



# Gender Concerns in Lockdown due to COVID-19 Pandemic in Maharashtra

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## **Introduction**

The COVID-19 pandemic and resultant lockdown (from 24-3-2020 to 3-5-2020) demanding 'social distancing' and 'stay at home' orders have disproportionately burdened women and girls in Maharashtra. Gendered experiences of COVID-19 are shaped by the intersection of inequalities in the labour markets; intrahousehold power relations during stay-at-home and lockdown orders in the matters concerning care, stress and domestic violence; sexual violence and child sexual abuse in camps/shelter homes, gendered experiences of household responsibilities, personal care and frontline healthcare service providers, government intervention for food security, shelter for homeless migrants workers, testing for coronavirus and other social policies, social protection responses to Covid-19; impact of shift in priorities of the public health services regarding non-coronavirus patients and predicament of women in need of reproductive healthcare services; differential impact of COVID-19 infection and resultant mortality and morbidity rates by gender, caste, ethnicity, and class.

## **Women in Formal and Informal Sector of the Economy of Maharashtra**

Women are facing increased domestic care burdens in the wake of children and earning members being confined to home after the commencement of the lockdown. Middle and

upper-class women employed in various organizations and institutions are working from home as they have information technology enabled communication channel. They also must juggle with housework, childcare, home-schooling, and office work without support of domestic help. This relatively better off women are only 6% of the workforce in the organised sector of Maharashtra. Remaining 94% of the workforce in the informal sector (Banerjee, 2019), already contending with lower-paid jobs and lesser job opportunities are now faced with even greater financial insecurity.

The lockdown has had dire implications for the vulnerable populations – women-headed households, people with disability, pregnant women and homeless people, the lonely and elderly, socially stigmatised transgender community, sex workers, prisoners and inmates in overcrowded shelter homes and makeshift tents. The daily wage laborers, head-loaders, construction workers, street vendors, domestic workers, security guards, small-scale manufacturing workers in recycling, scrap and garment industries, barbers who managed their survival by daily income have nothing left due to unemployment and confinement of over a month (Ratho, 2020). They feel, by 3rd of May, 2020 (new deadline for the lockdown) they will die, if not by COVID-19, then either of starvation and other illnesses due to horrible conditions of living (unsafe toilets, dirt and filth and non-availability of drinking water) in the camps and containment zones. The lockdown has been followed by curtailment of public and personal transportation. Millions of migrant families in the metropolis and cities are facing starvation and are making desperate attempts to go back to their native places. These hardworking CITI-MAKERS, the backbone of the urban economy is completely robbed of their dignity by the state machinery with its arbitrary and inhuman behaviour with the poor.

## **Plight of Migrant Women and Children**

As per 2011 Census, 309 million women are migrants in India. The migrant workers, daily wage earners, workers in the unorganized sector including the self-employed women and men have been worst hit due to loss of wages, no money to pay rent of house and buy daily necessities, exposure to hunger, no access to water resulting in dehydration, malnutrition, infection and the worst of all – police brutality as most of them tried to go to their native place as they had nothing to survive as a result of the apathy shown by the neoliberal decision makers of the urban local self-government bodies that were concerned only

about middle and upper strata of the economy living in gated communities. In metropolises where nearly half of the population lives in the slums, maintain social distance is practically impossible.

## **Gender Based Violence**

The lockdown of more than a month has also forced women to bear the burden of unpaid care work, both, in terms of housework, home-schooling of children and enhanced care burden of the sick, children and elderly and unprecedented domestic violence. The National and State Commissions of Women have already received over 1 lakh desperate calls on their helplines in the last 30 days from women and children. Newspapers are reporting incidents of rape and child sexual abuse in the places of forced confinement of women and girls who tried to go back to their native places. ABP News Bureau (2020) reports, “Women with no financial security and the ones who are dependent on their partners for support are subject to more abuse. Women from low-income households are worst hit with their partners now out of job due to the outbreak would resort to abuse to take out their pent-up frustration. Many new cases have come up too, people with no traces of abuse in the past are now reporting violent episodes.”

## **Scarcity of Essential Goods and Relief Operations**

Over last 4 weeks the women’s rights groups, community based non-government organisations, networks on right to food and right to shelter, citizens associations, self-help groups, trade unions have been busy providing provisions of all necessary services (food, shelter, water, healthcare, sanitary equipment, Personal Protection Equipment-PPE, information) for the marginalised and socially excluded poor people most of whom do not have of bank account or Unique Identifier (UID). Women and health activists are giving online counselling and arranging health interventions by the state approved volunteers under this condition of extreme surveillance. In the midst of the mandate of physical distancing, these acts of social solidarity, kindness and compassion reassure one’s faith in humanity.

Prices of essential items have gone up. Kerosene is being sold for Rs. 75/- per litre. Hence distribution of ration does not help in the absence of fuel. In response to this situation, the NGOs, Churches-Gurudwaras-Mosques -temples and communities have started community kitchen for 'economy of scale' i.e. if you cook on a huge scale you can buy grains, vegetables, oil, spices and cooking fuel in whole scale and hire truck or tempo for transporting them. As a result, overall cost of feeding the starving community gets reduced. Moreover, sourcing gas cylinders/piped cooking gas from the local self-government bodies for this public consumption becomes hassle-free.

The civil society groups are extensively using social media demanding implementation of urgent measures to provide comprehensive information about COVID-19 to mitigate panic and initiate public messaging against discrimination and take steps to address any violations of basic rights of citizens/ employees by employers, landlords, state administrators and police. Indian feminists are focussing on 9 key areas of interventions for state and non-state actors:

Food security for informal sector daily wage workers, migrant population and women headed households where widows, single, deserted, and divorced women are the bread earners.

## **Women in Agriculture**

The state is already in the middle of the Rabi harvesting season when standing crops have to be harvested, processed, and sold. The government of Maharashtra has already issued notification declaring harvesting and post-harvesting activities, including mandi operations, as essential services. The Government of India has also issued a second addendum to the lockdown guidelines exempting essential farming related operations, including movement of machinery. From 14-4-2020, the farmers are allowed direct sale to the consumers in the cities and towns (Economic Times, 2020). Procurement at MSP and storage needs by the FCI and State FCIs needs to be enhanced to prevent a famine like condition from evolving. According to PTI (2020) "Over 1.31 lakh migrant sugarcane workers have been allowed to return to their native villages amid the lockdown subject to the carrying out of medical tests in connection with the coronavirus outbreak."

## **Women as Health Care Providers and Health Care seekers**

In Maharashtra, women make up almost 70% of the frontline health care workforce as doctors, nurses, ayabai-s and sanitary workers exposing them to a greater risk of infection (Bangale, 2020). During the pandemic, most of the private nursing homes are closed down, infected public hospitals and health posts are quarantined, and the remaining health care services are catering to patients of coronavirus. As a result, women's access to reproductive and maternal health care have been severely hampered. Health Care for women would involve timely access to necessary and comprehensive sexual and reproductive health services during the crisis, such as emergency contraception and safe abortion and maintenance of an adequate stock of menstrual hygiene products at healthcare and community facilities. Medical staff and frontline social workers need to be trained to recognize signs of domestic violence and provide appropriate resources and services. In this context, the state and civil society need to make concerted efforts as follows:

Reduction of social inequality in care services by encouraging the equitable sharing of domestic tasks in explicit terms and through allowances for time off and compensation for all workers. The state must ensure increased access to sanitation and emergency shelter spaces for unhoused people. It should implement protocol and train authorities on recognizing and engaging vulnerable populations, particularly where new laws are being enforced. Consultations of the government bodies with civil society organizations are a MUST for implementing legislation and policy and for guaranteeing equal access to information, public health education and resources in multiple languages.

Safety and personal protection equipment for frontline health workers must be given top priority by the public health department.

Water and sanitation departments of the local self-government bodies must cease all disconnections and waive all reconnection fees to provide everyone with clean, potable water.

Labour helpline should be instituted for the entire country, particularly given the high rate of intra-state migration within the state borders. The helpline must also go beyond relief measures and provide reliable information on policy announcements at state and central

level. It should also address issues of wage denial, lay-offs, terminations, work-place discrimination, police brutality and sudden forceful evictions. A centralised system from the state government would help streamline relief efforts that civil society organisations (CSOs) could then work in tandem with. Given that cities are hubs of migration from across the country, it would be effective to have the helpline accessible in several regional languages, particularly Hindi, Kannada, Gujarati, Oriya, and Bengali. For workers to be convinced to remain in the cities, the state would need to build their trust in the urban governance, by extending support and assuring them of their safety, instead of invoking police action.

Arrangements for safe return of the all migrant workers with free transport options are need of the hour. The state needs to sensitise the police to the situation to ensure that they address the needs of the migrants as well as safety of women migrants. The fear of the spread of epidemic to rural areas should not be the reason to hold migrant workers back in the city where there is no work and therefore, no wages. The ones who have spent time in camps for the 30-day period of lockdown are safe to be repatriated and the ones who need testing should be tested and repatriated.

Wages and cash transfer: Workers have lost wages and many of them have been summarily fired from jobs. The health crisis has merged into their job insecurity, and they are in immediate need for institutional protection of wages. Workers have existing debts; of money they may have borrowed to commute to cities for work. In the absence of livelihood and wages, these debt burdens will multiply, hence the women's groups and trade unions have demanded that employers need to be mandated to pay all arrears, by establishing a fast track legal aid and grievance response system which is able to assist workers facing wage denial and forced retrenchments. It is imperative that migrant households are assisted through this difficult time, with the help of cash transfers. Rebooting the workers is in the interest of the Indian economy, that has already suffered a great deal because of the pandemic and the lockdown. The informal economy is heavily dependent on migrant workers, without whom sectors like manufacturing, construction and informal services would come to a complete standstill.

Education is to be envisioned through creation of educational radio programming appropriate for school-age children and expansion of free internet access to increase access to online educational platforms and material. The school/colleges and universities should enable students to participate in virtual learning and provide disability-accessible

classroom sessions.

Reduction of economic inequality is to be ensured through engendered public economic policies and gender responsive participatory budgeting, protection services to deal with violence against women, domestic violence/Intimate partner violence in the context of lockout as well as mass exodus of migrant workers. Along with human rights organisations, feminists are demanding adoption of human rights-oriented protocols with regards to people in prisons, administrative migration centres, quarantine centres, refugee camps, and people with disabilities in institutions and psychiatric facilities who are at higher risk of contagion due to the confinement conditions.

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