



## The Gendered Implications of Pandemic-Era Familial Care Work

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### ABSTRACT

**Introduction.** In India, the fragmented and heavily under-sourced diversion of resources towards the COVID-19 Pandemic has heavily limited the workings of non-COVID-related health services. Several factors, including the suspension of transport facilities, the shutdown of private facilities, conversion of public-health facilities into COVID-19 treatment centers, and the diversion of medical professionals towards COVID-19 emergency-response have lengthened these restrictions. This has gendered implications for low-income women and girls. A lack of structured social security and healthcare-provision systems obligates these persons to assume the primary caretaker role in their households.

**Aims.** This paper aims to outline the evidence for the lived experiences of low-income Indian women as they strive to balance their paid-work and unpaid-caretaker-obligations during the COVID-19 Pandemic. On a macro level, our work aims to assess the extent to which women's health, economic, and social empowerment can be achieved through existing programs and policies.

**Methods.** Our findings were drawn from qualitative research conducted in urban and peri-urban regions of Jaipur and Lucknow. A mixed-methods approach was used, combining online surveys with semi-structured interviews and participatory exercises to generate high-quality data. All girls and young women selected for participation were between the ages of 15-24.

**Results.** Interviewees described their caretaking experience as physically and emotionally depleting. As substitute providers of care, they felt unprepared and unfit to administer health procedures. Although many felt that they "needed" to earn some sort of income, their paid work options were few and poorly paid. As a result, most participants could only fulfill their domestic caretaking responsibilities in the most basic capacity. Analysis of participants' survey reports revealed that women had little knowledge of the COVID-19 pandemic and its consequences on their lives.

**Conclusions.** The strengthening of social security measures is of the utmost importance. In the future, policy should take into consideration the costs of womens' caregiving responsibilities on themselves, their children, and their families. A gendered approach to the political economy must be adopted.

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#### 1. Introduction

Since its onset in early 2020, the COVID-19 pandemic has affected nearly all aspects of society. In India, the fragmented and heavily under-sourced diversion of resources towards the Pandemic has heavily limited the workings of non-COVID-related health care services. To slow the spread of COVID-19, the government has implemented pandemic containment measures such as lockdowns and social distancing mandates (Ayouni, 2021).

Several factors, including the suspension of transport facilities, the shutdown of private facilities, conversion of public health facilities into COVID-19 treatment centers, and diversion of medical professionals towards COVID-19 emergency response have lengthened these restrictions.

Amidst daycare and school closures, the pandemic has also intensified demand for care work at home,



particularly for women with young or school-aged children (Yavorsky, 2021). Increased care demands have compelled some parents to make significant adjustments to their paid and unpaid work routines (Petts et al., 2020). Women are potentially affected more by these demands than their male counterparts because in many contexts they are considered to be less productive and subsequently have a lower position and rank in society.

Given the unprecedented disruptions to both work and family life brought about by the pandemic, a large and rapidly growing body of social sciences research has emerged to better understand the impact of COVID-19 on social inequalities. As a disastrous event, the pandemic has revealed some of the entrenched social conditions and processes that have existed long before COVID-19. Producing power imbalances within the labor market and within the home, it has aggravated these gender inequalities and vulnerabilities. The COVID-19 pandemic is, therefore, characterized as a gendered pandemic in combination with its classed and racialized dimensions (Harvey, 2020).

COVID-19 has unevenly impacted women and girls in the domains of health, economy, social protection, and gender-based violence (UN Women, 2020). Focusing especially on low-income women and girls who work within informal labor sectors, the female-headed families of India are significantly affected by COVID-19 and are unable to meet household needs due to the lack of economic options that are available to them (Kamanga-Njikho and Tajik, 2020). Although according to one estimate, more than 94% of women work in informal sectors, the informal sector in India is highly insecure and unregulated, with little to no social security provisions. COVID-19 is expected to have a long-term impact on informal sector workers (Shalini, 2021) as they are the most vulnerable parties involved and are more exposed to the current global pandemic than their more financially stable counterparts (Sengupta and Jha, 2020).

Furthermore, the lack of well-developed and adequately funded social protection systems, including national health systems, has profound implications. When national health systems are fragmented or under-funded, and the bulk of health care resources are channeled towards certain diseases only, poorer populations are unable to get health care for chronic or common illnesses. This has gendered implications because the responsibility of tending to unwell persons who cannot afford medical care falls onto the shoulders of their female relatives. Women and girls thus become obligated to perform their 'normal' familial care work, work outside the home for pay, and take care of those unwell family members (Meghani, 2021).

## 2. Aims

Our examination aims to outline the evidence for the lived experiences of low-income Indian women as they

strive to balance their paid work and unpaid caretaker obligations during the COVID-19 Pandemic.

On a macro level, our work aims to assess the extent to which women's health, economic, and social empowerment can be achieved through existing programs and policies.

A central theme imbued in our findings will be the need for both state and non-state actors to support and bring about structural and systemic changes that will improve the lives of women and girls from low-income households in West Bengal, India.

## 3. Methods

Our findings were drawn from qualitative research conducted in urban and peri-urban regions of Jaipur and Lucknow from May to June 2020. These localities are slums, largely occupied by female laborers originating from different parts of the country, mainly from West Bengal, Bihar, and Uttar Pradesh. As a general trend, these women live in such areas as a result of a diversity of socio-economic and historical reasons including poverty, underdevelopment, and high rates of unemployment. Most of the women in this region are engaged as factory workers, construction laborers, rickshaw pullers, street vendors, unskilled office workers, and domestic helpers (Gothoskar, 2005).

All of the slum areas studied share similar characteristics in terms of cleanliness, water availability, and sanitation facilities. Most of the slum dwellers live in rented accommodations, with cramped conditions and little privacy.

A mixed-methods approach was used, combining online surveys with semi-structured interviews and participatory exercises to generate high-quality data.

All girls and young women selected for participation were between the ages of 15 to 24. These data were disaggregated into the age groups of 15 to 19 and 20 to 24. 34 participants were selected using snowball sampling. They were required to speak English sufficiently to provide informed consent, and participants with cognitive impairment were excluded.

The interviews were facilitated by a local NGO in Jaipur and youth volunteers from universities and high schools in that area.

The time slots for the interviews were arranged with the participants who took part in the interviews virtually. The participants took part in the interviews by using the electronic devices of the NGO personnel and volunteers. The involvement of a third party was necessitated when realized that most of the participants did not possess or own any electronic devices themselves.

The study strictly adhered to appropriate ethical considerations. All the participants were contacted by telephone and informed about the nature and objectives of the study and the voluntary nature of participation and their



rights were explained. Written informed consent was obtained from every participant.

A semi-structured qualitative interview schedule, consisting of questions focusing on the health-related experiences of women during the nationwide lockdown, guided our collection of data. The lockdown and restrictions on movement imposed due to the COVID-19 outbreak did not allow for face-to-face interviewing. In this circumstance, to ensure the real-time dialogue between the researchers and participants, all the interviews were conducted virtually with computer-mediated communication. Video conferencing was preferred for the data collection since it would help understand the women's experiences in detail and the verbal and non-verbal cues associated with such experiences. Interviews lasted between 60-75 minutes and were conducted in Hindi. All the interviews were video recorded and transcribed verbatim in Hindi. Later, the Hindi transcripts were translated into English.

After completing the interviews, participants filled out a Strength and Difficulty Questionnaire or SDQ on an optional basis to help us further analyze our data.

#### 4. Results

Five themes were developed from the interview data about the impacts on, and experiences of, women as familial caretakers during the COVID-19 pandemic: loss of livelihood; family compromises; burden of responsibility; disrupted access; and insufficient support.

##### 4.1. Loss of Livelihood

Wages and potential earnings are comparatively high in the surveyed localities. The outbreak of COVID-19 and the subsequent unprecedented lockdown have seriously impacted the livelihood options of women in these areas. The theme *loss of livelihood* represents the women's lack of working opportunities and the resulting increases in debt. This proved to be a common experience for the participants during the lockdown and in the months following.

Most of the surveyed individuals were dependent on daily wages, so the current absence of steady pay has negatively impacted their daily life and lifestyle. Though the complete lockdown was not in place for the majority of quarantine, many of the women interviewed were not able to access the same employment options as before.

Opportunities, in terms of daily work, were reported to be significantly less. Even if they were able to get some work, most of the women interviewed struggled to pay for rent and familial health costs.

##### 4.2. Compromise

The economic distress resulting from the loss of livelihood compelled the participants to compromise in different areas of their lives. The theme, *compromise*, refers to the participants' need to make life-changing

adjustments in response to unprecedented situations, such as those that arise during pandemics. With the additional loss of livelihood and the limited resources they had available, many participants reported that they were not able to meet their own health needs nor those of their families.

All of the interviewed participants emphasized their experience of compromise, with the extent of compromise varying greatly from participant to participant. Women shared that their experiences of compromising corresponded with their unmet need for menstrual pads, food, and health services for the entire family.

##### 4.3. Isolation

The feeling of captivity and isolation was a common experience amid the pandemic among all segments of the population due to the mobility restrictions. However, the studied demographic has been especially impacted due to their impoverishment, limited access to health services, and the burden of familial responsibilities.

Interviewees reported feeling overburdened with household responsibilities and childrearing. The gendered nature of caring roles and household duties were found to have doubled their responsibilities amidst the pandemic.

##### 4.4. Disrupted Access

Normal access to health resources, services, and facilities has been severely disrupted due to COVID-19 and lockdown. For women living in slums, whose access was already limited, this has become particularly problematic. The theme disrupted access refers to the studied participants' experiences of difficulties in accessing necessary health services and facilities during the lockdown and throughout the pandemic, which, coupled together, make everyday life a struggle.

The disrupted access to resources and facilities added further distress to the experience of participants amid the pandemic. This has become a challenge for many due to the closure of clinics operated by informal healthcare practitioners and limitations imposed on government clinics and hospitals.

##### 4.5. Insufficient Support

Almost all sections of society have been negatively impacted by the COVID-19 crisis. However, within underprivileged sections of society, women, in particular, require additional support from government systems and measures. The theme, insufficient support, refers to the participants' experience of limited support from the government and other sources.

The sudden declaration of lockdown has created a vacuum in the life of the socio-economically weaker sections of society. Before the crisis, women expected proactive support from the government in the absence of any other viable sources of income and health service. Although a small number of the participants received

support from local NGOs in terms of health rations, most interviewees felt as though support from governmental institutions has been minimal or even non-existent.

## 5. Discussion

The present study attempted to explore the impact of COVID-19 on women in West Bengal, India. The themes that emerged illustrate the widespread impacts of the pandemic on individuals and their families. The unplanned lockdown consequent to the spread of COVID-19 has resulted in the plight of people in the informal and labor sectors. The nationwide lockdown and closure of economic activities have, as a general trend, adversely affected women in terms of the livelihood options available.

The dominant theme that emerged from our interviews was the loss of livelihood and the increase of debt amongst women and their families. Most of the women we surveyed worked for daily wages and struggled to meet the health needs of themselves and their families.

As a general trend, interviewees described their caretaking experience as physically and emotionally depleting. As substitute providers of care, they felt unprepared and unfit to administer health procedures. Worrying primarily about their loved ones' well-being, participants reported regularly deprioritizing their own health needs. Although many felt that they "needed" to earn some sort of income, their paid work options were few and poorly paid. As a result, most participants could only fulfill their caretaking responsibilities in the most basic capacity. Analysis of participants' survey reports revealed that women had little knowledge of the COVID-19 pandemic and its consequences on their lives in relation to education, wellbeing, economic security, livelihood, and access to technology.

The lack of resources and loss of livelihood has compelled many families to cut down their expenditure on food. This will have negative impacts on the health status of the most vulnerable populations, especially women and children. Gender dynamics play a crucial role in these compromises. Though the entire family is affected by the impoverishment caused, women are at the forefront in skipping meals, having a reduced quantity of food, and compromising their sanitary and hygienic needs.

The third theme is the experience of captivity and the burden of responsibility. The lockdown has more or less removed any options for women to engage in work outside of the home. The burden of responsibilities accompanied the necessity of living with limited resources. Sudden changes in routine and child-care required by social distancing were stressful for the women. In the literature, it has been demonstrated that the care burden of women has increased significantly due to the COVID-19 crisis (Power 2020).

The fourth and fifth themes make evident that the urban poor largely depend on informal healthcare

providers for healthcare. The closure of such clinics also impacted the health access of women workers.

The women surveyed here indicated that government measures devised to meet their needs are insufficient. Most of the participants did not receive any support from the government. The two-month, nationwide lockdown in India has been criticized in news media for a lack of planning, as many of the measures devised by the government to alleviate COVID-related suffering have excluded the vulnerable segments of society.

## 6. Conclusions

The COVID-19 pandemic has ubiquitous impacts on people across the globe. The vulnerable segments of the population, however, have been disproportionately impacted by the pandemic, and the case of women laborers in countries like India is an issue of grave concern.

The participants had to compromise many essential requirements in their daily lives. The burden of responsibility and captivity made the life of women stressful. Women experienced a significant disruption of access to services as a result of lockdown and restrictions. Furthermore, the government measures devised to mitigate the negative effects of the pandemic have not reached the most vulnerable sections of society, and, by extension, most of the participants we interviewed.

The strengthening of social security measures is of the utmost importance. In the future, policy should take into consideration the costs of women's caregiving responsibilities on themselves, their children, and their families. A gendered approach to COVID-19 response and care must, therefore, be adopted.

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### References:

1. Ayouni, I., Maatoug, J., Dhoub, W., Zammit, N., Fredj, S. B., Ghammam, R., & Ghannem, H. (2021). Effective public health measures to mitigate the spread of COVID-19: a systematic review. *BMC public health*, 21(1), 1-14.
2. Gothoskar, S. (2005). New initiatives in organizing strategy in the informal economy.
3. Harvey, D. (2020). Anti-capitalist politics in the time of COVID-19. *Jacobin Magazine*, 20.
4. Kamanga-Njikh, V., & Tajik, Q. (2020). Female-headed Households Bear the Brunt of COVID-19 as Livelihood Gaps Increase. UNICEF. <https://www.unicef.org/afghanistan/stories/female-headed-households-bear-brunt-COVID-19>.
5. Meghani, Z. (2021). The impact of vertical public health initiatives on gendered familial care work:

- public health and ethical issues. *Critical Public Health*, 1-8.
6. Petts, R. J., Carlson, D. L., & Pepin, J. R. (2020). A gendered pandemic: Childcare, homeschooling, and parents' employment during COVID - 19. *Gender, Work & Organization*.
  7. Power, K. (2020). The COVID-19 pandemic has increased the care burden of women and families. *Sustainability: Science, Practice and Policy*, 16(1), 67-73.
  8. Sengupta, S., & Jha, M. K. (2020). Social policy, COVID-19 and impoverished migrants: challenges and prospects in locked down India. *The International Journal of Community and Social Development*, 2(2), 152-172.
  9. Shalini, S. (2021). "Covid-19: How India Can Ensure That Women in the Informal Sector Get the Protection They Deserve." *Scroll. In*, <https://scroll.in/article/961181/covid-19-how-india-can-ensure-that-women-in-the-informal-sector-get-the-protection-they-deserve>.
  10. UN Women, (2020). Guidance Note: Addressing the Impacts of the COVID-19 Pandemic on Women Migrant Workers | Digital Library: Publications <https://www.unwomen.org/digital-library/publications/2020/04/guidance-note-addressing-the-impacts-of-the-covid-19-pandemic-on-women-migrant-workers>
  11. Yavorsky, J. E., Qian, Y., & Sargent, A. C. (2021). The gendered pandemic: The implications of COVID-19 for work and family. *Sociology Compass*.

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