

**The Shadow Pandemic in India:
'Staying Home' and The Safety of Women During Lockdown**
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Abstract

The unprecedented health crisis caused by COVID-19 has taken the world by storm. The only way deemed plausible to tackle the crisis in most countries was a policy of restricting mobility and of staying home. However, there are varied views on the merit of such a lockdown. In India the enforcement of 'staying home' also needs to be considered in light of the fact that about one-third of the households in the country have to accommodate 3-4 persons per room defying the requirement of social distancing. The situation of women during lockdown is particularly difficult, as their workload has increased, as has their exposure to violence and a denial of vital outside sources of support. The 'staying home' rule involves a myriad of issues differing according to the respective social environment. Middle-class women tend to be left with the additional burden of taking care of family members and home-schooling children without the support of helpers who have been released during lockdown. Women working in the informal sector are likely to be hit by a loss of their jobs, and as spouses of often equally jobless informal sector workers 'add to the burden' on the financial situation. Addressing the needs of women in times of lockdown is important as gender budgeting is widely known to impact positively on development planning.

1 The most vehemently propagated measure to contain the spread of COVID-19, is that of 'staying home'. However, being locked inside the house not only increases the chances of violence, but also cuts women off from any kind of support by people and resources assisting them. Violence against women is a major threat to global public health during emergencies (WHO). Globally, 18% of ever-partnered women and girls aged 15–49 have experienced physical and/or sexual violence at the hands of a current or former partner in the previous 12 months (UN Women). Intimate partner violence is the most common form. Globally, one in three women has faced physical and/or sexual violence, mostly by an intimate partner during her lifetime. In India, 31.1% ever-married women have been subjected to violence by intimate partner (IIPS and ORC).

2 In addition, the lockdown has triggered indescribable suffering for migrant women workers. During lockdown, these women have delivered babies, have tended to sick and disabled people, and have often fallen ill themselves. They are herded in spaces which rarely

allow personal hygiene to be practiced as per the WHO advisory for the pandemic. Given the scarcity of food and water supplies, following the WHO guidelines of using water and soap for frequent handwashing is impossible. Menstrual hygiene is affected particularly badly.

Women as frontline workers

3 Women’s attitudes and beliefs about health and illness affect their role as primary caretakers – both on an institutional and a domestic level. Their participation in disease management, control and prevention as professionals and as care-givers at home affects women’s access to health care services and information, and the ways in which they respond to disease and illness. Women face a considerable risk of exposure to COVID-19 due to their disproportionately high representation among health-care and social service personnel. “As front-line responders, health professionals, community volunteers, transport and logistics managers, scientists and more, women are making critical contributions to address the outbreak every day” (www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response). During the pandemic women are at increased risk of infection and loss of livelihood, have less access to sexual and reproductive health, and are exposed to a dramatic rise in domestic violence. Globally, around 70 per cent of health and social service workers are women. In India 38 per cent of all health workers are female. The male–female ratio of all health workers is 1.6, of doctors 5.1, and of nurses and midwives 0.2¹.

4 A gender-based approach to public health² helps to identify the ways in which health risks, experiences, treatments and outcomes are different for women and men, boys and girls, and to design and implement necessary interventions accordingly. The current pandemic foregrounds the necessity of a gender-based approach broadening an understanding of health problems of women of all ages and addresses fundamental social concerns.

5 It has been noted that violence against women tends to increase during times of emergency, including epidemics. Older women and women with disabilities are likely to have additional risks and needs. Due to socio-genic bias associated with violence against women, underreporting is common, and data are scarce. Reports from China, the United Kingdom, the

1 Anand, Sudhir and Victoria Fan (2016) “The health workforce in India - Human Resources for Health Observer Series No”. 16. World Health Organization. ISBN 978 92 4 151052 3 (www.who.int). WHO Press, World Health Organization, Geneva, Switzerland. www.who.int/hrh/resources/16058health_workforce_India.pdf

2 Bird CE, Rieker P. Gender and health: the effects of constrained choices and social policies. Cambridge: Cambridge University Press; 2008

United States, and other countries suggest a dramatic increase in domestic violence cases since the COVID-19 outbreak (Godin; Women's Aid UK). The number of cases of domestic violence reported to a police station in Jingzhou in Hubei Province in China, tripled in February 2020, compared to the previous year during the same period (Bethany Allen-Ebrahimian). Ironically, for victims of domestic violence, staying home for safety turns out to be most unsafe, as they are forced to live with their abusers. Staying home ensures exclusive access to the victim, as the latter is cut-off from all possible support (Natrajan). For many women, 'Stay Home, Stay Safe' does not apply, as 'safe' and 'home' are oppositional rather than synonymous terms (Shivakumar).

6 In India, the first signs of a 'shadow pandemic' became visible in the data provided by the National Commission of Women (NCW) in mid-April, which suggested an almost 100 percent increase in domestic violence during lockdown. In the course of 25 days between 23 March and 16 April the NCW received 587 complaints mainly through email and a WhatsApp number, of which 239 were related to domestic violence. This is almost double the number of complaints (123) received during the previous 25 days, from 27 February to 22 March (DoWCD). There has been a steep increase in crime against women across the country since the imposition of the pandemic-related restrictions (Fig 1) (Source- ncw.nic.in/ncw-cells/complaint-investigation-cell).

Regional Scenario in India

7 Taking note of the warning issued by the United Nations on the 'shadow pandemic' (Mlambo-Ngcuka) of physical and sexual violence against women and children, Tamil Nadu, a southern India state, sounded its police to randomly visit vulnerable localities and susceptible households during lockdown. About 25 calls related to domestic violence have been received every day by the TN police, besides calls made to the women's helpline. Most calls are related to alcohol abuse and fights about a lack of financial means, largely due to a lockdown-induced loss of job.

8 Since the enforcement of the lockdown, Tamil Nadu has witnessed a spike in the number of domestic violence and harassment cases. Until April 9, as many as 24 cases related to domestic violence were reported across the State and about six people have been arrested. It is noteworthy that the closing of liquor shops has caused withdrawal symptoms among those addicted, and as a consequence has led to a major increase in violence inflicted upon their

partners. Withdrawal symptoms have also led to the substitute consumption of varnish sanitizer or other chemicals, from which about 13 persons have died (Vijay Kumar).

9 However, in the initial period of lockdown, a downward trend in violence against women was visible due to systemic reasons. In Karnataka in India, for instance, the number of cases of domestic violence registered in 2019 was 2088. In about 50 days during 01 March to 22 April, 2020, the number of cases registered was 218 (DoWCD, GoK). Thus, in 2019 on average 5.9 cases were registered everyday as compared to about 4.1 during 01 March to 22 April, 2020. In Delhi too, the number of calls made to seek help for violence against women dropped from 8080 during 12-25 March to 337 during 7-20 April 2020 (DoWCD, GoNCToD). This decline in the number of registered cases in Karnataka and in the number of calls in Delhi reflects on two systemic issues. One, gearing of services and personnel towards COVID-19, for instance, deployment of the police to ensure ‘curfew’ and lockdown; and two, restrictions imposed on women under the lockdown. Thus, violence seems to be perpetrated due to spousal dominance, constant proximity induced conflict and suspicion.³ It was reported in early April that a 42-year-old man killed his wife, suspecting her of infidelity. This happened days after the family was quarantined in a temple in Dodderi in Karnataka, India, following the first nationwide lockdown by the government to contain the COVID-19 pandemic (*The Economic Times*). In Hyderabad, India, a woman experienced spousal violence because her husband could not get alcohol during lockdown. She had to reach out to the police, for help. She was provided with an official helpline number. But the intensity of the abuse increased when the husband came to know about her complaint (Joy). Similar experiences of women in India during lockdown abound and reveal the dark side of homes or private places which are supposedly most safe. Another reported incident involves a young woman who fled to her mother’s place to escape spousal violence. As the lockdown announced on 25 March prolonged, her plight increased. The lockdown-induced loss of job of her brother, the only bread winner in her mother’s household, rendered her unwelcome in the family as the economic stress increased, until she was beaten up by her brother because of her refusal to return to the husband (Shivakumar).

³ The state machinery was geared towards containing COVID-19. Helplines for gender based violence were diverted for COVID-19. Furthermore, police force, hospitals and health personnel were designated as COVID-19 care centres and personnel. Therefore, there was no or very few helplines for registering violence against women initially (roughly up until the first half of April). However, gradually the helplines were restored as the reported incidence of gender-based violence gained more media attention.

10 The system recognized this gap in services and started to respond. The Department of Women and Child Development ensured functional helplines. Karnataka, for instance, has established 193 *Santhawana*⁴ Centres to address domestic violence. Delhi, too has recorded more calls subsequently (DoW&CD, NCToD). Across states the police officials have been instructed to visit the camps where migrant workers have been housed to ensure that women are safe from exploitation and/or abuse. Police have also been collecting the details of female students residing in private hostels; and children staying at child-care centres. The possibilities of abuse are found to have increased in hostels and child care centres. In addition, children forced to stay at home with their perpetrators during lockdown are more vulnerable to abuse. (Vijaykumar).

11 The health impact of violence, particularly intimate partner and domestic violence, on women and children, is significant. Violence against women can result in serious physical injuries and mental health problems, as well as sexually transmitted infections like HIV, and unplanned pregnancies (Gupta). Access to sexual and reproductive health services for women subjected to violence, was limited as Mother and Child Health Care Centres remained closed until the second week of June 2020. All available pre- and postnatal care was suspended as all health care personnel was diverted to COVID-19. Consequently, victims of sexual abuse as well as those in need of reproductive health service were neglected and unable to find assistance. Staying alone in the house where there is discord and asymmetry in inter-personal relationship, probability of violence increased, as the connect with other was restricted due to ‘social distancing’. Therefore, reporting the violence became restricted as well as limited access to care post violence. “Health systems have an important role in ensuring that services for women who have experienced violence remain accessible during the COVID-19 outbreak” (COVID-19 and Violence Against Women).

Aggravated Risks of Violence Against Women

12 To contain the spread of the infection, lockdown has been embraced globally. But the flipside of this strategy for control is that this is utterly adverse with regard to women’s exposure to violence (Natu and Ganeshan Ram). Disruption of social and defensive networks, and decreased access to public services can intensify the risk of violence against women. As distancing measures are adopted and people are encouraged to stay at home, the risk of intimate

⁴ Means ‘consolation’. A kind of counseling and support Centre.

partner violence is expected to increase as family members spend more time in close contact. Moreover, family members have to cope with additional stress induced by this enforced proximity over a longer period of time. At the same time women tend to have less access to other family members and friends who may provide support and protection.

13 The COVID-19 lockdown is likely to be used by the perpetrators of abuse as a pretext to exert power and control over their partners and other women/girls in the family, to further reduce access to services, help, and psychosocial support from both formal and informal networks. Access to daily essentials such as soap, hand sanitizer, water even toilets, may be restricted. Additionally, control may be exerted by spreading misinformation about the disease and creating fear.

14 As ‘home makers’, women who do not engage in paid employment, bear the burden of domestic chores and increased care in case of an infected person in the family. School closures further worsen this burden and place more stress on women. Home schooling is a decisive addition to the manifold responsibilities of women. On top of everything else the lack of income due to the economic crisis in the wake of the pandemic is a prime stress-causing factor, forcing male family members to engage in indoor activities and leaving women and girls with little alternative but to ‘enjoy in the kitchen’ and complete all household chores in the absence of domestic help under lockdown conditions. All these factors increase the potential for conflict, which is already apparent under ‘normal’ conditions, as nearly a third of ever-married women experience spousal violence. In 2015-16, records show that 31.1 per cent of women experienced spousal violence, which signaled a small decrease in comparison to 37.2 per cent in 2005-06 (IIPS and ORC). The current crisis evolves as a backlash against this development. Accordingly, “the risks of violence that women and their children face during the current COVID-19 crisis cannot be ignored” (COVID-19 and Violence Against Women).

Women in the Informal Economy - Workers and Dependents

15 The unpreparedness for planning the response to COVID-19 through the total lockdown is clearly evident in the plight of the informal sector workers. With economic activity coming to a standstill, the informal sector workers were largely left jobless, homeless and hungry. Closing down the units where they worked deprived many of their livelihood opportunities and regular earnings. This has in turn led to their landlords ousting them from their homes anticipating their

inability to pay the rent. The closing of inter-state borders due to lockdown left many migrant workers in a dilemma, as they could neither stay in their adopted city nor leave it. Women, largely as accompanying spouse, but some as workers too, are bearing the brunt of the twofold predicament of a loss of work and the ‘guilt’ of being an additional mouth to feed. ‘COVID-19 poses a threat to women’s livelihoods as well as increases their burden at home’ (Guterres 7).

16 There are huge inequalities between women and men in terms of access to decent work and associated benefits such as health insurance, unemployment benefits and other forms of social protection. Out of the two billion workers in informal employment worldwide, just over 740 million are women (UN Women Gender equality matters in COVID-19). In non-agriculture sector, in India, the proportion of informal employment is much higher than in formal sector. Among all women employed in non-agriculture sector, 69.2 percent are in informal sector. Likewise, among all men employed in agriculture sector, 73.4 percent are in informal sector (NSS Report No. 557- 68/10/2). About 82 percent of the male and 83.6 percent of the female workers have no written job contract. About 23 percent of the males and 20.6 percent of the females (22.7 percent total) are eligible for paid leave, but only 19.8 percent males and 17.4 percent females have social security amounting to a total of 19.2 percent (MoL&E, GoI 16). Health insurance for the overall population is as low as 28.7 percent as evident from NFHS-4 data (IIPS and ORC 87). For the informal sector workers, therefore, it is bound to be lower. It is also important to note that the proportion of men and women working in informal sector enterprises has been declining for the past two decades, but the decline among women is much higher (more than 10 percentage points) than among men (less than three percentage points) as evident from NSSO report (Table 3).

Population	61 st Round (2004-2005)	66 th Round (2009-10)	68 th Round (2011-12)
Male	76.7	71.5	73.4
Female	79.7	69.8	69.2
Total	77.5	71.1	72.4

Table 3: Informal Sector enterprises among workers engaged in AGEGC and non-agricultural sectors. NOTE: AGEGC and non-agriculture sectors: Industry groups/ divisions 014, 016, 017, 02-99 of NIC-2008 (NSS Report No. 557(Table 1.1, Page 7; 68/10/2)).

While women workers in the informal sector make up close to 70% (2011-12), the decline from 2004-05 suggests that more women than men are let go. This is corroborated by the declining labour force participation rate of women from 38.6 percent in 2004-05 to 32 percent in 2007-08 (Bhalla and Kaur 7). Thus, unemployment has been increasing among women. In the shrinking employment opportunities, men are prioritized for employment as compare to women.

Women in Regular Employment

17 As wage earners experience the disruption of livelihoods and a significantly decreased access to basic needs and services, stress on family members increases, adding to the potential of conflicts and domestic violence. With the third and the fourth spells of lockdown, depleting resources have put women at greater risk of abuse. Inadequate and unequal distribution of the supplies promised by the government, particularly with regard to migrant workers, has made women more vulnerable to violence. For those with caring responsibilities, the work burden has increased in manifold ways, especially if the men in the family abide by patriarchal standards. The often advertised so-called lockdown ‘leisure time’ (Lewis) is thus an unlikely promise in the case of women under these conditions. Rather, the current health crisis has augmented existing gender inequalities. Even if working from home may be easier within the white-collar job sector, it still adds to the workload of women who are expected to do the households chores in addition to working from home. Across the globe, “women’s independence has become a silent victim of the pandemic” (Lewis).

18 It is still generally the mother who has to help the youngsters to take the online class and do their homework online. What was propagated as time for ‘self’ when the lockdown was imposed, metamorphosed into a schedule to accommodate women’s own work, household chores and ‘homeschooling’ the children. Women employed in stores selling essential items in the malls are exposed to the unsafe environment of empty passages in otherwise deserted shopping areas and subjected to potential harassment by male coworkers.

Ancillaries of COVID-19 for Women

19 As a physical illness, COVID-19 appears to affect women slightly less severely (Sepkowitz). But the impact of the pandemic crisis spans out from public health to economy, snowballing to all other aspects of human life. After suspension of normal life for over a month,

job losses are inevitable, and migrant workers are now being sent back to their native places after having suffered humiliation, hunger, and homelessness during lockdown (Acharya). School closures and release of household help have moved child-care from paid economy (nurseries, play-schools, schools), to unpaid women at home. The pandemic cancelled the deal of a double career among middle-class working couples which had been enabled by hiring someone else to take care of their homes and children. Instead, couples now have to decide whether and how to share in child-care and household chores. Given our patriarchal mindset and family structures, the burden does rest largely on women. Therefore, it is imperative to acknowledge these factors and to take measures in response immediately, because ‘coronavirus lockdowns will one day end, but violence against women will not’ (Myersfeld).

20 Poverty amplifies the impact of the COVID-19 induced lockdown. Abiding by the assigned safety-guidelines is much more difficult for the poor who are dependent on daily wages to earn a square meal. While the prime ministerial address announcing the extension of the lockdown on 14 April, 2020, described hunger and misery as sacrifice by the ‘people who love their country’, there is no assurance that the same ‘sacrifice’ will be extracted from employers by enforcing regulations not to cut wages and/or dismiss employees from work. It is notable that the lockdown version 3.0 as well as 4.0 were not announced directly by the honourable Prime Minister like the earlier ones, particularly when relaxations were being announced, too.

21 The ‘protection’ of workers was illustrated by the Ministry of Labour of India which issued a government order on 20 March ensuring protection to workers engaging in small and medium enterprises (SMEs). Its implementation, however, remains to be seen. The poor are unable to stock-up daily essentials and cannot afford to stay home. Globally, more women live in poverty than men: 50 million women aged 25–34 compared to 40 million men of the same age. Globally 8.3 percent women and 7.8 percent men live in poverty. In India, 21.6 percent women and 18.9 percent men employed live below international poverty line (UN Women, 2020). Less than a quarter of women (24.6 percent) work for cash, 23.2 percent in urban and 25.4 percent in rural areas in 2015-16 (IIPS and ORCb), which declined from 57 percent in 1998-99 when 10 percent women reported to work for cash and kind, and 6.3 percent for kind only. Importantly, 27 percent were not paid for their work (IIPS and ORCa).

Gender sensitive response to COVID-19

21 The lockdown induced by COVID-19 has resulted in a large number of negative consequences for women. Violence against women, especially domestic violence, has increased as women are cut off from possible help which they could have accessed during ‘normal’ times. Staying at home has also increased women’s workload. They have to attend to household chores and to the needs of all the other family members who have to stay home too. The responsibilities span from providing food to health care, from care for the elderly and differently abled to the supervision of online classes of school children. All this comes in addition to professional work if women are still employed during lockdown. Those working in the informal sector are experiencing an even more dramatic disruption of their livelihood because of the loss of jobs, with the spouses of informal sector workers finding themselves as additional burden on the household economy. Since the activities of most health facilities and services have been diverted to address the pandemic, lockdown has further restricted access to sexual and reproductive health care. Similarly access to crisis centres, shelter homes, legal and protection services has been affected.

22 It is vital to acknowledge the gendered impact of the pandemic and to develop and support efforts to address this issue. Vulnerabilities of economically stressed women are accentuated by inadequate water, sanitation and hygiene facilities. The situation is additionally aggravated when the women or their spouses have been rendered jobless, and they and their family members need social, economic and emotional support.

I Data and empirical evidence

23 It is important that governments and policymakers include gender and its intersection with aspects of social identity in their considerations when collecting data about the pandemic, assessing the situation and preparing response. Collection and evaluation of specific data about gender and social identity are important and useful in planning support and access to resources.

II For Women in shelters

24 Shelter homes for women working in the informal sector need to be equipped with toilets and bathing spaces with stable water supply. There has to be a continuous reliable distribution of sanitary napkins for women and girls; adult diapers for elderly women; food for vulnerable

persons such as migrant laborers, and persons with disabilities; other daily supplies for children like biscuits, milk, baby food, fruits; and personal protective equipment such as masks, disinfectants and gloves. The provision of all of these items should be a mandatory responsibility of the government, especially in light of the funds collected under ‘PM cares’ and the already existing PM Relief Fund.

III For Women experiencing violence

25 The situation of women with violent partners under the same roof during lockdown has been completely ignored. The availability of functional helplines and access to support from relatives and friends is important. In the wake of distancing measures to be maintained during lockdown, the shelters are not able to accommodate ‘new’ entrants. Therefore, more space needs to be used for expanding shelter homes. Services, such as hotlines, crisis and counseling centers, legal aid and protection services also need to be scaled up, to enable the access to help which women in abusive relationships need. Therefore, governments need to include these measures in their COVID-19 response plans. Police should also continue to prioritize reports of domestic violence.

IV For Women who work

26 To alleviate women’s economic dependence on men, governments need to target individuals rather than households when implementing direct cash transfer and food supply. As working-age women, especially those married and with children, are less likely to have a job than men, their economic and social dependence has increased during the pandemic. Different state governments have announced monetary support of INR 500 to 10005, and are distributing food packets. Food Corporation of India (FCI) has promised to help 81 crore poor people to get food.⁶ But hunger still prevails among the informal workers and their dependents, especially

4 Financial Express (2020) Govt has committed all support to migrant workers during lockdown: Amit Shah. PTI. Updated: March 28, 2020 6:56:22 PM www.financialexpress.com/india-news/govt-has-committed-all-support-to-migrant-workers-during-lockdown-amit-shah/1912258/. Accessed on 11 May 2020. News18 (2020) Jharkhand Transfers Cash to Over 1 Lakh State's Migrant Workers Stranded Due to Virus Lockdown. PTI. Last Updated: April 25, 2020, 8:17 AM IST www.news18.com/news/india/jharkhand-transfers-cash-to-over-1-lakh-states-migrant-workers-stranded-due-to-virus-lockdown-2591891.html. Accessed on 11 May 2020

5 Gupta, Surojit (2020) Ensure migrants, poor don’t go hungry, Centre tells states, UTs. The Times of India. TNN | Apr 17, 2020, 03:36 AM IST timesofindia.indiatimes.com/india/ensure-migrants-poor-dont-go-hungry-centre-tells-states-uts/articleshowprint/75190770.cms. Accessed on 11 May 2020; Dreze, Jean (2020) Excess Stocks of Food Corporation of India. Indian Express Must be Released to the Poor| Updated: April 9, 2020 9:31:44am.

women and children. In the current COVID-19 situation hunger needs to be addressed first, keeping aside market and profit concerns.

Concluding remarks

27 Many of the attempts to address the current COVID-19 crisis emerge from a medical care perspective. However, the current pandemic is a multifaceted crisis. The myriad of issues and areas which are being affected, need to be addressed. Aspects of gender have to be taken into consideration, particularly with regard to what has happened or is happening to women as providers, as patients, as migrant workers, as students and the like. In this context the intersections of gender and social and economic status, religion, ethnicity etc. have to be considered.

28 It has been often stated that the lockdown period is an opportunity to spend time with family, read and write, and engage with passions and dreams. This engagement, however, is different for women and men, even in an average middle-class household. Men mostly manage to engage in the suggested ‘pastimes.’ Women, conversely, have additional work to do through the physical presence of other family members who would normally not be around all the time, and due to the absence of house-helpers who are released because of the lockdown. This adds to women’s burden of work, leaving very little or no time for other activities. The migrant women’s concerns are entirely different and largely focus on the procurement of food and personal safety. In the light of such a situation, it is imperative on the part of the government to provide income support, health care, food and safety for women. Irrespective of their work status – whether working in the informal sector with zero hour, or in regular employment, or as homemakers, women need a regular income, security and safety, and a conducive environment to access resources including helplines and legal support without prejudice and bias.

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