



# When Crisis Meets Inequality: A Feminist Roadmap for Pandemic Policy

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## INTRODUCTION

The enduring consequences of the COVID-19 disruption of normalcy have profoundly affected social structures, economies, and daily activities globally. However, up until now, there was a specific gender dynamic and relations that perpetuated structural inequalities and inequities. The gendered nature of the pandemic became more evident when women were at the forefront of providing emotional bonds to their families as caregivers. The pandemic has triggered gender inequalities in access to education, healthcare, and economic opportunities. There are specific measures that governments need to consider to foster holistic socio-economic empowerment. It is estimated that women have suffered more significant losses than men economically and socially as a result of the various impacts caused by the pandemic. The situation can be improved through affirmative measures and international support. Government policy measures aim to avoid and recover from the gendered effects caused by the pandemic. Hence, restoring normalcy post-COVID-19 should be a complete effort with no exclusions.

The pandemic has deepened inequalities as the impact has been disproportionately felt by certain groups, migrants, refugees, and religious and other minorities; one cannot ignore the blatant systemic bias that is entrenched in our nations around the globe. Certain groups, specifically the economically vulnerable, appear less informed about appropriate protective measures. This may be one reason they are more affected by COVID-19, as this virus may be seen as an afterthought due to all the more pressing issues. People need to adopt a severe sense of responsibility as other vulnerable members of humanity are relying on them to safeguard everyone; if such specific measures are not taken with urgency, we are bound to be in a mess, which is exacerbated by the global leaders who all seem incapable of connecting the dots. Recommendations considering inclusivity and gender become crucial as political stances hinder the functionality of organizations like the WHO, which ensures a safe space for voicing constructive opinions. This, compounded by the discrimination that animates the hatred within society, which seems completely illogical, only further bolsters the idea that nations need to come together to fight against this terrifying disease jointly. Such voicing is essential as it leads to steps being implemented to alleviate pain from systematic oppression, which is exhibited. At the same time, the focus always seems to lean towards the strongest, so much so that international organizations deem the voice of weaker sections of society. This is only a small example, as all other systemic suppression stems from the same root cause. There is a dire need for clarity in action as excessive talk is only bound to weaken the situation as it allows for overcomplicating essential issues while letting redundancies simmer. Such measures technically have scope for an abundance of implementation, with policymakers focusing on a particular aim without worrying about ethicality.

As the world witnessed the onslaught of the COVID-19 pandemic, India started curtailing various freedoms in the name of protecting health, and this was part of the great push championed by the WHO during that period. Nevertheless, the WHO stressed that countries must achieve a reasonable balance between protecting the population's health, preventing considerable social and economic problems, and ensuring the realization of human rights<sup>1</sup>.

Even with the many policies put in place by the central and state governments, for example, promoting inclusive healthcare access, social and economic development, and education opportunities, the adverse effects of COVID-19 on women's health are noticeable. In several instances, these policies, or lack thereof, regarding their enforcement, have not sufficiently responded to the existing disparities, with women and other gender minority groups being the most affected in the case of the pandemic.

<sup>1</sup> Promoting a fair and equitable response to the COVID-19 pandemic, WORLD HEALTH ORGANIZATION (WHO), <https://www.who.int/activities/promoting-a-fair-and-equitable-response-to-the-covid19-pandemic>

### Unmasking the Gendered Realities of COVID-19

Moreover, the COVID-19 pandemic uncovered preexisting issues pertaining to women and gender challenges around the world; those challenges and issues confined women before the pandemic, and a large number of women were economically vulnerable to begin with. The population of women who had no access to essential services such as economic opportunities and healthcare was at mild equity lack before the pandemic. It is worse than that, however, for even women who are pregnant are at a high risk of contracting sickness and infection. This is largely due to the fact that working classes for women tend to be more gregarious and, therefore, more susceptible to infection.

. Moreover, while governments around the world imposed restrictions on the movement of people as a way to contain the illness, its negative ramifications were equally devastating, as those employed in hospitality and retail who lost their jobs were mostly women. In addition, the Coronavirus Pandemic also resulted in the closing of schools and daycare facilities, which made women carry water on their heads during a global crisis, making more sacrifices as individuals and as mothers. Furthermore, the pandemic has created a dire requirement to employ the requisite policies that would assist in advancing women and gender equality and ensuring that equal opportunities are afforded to women and unborn generations. To better analyze the impact of the global pandemic, different dimensions of the virus should be taken into consideration suppositions.

The policies aimed at tackling the gendered effects of the pandemic are scrutinized in this article as well; this paper highlighted various areas such as healthcare, education, employment, and social welfare, and indeed, it brings a deeper understanding of how the different experiences women and gender minorities go through. Further, it is essential to assess the sufficient extent to which policies aimed at addressing problems of this nature were carried out: it would serve the purpose of determining areas that need change and establishing the basis for further actions in these contexts.

## Gender Dynamics in Health Sector

### • Disparities in Service Accessibility and Vaccination Patterns

Understanding and appreciating gendered differences in accessing healthcare systems has emerged as an important issue and concern during the COVID-19 pandemic. Women's timeliness and accessibility of suitable medical interventions during the pandemic are perceived as challenging factors, thus making an already disparate situation in COVID-19 health outcomes worse. These inequalities are compounded by other elements, such as their social class, culture, and discrimination within health systems. Women, especially the vulnerable, face challenges, including poor public transport, poverty, and a lack of medical facilities. Furthermore, caring for children or other household members or the stigma associated with seeking help might impede women's willingness to go to a medical facility. As a result, women may be at a higher risk of contracting COVID-19, and they may also have worse health outcomes than men in terms of the diagnosis and treatment of the illness. Misinformation about the effects of COVID-19 vaccines on women's reproductive organs has become prevalent, resulting in many women being unwilling to vaccinate.

On 18 January 2022, the total number of vaccine doses given to citizens in India was over 1.58 billion. The Indian vaccination figures surpassed the global averages, with approximately 954 women being fully vaccinated for every 1000582 men. Women were most distributed among men when receiving the vaccination in urban working regions. For example, as of 2011, 1.10 crore male citizens populate Mumbai, and the number of women is around 76.98 lakh. This leads us to find that the ratio is almost 694 women receiving the vaccine for every 1000 men. Additionally, 1.64 crore men were vaccinated in Delhi against 1.22 crore women, settling the ratio to 742 women for every 1000 men. Only Andhra Pradesh, Bihar, Assam, Chhattisgarh, Kerala, Odisha, Pondicherry, Tamil Nadu, and West Bengal have women with higher vaccination rates<sup>2</sup>. Males accounted for fifty-one percent of the vaccine shots taken—approximately one point seven billion doses<sup>3</sup>.

### • Women Workers in the field of healthcare

Women make up a considerable portion of the healthcare workforce in India, especially since over 80 % of the nurses and midwives are women. Though they occupy significant roles, women seem to be in the back seat when it comes to holding decision-making posts in the health sector, and the pay they get is lower than men. Only 13 % of the national COVID-19 task force members are female<sup>4</sup>. In India, the management of community-level health response was delegated to women in the form of frontline health workers (FFHWs) who were

<sup>2</sup> Pritu Dhalaria et al., COVID-19 Vaccine Hesitancy and Vaccination Coverage in India: An Exploratory Analysis,(2022).

<sup>3</sup> Metros show gender gap in Covid-19 vaccination, more men get jabbed, INDIANEXPRESS.COM (Jan. 20, 2022). <https://indianexpress.com/article/india/india-covid-vaccination-gender-gap-metros-7732512/>

<sup>4</sup> Your questions answered: Women and COVID-19 in India, UN WOMEN – HEADQUARTERS.

<https://www.unwomen.org/en/news/stories/2021/7/faq-women-and-covid-19-in-india#:~:text=In%20India%2C%20women%20make%20up,less%20than%20their%20male%20counterparts.>

comprised of Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), and Auxiliary Nurse Midwives (ANMs). To mitigate the WASH emergency, these FFHWs were critical in contact tracing among populations in hard-to-reach rural and urban communities, increasing disease awareness, recording returnees, active tracking of symptomatic patients, and assisting in the isolation of confirmed cases. In 2020, ASHAs went on strike to demand better salaries and legal status as full government workers. However, the problem of raised ASHA wages, pay, and working conditions for other FFHWs is yet to be resolved<sup>5</sup>. The National Health Mission (NHM) Director announced on April 20, 2020, that ASHAs should also get an additional INR 2000 besides their average payments encashed under Janani Suraksha Yojana and other schemes<sup>6</sup>.

The infusion of women in the health sector has brought in new categories of challenges, such as the issue of harassment or embarrassing conduct. Nurses from one of the hospitals in Ghaziabad reported that males living in quarantine centers misbehaved with them by being half naked, harassing women staff, singing vulgar songs, making lewd gestures, and not following medical care protocols<sup>7</sup>.

### • Maternity health and childcare

In several places, lockdown measures have hampered the provision of maternal healthcare services. Pregnant women and their healthcare providers are Greatly Preoccupied With The Pandemic and Plan For Disruptive Events. Several researchers have anticipated negative consequences of COVID-19 on stillbirths and neonatal mortality rates, Intrapartum Care, and Cesarean section deliveries. Movement restrictions resulting from the lockdown, lack of means of getting to and from areas that women practice in as well, and fear of being infected with COVID-19 are some of the factors associated with these effects.

Women from affluent families are worried about the lack of regular medical evaluations, higher exposure to COVID-19 during hospital visits, and the deferral of crucial medical procedures, such as C-sections, because of staffing problems and insufficient facilities, such as limited operating theaters. These women have experienced various issues related to looking after children in the backdrop of the COVID-19 pandemic. The current global scenario has made it increasingly difficult for women as most of them have to take care of children while working from home or attending to other responsibilities. This delicate balance has put a great deal of pressure on women, often leading to increased stress, fatigue, and burnout. In addition, the lack of affordable and reliable childcare options has forced many women to work fewer hours or leave altogether, exacerbating the existing gaps in employment and economic opportunities for women. In addition, the lack of support systems such as extended family and community services has further alienated women and left them with limited resources and help to look after children.

### • Undernourishment

A critical factor that contributed during the pandemic to maternal and child undernutrition is the quality of the overall diet consumed, which was greatly low in terms of nutrition. This resulted from loss of income, supply chain interruptions, and cessation of government food aid programs. In India, where a significant proportion of the women in the age bracket of 15 to 49 years and children less than five years old who were anemic in the pre-pandemic period at around fifty-three percent and sixty percent respectively, which was worsened and Arya DI, PN, Subbiah L: 9 from the data collected in the 2019-2020 National Family Health Survey (NFHS-5) 43.9% of stunted children under five were reported in rural Bihar and 63.1% of women of reproductive age around 15-49 years were also reported to be anemic. There has also been a noticeable reduction in specific health demographics between 2019 and 2020 and 2015 and 2016. A drop in such expenditures was specifically salient in May 2020 as a significant drop in undue diatribes such as mutton, poultry, eggs, and broad beans alongside women's consumption varieties marked a decrease in May 2019 in comparison. This drop occurred irrespective of the parameters claimed by the Unique Public Distribution System, which provided the distribution of 80% outreach; this was achieved by direct distribution of Aanglewan centers alongside ration distribution with 50% and 30 different distributions<sup>8</sup>.

<sup>5</sup> Sneha Krishnan, Exploring female frontline health workers' role and capacities in COVID-19 response in India, INT'L J. DISASTER RISK

REDUCTION, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9012666/#:~:text=On%20April%2020%2C%20NHM,Suraksha%20Yojana%20and%20other%20schemes.>

<sup>6</sup> Id

<sup>7</sup> Nurses complain of misbehaviour by quarantined coronavirus suspects at Ghaziabad hospital, THE NEW INDIAN EXPRESS, <https://www.newindianexpress.com/nation/2020/Apr/03/nurses-complain-of-misbehaviour-by-quarantined-coronavirus-suspects-at-ghaziabad-hospital-2124985.html>

<sup>8</sup> Soumya Gupta et al., COVID-19 and women's nutrition security: panel data evidence from rural India, 2021 ECONOMIA POLITICA, XXXX, <https://doi.org/10.1007/s40888-021-00233-9>.

## ECONOMIC SECTOR AND EMPLOYMENT

### • Income gap

Income inequality The COVID-19 pandemic has widened the previously existing inequalities between men and women in terms of income and has universally increased the inequity in the workforce. As a result of the pandemic and more restrictions, many industries, particularly hospitality and retail, have remitted a considerable share of their work through employment and working hours to many women. This has caused many women to resign or reduce their working hours due to increased caregiving responsibilities as caretakers of children and households because schools and daycare had been shut down. Moreover, women in many parts of the world are engaged in informal and precarious labor where there are no social security benefits, and thus, they are more affected by the global economy; so, it's expected that these factors have explained the increased gender pay gap which made policymakers develop initiatives oriented towards eliminating employment gender gaps. Once women's empowerment policies are widely adopted and implemented, benefits will extend beyond the pandemic. Still, I argue that this pay gap increases difficulties for single mothers and families, who depend on them to be the breadwinners. It is rather unfortunate that despite women's purchasing power given by the inheritance laws, they only own a mere 11% of agricultural land women or land. Across the states, these numbers fluctuate between 14%.

Besides, it must be mentioned that women are more likely to inherit land as widows than daughters, showing the gap between the legal enforcement of the rights of the daughters and the social one of the widows' claims still having priority over daughters<sup>9</sup>. According to the Time Use Survey conducted by the Ministry of Statistics and Programme Implementation (MoSPI) in 2019, the participation of women in paid activities stands at 17.7% in rural areas, compared to 53.4% for males. In urban areas, the participation rate of females in paid activities is 15.5%, significantly lower than the 58.1% observed for males.

### • Consequences of Employment Opportunities due to Covid Lockdowns

A report that accentuates such discrimination was added to the body of literature in October 2021 by the Azim Premji University's Center for Sustainable Employment, which showed that women suffered disproportionately compared to men during the first lockdown witnessed in 2020 in India<sup>10</sup>. The conclusion was reached by observing the focus group comprising respondents from the employment survey. It emerged that about 47% of women respondents, heretofore employed, became nonemployed by this year's end. In comparison, the retrenchment scale for men was pegged at a mere 7% displacement for the period. Even more dramatic were the findings for women in the informal sector; rural Indian women in informal employment were responsible for an estimated 80% of employment loss from March to April 2021. The socio-economic development aspect is crucial. Additionally, Indian women spend a considerably more significant amount of time engaged in unpaid care work at home than men. Their average daily time spent on chores amounted to 4.5 hours caring for children, elders, and sick kin; women participated almost 9.8 times more in unpaid domestic work than men. There was a further aggravation of this asymmetry, as observed in 2019. This was accentuated by the Great Lockdown when unpaid work by women grew by nearly 30%. An analysis based on a sample of individuals before, during, and after lockdown observed that women and men employed across three timelines, i.e., before and after lockdown, had remarkably different employment results<sup>11</sup>.

As for women who lost their occupations during the phase of lockdown, 37% of them were still unemployed even after three months from that period, while men barely even had an impact, with only 10% being in the same position. In addition, among men, 65% weren't affected by job loss in the pre-pandemic time, while only 30% in the case of women. Even when the men returned to work, they engaged in more self-employment or worked daily in agriculture, trade, or construction. On the other hand, women were constrained and moved less to the other available job options or sectors, meaning there were no standard 'fallback' job options at that time.

### The Informal Sector

In 2017-18, a fresh Periodic Labour Force Survey was done, which revealed that most women in India found employment in the informal sector, with a large number doing home or domestic work. In a study that cut across different informal sectors, including domestic work, street vending, waste picking, home-based work,

<sup>9</sup> How Many and Which Women Own Land in India? Inter-gender and Intra-gender Gaps, [HTTPS://WWW.TANDFONLINE.COM/](https://www.tandfonline.com/doi/full/10.1080/00220388.2021.1887478) (Aug. 5, 2020).  
<https://www.tandfonline.com/doi/full/10.1080/00220388.2021.1887478>

<sup>10</sup> Your questions answered: Women and COVID-19 in India, UN WOMEN – HEADQUARTERS, <https://www.unwomen.org/en/news/stories/2021/7/faq-women-and-covid-19-in-india>

<sup>11</sup> Down and out? The gendered impact of the Covid-19 pandemic on India's labour market - *Economia Politica*, SPRINGERLINK, <https://link.springer.com/article/10.1007/s40888-021-00234-8>

and construction work in Delhi, construction workers were the most affected group. They reported a loss of all forms of paid work during the lockdown phase<sup>12</sup>. Moreover, 97% of vendors who sold goods in the streets stated they were cut off from the exposure and ultimately earned no income during the lockdown. The lockdown measures also took a toll on most home-based workers and waste pickers, as 91% and 86% claimed to have lost significant income. Women domestic workers' unpaid work participation rate is 82.1% in rural areas compared to only 27.7% of men, as captured in the Time Use Survey of 2019 conducted by MoSPI. In women living in rural areas, 28.2% engaged in unpaid care for household members, whereas for men, it was 14.4%. In urban centers, the percentage of women participating in the activities was 26.3% and 13.2% for men<sup>13</sup>.

The very beginning decision that the Union Government made concerning the COVID pandemic was to define and classify the disorder as a 'disaster' under Appendix N of the Disaster Management Act of 2005 relevant to India. This framework enables the Home Ministry to give instructions to the states and even curtail liberties in the interests of public health. As a result, these constraints had dire consequences on the activities of the street vendors. Before the lockdown, 45 % of women street vendors reported that their income ranged from Rs. 0-500. In comparison, 55 % reported earning between Rs. 500 and Rs. 1000. However, during the August to September 2020 lockdown, earnings were found at considerably different percentages, with 82% locked at 0, 15% earned between 50 and 300, 3% earned 500 or more<sup>14</sup>. Women agricultural workers who incurred abandonment or widowhood before the onset of the pandemic were faced with several challenges, explicitly harvesting, transporting, and marketing their agricultural produce.

#### • Marginalized Women's Access to the Digital Economy – Gender Issues with ICT

In a 2019 study in India, 2000 adults aged between 18 and 61 years were interviewed on mobile phone ownership; owning a mobile phone was controlled by males at 79 percent and only 63 percent for females. Further, only 21% of women, compared to 42% of men, use mobile internet. During the lockdown, many women reached out to different forms of online work like working from home, vlogging, baking from home, and making and selling arts and crafts to earn a living. However, it is essential to point out that women belonging to the marginalized classes encountered challenges in taking advantage of these opportunities, which in turn affected their earning potential on online platforms. Such challenges may include lack of access to technological resources, problems with the internet, lack of skills and knowledge, or being economically disadvantaged. Hence, marginalized women could not make the most out of the opportunity of online entrepreneurship and were additionally marginalized within the digital economy.

### EDUCATION

#### • Disruptions in Educational Delivery and Digital Learning Platforms

During school closures, disparities based on both gender and socioeconomic status are anticipated in accessing online learning opportunities. Many households need access to computers or mobile phones with internet connectivity. In households with only one phone, boys are expected to be given precedence over girls for participating in online classes and completing school-related tasks. Moreover, girls may face the risk of discontinuing their education altogether and may not resume their studies. The potential repercussions of COVID-19 on girls' education are manifold. One of the most direct consequences has been the closure of schools to mitigate the spread of the virus. Subsequently, various distance learning modalities, including online platforms, television broadcasts, and radio programs, have been implemented to support children's educational pursuits during school closures. However, these initiatives have encountered significant challenges in reaching all students due to the substantial digital divide across socioeconomic status, geographical location, and gender. In India, girls from impoverished backgrounds and those residing in rural areas face notably limited access to technology compared to boys. Notably, there exists a 50% gender disparity in mobile internet users, with only 21% of women and 42% of men utilizing mobile internet services<sup>15</sup>. Furthermore, an evaluation of challenges experienced by adolescents amid the COVID-19 pandemic revealed that a more significant proportion of boys than girls possess access to digital infrastructure such as mobile phones, internet connectivity, radio broadcasts, and media sources. Given the considerable disparities in technological access, implementing digital schooling will likely marginalize girls from educational opportunities further and exacerbate existing educational inequities among learners. Furthermore, even if girls have access to technology within their households, they are disproportionately burdened with domestic responsibilities, including cooking, cleaning, caring for siblings, and fetching water, particularly in light of the closures of schools,

<sup>12</sup> Down and out? The gendered impact of the Covid-19 pandemic on India's labour market - *Economia Politica*, SPRINGERLINK, <https://link.springer.com/article/10.1007/s40888-021-00234-8>

<sup>13</sup> Shiny Chakraborty, Impact of COVID-19 National Lockdown on Women Informal Workers in Delhi, 2020 SSRN ELEC. J, <https://doi.org/10.2139/ssrn.3993514>.

<sup>14</sup> Rights, Restrictions, and the Rule of Law COVID-19 and Women Street Vendors, 2021 CTR. FOR CIV. SOC'Y.

<sup>15</sup> *The Gendered Impact of COVID-19 on School Education - CBGA India*, CBGA INDIA, <https://www.cbgaindia.org/blog/gendered-impact-covid-19-school-education/>

Anganwadi centers, and childcare facilities. The weight of these household obligations is a barrier to girls' participation in education and constrains their learning opportunities.

- **Dropping out of school**

Before the COVID-19 pandemic, India had approximately 30 million children not enrolled in school, with adolescent girls comprising 40% of this demographic. It is estimated that following the pandemic, nearly 10 million secondary school-aged girls may discontinue their education, with a significant portion of these dropouts potentially originating from India.<sup>16</sup> Implementing lockdown measures has resulted in the complete cessation of the mid-meal scheme. Without this incentive, families may opt to remove their daughters from schools, increasing dropout rates and decreasing girls' re-enrollment.

Data from UN Women indicates that a higher proportion of girls compared to boys were excluded from schooling during the pandemic. Additionally, findings reveal that 65% of surveyed parents expressed hesitancy to sustain their daughters' education, opting instead for child marriages to reduce expenses. This situation has the potential to result in an entire cohort of young women being deprived of educational and employment prospects.

## SOCIAL AND MENTAL WELL-BEING

- **Domestic violence and child marriage**

The COVID-19 pandemic saw a massive rise in domestic violence as women were forced to stay inside with their abusers. This situation was particularly dire in India, where domestic violence, trafficking, and marriage of minors were being reported amid the pandemic. Statistics say there was a rise in domestic violence by as much as 2.5 times in India over a span of 3 months amid the COVID crisis. Many domestic violence activity groups claimed to acquire more reports through the first four phases of the lockdown in one month than they had in a decade. On the other hand, some organizations pointed out that many women were unable to report the violence because of the lack of privacy and ability to get to a source of help.

She was noticed protecting herself and her children from violence in western Ukraine during the pandemic. On the other hand, she had to overcome numerous challenges to make changes such as marriage, divorce, or customs procedures like child custody. Another point raised is physical accessibility to court in scenes where courthouse locations were put under lockdown restrictions. Furthermore, the absence of court services/significant shortage of legal aid withholds women from performing legal acts. As many finances catch the virus and get transport reservations made, women shy away from any legal support. As a result, women kept laws concerning their families unattended, which pushed them closer to domestic violence, while there were no legal means to protect them.

The reason for the elevated threat, considering the context of the political situation of the country as well as the region, is again the school closures and the economic consequences of the COVID-19 pandemic. The impact of child marriage is in the form of loss of young lives and hindering young girls from receiving an education. With the deteriorating economic situation, families feel pressured to pay the costs of bringing up a daughter, hence the idea of marrying daughters at a young age. Furthermore, in the context of a crisis, it can be seen that marrying off daughters is a way in which families protect the girls from future threats. The twin impact of two natural calamities, COVID-19 and Cyclone Amphan, has been a crucial factor in determining the odds of trafficking of girls and women in the affected parts of West Bengal<sup>17</sup>.

- **Mental health impacts**

The global COVID-19 pandemic has had a dire effect on the mental health of women in various regions. Stress and anxiety resulting from job loss, financial constraints, caregiving needs as well as lack of social contact have been observed among many women. Additionally, there were pre-existing mental health issues that got worse, all of which were alongside the barriers to seeking mental health support. The presence of fears about the length and level of intensity the pandemic would take, and the health worries also worsened mental stress and anxiety among women. In the context of all these factors, there is an apparent need for mental health care and information targeted to women's specific needs during such exceptional circumstances. In rural and urban

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<sup>16</sup> *The Gendered Impact of COVID-19 on School Education - CBGA India*, CBGA INDIA, <https://www.cbgaindia.org/blog/gendered-impact-covid-19-school-education/>

<sup>17</sup> Soumashree Sen, *Child Marriage or Trafficking: Choice Covid-19 and Cyclone Amphan Have Left for Bengal's Vulnerable* - News18, NEWS18 (Aug. 12, 2020), <https://www.news18.com/news/buzz/child-marriage-or-trafficking-choice-covid-19-and-cyclone-amphan-have-left-for-bengals-vulnerable-2780323.html>

ettings, women had a lower percentage of men engaged in mental activities such as leisure, mass media, and sports<sup>18</sup>.

### • The Divide

In rural areas, lower-caste women have a higher incidence of violence and have less access to health and education. In addition, I think that lower caste women are even more vulnerable to sexual violence, as men from higher castes use it as an instrument to rule over the lower class. Firmly entrenched societal prejudices, the most blatant of which are seen in rural areas, often create a well-suited landscape for poor mental health conditions, especially during the pandemic when already existing inequalities are worsened. Belonging to a perceived lower caste group is a risk factor that comes with a decreased lifespan, low income level, chronic exposure to discrimination, risk factors of concurrent intimate partner violence, structural barriers in accessing health services, and reduced levels of education achievement. Women with disability faced multiple challenges during the COVID-19 pandemic, further worsening the existing gaps and barriers they face. The measures imposed during and after the pandemic restricted movement and access to service and support systems, which made it hard for women with disabilities to receive medications, healthcare, and orthopedic devices. Many of these women also require caregivers in their daily activities. However, the closure of care homes and the lack of caregivers during the pandemic made them vulnerable. Women with disabilities also face financial problems as they are not economically well off and depend on welfare systems that have been over-strained during the pandemic.

Moreover, the shift to working from home and the use of virtual health services placed barriers for women with disabilities in accessing e-learning, telehealth, or online global systems of communication. In general, epidemics such as COVID-19 are associated with survival, and therefore, the urgent basis with which we require inclusive policies and support systems that seek to fit around the barriers that disabled women face in a specific context, such as the case during and post the epidemic. As stated by Madhu Singhal, the managing trustee of a Bengaluru-based NGO supporting the disabled Mitra Jyothi, in many cases, the infrastructure needs of COVID-19 disabled patients were not taken care of. Also, the lack of toilet facilities only worsened matters as they had to rely on help for even the mentally most basic requirement. Also, even the sore physical therapist duties performed by the nursing staff on disabled patients as routine were disallowed due to the newfound distancing techniques<sup>19</sup>.

## GOVERNMENT POLICIES AND DISPARITIES IN EFFECTIVENESS

### • Health Sector

The central government implemented several initiatives to address healthcare access challenges and facilitate vaccination distribution. Notably, the Aarogya Setu app, equipped with location-tracking capabilities, was launched to aid in monitoring COVID-19 cases and contact tracing efforts for individuals who had either tested positive or come into contact with confirmed cases. Additionally, the Union Government inaugurated the National COVID-19 Vaccination Programme on January 16, 2021. Under this program, COVID-19 vaccines are accessible to all citizens aged 18 years and older, irrespective of their socioeconomic status, at designated Government COVID-19 Vaccination Centers (CVCs).<sup>20</sup> The Indian government has employed a five-point strategy in its response to COVID-19, encompassing the promotion of COVID-appropriate behavior, extensive testing, contact tracing, prompt treatment, and vaccination efforts. Furthermore, the government has utilized technology through platforms such as the COVID-19 Vaccine Intelligence Network (Co-WIN 1.0 and 2.0). These platforms have been instrumental in facilitating the planning, execution, and ongoing monitoring of vaccine procurement, distribution, and utilization. Moreover, they have facilitated citizen engagement by enabling registration for vaccination, identification of vaccination centers, and generation of vaccination certificates.

The expanding digital disparity between males and females in India and the country's dependence on digital platforms such as COWIN and AAROGYA SETU for COVID-19 vaccine allocation and registration has contributed to unequal access to vaccination services. Since males generally possess greater digital accessibility than females, they have enjoyed a comparative advantage in timely vaccine registration, locating vaccination centers, and accessing vaccine certificates, among other functionalities. Furthermore, the dissemination of misinformation on social media platforms, particularly regarding the purported link between COVID-19

<sup>18</sup> MINISTRY OF STATISTICS AND PROGRAMME IMPLEMENTATION GOVERNMENT OF INDIA, TIME USE SURVEY (TUS) (2019).

[https://mospi.gov.in/sites/default/files/publication\\_reports/Report\\_TUS\\_2019\\_0.pdf?download=1](https://mospi.gov.in/sites/default/files/publication_reports/Report_TUS_2019_0.pdf?download=1)

<sup>19</sup> A Rendering of Disability and Gender in the COVID-19 Era, ECONOMIC AND POLITICAL WEEKLY, <https://www.epw.in/engage/article/rendering-disability-and-gender-covid-19-era>

<sup>20</sup> *Effective Response in the face of a Pandemic: Measures Adopted by the Government of India to Combat COVID-19*, PRESS INFORMATION BUREAU,

<https://static.pib.gov.in/WriteReadData/specificdocs/documents/2021/dec/doc2021122421.pdf>

vaccines and infertility or disruptions in menstrual cycles, has deterred women from seeking vaccination. The government's efforts to address this issue through effective awareness programs must be revised. Scholars have voiced criticism of the honorarium system for several years, as it fails to include a cost-of-living allowance and lacks structured guidelines for periodic revision, as typically found in formal state employment arrangements. Concerns have been raised regarding the additional responsibilities undertaken by female frontline health workers (FFHWs) during the COVID-19 pandemic, which resulted in disruptions to essential health services, despite the Union Health Ministry's issuance of guidelines on March 25, 2020, aimed at ensuring the continuity of routine immunization activities and antenatal check-ups for at-risk mothers. The demand for wage increases for female healthcare workers has primarily been disregarded, and the government has also failed to protect them from harassment in various respects adequately.<sup>21,22</sup>

Despite clear guidelines from the Indian Ministry of Health and Family Welfare (MOHFW) mandating essential maternal health services to pregnant women, several states have reduced outreach services for immunization and maternal healthcare. This decision has been justified by citing the importance of implementing precautionary measures against the spread of infection.<sup>23</sup>

The Indian Council of Medical Research (ICMR) introduced a revised guideline recommending COVID-19 testing for all pregnant women residing in containment areas within hotspot districts, regardless of symptoms, who are anticipated to deliver within the subsequent five days. This measure has increased challenges for women approaching childbirth and the healthcare professionals responsible for their care. During the second wave of the COVID-19 pandemic in 2021, the National Commission for Women (NCW) introduced a WhatsApp helpline number to offer medical assistance to expectant mothers nationwide. Recognizing the challenges pregnant women face in accessing healthcare, the NCW expanded its support services by launching a text-only helpline in addition to its existing email contact. This helpline operated round-the-clock, allowing expectant mothers from all regions of the country to seek assistance from the Commission. Furthermore, the NCW established a 24x7 Helpline to provide online support to women experiencing distress, including those with disabilities, by facilitating referrals to relevant authorities such as the police, hospitals, Legal Services Authorities, and psychological counseling services. However, the disparity in access to technology has posed a challenge for many women in accessing these services.

The government needs to monitor instances of private hospitals denying treatment, ensure the availability of non-COVID-19 ambulance services, and establish dedicated helpline numbers to protect the health of women and their newborn babies. Various countries implemented measures to alleviate the burden on women during the COVID-19 pandemic, particularly in their additional role in childcare. For example, China provided childcare support for essential workers, offering home-based teaching if parents or guardians could not fulfill their caregiving duties due to pandemic-related needs. In New Zealand, home-based childcare was funded for children of essential workers who were unable to secure alternative care arrangements during lockdowns. Similarly, Singapore mandated that preschools remain open for parents to provide essential services, prioritizing healthcare workers who are unable to telecommute and low-income essential workers. These innovative measures serve as examples that could have inspired and been implemented in other countries.<sup>24</sup>

As an economic initiative, the central government has declared the provision of an additional 5 kilograms of food grains and one kilogram of pulses at no cost for three months to every Indian enrolled in the public distribution system. However, the central government's utilization of the 2011 census population figures to determine state-wise coverage under the National Food Security Act resulted in over 100 million individuals being excluded from the public distribution system. This analysis is supported by calculations conducted by economists Jean Drèze, Reetika Khera, and Meghana Mungikar.<sup>22</sup>

### ● Economic Sector

In 2020, the government implemented relief measures in the form of cash or commodities, notably including the Rs. 500 per month stipend pledged specifically to impoverished women for a duration of three months (later extended) through the Pradhan Mantri Jan-Dhan Yojana (PMJDY). Despite these efforts, various surveys examining the effectiveness of these relief packages indicated that the majority of women still needed to receive

<sup>21</sup> Sneha Krishnan, *Exploring female frontline health workers' role and capacities in COVID-19 response in India*,

<sup>22</sup> INT'L J. DISASTER RISK REDUCTION 102962.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9012666/#:~:text=On%20April%2020%2C%202020%2C%20NHM,Suraksha%20Yojana%20and%20other%20schemes.>

<sup>23</sup> *COVID-19 Lockdown: Guidelines Are Not Enough to Ensure Pregnant Women Receive Care*, THE WIRE (May 8, 2020), <https://thewire.in/women/covid-19-lockdown-pregnant-women-childbirth>

<sup>24</sup> WOMEN, BUSINESS AND THE LAW - GENDER EQUALITY, WOMEN ECONOMIC EMPOWERMENT - WORLD BANK GROUP (2020),

[https://wbl.worldbank.org/content/dam/sites/wbl/documents/2021/02/211652\\_Chapter%202\\_Women%20and%20COVID-19.pdf](https://wbl.worldbank.org/content/dam/sites/wbl/documents/2021/02/211652_Chapter%202_Women%20and%20COVID-19.pdf)

assistance. A study conducted across ten states and two cities from mid-April to May 2020, involving 2670 respondents, revealed that 64% of eligible women still need cash relief due to their lack of designated PMJDY bank accounts, where the transfers were intended to be deposited. According to data from the Government of India, women possess 205 million PMJDY accounts as of April 2020. However, considering that over 326 million women reside below the poverty line, it is evident that more than one-third of impoverished women would be ineligible for assistance, even if all female-owned PMJDY accounts were owned by those living in poverty<sup>25</sup>. Furthermore, many women encountered difficulties withdrawing cash from banks, often several kilometers away, exacerbated by the absence of public transportation during the lockdown and the prohibitive costs associated with private transportation, which could amount to 20–30% of the promised relief amount.<sup>26</sup> The Government of India has opted to distribute free-of-cost food grains at a rate of 5 kg per person per month to approximately 80 crore beneficiaries under the National Food Security Act, 2013 (NFSA), in addition to the NFSA food grains, following a similar approach as the Pradhan Mantri Garib Kalyan Anna Yojana. However, this initiative presents significant limitations, as a substantial portion of the working poor falls outside the Public Distribution System (PDS) network, rendering them food insecure. The contributions of self-help groups (SHGs) are noteworthy, particularly in over 90 percent of India's districts, which operate away from the urban spotlight<sup>27</sup>. SHG women have been actively involved in various activities such as producing facemasks, managing community kitchens, delivering essential food supplies, promoting health and hygiene awareness, and combating misinformation during the COVID-19 pandemic. In Kerala, for instance, the Kudumbashree network, consisting of 4.4 million members, has leveraged its extensive community platform and catering experience to operate government-sanctioned kitchens. These kitchens have played a crucial role in providing meals across the state, including to individuals in quarantine and the bedridden. Recognizing the importance of financial access during the lockdown, SHG women serving as banking correspondents have emerged as indispensable resources. Designated as essential service providers, these bank sakhis have continued to offer doorstep banking services, distribute pensions, and facilitate direct benefit transfers to help the most vulnerable access financial assistance. Moreover, the Indian Government has established SSK community centers nationwide to support and promote women's SHGs, offering skills training and public health information. These centers operate within "Anganwadi" centers, which are integral to the public healthcare system and provide essential health services to rural and marginalized communities. Throughout the pandemic, these centers have remained operational, providing free meals, immunizations, and health check-ups for children and pregnant and lactating mothers and assisting women in accessing government assistance programs.

### ● Education Sector

As part of the Atma Nirbhar Bharat Abhiyan, a comprehensive initiative known as PM e-VIDYA was launched on May 17, 2020, to integrate all digital, online, and broadcast education efforts to facilitate various modes of access to education. This initiative includes DIKSHA, the nation's digital platform for delivering high-quality e-content for school education across states and union territories, with QR-coded Energized Textbooks available for all grades. Currently, 35 out of 36 states and union territories have adopted the DIKSHA platform and customized the content to suit local needs. One dedicated Swayam Prabha TV channel is assigned from Class 1 to 12, ensuring one channel per class. Furthermore, the initiative involves the extensive utilization of radio, community radio, and the CBSE Podcast - Shiksha Vani. However, several challenges accompany this initiative. Critics argue that while it represents an improvement over no intervention, it primarily benefits marginalized students who lack access to the internet and television, as previously mentioned. Additionally, there are concerns regarding the usability of the DIKSHA website, which is purportedly more challenging to navigate compared to other platforms hosting similar content. Despite the quality of the instructional materials, the learning experience is criticized for being one-sided and needing more forms of assessment or feedback mechanisms. The Supreme Court notified States in March 2020, directing the continuation of mid-day meal programs. Some states have commenced adherence to this directive. For instance, in Kerala, Anganwadi teachers distribute pre-packed meals to students' residences daily. Similarly, West Bengal, Andhra Pradesh, Karnataka, Jammu, and Kashmir offer dry rations as part of their response.

### ● Social and Mental Wellbeing

The Government has ensured the continued operation of schemes such as One Stop.

<sup>25</sup> *A Majority of India's Poor Women May Miss COVID-19 PMJDY Cash Transfers.* (2020, April 17). Yale EGC. <https://egc.yale.edu/sites/default/files/COVID%20Brief.pdf>

<sup>26</sup> Agarwal, B. (2021). Imperatives of recognising the complexities: gendered impacts and responses to COVID-19 in India. *Economia Politica*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8475308/>

<sup>27</sup> World Bank Group. (2023, February 22). *In India, Women's Self-Help Groups combat the COVID-19 (Coronavirus) pandemic.* World Bank. <https://www.worldbank.org/en/news/feature/2020/04/11/women-self-help-groups-combat-covid19-coronavirus-pandemic-india>

Centers (OSCs), Universalisation of Women Help Line (WHL), Ujjawala Homes, Swadhar Greh, Emergency Response Support System (112), and various authorities under women and child-centric laws including 'The Protection of Women from Domestic Violence Act, 2005', 'The Dowry Prohibition Act, 1961', and 'The Prohibition of Child Marriage Act, 2006', to assist women, including those with disabilities, during the pandemic. Sensitization programs have also been conducted for relevant States and Union Territories officials. Additionally, the National Commission for Women (NCW) has taken several measures to address cases of violence against women, including those with disabilities, during the COVID-19 pandemic. Apart from processing complaints through its online system, the NCW has launched a WhatsApp number for reporting domestic violence cases and has responded to grievances reported on social media. More economically advantaged women would have greater access to assistance during the pandemic in instances of violence, as they could utilize cell phones to connect with helplines. Conversely, impoverished women lacking personal cell phones would remain vulnerable to such risks.

The judiciary has implemented several measures to facilitate women's access to family courts. In April 2020, the Supreme Court of India issued guidelines for conducting court proceedings via videoconferencing, particularly in cases related to family law, among other matters. Subsequently, high courts across the country adopted similar practices. For instance, during the lockdown, the Mumbai High Court instructed a woman to arrange video conferencing sessions between her children and their father<sup>28</sup>. The court emphasized that the lockdown should not impede a father's ability to interact with his children. However, marginalized women still encountered challenges in utilizing these provisions, highlighting ongoing barriers to access.

## CONCLUSION

The pandemic of COVID – 19 increased the vulnerabilities and gender gaps in society. Women and gender-diverse people have to bare the responsibilities for most things in the world which has been brought at the forefront with the effects of the pandemic. Countries like India have also tried to shield the socio-economic rights of its citizens while protecting them to the best of their ability from the pandemic. While these steps were taken with good intentions, it brought to light the weaknesses in the healthcare system, economy, education and society. For instance, women have struggled with the limited access to healthcare facilities and poorly immunized, creating a gaping hole in the gender inequality problem. Women make up a considerable part of the healthcare workforce, but it is unfortunate to see that they are underrepresented in leadership positions and are often victims of intimidation and harassment. The suspension of maternal care during the pandemic raised concerns about its effects on maternal-child health due to travel limitations and the fear of contracting COVID-19. It has also been a drawback in combatting the high rates of malnourishment faced among children and women. Added to that, the Pandemic has also worsened the rates of malnutrition in women and children, pointing towards the rising need for specific actions to improve nutrition.

The COVID-19 epidemic has aggravated existing inequalities between both men's and women's earnings, mainly worsening the adversities of females in the informal economy, at least in the context of most countries. Government compensations like cash transfers and the free distribution of food grains may be assumed to have helped a few women; however, more inclusive measures still have to be undertaken in the form of policies and alms. The SHGs (self-help groups) have helped provide necessary aid and resources to communities, particularly in rural areas. However, it is still the case where the axiom that credit is oxygen to the poor holds.

Similarly, the opportunity to get education for women, especially for those belonging to deprived sections, has been at a disadvantage ever since the learning process was interrupted during the course of school nutrition and pandemics. This shift towards e-learning generated further disparity as students from relatively less privileged backgrounds struggled to use e-resources. On the other hand, increased stress, anxiety, and the likelihood of gender-based violence during COVID-19 times have thrown many women into states where their psychological and social health is adversely affected, implying that better mental health support systems and advocates are required.

From Crisis to Transformation: A Gender Lens on Policy Lessons from the Pandemic - Conclusion

The COVID-19 pandemic, while a devastating global crisis, has also presented a unique opportunity for reflection and transformation. This paper has examined the pandemic's disproportionate impact on women, highlighting how pre-existing gender inequalities were exacerbated across various sectors, from economic security and healthcare to unpaid care work. It underscores how women from low-income households and

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<sup>28</sup> WOMEN, BUSINESS AND THE LAW - GENDER EQUALITY, WOMEN ECONOMIC EMPOWERMENT - WORLD BANK GROUP (2020), [https://wbl.worldbank.org/content/dam/sites/wbl/documents/2021/02/211652\\_Chapter%202\\_Women%20and%20COVID-19.pdf](https://wbl.worldbank.org/content/dam/sites/wbl/documents/2021/02/211652_Chapter%202_Women%20and%20COVID-19.pdf)

marginalized groups bore the brunt of the crisis. Furthermore, we've analyzed policy responses, noting successes and shortcomings in addressing these gendered challenges. It emphasizes the need for "brave and innovative policy choices" centered on women's experiences. Building a more equitable and resilient future requires a fundamental shift in policy approaches. We must move beyond simply "building back better" to dismantle systemic gender inequalities actively. This necessitates substantial investments in care infrastructure, including childcare and eldercare, recognizing the vital yet undervalued contributions of care work predominantly performed by women. It highlights the interconnected care crises, the environment, and macroeconomics, advocating for a paradigm shift. Furthermore, promoting women's economic empowerment through policies addressing pay gaps and supporting female entrepreneurship is crucial. It discusses how women entrepreneurs adapted and pivoted during the pandemic, offering valuable lessons for future policy. Strengthening healthcare systems to ensure equitable access and affordability, particularly for women and marginalized communities, is also paramount. Crucially, gender analysis must be systematically integrated into all policymaking processes. provides data on the gendered impacts of the pandemic, emphasizing the need for evidence-based policy. This requires collecting and analyzing gender-disaggregated data and actively centering women's lived experiences in policy discussions. We must move beyond a reactive approach to crisis management towards a proactive, transformative approach that prioritizes gender equality and social justice. discusses the potential for using crises to advance feminist agendas and achieve social transformation. The pandemic has exposed deep-seated vulnerabilities and inequalities; let us seize this opportunity to build a more just and equitable future for all.

To sum up, the COVID-19 pandemic highlights the importance of gender-based interventions and policies, specifically in the geographical context of India. It becomes imperative to invest in addressing the healthcare systems, promoting the economy, increasing education opportunities, and sustaining the social and mental health of women and other marginalized groups to enable a quicker and fairer recovery from the crisis. For India, a myriad of challenges stemmed from the pandemic, and to meet those challenges, there has to be a well-defined approach that ensures that gender issues are mainstreamed in all future interventions.