**Gendered Effect of Covid-19 on Care Work and**

**Women Migrants**

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**Introduction**

The covid 19 pandemic has exacerbated the existing inequalities and affected all of us in some way or other. This paper tries to put into perspective the effect this pandemic had on the field of Care work, which includes non-paid care work such as washing, cleaning, cooking and looking after small children, and paid care work which includes nursing, old age. Since a lot of care work is done by migrants which come from other states and other nations, this paper would also focus on the labour and migration aspect of care work disrupted due to the pandemic along with the effects of this pandemic on women as a collective.

**Annotated Bibliography**

**Chauhan P. (2020). Gendering COVID‑19: Impact of the Pandemic on Women’s Burden of Unpaid Work in India.** [**https://doi.org/10.1007/s12147-020-09269-w**](https://doi.org/10.1007/s12147-020-09269-w)

This article, as the name suggests mainly focuses on the impact that covid 19 on women in India which belong to urban and semi-urban setting and fall in the ‘middle class’. This article is backed by data, which was taken in the form of online video/telephonic calls. The conclusion that the author reaches is, it is evident that women irrespective of whether they were married, employed or unemployed were already sharing a higher burden of work which was only worsened by the pandemic, with women being the major participant in unpaid house work. The data also showed that some women were doing work up to 70h/week, where as a very large population of men did only 22-28 hrs / week. Moreover, the pandemic added a host of other workload regarding hygiene such as cleaning, extra because of social distancing and cooking, which lead to extra work for the already overburdened women  
A positive observation that the author found was that men and women were highly of the view that it is **not** just the sole responsibility of women to manage the household. A lot of male participants expressed that men and women should participate equally in household work. Moreover, many men, also started contributing more to household and helping their mothers, wives in doing various household chores.

**Bahn K., Cohen J., van der Meulen Rodgers Y. A feminist perspective on COVID-19 and the value of care work globally. Gender Work Organ. 2020; 27:695–699.** [**https://doi.org/10.1111/gwao**](https://doi.org/10.1111/gwao).

The reason for citing this article is that this article contains the gist of the what we mainly want to focus on, that is how the covid 19 pandemic has affected the lives of women who do care work. The authors use the concept of Social reproduction which the authors describe as “the day-to-day work assigned largely to women — household labour, physical and emotional caregiving, and other work to meet human needs — required to maintain existing life and to reproduce the next generation”.

Since women are the one who involve in social reproduction the pandemic has made it impossible for women to manage all these things at once. Moreover, all over the world it is women who are most likely to be a single parent, which means that these single child women are the only financial providers and sole care takers of that household. The pandemic has put these women in precarious situation.

The authors conclude with a very important aspect that needs to be looked at. The pandemic has overburdened women to work not just as a member of labour market but also to fulfil their social responsibility. This inevitably puts more burden on women, which just got worsened because of the pandemic.

**Rajan I. S., Sivakumar P., Srinivasan A. (2020). The COVID‑19 Pandemic and Internal Labour Migration in India: A ‘Crisis of Mobility’. The Indian Journal of Labour Economics (2020) 63:1021–1039.** [**https://doi.org/10.1007/s41027-020-00293-8**](https://doi.org/10.1007/s41027-020-00293-8)

This article primarily focuses on the migration which took place in India, soon after the Prime Minister announced a nationwide lockdown, thereby cancelling all and any forms of movement of any individual. This article provides a very thorough description in a very cogent about the migration and the ensuing things, which followed this migration.

The authors looked at this migration from the perspective of gender, mental health and social provisions. With emphasis on gender, the authors have raised some very brilliant points. They talk about how we tend to focus on only on **married** women who migrate with their husbands as migrant women labours, even though a large number of **single** women too are involved in this migration seeking better jobs and opportunities. Authors provide the example of many women who belong to North Eastern states majority of whom worked in professions which come under care work, such as waitresses, nurses, domestic helps. The media paid no attention to these. The authors also attribute the poor decision making by the government regarding the decisions they made to inadequate data regarding migrant labourers. Though the government did launch many schemes and programs for helping them, the ground reality is that a lot of these people aren’t able to avail these either because lack of knowledge of lack of proper documentation.

**Sarker R. Labour market and unpaid works implications of COVID-19 for Bangladeshi women.** [**https://doi.org/10.1111/gwao.12587**](https://doi.org/10.1111/gwao.12587) **.**

This article describes and addresses the plight of women of Bangladesh and the condition of women in the pandemic. The articles also consolidate our view about how the pandemic has affected women all over the world. The article primarily focuses on the effects that the pandemic had on women of Bangladesh, on closer inspection one can see that the effect was very similar to the women of India. The author uses data to show how that in Bangladesh the informal sector is dominated by women, which puts them in a vulnerable position. The author states that in developing nations, women are the worst hit by the pandemic. The pandemic has disproportionality affected migrants, and those involved in the services sector.   
The author then also talks about the extra work burden on women because of the social distancing and other such measures. The author states “Under the recent pandemic circumstances, the UN women report also state that cleaning (38%) is the most time-consuming work done by women for safety measures then cooking (25%)”.

The author then concludes with the main observation that with declining economic activity as in the time of the pandemic, women are more vulnerable to layoffs and livelihoods, in addition to the this they are also have to face a larger impact of social norms and unpaid care works, because of gendered division of labour.  
The author also talks about the concept of **time poverty**, which refers to the shortage of time that women get for themselves because of the various jobs that they do. Women don’t get to have leisure time, time to pursue their hobbies.

**Pinchoff J., Santhya KG, White C., Rampal S., Acharya R., D. Ngo Thoai. Gender specific differences in COVID-19 knowledge, behaviour and health effects among adolescents and young adults in Uttar Pradesh and Bihar, India. https://doi.org/10.1371/journal.pone.0244053**

This article tries to compare the differences between the knowledge and exposure of young adults, focusing the difference on the basis of gender. This article focuses on the adolescents belonging to the Indian states of Uttar Pradesh and Bihar, with almost 75% percent of the participants being women. A survey over phone with children in the families included in the Understating the Lives of Adolescents and Young Adults (UDAYA) was done. The mobile questionnaire consisted of questions to correctly identify the symptoms of Covid-19, whether the participants were themselves implementing the 4 preventive behaviours which are staying at home, wearing mask, washing hands and following social distancing respectively. The participants were also asked about depressive symptoms like feeling lonely, irritable. Only women were asked if they faced any violence in the past 2 weeks.

The conclusion that the authors made was that a greater proportion of women respondents reported experience of depressive symptoms. The data also showed that women were less likely to know about Covid-19 symptoms than men. A striking feature here was that in men, there was no considerable difference between the amount of knowledge and the level of education they achieved, where as in women, the women who had compared their secondary education were 25%times more likely to know then women who at maximum seven years of education.

Moreover, among men, household loss of employment was the only factor associated with depressive symptoms, while for women household loss of employment, religion and violence were the major contributing factors.

The authors then conclude that the gender differences in the knowledge of Covid-19 reflect women’s lower level of education, as compared to their male counterparts and lower media exposure of women. This adds into our discussion of how, women fall in the most affected groups because of the pandemic **not just because of the pandemic**, but also because of less exposure and differential treatment as compared to men.

**Abdul Azeez E P, Dandub Palzor Negi, Asha Rani & Senthil Kumar A P (2021). The impact of COVID-19 on migrant women workers in India, Eurasian Geography and Economics, 62:1, 93-112, DOI: 10.1080/15387216.2020.1843513**

This article tries to understand the effects of covid-19 on migrant workers in India, with women being the central focus. This article highlights some very key and important points which often are not taken into popular discussion. The authors had collected data of migrant female workers living in slums of Delhi and Gurugram, a sate in Haryana. All the participants of the study were married women which came from the Bihar, Uttar Pradesh and West Bengal majority of which were in the age group of 30-50. The authors with the help of NGO held video calls with the participants.

Among the principal effects of the lockdown on women, the foremost was the loss in loss of livelihood and savings. This effect was more pronounced on women, because even though men too had lost their jobs, they were able to look for some jobs or some work, since they didn’t have to look after children too. The second effect, which the authors refer as compromise, ‘need to make life-changing adjustments in response to the unprecedented situation, especially the loss of livelihood and the limited resources they had available’. The most visible form was in the form of food. The quantity and quality of food delinked severely during the pandemic. Another theme which was very prevalent during the pandemic was the feeling of captivity and burden of responsibility, again due to the gender division of labour (even more so in less educated families). Even though almost all segments of population had to face these, the effects on oppressed communities were more profound. Disrupted access to service was another effect that the lockdown had. The authors highlight here how one of the participants had to cloth during her menstrual cycle, instead of the pads that she had been using before, since the pharmacies were closed. This puts into our perspective the various problems that women had to face because of the pandemic

**Areas of Further Research**

The decision to impose lockdown, without any prior notifications or alert clearly shows that governments, didn’t have a clear idea or data about the number of lives it might affect. Thus, it is clear that governments need to have more data about migrant workers, with special emphasis on women, since they are the worst affected in times of crisis. Moreover, useful data is very crucial to fight such pandemics in the future.

A second area which requires a lot of attention is the quantitative study of how much does unpaid care work cost. A lot of discussions centred around unpaid care work talk about this in a qualitatively manner, but the work is never quantified. This makes unpaid care work seem inferior when compared to ‘real’ paying jobs. As long as unpaid care work is not quantified and started to be seen as a form of capital, the view of societies around care work won’t change.