



## Article

# Gender Effects of COVID-19 on women Front Line Workers in India: A Critical Analysis of the Policy Response

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### Abstract

The unprecedented covid-19 pandemic despoiled and brought to a halt the world and has since destabilized economies, general health, occupations, trade and normal life. In an already existing gendered world, the pandemic has thrown several challenges on women, impacting many unsympathetically. The challenges that women faced were multitudinous. Many women played a pivotal role in the fight against the pandemic. In India alone almost 70% of the frontline workers were women. Many such workers lacked life security. The compensated amount was either minimal or not proportional to the work undertaken. Such challenges that women faced were unnoticed and unreported. Most debates, statistics and discussions about the pandemic were gender insensitive and unaddressed. Cases of domestic violence were on the rise, women became victims of job losses (particularly women working in the unorganised sector). Some of the other issues faced were inaccessibility to health facilities, out of pocket spending for health, shortage of food and household supplies. In this context, this paper aims at studying the impact of the pandemic on women. The paper will rely on statistics from the International Labour Organization (ILO), The World Health Organization (WHO), and also understand how the National government in India responded to these difficulties. Policies that were undertaken by governments across the world endeavoured to help resolve problems. The paper, therefore, seeks to understand the policy response to the pandemic and in particular, whether such policies addressed gender issues faced during the COVID-19 pandemic. As public policy aims at easing distress, the paper will examine to see if the policies drafted and implemented during the pandemic were gender-responsive and whether the policy responses also eased the difficulties faced by women frontline workers (FLW).

**Keywords:** India, Covid-19, gender challenges, women frontline workers, policy - response

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### Objective of the Paper

Elsevier, the Netherlands-based publishing company that publishes journals like The Lancet, and Science direct, publishes more than 5,00,000 lakh articles annually and around 2500 journals. According to Nature, The international journal, which publishes the finest peer-reviewed research, as of 17 December, 2020 in its annual news bulletin published that in the year 2019 Else (2020). Elsevier's Journals were around 2,70,000 and by early 2020 there were around 1,00,000 articles published on the coronavirus pandemic alone. According to the Dimensions database by early December 2020 the number of articles written on the pandemic crossed 2,00,000. The magnanimity and the gravity of the pandemic is evident in the publications received by these databases.

According to an estimate from the Organisation for Economic Co-operation and Development (OECD), Women were at the forefront of the Covid-19 response, such that almost 70% of the healthcare and medical workers consisted of women (OECD 2020). The percentage is alarming as women who also play an important role at home are exposed to a greater risk of contracting the virus. A great deal of articles have already been written about the adverse consequences that people faced due to the COVID-19 pandemic.

The topic on any aspect of the pandemic may become a study that is expansive in nature. The objective of this paper therefore is to bring to the fore, issues faced by women frontline workers. As understanding the problems alone does not solve it, any discourse on problems in a civilized society will require the intervention of the law to solve the problem. Therefore

International organizations swiftly chalked out policies to help ease the problems faced by people. The objective of the paper therefore is also to understand the Indian National government's response through policy formulation and implementation to help alleviate the condition of women in health.

### Scope and Limitations of the Paper

This paper seeks to limit itself to and highlight the problems faced by women frontline health workers and the authors also aim at limiting their research to perusing the policy responses of the Union government of India in providing security and being accountable to women frontline workers.

### Introduction

The Novel Coronavirus disease (CoV), commonly called the Coronavirus disease (COVID -19), was first detected in Wuhan's Hubei province of China. The virus belongs to the same family of viruses called Severe acute respiratory syndrome (SARS) which was identified first in the year 2003. From a handful of cases in early March 2020 in India to 4.82 lakh deaths due to Covid-19 as on 1st January, 2022 (Dong et al 2020), India has come a long way in its battle with the pandemic. To fight the pandemic most effectively, as on 2022 January, out of India's 1.39 billion population, 44% of its population was fully vaccinated ( Ritchie et al 2020).

The battle against the Covid-19 pandemic in India has been both a central and federal effort. A pandemic battle has been fought to protect the people of the country against the virus. In the war against the pandemic, the pivotal role of doctors, nurses cannot be forgotten. Apart from the two, the Central and State



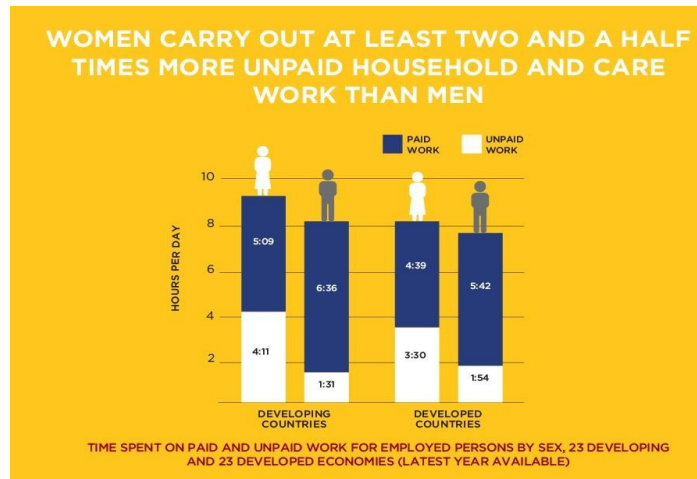
governments, Medical associations, Accredited social health activist (ASHA) workers, Integrated Child Development Services (ICDS) workers, NGOs, auxiliary nurse and midwives (ANMs), the Paramilitary, frontline workers, sanitation workers, police personnel, volunteers, women's self-help groups (SHGs), school teachers distributing public distribution system (PDS) grains and many worked tirelessly to help ease the burden and fight the pandemic. Serving on the frontlines of the pandemic, many volunteers, and workers suffered adversely and some even succumbed to the virus. The impact, particularly on women, was harsh in India as women are over-represented in the healthcare system and constitute 70% of the healthcare system (OECD 2020b). Therefore during the pandemic, they were the vulnerable group, as they had to balance household work (including child-care) and professional work. The household work is unpaid work and is also an emotionally stressful one. International organizations like the International Labour Organization (ILO), the Organisation for Economic Co-operation and Development (OECD), the World Health Organization (WHO) and many other civil society groups offered solutions and best practices in the form of policy briefs to help resolve challenges that women faced. These policy briefs were in the form of guidelines offered to nations, so that nations could help protect the interests of women frontline workers.

### **Policy Response: International Labour Organization (ILO):**

According to the ILO, Women make up almost 70% of workers in health, that is why the ILO takes it as one of its priorities to help ensure better working conditions for women health workers, particularly during the pandemic. The ILO primarily identified 2 major factors that were affecting women health workers. One, longer than usual shifts at work and

sometimes even night shift due to the pandemic and two, a simultaneous responsibility to take care of children at home and manage house-hold work. In India, women workers in health are additionally burdened as they were remunerated disproportionately though they worked longer, tiresome hours. The problems therefore spiral when life security is not provided or is insufficient considering the efforts and time invested. For a 100 million female frontline health workers around the world, it was an emotionally and psychologically draining experience to send a dead body to a mortuary and return home and behave normally in front of the children. The compounding of problems was also due to schools being closed and child care facilities also being shut in many countries which added to the burden that women as mothers faced.

The ILOs efforts during the pandemic, therefore, has largely been in developing continuing measures to implement gender-responsive policies that have to be adopted by governments nationally. The efforts were aimed towards negating the adverse effects that the pandemic had on income and employment of women in general and alleviating working conditions of women health frontline workers. As found in one of its reports, the ILO stated that “the world was already leaving women behind”. The report highlights that the ILO’s central concern was to “make women’s right to work and their labour rights a central feature of the COVID-19 recovery”. The end of 2019 and the year 2020 was considered a larger recession than the one pronounced in 2008-09. Every sector, be it manufacturing, service, hospitality, education, etc. suffered. The impact was felt on the labour force. In most sectors, women were overrepresented and underpaid and also lacked any kind of life or social security. The UN Women’s graph below highlights the same (ILO 2018). (As provided in fig: 1.1)



**Fig: 1.1**

Source: Women at Work, Trends 2016, International Labour Organization; Women’s economic empowerment in the changing world of work, Report of the Secretary-General, E/CN.6/2017/3, December 2016

According to the ILO’s report, policy measures during COVID-19 were adopted in a few developed countries, but many were not completely gender-responsive (ILO. 2018). The ILO also states that some aspects like, proportional work to wage for women, job security, improving labour conditions must be prioritized by governments so as to uphold their ‘right to work’. The ILO in the report stated that fiscal and monetary policies had to be implemented to counterbalance the negative impact that the COVID-19 pandemic had posed. Some of the areas that needed immediate attention were the areas of care-economy, generation of employment services for mothers, reformed paternity leaves in national legislations, improved home-schooling facilities, partial schools and childcare facilities to be open to cater to working mothers, Adequate compensation to be provided to women workers the health sector, to increase allowances and remuneration considering women’s over-representation at the lower half of the income scale –the gender pay gap has to be reduced by countries, gender-based violence and harassment at workplace had to be checked and addressed. Among these, the most important according to the ILO was to increase the income of women, not just to value work but to also get many homes out of poverty and to ensure more women representation in key decision

making positions. Countries had to also work towards building social protection economic infrastructure.

Following these guidelines and to help counter many of the problems mentioned above, many countries like Italy, France, Germany, Netherlands came up with policies to help ease the problems of workers belonging to essential services. Italy rolled out a ‘babysitter bonus’ offering 1000 Euros to help women in health to care services at the comfort of the home. In the above three countries, the government facilitated child-care, by ordering a few care facility schools to remain open with bare minimum staff to help care for the children of women frontline health workers. These temporary measures were introduced on an emergency basis and long-term sustainable gender-responsive policies and models are yet to be developed to ‘building forward fairer’ (ILO 2021).

### **World Health Organization**

A working paper titled, “Gender equity in the health workforce: Analysis of 104 countries” was prepared by the WHO health workforce department (Boniol et 2019). After collecting data from 104 countries, the paper states that there are approximately 234 million



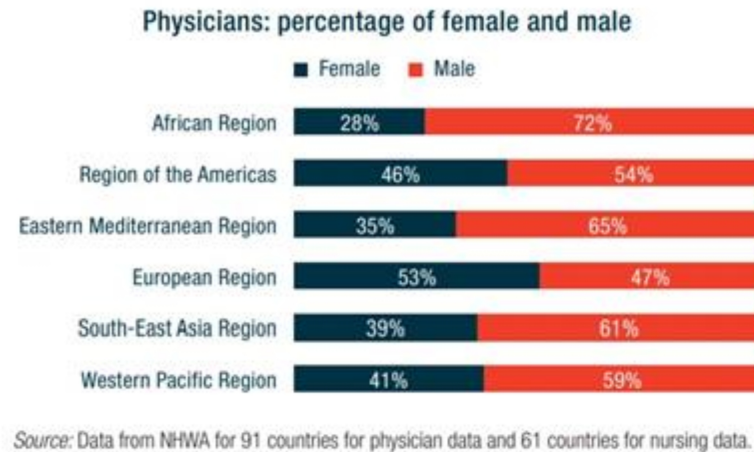
workers in the health sector worldwide and among every 10 health and social care workers, 7 are women who contribute US\$ 3 trillion to global health annually. The distressing part though remains that half of this contribution is in the form of unpaid care work (Langer et al 2015). One of the main reasons for this is the underinvestment in the health and social workforce sector by governments worldwide. This underinvestment also has a bearing on the Sustainable development goals (SDG) which is a target to be achieved by 2030. At the present pace, it is estimated that by 2030, there will be a global shortfall of 18 million health workers in low and middle income countries. The reason for this is capacity building. To achieve Goal 3 of the SDG, initiatives like education, training, and most importantly jobs have to be created for health workers. The UN Secretary General's High Level Commission on "Health employment and

economic growth" emphasized the need for governments to invest in the health sector as it not only facilitates economic growth, but contributes to women's economic empowerment (UN2016). In this endeavor, the ILO, WHO and the OECD came together in the year 2017 and started the "Working for health program". The program is a joint agency and a SDG assistance program that aims at helping the expansion of the health and social workforce.

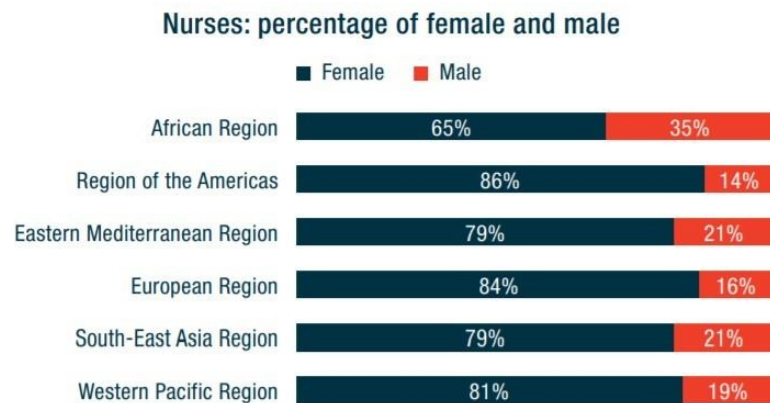
The report also highlights the differences that exist in gender distribution across occupations in most countries. Meaning, while the male workers comprise the major workforce of higher wage healthcare like physicians, dentists and pharmacists (As provided in fig: 1.2); the lower wage health care comprises mainly of nursing and midwifery workforce (As provided in fig: 1.3)



### Distribution of physicians and nurses by gender



**Fig: 1.2**



**Fig: 1.3**

Though the trend of women's representation in the higher wage healthcare occupations has increased, the WHO states that more needs to be done. Another major issue highlighted in the report is the gender-related pay gap. Female health workers earned 28% less compared to males. As part of a solution to these problems, the report also provides remedies which are through policy implementation to be undertaken by

governments. The issues to be tackled through policy formulation and implementation include:

- To increase the job market in the health sector as most work done by women in this sector is unpaid work.
- To encourage the participation of women in high paid occupations (Physicians, dentists,



- pharmacists) by investing in training and education.
- To achieve equal pay for equal work (to achieve the 11% existing gap).
  - To formulate policies that bring about gender parity in leadership positions.

In the backdrop of policies being rolled out and guidelines being issued by various international bodies, the Government of India has provided some relief to the frontline workers through the introduction of policies and schemes.

### India's Policy Response

India's response to the pandemic is incomplete without giving due recognition to the frontline health workers for the arduous tasks that were undertaken by them. Under exceptional circumstances, the display of grit and determination by women corona warriors has to be lauded. They were instrumental in India's war against coronavirus. While the workers include doctors, nurses and hospital staff, the majority of the workers included the Anganwadi workers of Integrated Child Development Services (ICDS), Accredited social health activist (ASHA) workers, volunteers of NGOs etc., who belong to the unorganised sector. Most of these workers are women. The work undertaken by these corona health warriors includes; visiting homes to collect samples and to educate people about hygiene, social distancing, isolation, timely monitoring and precautions to be undertaken to prevent COVID. As these workers and their labour is not regularised, they were victims of a very harsh economic situation. Many workers complained of working for salaries disproportionate to the efforts and working hours.

To provide solace to these problems faced by women in health, the government of India responded through policies that were based on international guidance. Some of the immediate responses of the government are as follows:

1. The Indian Ministry of Labour fixed an honorarium for the frontline health workers, the ASHA workers, the Anganwadi workers, the ANMs and sanitation workers (Patel 2021; Mitra & Sinha 2021). Apart from the central government announcing the honorarium, several States also had many such additional schemes

for the above mentioned workers to benefit them during the pandemic.

2. The Press Information bureau (PIB) as on the 1st of Dec 2021 in its official communication given out by the Ministry of Women and Child development (MoWCD) announced that the government through its Pradhan Mantri Garib Kalyan Package (PMGKP) Insurance Scheme for Health Care Workers, has launched a relief package that provides comprehensive personal accident cover to the workers from 22.12 lakhs upto 50 lakhs (PIB 2021). This scheme was also extended to include ASHA workers and the Anganwadi workers. The insurance covers security for survivors in case of death that may occur to any of the health workers mentioned above due to the risk that they are in owing to the proximity and direct contact with COVID patients. Through the press release, the MoWCD also included incentives to be provided to ASHA workers .

3. In India, Public health is a State subject. The Central Government, through the National Health Mission (NHM), is supported to strengthen the healthcare systems of the States and Union Territories so as to ease the burden of health care and to offer support to the frontline workers as much as possible.

4. The role of front-line workers (FLWs) in India included using information, education and communication (IEC) to create awareness among the locals. National guidelines for the same were issued which included rationale use of personal protective equipment (PPE) and operational guidelines were also issued.

5. As issued in its 20th April,2020 guidelines, the Ministry of Health and Family Welfare (MoHFW 2020), considering the important service rendered by the frontline health workers, issued a notification in the form of measures to be undertaken for the safety of health workers (which also includes women health workers). According to the notification, some of the measures undertaken were in the broader areas of Human resource training, medical safety, staffing guidelines and timely payments, psychological support to be provided through a helpline, training and capacity building was emphasised, and life insurance schemes were rolled out.



## Conclusion

The work undertaken by the Frontline workers (FLW) has been of immense value. For the selfless work put forth by the FLW, the government of India provided Financial compensation and additional remuneration for the excess work that was imposed on the FLW. The compensated amount was not proportional to the work done though. The pandemic brought out many challenges and the FLW had to adapt to these changes immediately. Many FLWs were therefore emotionally stressed, relief for the same has been provided by the government of India, but many FLWs were not aware of this. As the pandemic was an unprecedented one, prior training was not provided to frontline workers on the likes of the fire department and police department that engages in regular drills to keep themselves vigilant at all times. Representation of women in higher positions of decision making is yet to become a reality in India.

Post the first wave of the pandemic too, capacity building was not prioritised by the Indian government, we see therefore that the second wave wreaked havoc and many FLWs succumbed to the second wave. Capacity building through multimedia should be the most important task undertaken by the government now. Awareness of cooperation with FLW has to be highlighted by the government through social advertising as FLW are stigmatized by the general public who are ignorant on several issues. This was evident through various news reports. People think that FLWs are potential carriers of the disease, this has to be debunked by the efforts of the government and penal provisions should be in place to ensure safety to FLWs.

Another important measure to be adopted by the government should include the amount of money allocated to public health in India. India allocated only 1.3% of its GDP to public health which is one the lowest in the world. Considering our population is high and the patient to doctor ratio is also low in India, the percentage of revenue allocated to public health must be higher than what it is presently. In rural areas particularly, the situation is grim as 66% of India's 1.3 billion people live in villages where health facilities are very poor and scant. The most effective way to battle the pandemic is to strengthen the frontline

workers (FLW). The government of India in this endeavour has put forth its best efforts to achieve the same, though more needs to be done.

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