

Changing Dynamics of Gender Inequality in the Context of COVID-19 Pandemic in India

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Abstract

With the second-largest nation in terms of population, India has been one of the most affected countries by the COVID-19 pandemic. One of the repercussions of the ongoing pandemic can be noticed in terms of the widened deeply embedded gender inequalities in India. The post-recovery period would be immensely complex. The fear that the world is witnessing is the amplification of the existing gender gap or inequality. The pandemic has once again proven that the ill effects have a differential impact on both the sexes. Hence, an attempt through this research has been made to understand the changing dynamics of gender inequality in India due to the impact of COVID-19. The main objective of the paper is to find out the devastating impact of COVID-19 on the socio-economic structures that enhance the existing gender inequality, and how far it has impacted the deeply embedded gender inequalities. In this regard, qualitative research methods with descriptive analysis have been used. The literature and narratives available related to various dimensions of gender inequality have been reviewed to understand the differential impacts of the pandemic on women. The need to have an engendering governance outlook has been highlighted. No public health approach should neglect the gendered impact of such a crisis. The research tries to sum up with proactive strategy recommendations that the state should embark upon both as long term and short-term goals.

Keywords: COVID-19, Pandemic, Gender, Women, Governance, Equality

Introduction

The global catastrophe laid down by the virus has affected all dimensions of human life. The unprecedented burden of COVID-19 augmented on human mankind will stay down in history for a long time in India. A multitude of ramifications has emerged in this last year that has led to intimidations beyond life and livelihood. Consequently, global governance institutions like WHO fear the rippling effect of this pandemic for years to come. The pandemic has further substantiated this understanding that past diseases (Ebola, SARS - *severe acute respiratory syndrome*, etc.) have led to severe bearings on society (Smith et al., 2011). Past experiences of disease outbreaks have amplified “gender blindness” and the “systematic failure” to recognize gender differences in health (Smith, 2019). This further “pervades and hinders response efforts” (Ibid). The pandemic has desolated both the social and economic metrics for the world, especially the marginalized like women. Further, nations across the world have witnessed a standstill through lockdowns, isolations now and then (United Nations, 2020). Hence, it is important to evaluate the various gender differences related to vulnerability and mortality in the case of COVID-19.

With the ongoing mode of this crisis, the responses to COVID-19 have neglected the various social and economic dimensions sharpening the existing gender inequality structures. The global pandemic has widened the gender biases and prevailing inequalities that have been long created in the past. The new normal has bounded and restricted the most vulnerable such as the elderly, disabled, children, women, and those who are more susceptible in nature (OECD, 2020; UN Women, 2020).

The level of adversities ranges from loss of livelihood and income, the rise of food insecurities, access to health services, mental health concerns, rise in the magnitude of unpaid work during lockdowns, the rising threat of gender-based violence, and much more. The Global Gender Gap Report 2020 identifies the

lowest participation of females in India in the labour force in the world. 17 million women suffered job losses in India during the lockdown period in 2020 (Bhattacharya, 2020). The fallout of this pandemic would push 12 million people to poverty in India (World Bank, 2020). Hence, the 'new normal' of lockdowns and limitations has disrupted the flow of life and challenged the vast embedded inequalities within Indian society.

Placed against this backdrop; the key objective of this study is to analyse the magnitude of this global pandemic on the existing gender inequality parameters. In particular, the study tries to understand the impact of the disaster caused by the pandemic on various socio-economic dimensions related to gender in India. The study reiterates the fact that the pandemic is highlighting the sufferings that have long been inevitable due to the gendered socio-political constrictions on women specifically (Connor et al., 2020). The paper tries to catalogue the need for adopting a gender analysis framework by the Indian government for creating equitable interventions and measures at the earliest.

Such a study is extremely significant at this juncture as it tries to expose the gendered socio-economic vulnerabilities due to COVID-19 in India. Existing policy approaches have not been able to focus on gender liabilities. The post-recovery map in India needs to adopt such a gender lens for its policymaking and governance purpose.

Literature Review

In order to analyse the magnitude of the on-going global pandemic on the existing gender inequality parameters and to understand the impact of the disaster caused by the pandemic on various socio-economic dimensions related to gender in India, the review of literature is the first critical step to examine the contemporary discourses on this subject. The review of literature can be summed up in the following ways:

Abimbola (2014) outlines a women's individual right to well-being and health is deeply associated with the overall social changes. Thus, to highlight the gender implications, the use of a sociological framework of study has been always forwarded. "Informal rules and relations can be more important in achieving the overall objective of health system governance: to ensure the supply of health services ... protect the rights of people involved in the supply and demand of health services" (Abimbola et al., 2014). The changing dynamics of power relations are highly influenced by the normative and qualitative informal structures that have an overpowering impact.

Brody (2009) discusses the importance of a gender-sensitive model of governance. The epidemiological nature of this outbreak has had its impact differentially. The importance of various stakeholders and their engagement to reduce the curve of susceptibility under the social and economic dimensions was attempted through the stakeholder analysis framework. Similarly, Beall (1996) outlines this model of governance aimed at substantive representation of women in decision-making along with an understanding of gender-specific needs within the governance structures. The United Nations has strongly advocated the need for a strong gender-sensitive and responsive governance structure leaving no one behind. Administrative choices have favoured the dominant groups thus obstructing the way towards such essential transformations of governance. Such a model may shake the gendered power relations in order to incorporate the voices of women and men equally (Brody, 2009).

March and Olsen (2005) highlight that women's choices are shaped by institutional structures, norms, cultures, etc. Keeping in mind that "gender is an intersecting component of wider structural inequalities", Carbadó (2013) explores institutional structures, norms, cultures, etc. The intersectional methodology tries to focus on the various junctures that have been worsening the impact of the pandemic simultaneously. Ryan and Alyadi (2020) demand

a gender-responsive and intersectional approach and predict the immediate and long-term impacts for women and girls, by defining the various social, economic factors that may likely influence her risk. Linda (2020) highlights the economic challenges suffered by women. Hence, the review of literature provides a basic understanding of the correlation between COVID-19 and gender inequality.

Methodology

The nature of this study is conceptual and applies qualitative analysis to research data derived from secondary sources and examines literature by leading academic scholars and journalists in the form of books, articles, research papers, and websites. The secondary resources consist of various global reports by the international stakeholders such as the United Nations (UN), World Health Organisation (WHO), United Nations Development Programme (UNDP), UNICEF, etc., policy research by the governance and policymakers of India. The study will also rely upon the working webinars, symposia, and newspaper archives. The internet sources would be used judiciously.

The paper begins with the exploration of existing gender gaps and the relation of public health to development. It later emphasizes the various differential impacts of COVID-19 ranging from the economic repercussions on gender equality, the unpaid care crisis, rise of gender-based violence, lack of access to reproductive and sexual health services, and delayed justice delivery systems. Women and girls have been hit the worst and hardest of all. Lastly, the study calls for policy interventions to adopt a gender lens and mainstream gender concerns within its approaches.

Analysis and Discussion

The changing underlying forces of gender inequality need to be analysed in the current public health crisis which has intensified the existing

vulnerabilities. The pandemic has further uncovered the deeply entrenched socio, cultural, political, and economic susceptibilities existing within the society. The sobering findings as per the Global Gender Gap Report 2020 concluded that ‘gender parity will not be attained for 99.5 years’ post COVID-19. The following discussion tries to analyse the various parameters that have affected the changing dynamics of gender parity in India. The key areas have been identified under the heading differential impacts of the pandemic on gender inequality. Various sub-themes that have been scrutinized below to understand the effect of COVID-19 on the gender gap revolve around access towards a) education, b) health and survival, c) political participation, d) empowerment and e) economic opportunity (World Economic Forum, 2021). The paper also concentrates on the fundamental relationship between global health and development. Studies over the past have established a direct liaison between health needs/outcomes and the governance structures and goals in every society. The World Bank since 2020 has been supporting the Indian government to ‘address health, social protection and economic stabilization needs’ (World Bank, 2020). The Bank sanctioned \$2.75 billion to India as part of emergency lending support towards India’s response to the COVID-19 crisis (Ibid). As 2020 was the year of review of the international achievements and global progress in terms of gender equality it has received a sharp blow with the coronavirus taking a huge toll on the people both economically, socially and mentally.

“The Beijing Declaration and Platform for Action and the UN Security Council Resolution 1325 on Women, Peace, and Security” were supposed to review their goals and strategies in 2020. But with the global health crisis, the world will be pushed back in terms of the brittle progress achieved in gender parity (Aldis, 2008). UNICEF while analysing gender equality stated that “experience shows us that public health crisis deepens gender inequalities with

devastating impacts on girls and women. The gendered impacts are even ignored. We want to learn from our past mistakes and do better” (WHO, 2007). “Equality does not mean that women and men will become the same but that women’s and men’s rights, responsibilities and opportunities will not depend on whether they are born male or female ” (United Nation Women - UN Women, 2001). According to the Global Gender Report 2020, the world will have to struggle for more than fifty years ahead to have prospective gains. This year’s gender gap report highlights that the South Asian region is struggling the hardest. The report highlights the most populated countries China (92.6%), India (94.4%), and Pakistan (94.6%) stand amongst deplorable rates whereby women still do not have equal access (World Economic Forum, 2021). India stands at the 112th rank in the Global Gender Gap Index currently, Pakistan at the third last spot (151st) (Ibid). Bangladesh has been the only hope for this region with exemplary strides, standing at the 50th rank in the index (World Economic Forum, 2021). Therefore, the following exploration outlines the various key determinants that depict the path towards gender equality and attentiveness in the current pandemic world. It is extremely noteworthy to understand the various sub-themes discussed as it defines the correlation of gender equality with respect to the changing dynamics.

Differential Impacts: COVID-19 and Women (Special Reference to India)

The in-depth analysis and discussion below try to emphasize the multifarious impacts on women due to the confined environment in the following section with special reference to India. The long-term destruction in terms of gender equality is depicted through an understanding of the various social, economic, health, and cultural parameters below. A culturally ingrained social structural patriarchy supporting the importance of male children over females is visible in both rural and urban India. Despite being one of the fastest-growing economies globally, India lags in the gender equality indicators (UNICEF, 2020). The condition of vulnerability multiplies as the global crisis intersects

with the gendered linkages. The pandemic is a global emergency leading to severe economic social disruptions across the states. The gendered repercussions of this pandemic will be having a rippling effect for decades to come. Severeine Caluwaerts declared that “we think the collateral damage of the epidemic is higher than the damage caused by the epidemic itself” (Masroor, 2020).

The Impact of Economic Repercussions

The world is moving into a deep recession day by day and is affecting the economies to the core. COVID as a result will be a huge threat to the peripheral and semi-peripheral nations. The large-scale migrations (millions) during the nationwide lockdowns in India were an example of the crisis. Financial markets have been crushing down; the unemployment curve is touching the peak, shutting down business firms and large-scale migrations. The underestimation of the government in relation to the global emergency has been reflected with soaring numbers of unemployed citizens and large-scale jeopardization of livelihoods (Vyas, 2020). International rating agencies have termed this year as India’s worst recession period post-independence. “More than 400 million Indian informal workers will be subjected to poverty and loss of livelihoods” (International Labour Organisation-ILO, 2020). Largely, women will be the worst affected as more than 70% of them are a part of the informal sectors (Ibid). Unemployment rates in India were measured up to 26% soon after the world was closed (Vyas, 2020). The female labour participation rate in India fell to 16.1% at the end of 2020 (Kumar, 2021). The unemployment rate for women has come down to 15.8% (De Paz et al., 2020). Migrant outflows added up to be a greater threat for transmissions across the country. India currently stands at approx. 3 crore COVID cases (Ministry of Health and Family Welfare - MOHFW, 2021). It is believed that the entire region of South Asia will have a devastating economic crisis as compared to the last 50 years. Statistics of the lockdown period justified the crash of the

economy with supply and demand chains drying up. An expected loss of Rs 32,000 crore (US\$4.5 billion) was estimated during the initial days of lockdown in March due to the outbreak of the virus (Jebaraj, 2020). The government has declared economic packages worth US\$ 280 billion in May 2020 (Jebaraj, 2020). But despite certain reform packages the vulnerabilities have exceeded all levels with more than 14 crore unemployed individuals (Jebaraj, 2020).

Exacerbation of Financial Inequality of Women and its Impact

In the absence of quick reformative corrective policies by the Indian Government, almost the lives of 600 million women are at stake (Raghunathan & Asadullah, 2020). Social distancing and quarantining features have had severe ramifications on women's employment, especially those who are a part of the existing "vulnerable employment group" (ILO, 2020). With an existing rank of India at 108 under the gender gap index and 139th position of female economic participation, women will be further pushed down the ladder for the years to come (Ibid). The World Bank has termed this as 'feminization of income poverty' which will push millions of Indian women into the dungeons of poverty and impoverishment (World Bank, 2020).

The informal sector will be the worst triggered, whereby women hold the most precarious of the jobs such as domestic labour, daily wage earners, street vendors, etc., that account for 90% (ILO, 2020). Adding to this, large-scale non-agricultural jobs are carried on by women in India under the informal sectors. With the lockdown, the Self-Employed Women's Association of India reports that "daily domestic workers from Madhya Pradesh, Lucknow, Kerala, and several other states are facing a lot of trouble" (Ibid). More than 460 women workers were contract or daily earners who are now out of jobs due to this global health shock (ILO, 2020).

Predominantly, service areas such as food, hospitality, tourism, retail have experienced the harshest contraction. Almost 59% of women are reeling under

closures in the service sectors (Raghunathan & Asadullah, 2020). The absence of any form of social protection or safety net further worsens their positions. The informal women worker is not guaranteed basic labour rights or welfare protection remedies. Thus, women in lower-middle-income countries have been suffering the most. The lack of employment prospects, poor economic status, and poverty have been levelled up by systematic discrimination through sexist state laws for decades (Raghunathan & Asadullah, 2020).

Women's economic autonomy has been one of the major debates of feminists. This exaggerates their financial banishment in a pseudo-welfare colonial state. Lack of economic rights for women along with labour laws to protect them is a necessity for any country to overcome such global hurdles. They are concentrated in low productivity sectors and are at a greater risk of losing jobs, thus pushing them into poverty. With the pre-existing gap of less than 38% of pay, Indian women have been in a setback situation under the confinement measures. As the Institute for Women's Policy Research in the USA had originated the word 'secession' it can be rightly used for India currently (Linda, 2020).

The Impact of Unpaid Care Crisis

Lockdowns have triggered a crisis of care for mothers both in and out of her household. The workload has increased for women and mothers specifically with closures everywhere, 1.5 billion children are back home due to large-scale school closures (UNESCO, 2020). This in turn has widened the learning inequality gap, continuity, and equity for children whereby 1.8% of the world's student population is being affected by school shutdowns (UNESCO, 2020). As a result, the social norms have further deepened their roots by reiterating the role of women as primary caregivers. "If femininity is visualized as space, then that space was increasingly being occupied by motherhood, to the point where, by the mid-nineteenth century, powerful makers of cultural meanings considered femininity to be synonymous with

motherhood” (Yeo, 1999). Hence, being a mother, the sole responsibility is on her for all kinds of caregiving duties. Single mothers or parents are being submerged in a stress-pressure tank every single day since closures and confinement became the reality. With the increasing burden of taking care of children, infants as well as elderly people, women are forced to drop out of their jobs. Further, single mothers or parents who are forced to continue work have chances of greater infection and become carriers due to a lack of social distancing. The repercussions are extremely high on women’s economic, social, political, and mental status amidst this ‘drudgery of unpaid work’ (Chauhan, 2020).

In India, more than 80% of unpaid care work and domestic work is the sole responsibility of women (ILO, 2020). COVID-19 has dramatically increased the duties of unpaid domestic work. The unpaid care crisis has disrupted the lives of women. Thus, even in the case of a working woman, the pressure has magnified in terms of handling work from home and domestic responsibilities. The Organisation for Economic Cooperation and Development (OECD) statistics has calculated the unpaid working hours of Indian women, whereby “351.9 min/ day is spent as compared to 51.8min/day for men” (as cited in Chauhan, 2020). Thus, the feminist economist’s school of thought scrutinises the gendered version of power within families, which pushes women into this unpaid care crisis. Men are more privileged in terms of not shouldering responsibilities at households and controlling the resources and assets contrarily. The idealism associated with women, in turn, forces her to fulfil these roles of the unpaid burden of work throughout her life. The unequal resource allocation intensifies in the absence of property rights for women as well. Financial burdens or independence largely affect women of India as decision-makers. Consequently, with lower labour force participation, lack of assets, poor economic status, etc., women are drawn into illiteracy and poverty. With the new normal norms of social distancing, the online transition

of work from home has further pressurised women to fulfil all commitments. But a ray of hope has been shining at various intervals with the traditional domestic chores being shared by the male partners to some extent. Such role reversals may be a sign of positivity for the larger goal of empowerment of women amidst this crisis.

The Impact on Female Frontline Health Warriors (Care for Caregivers)

The pandemic primarily has uncovered the fragility of the existing health structures in South Asia and has brought in front the care crisis paradigm. The frontline health workers who amount to almost 75% of India's caregivers are at the forefront of all brutalities and inequalities (Gupta & Chatterjee, 2020). The ILO has highlighted the trauma under which 75% of the global frontline workers are battling the war for humans. Various health monitoring bodies state that men have been more prone to coronavirus in terms of morbidity, women health care workers are more in number and thus at a higher risk. The risk of high exposure to the COVID-19 positive patients has been highlighted with 40% of Indian health warriors getting infected (ILO, 2020).

The gendered health workforce received a spotlight with nationwide lockdown and public outcry. National breaking news headlines were all about the stigma, discrimination, and violence the health warriors were facing from families and the community. India had the highest incidents of attacks on health workers, whether assaults on doctors in Kerala (both male and female), stones pelted at health workers, civic officials in Madhya Pradesh, or police officials and quarantine teams of health workers being assaulted in Bangalore (The Wire, 2021; Murray, 2021). More than one-third of attacks globally took place in India involving doctors, nurses, Accredited Social Health Activists- ASHA workers, community self-group volunteers, civic officials, law protectors (Safeguarding Health in Conflict Coalition - SHCC, 2021). The overlooked warriors of the pandemic also include the biggest source of community health supporters. The Self Help Groups such as Anganwadi workers, Accredited

Social Health Activists (ASHA) workers are lifelines for the heart of the country (Grown & Carolina, 2020). The National Rural Livelihoods Mission, which has been running under the aegis of the World Bank, has mobilized female health workers across the interiors. "The women's movement that started as a leap of faith some 15 years ago has proved to be an invaluable resource in these difficult times" (De Paz et al., 2020). Lack of masks, sanitizers and most important well-fitted PPE (Personal Protective Equipment) kits were part of the non-compliance protocols that added to the threat. Ill-fitted PPE kits, unisex versions, etc., make them more prone to infection facing long hours of jobs. Further, challenges of menstruation while on long hours of duty in these kits act as mental and health stressors. The multi-dimensional toll on caregivers in the form of social, emotional, mental, spiritual, financial, and physical wellbeing gets worse due to a lack of agency and protective policies (Connor et al., 2020). Despite several reminders by WHO to incorporate women's knowledge, the Indian governance structure for ages has been unable to do so. Despite Nirmala Sitharaman, the Indian Finance Minister who heads the COVID-19 Economic Response Task Force, only two female representatives are a part of the national Public Health Experts Committee on COVID-19 in India (Jebaraj, 2020). Such inadequate women's representation, their unheard voices add up to the existing vulnerabilities.

The Impact of a Shadow Pandemic: Gender-Based Violence (GBV) / Intimate Partner Violence (IPV) on Women/Girls

It has been demonstrated that the magnitude of pandemics and epidemics and their implications are different for both men and women. The shadow pandemic of gender-based violence across the globe is a unanimous threat (Peterman, 2020). Confinement and lockdown resulted in increased domestic violence within the patriarchal households of India which was not a surprise (Peterman, 2020). Mobility restrictions further chained women with the abuser and debilitated them to search for safe spaces. The UN Secretary-General

called for a ‘global ceasefire on GBV’ focusing on how the pandemic will impact females in a lopsided manner that will resonate for decades ahead (Ibid). More than 85% of Indian women faced forms of brutal violence during the lockdown period (Ghoshal, 2020). The danger rises when the abuser and the victim co-habitat for a long period due to extended confinement measures. Sexual and IPV may even not leave children and teenagers being affected physically and physiologically. Victims are twice as likely to have an abortion, go into depression and develop self-harm tendencies. This acts as a vicious cycle, whereby childhood traumas of violence can be reiterated in future actions.

High girl child dropouts from schools force them to shoulder responsibilities within the patriarchal structures of interiors, and the risk of abuse increases (United Nations, 2020 April 7). Minors are pushed into marriages further exposing them to large-scale IPV, early pregnancies and threat to life (Peterman, 2020). UN report states that 243 million women have been subjected to sexual/domestic violence in the past 12 months (OHCHR, 2020). The National Commission for Women (India) has witnessed an increase in complaints almost ten times more in the period of lockdowns (Krishnakumar & Verma, 2021). “Women are predominantly victimized and confined to isolated homes with abusive partners whose coercive and physically violent tendencies are enabled and further inflamed by economic stressors” (UN, 2020). Fear is that states may ‘deprioritize gender-based violence during the pandemic’, (The Office of the High Commissioner for Human Rights - OHCHR, 2020) due to lack of access to justice mechanisms. This corresponding human rights crisis has not been acknowledged by the policymakers within the nation.

Decoding Lockdown Justice Mechanisms and its Impact

The global pandemic has decoded the weaknesses within the existing justice apparatuses. Access to justice has been restricted at a large scale. The rising

cases of GBV have been affected largely due to the lack of access to justice delivery resources due to confinement strategies of the government. The curve of IPV (Intimate Partner Violence) and DV (Domestic Violence) has aggravated the gendered atrocities and abusive relationships. Due to lock down all access to legal aid was restricted for women. Resources have been diverted to take care of the health exigencies and due to the shutdown of borders all across, threats increased for forcibly displaced women, girls, and migrants largely (OHCHR, 2020). Lack of legal status identity has hampered the empowerment strategy of several Indian women. All sorts of government schemes, benefits, health services, etc., are based on such legal documents. 70 million poor women in India lack a basic ration card for their daily needs (Jebaraj, 2020). Nearly, 53% of poor women have been excluded from the government's COVID cash transfer schemes due to a lack of legal documentation (Ibid).

Further, the way justice is delivered has also witnessed revolutionary digitalized changes, whereby many states in India have temporarily postponed lesser important court cases and hearings. Electronic justice (virtual courts) is being used for extremely important legal issues. Such remote access to justice through ICT tools has socially distanced women from law and justice. Women largely in India suffer from the digital gap, that is lack of basic technological know-how, access to smartphones, the internet, etc., that further restrict her (Bhattacharya, 2020). Henceforth, the lockdown of the judicial machinery has halted the justice delivery systems in India.

The Gendered Impact on Educational and Digital Gap

The pandemic has further multiplied the inequalities in areas of education and health services for future generations too. With nationwide closures and confinements, 1.6 billion children are out of school, out of which 3.2 million are from India (UNICEF, 2020). The girl child dropping out probability is higher in households that are suffering a large-scale economic crisis (National

Women's Law Centre-NWLC, 2007). The remote access of education questions the accessibility and affordability for all segments of the population in low to middle-income countries. India's schooling system is the second-largest in the world after China; sadly, the girl child illiteracy is equally high. Currently, the statistics of female dropouts of school in India is 3 million out of which 40% were from the adolescent girl's group (Sonawane, 2020). As secondary education is not free in India for the age group of 10-19 years, the net enrolment ratio of girls is extremely low (Sonawane, 2020). "Women and girls, who often experience the highest rates of illiteracy and school dropouts are further debilitated and disadvantaged" (Cornia et al., 2020). School dropouts due to domestic responsibilities amount to more than 30% of females (Sonawane, 2020). Post pandemic pressures may further permanently cut them off from all sources of formal education due to a lack of financial resources and economic adversities. Thus, low educational attainment leads them into a vicious cycle of long-term exploitations in the form of financial inequality and exploitation. The ill-effects are early marriage and underage motherhood which are common characteristics in the states of Uttar Pradesh, Bihar, Rajasthan, West Bengal in India (Jebaraj, 2020). Not forgetting that large-scale migrants amounting to 1.5 million belong from such states who have been financially crippled due to the closures (Jebaraj, 2020). Households divert resources from educational goals to meet the immediate struggle of livelihood. Economically, overstrained families believe in marrying off their daughters as a safety net. India bears the highest child bride rates that are 23 million and is predicted to double up due to COVID-19 (UNICEF, 2020). To further worsen the inequality is the wide digital gap faced between men and women. The data from the International Telecommunication Union (ITU) declared that globally 48% of women use the internet as compared to 58% men (Organisation for Economic Cooperation and Development- OECD, 2018). The World Economic Forum (WEF) further depicts the gendered

version of educational subjects such as science and technology, whereby only 3% of graduates in ICT, 5% in Mathematics, and 8% in Statistics were women in 2019 (World Economic Forum, 2021). The large-scale digital transition of the world has further broadened this gap in developing countries.

The world has been digitally divided despite the waves of globalization encompassing the nation-states. Less than 15% of households in rural India and 42% urban India have access to the internet (ITU, 2019) based on the discretion of men. Due to affordability and social ideologies this divider acts as a strong barrier in times of this global struggle. Thus, access to online education, justice delivery mechanisms; health services are all virtually available that may be inaccessible for women in such countries. This vicious cycle of lack of access to schools, forced child marriages, gender-based violence deepens gender inequality will lead to an “intergenerational cycle of poverty in India UNICEF” (UNICEF, 2020).

The Impact on Reproductive/ Sexual and Mental Health Consequences

Apart from the economic recession as the greatest fear, women globally are falling prey to ill health in the absence of adequate quality health services. The pre COVID status quo in India in terms of reproductive health care services has been negligible in a country whose health care spending is 1.5% (Jebaraj, 2020). The sprint towards being an economic giant leaves behind the right of healthcare. Hence, health vulnerabilities will be sharpened by the commotions of reproductive, sexual, and emotional care services. Past experiences such as the SARS had resulted in maternal and neonatal mortality complications (World Bank, 2020). The new normal is characterized by lockdowns pregnant women are unable to access services round the clock that adds up to complications for delivery. Maternal concerns are time-sensitive in nature. Further, the human body goes through a lot of changes during pregnancy, the fear of getting infected forces mothers to avoid the essential Antenatal Care (ANC)/Prenatal care (PNC) visits as well as opt for riskier home births

(Sharma et al., 2014). Studies have shown that teenage unwanted pregnancies have been on the rise due to sexual violence along with sexual transmission diseases (Ghoshal, 2020). Several government initiatives to promote maternal and child health have been suspended due to the rules of social distancing such as Janani Suraksha Yojna, Integrated Child Development Schemes are essential health schemes in India. There has been a disruption in the essentials of contraception, family planning measures, and other birth control measures. At this juncture, essential health care rights such as abortions stand suspended (Ellington et al., 2020). Thus, resorting to unsafe local quacks etc., has led to higher rates of deaths during such global health pandemics. “Pregnant women infected with SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2) are at greater risk for severe illness when compared to non-pregnant women with SARS-CoV-2, including increased risk of hospitalization” (Ellington et al., 2020).

With the state diverting all resources to meet the pandemic exigencies, rise in MMR is the obvious conclusion. Uttar Pradesh is such an example, with a huge population and lack of medical services leading to a peak of MMR almost 1.8 times the national average (Sharma et al., 2014). Almost 80% of the deliveries thus are home births with only one-third receiving adequate ante and postnatal check-ups etc., (Sharma et al., 2014). Despite men and women of the same ages sharing similar years of life, the morbidity rate risk is higher for women (WHO, 2007). The pandemic has crumpled the reproductive and sexual health rights movement. Thus, the burdened and underfunded health care system of India has been exposed largely.

“Gendered differences in mental health disorders outside of the disease outbreaks exist largely due to structurally imposed strains on women. Sociological research on women’s social roles hypothesizes several sources of chronic stress: empathic vicarious stress, lack of social support, workforce participation, parenthood, and caregiving responsibilities” (Williams &

Kurina, 2003). Depression and anxiety disorders coupled with undernutrition for both the mother and child make them more vulnerable. Thus, the pandemic has likely aggravated the feeling of lack of autonomy, mental well-being, stress, and anxiety amongst women largely which enhances the feelings of disempowerment. The health care workers or caregivers during this pandemic who hold more than 70% of the workforce have been experiencing stress, burden, anxiety, mental disruptions largely (ILO, 2020). The implication on gender in terms of mental health becomes extremely crucial for all kinds of governance strategies.

The Impact on Voice and Agency - Gender Representations

Women have been treated to be voiceless as a result of the gendered social constructions that define men to be more rational. Hence, the pre-existing gaps in the agency will be expanded in the wake of the pandemic. Feminist critics have questioned the denial of power to take decisions by women and act on them for their self-welfare. The need to involve the voices of women in case of health emergencies is needed as they provide an in-depth understanding of the needs of the community. Past cases showed that a lack of representation of women's voices led to unfair mitigation policies and programs (The African Development Bank Group - AFDB, 2015).

Even though, women hold the maximum positions at front line levels in terms of community interaction they are the most underrepresented. Similarly, in the case of the Self Help Groups (SHG)'s in India, they act as an underlying link between the rural populations and the government. Sadly, the health workers in India are facing discrimination at every end and still battling out COVID-19 without being taken into cognizance (Murray, 2020). The broader goals of equality and justice are upheld with adequate representation of women as decision-makers. This helps in altering the gendered power constructions that pose men as better leaders and decision-makers. An inclusive mitigation and

recovery stratagem should focus on gender-disaggregated data that is largely missing in the current health crisis.

India can set up an idol example by promoting its local governance structures with women leaders at the forefront. The Sustainable Development Goals (SDG) also has shown importance of the political leadership of women. All forms of good governance need to have an equal representation of its genders in order to support ethical, equitable, and impactful leadership roles. Decades of women's exploitation seek an overthrow of the power imbalances by providing a strong voice and agency to women at domestic, grassroots, local, national, and international levels. "Women's leadership, in particular, can be a key source of innovative and sustainable public health responses in such times" (Organisation of American States - OAS, 2020).

Conclusion and Recommendations

In conclusion, the study has drawn instantaneous attention to the exacerbation of gender inequality. In summary, it has tried to illuminate the relation of global health to gender inequality in relation to COVID-19. Various existing literature has been used to define the objective of the paper. The paper then analyses and discusses in detail the differential impacts of the pandemic on gender inequality with special reference to India. Thus, the study has looked into the correlation of COVID-19 with the key parameters that are voice and agency, economic power, and self-identity that have defined gender inequality for a long time. By virtue of being the face of the marginalized sexes, women have faced challenges ranging from the access of basic rights in terms of health services, access to justice delivery mechanisms to economic exploitation etc. The above analysis has tried to highlight the differential impacts of COVID-19 on various social, economic, and health systems that aggravate gender-based differences and are interdependent. The clubbing of these factors has collectively aggravated the gender inequality concerns. The global public health threat is witnessing a restructuring of the pre-existing determinants and

hence the need is to adopt a strong gender-sensitive model of mitigation. In all domain women and girls will face the rippling effects in terms of loss of employment, social protection, reproductive and health rights, gender-based violence, access to justice, loss of education and all forms of agency.

The key observations in the research can be highlighted as;

i) Development and health have a strong correlation, whereby the policymakers need to draw immediate attention towards its recovery; ii) It has tried to explore how the lives of women and girls will be changing due to the above socio, economic and health impacts during COVID-19. The key parameters that are voice and agency, economic power, and self-identity have defined for long gender inequality are being compressed due to the pandemic; iii) Lack of gender preparedness and responses by the governance structures is one of the major concerns (American Medical Women's Association, 2020); iv) COVID-19 has clearly highlighted the disparities amongst the institutional governance mechanisms in India in coping up with such catastrophes that ruin the vulnerable sections of the communities. Thus, the immediate need is to integrate gender-sensitive recovery measures both long term and short term. Thus, the paper has attempted to highlight the following responses for the immediate recovery policies that India needs to embark upon at the earliest in its recommendations below. The Indian governance structures and strategies need to be proactive and adopt lessons from this pandemic to avert future disasters. Both in terms of short-term and long-term goals, the stakeholders need to first restore institutional apparatuses within the local as well as the national level that promote women's empowerment.

Recommendations

As the World Bank quoted, "the impact of COVID-19 pandemic will be amplified by those pre-existing gender differences. The negative impacts can be expected to exacerbate (i.e., more individuals are affected) and deepen (i.e.,

the conditions/disadvantages of some individuals worsen)” (World Bank Blogs, 2020). The research thus identifies the following recommendations.

Justice Delivery

All kinds of emergency legal assistance need to be provided to the vulnerable sections on an urgent basis along with the designation of safe spaces to the sufferers. Lack of legal status worsens the position of women to protect and demand their rights. Further, in a country like India which is dominated by customs and values, it’s crucial to build a relationship with the informal justice systems. Thus, placing women into decision-making legal spaces will further empower the recalibration of justice delivery.

i. Economic Equitability

The care economy needs to be paid attention to whereby the frontline warriors should be given adequate remuneration along with social protection/insurance schemes or safety nets. The informal sector which has been hit the most needs to be revived and strengthened. Lack of labour rights and government protective policies will ruin the livelihoods of the informal sector of which women will face multifarious consequences. Gendered inheritance laws impact the ability of women to empower themselves. Further, India is described with the presence of discriminatory family customs/laws that hinder her independence and overall development. The state should direct the employers to take back the employees/workers once the crisis is settled. “The post-lockdown resumption of economic activities needs greater recognition of women as economic agents” (World Bank, 2020).

ii. Social/ Mental/ Health Needs (Overall well-being responses)

The discriminatory access to health services has been in the spotlight with the pandemic. The authorities need to investigate an affordable, accessible and qualitative structure of health services, especially in the case of reproductive/sexual needs which cannot be postponed. Mental health and depression are the

most neglected debates within the Indian health scenario. “Victims/survivors must also be supported to access comprehensive sexual reproductive and health services during the lockdown, particularly since they suffer injuries as a result of the violence they face, including access to emergency contraception, maternal health services, safe abortion, etc. Close collaboration with civil society organizations would go a long way in ensuring gender-sensitive response and support services” (Dasgupta & Mitra 2020). The digital divide based on region and gender needs solutions in this transformative digitalization period. Technology needs to strengthen the process of empowerment by building up flexible education structures. One of the positive responses has been role reversals within households with fathers sharing the domestic responsibilities.

iii. Inclusive Leadership

Having inclusive voices of those who are in immediate connection with the repercussions will be important for effective responses. The ultimate key to filling the gender gaps is to promote the voices of those being neglected and marginalized the most. Key decision-making processes should allow voices of women at all levels be it local, regional, national or international.

Thus, the final path towards recovery needs to be based on an ‘engendered governance lens’. Policy responses need to keep in mind the existing conditions of gender gaps and try mitigating them through a balanced approach. A country distinguished with its large-scale disparities at every level needs a tailored approach with the cases rising every day. With the unlock phases reopening the economy and the country, the curve has not flattened and will have its drastic outburst on the marginalized sections of the population largely with the next wave being predicted in near future.

Both participation and leadership skills need to be reinforced whereby the female voices should be included. “There is a key opportunity to support local actors and build the resilience of communities by focussing responses on the

needs of those most at risk of the health, protection, and socio-economic impacts of COVID-19” (Siangyen, 2020). To sum up, the need of the hour is an inclusive and sensitive form of governance that restores faith once again that all genders are equal and important. “If development is not engendered it’s endangered” (Prabhu, 2003).

Limitations and Future Research

The world is still grappling post the second wave of the pandemic, whereby its impacts are still on and fresh. One of the major limitations has been the limited availability of sex-disaggregated data or research of the impact of COVID-19 on men and women separately. Lack of gender preparedness and representation of the voices of women within policy outcomes is affected by the embryonic stage of any systematic research in this area. Lockdowns have restricted the real-time field analysis of the pandemic also. Further research needs to focus on the gender analysis of the experiences of women post such outbreaks. With the release of lockdowns, future field research will outline the experiences of women and understand the impact of such health emergencies on communities with greater precision. The coping strategies by various governance stakeholders will be a lesson during future research in sustainable and engendered policy measures. “Incorporating women’s voices and knowledge could be empowering and improve outbreak preparedness and response” (World Bank, 2020).

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