



The Gender Dimension of Covid 19 Pandemic in India

REKHA PANDE

Department of History School of Social Sciences, University of Hyderabad, Telangana, India.

Abstract

The present paper analyses the gender dimension of Covid 19 in India, focusing on three major areas, women's work, domestic violence and education. This paper concludes with certain policy suggestions arising out of this and recommends that civil society needs to join together and collectively look for solutions. The paper argues that finding a solution will take time, nevertheless, it may be able to develop alternative ideas and tactics that will not only help treat the problem but also help to prevent it. In any pandemic there is a strong correlation between factors such as income, race, and place of residence. Gender-based effects are also a part of this epidemic. Despite the fact that the crisis affects men and women differently and not always in the same direction, it has a greater impact on women. Our society's social constructs are to blame for this. Hence, it becomes necessary to examine the gender dimension of Covid 19. Some of the aspects that are discussed include, the impact in the job market, increase in care work, the rise of domestic work load, declining output of professional women, impact on elderly and mental health and domestic violence. It also examines how the scenario of education changed after Covid – 19 and what are the challenges and opportunities in it. During the lockdowns, inequities overwhelmingly impact the wellbeing and economic resilience. Due to the current social structure, women bear the brunt of unpaid care giving in today's stressed-out households. The rise in domestic violence is causing increasing concern. Older people with already other symptoms of disease and those with underlying health conditions are likely to experience serious illness. This coronavirus epidemic is not just a medical issue but a social and economic one and its impact is global and prolonged and has left a mark on our society.



Article History

Received: 23 May 2022

Accepted: 06 July 2022

Keywords

COVID 19 Pandemic;
Dimensions of COVID 19;
Gender Unpaid Domestic
Work; Lockdown;
Unpaid Care Work.

CONTACT Rekha Pande ✉ pandereka@gmail.com 📍 Department of History School of Social Sciences, University of Hyderabad, Telangana, India.



© 2022 The Author(s). Published by Enviro Research Publishers.

This is an Open Access article licensed under a Creative Commons license: Attribution 4.0 International (CC-BY).

Doi: 10.12944/CRJSSH.5.1.06

Introduction

The COVID-19 epidemic is having an enormous effect on communities around the world. Not all, however, were affected in the same way, in every area. Taking into account how the pandemic affects individual populations, the success of containment measures can be improved and the possible negative impacts reduced. Experiences from past pandemics demonstrate that they can be particularly powerful drivers of change, although the consequences of the crisis can also be encountered in multiple (and sometimes more negative ways). Given that COVID-19 is not gender-blind, neither should the answer to it be.

As a result of the pandemic, we've had to re-learn and adapt new ways of interacting with others. We don't know what the future holds for our world. The virus of Covid, which was discovered in Wuhan, Hubei Province, as the underlying cause is well-known. The WHO Country Office in China first heard about this on December 31, 2019. More Chinese provinces and the rest of the world were infected as a result of the disease spreading. It wreaked havoc, resulting in many deaths, destroying hospital infrastructure, and causing the economy to fall apart. The World Health Organisation (W.H.O.), has now declared this as a pandemic and given it the name of SARS-CoV-2. This is now known as COVID-19, an infectious disease that primarily affects the lungs. By the end of July, there were 18,702,734 confirmed cases of coronavirus in the world, and the death toll had reached 704,365. The number of people infected with the coronavirus COVID-19 has risen to 19,06,613 in India, with over 39,820 people dying as a result. There is no known cure for the symptoms of Covid 19, which include mild to moderate respiratory disease in those who are infected with the virus. Now with the discovery of vaccines and booster shots we have been able to contain this to some extent. Seniors, especially those with pre-existing conditions, are at an increased risk of developing life-threatening illnesses. Hand washing, no handshakes, wearing masks, lockdowns, and working from home all became commonplace as a result. This coronavirus outbreak will be global in scope, and it is expected to last for quite some time.

The Changing World

The world has been changing since long with its values, culture and ambitions reaching a new height with every passing century. The Second World War represented the dire inability of leaders to learn lessons from the first world war between 1914 and 1918. The formation in the late 1940s and early 1950s of the United Nations and Bretton Woods institutions offered some reasons for hope, but these were overshadowed by the Cold War (You, Jong-II, 2002). The 1980s, 1990s and 2000s were a time of rapidly increasing cross-border trade, financial and human movements and people becoming more and more dependent on each other as a result of Globalisation towards 1990's. One of the key factors for the most rapid decline of global poverty is the increased influx of goods, services and skills. By 1990's more than 200 crore people had moved out of poverty. Improved access to jobs, education, sanitation and public health, including the availability of vaccinations, has increased the life expectancy on an average. As the world becomes more interconnected, so does our dependence on one another. As a result of globalisation, there is an increasing chasm between the new systemic risks that have arisen and the effective management of those risks. Butterfly Defect demonstrates the importance of mitigating uncertainties and risks in an interconnected world (Goldin & Mariathan, 2014).

Prior to the start of the epidemic, the world was a very well-connected one and more and more people were occupying public spaces. During these moments of over-presence came the COVID-19 crisis. The period before the Covid 19, saw a time of group activities and constant hand-holding, for many through various political protests. There were a lot of protests in India against the Citizenship Amendment Act (CAA), National Register of Citizens (NRC) and National Population Register (NPR). People walked along the streets, sat in public spaces and generally occupied them. To be seen as a crowd together, to be heard as a group together, to hold hands as human chains was a very important form of protest. This has been the case even in many other countries too. In Chile women stood by each other, singing and protesting the patriarchal state and system. Similar scenes produced in Kazakhstan, Bolivia,

HongKong, Spain and beyond (Banerjee, 2020) However, with the virus and the fear of contagion brought in the concept of social distancing and this was enforced by the Government through lock downs in various countries.

Methodology

The present paper analyses the gender dimension of Covid 19 in India, focusing on three major areas, Women's work, domestic violence and education. This paper uses a qualitative approach Our Interviews and data collection was limited to the southern States of Telangana, Andhra Pradesh, Karnataka and Tamil Nādu. Since, most of the people were approached through phone and the internet, our sample consisted of mostly middle- and upper-class individuals. The first step was to conduct an informal survey in stage one, to determine how much time men and women spend on housework before and after the lockdown Semi-structured interviews were conducted in the second stage, in order to gain an understanding of the reasons for the responses that were received in the first stage. Due to the research's focus on the impact of COVID-19 amongst other things on unpaid work, the individual is the unit of analysis, with men and women serving as the primary subjects. Cleaning the house, doing the dishes, cooking, watching the kids, taking care of the elderly, and doing laundry are all examples of unpaid work Decisions about the sample population were based on non-probability sampling techniques. We also analyzed various reports and studies available in international and national journals and newspapers to get data on issues of violence and education Convenience sampling and judgmental sampling were used for the purpose of the survey and the interviews. A sub-sample from stage one was selected for interviews based on characteristics such as marital status, employment status, the use of domestic help services and the responses received on changes in unpaid chore time during the lockdown. There was a total of 75 people in stage one and 25 in stage two of the survey There is a focus on urban and semi-urban areas in India for the study's scope. To circumvent the lockdown and maintain social distance, all data was gathered via telephonic conversation and the internet. According to an interviewee's preference for either Hindi or English, the survey was conducted in English or Hindi and interviews were conducted in both languages.

The Pandemic in India

India has seen three waves of the pandemic. The first case of Covid -19, was reported in India on January, 30th, 2020, when the index patient had returned from Wuhan. After that, there were only two more cases in February. However, more cases were brought to light in March, and the number of cases had been on the rise since the second half of April 2020. There were only 500 confirmed COVID-19 cases and less than 10 deaths when India went into full lockdown on March 24 after a 14-hour "Janata Curfew" test run. The sudden lockdown had a significant impact on millions of low-income migrant workers and daily wage earners. Food insecurity and other hardships forced many of these workers and their families to take to the streets. This was the first waves of the pandemic.

The second wave of the COVID pandemic was caused by a period of state indifference from September to December and a little laid-back attitude. New infections in India skyrocketed in the country as the second wave of COVID-19 continued to spread. The total number of cases and deaths in the country now stands at 18.7 million and 208,000, respectively. All healthcare providers were overwhelmed by the new coronavirus outbreak. Many healthcare facilities and employees were unable to keep up with the influx of patients. Patients with severe cases of COVID-19 are unable to get the treatment they need because hospitals are suffering from a severe lack of hospital beds, oxygen, and medicines. There was a reduction in overall access to health care services. Even in Mumbai, where COVID-19 care is provided at specialized hospitals, non-COVID-19 care is under stress because of this crisis. The number of new confirmed COVID-19 infections in India decreased from October 2020 to mid-February 2021. This was the worst phase of the pandemic. Experts in public health believe that because of the false sense of security, people have stopped taking preventative measures like wearing masks and keeping a physical distance from the source. Rallies and other social gatherings attended by a large number of super-spreaders may also have played a role. In addition, India high population density makes it difficult to follow the necessary rules in public spaces.

In the third wave of the pandemic, around 7,000 to 9,000 new cases of COVID-19 were being reported daily in India in the third week of November 2021. The vaccination of COVID-19 was being accelerated, and there was a surplus of vaccines available compared to demand. Early in the year of 2022, there was a glimmer of hope for a return to normalcy. Omicron (B.1.1.529), the fifth and most recent variant of concern (VOC) for SARS CoV2, emerged in the final week of November, and everything changed. The third COVID-19 wave is currently underway in India. On January 19, 2022, India reported 317,000 new COVID-19 cases, an increase of more than 1,000 per day since the beginning of the year. Test positivity rates are on the rise in nearly all of India's states (TPR). Although the definition of a confirmed COVID-19 case has changed from being considered active for 14 days to seven days, the number of active SARS-CoV-2 variants has now been proven to play a significant role in the rapid spread of COVID-19.

While some people recover from the COVID-19 virus, others do not, and there is currently no known cure for the respiratory illness that most people experience. There is a greater risk of serious illness among the elderly and those with pre-existing medical conditions, such as cardiovascular disease and type 2 diabetes. Hand washing, no handshakes, wearing masks, lockdowns, and working from home all became common place as a result. In terms of both economic and medical impact, this coronavirus epidemic is global and long-lasting. Like many of its predecessors, the current corona virus pandemic has affected nearly four million people and has wreaked havoc on countries and economies around the world. There will be a major shift in our behaviour and attitudes as a result of any major health crisis, just as there has been in the past. Soon India also saw a third wave of the pandemic but we were able to control the number of deaths in this and this was a mild version of the earlier virus. Now with the discovery of vaccines and booster shots we have been able to contain this to some extent. A paradigm shift occurs in the wake of a pandemic. The pandemic had a significant effect in a society where gender inequality was already a problem.

Though it can be argued that social distancing is for the privileged, everyone could not afford it. India

saw an unprecedented migrant labor crisis when each of these people wanted to go home from the distant places that they had come in search of a livelihood. That this luxury was not available to all, was evident from the various images that came across in the social media on the migrants trying to return home in the absence and lockdown of the transportation system. Even today, regular wage laborers and vendors, those running grocery shops, servicing pharmacies, distributing goods, clearing trash, cleaning parks, police officers, journalists, physicians, and other healthcare staff are unable to stay home. In detention centers and refugee camps, and also in prisons, space and spacing are often almost difficult to manage. Designated as 'deviant,' people in these crowded spaces are thrown together and left to live in unhygienic conditions. Without adequate facilities for health and a total lack of concern among politicians, the size of losses at these sites is expected to be massive (Banerjee, 2020). No doubt a pandemic has primary consequences. However, there are often secondary effects of the pandemic that are overlooked in policy debates, but they can have far-reaching social and political consequences. When sex-disaggregated data is lacking or incomplete, these consequences are much more difficult to comprehend and overcome. Gender-sensitive innovative planning and preparedness efforts are severely hindered by the lack of disaggregated national sex data in the affected countries (Sandoiu, 2020).

The Gendered Impact

There is a strong correlation between factors such as income, race, and place of residence and this becomes very important in a time of pandemic. This epidemic does, however, have a gendered effect. Though the pandemic affects both men and women in different ways it cannot be denied that it has a far greater impact on women. Our society's social structures are to blame for this. When daily activities are disrupted for a period of four months or more, job losses are unavoidable. When schools are shut down or families become alienated, jobs previously performed by paid employees (nurseries, colleges, babysitters) become unpaid. Because of the current social structure, the whole task of caring for children, cooking and feeding them and taking care of their day-to-day education falls more on women.

The slogan of this epidemic was, work from home and stay safe. In India the epidemic policy terminology is unfortunately gendered. Words such as war and combat, evoking the male realm of vengeance, courage, conquest, aggression, and decision-making, have been used to define the current situation in a continuum of political leadership and bureaucracy. Several references were given from the epics. One cannot but note that epics do not place women in decision-makers' positions, and portray the female characters much guilt, suffering, and loss. The *Laxman Rekha* (A line drawn in the Epic Ramayana by Lakshman, which has not to be crossed and when Sita crosses this it leads to her kidnapping and bringing in misery and suffering), referred to by the Prime Minister, was evidently the threshold of the house for all, the symbolic boundary of the domestic region. Women have always adhered to this Lakshman Rekha and it was men who were being exposed to it for the first time. However, the mention also helped to rekindle the idealized womanhood created by selectively portraying the ancient myths, epics and patriarchal ethos (Dixit & Chavan, 2020).

The Gender Gap in India

The gender gap index is used to measure gender equality and gaps between women and men in terms of health and survival, educational attainment, economic participation and opportunities and political empowerment. India scored 66.8 percent on the Global Gender Gap Index, ranking 112th position of the 152 countries studied, a markedly wider gap since 2006 (World Economic Forum 2020). Despite some improvement, the condition of women in India remains precarious as India has fallen four positions below its previous position. Women's economic participation and opportunities are extremely limited at about 35.4 percent and we rank 149th position. India has a large economic gender gap with only 22 percent of its females actively engaged in the labor market to compete with 82 percent males. This is one of the lowest participation rates in the world. India came down in 7th rank since 2006 as the gender gap got significantly wider. As a result, the estimated income of the women in its labor force is a mere one fifth of what the men earn, ranking 144th position, which is also one of the lowest in the world (World Economic Forum 2020). In educational attainment also our ranking is 112 with a 96.2 score. In health and survival our ranking

is 150 and in political empowerment we have made some progress with 18th rank. Women also only account for 14 percent of leadership roles ranking 136th and make up only 30 percent of professional and technical workers. By implication, many Indian women are not financially independent and might have difficulty leaving abusive situations due to heavy dependence on family or spouses. This lack of economic independence also makes Indian women subordinates to the men and more vulnerable to abuse. As Indian women continue to experience discrimination in access to healthcare, India trails behind with 94.4 percent parity and is ranked a low 150th on the health and survival subindex, indicating the gender gap in access to healthcare (World Economic Forum 2020).

Women's Work

Whenever there is a disaster, it is women and girls who suffer much more. When compared to men all over the world, women earn less and hence are able to save less, they lack social security and by and large work in the informal economy or social sector. The problem is further compounded when women lead a single parent household. Hence women are not able to deal with the crisis and cannot absorb the shock. For many households, the unpaid care and domestic load of women at home have been increased by school closures and social distancing steps, leaving them less likely to take on or balance paid jobs. This impacted the developing countries more, for here a greater proportion of women are living in the informal economy, where health care, paid sick leave and more are much less socially covered. While informal employment worldwide is a higher source of employment for men (63%) than for women (58%), there is a higher proportion of informal employment for women in low- and lower-middle - income countries than for men. The International Labour Organization (ILO) predicts that global unemployment will rise from a starting point of 188 million people in 2019 to 5.3 million people (low scenario) to 24.7 million people (high scenario) as a result of the impact of COVID-19 on global GDP growth. As a result of the 2008–2009 global financial crisis, global unemployment rose by 22 million people worldwide. The unemployed and underemployed, such as women in the informal sector, refugees, children, and the world's poorest people, are more vulnerable to job loss. For example, UN Women's survey results from Asia and the

Pacific show that women lose their livelihoods more quickly than men and have fewer income-generating options. Youth unemployment rose from 11.5% in February to 32.2% in April, which paints an even more bleak picture for those between the ages of 16 and 19. (UN Women, 2020 a).

Due to a severe lack of employment opportunities, many women have lost their jobs. According to rough estimates, 40% of working women, compared to 13% of men, work part-time. When a heterosexual relationship is disrupted, the bread winners are the men because women are the low-earners in the relationship. Rather than a few weeks, this disturbance could last for months at a time. A few women's lifetime earnings would never be the same again. While many fathers are expected to step up when schools are shut down, this isn't universal. How do single parents balance earning and fulfilling their work obligations? Even though women's employment has been negatively impacted in both the organised and unorganised sectors, the unorganised sector has been particularly hard hit.

Approximately 61 percent of the world's workforce who work in the informal economy have little to support them if they cannot go to work. U.N Women has estimated that 65% of the women worldwide are engaged in informal sector and are at a greater risk of economic instability (Haldevang, 2020). In India too, the vast majority of women workforce who work as self-employed and home-based workers. Petty vendors, construction workers and the many more working in the service sectors have become jobless and struggle to make both ends meet. They typically have neither sick leave nor health insurance, and are not eligible for compensation offered to furloughed employees from government. Women workers who lose jobs now will find it very difficult to enter the labour market later.

Increase in the Care Burden of Women

Since the outbreak of the COVID-19 pandemic and the subsequent shutdown response, the burden of providing unpaid care for others has increased significantly. Care work has a significant economic and social impact. We were informed that most of this burden fell on women though they were also working from home. We were told by Renu, "At least when we are in office, we leave all this behind us and focus on our work but when we are at home it is we who

have to do most of the things, be it answering the constant doorbell or dealing with the daily cooking and cleaning" (Personal interview, 20th September, 2021). Care of the infants, the elderly, those with mental and physical disabilities, as well as the typical household chores like cooking and cleaning were mostly done by the women. It is a known fact that there will be no life in cities, workplaces, or entire societies without women dedicating time, effort and labour to these essential daily tasks and doing this free. We came to know that during Lockdown with no domestic help it was women who were overburdened with the task of cooking, cleaning and managing the house in general. The husbands could lock themselves in a room and devote their time to the office work but it was women who were torn between office work and daily chores at home.

Women are typically the ones who perform the majority of the world's unpaid care work. The time women devote to cooking, cleaning, and taking care of their families - including children, the elderly, and those in need - is not compensated in any way. However, unpaid care work is often excluded from policy agendas due to a popular misconception that, unlike traditional market job metrics, it is too difficult to quantify and less important for policy considerations (OECD, 2014). Unpaid care work, however, contributes to false inferences about the well-being of people and the value of resources, which in turn limits the efficacy of interventions in a number of socio-economic fields, including gender differences in jobs and other areas of empowerment (OECD, 2018).

"My mother-in-law suffers from high diabetes and is not able to move around easily. Since the lady who looks after her was not able to come during the lockdown, I had to even take care of her. My husband also helped but only before his work and after his work was over. However, throughout the day, I had to leave my Lap top many times and go and meet the demand of my mother-in-law" according to Nisha (Personal interview, 4th April, 2020). Care work can be found in a variety of settings, including formal and informal economies. The health care system provides some of this care, while the rest of it is publicly funded. The care economy includes public services for childcare, early childhood education, disability and long-term care, as well as for elder care, among other things.

However, due to a lack of access to high-quality services, the provision of health, education, and social services frequently overlaps with other forms of paid and unpaid care, such as that provided by members of the family and the community. Unpaid or underpaid domestic workers are common in many cultures, including Indian. During the pandemic when any kind of paid services were not available this burden fell on women by and large.

A growing number of women entering the workforce face the challenge of finding care work solutions as they try to fulfil their roles as mothers and teachers of the next generation. At the same time, the world's population is living longer than ever before. Populations in all countries, even those with relatively high fertility rates but low birth life expectancy, are becoming older. Even those with short-term or chronic conditions and/or disabilities should be given special consideration and it is often women who do this in families. Women are disproportionately responsible for the way the elderly and disabled have to be looked after. As the need for child care and elderly care rises across the country, so does the care economy. Though there are many benefits and security measures in place to protect caregivers, they are not universally available to all workers in the care industry. Low wages or non-compensation are also common. On the one hand, there is a clear need for new care approaches in terms of working conditions for caregivers, as well as a need for new care policies and facilities.

The current crisis is exacerbated by the type of family structure. As in most recessions, if there is a second earner in a family, the financial impact of losing a job is less severe. It comes as a shock to all families with children when schools close, but it's especially hard on single parents who have to deal with the sudden increase in child care requirements. 21 percent of all children will be at risk of poverty if all schools in the United States are shut down for an extended period of time so that single mothers are unable to work. Also, day-care facilities were ordered closed. Grandparents, other family friends or neighbours are not available due to the fear of the spread of the virus. The COVID-19 crisis offers no room for alternative solutions (Alon, *et al.* 2020).

When it comes to unpaid care jobs, women tend to spend more time on them than men. Because

of gendered social norms that view unpaid care work as a female prerogative, women in a wide range of countries, socioeconomic groups, and societies spend a significant portion of their waking hours fulfilling the demands of their domestic and reproductive roles (Lyonette & Crompton, 2015). "Double burden" of women's work is generated as a result of this, in addition to their paid jobs. Either expanding the possibilities for women and men, or keeping them in roles that are traditionally associated with motherhood and femininity, how society views care giving has a significant impact on the quest for gender equality (Razavi, 2007). Discrepancies in the amount of unpaid work done by men and women are stifling women's economic empowerment and violating their rights (UN, 2013). Women perform more than two-thirds of all unpaid care work. Unpaid care work performed by Indian women and girls is estimated to take up 3.26 billion hours each day, generating an annual economic contribution of Rupees 19 lakh crores, or 20 times the total education budget of the country. However, it is estimated that women over the age of 15 do more unpaid work than the tech industry generates annually in the amount of \$10.8 trillion (Lawson *et al.*, 2020).

Even in India, this is true. Our various interview and data collected showed that during the pandemic, childcare was a major concern for working families. This was a major crisis for schools and day care centres were closed. Though some families did have grandparents who could perform the task but the fear of virus exposure kept them away. This meant that the woman was solely responsible for taking care of the children. When schools are closed because of the corona virus, a parent who stays at home to care for the children, it was the mother, who took care of the majority of the childcare responsibilities in households. Most married couples who have children work full-time. Our data showed that, it was women who provide 60% of the childcare for these couples overall. The men providing 7.3 hours of childcare per week while women provide 10.5 hours. It was the working mothers who bear the brunt of the rising costs of childcare. Parental responsibilities have been increased as a result of the closure of schools, such as home schooling. Women believe that they spend more time at home with their children than their husbands. (Deshpande, 2020).

Care for the Elderly

In these tough times, when livelihoods were a burden on their own, many economically affluent families found an extra burden of older people at home. Elderly people have been impacted in two ways by this pandemic. Subamma Venkatesh, told us, elderly people are becoming more vulnerable to danger and this necessitated greater security in many households, regardless of their economic status. Elderly people are particularly concerned about being labelled as COVID-19 vulnerable and being told they are especially at risk. While the psychological toll, such as anxiety and a sense of stress or anger, is increasing for older women, they are also experiencing an increased sense of loneliness and neglect (Personal Interview, 10th March, 2020). The caregiving responsibilities of women are exacerbated when those women are elderly or stay at home to care for their parents.

The Rise of Domestic Work Load

In South Asia, particularly India and Pakistan, there are some of the most unequal norms when it comes to housework and domestic chores (Deshpande and Kabeer 2019). Work-from-Home (WFH), a regime in which middle-class families are forced to manage without helpers, may encourage men to more evenly distribute their domestic duties. One is not sure given the culture of these countries which are very patriarchal. Though women in large numbers join paid work, contemporary jobs continue to be based on a full-time 'adult worker' model (Acker, 1990). The continued obligation of women for the majority of domestic work and childcare makes it difficult to fulfil the requirements of adult jobs and many women with such obligations scale down their intensity of employment, working in a less difficult job, mostly on a part-time basis (Grant *et al.*, 2005), although such strategies are incompatible with career performance (Thornley, 2007). Worldwide, lockdowns and self-quarantine steps have increased the workload of women as more people are home-bound for an extended period of time and cooking and cleaning responsibilities have increased. Data from the Organization for Economic Cooperation and Development (OECD) indicate that, time spent on unpaid jobs, such as shopping or household tasks, reveals massive gender disparity. Mexican women spend six and a half hours in unpaid work, while Mexican men spend an average of 2 hours and 17 minutes on unpaid work. Portuguese women

spend 5 hours and 28 minutes a day on unpaid jobs while their men spend just 1 hour and 36 minutes. The most supportive people in Europe are the Danes, who spend three hours and six minutes a day helping out at home (OECD, 2018). Indian women do almost six hours of work each day working unpaid. Conversely, on average, Indian men spend less than an hour doing the same.

The pandemic has increased the work load of the rural women who in addition to the domestic chores for most of their day also are involved in water and firewood collection, food processing and preparation, travel and transport, and care giving. These assignments are unpaid and limit the time and independence of a woman. In addition, drudgery may trigger poor health and nutrition for the entire family of a woman, particularly infants and young children. Although men contribute more to housework today than they did 100 years ago, studies have consistently shown that women, even as they often manage successful careers, still appear to take on most of these responsibilities. And in some of the least supervised and lowest-paying sectors, paid domestic workers continue to be predominantly women, most of them women of colour and immigrants. In the Indian context also, things are not different. The pandemic brought home the truth that these workers are undercompensated and unrecognised because their work is not considered valuable and perceived as beyond the scope of market economy. Hopefully, awareness of the value of socially reproductive labour in daily lives would be one of the silver linings of this crisis. Ideally higher pay and improved job security, could pay for domestic workers and bring a fairer distribution of jobs in the household if it is recognised (Finley, 2020).

Loss of Jobs Due to Closures of Business

Because of the nature of firms that are facing protracted closure or the danger of permanent closure, women are more likely to bear the burden of job losses. (Alon *et al* 2020). The pandemic has seen a loss of jobs due to the closure of business enterprises which was necessitated by the decline in consumerism. Women's bodies have always been used for advertisements and creating a demand. Both these areas do not see any openings during the pandemic. Consumer-focused companies have also attracted even greater attention in recent years

from venture capital and private equity. Directly responsible for 45-50 million jobs, the retail sector serves as the country's second largest employer (after agriculture), supplying goods to 250 million Indian households. Because of India's four most popular consumer spending categories: food and groceries, textile and apparel, jewellery and consumer electronics and durables, farmers and millions of workers in India's MSME sector are directly linked to the success or failure of these 250 million households. It's a long shot, but due to the pandemic, there was a risk of slow-moving stock as the season changes from winter to summer, as textiles and apparel stores have been closed.

We were informed that, expenditure on clothing (and accessories) was unlikely to be a priority for most consumers in different income brackets for several months following the removal of the lockdown. Vijaya, informed us that even during the lockdown they never felt the need to buy anything for themselves and they felt that they had enough of everything. Obviously their priority was not clothing and cosmetics but food and medicines (Personal Interview 15th April, 2020). The pandemic has exposed the limited needs of consumers, and the majority of spending now goes toward food and health care. Everything from the clothes to the shoes to the jewellery has taken a back seat in this scenario. As a result of these developments, to get rid of their unsold inventory, manufacturers and distributors will have no choice but to offer steep discounts in an effort to clear their shelves. As a result of decreased demand, fewer of these products are being produced. It's important to remember that women are the driving force behind this industry.

A very large segment of Indian consumers therefore fulfils their apparel needs through heavily discounted products, causing a lot of tension from India's non-food organized retailers and many brands, too, where the brand-pull might not be enough to maintain or attract cash-strapped consumers. And this important product segment is likely to see tough and tougher times even after the pandemic is over. There is a significant adverse effect on the jewellery segment with the wedding market also undergoing postponement. The consumer electronics and durables category (around \$50 billion) is likely to have the least lasting effect

although some categories unique to the summer season such as air-conditioners have already faced substantial revenue loss in the period of the lockdown. The effect on other categories, such as home and living, clothing, etc., is likely to be more by-pass for consumers looking for more value-priced alternatives. Hence, it is challenging times for non-food consumer goods producers, brands and retailers. There is considerable doubt, anxiety and concern for life that is looming. In reality, just like the poison that initially spills out of this swirl, the pandemic also throws its challenges in terms of loss of life, stagnation in the global economy, mass hysteria and misery, the need to adapt to new business models and the loss of income and jobs.

Violence Against Women

There were two pandemics spawned by COVID-19, one an infectious disease and the other a spike in violence against women and girls as a result of lockdowns that kept people cooped up in their homes. Women and girls are more vulnerable to intimate partner violence and other forms of domestic violence during times of crisis. During the pandemic, the message was to stay at home and be safe. Sadly, home isn't always a safe place. Many women have been forced to live with violent husbands as a result of the self-quarantine they were forced to impose on their own homes. Violence rose as a result of liquor stores being shut down and men not being able to get their fix. Gender violence stems from the imbalance of power that exists within a household. Domestic violence was on the rise in many countries around the world following the outbreak of the virus. There has been a rise in domestic violence cases in India since the national lockdown began, according to the National Commission for Women (NCW). It's no secret that the number of women calling domestic abuse hotlines and reporting it to the police is rising. Of the 3027 reports received by NCW, 1428 (47.2 percent) were related to domestic abuse in April and May, 2020, across 22 types of crime against women. On the other hand, the statistics from January to March 2020 indicate that around 20.6 per cent (871) of a total of 4,233 allegations made during that time were linked to domestic abuse. A monthly review of complaints about domestic abuse further confirms the rise in complaints. Such complaints comprised 51.45 percent (514) of 999 complaints sent to NCW in April 2020.

Domestic abuse allegations in May constituted 45.07 percent (914) of the total of 2028 allegations (Pandit, 2020). NCW had received reports offline as well as online until lockout. Since the shutdown came into force, the NCW received reports only online and initially by fax, until a dedicated WhatsApp number-72177135372 was launched for victims of domestic violence on April 10, 2020. The announcement comes amid a rise in domestic violence cases due to the ongoing lockdown. It was found that many women who are victims of domestic violence are more vulnerable during the lockdown period (Deccan Herald, 2020). NCW received 2,043 complaints of crimes against women in June, 2020, the highest in 8 months. Of the 2,043, 603 complaints related to mental and emotional abuse were filed under the right to live with dignity' clause (India Times, 3rd July, 2020). The number of reports from women seeking aid to protect their right to live with dignity is also rising. Cybercrimes against women too have seen an alarming rise from 37 in March to 55 in April and 73 in May.

Domestic Violence has been called the silent pandemic (UN Women, 2020 c). Even before the pandemic of Covid19, domestic abuse in India was a matter of significant concern. Overall, 37.2% of ever-married women (15-49 years of age) have experienced physical and sexual abuse from their partner. Within five years of marriage, 87 percent of this spousal abuse was initiated. Spousal abuse ranged in Himachal Pradesh from 5.9 per cent to 59.0 per cent in Bihar (Golder, 2016). Since the age of 15, 30 % of women have experienced physical abuse, and 6% have experienced sexual violence in their lives. During every pregnancy, four percent of ever-pregnant women have experienced physical abuse. Physical, sexual or emotional spousal abuse has been experienced by thirty-three percent of ever-married women. Physical violence (30 percent), followed by emotional violence (14 percent), is the most prevalent form of spousal violence. This only increased during the pandemic (The Telegraph Online, 2020). Spousal sexual harassment has been witnessed by seven percent of ever-married women (NFHS-4, 2015-16). Violence against women is not a symptom of a greater problem that has only become worse as a consequence of the crisis; it is a symptom of a larger problem that has only gotten worse as a result of the crisis.

There were some notable break throughs, earlier such as the 2008 establishment of the 'Bell Bajao,' a movement to empower men and boys to take a stand against domestic violence. This is a media and cultural movement that encourages men and boys to speak out against domestic violence. The campaign aims to prevent domestic abuse against women while also emphasising the importance of men and boys in reducing violence (Breakthrough)

New statistics provided by the National Legal Services Authority (NALSA) show that domestic abuse incidents have been steadily rising due to the national lockdown. The data, which is categorized in different states according to cases, indicate Uttarakhand to have reported the maximum number of cases of domestic violence, Haryana ranks number two, and number three Delhi, the national capital (Times of India, May 18, 2020). The lockdown has brought out a very ugly face of gender inequality not only in India but all over the world. The lives of women across the globe, who are in an abusive relationship has been more severely hit by this pandemic. Domestic violence which was very much a daily part of the lives of many women has now been repeated and perpetrated frequently, and on a regular basis during the lockdown. Various domestic violence helplines and organizations all over the world are working constantly to deal with this global issue.

Education and Women

In light of the global pandemic of COVID-19, educational methods have changed. Traditional classroom instruction is no longer practicable due to students' apprehensions about infection and their desire for social isolation. A five-day notice was issued to all on-campus students at Harvard University, instructing them to leave immediately and not return until the semester had concluded. Ivy League universities are now using virtual classrooms in their academic agendas. Schools have been closed in thirteen nations to contain the spread of COVID-19, a figure that has never been seen before. According to UNESCO, the ongoing viral epidemic has resulted in the absence of 300 million children from school around the world, which has increased the responsibilities of women (UNESCO, 2020). Several universities in the United States and other nations have the same COVID-19

answer. As of March 11th, 39 countries in Asia, Africa, the Middle East, North America, and South America had either declared or implemented school and university closures. About 37.23 million children and teenagers have been affected by the closure of schools in 22 nations (Xavier, 2020).

The closure of the schools and online teaching had a lot of impact on higher education and secondary and primary education in India also. Teachers had to learn online teaching using electronic means of communication, exchange notes and information through email and instant messengers. Meena a school teacher told us, "Now it's all about connecting with the students through phone calls and voice messages. Suddenly overnight we had to get used to teaching online and see that the students learnt something "(Personal interview, 10th April, 2020). It was only a technological transformation that kept the education sector going through the current crisis. Lectures were offered at scheduled slots on digital channels when students engage in listening and interacting. The contact facilities with the teachers are based on the platform used. Several systems like MS-TEAM, CISCO Webex, Zoom, Google Meet etc exist. Ideally, these platforms have the facilities to create a face-to-face classroom atmosphere that feels the same or better (Isaac, 2020). However, one could see a big digital divide in education. The private schools which were well off could easily switch over to online teaching as the students came from well to do backgrounds and they were familiar with using a computer. It was the Government school that faced a serious crisis. Initially the schools just closed down but after a long time when this was no long an option the teachers went into teaching in an online mode and sent lessons through what's app. However, not many of these students had smart phone or internet connectivity. There was only one phone available in many families even when they had two or three children studying in a government school.

With these developments and the increasing emphasis on online learning and teaching, the digital divide has become clear specially in India. Today Information Technology has become a dominant force in the globalised world to change social, economic, and political life. There is a strong correlation between the low status accorded to girls and women in Indian society, as well as the extreme

poverty and shoddy infrastructure that prevent women from accessing education and technology. A major digital divide exists in India between men and women, despite the country's many other divisions. Female constraints are exacerbated by their shared economic hardships with men. The gender gap in information technology benefits between men and women has widened due to the fact that women receive less technical education and are less likely to work in technology-intensive jobs than men. It's especially true for rural women, who are already at a disadvantage because of their lower levels of education (Pande, 2012). Because of this, the problem has become even more complex. Lower-level jobs are increasingly being filled by women. Technology reveals the societies that create and use it, as well as their understanding of social status and distributive justice. We need a community-based alternative technology that redefines knowledge in such a way that the local and diverse are legitimate and women are given equal representation in opposition to global capitalism. The current state of technology and knowledge construction in India reflects the world of men, and the fight to change it necessitates a shift in gender relations (Pande, 2006).

The COVID-19 outbreak exposed India's persistent and severe social gaps in a matter of weeks. The new corona virus, despite infecting everyone, has been shown to have varied effects on each individual. Our interviews showed that, there were no Government schools open for a lengthy period of time during the epidemic, but private schools with internet connections were able to continue online classes. The pupils in the Government schools didn't have smart phones, and they commonly shared a single phone with their families. As a result, there was a wide disparity between the rich and poor in society. Besides this we found that the online teaching generated a new breed of passive learners and internet education got tiresome after a while, especially for school children. Not all teachers are proficient at or prepared for the rapid transition from face-to-face learning to online learning. Most teachers are now merely using video platforms like Zoom to deliver lectures, which may not be considered true online learning if there is no particular online learning platform in place (Pande, 2022). Classes and campuses have given way to online conferences and classes

in the last two months in the higher education sector. The education sector may be able to weather the current economic downturn if this technological shift is implemented. Despite this, information technology exposure and awareness are structurally influenced by fundamental characteristics such as one's socioeconomic situation, geographic location, gender performativity, and so forth.

Students at universities and colleges have an incredible opportunity to begin improving the quality of educational resources they use. Learning management systems will increase academic openness and transparency, which necessitates the development of innovative methods for designing and distributing high-quality information. In countries like India, the teaching profession has been largely isolated. There are now new forms and even money to be made from collaborative education and learning. Even students from rival institutions can enrol in online courses taught by faculty or lecturers from the institution.

Decline in the Output of Professional Women

Several studies have shown that professional women's productivity in research and publication has decreased as a result of the current lockdown, particularly among women. Women's increased burden of housework and the need to learn new technologies like online classes and webinars have exacerbated their already high levels of anxiety and stress. There has been an increase in this gap, according to an investigation by Academic Sequitur, a website that keeps tabs on new publications in over 4,000 top-ranked journals and pre-publication series in a variety of STEM fields, including economics (Shurchkov, 2020). When confined to the home, women scholars are more likely to experience an increase in domestic responsibilities and, as a result, a decrease in intellectual output. Overall, women submitted fewer papers in March and April compared to the same months in 2019, particularly to EarthArXiv, medRxiv, SociArXiv, and NBER (Lamarre, Sugimoto, & Larivière, 2020).

Lessons Learnt and Recommendations

Covid-19 has also come with certain lessons and we need to learn from these. First and foremost, it highlighted the need to strengthen the public health system. This time around, care for the elderly, particularly women's mental health, needs to be a

priority. The elderly relies more on social contact. They are somewhat more vulnerable they have more health problems than younger people, making it more difficult for their aging immune system to combat illnesses, parasites and viruses. Recovery is usually slower and more nuanced. Anxiety for loved ones who are older and who live far away is still present. Since they live alone, are on a fixed income or pension, no longer drive and do not take public transport, their regular health checks are delayed, escalating their anxiety. They may also have depression that is un-diagnosed or badly controlled. COVID-19 has intensified the already present problems for millions of older people. We need to focus on building infrastructure keeping the elderly population in mind.

In addition, women's contributions must be considered. There are many unanswered questions about why women choose to take on the role of caregiver, how they manage their duties, and the long-term consequences of taking on this role despite the abundance of literature on family-caregiving. Male caregivers were more likely than female caregivers to be employed, earn slightly more money, and be in the upper socioeconomic strata. Caregivers' time with patients showed a difference between the sexes, with females devoting more time to their patients than their male counterparts. Women were found to be more critical of their families in one area, while men were more critical of their families in another area. The impact of gender on caregiving outcomes can be influenced by a wide range of other variables, such as patient-related factors and socio-demographic factors (Sharma, Chakrabarti, & Grover, 2016).

We must address the problem of violence against women and the issue of women's empowerment. It's a widely held belief that domestic violence is more prevalent among the poor. However, this is not true. Women of all socioeconomic backgrounds are affected by the problem. Abuse victims have few resources at their disposal, including helplines, shelters, and legal representation. During a sudden lockdown, what options are available to women who are left alone and vulnerable? If at all possible, there will be very few of them. This is a resource that must be made available to the public. Large-scale awareness campaigns are needed immediately to educate people about domestic violence

and the immediate steps they can take to prevent it. Non-governmental organisations need to bring the law enforcement community to justice as soon as possible (NGOs). There should be no letup in the spread of the virus-caused pandemic as long as it continues to cause havoc.

The digital divide is a problem that needs to be addressed by the government. For universities and colleges, there is a great opportunity to begin enhancing the quality of the teaching and learning materials they use. Learning management systems and openness and transparency in academics will necessitate the design and delivery of quality content in the form of blended learning, which will be the new learning format.

Five core UNICEF programmatic and advocacy actions recognise the public health, social and economic consequences of this pandemic are prioritised by the organisation. Take care of the people who are looking after you. During the COVID-19 outbreak, expect an increase in gender-based violence. Core health and educational services and systems should be maintained. Involve women's and young people's rights organisations in order to support the flow of vital information and knowledge. Ensure the availability, analysis and actionability of relevant gender data (UNICEF, 2020).

Conclusions

An unprecedented global crisis has arisen as a result of the COVID-19 pandemic and its consequences for society and the economy, requiring a coordinated response from all facets of society. In the event of a pandemic, all existing inequalities are amplified and heightened. As a result, who is affected, how severe the impact is, and what steps are taken to recover are all influenced by these differences. Women and girls already had a low status in our society and since the outbreak of the pandemic, this has only gotten worse. Women and girls must now be considered in COVID-19 response plans, recovery efforts, and resource allocations. There have also been some positive outcomes as a result of this pandemic. COVID-19 has brought together individuals, organisations, cultures, governments, and society at large in search of a solution. The COVID-19 response must include women and women's organisations. An inclusive care economy

and socio-economic plans with a specific focus on women's lives and futures. The Sustainable Development Goals (SDGs), can be achieved faster, better, and more sustainably for everyone if we prioritise the advancement of women and girls in our economic lives. New hope for peaceful coexistence can only then be possible and we may hope to build a society based on equality and gender justice. Alternate strategies and solutions that not only address the current problem but also help build new societies built on gender equality may be possible even if finding a solution takes some time. In the meantime, it may be possible to devise alternate solutions and strategies that not only address the current issue but also help to create new societies and values based on gender equality in the future.

What we need is a massive civil society joining together and collectively developing an armour. A variety of interventions are needed. Immediate help, such as dry rations for families in need, as well as job opportunities for women once the lockdown is lifted. When the women are permitted to leave their homes after the lockdown, they will require immediate mental health treatment and counselling. The greatest time to train field teams for this is during the lockdown period. Tele-counselling and city-helplines are valuable resources. Legal advice and front-line worker training to identify situations are also vital. The immediate need is for massive public awareness efforts to raise awareness about what constitutes domestic violence, what procedures to take immediately, and how to contact a helpline. NGOs and activists should call for police and legal action to be taken quickly. One could argue that finding a solution will take time nevertheless, it may be able to develop alternative ideas and tactics that will not only help treat the problem but also help to prevent it.

A Tribute to Dr. Santosh Kumar Malua

This paper was presented as a Memorial Lecture in the memory of Dr. Santhosh Kumar Malwa, whom we lost to Covid 19. Dr. Santosh was my student from the batch of 2001-2003 in the University of Hyderabad. After this he went on to do his M.Phil and Ph.D. from JNU. He was teaching at Ravenshaw University as an Asst. Professor in Dept. of History and was a very popular teacher and mentor. His interests included Medieval History,

Environmental History and gender Studies. He would often call himself a Feminist Historian. and had done various courses with me on Gender. Unfortunately, we lost this very bright and upcoming scholar to the pandemic in May, 2021 and it is very sad but a very bright upcoming scholars' life was cut short by this pandemic. I often met Santosh in various Conferences and he was always a smiling and humble lad. Hence, this paper, as a tribute to Dr. Santosh Kumar Malua, focuses on the gender dimension of Covid 19 in India, focusing on three major areas, Women's work, domestic violence

and education and concludes with the policy suggestions arising out of this.

Acknowledgement

No Acknowledgement.

Funding

No Funding.

Conflict of Interest

No Conflict of Interest.

References

- Acker, J. (1990). Hierarchies, jobs, bodies: A theory of gendered organizations. *Gender & Society*, 3(4), 139–58. <https://doi.org/10.1177/089124390004002002>
- Alon, T., Doepke, M., Olmstead-Rumsey, J., & Tertilt, M. (2020). The impact of COVID-19 on gender equality. Discussion Paper No. 163 Project A 03.DFG, German Research Foundation.
- https://www.nber.org/system/files/working_papers/w26947/w26947.pdf Accessed on 10th July, 2020.
- Banerjee, S. (2020). Social distancing and antipathy in the time of COVID-19, *The Wire*, 26th March, 2020. <https://thewire.in/culture/social-distancing-and-antipathy-in-the-time-of-covid-19>,
- Accessed, 19th May, 2020.
- Breakthrough, <https://inbreakthrough.org/campaign/bellbajao/> Accessed on 21st May, 2021. What Does Work-From-Home Mean for Women?
- Deccan Herald*, 2020, National Commission for Women launches WhatsApp number to report domestic violence during coronavirus lockdown, April, 10th, New Delhi.
- Deshpande, Ashwini (2020), What Does Work-From-Home Mean for Women? *Economic and Political Weekly*, ISSN (Online) - 2349-8846.
- Deshpande, Ashwini and Naila Kabeer (2019): "(In)Visibility, Care and Cultural Barriers The Size and Shape of Women's Work in India," Discussion Paper Series in Economics, No10, Department of Economics, Ashoka University.
- Dixit, M., & Chavan, D. (2020). Gendering the COVID-19 pandemic: Women locked and down. *Economic and Political Weekly*, 4(17), 13-16.
- Finley, A. (2020). Women's household labor is essential: Why isn't it valued? *Washington Post*, 29th May, 2020.
- Grant, L., Yeandle, S., & Buckner, L. (2005). Working below potential: Women and part-time work, EOC Working Paper Series no. 40. Manchester: Equal Opportunities Commission.
- Golder, Sakti (2016). *Measurement of Domestic Violence in NFHS Surveys and Some Evidence*, New Delhi., Oxfam India.
- Goldin, I., & Mariathasan, M. (2014). *The butterfly defect: How globalization creates systemic risks, and what to do about it*. Princeton University Press.
- Haldevang, Max de. (2020). Coronavirus is imperiling billions of informal workers-especially <https://qz.com/1831326/coronavirus-imperils-billions-of-informal-workers-especially-women/women>.
- <https://qz.com/1831326/coronavirus-imperils-billions-of-informal-workers-especially-women/> Accessed on 3rd August, 2020.
- India Times (2020), 3rd July, 2020
- Isaac, K.P. (2020). When education goes digital, *The Hindu*, 16th May, 2020.
- <https://www.thehindu.com/education/when-education-goes-digital/article31602533.ece>, Accessed , 19th May, 2020.
- Lamarre, P.V., Sugimoto, C.R., & Larivière, V. (2020). The decline of women's research production during the coronavirus pandemic.

21. <https://www.natureindex.com/news-blog/decline-women-scientist-research-publishing-production-coronavirus-pandemic>, Accessed on 5th August, 2020.
22. Lawson, M., Butt, A. P., Harvey, R., Sarosi, D., Coffey, C., Piaget, K., & Thekkudan, J. (2020). OXFAM, Unpaid and underpaid care work and the global inequality crisis.
23. <https://www.semanticscholar.org/paper/Time-to-Care%3A-Unpaid-and-underpaid-care-work-and-Coffey-Revollo/65931632913413b8a9e0a4f86b745b6d9d261f13>
24. Accessed, 23rd May, 2022.
25. Lyonette, C., & Crompton, R. (2015). Sharing the load? Partners' relative earnings and the division of domestic labour. *Work, Employment and Society*, 29(1), 23–40, <https://doi.org/10.1177/0950017014523661>
26. National Family Health Survey (NFHS-4). 2015-16. International Institute for Population Sciences. Deonar, Mumbai.
27. <http://rchiips.org/nfhs/NFHS-4Reports/India.pdf>, Accessed on 24th October, 2020.
28. OECD. (2014). Unpaid care work: The missing link in the analysis of gender gaps in labour outcomes.
29. https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf Accessed on 4th August, 2020.
30. OECD. (2018). Balancing paid work, unpaid work and leisure.
31. <https://www.oecd.org/gender/balancing-paid-work-unpaid-work-and-leisure.htm>, Accessed on 4th August, 2020.
32. Pande, Rekha (2022), "Gender Dimensions of Covid 19 on Education", in Ancy Jose, Moushumi Datta, Kavita Kalkoti (eds), *Re Inventing Sustainable women Empowerment strategies in Post Covid 19 Scenario*, Khandwala Publishing House. Mumbai, pp.77-85.
33. Pande, Rekha (2006). Digital divide, gender and the India experience. In E.M. Trauth (Ed.), *IT*, Vol. 1, Encyclopaedia of gender and information technology (pp. 191- 199). USA: IGI Global.
34. Pande, Rekha (2012). Gender gaps and information and communication technology : A case study of India, In R. Pande & T. P. van der Weide (Eds.), *Globalization, technology diffusion and gender disparity: Social impacts of ICTs* (pp. 271-291). USA: IGI Global.
35. Pandit, A. (2020, June 2). Domestic violence accounts for over 47% complaints to NCW in "lockdown". *Times of India*. <https://timesofindia.indiatimes.com/india/domestic-violence-accounts-for-over-47-complaints-to-ncw-in-lockdown/articleshow/76161829.cms>.
36. Personal interview, Renu, Hyderabad, 20th September, 2021
37. Personal Interview, Vijaya , Bangalore, 15th April, 2020
38. Personal interview, Meena, Warangal, 10th April, 2020.
39. Personal interview, Nisha, Vijayawada, 4th April, 2020.
40. Personal Interview, Subamma Venkatesh, Chennai, 10th March, 2020.
41. Razavi, S. (2007). The political and social economy of care in a development context: Conceptual issues, research questions and policy options. *Gender and Development Programme, Paper No. 3*. Geneva: UNSRID.
42. Sandoiu, A. (2020). How COVID-19 affects women's sexual and reproductive health, *Medical News Today*.
43. <https://www.medicalnewstoday.com/articles/how-covid-19-affects-womens-sexual-and-reproductive-health>, Accessed on 3rd August, 2020.
44. Sharma, N., Chakrabarti, S., & Grover, S. (2016). Gender differences in caregiving among family Caregivers of people with mental illness. *World Journal of Psychiatry*, 6(1), 7–17. doi: 10.5498/wjp.v6.i1.7, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4804270/> Accessed on 19th October, 2020.
45. Shurchkov, O. (2020). Is COVID-19 turning back the clock on gender equality in academia?
46. <https://medium.com/@olga.shurchkov/is-covid-19-turning-back-the-clock-on-gender-equality-in-academia-70c00d6b8ba1>. Accessed on 5th August, 2020.
47. Singhal, A. (2020, April 13). Post Covid-19: The impact on private consumption, *Financial Express*.
48. <https://www.financialexpress.com/opinion/post-covid-19-the-impact-on-private-consumption/1926322/>, Accessed on 19th May, 2020.
49. Thornley, C. (2007). Working part-time for the state: Gender, class and the public sector

- pay gap. *Gender, Work and Organisation*, 14(5), 454–75.
50. The Telegraph Online. (2020, October 26).
 51. https://www.telegraphindia.com/india/ncw-received-2043-complaints-of-crimes-against-women-in-june-highest-in-8-months/cid/1785185?utm_source=facebook&utm_medium=social&utm_campaign=tt_daily, Accessed on 26th October, 2020.
 52. Times of India. (2020, May 18). Domestic violence cases in India on the rise during lockdown, says report.
 53. <https://timesofindia.indiatimes.com/life-style/relationships/love-sex/domestic-violence-cases-in-india-on-the-rise-during-lockdown-says-report/articleshow/75801752.cms> Accessed on 4th August, 2020.
 54. UN. (2013). Extreme poverty and human rights: Unpaid care work and women's human rights. Report of Sepulveda Carmona, M., The Special Rapporteur.
 55. UNESCO. (2020). <https://en.unesco.org/news/290-million-students-out-school-due-covid-19-unesco-releases-first-global-numbers-and-mobilizes>. Accessed on 19th October, 2020.
 56. UN Women. (2020a). *How Covid-19 impacts women and girls*.
 57. <https://interactive.unwomen.org/multimedia/explainer/covid19/en/index.html>, Accessed, 19th October, 2020.
 58. UN Women. (2020b). *From insight to Action: Gender equality in the wake of Covid 19*.
 59. <https://reliefweb.int/sites/reliefweb.int/files/resources/From%20insights%20to%20action%20-%20Gender%20equality%20in%20the%20wake%20of%20COVID-19.pdf> Accessed 24th October, 2020.
 60. UN Women. (2020c). *COVID-19 and Ending violence against women and girls*,
 61. <https://reliefweb.int/sites/reliefweb.int/files/resources/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf>. Accessed on 19th October, 2020.
 62. UNICEF (2020) *Actions for Gender Equality in the COVID-19 Response*, New York. <https://www.unicef.org/rosa/media/6206/file/Five%20Actions%20for%20Gender%20Equality%20in%20the%20COVID-19%20Response.pdf> Accessed, 22nd May, 2022.
 63. Xavier, J. (2020, March 13), Online tools for teachers and students to hold virtual classes during the coronavirus pandemic. *The Hindu*. <https://www.thehindu.com/sci-tech/technology/online-tools-for-teachers-and-students-to-hold-virtual-classes-during-the-coronavirus-pandemic/article31057151.ece> Accessed on 19th October, 2020.
 64. You, Jong-II (2002). *The Bretton Woods Institutions: Evolution, reform, and change*. In D. Nayyar (Ed), *Governing Globalization: Issues and institutions*. Studies in Development Economics. New York: Oxford University Press.
 65. World Economic forum, 2020, *Global Gender Gap Report 2020*,
 66. https://www3.weforum.org/docs/WEF_GGGR_2020.pdf Accessed, 9th May, 2022.