

## IMPACT OF COVID-19 ON WORKING WOMEN

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**Abstract:** *The COVID-19 pandemic has forced the world to embrace a new normal, with self-isolation and physical distancing being the global way of life today. And while such preventive measures are critical, combating the COVID-19 crisis necessitates a robust and inclusive societal and health system response, bearing in mind the specific needs of vulnerable populations. Policies and public health efforts have not addressed the gendered impacts of disease outbreaks. The COVID-19 pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, political and economic systems, which are in turn amplifying the impacts of the pandemic. Across every sphere, from health to the economy, the impact of COVID-19 are exacerbated for women and girls. This policy brief explores the differential impact of COVID-19 and makes recommendations to ensure that women and girls remain central to COVID-19 response planning and recovery efforts.*

**Key Word:-** Health, Insurance, Education, Economy.

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### Introduction:-

Given that the COVID-19 crisis affects men and women in different ways, measures to resolve it must take gender into account. For women and girls, vulnerabilities in the home, on the front lines of health care, and in the labor market must be addressed. Regardless of where one looks, it is women who bear most of the responsibility for holding societies together, be it at home, in health care, at school, or in caring for the elderly. In many countries, women perform these tasks without pay. Yet even when the work is carried out by professionals, those professions tend to be dominated by women, and they tend to pay less than male-dominated professions.

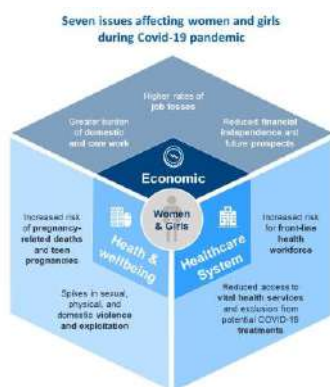
The COVID-19 crisis has thrown these gender-based differences into even sharper relief. Regional frameworks, multilateral organizations, and international financial institutions must recognize that women will play a critical role in resolving the crisis, and that measures to address the pandemic and its economic fallout should include a gender perspective. We see three areas where women and girls are particularly at risk and in need of stronger protections in the current crisis.

### Brief Literature Review :

The status of women can be generally described as the degree of socio-economic parity and rights enjoyed by women. Women's inclusion on an equal basis with men in household decision-making, the free speech of their opinions and involvement in civic life render them respected in society.

Census of India (1981)<sup>5</sup> recorded that women have played a significant role in agriculture, as agriculture is primarily a household enterprise. Recent studies have shown that women in India are big food producers in terms of income, amount and number of hours working. Noponen (1991)<sup>6</sup> investigated the ratio of women to household profits. The researcher observed that, on average, total female earnings accounted for 42 % of total household revenue, while the equivalent figure for males was 48%.

According to Pillai (1989)<sup>7</sup>, more than 90 % of women operate in unorganized industries where child care and maternity services are not offered. Throughout the years, the amount of poor young people is rising. For certain instances, work has not reached its economic position. According to National Committee on the Status of women (1974)<sup>8</sup> Women's engagement has decreased since 1921. The estimated number of woman employees fell from 41.8 million in 1911 to 31.2 million in 1971. The proportion of female employees in the overall human workforce fell from 33.73 per cent in 1911 to 11.86 per cent in 1971. According to the 1981 Census, a total of 23,89 per cent of the agricultural population is residential. According to the 1981 Census,



The severity and prevalence of all of these issues differ between and within countries. These issues also intersect with age, sexual orientation, economic class, race, religion, and physical abilities. Yet one thing is clear: the negative effects are disproportionate for women everywhere.

So what can you do to minimize gender inequities exacerbated by the pandemic?

Both men and women can mitigate the disproportionate impact of these inequities. In this blog, we lay out three categories for how you can think about your pandemic response: in your home, in your organization, and in your initiative and program design

- Ensure that men and boys share domestic and care work equally with women and girls: Create time to discuss with everyone in your household **what needs to be done and how to divide this work**. Creative tactics to facilitate these conversations can include games, such as **Fair Play**. Beyond conversations at the household level, you can have discussions with your employers about how you can flex your capacity to share the domestic and care load with others in your home. Examples include modified schedules, reduced hours, and adjusted expectations and workflow.
- Explore how to compensate those doing domestic work and care: Women lead a large proportion of the informal and formal care economy. If you have the means, consider how you can provide financial support to those who usually help you, such as caregivers and cleaners. In India, for example, the **Prime Minister urged citizens** in a televised speech to continue to pay support staff during the nation-wide lockdown.
- Include (and demand) female voices in decision-making: If women are not already represented in key decision-making positions, bring them in now. Organizations with greater gender balance have been found to **outperform male-dominated ones by**

**almost 2%** on average each year in non-crisis settings. Balance in perspectives and experiences is even more vital in times of crisis. From global health to economic decision-making, being intentional about having women in leadership positions is critical to designing more equitable solutions. Efforts like **Operation 50/50's crowdsourced list of women health security experts** can provide ways to boost female representation in decision-making.

- Adopt gender-inclusive workplace practices, measure their impact, and celebrate their success:

The pandemic offers an opportunity for employers across sectors to support the shift to more equitable practices among male and female employees. Offer flexible working solutions for all and offer shifts at sociable hours for women to reduce their risks of travelling alone. For employees with young children or elderly who need care, sensitize managers to explicitly recognize the burden of care on both male and female colleagues. Do not assume that men will continue to work at 100% capacity—doing so will only exacerbate gender inequities at the household level. Make sure to measure and track adjustments to inform which work practices you should retain after the pandemic. For example, research has found that companies that do not offer flexible working underperform over a five-year period. Could flexible working provide a way forward for your organization? It is important to also ensure that performance management does not favor those without additional care responsibilities during the pandemic. Instead, celebrate and reward shared care—recognizing your employees' efforts can demonstrate your commitment to their wellbeing and normalize a more equitable division of household labor.

### **Increased risk to women :**

Evidence from past epidemics, including Ebola (2014-16) and Zika (2016) suggests that women and children are at greater risk of exploitation and sexual violence.<sup>1</sup> Increasing the risks of violence for women were increased stress, the disruption of social and protective networks, and decreased access to services. Efforts to contain outbreaks have in the past diverted resources from routine health services including pre- and post-natal health care and contraceptives,<sup>2</sup> and exacerbated already limited access to sexual and reproductive health services.<sup>3</sup> The Report of the High-Level Panel on the Global Response to Health Crises, set up by the United Nations (UN) Secretary-General, submitted in 2016<sup>4</sup> underscored in its recommendations 'Focusing attention on the gender dimensions of global health crises'. It noted the need to incorporate gender analysis into responses, as well as recognize the critical role played by women in responding to health emergencies. It further stated that 'policy-makers and outbreak responders need to pay attention to gender-related roles and social and cultural practices'. Yet evidence across sectors, including economic planning and emergency response, continue to lack a gender lens. Less than one percent of published research papers on both Ebola and Zika outbreaks focused on the gender dimensions of the emergencies.<sup>5</sup> Research on the gendered implications of previous health emergencies is even more scarce.

### **Economic Impact :**

Emerging evidence on the impact of COVID-19 suggests that women's economic and productive lives will be affected disproportionately and differently from men.<sup>6</sup> Across the globe, women earn less, save less, hold less secure jobs, and are more likely to be employed in the informal sector. In developing economies 70% of women work in the informal sector with few protections against dismissal or for paid sick leave and limited access to social protection.<sup>7</sup> The Ebola virus showed that quarantines can significantly reduce women's economic and livelihood activities, increasing poverty rates, and exacerbating food insecurity.<sup>8</sup> In India, the nationwide lockdown imposed by the government has left millions of migrant women unemployed and starved for food, placing a huge financial burden on these women, who contribute substantially to their household income.

### **Health Impact :**

Restrictive social norms, gender stereotypes, home quarantining and diversion of resources to respond to the COVID-19 pandemic can limit women's ability to access health services as well as make them more susceptible to health risks. Global lockdowns have led to several women being stuck at home with their perpetrators and incidents and reports of violence against women has been on a rise globally. Women's access to sexual and reproductive health services has also been severely impacted due to the COVID-19 emergency response and global lockdowns. Multiple responsibilities has also put severe strain on their mental health.

#### **1. Violence against women and girls**

According to the WHO, violence against women remains a major threat to global public health and women's health during emergencies. Although data are scarce, reports from China, the United Kingdom, the United States, and other countries suggest an increase in domestic violence cases since the COVID-19 outbreak began. The National Commission of Women in India has also reported a surge in the reported cases of violence in the country. Stress, the disruption of social and protective networks, and decreased access to services can all exacerbate the risk of violence for women. As distancing measures are put in place and people are encouraged to stay at home, the risk of intimate partner violence is likely to increase.

#### **2. Mental health**

While there have been reports suggesting that men, the elderly, and persons with compromised immune systems may be at greatest risk of fatality from COVID-19, the greater caregiving role that women and girls are expected to perform may compromise their mental health and well-being. Results from a recent PFI study to assess the knowledge and impact of COVID-19 on young people in three Indian states of Uttar Pradesh (UP), Bihar and Rajasthan show that 51% female adolescents experienced an increase in workload during the nationwide lockdown, as compared to 23% male adolescents. In UP 96% females experienced an increase in workload, with 67% being below 18 years of age.<sup>14</sup> Specific population groups are showing high degrees of COVID-19-related psychological distress. Frontline healthcare workers are facing backlash from communities leading to stress. In the

wake of the lockdown, people across all strata and age groups are finding it increasingly difficult to deal with social isolation and stress at home, with some facing increased

### **Conclusion :**

Women are mostly the main providers of their families, neighborhoods and health services, placing them at elevated risk of transmitting COVID-19. A seismic blow to our communities and economies, the COVID-19 outbreak reinforces society's dependency on women both on the frontline and at home, whilst at the same time highlighting systemic gaps in all domains, from health to the economy, defense to social safety. In periods of crisis, where finances are stretched and systemic capability is reduced, women and girls experience unequal impacts with far-reaching effects that are only further compounded in the sense of fragility, violence and emergency situations. The hard-won advances for women's rights are now under attack. Responding to the pandemic is not only about addressing long-standing inequality, but rather about creating a stable environment in the interests of all people at the core of recovery. Across metropolitan settings, owing to a higher percentage of nuclear households, women could be expected to help the family by staying at home and take care of the elderly and/or lose jobs / earnings in the near future. Over the long term, though, if working from home is the rule, further job options can become accessible to women who already choose home-based jobs. Most mothers do continue to teach their children because governments across the world have partially closed schools to avoid the dissemination of COVID-19 pandemic. Concerns over the effects of these school delays are rising.

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