

Beyond the Pandemic, Strategies For Vulnerable Women

Interventions in a Delhi Slum

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Abstract

The pandemic caused by Covid-19 has had a devastating effect on developing countries like India, as existing differences within the population in terms of access to resources and healthcare were greatly exacerbated with the economy going into a downward spiral and the healthcare system overwhelmed. The loss of incomes and joblessness further exposed the vulnerabilities of the urban poor particularly its women, as it triggered other inequities including gender related power equations. This paper trains its lens on an urban slum in Delhi as a microcosm, highlighting the challenges faced by the poor in metropolitan cities during the pandemic. It advocates the need to evolve strategies for the future by engendering a holistic interconnectedness between the different disciplines, ensuring that health issues are viewed not as separate silos but connected to the prisms of gender, autonomy and economics. It emphasizes the need to evolve not just immediate strategies to combat the impact of the pandemic but also design new methodologies that will address the gaps in health care systems that were exposed by the pandemic by introducing measures that will augment the existing infrastructure, while also intensifying the vaccination process. There is an urgent need to close the gender equality gap as a post-Covid world will need substantial increase in women's contribution to address the challenges faced across multiple fronts: economic, global warming; digital learning amongst others. This demands a paradigm shift in perspective and urgent actions to prevent future catastrophes.

1. Introduction

“In times of crisis, when resources are strained and institutional capacity is limited, women and girls face disproportionate impacts with far reaching consequences. Hard-fought gains for women's rights are also under threat”¹.

The substance of this statement was most devastatingly affirmed during the Covid-19 pandemic as it swept across the world causing unprecedented disruption and loss of lives, intersecting multiple areas such as health, economics, gender, education, and cultural and social life, with far reaching consequences. It's cataclysmic effect continues to this day,

showcased as it is in decimated economies globally and the exacerbation of inequalities between the polarities of rich and the poor and between women and men.

India with the second largest population in the world and its large gap between the rich, the poor, the urban and the rural, in terms of access to resources and healthcare, has

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been critically impacted by the pandemic. The near total lockdown that followed the first outbreak devastated the economy with the closure of 49% of informal own units² leading to a possible increase in relative poverty rates from 22% to 36% among the informal workers³ with the urban unemployment rate during the lockdown period jumping to nearly 24 percent in 2020. This particular section of the populace living precarious existences was further threatened, leading to a massive exodus of reverse migration from the urban to the rural. An approximate⁴ 1.8 million were possibly repatriated as of May 2020; some sources estimate this number to have reached 25 million.

This Covid-19 wave 2020 was followed by a deadlier, more intense second wave in early 2021, led by the new mutant (B.1.617.2), resulting in a total of some 34518901⁵ virus related cases in India and approximately 465911 deaths, though this is considered an underestimation.

Surveys focused on gender issues show that the pandemic has had a catastrophic impact on women and development and their economic and political participation with 118

women for every 100 men facing abject poverty⁶ with women dropping significantly in the gender equality index⁷.

The progress made on SDG5 in India too has been reversed⁸ and there is a decline in female labour participation. Estimates⁹ reveal that 19.3 percent of women with graduation and above qualifications are unemployed and were active job seekers during January-April 2021. The income of migrant workers' too has fallen by an average of 85 percent after returning to their rural areas of origin. Family savings have depleted, land and assets in some cases sold and the debt burden is weighing down women's lives. The second wave led to some unfortunate coinages that reflect the grim reality: Covid-Widows and Covid-Orphans.

2. Case Study of a Delhi Slum

To achieve a wider understanding of the impact of the pandemic on the economically vulnerable, particularly women, we focus on the microcosm of a slum / unauthorized colony in Delhi, as a reflection of the ground realities prevalent in this sprawling megalopolis. Slums / UCs grow in inverse proportion

to the sweep of natural calamities, climate change, economic criticality, loss of livelihoods etc. that take place periodically in rural and semi urban parts of the country, forcing displacement and migration to larger towns and cities. An estimated 4 million people or about 25-30 per cent of Delhi's population of 19 million¹⁰ lived in unauthorized colonies or UCs in 2013, which are marked by poor living conditions e.g. lack of piped water, overflowing garbage, open sewage etc.¹¹ The inhabitants of the area are mostly self-employed or work in private jobs or as contractual labour¹², Women are mostly engaged as part time domestic workers or work at the lower end of the occupational chain. They are low skilled, suffer from poor health; they also bear the brunt of household chores and lack agency and voice. The family incomes average around INR 10,000-25,000 monthly¹³. We need to appreciate however that these slums/UCs dwellers form the very backbones of metropolitan towns, providing the support systems and the ancillary services that oil the wheels of the administration and support the life styles of the middle and affluent classes living in the city centres¹⁴.

3. Impact of Covid-19 on Health Issues

The post Covid-19 scenario has revealed women's physical and mental health as a major areas of concern. The overwhelming 2nd wave saw many primary care clinics shutting down and hospital facilities converted to Covid-19 wards to cope with the unprecedented number of patients. These measures drastically impacted regular health care, leaving the sickly or the terminally ill, particularly vulnerable¹⁵.

Mental health related issues rarely talked about or recognized, are more prevalent in women than men as per studies¹⁶. They manifest as silent killers, spiking stress factors and causing various illnesses. Covid-19 has had a devastating impact on the Indian economy¹⁷ causing one of the biggest contractions globally. This manifested in falling incomes and joblessness¹⁸ and amplified mental health issues as mentioned earlier; increased¹⁹ domestic violence, child abuse²⁰ an indicator being the huge rise in calls on Child helpline numbers²¹; aggravated depression and suicidal tendencies with a nearly 67 percent increase in reports of such incidents in the media.

4. Future Interventions and Strategies

The current scenario poses tremendous opportunities to review the situation and evolve strategies for the future by engendering a holistic interconnectedness between the different disciplines. Health cannot be viewed in an exclusive silo from the greater questions of gender, autonomy and economics; hence we need a paradigm shift in perspectives and methodology. Taking into account the shortage of medical personnel proportionate to the population²² and the inadequacy of public health services in the country, a strategy would be to accord a greater role and recognition in medical care to frontline workers; such as the 2.3 million force of ASHA workers²³ Anganwadi²⁴ and AWMs (Auxiliary Nurse/ Midwives) who have tremendous outreach amongst the urban poor and rural women, as they are the first messengers for healthcare facilities. Recognizing the strength of their networks and outreach during the pandemic and its aftermath, both civil society and government bodies have used their services to reach out to vulnerable groups. They provided early health care and also

played a vital role in spreading the message of vaccination and also implement its programs across the outlying regions of the country.

5. Vaccination – Innovative approaches

Vaccination has been the big driver to contain the virus and while the government has pursued the program aggressively with more than a billion doses given so far, yet there is a 20 percent gap in the vaccination ratio²⁵ between the sexes. This is caused by a variety of reasons that reflect the poor gender indices in the country e.g. lack of access to mobiles, digital illiteracy, myths and fears and the low worth they ascribe to themselves. The vaccination drive has been supported by a two pronged strategy. government bodies have been administering free doses to the poor while the private medical facilities have a fixed price for the facility. In order to address some of the gaps in the system, civil society too joined the effort by conducting awareness campaigns to mitigate vax hesitancy and make the process more accessible, particularly in the urban slums, where the occupations of the women reveal their vulnerability (Figure 1).

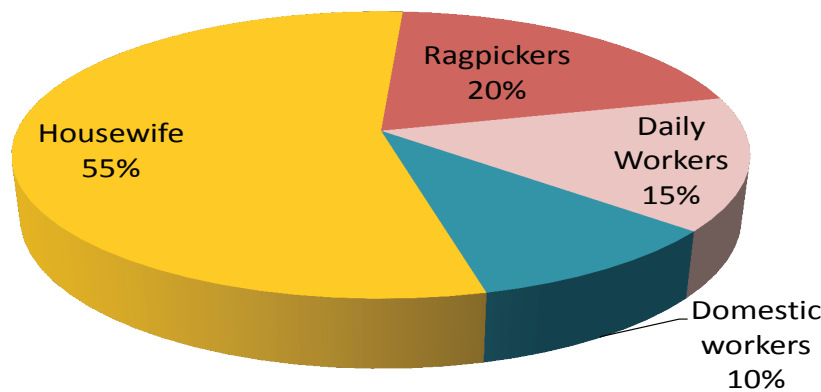


Fig. 1. Occupations of vaccinated women by percentage.

6. The Gender Dimension – Closing the Equality Gap

The post-Covid world needs a substantial increase in the contribution from women – the one half of the population – to address the challenges it faces across multiple fronts: economic, global warming; digital disruption, inclusive growth, workforce and skills among others. This can be enabled only by closing the gender equality gap and empowering women. It involves changing their perceptions about themselves, to have the agency to have access to resources: material, human and social and to utilize them, and to understand and recognize injustice both institutionalized and sporadic²⁶. Empowerment is inextricably linked

to economic agency which is fundamental to poverty reduction and food security, lasting, inclusive and sustainable economic growth.

The development effect of putting more money in the hands of women makes imminent sense as they spend a greater portion of their incomes on their families, hence Increasing women's incomes and their control over family spending will have a domino effect on improvements in child nutrition, health, education and work, thereby breaking the cycle of intergenerational poverty. Higher levels of gender equality also generates lowered poverty and food insecurity in the general population, higher standing in the Human Development Index, and less environmental degradation²⁷.

Given this scenario, the falling rate of female labour force participation in India at 31 percent including both rural and urban²⁸ is of deep concern. Various socio-cultural, economic factors lie behind this reality, which demands a substantive and well structured redress from government agencies, private sector and civil society, that must be backed by political will.

A major step in this direction would be to substantially increase women's digital inclusion as a key gateway to financial services and opportunities for income generation, besides education, information and every form of learning²⁹ The post-Covid world has witnessed an exponential rise in the usage of technology and digitalization and women at current internet accessibility, lagging behind men by nearly 135 million in India, must be granted incentives to close the gender gap. To this effect various government and NGOs have started Computer Classes for girls and women in the slum area. Similarly³⁰ skill training and up skilling is a vital part of improving women's job possibilities and liberating them from the lowest end of the occupational hierarchy.

Increased political participation at the grassroots and higher levels is a vital element to give women a voice in governance. While twenty State governments have reserved 50 percentage of seats for women at the local level, the highest political body the Lok Sabha has a mere 14 percent of women candidates.

7. Conclusion

The post-Covid reality demands a paradigm shift in perspectives and the way we shape our future – for ourselves and for the generations to come. The extraordinary challenges, death and devastation caused by the pandemic leaves us lessons that cannot and should not be

ignored. Abjuring the irresponsible exploitation of resources and bridging the silos dividing communities, the sexes and the rich and poor is urgently needed as an interconnected world leaves us no room for complacency. The next disaster is waiting in the wings. This perhaps is the pandemic's most powerful message.

Notes

1. *Explainer How Covid-19 Impacts Women & Girls* [Internet] Un Women [updated 17 March 2021] [available at <https://interactive.unwomen.org/multimedia/explainer/covid19/en/>].
2. *Annual Report 2020 Going Beyond Crisil* [Internet] [December 2020] [available at <https://www.crisil.com/en/home/investors/financial-information/annual-report-info-2020.html>].
3. *Covid-19 and the World of Work. ILO Monitor: Seventh edition* [Internet] Updated estimates and analysis [25 January 2021] [available at https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_767028.pdf].
4. *Reverse migration to rural areas of origin in the context of the Covid-19 pandemic, Food and Agricultural Organization of the United Nations* [Internet] [12 May 2021] [available at <http://www.fao.org/3/cb4712en/cb4712en.pdf>].
5. *India Fights Corona Covid-19 Mygov* [Internet] [22 November 2021] [available at <https://www.mygov.in/covid-19/>].
6. *UN Women Highlights from 2020-2021*, Un Women [Internet] [2021] [available at <https://www.unwomen.org/en/digital-library/annual-report>].
7. *Global Gender Gap Report 2021*, World Economic Forum [Internet] [31 March 2021] [available at <https://www.weforum.org/reports/ab6795a1-960c-42b2-b3d5-587eccda6023>]. Available at <https://www.orfonline.org/expert-speak/covid19-gendered-impact/>].
8. *Sangita Dutta Gupta & Susmita Chatterjee Covid-19 and its gendered impact*, Observer Research Foundation [Internet] [December 23 2020].
9. Mahesh V., *The Jobs Bloodbath of April 2020*, Centre for Monitoring Indian Economy [Internet] [5 May 2020] [available at <https://www.cmie.com/common/bin/sr.php?kall=warticle&dt=2020-05-05%2008:22:21&msec=776>].
10. *2011 Census data*, Office of the Registrar General & Census Commissioner, India Ministry of Home Affairs, Government of India [Internet] [available at <https://censusindia.gov.in/2011-common/censusdata2011.html>].
11. Perna Prabhakar National Council of Applied Economic Research (NCAER) Aman Agarwal Gokhale Institute of Politics and Economics Divy Rangan Ashoka University; *Urban Policy Failure in Delhi: A Case of Unauthorised Colonies*; Researchgate [Internet] [May 2020] [available at https://www.researchgate.net/publication/341592888_Urban_Policy_Failure_in_Delhi_A_Case_of_Unauthorised_Colonies].
12. Sugata Bag, *Urban Female Labor Force Participation and Its Correlates: A Comparative Study of Slum-Dwellers and Their Urban Counterparts of Three Metro Cities in India*, Delhi School of Economics, [Internet] [posted 6 April 2020] [available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3552663].
13. 125-312 euros at current rates of exchange.
14. Vivek G., Shubham Y., Shraddha G., *694 Impact of Covid-19 in India's Urban Slum and Informal Settlement*. International Research Journal of Engineering and Technology (IRJET) e-ISSN: 2395-0056 Volume: 07 Issue: 07 | [July 2020] [available at www.irjet.net p-ISSN: 2395-0072 © 2020, IRJET, Page].

15. Toteja G.S., Singh P., Dhillon B.S., Saxena B.N., Ahmed F.U., Lt. Singh R.P., Prakash B., Vijayaraghavan K., Singh Y., Rauf A., Sarma U.C., Gandhi S., Behl L., Mukherjee K., Swami S.S., Meru V., Chandra P., Chandrawati, Mohan U., *Prevalence of anemia among pregnant women and adolescent girls in 16 districts of India*, Sage Journals [Internet] [available from <https://journals.sagepub.com/doi/pdf/10.1177/156482650602700405>].

16. Afridi F., Dhillon A., Roy S., *The Impact of Covid-19 on Livelihoods and Mental Health among the Urban Poor in India Policy brief IND-20093* [Internet] [March 2021] [available from <https://www.theigc.org/wp-content/uploads/2021/03/Afridi-et-al-2021-Policy-brief-1.pdf>].

17. Dhingra S., Ghatak M., *How has Covid-19 Affected India's Economy*, Economics Observatory [Internet] [30 June 2021] [available at <https://www.economicsobservatory.com/how-has-covid-19-affected-indias-economy>].

18. *State of Working India 2021; Centre for Sustainable Employment*, Azim Premji University [Internet] [released 5 May 2021] [available at <https://cse.azimpremjiuniversity.edu.in/state-of-working-india/swi-2021/>].

19. Chandra J., *National Commission for Women records sharp spike in domestic violence amid lockdown*, The Hindu [Internet] [June 15 2020] [available at <https://www.thehindu.com/news/national/ncw-records-sharp-spike-in-domestic-violence-amid-lockdown/article31835105.ece>].

20. Hitanku D. Priyank Y., *Psycho-social impact of Covid-19 pandemic on children in India: The reality*, US National Library of Medicine National Institutes of Health; [Internet] [Published online 2020 Aug 10] [available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7833725/>].

21. *Increased number of suicide cases reported during Covid second wave*, The New Indian Express [Internet] [Last Updated: 09th September 2021] [available at <https://www.newindianexpress.com/cities/delhi/2021/sep/09/increased-number-of-suicide-cases-reported-during-covid-second-wave-2356346.html>].

22. Every allopathic doctor in India caters to at least 1,511 people, much higher than the World Health Organization's norm of one doctor for every 1,000 people. The shortage of trained nurses is even more dire, with a

nurse-to-population ratio of 1:670 against the WHO norm of 1:300.

23. Accredited Social Health Activist (ASHA) is a trained female community health activist. Selected from the community itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system.

24. Anganwadi workers: The Anganwadi worker is a community based front line worker of the ICDS (Integrated Child Development Services) Programme. She plays a crucial role in promoting child growth and development. She is also an agent of social change, mobilizing community support for better care of young children.

25. Mishra M., Jain R., *Women Falling Behind in India's Covid-19 Vaccination Drive*, The Wire [Internet] [June 8, 2020] [available at <https://thewire.in/gender/women-falling-behind-in-indias-covid-19-vaccination-drive>].

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27. Parsuraman S., Somaiya M., *Economic Empowerment of Women Promoting Skills Development in Slum Areas Report*, The EEWS Study sanctioned by the Ministry of Women and Child Development implemented by Tata Institute of Social Sciences (TISS), Mumbai. [December 2016].

28. Urmila, Chatterjee, Rinku, Murgai, Martin, Rama, *Job Opportunities along the Rural-Urban Gradation and Female Labor Force Participation in India*, Policy Research Working Paper, World Bank Group, Poverty Global Practice Group & Office of the Chief Economist South Asia Region [published September 2015].

29. Sahaya A., *Women's Working World – A Mirror to Their World*, Lambert Academic Publishing, 2019.

30. *National Skills Network*, Ministry of Skill Development and Entrepreneurship (MSDE) Government of India [Internet] [March 9 2019] [available at <https://www.nationalskillsnetwork.in/skill-india-women-initiatives/>].