes which are in most cases overcrowded thus increasing the risk of contagion.

## **Fragility**

The Fragile States Index (FSI) formulated and calculated by Fund for Peace annually ranks countries to assess risk and vulnerability in 178 countries. Based on four domains, twelve indicators and more than 100 sub-indicators, the index ranges in a scale from 0 (best) to 120 (worst). For instance, in 2019, while Finland, the least fragile country, had a score of 16.5, Yemen, the most fragile country, had a score of 113.5. Based on the score, countries are also graded as sustainable, stable, warning and alert. In 2019 India had a score of 74.4, ranked 74 and was on warning (see Table 5 for a break-up of the score into the specific domains and indicators). This meant that left unchecked, fragility would ultimately lead to civil war and break-up (Kar 2019).

Table 6 shows that compared to most neighbouring countries, fragility in India is considerably lower, though higher than the two other BRICS countries, namely Brazil and China. This may be ascribed to the electoral system in India (although not without its limitations), unlike Myanmar, Bangladesh and Pakistan, which succumbed to tin-pot military dictatorships (Giridhardas 2019). However, according to a 2019 PEW research survey, 33% of Indians are not satisfied with the way the democracy is functioning. Interestingly, women are more likely to be dissatisfied with the functioning of Indian democracy than men (Devlin, 2019).

Given the high inter-state inequality in economic and human development indicators (Kundu et al. 2013; Awasthi et al. 2016), one might expect a large variation in FSI across the states and districts of India, if a similar scoring exercise would be repeated at the sub-national levels. Intersectionality research shows how gender interacts with other dimensions of social power such as caste and class in a complex web in shaping human development outcomes in India (Banerjee and Ghosh, 2018). It would certainly be interesting to apply the framework of Intersectionality to explore how the outcomes differ at different levels of fragility. Jean Drèze, in his 2017 collection of articles *Sense and Solidarity: jholawala economics for everyone*, vividly describes the conditions of life bereft of dignity in various

underdeveloped regions of India (Drèze 2017). A careful reading of the book also enlightens one about how constraints and opportunities differ for women across the social spectrum. For instance, we understand how labour market constraints operate for Sumitra, the young adivasi woman in the backward district of Latehar in Jharkhand, who has to look after her disabled husband and two small children. We also know how the seventy year old widowed mother-in-law of Kunti Devi (the woman who died of starvation in the village Kusumatand in Jharkhand) walks to the local mill to glean broken rice to feed her ill son and six grandchildren. We learn how enabling the school meal programme is for Sudan Mati, the 35 year old tribal woman from Bilaspur district in Chhattisgarh, since she no longer has to worry about her son going hungry and does not have to return home after half a day's work to cook his lunch. One can easily map these narratives to the plight of Jamalo Madkam, the twelve year old single girl-child of Andoram (32) and Sukamati Madkam (30) from Chhattisgarh, who barely live on forest produce that they collect. Jamalo worked as a migrant labourer in the village of Peruru in Telengana. Anticipating that the extension of the lockdown would lead to a denial of wages and abject penury and hunger, Jamalo decided to walk home with a group of 12 other migrant workers, since there was no transport. Barely 11 km from her home, she collapsed and died due to electrolyte imbalance and exhaustion (Elsa 2020).

With dire shortage of cash and food grains, denial of labour market opportunities and closed schools, the pandemic is further sharpening class inequalities that are being much discussed in various platforms of the media. However, not paying heed to the multiplicative disadvantages faced by women like Sumitra, Sudan Mati, or the deceased Kunti Devi's mother-in-law and coming up with gender-blind combat-strategies would be unpardonable. Studying how gender interacts with class (and also caste) and shapes human development outcomes, particularly in regions with high fragility as the pandemic continues to grow seems to be the need of the hour.

**Table 5: A Break-Up of the Fragile States Index (2019) in India, Finland and Yemen**

| Country (Total Score) | Domains and Indicators   |   |  |  |
|-----------------------|--|---|--|--|
|                       | Cohesion   | Economic  | Political  | Social   |
|                       | Security Apparatus (SA), Factionalized Elites (FE), Group Grievance (GG) | Economic Decline and Poverty (EC), Uneven Development (UD), Human Flight and Brain Drain (HF) | State Legitimacy (SL), Public Services (PS), Human Rights and Rule of Law (HR) | Demographic Pressures (DP), Refugees and Internally Displaced Persons (RD), External Intervention (EX) |



|                |                                 |                               |                               |                                |
|----------------|---------------------------------|-------------------------------|-------------------------------|--------------------------------|
| Finland (16.9) | SA: 2.5<br>FE: 1.4<br>GG:1.2    | EC: 2.9<br>UD: 0.7<br>HF: 2.0 | SL: 0.9<br>PS: 0.7<br>HR: 0.7 | DP: 1.0<br>RD:1.9<br>EX: 1.0   |
| India (74.4)   | SA: 7.2<br>FE: 7.3<br>GG: 8.0   | EC: 5.3<br>UD: 6.4<br>HF: 6.1 | SL: 4.1<br>PS: 6.8<br>HR: 5.6 | DP: 7.7<br>RD: 4.7<br>EX: 5.1  |
| Yemen (113.5)  | SA: 10.0<br>FE: 10.0<br>GG: 9.6 | EC: 9.7<br>UD: 8.1<br>HF: 7.3 | SL: 9.8<br>PS: 9.8<br>HR: 9.9 | DP: 9.7<br>RD: 9.6<br>EX: 10.0 |

Source: <https://fragilestatesindex.org/country-data/>

Note: We also include the best and worst countries in terms of FSI, to facilitate the understanding of the scale.

**Table 6: Fragility in India, neighbouring countries and BRICS countries**

| Country            | FSI Score | FSI Rank |
|--------------------|-----------|----------|
| Bangladesh         | 87.7      | 36       |
| Brazil             | 71.8      | 83       |
| Bhutan             | 72.0      | 81       |
| China              | 71.1      | 88       |
| India              | 74.4      | 74       |
| Myanmar            | 94.3      | 22       |
| Nepal              | 84.7      | 45       |
| Pakistan           | 94.2      | 23       |
| Russian Federation | 74.7      | 73       |
| Sri Lanka          | 84        | 46       |

Source: <https://fragilestatesindex.org/country-data/>

Note: A higher score and a lower rank denote greater fragility.

## Conclusion

In spite of the claims of the pandemic being a leveller, instances from different parts of the world go on to show that the virus in fact exacerbates existing social and economic inequality. The pandemic cannot be read only as a public health crisis as its socio-economic costs are not in any way less significant. The pandemic threatens to neutralize the advancements made in terms of women's rights, to reverse hard fought policy gains as is evident in the government's ban on the prenatal sex testing and disclosure of the sex of the foetus which have led to fear of sex-selective abortion. The need of the hour is to make policies which are sensitive to the most vulnerable groups. There is an urgent need for graded gendered response of policies which recognize the unequal cost that women bear in such pandemics. Further such policies also need to be intersectional in acknowledging specific ways in which class, caste, religion among other things effect the ways in which the pandemic plays out in people's lives. While the pandemic requires a

strong and steady response from governments, it is evident that strongmen are failing to address the crisis evident in the spectacular forms of Donald Trump, Boris Johnson, Jair Bolsanaro and Narendra Modi among others. The need of the hour is to frame protection for those most vulnerable from costs of the pandemic and this has to be in terms of a graded response. We have shown how the likely costs of the pandemic on economic and social front are likely to adverse women more, including threats to their security. It is only emphatic, communicative governance and policy-framing that will provide the necessary protection for the most marginalised to be able to bear the costs of the ravages of COVID-19.

## References

- Agarwal, B. 2020. 'COVID-19 and lockdowns Are women more affected?', Available online: <https://www.wider.unu.edu/publication/covid-19-and-lockdowns>. Accessed on 14 May 2020.
- Banerjee, S. and N. Ghosh (Eds.) 2018. *Caste and Gender in Contemporary India: Power, Privilege and Politics*, New Delhi: Routledge.
- Basu, S. 2015. *The trouble with marriage: Feminists confront law and violence in India*. New Delhi: Orient Blackswan.
- Beneria, L. and G. Sen. 1981. "Accumulation, reproduction and women's role in economic development: Boserup revisited", *Signs: Journal of Women and Culture* 7(2): 279-298
- Blackburn, C.C., G.W. Parker and M.Wendelbo. 2018. 'How the 1918 Flu Pandemic Helped Advance Women's Rights', *The Conversation*, March 1.
- Chandra, J. 2020. "Covid-19 lockdown/ Rise in domestic violence, police apathy: NCW", *The Hindu*. Available online: <https://www.thehindu.com/news/national/covid-19-lockdown-spike-in-domestic-violence-says-ncw/article31238659.ece>. Accessed on 15 May 2020
- Chatterjee, E., Desai and R. Vanneman. 2018. 'Indian Paradox: Rising Education, Declining Womens' Employment', India Human Development Survey WorkingPaper No. 2018-1.
- Davies, S.E. and B. Bennett. 2016. 'A gendered human rights analysis of Ebola and Zika: locating gender in global health emergencies' *International Affairs* 92(5): 1041–1060.
- Harman, S. and C. Wenham. 2018. 'Governing Ebola: between global health and medical humanitarianism', *Globalizations*, 15(3): 362-376.
- Henley, J. and E.A. Roy. 2020. "Are Female leaders more successful at managing the coronavirus crisis?", *The Guardian*. Available online: <https://www.theguardian.com/world/2020/apr/25/why-do-female-leaders-seem-to-be-more-successful-at-managing-the-coronavirus-crisis>. Accessed on 15 May 2020.

Delamou, A., M. El Ayadi, S. Sidibe, T. Delvaux, B.S. Camara, S.D Sandouno, A.H Beavogui, G. W. Rutherford, J. Okumura, W-H. Zhang, V. De Brouwere. 2017. 'Effect of Ebola virus disease on maternal and child health services in Guinea: a retrospective observational cohort study', *Lancet Global Health*, 5: e448-e457.

Desai, S. B., A. Dubey, B.L. Joshi, M. Sen, A Shariff and R. Vanneman. 2010. *Human Development in India: Challenges for a Society in Transition*. India: Oxford University Press.

Dev, P and A. Vijaylakshmi. 2020. 'India's Covid-19 lockdown has made a national policy on domestic workers more urgent than ever'. *Scroll*, 16 April. Available online: <https://scroll.in/article/958844/indias-covid-19-lockdown-has-made-a-national-policy-on-domestic-workers-more-urgent-than-ever>. Accessed on 20 April, 2020

Devlin, K. 2019. A Sampling of Public Opinion in India. Available online: <https://www.pewresearch.org/global/2019/03/25/a-sampling-of-public-opinion-in-india/> Accessed on 14 May 2020.

Economic Times. 2020. 'Is Covid-19 bad for gender equality? Here is what the UN chief thinks', 10 April.

Elsa, E. 2020. 'Coronavirus lockdown: 12-year-old Indian migrant worker walks 100 km, dies just 11km away from home', *Gulf News*, 21 April. Available online: <https://gulfnews.com/world/asia/india/coronavirus-lockdown-12-year-old-indian-migrant-worker-walks-100-km-dies-just-11km-away-from-home-1.1587462168019> Accessed on 14 May 2020.

First post. 2013. 'Women migrant workers in India vulnerable to harassment: UN', 17 October. Available online: <https://www.firstpost.com/living/women-migrant-workers-in-india-vulnerable-to-harassment-un-1177331.html>. Accessed on 14 May 2020.

Flynn, A. 2020. "The All-consuming 'emotional labour' caused by Coronavirus—and shouldered by women", *MS*. Available online: <https://msmagazine.com/2020/03/31/op-ed-the-all-consuming-emotional-labor-caused-by-coronavirus-and-disproportionately-shouldered-by-women/>. Accessed on 15 May 2020.

Giridhardas, A. 2019. Why Indian democracy is underrated, Observer Research Foundation, 26 April. Available online: [orfonline.org/expert-speak/why-indian-democracy-is-underrated-50303](http://orfonline.org/expert-speak/why-indian-democracy-is-underrated-50303). Accessed on 14 May 2020.

Greene, D. 2020. 'Researchers Study Why Men Seem To Be More Affected By COVID-19' Available online: <https://www.npr.org/2020/04/23/842195564/researchers-study-why-men-seem-to-be-more-affected-by-covid-19>. Accessed on 14 May 2020.

Gupte, M. and Dalvie, S. 2020. 'The gendered impact of COVID-19 in India', *The Week*, 9 April.

International Institute for Population Sciences (IIPS) and ICF. 2017. National Family Health Survey (NFHS-4), 2015-16: India. Mumbai: International Institute for Population Sciences.

Kalinga TV. 2020 “Odisha CM appeals people not to overburden women with household works during lockdown”, March 30. Available online: <https://kalingatv.com/state/odisha-cm-appeals-people-not-to-overburden-women-with-household-works-during-lock-down/>. Accessed on 15 May 2020.

Kar, D. 2019. India’s ranking in world Fragility Index continued worsening after Modi govt came to power, *The Print*, 20 October. Available online: <https://theprint.in/pageturner/excerpt/indias-ranking-world-fragility-index-became-worse-after-modi-govt/308059>. Accessed on 14 May 2020.

Khullar, A. 2020. ‘Gender analysis missing from India’s coronavirus strategy’, *Deccan Herald*, 9 April. Available online: <https://www.deccanherald.com/opinion/gender-analysis-missing-from-india-s-coronavirus-strategy-823349.html>. Accessed on 14 May 2020.

Krueger, A. 2020. ‘Where Women Are Ahead of Men: Hand Washing’, *The New York Times*, March 17. Available online: <https://www.nytimes.com/2020/03/17/us/women-men-hand-washing-coronavirus.html>. Accessed on 14 May 2020.

Kundu, A., P.C. Mohanan and K. Varghese. 2013. ‘Spatial and Social Inequalities in Human Development: India in the Global Context’. UNDP India. Available online: <https://www.undp.org/content/dam/india/docs/human-development/spatial-and-social-inequalities-in-human-development--india-in-t.pdf>. Accessed on 14 May 2020.

Lewis, H. 2020. “The Pandemic has revealed the weakness of strongmen”, *The Atlantic*. Available online: <https://www.theatlantic.com/international/archive/2020/05/new-zealand-germany-women-leadership-strongmen-coronavirus/611161/?fbclid=IwAR0d919K5OorBBiDi0xhC8w8Egk6R5bZ-UO-LtNU1KMvdRwZLgLh-egI7nY> Accessed on 15 May 2020

Minello, A. “The Pandemic and the female academic”, *Nature*. Available online: <https://www.nature.com/articles/d41586-020-01135-9> Accessed on 15 May 2020

Nayar, L., J. Sood, Y. Kansara and S. Ahmad (2020). ‘100 Million and more Indian jobs are at risk after COVID-19 lockdown: Is your job safe?’. *Outlook* 27 April. Available online: <https://www.outlookindia.com/magazine/story/business-news-100-million-and-more-indian-jobs-are-at-risk-after-covid-19-lockdown-is-your-job-safe/303094>. Accessed on 5 May 2020.

Rukmini, S. 2020. “Locked down with abusers: India sees surge in domestic violence”, *Al Jazeera*. Available online: <https://www.aljazeera.com/news/2020/04/locked-abusers-india-domestic-violence-surge-200415092014621.html> Accessed on 15 May 2020.

Scroll. 2018. “We’ll know our fate on June 5’: Kerala’s Nipah outbreak shows vulnerability of healthcare providers’, 26 May. Available online: <https://scroll.in/pulse/880319/well-know-our-fate-on-june-5-keralas-nipah-outbreak-shows-vulnerability-of-healthcare-providers>. Accessed on 14 May 2020.

Sen, A., Rajan, R. and Banerjee, A. 2020. ‘Huge numbers may be pushed into dire poverty or starvation...we need to secure them’, *The Indian Express*, April 17.

Singh, K. 2020. 'Why COVID-19 Response Needs To Focus On Women Globally', shethepeople, April 15. Available online:<https://www.shethepeople.tv/blog/covid-19-response-women-focus>. Accessed on 14 May 2020.

Sue, K. 2017. The science behind "man flu". BMJ 359:j5560. Available online:<https://www.bmj.com/content/359/bmj.j5560.full>. Accessed on 14 May 2020.

Swaminathan, H. and R. Lahoti. 2020. 'The COVID-19 Lockdown Will Ravage Prospects for India's Female Workforce', *The Wire*, 15 April. Available online:<https://thewire.in/women/coronavirus-women-economy>. Accessed on 14 May 2020.

The Lancet. 2020. 'The gendered dimensions of COVID-19', Editorial. 395( 10231): 1168.

Times of India. 2020. 'No fixed salary for health workers: Centre', 25 February.

UNDP. 2019. 'Female Work and Labour Force Participation in India- A Meta-Study'. Available online: <https://www.undp.org/content/dam/india/docs/poverty/Women%20at%20Work%20Report.pdf>. Accessed on 14 May 2020.

UNFPA. 2020. 'Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage', Interim Technical Report, Available online:[https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19\\_impact\\_brief\\_for\\_UNFPA\\_24\\_April\\_2020\\_1.pdf](https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf). Accessed on 14 May 2020.

Verick, S. 2014. 'Women's labour force participation in India: Why is it so low?', ILO Update. Available online: [https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new\\_delhi/documents/generic\\_document/wcms\\_342357.pdf](https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-new_delhi/documents/generic_document/wcms_342357.pdf). Accessed on 14 May 2020.

\*\*\*\*\*