Fear, Discrimination, and Health Care Access during COVID-19 Pandemic: Exploring Women Domestic Workers Lives in India

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Abstract

This paper explored fear, stigma, discrimination, work-life balance, household dynamics, and health care access of women domestic workers in India during the COVID-19 pandemic. The women domestic workers interviewed mainly belonged to the lower strata of society, where survival is mainly based on day-to-day earnings. The pandemic has substantially changed the workplace environment and the vulnerability of women has increased tremendously. Women report sleeplessness, a trust deficit, and experiences of loss of self-dignity. Economic insecurity is widely reported which in turn affects the social life and quality of life. From the experiences of women, it is evident that the instances of fear and anxiety are due to a lack of safety at the workplace and drastically reduced income levels. Instances of loss of basic dignity are also widely shared at the workplace or while travelling to the workplace. Women reported a significant increase in the workload at home, decreased intake of food, and reduced healthcare seeking. Lack of rest and self-care is the first change that women reported because women's log time presence at home and work responsibilities are taken for granted by other members of the family. Women also reported increased incidences of domestic violence and sexual abuse. It is mainly because, in this patriarchal society, men are ventilating their frustration about joblessness, wage reduction, and alcohol non-availability due to the pandemic on women at home. Psychological stress, confusion, and restlessness were commonly observed during our conversations. The majority of women either discontinued or stopped their ongoing treatment both for reproductive and chronic diseases during the pandemic due to non-affordability and lack of other support. This article argues that women domestic workers endured fear, stigma, loss of dignity, domestic violence, sexual abuse, and compromised self-care during the pandemic and the male dominating society is normalizing such practices.

Key Words

Domestic violence; Covid-19, Gender-biased attitudes and behaviour; patriarchy; India; COVID-Hunger; health disparity.

Introduction

The COVID-19 virus, which was first reported in China, gradually spread to all other countries and is the biggest pandemic ever since the Spanish Flu of the last century. To combat and control the pandemic many nations announced various measures which included strict lockdowns, curtailing certain services, and vaccination. The Indian Government imposed strict lockdowns and work permission controls at the beginning of the pandemic during March to June 2020 and as a result, cases of infection were more so better under control. However, the country was severely hit during the second wave of the pandemic in March to June 2021.

As a government response to the pandemic, the country was under complete lockdown from the last week of March to May 2020 wherein only essential services (like hospitals, petrol pumps, banks, health care manufacturing industries, and minimal grocery/vegetable supply) were exempted. It was during this period that the majority of the women domestic workers lost their livelihood and remained without any assured financial support from both their employers and the government. After the second week of May, during the unlocking phase gradually the economy was opened up wherein the government shifted to adopting the strategy of declaring containment zones. During this period domestic workers started resuming their work. The initial reports about the condition of women domestic workers note that "the state government failed to provide social security, food security and ensure any continuity of their jobs; same time they are overburdened with unpaid, domestic work" (Dasgupta & Mitra 2020). During the pandemic period, especially during the stricter lockdown periods, reports of an increase in domestic violence incidences was widely observed (Krishna Kumar& Verma 2021). The job-related insecurity and the gendered role at home make women comparatively more vulnerable than men (Casale & Posel 2020). In pandemic times women are disproportionately overburdened and stressed as their access to social, economic, and health care resources are restricted (Wenham et al, 2020). This article is organized into three sections. In the first, the methodology employed is explained. The second section presents some key narratives that emerged in our findings, where we share the experiences of women during the pandemic period, wherein feelings of fear, stigma, and discrimination are explored. Further, the section records change in household dynamics during the lockdown period. How these household dynamic changes culminate into increased domestic violence and sexual abuse forms the last part of the second section. In the final section, our analysis of these findings points to the specific particularities of our context.

Methodology

Exploring the impact of a pandemic on three aspects of work-life, household dynamics, and self-care/ health care of women were the three main aims of the study. The study used a mixed-method approach as the research team felt it was appropriate to use both methods of data collection to explore the nature and frequency of the problems. We developed a questionnaire to explore domestic violence, stigma, discrimination, sexual abuse, health care access, changed work, and home environment. We used both quantitative and qualitative methods of data collection for this study. In the first stage, we developed an interview schedule wherein we conducted interviews over the telephonic conversation. This data was predominantly quantitative in nature. In the second stage, women who were willing to talk about domestic violence/ sexual abuse were contacted for a longer interview. Data were analysed using a thematic analysis approach. This was mostly an open-ended, experience-sharing exercise that helped us develop further insights. India, which ranks 140 among 156 countries in the Gender Inequality Index (World Economic Forums Gender Gap Report 2021), is known for the poor quality of life of women in economic, education, social and political arenas. This is mainly due to the system of patriarchy which shapes the gender norms and values in Indian society. Women's situations are more precarious and vulnerable due to the existing systemic inequities in the Indian patriarchal society and due to the informal labour market in which the majority of women engage. In the attempt to explore women's lives during the pandemic we chose one of the most vulnerable and marginalized groups of people working in the informal economy; women domestic workers. Two-thirds of the total domestic workers are women in this country (Ghosh, 2013). These women are unorganized and not part of any government social security/ social welfare schemes.

The research team telephonically interviewed 150 participants, between 12July 2020 and 28 July 2020. After the initial telephonic interviews, we observed the dominance of accounts of fear, anxiety, the feeling of discrimination, and instances of domestic violence and sexual abuse. Following these observations, in the second stage of interviews, we identified 48 women who mentioned their experiences of domestic violence and sexual abuse. With the help of the NGO activists with whom these women already had long-term, comfortable relationships we tried to reach out to them. Three of them refused to open up over the phone. Another six

participants expressed fear and anxiety about the interviews and hence, we did not complete the interviews and they were allowed to terminate their participation in the research at the point that they were not comfortable with. In this paper, we have limited our discussion to the experiences shared by the 40 women who consented to complete the full research process.

Three cities, located geographically in different regions which have a different intensity of pandemic in terms of the number of cases, mortality, and lockdown duration were selected for the study. Three non-governmental organizations working with domestic workers in these cities were contacted to assist us with this research. A list of workers registered with them was collected and a simple random method was used to select 50 participants from each city. The study protocol was in accord with the ethical guidelines of the 1975 Declaration of Helsinki and was approved by the Institutional Human Ethics Board of the Central University of Tamil Nadu. Inclusion criteria were a woman employed as a domestic worker at least for the last two years, who is above 18 years of age, owns a mobile phone to conduct an interview, and attend to our follow-up calls.

The major challenge we faced during the telephonic interviews was to ensure that the participant was comfortable and confident to open up and discuss issues which included delicate areas like violence at home and sexual abuse. For this, before the research team made the call, we requested the NGO staff (with whom the workers already had a long-term relationship) to talk to the potential participants and make them comfortable about our call.

Ernakulam Social Service Society, National Domestic Workers Movement, The Women Workers, Diksha Foundation specifically focus on domestic workers' livelihood and human rights issues. They have strong ground-level networking and close work with women to ensure their safety at the workplace and minimum wages. Relying on the rapport already established by these NGOs, as well as perhaps the understanding that these women have that they are clients who rely on the support of these NGOs we reached out to a number of women who were willing to share their experiences with us. For some of the participants who were hesitant and apprehensive, we had to contact them through the NGO activist's phone number, and they spoke to us with the NGO activist's reassurance and physical presence. This is also emphasising the importance of activism and welfare organisations presence in society. Even during the lockdown and slow unlocking period, these NGOs were in touch with their beneficiaries. The participants were open to discussing job loss, working conditions, health

care access, and food intake. They were a bit apprehensive to discuss domestic violence and sexual abuse at home.

Whom Did We Interview?

The 150 women with whom we had interactions and telephonic interviews belonged to three metropolitan cities: Kochi, Delhi, and Mumbai. These three cities are geographically located in the South, North, and West part of the country. Delhi and Mumbai are old metropolitan cities whereas Kochi is an upcoming metropolitan city. All three cities have a heavy inflow of migrants who move to the city for a better livelihood. All three cities were the worst hit during the pandemic with a very high number of cases of infection as well as deaths. They belonged to the lower strata of the society, where survival is based on day-to-day earnings. They all were significantly contributing to the income pool and financial stability of their respective families. We had a heterogeneous, representative group of women as the study participants. The study incorporated participants of 18-62 years and their monthly income of the range INR 5001-10000/- 15000/- (68-136- (204$) per month, prior to the pandemic. With this insufficient income, the majority had extensive familial responsibilities to meet and many were experiencing issues related to indebtedness in order to keep up with these demands. In the majority of the cases, their access to savings was too small amounts or nil. Except for a few, the majority of them were married and living with husbands, children, and in some cases with their in-laws.

Impact of the Pandemic on Work-Life

The pandemic has substantially changed the workplace environment and the vulnerability of women has increased tremendously. Women report sleeplessness, a trust deficit, and experiences of a loss of self-dignity. Acute economic insecurity is reported which in turn affects the social life and quality of life.

Fear, acute anxiety, and a sense of helplessness ultimately leading to sleeplessness are expressed repeatedly during the conversations. For instance, "*The moment I step out for the work, a strange fear peeps into me…nights are sleepless on the days I have worked…" (deep sigh)* (32 years old mother, Mumbai). This feeling of helplessness and stress is evident from further conversations like: "*if I get infected, what will happen to my children…this thought haunts me…*" (26years mother of two, Kochi). Such high levels of anxiety, coupled with the powerless situation at the workplace make their condition worse which is reported as sleeplessness: "*After lockdown when I restarted my work, I used to have back-to-back sleepless*

nights… (deep silence) (45 years, mother of 3 Delhi). What we observe from these young women, many of whom are married and have familial responsibilities is that they face sleeplessness due to fear of infection.

This fear and anxiety are also due to a lack of safety at the workplace and drastically reduced income levels, "*At the workplace, I am not provided with any protection; travel is also in public transport"* (25year old, mother of one child, Kochi). There is no equal space or bargaining provision with the employer or with other agencies like the local government as expressed by a 33 year old widow with two children in Delhi, "*if I ask for social distancing while working or sanitizer I am considered as over smart, too demanding woman…soon my character is questioned and wrong information about my personality as a tough one is spread in the locality which affects my job prospects*". Most of the women whom we interviewed reported that their income is drastically reduced and this is also a cause of grave concern. For example, a 43-year-old divorcee and mother of two in Mumbai stated that she "*was earning around INR 12000/- per month (161USD). This is reduced to now INR 4000/- (53USD). Now with this reduced amount, I have to feed three stomachs. When I demanded the old amount as salary, the employer told me don't be over smart…take whatever we are giving you…at the same time he did not reduce the salary of the security guard who is a man*".

Instances of loss of basic dignity are also widely shared at the workplace or while travelling to the workplace came up across our interviews. For instance a 33 year old mother of two in Delhi offered that "*The police personnel shouted at me, using abusive and dirty words. I was called a pig, carrier of this germ (almost on the verge of crying…sobbing…takes a deep pause). The conversation continues…after the long pause "they considered me as a greedy woman running behind job during the pandemic and lawbreaker. However, if I do not step out of my house…mind you I stepped out after relaxations were announced…my children will be sleeping hungry"*. This sentiment is echoed in the statements made by a 27 year old woman from Kochi who had had been working for a family for the past four years, that the "*house owner closed the door in my face without even allowing me to complete the sentence. The house owner said why am I roaming around to spread the disease rather than sitting at home and looking after my children*". As the interview continues, she said she "*was in deep shock for some time…did not know how to respond. [She] waited near the door for 2-3 minutes and quietly left the work premises with a sobbing heart and deep pain.*"

This high level of anxiety and fear of the virus is developed because women, in general, are not able to discuss the disease, its spread, and prevention methods with anyone freely due to their position in the hierarchy that does not allow them to initiate any discussion in this regard, both at home and in the workplace. Reflected in the discussions we had with these women, if they tried to get details about the nature of the disease, its prevention, cure, and other things, they were immediately humiliated, and the free flow of communication was curtailed. Health workers are also not able to meet women frequently, because of their increased workload, revealing the ways that the government has failed to develop gender-sensitive health communication strategies in the country. Domestic work is considered as "informal, dirty help" and is placed at the lower end of the work hierarchy. Since the women visit multiple houses to earn their livelihoods, the general public, as well as employers, presumed that they will be unhygienic and not maintain social protocols. However, there was no effort from the side of the employers to provide them with masks, sanitizers, and the environment of social distance in the households. At the same time, security personnel of these areas who are men were often provided with a mask, sanitizer, and other social distancing provisions.

Impact of Pandemic on Household Dynamics

Women as primary caregivers at home have an unequal work burden due to the closure of schools and these multiple roles of wage earners and caregivers at home are very challenging. Women reported a significant increase in the workload at home and a few felt that their husband-wife relationships weakened. Decrease in food intake of women and terminating healthcare seeking by women is widely reported. We observed other long-term impacts that these women were facing, for instance with reports of selling of their personal assets like jewellery for extra income. We also observed that many of these women had experiences of changes in their familial relations, for instance where immediate relatives turned more exploitative and demanding towards them. These conditions led to lack of rest and self-care as one of the first changes due to the lockdown conditions at the level of the household. We observe that from households, wherein women's presence and work responsibilities are taken for granted by other members of the family; when women are seen at home, the family members assumed they are always free and available to work without any break: "*I lost my work and I am seen in the house most of the time, I am called by (in-laws, husband, and child) … asking one or other thing… takes a long pause (assuming thinking the reason…) …I think my backache started recently after I lost my rest time* (48 years old, mother of 2, from Delhi).

The lack of self-care and self-starving is seen from the lack of adequate food intake, wherein women prioritized themselves at the last. Some of these sacrifices are due to the attitude of normalizing the sacrifices that women make. Family members expect women to make sacrifices and meet their hunger requirements as the last priority. The lower food intake by women, abruptly terminating healthcare for any disease, selling personal jewellery of women (rather than land owned by men) are all reflections of the deep-rooted patriarchy in the Indian society. Household work is typically considered as women's domain and during the pandemic, though other family members are at home, it is portrayed that complete responsibility is that of the women.

Patriarchy, Pandemic and Work-Life Balance

Women witnessed heightened personal vulnerability, attack by words and humiliating experiences during the pandemic. This was partially due to the patriarchal system in which they are expected to be obedient, surrender to power, not question anything, and compromise as and when required. For instance, our research found that women who were mobile during the pandemic period were considered as law violators whereas for men it was considered as essential for earning a livelihood: "*My employer went to his balcony and started abusing and humiliating me…the man who came with me was allowed in to work as he was their gardener*" (29-year-old woman from Kochi). In another example, a 48 year-old mother of three in Delhi shared experiences of facing judgment, contempt and anger when confronted with the police: "*they (the police) screamed that I am increasing their work burden by roaming around…I asked going to job is that roaming around…they were so agitated that, my bag was snatched to check and I was asked to stand there…stood for three hours then they freed me.*"

Male dominance in the societal construction of the family as normative culture had a high impact on women's lives during this pandemic. In our conversations with research participants, many women expressed the prevalence of male dominance at home in statements like: "*he has already lost job; so he is stressed, shouts and yells at me… if I lose him, my children too will become orphans…situation is very frightening and tensed*" (34 year , mother of three from Kochi); and "*I was already facing verbal abuse and physical hitting for the last 12 years…now as daru (alcohol) is not available and he is not having regular work (as a painter) he feels frustrated (tries to normalize the tone and mood)*" (53-year-old woman from Mumbai).Men not having jobs and venting their subsequent having stress and frustration on women is normalised across this and many other accounts that we witnessed. The prevalence

of this experience is neatly summarized in a statement that we heard expressed many times, that "*women should ignore such things; women should bend a bit*". Such behaviours are normalized and this is too dangerous for the mental health and human dignity of women.

Gender biased attitudes - Drivers of sexual abuse and domestic violence

The COVID-19 pandemic presented new realities and complexities about domestic violence and sexual abuse against women, particularly because under new regulations, women were further restricted from spaces and opportunities to seek immediate help from anywhere. Domestic violence during the period of pandemic increased tremendously. Husbands' joblessness, the frustration of reduced income, and alcohol/ recreation non-availability were listed as the reasons for increased domestic violence. As far as sexual abuse is concerned, many women experienced instances of sexual abuse during pandemic times and for the majority of them, the source is the husband. The women opined that sexual abuse instances increased tremendously since March 2020 when the nationwide lockdown started.

While research participants expressed the extent to which they were experiencing increased gender based violence, it was extremely difficult for many of these women to describe their experiences of domestic violence and sexual abuse over a telephonic conversation. In these instances, one of the cues that we picked up was a deep silence, one which indirectly conveyed the message of domestic violence or sexual abuse. In these moments, we often repeated statements to reassure participants, working closely with the NGO activists that they were more familiar with to attempt to explore these experiences further than the uttered silence. In one case, a 34 year-old from Delhi, stated that: "*I am also available at home for longer duration as I have no work…so he starts hitting me by evening and it continues till night…till he wants…earlier neighbours were my saviours…now due to COVID-19 fear usually no one turns up easily*". She then fell into a deep silence, and started to sob.

The increased incidences of domestic violence and sexual abuse are mainly because in the patriarchal society men are ventilating their frustration of joblessness, wage reduction, and alcohol non-availability due to the pandemic on women at home. Due to the pandemic, the immediate help or intervention to stop violence available from neighbourhood/ NGOs and family members is minimal. The women usually seek help from community health workers and during the pandemic; they are mostly preoccupied with COVID-19 related duties. Further, it was surprising to note that the domestic violence victims considered these additional "beatings and verbal abuses as normal" and the elderly women in the family advised the young

brides to tolerate it. This was said to be so, because "*women have to understand men's frustrations during the difficult pandemic times and bear with his anger*". The deep-rooted patriarchy has made this a social norm that women even forget to express themselves or respond and stand up for themselves. The deep sense of shame and dishonour (of the family) was always in the minds of women, especially young brides when they tried sharing the experiences. "*I feel ashamed…and I am confused whether to share the instance …or maybe I must restrain; after all, it is my man and family (deep silence over the phone).. sighs deeply…suddenly sobbing…(consoled by NGO worker who was with her…holding hands and a deep pat on shoulders….) yes, I have been burnt with cigarette last night*" (23-year-old new bride, Delhi).

Impact of Pandemic on Health of Women

Psychological stress, confusion, and restlessness were commonly observed during the conversations, for example a 27 year-old mother of three in Kochi offered that for the *"full day [she] feel[s] anxious, and [moves] around in the tiny room restlessly…[she is]not able to focus on work or on children*". A 34 year-old mother of two in Delhi echoed this, and how little opportunity she had to talk about her experiences, of handle the stress she is under:"*My heartbeat raises and then it takes time to come out of that mood of fear and focus on work*". The levels of stress experienced by these women also affect how they understand Covid-19 as a disease itself. One participant from Mumbai stated that "We are confused whether we should take vaccination; because it will affect our fertility," for example. As the flow of health information is very poor and not women-centric they also get a lot of misinformation which adds to their distress.

Another way that the well-being of participants was affected is through hunger and nutritional imbalance. As we previously mention, due to reduced wages there was also a reduced food intake: "*My food is now one time a day…God knows when absolute hunger will knock my doors*" (29 year old, mother of three, Mumbai). "*I feel so weak and drained out as I eat half of what I used to eat before …already I had the problem of blood (anaemia) now I get severe headaches, backaches, and weakness*" (46 year, mother of 4, Delhi). Such statements explain the depth of hunger, nutritional imbalance, and deliberate low intake of food. The low food intake is one aspect that women prefer not to elaborate on more due to the feeling of shame. The deep pauses, long silence, and asking for reassurance that the researcher will keep the information confidential was the mean of expression of this shame.

Participants also spoke of the increased difficulties in accessing health care services. For the majority of women the treatment regime was temporarily discontinued, whereas a few ended up discontinuing the treatment permanently. Discontinuing treatment consultation as well as medicines for diseases like tuberculosis and breast cancer is a serious cause of concern. Women from all three cities expressed their helplessness due to non-affordability and unavailability for their treatments was discontinued for a temporary/ long time. The intensity and nature of the problem can be understood from their own words:

> "*I had my hysterectomy six weeks before lockdown. However, I was unable to go for any follow-up check up. There was no way to reach out for further consultations. I feel tired and back ache is severe…but nothing can be done without money*" (54-year-old woman from Delhi).

> "*Both me and my husband are sick. I have asthma problem whereas husband has high diabetics…hence in COVID-19 period we had to prioritise our treatment. We decided to continue his treatment and medicines; dropped my medicine intake. He has already lost job; if I lose him, my children too will become orphans…situation is very frightening and tensed*" (35-year-old, woman from Kochi)

These words show the fact that women's health issues were less prioritized, and this compulsion was mainly due to unaffordability and non-accessibility. Even health issues related to pregnancy, immunization, and safe abortion received the least attention and priority. When disposable income in the family reduces, a woman's health and nutrition become the last priority. The state also did not take any proactive steps to ensure continuity of medical treatments especially for reproductive health issues which predominantly affect women and mostly the healthcare resources were diverted to address the pandemic medical needs.

Why Such Experiences for Women during the Pandemic? A Brief Discussion

India already had high economic and gender disparities, inadequate health infrastructure, poverty, and poor status of women in general in society. The COVID-19 pandemic has further widened the gender gap and inequalities in the country vis-à-vis womenfolk. The study findings point out that, women's workload increased, followed by loss of wages coupled with increased fear and anxiety about the infection. Access to healthcare is

restricted, whereas incidences of domestic violence/ sexual abuse also increased stigma and discrimination increased and working conditions have deteriorated.

According to World Health Organisation (2016), approximately 1/3rd of women in the world have some form of violence, and the majority of these instances account for domestic violence. In India, the majority of the cases are reported from states like Bihar where patriarchy is very strong, women's agency and freedom to make decisions are not respected (Charlette & Gupta 2012). Some of the instances of violence and sexual abuse in India are due to the high demand for dowry and many of our women respondents share the experience; these high demands of dowry are manifested during the pandemic even as domestic violence. After marriage, women are considered a part of the in-laws' household and are at the bottom of the familial hierarchy. Hence, their freedom of expression, freedom of thinking, and action is severely controlled.

It is important to understand the role of patriarchal societal norms in the rationalization of such irrational behaviour as lack of self-care, lack of adequate intake of food, and domestic violence. Gender-biased attitudes and behaviours are accepted by individuals within the patriarchal society, which manifested as normalized behaviour wherein woman sacrifices her food for her children and husband; some even prioritize their husband's health and put themselves in a vulnerable position. Moreover, such behaviours perpetrated by society are in line with the Indian society's patriarchal beliefs and traditional ideologies relating everything to female inferiority.

In a patriarchal society, domestic violence is a normalized behaviour, which again stems up from the root cause of elderly advice not to break the family for such things. Hence, understanding the perspectives of men who have perpetrated intimate partner violence against women also reflects on acceptable behaviour sequels of the patriarchal society, which was taken as an advantage by men.

The narrations by woman who encountered sexual abuse have conveyed that the tightly plaited societal norms and family structure is mystifying, frustrating for a domestic worker during the pandemic. They have also encountered regular tussles within their family placing them in a vulnerable position. Thus, the Covid-19 crisis conflates gender-based discriminations within a patriarchal family structure as a gross injustice to a woman, which has heightened both the self-care and health care discrepancy by prioritizing men's health over women, which were substantiated by the pithy statements made by the women respondents. In addition to the shame

of discussing domestic violence/ sexual abuse, children play a huge role in women's marital and life decisions. In the current study, children were the driving force behind women's decisions to out up with abuse/ violence. The urge to protect their children was some women's impetus for reduced self-care to reduced food intake to put up with violence.

Implications

Women around the world hold fewer jobs in the formal sector (ILO 2018); their earnings and savings are limited, and they largely lack any social protection. Due to this, the protection, safety they have during the pandemic period is limited. Same way, as there is no property ownership, decision-making agency is also severely curtailed. Handling multiple, demanding roles during the pandemic is a serious challenge for women, especially for those from lower socio-economic strata of society. The pandemic has deepened the already existing gender inequalities exposing the vulnerabilities in social, political, and economic systems.

Policies and public health measures have not addressed the gendered impact of the COVID-19 pandemic. For, countries like India, where women are a heterogeneous group; there is a need to record evidence from across social groups of women so that we can develop inclusive post-COVID-19 policies. Gender-segregated data about mortality/ morbidity of this infection is not adequate and the experiences and lessons from the previous pandemic also suggest the need to incorporate gender analysis in order to help improve the interventions and aspire for equity goals (Davies and Bennett, 2016). The government and other stakeholders must try to work together to avoid perpetuating gender and health inequalities through proper consideration of gender roles, norms, and relations (Wenham et al, 2020). Recognizing the impact of the pandemic on women's social, familial and economic lives followed by its repercussions on their lives, health and dignity is fundamental to developing effective, efficient, and equitable policies and interventions.

Concluding Remarks

Interconnected inequalities like lack of access to good education, shelter, and health care coupled with a rigid patriarchal societal social norm set up make women extremely vulnerable. These challenges coupled with job insecurity and other restrictions imposed by the pandemic might impact women's health, household dynamics, and overall well-being. Women domestic workers are just one group in the informal economy wherein women are overrepresented as low-wage workers. The gendered dimension of the pandemic also applies within the home as increased workload to loss of their savings to increased instances of

domestic violence. It is important to analyze the gendered effect of the pandemic in India because already they are unevenly represented in the labour market and household work and the pre-existing inequalities might widen. Conducting gender analysis of the pandemic impact is very essential provided we do not want to perpetuate the already existing inequalities. Efforts are needed to develop gender-responsive social protection measures during the pandemic.

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