

Differential Impact of Covid-19 on Gender

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Abstract

Pandemics and outbreaks have differential impacts on women and men. From risk of exposure and biological susceptibility to infection to the social and economic implications, individuals' experiences are likely to vary according to their biological and gender characteristics and their interaction with other social determinants. Because of this, global and national strategic plans for COVID-19 preparedness and response must be grounded in strong gender analysis and must ensure meaningful participation of affected groups, including women and girls, in decision-making and implementation. WHO has declared it as pandemic as it has hit the world infecting a large number of people and causing large number of deaths. The government has imposed lockdown all over the world due to the serious issue, but now it is leading to negative impact on people in the form of economic and health impacts. This paper aims to examine the impact of Covid-19 on gender, especially working men and women. The paper examines various secondary sources of data like literature and articles to generalize the findings. It has been found from the study that the effect is more on women than on men. India as a developing country is also facing the problem with economy. Thus steps should be taken by the government to improve the social, political and economic systems related to pre-existing equalities.

1. Introduction

Coronavirus disease (COVID-19) is a newly found coronavirus-related infection. It is a global pandemic that has claimed many victims. People have been fearful as a consequence, and lockdowns have been implemented worldwide, resulting in economic problems and recession. Numerous people in many nations, including India, have lost jobs as a result of safety measures such as social distancing, isolation, travel restrictions, and a decreased workforce. The closing of schools, both public and private, had an influence on people's earnings, particularly those who were on the verge of or under poverty¹.

The COVID-19 epidemic has struck devastation over the world and pulled enormous changes to our socio-economic development to a halt. Because of the interconnectedness of the globalized world, the new coronavirus propagated with such intensity and pace throughout the globe that most governments ordered lockdowns as a plan to restrict its spread. The Indian government enforced a statewide lockdown on March 24, 2020, for a period of 21 days alone, which was later extended in stages till May 30, 2020. The effects of the lockdown have been disruptive, altering how people go about their everyday tasks and carry on their lives².

Nevertheless, the effect has not been uniform across all social categories, with the most poor and marginalized groups being disproportionately affected due to pre-existing socioeconomic disparities. The lockdown, in particular, has increased existing gender inequities and curtailed women's chances.

¹ WHO. (2020). *Coronavirus disease (COVID-19) technical guidance: surveillance and case definitions*. Geneva: World Health Organization. Retrieved from <https://www.who.int/emergencies/diseases/novelcoronavirus-2019/technical-guidance/surveillanceand-case-definitions>.

² Alon, T., Doepke, M., Olmstead-Rumsey, M., and Tertilt, J. (2020). *The impact of COVID-19 on gender equality*. NBER Working Paper 26947.

Only 40% (or 1 434 793) of the 3 588 773 worldwide recorded positive cases of COVID-19 had been notified to WHO with age and sex fragmentation as of 6 May 2020, driven on case-based monitoring under the International Health Regulations (2005)³. According to a preliminary process of data analysis, illnesses are distributed rather evenly across men and women (47 percent vs 51 percent, respectively), with modest differences among age categories. Men appear to have a larger number of casualties (45 000 or 58 percent) based on data from 77 000 demises in the case-based reporting database (almost 30% of all known deaths). Geographical differences in disease rates and deaths among women and men of various ages are likely; nevertheless, the data provided is skewed because it comes from a small number of countries. As a result, any assessment of gender disparities between age groups and nations should be handled with care. These flaws highlight the critical necessity of better and more thorough data reporting by gender and age, at the very least, in order to correctly assess and understand major variances and disparities and inspire a more appropriate COVID-19 solution. Men and women are expected to have varying sensitivities to the virus and varied vulnerabilities to the epidemic as a consequence of both sex- and gender-related variables, as evidenced by past outbreaks such as the SARS coronavirus outbreak in 2002-2003⁴. Data (on people tested, disease severity, hospitalisation rates, discharge [recovery], and healthcare worker status) that are fragmented at a minimal level by sex and age – and other stratifiers like socioeconomic background, ethnicity, sexual orientation, gender identification, refugee status, and so forth, where possible – could aid in recognizing and discussing COVID-19-related health disparities⁴.

With its 1.3 billion population, of which vast numbers are self-employed informal-sector workers and daily wage earners who lack access to social security measures, India is facing significant policy challenges, both humanitarian and economic, in the wake of the COVID-19 crisis and the subsequent nationwide lockdown. Many of these workers have faced job and income losses and food shortages, and require direct support in terms of cash and food. It is also becoming increasingly apparent that significant mental health concerns have arisen as a result of the COVID-19 crisis and the nationwide lockdown due to the economic uncertainty and the social distancing measures put in place to control the spread of the epidemic, which have put pressure on the social fabric and feeling of community connectedness⁵.

Women and men are affected differently by epidemics and outbreaks. Persons' experiences are expected to vary depending on their genetic and gender features, as well as their interactions with other social disparities, from the risk of being exposed and biological susceptibility to viruses to the socioeconomic repercussions. As a result, global and national strategy plans for COVID-19 prevention and response must be based on a thorough gender

³ UN Women. (2020). *COVID-19: emerging gender data and why it matters*. New York (NY): UN Women. Retrieved from <https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>.

⁴ UN. (2020). *COVID-19 and human rights: we are all in this together*. New York (NY): United Nations; 2020. Retrieved from https://www.un.org/sites/un2.un.org/files/un_policy_brief_on_human_rights_and_covid_23_april_2020.pdf.

⁵ Harper, C. (2020). *Gender norms, intersectionality and a COVID-19 'global reset'*. Retrieved from <https://www.alignplatform.org/resources/gender-norms-intersectionality-and-covid-19-global-reset>

analysis and promotes meaningful engagement of impacted groups, particularly women and girls, in judgment and implementation⁶.

The COVID-19 epidemic's lockdown has had a varied effect on women and males around the world, which has gained a lot of attention. The closing of schools and day care centers has resulted in a considerable increase in childcare obligations, which has had a massive effect on parents' domestic labor division. According to recent assessments, the lines between work and family have blurred, and the gendered allocation of household chores has become more visible. Some sources go so far as to claim that the lockdown exacerbated gender disparities. Professional women's obligations as primary caregivers and employees who have to work from home were often enhanced as a result of this. Earlier known as the second shift or the double responsibility, this resulted in growing demands from both family and work.⁷

Another way that the epidemic has impacted women differently than males is by increasing the amount of unpaid labor they have to do. The load of unpaid work rests disproportionately on women due to the gendered division of labor and gendered responsibilities and societal conventions of conducting domestic and care tasks in households. Such jobs are time-taking and physically exhausting, putting women in a position of time poverty, allowing little or no time for constructive things such as education, job, or relaxation. The epidemic has exacerbated the gendered nature of unpaid labor at home that previously existed⁸. With the shutdown of workplaces and academic institutions, as well as the simultaneous emergence of the standard of work from home and online learning, as well as an absence of domestic helpers, the requirement for household people to perform unpaid chores such as cooking, cleanup, washing, and babysitting, among others, has expanded. For employed women, the lockdown has resulted in the blurring of the lines between their professional and personal lives, causing them to juggle office work and household chores.

2. Common Covid-19 Effects on Individuals

Covid-19 has intensified the consequences of Covid-19 all over the world, from business to health and social security. The Covid-19 related shutdown has had a major influence on people all throughout the world, particularly women. It could take the form of the methods listed below.

- 1) Economic Repercussions
- 2) The Effect on Health
- 3) Gender related violence
- 4) Unpaid care responsibility

⁶ Alon, T., Doepke, M., Olmstead-Rumsey, M., and Tertilt, J. (2020). *The impact of COVID-19 on gender equality*. NBER Working Paper 26947.

⁷ Vora, S. K; Sayed, S (2020). Impact of Covid-19 on family planning in India. *Journal of Sexual and Reproductive Health*, 2020; 28(1). Retrieved from <https://doi.org/10.1080/26410397.2020>

⁸ O'Donnell, M., Peterman, A., & Potts, A. (2020). *A Gender Lens on COVID-19: Pandemics and Violence against Women and Children*. Center For Global Development. Retrieved from <https://www.cgdev.org/blog/gender-lens-covid-19-pandemics-and-violence-against-women-andchildren>

1. Economic Repercussions: Covid-19 had a significant effect on the global economy, particularly in emerging countries like India. Evidence suggests that females' economic lives have been impacted more than men's. Women are paid lower and have less secure occupations than men. The women in charge of the household would be heavily impacted. The scenario is even poor in developing nations like India, where the informal economy accounts for 70% of female work, with little protection and restricted access to social security. These employees rely on public space and social contacts to make money, which are now being curtailed to slow the progression of the epidemic⁹. Men's economic activity, on the other hand, has rebounded to near-normal levels. Nevertheless, the effect on women's economic life remained considerably longer after the protective measures were implemented.

2. The Effect on Health: The Covid-19 epidemic and India's severe shutdown have had a negative influence on women's healthcare services such as maternity health, family planning, and abortion. When medical services were spared, the accessibility of health providers was reduced as a result of their increased fear of contagion. Despite the fact that the Indian government declared RMNCAH+N (Reproductive, Maternal, Child, Adolescent Health and Nutrition) treatments to be vital and accessible in mid-April, it remained a major difficulty. The scarcity of basic health services, such as sexual and reproductive health care, contraceptive stockouts, and feminine sanitary items, posed a significant barrier. Expectant mothers have a difficult time getting prenatal and postnatal care, as well as getting to a functioning health facility for deliveries. In the private industry, tubal ligations and IUD penetrations have decreased significantly due to a lack of facilities and risk of contamination.¹⁰

3. Gender related violence: Gender-related violence reports jumped from 116 in the first week of March to 257 in the last week of March, as per the National Commission for Women, and reported incidences of domestic abuse rose from 30 to 69 during the same timeframe. Approximately 86 percent of women who were targets of violence rarely sought help, and 77 percent did not even disclose the occurrence to anybody. Women who have been exposed to both physical and sexual assault ask assistance more frequently than women who have only been vulnerable to one sort of harassment. Domestic violence can be ascribed to this as a sort of liberation for abusive spouses who are currently confined at residence¹¹.

4. Unpaid care responsibility: At the time of Covid-19, the international industry was shut down, schools were closed, and over half of the population was restricted to their houses. This is likewise the case in India. Despite this, millions of caregivers such as nurses, social health workers, sanitization service providers, laundry employees, and others have had their labor underestimated and underpaid. Women's unpaid care responsibilities

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Afridi, F., Mahajan, F. and Sangwan, N. (2021). *Employment Guaranteed? Social Protection During a Pandemic*. IZA Discussion Paper 14099. Bonn: IZA Institute of Labor Economics.

¹⁰ Rothan, H., Byrareddy, S. (2020). The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. *Journal of Autoimmun.* Academic Press, 102433.

¹¹ WHO. (2020). *COVID-19 and violence against women: what the health sector/system can do*. Geneva: World Health Organization. Retrieved from <https://apps.who.int/iris/handle/10665/331699>

are steadily growing. They have been driven to leave their regular jobs or accept low-paying, insecure labor in the informal economy.¹²

3. Differential Impact of Covid 19 on Gender on the Basis of Health Outcomes

Gender differential implications for health can be due to:

- **Pre-existing health conditions and physiological factors:** Women are over-represented among the elderly, which are more vulnerable to experiencing severe symptoms of COVID-19; on the other hand, men are more likely to have chronic conditions or smoke in some countries, which can make them more prone to die as a result. Men may also be at greater risk of dying from COVID-19 due to male-female differences in immunology. Physiological characteristics of pregnant women may also make them more vulnerable¹³. Age also operates as a specific transmission mechanism, not only for health-related but also for economic outcomes.
- **Exposure to infection through work and care:** Women and men have different roles and therefore different levels of exposure in key activities during the containment phase, including as part of the frontline health staff (e.g. nurses, community health workers, birth attendants); as family and community caregivers to the ill and in burial rites; as employees in basic sectors and occupations that continue being active and require them to work outside the home and interact with other people during the containment phase (e.g., food or pharmacy manufacturing and sales, agriculture or food production and distribution, transportation and logistics, security and cleaning or sanitation)¹⁴.
- **Disruptions in service delivery:** As resources shift towards fighting the pandemic, some key health services may experience interruptions (e.g., maternal health, vaccination), with impacts on some groups with special needs, including women (e.g., adolescent girls, pregnant women, patients with chronic conditions)¹⁵.
- **Social norms and care responsibility:** The increase in care demands (see above) will likely increase stress levels and have a toll on (mental) health outcomes, especially when the distribution of care and work in the household is not balanced. Frontline health care providers are at risk of suffering emotional trauma.

4. Differential Impact of Covid 19 on Gender on the Basis of Education Outcomes

Gender differential implications for education can be due to:

- Within a short span of the COVID-19 pandemic, many researchers have shared their works on teaching and learning in different ways. Several schools, colleges and universities have discontinued face-to-

¹² Boneva, M. and Rauh, C. (2020). *The Impact of the Coronavirus Lockdown on Mental Health: Evidence from the US*. HCEO Working Paper 2020-030. Chicago, IL: Human Capital and Economic Opportunity Working Group, University of Chicago.

¹³ Bertakis, K., Azari, R., Helms, L., Callahan, E. and Robbins, J. (2000). Gender Differences in the Utilization of Health Care Services. *Journal of Family Practice*, 49(2), 147-52.

¹⁴ Bassetti, M., Vena, A., Giacobbe, D. (2020). The novel Chinese coronavirus (2019-nCoV) infections: Challenges for fighting the storm. *European Journal of Clinical Investigation*, 50(3), 13209.

¹⁵ Qiao, J. (2020). What are the risks of COVID-19 infection in pregnant women? *The Lancet*, 395(10226).

face teachings. There is a fear of losing 2020 academic year or even more in the coming future. The need of the hour is to innovate and implement alternative educational system and assessment strategies. The COVID-19 pandemic has provided us with an opportunity to pave the way for introducing digital learning.

- Lockdown and social distancing measures due to the COVID-19 pandemic have led to closures of schools, training institutes and higher education facilities in most countries. There is a paradigm shift in the way educators deliver quality education—through various online platforms. The online learning, distance and continuing education have become a panacea for this unprecedented global pandemic, despite the challenges posed to both educators and the learners. Transitioning from traditional face-to-face learning to online learning can be an entirely different experience for the learners and the educators, which they must adapt to with little or no other alternatives available. The education system and the educators have adopted “Education in Emergency” through various online platforms and are compelled to adopt a system that they are not prepared for.
- In response to this global health crisis, quarantine and lock down measures were implemented by international and government health organizations to contain the rapid spread of the virus. Further measures included suspension of flights, avoidance of large gatherings, mandatory use of face mask in many countries, social distancing, teleworking, home-schooling of children and health orders to stay at home. While the WHO and worldwide health authorities are actively working on containing the outbreak, such a period of health crisis has significant repercussions on human health and welling, accompanied by psychological distress and related symptoms such as stress, panic and anxiety in the general population.
- Due to the closure of schools and confinement measures, home-schooling or distance learning will be necessary for children to keep up with the program and materials. Existing gender inequalities in the use of digital resources and IT will therefore affect access to education for girls vis-à-vis boys over that period. As an example, across low and middle-income countries, women are still 8% less likely than men to own a mobile phone, and 20% less likely to use the Internet on a mobile, which would limit their capacity to keep up with home-schooling materials¹⁶. At the same time, girls in some middle- and low-income countries will be expected to take on household and family care duties, which will leave them with less time for learning at home.
- Gender and social norms combined with the disruption of services may determine unequal access to ICT and other materials needed to keep up with distant or home-schooling learning¹⁷.
- Family expectations (and social norms) related to care may lead to girls’ disproportionate time use for care and domestic work and boys to work outside of the home – and, in some cases, to permanent school drop-out

¹⁶

United Nations . (2020). *Policy brief: Education during COVID-19 and beyond*. United Nations. Retrieved from https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2020/08/sg_policy_brief_covid-19_and_education_august_2020.pdf

¹⁷

Dhawan, S. (2020). Online learning: A panacea in the time of COVID-19 crises. *Journal of Educational Technology*, 49(1), 5–22

- Lack of education among women in some contexts may prevent them from gaining necessary information on the illness and its prevention.

5. Differential Impact of Covid 19 on Gender on the Basis of Economic Outcomes

Sectors and occupations where women and men are represented to varying degrees will be affected differently by the confinement measures, the closure of borders and the slowdown of economic activity prompted by the COVID-19 crisis. Women or men may also be affected differently due to gaps in their engagement in vulnerable forms of employment, such as informal or part time work, self-employment, domestic work or waste picking. First, due to the most immediate impacts on their work situation; and second, because they lack basic formal social protection.

With the closure of schools, the heightened vulnerability of the elderly and the increasing number of ill people that cannot access health services or COVID-recovery patients there will be a surge in the demand for care within households. The prevalent social and gender norms and the bargaining power of men vis-à-vis women in the household will determine how balanced the distribution of this growing care need is. In any case these conflicting demands will very likely lead to reductions in working time or decisions to prioritize one job in the household.

Travel restrictions, border closures or disruptions to public transport may result in declines in international (and domestic) remittances. Proper identification of which types of households depend on remittances and their composition is critical. For domestic workers or small-scale traders increases in prices and restrictions to mobility can also have a negative impact on their livelihoods

Sex segregation in sectors and occupations will lead to differential economic impacts over the short, medium and long term. The impact on men vis-à-vis women will depend on whether their jobs will be sustained during the containment phase, for instance those allowing for telecommuting or in counter-cyclical industries (government and education) or will be at a higher risk of disappearing. Leisure, travel, hospitality, textile and apparel manufacturing and retail sales (other than supermarkets and pharmacies) are some of the economic activities that are likely to be most adversely affected. For example, about half of the employed women in Bangladesh work in textile or ready-made garment manufacturing.¹⁸ Already, millions of garments workers, mostly women, have been sent home without further pay due to COVID-19. It has been reported that out of the 700,000 jobs that were eliminated in the first wave of the pandemic in the USA, 60 percent were held by women.¹⁹ Generally over half of the employees in these occupations are women. Women are also over-

¹⁸

Vora, S. K; Sayed, S (2020). Impact of Covid-19 on family planning in India. *Journal of Sexual and Reproductive Health*, 28(1), Retrieved from <https://doi.org/10.1080/26410397.2020>

¹⁹

Afridi, F., Mahajan, F. and Sangwan, N. (2021). *Employment Guaranteed? Social Protection During a Pandemic*. IZA Discussion Paper 14099. Bonn: IZA Institute of Labor Economics.

represented among the self-employed and small business owners (e.g., restaurants and shops), which can also be expected to be especially affected by the crisis. On the other hand, male dominated sectors such as construction and manufacturing are also likely to be severely impacted. Jobs such as food vendors may adjust to greater mobility demands (as individuals travel house-to-house during a lockdown), and shift towards being male-dominated. On the other hand, women may also have access to new income generating activities such as sewing masks, making hand sanitizer, delivery of tests/medicine, new manufacturing jobs, or greater involvement in agriculture if hired labor is not an option.

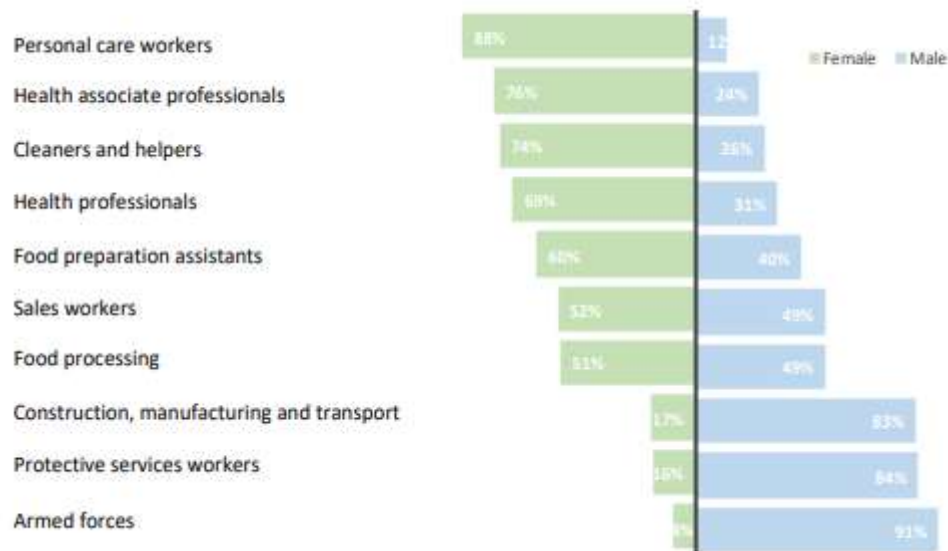


Figure: Women Vs Men on the frontlines

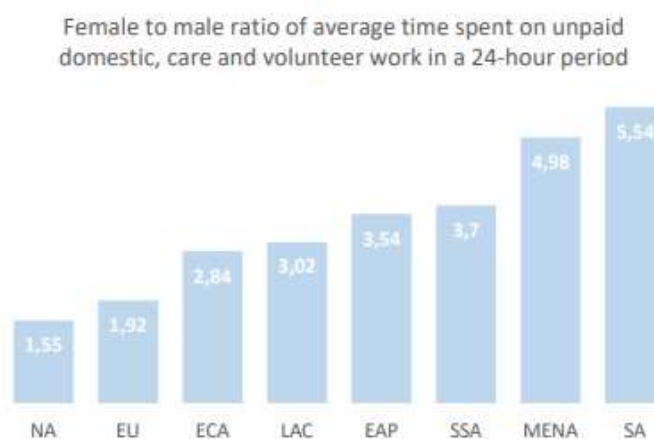
(Source: ILO Stat)

The over-representation of women among the inactive population, and in vulnerable forms of work (such as informal employment or domestic work) heightens their vulnerability to poverty in times of crisis. The low levels of female labor force participation in MENA and some SAR Countries (e.g., Bangladesh, Sri Lanka, Maldives, India, and Pakistan) may be exacerbated by COVID-19. In most countries, regardless of their income level, women tend to be more present than men in all forms of vulnerable employment, such as informal and domestic work. This largely leaves them out of coverage of social protection mechanisms, including for instance assistance targeted at workers during crises. As an example, during the COVID-19 outbreak women migrant workers in Asia, especially those engaged in domestic work, saw their income generation capacity and ability to support their families adversely impacted.²⁰ The decrease in income and livelihoods as a result of the slow-down in economic activity combined with the absence of adequate safety nets may force households to engage in negative coping mechanisms, such as reductions in food consumption by girls and women or early marriage.²¹

²⁰ Baranov, V., Bhalotra, S., Biroli, P. and Maselko, J. (2020). Maternal Depression, Women's Empowerment, and Parental Investment: Evidence from a Randomized Controlled Trial. *American Economic Review*, 110(3), 824–59

²¹ Deshpande, A. (2020). *The COVID-19 Pandemic and Gendered Division of Paid and Unpaid Work: Evidence from India*. IZA Discussion Paper 13815. Bonn: IZA Institute of Labor Economics.

Overall, and as a result of the outbreak and the response to the quick spread of COVID-19, women will likely experience a significant burden on their time given their multiple care responsibilities. The closure of schools affects women disproportionately, since they are mostly in charge of all informal care in the household and may see their work and economic opportunities further constrained as a consequence. In addition to caring for their children, they are likely the ones taking on major care responsibilities for the elderly, which are particularly vulnerable to COVID-19, and the sick, as observed in previous and similar crises across countries. This burden will be even higher in lower-income contexts and especially among families living in slums, camps or similarly poor conditions where morbidity as a result of COVID-19 and other diseases can be expected to increase. In the absence of any alternative support mechanisms, many families across higher-income countries may be confronted with the need to choose to prioritize the highest-paid job in the household - most often corresponding to men. More broadly, and in contexts where the malebreadwinner bias persists and priority in times of scarcity of jobs tends to be given to men, women are more likely to stay out of the labor market as the crisis hits. At the same time, and in some contexts, opposing forces may ultimately promote gender equality in the labor market: Businesses are rapidly adopting flexible work arrangements that may persist, while fathers now take responsibility for childcare, which may erode the current social norms.²²



Note: NA: North America, EU: European Union, LAC: Latin America and Caribbean, EAP: East Asia and the Pacific, SSA: Sub-Saharan Africa, MENA: Middle East and North Africa, SA: South Asia.

Figure 3: Women carry the burden of care work

(Source: OECD Stats)

6. Potential Impact of Covid-19 on Gender in India

Across every domain, from health and well-being to economic growth, from protection and survival to social safeguards, the global pandemic COVID19 is further deep-rooting already prevalent gender inequalities and its impacts are far more amplified and intensified for women simply by virtue of their gender. Some of these impacts are discussed below:

²²

Vora. S. K; Sayed. S (2020). Impact of Covid-19 on family planning in India. *Journal of Sexual and Reproductive Health*, 28(1). Retrieved from <https://doi.org/10.1080/26410397.2020>

1. Increased risks borne by female health workers/nurses:

Although the mortality rate of women in this pandemic is lesser than men, about 85% of the health workforce in India are women, hence, the risk of infection borne by them is much higher. Special attention needs to be given to female nurses, care givers and community health workers, since the stress of treating and managing the infection can severely impact not only their physical health but their mental health as well. Personal protective equipment should be supplied adequately in the appropriate size for women and not the 'default man' size which leave most women exposed and vulnerable²³. It is also important to provide essential hygiene and sanitation items, including menstrual hygiene products, and provision for flexible working arrangements to ensure that, female frontline workers are able to function comfortably and optimally, along with discharging their household responsibilities.

2. Increased time on unpaid (domestic) work:

According to global estimates, if women's unpaid work were assigned a monetary value, it would constitute between 10% and 39% of a nation's Gross Domestic Product²⁴.

As per the Organisation for Economic Co-operation and Development (“OECD”), Indian women spend around 360 minutes per day on unpaid domestic work as compared to the 36 minutes spent by men on the same. In this regard, India is at the highest point of the spectrum, where women work nearly 10 times more than men in unpaid services provided within the household, which goes uncounted and unrecognized. The current circumstances of lockdown compel an increase in this time spent by women for childcare, home-schooling, elderly care and housework. This bigger burden due to the combined pressure of 'work from home' and 'work for home' may result in women being forced to drop out of the labour force on account of domestic work being the priority.

3. Increased risk of domestic violence and anxiety:

Restricted movement and social isolation can be particularly dangerous for those who face abuse and violence within homes, since it increases the time of exposure to the perpetrators of violence at a time when support services are disrupted or inaccessible. Brewing tensions due to unemployment and lack of income fuel such household violence. Phone surveys in Delhi reveal heightened anxiety among women much more than men. During the first four phases of the COVID-19 related lockdown from March 2020 to May 2020, Indian women filed more domestic violence complaints than recorded in a similar period in the last 10 years, however, this might be just the tip of the iceberg, since about 86% of women who experience violence in India generally never seek help, and 77% of victims do not mention the incidents to anyone.²⁵ This is because violence against women

²³ Smith, J. (2020). Overcoming the 'tyranny of the urgent': Integrating gender into disease outbreak preparedness and response. *International Journal of Gender & Development*, 27(2), 355–369.

²⁴

Wenham, C., Smith, J., & Morgan, R. (2020). COVID-19: The gendered impacts of the outbreak. *The Lancet*, 395(10227), 846-848

²⁵ Boneva, M. and Rauh, C. (2020). *The Impact of the Coronavirus Lockdown on Mental Health: Evidence from the US*. HCEO Working Paper 2020-030. Chicago, IL: Human Capital and Economic Opportunity Working Group, University of Chicago.

within the four walls of the house has been so normalised over time that it does not strike most as a problem. There is a need to strengthen community-based support systems for domestic violence survivors including phone-in support systems, along with sensitizing the police and neighbourhood watch groups.

4. Increased chances of men replacing women in rural work:

There is a heightened chance for such replacement to happen on account of the male migrant labour returning home who are unlikely to come back to the cities soon and thus, the scope of employment available to women will be taken up by them. Economists have been urging for the creation of more MGNREGA work sites to absorb this labour force that is returning home, but not many worksites have been opened so far. As per a World Value Survey, 52% of Indians agree that when job opportunities are scarce, it should be given to men (25% refrain from giving their opinion). Further, 40% Indian women, when asked whether they should take up a job, be a caregiver at home or do both, themselves believe, due to social norms and conditioning, that, they should only care for their families. In comparison, only 30% of Indian men echo this thought²⁶.

5. More long-term effects on women-led businesses:

There is a risk that the women led businesses such as beauty parlours and small grocery shops, will be impacted more by this pandemic, since a vast number of these units will be choked, may be even to the point of perpetual closure, on account of failure to repay debts, lack of fiscal stimulus and deficiency of labour, to name a few. Workers in Micro, Small and Medium Enterprises (“MSME”) in metropolitan areas in the last three years have been shifting to the gig economy, however, even work from the gig economy such as beautician services, availed through app based platforms that employ majority of women, will be significantly hit due to the lockdowns, and will result in these workers not being able to earn a regular living.

6. Adverse impacts on regular wage employment:

There is a general tendency of employers to hire men, due to their ability to give longer hours to work and this preference may increase in the post-COVID context. However, there are few employers who believe that they may have to engage in cost cutting in the recovery phase of this pandemic and say that, they will choose to employ female workers, since they have the same qualifications as males but can be employed at a lower wage. Globally, over 3 2.7 billion women are restricted from having the same choice of jobs as men and the gender wage gap is estimated to be at 22% , with nearly 40% of women not having access to social protection . Further, only 5% of Fortune 500 6 CEOs are women²⁷ . These figures might worsen in the wake of the unprecedented times that the world is facing. Further, the part time domestic helps employed in households are mostly going

²⁶ World Bank. (2020). *In India, Women’s Self-help Groups Combat the COVID-19 (Coronavirus) Pandemic*. Retrieved from <https://www.worldbank.org/en/news/feature/2020/04/11/women-selfhelp-groups-combat-covid19-coronavirus-pandemic-india>

²⁷ UNFPA. (2020). *COVID-19: A Gender Lens, Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality*. Retrieved from https://www.unfpa.org/sites/default/files/resource-pdf/COVID19_A_Gender_Lens_Guidance_Note.pdf

with reduced or no pay since the employers are reluctant to pay them, on account of them not being able to come for regular duty.

7. Adverse impacts on human capital:

The financial crunch may lead to the girl child being taken out of school before they complete their education, and they may not return to school even after the crisis is over. There will be reduced expenditure for the unique health needs of women, leading to lack of access to quality health services, essential medicines and vaccines, maternal and reproductive health care and insurance coverage (which in turn may cause increased maternal mortality and morbidity, unintentional pregnancies and sexually transmitted diseases), among others. Women in urban areas who are daily wage earners are finding it difficult to pay for and avail the facilities of the paid public toilets, thus being deprived of their right to fulfil basic human biological needs²⁸.

8. Higher unemployment rates for women:

As per the data released by the Centre for Monitoring Indian Economy, in the month of February 2020, the overall unemployment rate was 7%, with a segregation of 6% for men and 18% for women. However, post the commencement of the lockdown, the rate of unemployment reached 23% in March 2020 to April 2020, within which the share of unemployed women was significantly high. It has now shown signs of recovery, with the month of June 2020 recording lower unemployment rates (at about 11%), but yet again, unemployment among women is likely to be much higher²⁹.

7. Conclusion

This paper aims has examined the impact of Covid-19 on gender, especially working men and women. Before this crisis, the World Economic Forum predicted that achieving genuine gender equality needed about two centuries. COVID-19 is a trial of human spirit and humanity as well as a worldwide health concern. Because the repercussions of this outbreak are not gender-neutral, our actions should not be either, or the consequence will be disproportionately felt by women. It is critical that all national responses prioritize women and concerns of their inclusion, social economic rights, equality, and safety in order to achieve the intended results. Recovery should contribute to the building of a more egalitarian environment that is resilient enough to fend off future crises. Women have been impacted the most by the virus, but they will still be the backbone of recovery if their participation and expertise are fully harnessed for economic and social development.

²⁸ Agrawal, N., & Ashraf, H. (2020). *COVID-19 Impact on Daily Life (CIDL) Survey*. CIDL. Retrieved from <https://www.dvara.com/research/wp-content/uploads/2020/06/COVID-19-Impact-on-Daily-Life-CIDL-Survey.pdf>

²⁹ Dutta, M., Agarwal, D., & Sivakami, M. (2020). The "invisible" among the Marginalised: Do Gender and Intersectionality Matter in the Covid-19 Response? *Indian Journal of Medical Ethic*. Retrieved from <https://ijme.in/wp-content/uploads/2020/08/Covid-19-Manisha-14-August-20-corctd1.pdf>

A greater load of unpaid work, as well as COVID-19 and the ensuing lockdown, has exacerbated existing gender inequities and raised the load of unpaid work for women even further. The primary predictors of women's load of unpaid work are marital status and job status, with time spent on unpaid work increasing the most for married and jobless women, who were already devoting the most time on these chores before the lockdown.

The impacts of crises are never gender neutral, and COVID-19 is no exception. While men reportedly have a higher fatality rate, women and girls are especially hurt by the resulting economic and social fallout. Impacts on women and girls have worsened across the board. Women are losing their livelihoods faster because they are more exposed to hard-hit economic sectors.

The impacts are not just economic. The shift of funds to pandemic response is hampering women's access to sexual and reproductive health. Violence against women reports have increased around the world, as widespread stay-at-home orders force women to shelter in place with their abusers, often with tragic consequences. More people at home also means that the burden of unpaid care and domestic work has increased for women and girls, literally driving some to the breaking point.

COVID-19 is exposing vulnerabilities in social, political and economic systems. It is forcing a shift in priorities and funding across public and private sectors, with far-reaching effects on the well-being of women and girls. Action must be taken now to stop this backsliding. Women must be the architects as well as the beneficiaries of efforts to build back stronger and better in response to these highly visible fault lines. In countries with women at the helm, confirmed deaths from COVID-19 are six times lower, partly due to these leaders' faster response to the pandemic and greater emphasis on social and environmental well-being over time.

Too few women, however, are managing response and recovery efforts. Social and economic policies and programmes to confront the fallout of this crisis must be inclusive and transformative, addressing women's leadership and labour, both outside and within the home. Placing women and girls at the centre of preparedness, response and recovery could finally bring the genuine change that women's rights groups have long advocated for.

As the COVID-19 pandemic lays bare gender and other enduring fault lines of inequality, the limited availability of data is leaving many questions unanswered. The disaggregation of data on cases, fatalities and economic and social impact by sex, age and other key characteristics such as ethnicity and race, migratory status, disability and wealth is vital to understanding the pandemic's differential impacts. Most countries, however, are not regularly releasing data disaggregated by multiple dimensions, or on the differential effects of ongoing responses. It is critical that governments start collecting and promoting open access to timely and quality disaggregated data.

8. Recommendations

It is vital to demonstrate readiness and solidarity, as well as to take appropriate actions and treatments to mobilize resources and safeguard the well-being and safety of women workers, in order to cushion and avert the repercussions of this virus. In this context, below are some findings and recommendations:

Non-farm, home-based enterprises, which account for almost 38% of women-led operations in India and 20% of all units, largely in the MSME sector, must be leveraged. Moratoriums on loan interest rates over a year, repaying of loans over a longer period at a lower interest rate, expansion of credit lines for working capital, and tax relief are all options for easing their liquidity crunch 7.

During the Pradhan Mantri Mudra Yojana, working capital cash credit loans with a default insurance cover can be issued to all present MUDRA applicants. Additionally, salary subsidies may be provided to MSMEs with more than 50% female employees.

During March and April 2020, 70,000 people were laid off in the United States, with 60% of them being women. The younger girls were the hardest hit, as they were possible layoff targets and had the necessary work experience to compete in a competitive industry. In India, service sectors with a higher proportion of women, such as tourism, hospitality, and aerospace, are predicted to lose over 70% of their workforce. Furthermore, the jobs produced as a result of the crisis will disproportionately favor men. Women, on the other hand, have always felt at ease working from home, and this might be turned into a chance for them by offshoring and eliminating the need for them to be available in the office. In addition, a policy structure that offers paid sick leave, family medical leave, and flexible work hours can be implemented to assist women in overcoming unstable employment and economic shock.

Although the gig economy may provide chances, the majority will be in the form of informal work such as freelancer, delivery services, and other similar activities. These options, however, must be complemented by social security and safety policies that reflect a recognition of women's unique economic situation.

The creation of casual jobs may be aided by the expansion of work sites and an increase in MGNREGA money allocation. Casual workers should have access to the same social safety nets as those who work in official jobs.

There are openings in Anganwadis, Accredited Social Health Activist ("ASHA") employees, Auxiliary Nurse Midwife in health missions, and teachers that can be filled successfully to serve the dual purposes of creating jobs and improving learning and healthcare facilities. The ASHA workers' incentives might be raised, and their work status could be transformed to regular employment and decent salaries.

To solve the issue of food insecurity, women should be actively engaged in off-farm agro-processing operations, such as maintaining kitchen gardens and community kitchens. The states of Chhattisgarh and Kerala have been aggressively pursuing this strategy, and as a result, they have avoided a food crisis because they are not completely reliant on free food given through government programmes.

Kudumbashree, a Kerala-based community organization that brings together women from all walks of life to take a stand for their rights and empowerment, has been recognised as an effective technique for women's empowerment. At the time of COVID19 crisis, they were hosting community dinners for migrant workers arriving from various states. Such self-help groups should be extensively promoted in order to boost the economy in women's interest.

Other actions that could be adopted include including and representing women's voices in decision-making processes related to COVID-19 preparation, response, and recovery, whether at the local, municipal, or country

level. Women's organizations, which are typically on the front lines of community response, should be addressed and supported in addition to individual women. Furthermore, there must be lobbying for equal or fair sharing of the responsibility of home care among men and women, as well as a significant focus on what happens inside the homes and families. To break the gender stereotypes that exist in our houses, encouraging men to contribute their share and lessen the burdens that rest overwhelmingly on women would be groundbreaking. Other methods to decrease the negative effects of the incident on women include improved education, training, and skilling possibilities in pace with technology developments, gender sensitive trade policies, greater provision of public services, and involving women in top leadership roles.

The unequal number of working women must be taken into regard in any policy, implementation programme, or research on women's labor. Uneven compensation, part-time job, and a lack of benefits are common examples of how gendered roles materialize in the home. This determines not only what jobs are accessible to women, but also how they can get them, such as education, skilling, financial resources, mobility, the freedom to choose and negotiate marriage, and childbirth. There is proof of a broad reinforcing of detrimental gender norms in the framework of COVID-19, which has important implications for policymakers and development practitioners to address.

Women's economic recovery will require a determined effort on multiple fronts. Universalization and increased spending on public welfare are required, from food assurity to public services like water connections, safer public spaces and transportation, and creches that can help to alleviate the strain of unpaid employment. Simultaneously, in revitalizing the economy, labor rules cannot be further loosened. According to the World Economic Forum's 2020 Global Gender Gap Index, which uses pre-pandemic statistics, India ranks 112th out of 153 nations in terms of providing equal opportunity to men and women. As demonstrated during the epidemic, India's gender-blind policies prohibit women from obtaining markets and resources necessary to engage in community life.

During the lockdown period, there was a rise in sexual and gender-based violence, and mobility is still restricted owing to COVID-19. Job losses meant continuous confinement at household for many women, increasing their load of unpaid care tasks and raising their risk of physical and mental abuse. Women have been in the vanguard of providing crucial health services and information, yet they have also been victims of public dread during the epidemic, as many primary health workers and members of self-help organizations are women (ICRW, forthcoming). In general, the COVID-19 policy response has not taken into account women's susceptibility to assault, which reflects existing uneven gender norms. This necessitates state-directed public service messaging, the establishment of violence redress hotlines, and the treatment of gender-based violence as a major component of public health response during times of crisis.