

**Research Article**

## Gender and Pandemic

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### ABSTRACT

Gender roles and social status are important in view of assessment of exclusionary process of some vulnerable groups in times of any social and economic crisis. From the history of earlier pandemics globally, it is evident that women played important role in care giving services. But at the same time it affected them negatively due to their social vulnerabilities (World Bank, 2020). The exclusionary process that exists in the social systems lead to exclusion of some vulnerable groups in times of any social and economic crisis. In view of Covid-19 women and girls would be at greater risk than men as violence against women is highlighted by various countries at the global level at the same time this phenomena is also defined as 'Shadow Pandemic' by UN Women (2020). The specific social roles and positions assigned to women by society would add more responsibility and social burden on them during any pandemic and epidemic. These social roles, responsibilities, burden and their vulnerabilities can be viewed from different socio-economic, macro and micro perspectives. In this context the present paper is an attempt for creating an understanding of gender roles in the context of emergence of pandemic and epidemic, with special focus of Covid-19 and response of the society towards women. Also the possible remedies are explored and suggested to protect women dignity and overall well-being.

**Keywords:** Pandemic, Covid-19, Gender Violence, Gender Differences, Gender Inequality

## **INTRODUCTION**

Historically it has been seen that health crises in the form of epidemic and pandemic widened the structural inequalities for women. WHO, highlighted the cases of infectious diseases that lead to outbreaks or epidemics, such as meningitis, cholera, and newly emerging diseases such as Ebola, hemorrhagic fever, dengue fever, and SARS. These diseases had a tendency of rapid spread with high fatality. Though timely response to prevent and control epidemics is important but it is unfortunate to note that there is absence of acknowledgement of the gender differences while planning and implementing such measures (WHO, 2007).

This paper in the context of Covid-19 highlighting various vulnerabilities and areas where women and girls are at greater risk than men. The emphasis is mainly on creating an understanding of gender roles in context of emergence of pandemic and epidemic, and responses of the society towards them. This discussion is important, not only from the perspective of gender and burden of disease on women but also from the perspective of increased socio-economic burden due to the eruption of disease such as Covid-19. Women are expected to perform many social roles in the society, though some progress can be noticed in the past with regard to improvement towards their socio-economic status but still the fight for equal spaces and fair recognition of their contribution is continuously on. Along with this, the lack of recognition of their specific contribution in the prevention of any crisis of pandemic/epidemic make them more vulnerable. In particular case for women across societies, it is noticed that their exposure in situations of pandemic/epidemic affected them more adversely in comparison to the other gender.

Since the crisis of Covid-19 is still unfolding, many challenges are emerging in socio-economic context and many of its ill effects particularly for women might still be unknown to all in society. However, from the gendered effects of previous crises it can be predicted that the current crisis too will impact the women disproportionately in various forms. The poor command of women over resources like; education, land, finance and technology often translate into lower earnings, fewer options, and greater risk during such crises. In addition to this issues like; work from home, domestic house care, dual responsibility, reproductive issues and closure of small and medium size enterprises are definitely going to affect women adversely in multiple ways.

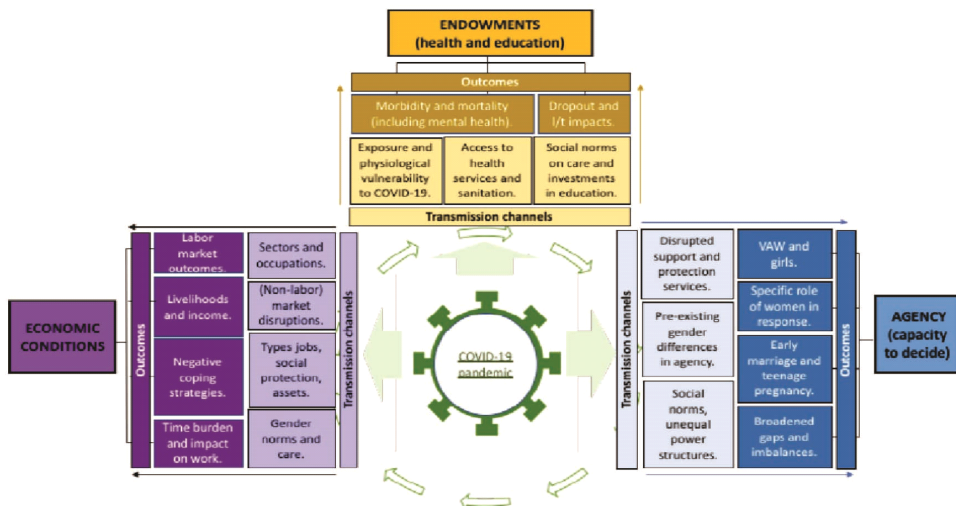
## **COVID-19 AND GENDER DIFFERENCES**

The year 2020 would have been a critical year for gender equality as the global community prepared to mark the 25<sup>th</sup> anniversary of the adoption of the Beijing Declaration and Platform for Action. The Beijing Declaration resolution which was

adopted by United Nations in 1995 to promulgate a set of principles concerning equality of men and women globally, in context of emergence of Covid-19, the limited gains made by this resolution for gender equality in past decades are at risk of being rolled back. Cleetus (2020) points out that, one of the beliefs in the constitution of being modern is to visualize the disease as well as the medicine as secular and scientific entities, independent of social status and cultural meanings. But the disease at any given time or place isn't independent of these phenomena, and hence affects the people disproportionately. Therefore, it will not be an exaggeration to mention that Covid-19 pandemic too, like the earlier pandemics/epidemics, affects men and women in different ways.

The World Bank (2020) provided the framework for an assessment of implications of Covid-19 on women from a gender framework perspective. The framework presents gender differentiated transmission mechanisms and implications of Covid-19 from various perspectives.

The framework presented in Figure 1 provided various perspectives to understand the social positioning of women to assess her social economic vulnerabilities. Especially, in the context of health, education, socio-economic status and other relevant structural issues. If we discuss the socio-economic status of women in India and their burden of multiple responsibilities and gendered roles, it is evident that they are more vulnerable to emerging risk and threats of Covid-19. Therefore, it is important to highlight the socio economic situations in which women and girls are at greater risk than men. There are some important areas which are discussed in this paper to understand the



**Figure 1: Gender Framework and various perspectives**  
 Source: World Bank Group Policy Note, 16th April 2020

direct adverse impact on women in the present pandemic situation. These areas include occupational health and safety, livelihood and economic security, working from home, domestic responsibilities and household work, domestic violence, and health and educational status of women.

## **AREAS OF GENDER INEQUALITY AND DIFFERENCES**

### **Occupational Health and Safety**

In general during pandemic or epidemic the first response is required from frontline workers, including government and non-government functionaries, doctors, nurses, medical attendants etc., through various agencies. In that situation it is worth noting that women staff (70% of all health and social-services staff globally) particularly get into double burden of their responsibilities in comparison to men. If resources and arrangement of their health and safety are not appropriate it affects them negatively, and makes them more vulnerable. In India nurses were seeking attention on social media for an arrangement of appropriate working conditions and safety provisions to deal with Covid-19 infected patients. It is important to understand how much problems they are facing and how unsafe they are being frontline workers in the medical profession (Mathew, 2020).

In India government medical schemes and other supported schemes are operated largely through women dominated workforce. In scheme like “Integrated Child Development Services (ICDS)” there are around 27 lakh Anganwadi workers and helpers, similar number of women are working under Mid-Day Meal Scheme, around 10 lakh women are working as Accredited Social Health Activists (ASHAs) and Urban Social Health Activists (USHAs), and around three lakh are working as Auxiliary Nurse Midwives (ANMs), all under the National Health Mission (NHM) (Lele, Bansal & Meenakshi, 2020). Lakhs of women are working under National Child Labour Project, Small Savings Schemes, Sarva Shiksha Abhiyan, and National Rural Livelihoods Mission (NRLM). Direct community contact and dealing with individuals is every day’s task for them, and this makes them more vulnerable during any outburst of epidemic or pandemic. Along with this, incidents of physical attack on medical staff (including nurses) during Covid-19 by local communities shows the risks they face due to various stereotypes and stigmas among the people (World Health Organization, 2020).

### **Livelihood and Economic Security**

The issue of livelihood and economic security is important to discuss, this is another crucial area from a gender inequality perspective. Ray (2016), highlighted the

differences between men and women in their professional responsibilities and the case of the labor market which is also not gender neutral. Ray, argued that “it’s true that we are witnessing more and more engagement of women in paid labor across all strata of society, but it is also evident that, the work most of the women do is precarious in nature, with exploitative working conditions and at the lowest end of the informal economy with minimal wages”. The data suggests that, in India the maximum employment for women is in agriculture (73%), only 14% and 13% women are engaged in services and industry respectively. According to National Sample Survey Office (NSSO) data (2006), urban women (35.9%) are employed in the category of “other services” consisting of low-paid, irregular employment to highly remunerated public and private services. It includes menial low-end jobs, such as domestic work which has seen a concentration of women (12%). High-end, skilled jobs like banking, insurance, have only 1.7% of urban women as employees. This huge involvement of women in the informal sector makes them more vulnerable in both ways of ‘removal from jobs’ and ‘influence of the pandemic’ (as discussed above under the area of occupational health). Continuous decrease in the labor force participation rate (LFPR) of women (fallen from 42.7% in 2004-05 to 23.3% in 2017-18) in the normal times makes it more obvious that LFPR of women will decrease due to the situations created by Covid-19. The denial of legal subjecthood to most of the workers under labor laws, has kept the work relations highly unregulated and made the situations in time of pandemic more worse to them (John, 2020). Nearby 40% of women in wage employment are estimated to lack access to social protection mechanisms (Salla, 2020). In such situations it becomes more significant to acknowledge their dual burden in personal and professional life, and to provide them a safety net by protecting the aspects related to job security, welfare and social security. In context of nursing jobs, Ray (2016) highlighted that “the formal sector in nursing was always small and is now shrinking”. But, for the vast majority of nurses with different levels of training and skills, jobs are contractual and insecure, with unequal opportunity for their personal and professional growth due to hierarchies.

Salla (2020) states that the impacts of Covid-19 may also extend disproportionately to women entrepreneurs. The 6<sup>th</sup> economic census suggests that 13.8% of Indian establishments are owned by women, majority of which are self-financed microenterprises in different sectors like tourism, education, beauty, which are the most affected sectors due to the physical distancing measures. Further it is pointed out that women-led businesses have dual chances of being closed.

Pandemics or epidemics having direct impact on women disproportionately in the financial domain, as the Ebola virus showed that quarantines can significantly reduce women’s economic and livelihood activities, increase poverty rates, and exacerbate

food insecurity. In Liberia where 85% of daily market traders are women, Ebola prevention measures severely impacted their livelihoods and economic security. From past experiences and emerging data, it becomes clear that the impacts of the COVID-19 will result in a prolonged dip in women's income and labor force participation (United Nations Policy Brief, April 2020).

### **Working from Home**

In developing countries like India, the work from home phenomena for women is not new. The concept of working from home recently appeared in public domain globally during covid-19. But this is not at all a new concept, as it was already prevalent in many areas in the past too. But due to the emergence and spread of covid-19 it has got major attention from society. This was announced in view of emergence of Covid-19, especially to combat the spread of virus through measures of physical distancing and lockdown of public workplaces to control the immediate spread of infection. But in Indian context working from home is a general phenomenon and which could be observed in many medium and small economic activities. Deshpande (2020) highlighted that, traditionally women supported in activities such as small enterprises, shops, farm land, and other areas, like food products (rolling papads), bidi-making, assembling sticker bindi sheets, weaving etc. Data shows that the number of these women is over 37 million, home-based workers are contracted by firms (multinational or domestic) or subcontractors on a piece-rate basis. In the garment industry, they are among the lowest category of workers, they do small works like; stitching sleeves, sewing buttons, trimming threads, and embroidering. In India it is always easy for women to work from home especially in rural and peri-urban areas. But this phenomena of working from home may get affected due to the situations created by Covid-19. So, the major concern is the economic sustainability of these women, amid the recession of the economy. From the information of previous pandemics it is evident that in such situations women get more burden of domestic/unpaid care work due to closing of schools, workplaces etc. To some extent same situations are created by Covid-19, as the information on share of housework responsibility among the adults in US in a survey conducted on 9<sup>th</sup> and 10<sup>th</sup> April found that women are having more responsibility of house care work in comparison to men during the lockdown due to homeschooling, elderly care etc. Along with this reason of unfavorable environment to work from home, women in developing countries like India may also face economic hardship because of the closure of small sector businesses which used to provide them opportunities of working from home.

Further if we look at the issue from the contribution of women in comparison to men at household activities the clear differences can be noticed in terms of more burden

on women than men. Bhatia (2002) presented the data of six states regarding men and women Weekly Average Time (in hours) Spent on Work. It includes activities like household maintenance, care of children, sick, elderly and community services. The study highlighted that, in Haryana 39.71% (male) & 52.32% (female), Madhya Pradesh 46.50% (male) & 55.64% (female), Gujarat 46.82% (male) & 56.68% (female), Orissa 44.59% (male) & 52.77% (female), Tamil Nadu 45.73% (male) & 49.43% (female), Meghalaya 53.10% (male) & 60.86% (female). This data clearly shows women give more time in unpaid care work than men. The contribution of women in comparison to men in household activities has direct linkages with increased burden on women in comparison to men when concept like work from home is universally applicable during covid-19 on working population. The dual and multiple burden on women is neglected in consideration for policy framework with regard to work from home option.

### **Domestic Responsibilities and Household Work**

The national and international agencies presented various reports and documents which highlighted the case of Covid-19 and multiple burden on women due to it. From the various policy data sources provided by the World Bank, UNESCO, United Nations, and other academic studies it is clear that before COVID-19 pandemic, women were doing three times as much unpaid care and domestic work as men were doing. So, it can be visualized that in the context of pandemic, increased demand for care work might be escalating the pre-existing inequalities in the gender division of labor. The closure of schools and workplaces, subjects of quarantine, isolation and physical distancing due to lockdowns brought a sudden enhanced exposure of routine work to women (According to UNESCO, 1.52 billion students and over 60 million teachers are now at home due to school closures), with a small influence of economic class they belongs to. The pandemic barricaded domestic workers to report to the work they were doing, which resulted into the imposition of housework on employer women themselves irrespective of their class and professional self (this shows lack of change in the position of the women in our society). Consequently this phenomena resulted in dropping of women from works they were doing before Covid-19. This phenomena shows how this pandemic is inflicting dual burden on women. On one side, some women are facing economic hardships due to loss of their work, and on other side some women got more burden of work due to stoppage of work by their maids. Friction as a consequence of this increased load of work contributed to domestic violence (John, 2020). Bhatia (2002) argued that there are no official statistics available for the whole contribution of women including both personal and professional activities under consideration of economic productive activities. The

work contribution of women at household level and at agricultural supportive activities are not considered under economic productive activities. Though there is a rising pattern of women in the labor force all over the world, but still the contribution at home in providing care services is primarily the women's job.

World Bank captured the global picture, citing the reference of 2013-16 Ebola outbreak it reported that in West Africa, social expectations from women and girls to take care of sick family members and to perform rituals after death put them at more health risk and refusal to these activities was regarded as moral deficiencies (World Bank, 2020). The same situation can be noticed in India where since ages the primary responsibility of household chores and care giving is rest with the women members of the family. The notion of nurturing and caring is having moral standards strongly associated with social gendered norms in India. This can be considered as one of the grey areas where more direct and qualitative research, and reporting is required both at national and international agency levels. This is having importance from policy perspectives especially educational, economic, health and empowerment.

### **Domestic Violence against Women**

The situation of domestic violence against women is highlighted by various countries at the global level, this phenomena is defined by UN Women (2020) as Shadow Pandemic. Under the conditions of worldwide lockdown at different regions the time spent at home increased, and in such a situation if they have gender inequality at home, violent spouse and family members and controlling household environment, the stay back at home is not safe for them. For example, during the initial weeks of pandemic outbreak, emergency calls for domestic violence cases have increased by 67% in Argentina. Similarly, Cyprus and Singapore have registered 30% and 33% increase in calls, respectively (United Nation Women policy brief, 2020). And this phenomena of domestic violence will exacerbate in countries like India where the patriarchy still persists in society. WHO (2020) stated that, "Globally, 1 in 3 women worldwide have experienced physical and/or sexual violence by an intimate partner or sexual violence by any perpetrator in their lifetime. Violence against women tends to increase during every type of emergency, including epidemics. Older women and women with disabilities are likely to have additional risks and needs. Women who are displaced, and living in conflict-affected areas are particularly vulnerable". Further it is important to note that "the health impacts of violence, particularly intimate partner/ domestic violence, on women and their children, are significant. Violence against women can result in injuries and serious physical, mental, sexual and reproductive health problems, including sexually transmitted infections, HIV, and unplanned pregnancies", (WHO 2020).

In India the NFHS-4 data shows that 31% women (ever-married) have experienced spousal violence in their life-time. It is reflected through gender norms and it is noticed that domestic violence may increase in the families where traditional gender roles dictate, i.e. families where only men are the bread earner must be facing financial strain from loss of employment, income and other assets. This reality may create uncertainty and inadequacy, resulting in provoking the assertion of power, including through violence towards their spouses. Especially during lockdown in India from the recorded period of initial lockdown 23<sup>rd</sup> March to 16<sup>th</sup> April 2020, roughly the women commission received 239 complaints of domestic violence, which is very pertinent to note as it was a significant jump from the 123 complaints per month in general time (BBC, 2020). Further the incidences of violence increased in following days of lockdown, according to news reports in 2020 from 25<sup>th</sup> March to 31<sup>st</sup> May 3,11,477 complaints were made by women who were exposed to violence (The Hindu, June 2020).

The data of NFHS-4 related to ownership of resources shows that women owning a house and/or land (alone or jointly with others is only 38% in India. The Women having a bank or savings account that they use themselves is only half of the total women population i.e. 53%) is very small. The absence of services that are important to mitigate risks, such as mental health and substance abuse, restrictions on mobility, poor functioning of justice system, delays in addressing conflict related sexual violence, bans on assembling, faith, and social engagements might have interrupted the ongoing prevention programs and may contribute to the acts of domestic violence against women (United Nation, 2020). The prevention strategy adopted for Covid-19 also instructed for physical distancing which actually converted into social distancing (the term which used in early phase for covid-19 protection and later with much debate and reflections it was changed to physical distancing) having impact on women to access support and assistance through agencies in case of domestic violence. It is also important to mention because the use of technology and ownership of digital resources are always noted less in case of women. Women having a mobile phone that they use themselves is only 45.9%, out of which 61.8% are in urban areas and 36.9% are in rural areas. Though there are many apps launched by the government of India for safety and security of women in case of any distress but the ownership of digital resources, access to it and freedom to use it is a matter of qualitative exploration. Also the increased probability of working from home for working women due to Covid-19 added greater health and safety risks for women employees. There are added risks of not being able to leave the home and access the protection of the workplace, during working hours a survivor may have been able to talk to colleagues or authorities. It is always easy for working women to access the services and

support from agencies which are existing for women in case they face any violence at home or at any public place (United Nation, 2020).

### **Health Status of Women**

WHO (1948) from the beginning defining health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. In this context the health and well-being of women in many societies is not up to the mark. It’s really disturbing to know that even after a huge progress, educational and technological advancement some categories of citizens are more vulnerable to certain problems than others because of their caste, gender, race etc. In the case of women the Covid-19 pandemic has manifested it more clearly. It has shown that how women have more chances of facing problems in the context of Health. Women account for the majority of the world’s older population, particularly those over the age of 80 years, and thus are vulnerable and more prone to the disease i.e. they are potential patients. Even after this they tend to have low access to health services than men do (Linde and Laya, 2020).

Also, women who are not having professional responsibility and staying at home get very low attention for their health matters including physical, mental, sexual, reproductive, elderly state. The deviation of attention from provisioning of critical resources most importantly for sexual and reproductive health services, family planning methods and availability of contraceptives in the ongoing pandemic may result in high maternal mortality and morbidity, increased rates of adolescent pregnancies, HIV and sexually transmitted diseases. In Latin America and in the Caribbean countries it is estimated that an additional 18 million women will lose regular access to modern contraceptives, in the current context of Covid-19 (United Nations Policy Brief, April 2020). Very categorically WHO, stated that “Women’s choices and rights to sexual and reproductive health care, should be respected regardless of Covid-19 status but planning for the strategic shifts needed to sustain sexual and reproductive health services while also responding to the additional demands of the COVID-19 pandemic”. This view stands true particularly in the case of women in India, where women in general already have inequality in health status. The NFHS-4 (2015-16) data reflected that out of all women in the age group of 15-49 years, 53.1% women are anemic which is too much high in comparison to men. Also other important indicators of health such as households using improved sanitations facility is 70.3% in urban areas, while only 36.7% in rural areas where as the majority of the population of India lives in rural areas. A very important factor for good health is clean fuel for cooking the NFHS-4 data shows that households using it is 80.6% in urban areas and only 24% in rural areas. These are not only crucial areas from the point of view of health status

of women but also from the point of view of structural inequalities which exist in the form of gender norms. Though the institutional birth record is 78.9% but in public facilities it is only 52.1% and mothers who received financial assistance under Janani Suraksha Yojana (JSY) for births delivered in an institution is just 36.4%. This shows the lack of public health utility and high burden of out of pocket expenditure on women deliveries (average out-of-pocket expenditure per delivery is Rs.3,197). This scenario of women's health in general is having multiple impacts on their social and economic well-being but in the situation of Covid-19 the extra burden and multiple impacts can be assumed with already existing health issues of women.

Not only in India but globally the issue of sexual and reproductive health have more impact on women in times of Covid-19. "The Guttmacher Institute recently estimated that even a 10% proportional decline in use of contraceptive methods in low and middle-income countries due to reduced access would result in an additional 49 million women with unmet need for modern contraceptives and an additional 15 million unintended pregnancies over the course of year". Experiences of previous epidemics, such as those of the MERS-CoV, SARS and Ebola viruses, provides enough evidence of negative outcomes for sexual and reproductive health during such crises, and ought to serve as a warning for governments (Rupavardhini and Vrinda, 2020).

### **Education and Digital Divide**

The education and digital divide is extremely important to review because it not only has an impact on the status of education and awareness of women but also from view of its negative impact on progress that women achieved already in this area. In India generally girls don't get much time to study as boys do, due to the gender specific roles and household responsibility, which include assisting in household chores, care of younger siblings and adults etc. The large difference of literacy rate between men and women in India which is 68.4% of women and 85.7% of men (NFHS-4) makes the above argument more valid for developing countries. In the case of India the data shows that women literacy is 68.4% in comparison to men who have 85.7%, women with 10 or more years of schooling is 35.7%, among all 26% women get married before 18 years of age. This status of low literacy in comparison to men place them below men in social and economic independence. It is having multiple effects which get converted into low capacity for decision making, maintenance of health, social relationship which is very important for a healthy state of mental health, and ownership of economic resources. So, in times of Pandemic they must not be getting enough time to study and do their academic works. Data shows that adolescent girls spend significantly more hours on chores compared to

their male counterparts. School closures don't just mean that girls are doing more chores at home, it could also lead to more girls dropping out of school, especially girls living in poverty, girls with disabilities or living in remote locations. Evidence from past epidemics shows that adolescent girls are at risk of drop out, they don't join the school even after the crisis gets over (United Nations Policy Brief, April 2020).

Also, the shift to online education may exacerbate the per-existing exclusion of girls from education amidst the low proportion of girls who have access to internet and devices necessary for this purpose. In developing countries like India out of the total population only 38% people have access to the internet and the remaining 62% aren't using the internet (Patrika, July 2020). Also out of this 38% the major portion must be of male population. Because in the case of women the NFHS-4 data shows that as far as having digital devices especially mobile phone to be used by themselves is only 45.9%, out of which 61.8% in urban areas and 36.9% in rural areas. Further the access to internet data and connection for the purpose of education and its time and length of use are some critical areas of assessment from social and economic point of view. The use of mobile phones by women for multiple purposes is already viewed as an abnormal thing. In such circumstances if online education begins then it's fearful to imagine that a huge proportion of students will be out of the education system and most of them will be girls. Consequently it may deteriorate their socio-economic opportunities in future.

As far as digital divide and exclusion is concerned, the report of Global System for Mobile Association (GSMA 2019), stated that, "Despite this growth, mobile ownership still remains far from universal. Across Lower Middle Income Countries (LMICs), 15% of adults still do not own a mobile phone and 45% do not use mobile internet. These individuals tend to belong to the most marginalized groups: they are disproportionately rural, illiterate and older. They are also predominantly female. Ruddy and Marsan (2020), stated that women may suffer more not only in the duration of the pandemic, but also after the pandemic: due to lack of women's participation in the digital economy. As the data shows proportion of women using internet was 48% in 2019 against 58% of men globally. While, Covid-19 is catalyzing the shift towards more use of the internet and digital equipment. This shift won't only impact women's education, it will also impact them in getting employment in the context of the creation of more digitally-related jobs. This will have a direct impact on women when literacy rate among women is already less than men, access to use of digital devices and ownership is low and affordability of internet data and connection is poor. In such circumstances where more digitally related jobs will be created with a low proportion of women being digitally active: a clear picture emerges

which shows that this “Digital Divide” has a great potential to aggravate the existing inequalities. It is worth noting that this shift would be gender inclusive or not. Women all over the world lag behind men when it comes to their technological ability. According to the World Economic Forum (WEF), only 3% of graduates from Information and Communications Technology (ICT) educational programs around the world are women. These situations will also affect women entrepreneurs, as a lot of support services for them have shifted online.

A Harvard study in India investigated how the social norms discourage the use of digital platforms by women, such that 2/3 of men in the country own a phone, compared to only 1/3 of women. This may create barriers as life-saving information, services as well as access to justice and government support are delivered via mobile phone. In 15 developing countries, there is a significant gender gap, women are 20% less likely to own a smartphone and 20% less likely to access the internet from mobile phones than men (United Nations Women Report, May 2020). Along with these problems the cyber bullying of women will also increase with their increased use of internet and social media. Though there are some special provisions have been made in order to protect women from these cyber-attacks across the countries, but more intensified parallel actions with strict legal provisions are required with promotion of internet use.

## **CONCLUSION AND RECOMMENDATIONS**

Covid-19 is not the first pandemic which the world is confronting with, in the past many pandemics and epidemics occurred globally and affected the society in the worst manners. So, the important and legitimate question arises from the exposure of Covid-19 pandemic is that, are countries of global society ready with their serious future planning with regard to gender structure inequality and social, cultural, economic, and political remedies to overcome from it. Till the point it is noticed that each pandemic and epidemic is bringing unique experiences and threats. But at the same time it can be noticed that there is similarity in nature of exposure of particular gender in this regard. Women in comparison to men globally are exposed to different social and economic vulnerabilities and gaps. The scenario highlights the need of more attention and action towards creating equal gender spaces keeping in mind the overall well-being of the women.

To bring gender equality the efforts ranging from short term to long term are required. Such as proper infrastructural arrangements (for real time tracing, monitoring and evaluation, and contacting the stakeholder), exclusive policies and creation of supportive agencies, change in social cultural environment through education, use of

media (for creating networking and alliances), use of technology (for availing tele-medicine, tele-consultation, tele-counselling), strong legal remedies (through online crime reporting, and spot identification) and policies etc. Most of these arrangements have been done by many countries during the time of emergencies like pandemics, but these arrangements need to be continued even after the emergency situation and once it will get over.

Today, we live in a globally connected society. No nation can afford to live in isolation in this era of technical revolution. The expansion of the technology market, services and consumerism have both advantages and disadvantages. However, at one side it is criticized for exposing societies to various socio, economic, and political crisis but at the same time it is also appreciated for bringing people close to each other. In the context of gender equality the media played a great role in bringing facts to public life. The gender equality educational and awareness program, use of technology in reporting violence and abuse, online counseling and medical advises, are some of the initiatives which are having greater impact in protecting women and bringing social change. But technology is also triggering negative impacts in terms of cyber threat, cyber abuse and attacks, misuse of privacy clause etc. It will be only fruitful when we will ensure the inclusive growth of a digital world with equal gender spaces, access and affordability, which is the need of the hour. The use of social media in the present context has a larger audience than ever before. It is critical for media outlets to continue raising the visibility of violence against women and its legal implications. United Nation Women (2020) also acknowledged the role of media as it may challenge gender stereotypes, discrimination, inequality and harmful gender norms to promote pro-social and impartial behavior. The platforms of social media through use of technology with gender inclusive approach can help nations in creating an awareness for various gender related matters.

The economic vulnerability of women should be of major concern for policy makers while framing policies. The economic policies need to be designed and implemented with a regional, socio-cultural and gender lens. This includes removal of structural barriers with the help of educational, vocational and skill building programs at various levels. The equal economic opportunities with equal pay, insurance, saving provisions with financial support for small and medium enterprises. The occupational health, safety and security, exclusive arrangements during pandemic and epidemic is required to protect employment and it will increase work participation of the women.

The outcome of any epidemic or pandemic can be assessed in view of biological and social implications. The gender differences can be captured differently for male and females in order to have a fair assessment of the impact of these pandemics. The

inclusion of segregated data in research and policy making documents are required. The life cycle approach with biological, psychological, and social context should be adopted in provisioning of health care services. It will not only help countries of global society to combat with crisis of epidemics or pandemics but also at macro level it will surely create an empowered state of women to deal with their regional, socio-cultural, economic and political issues.

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