

# Some Reflections on the Gendered Effects of the Coronavirus Pandemic in India

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Without waiting for human comprehension to proliferate, the Coronavirus pandemic has made irreversible changes in human existence while radically altering our understanding of life and death. The imbroglia nature of the pandemic has taken the state, scientists, health practitioners, policymakers, academics and the like by surprise. Slavoj Žižek concludes the first chapter of *Pandemic!: Covid-19 Shakes the World*, by quoting Martin Luther King, 'We may have all come on different ships, but we're all in the same boats now.'<sup>[1]</sup> A widespread perception in the COVID-19 discourse is that the virus is democratic. However, the present pandemic hasn't been a great equaliser. The stringent imposition of lockdowns to combat the contagion has highlighted already functioning grave inequalities. In complex emergencies, such as this, the most vulnerable are women and children with 'vulnerabilities deepened on the basis of class, race, religion.'<sup>[2]</sup> A complex emergency is defined as a humanitarian crisis in a country, region, or society where there is a total or considerable breakdown of authority.<sup>[3]</sup> The context of emergency in the present scenario is characterised by a 'public health emergency of international concern.'<sup>[4]</sup> The concept of social distancing works only for the privileged. Not everyone is quarantined in similarly conducive conditions. While some live in 200 square metre houses with vast gardens, some live in cramped spaces in overcrowded cities. Inequalities amplify as services close down, leading to unequal exposure and resilience to the virus. Society has been bombarded with calls to telecommute in the safety of one's home. However, it is essential to ask which groups can do this as not all sections of society can telecommute and hence remain employed. Moreover, the home might mean haven or a nightmare.

Fernando Catrillon and Thomas Marchevsky, in the introductory chapter entitled 'Of Pestilence, Chaos and Time,' of *Coronavirus, Psychoanalysis and Philosophy*, "suggest that the human population is a step away from 'convivus.' This means that we would have to live together with the virus and thus be forced to 'submit to, mitigate and orient our lives around' it."<sup>[5]</sup> In this paper we aim to interrogate this romantic imagination with specific reference to women who stand fast and what cohabiting with the virus would mean for them. Everyday practices of performing gender roles suggest that men and women 'perceive, experience, respond to and recover from disasters differently.'<sup>[6]</sup> Thus the concept of gendered vulnerability during disasters is a manifestation of 'historically and culturally specific patterns' of gender inequality.<sup>[7]</sup> Building on this idea, we probe into the urgency for socio-political dialogue and seek to understand how women's lives in India are moulded around a virus that seemingly is here to stay.<sup>[8]</sup> The arguments of this article are built on existing literature on the pandemic, past studies, newspaper articles, press releases, and policy reforms to provide a scholarly overview of the present situation at hand.

## **Women and pandemics: Past lessons and feminist responses to the pandemic from around the world**

Borrowing from George Hegel, Žižek comments that the only thing we learn from history is that 'we learn

nothing from history. [9] The intersecting roles of caregivers, providers, and consumers render women vulnerable to the health effects of catastrophic events ranging from accidental radiation exposure to the quotidian air pollution or a global pandemic. [10] During Ebola and Zika outbreaks, women's socio-economic security was disrupted and lasted longer than that of men. [11] It is argued that though women had been visibly affected, they were rendered invisible in domestic and international responses. [12] Blind policy reforms resulted in incomplete information and disaggregated sex and gender data. [13] The traditional role of women as caregivers and as people who prepare bodies for funerals placed them at higher risk of exposure. Disruption of health services and mobility restrictions put women in a double bind of dying from Ebola and childbirth. In eighteen months, the Ebola outbreak led to a 75 per cent increase in maternal mortality. [14] Studies in Sierra Leone estimate that with restrictions on abortion, teenage pregnancies were reported to be higher than 23 per cent. [15] Sexual and gender-based violence rose by 4.5 per cent compared with pre-outbreak levels. [16] These lessons were not applied in Zika outbreaks. In both these cases, it was found that women of reproductive age in the margins of socio-economic resources were vulnerable to the broader impact of these emergencies.

Doreen Massey rightfully asserts that the 'intersection and mutual influences of geography and gender are deep and multifarious.' [17] This pandemic has blurred the outside and domestic spaces by obscuring the fine line that divides the two. The domestic space, a site for the performance of feminine gender roles (performing care work and tending human relationships), has now become a site where women are bearing the brunt of the Covid-19 pandemic. In his treatise, Žižek comments that moments of dead time (withdrawal, or '*Gelassenheit*'), [18] would provide the opportunity to reflect on our current state. However, we highlight that there is no dead time or that there are limited-time opportunities for women to 'think about the (non) sense of their predicament.' [19] As care facilities have shut down and the population is quarantined to contain the virus, the burden of caring for children and family falls upon women. [20] They are also at risk of domestic violence and are 'disproportionately disadvantaged' [21] due to limited access to reproductive and maternal health services. With the progression of the pandemic, there has been an increase in appeals to integrate self-care practices into our daily lives as our mental health has been stretched to its limit. However, self-care or engagement in leisure practices is primarily constituted through power-geometrics of gendered spaces and reflects one's socio-economic status. Through a feminist reading of the gendered space, the article argues that women have been forced to shoulder the double role of the carer as well as the provider with little to no help, which has therefore led to time poverty. The authors contend that the added burden of performing care duties and time poverty, along with multiple psychological and sexual stressors, manifest in a lack of opportunity to engage in leisure activities which contribute to well-being and a relaxed state of mind.

At the outset of the pandemic, Antonio Guterres predicted that Covid-19 could reverse the limited progress made on gender equality. [22] A year later, his words proved true. In writing about women's lives, recognising the diversity of cross-cutting factors characterising their lives is essential. Therefore, one must be sceptical of any blanket analysis of the gendered vulnerabilities induced due to the Covid-19 pandemic. Gendered impacts, as argued by Clare Wenham and colleagues, are context specific, varying 'between and within countries.' [23]

This pandemic has threatened the core UN Sustainable Development Goals (SDGs). [24] It has proven to be not only a global health emergency but also a global economic downturn. Owing to the exacerbation of unpaid care work and interpersonal violence, the decline in economic empowerment opportunities, and interrupted access to sexual and reproductive health, SDGs, such as 1. no poverty, 2. zero hunger, 3. good health, 4. quality education, 5. gender equality, 10. reduced inequalities and 16. peace, justice and strong institutions, demand urgent action. In what has been termed a she-cession, Ashwini Deshpande argues that women will not be able to bear the economic shock because of the nature of their employment. [25] A large state of women's employment is in the informal sector, lacking well-defined labour laws and social protection. [26] Workplaces having large-scale numbers of women employees,

such as restaurants, salons, malls, hotels and domestic workers, already face the threat of permanent closure. A study highlights that three-million women face potential layoffs compared to thirteen million men.[27]) Studies from Turkey argue that women experienced lower economic disparities since their pre-pandemic employment was substantially lower than that of men'. [28])

There is global evidence on the increase in the unequal burden of care work. Worldwide more than 1.5 billion children are out of school, leading to a dramatic rise in childcare needs. With the closure of childcare services (formal and informal) and the existing distribution of childcare duties, mothers are likely to be more affected than fathers. Patriarchal mothering, a site of disempowerment, needs to be understood, for it contributes to the burden of caregiving. Three central themes characterising patriarchal mothering are: primarily that the mother is the primary caregiver. Second, that mothering is more important than paid work, and last, that mothering requires copious amounts of time and resources. [29]) Simon Kelly and Adele Senior propound that even in ordinary circumstances, the task of parenting is demanding, challenging and draining. With the added threat of a global pandemic, 'parental care takes on a more expansive and exhausting status.' [30]) A study conducted in the United States highlights that even though men are sharing the burden, it is not shared equally. [31]) Alon and colleagues' study found that 25 per cent of male workers versus 22 per cent of female workers work in telecommutable jobs. [32]) The study also argues that men can adapt to a changing environment more easily than women. The study, therefore, suggests that people's ability to continue working is affected by childcare needs. In a response from Australia, pre-Covid, mothers were spending around 1.7 hours more than men in childcare duties, and during the lockdown, it increased to 2.3 hours per day. [33]) According to the Building Resources Across Communities (BRAC) survey in Bangladesh, 55 per cent of women faced additional work stress, and 58 per cent reported unpaid care work leaving them time-poor and with no time for leisure. [34])

Globally women make up 70 per cent of health care workers, and 80 per cent of nurses have close and prolonged contact with sick patients. [35]) Genderlinks, a South African Advocacy group, argues that women healthcare workers, while constituting a significant section of the healthcare sector, are also caregivers. [36]) These women are under the double distress of housework management and the fear of higher exposure to the virus. As the pandemic spread, countries declared strict lockdowns and closed sexual and reproductive health services. Contraception provision is considered a non-essential commodity. [37]) This decision denied and distanced women from already difficult to access sexual and reproductive healthcare. UNFPA has predicted seven million unintended pregnancies and potentially thousands of deaths from unsafe abortions and complicated births due to inadequate access during Covid-19 lockdowns. In Nepal, the MSI clinics were forced to shut down, and it led to havoc as there had been an increase in calls seeking abortions since the starting of lockdown. Moreover, many private clinics were forced to shut down owing to 'transport shortages, provider unavailability, and a lack' of facilities as resources have been directed towards the more critical corona patients. [38]) Clare Wenham and colleagues report that every twenty-nine hours, a woman is killed in Argentina. [39]) According to the Turkish Feminist Organization, twenty-one women were killed between 11 and 31 March 2020. Columbia reported a 175 per cent increase in gender-based violence. [40]) Furthermore, the countries' methods of dealing with the rising cases of domestic violence varied considerably. In some countries like Kazakhstan, it has been ignored, while countries like Italy, Australia, and Kenya embraced the onslaught and tried to counter it. [41])

### **Home is where the heart is: The gendered space, pandemic, and the Indian women**

Michael Allen Fox contends that home is a generous space within the chaotic landscape that characterises everyday existence and 'is the primary theatre within which one acts out and forges an identity.' [42]) One may therefore suppose that owing to its fundamental nature, home is readily understood. However, the concept of 'home' calls for interrogation because spaces have long histories

and bear multiple meanings and connotations. During times of uncertainty, the home is the only assurance. Staying at home has been deemed as a necessary act to contain the virus. There has been a resurgence of the happy home myth where domesticity has been associated with safety.[43] The metaphors of solace, peace, warmth and love associated with home have gained even more traction. Nevertheless, home has often been considered a problematic space for it is shaped by the intersections of the conventions and currents of change. To understand the situation of women during the Covid-19 pandemic, it is essential to probe into gender and space dynamics, and interrogate the connotations and the complex relationship between home and work (paid and unpaid). Power geometrics affect one's experience of space and convert spaces into sites of meaning and power. Home has long been constructed as the woman's space, a stable symbolic centre where the woman is readily positioned as a nurturing presence. The idea that home is where the heart is has been unforgivably romanticised during this pandemic. However, this notion is being met with evidence of fallacies. The safety the home provides is coming at the cost of women who are overburdened and overwhelmed due to the increase and the repetition of endless life-sustaining activities.

Anuratha Venkataraman and Anjali Venkataraman contend that definitions of the western woman and the Indian woman differ in understanding.[44] While her western counterpart is comparatively autonomous, the Indian woman operates within a collective framework that includes an extended intimate relationship dynamic. Society's socio-cultural normative practices regulate and govern the female body and the self and reproduce what it means to be an Indian woman. The Indian woman's identity is deeply rooted in the concept of *mamta* (for the sake of the argument of this study, *mamta* is understood as mothering and expands to caregiving), which stems from what maternal theorists call patriarchal motherhood.[45] Patriarchal motherhood is sacrificial, reified and considered essential to a woman's being. In a patriarchal culture, a woman who provides care according to the patriarchal regime is regarded as a good woman. The virtue of being a good woman and its inherent rewards in the patriarchal regime (security, respect, love and a degree of agency) adds to a pressure that asks women to play specific roles and continually make selfless and sacrificial choices out of love. The emotional anchorage she provides, and which is demanded from her, is not often reciprocated as it is deemed natural for women to put their families before themselves. The woman and her position at home serve as an anchor for others.

To address the objective of this paper, it is important to understand the nuances of the socio-cultural mindset of the Indian society regarding domestic work, the male reluctance to participate in care work, and the resulting female distress owing to overwork. Sample the following memes: 'Be nice to your wife. Restaurants are closed,' followed by a string of laughter emoticons. '*Ek shodh se pata chala hai ki gusse me patni pati par badbad to karti hai lekin ghar ka kaam bhi fatafat niptati hai*' (A research study highlights that a frustrated wife may nag her husband but efficiently carries out all the housework [translated by the author]). 'Newton's law of isolation: A body at rest will continue to be at rest until the wife notices and finds work for him.' These seemingly innocuous memes circulated across various social media platforms are an extension of the immediacy of our lives. They are a clear reflection of the casual sexism and deep-rooted misogyny veiled under the garb of humour.

Feminist geographer Massey argues that spaces transmit gendered messages which manifest as 'straightforward expulsion' or confinement.[46] Domestic space is constituted of power geometrics where one 'does gender' according to gender differences and ideology. When the body publicly articulates a gendered performance, the space in which the action is expressed 'becomes the site of cultural inscription.'[47] The pandemic has showcased the domestic space as a site for contesting and reinforcing gender power structures which explain the current predicament where women are burdened with labour and men share the burden occasionally. Maud Ceuterick argues that the mingling of the professional with the hyper-visible domestic space highlights the 'irreconcilable juxtaposition of work from home and housework.'[48] Highlighting the inequalities of capitalism and patriarchy, has brought attention to the act of preservation, a traditionally feminine activity as integral to capitalism's dependence on free care labour.

Building on the above arguments, the lockdown memes discussed have two dominant themes. Sanchari Basu Chaudhuri analyses that the wife though overworked and frustrated, can successfully shoulder responsibilities alone. Second, the memes also reflect 'the embodiment of masculinity to resist, negotiate or subvert men's participation' in tasks that threaten their manhood.[49] The inference also highlights that social processes of gender inequality do not exist in the 'non-spatial, ethereal world' but are socially constructed in gendered spaces, in this case, the home.[50] Simone de Beauvoir justly commented that 'few tasks are more like the torture of Sisyphus than housework.'[51] It must be understood that routine care work consumes time and labour, is necessary, and yet is rendered nothing. An ILO study indicates that gender discrepancy in unpaid care work is significant in Asia. Men perform the lowest share of care work per day (sixty-four minutes), with twenty-eight minutes in Pakistan and only thirty-one minutes of men's total working time in India.[52] The *Time Use in India* report highlights that 81.2 per cent and 26.1 per cent of female and male household members participated in unpaid domestic services, respectively.[53] The average time spent in the domestic services is 299 by women and 97 minutes by men. The apparent dichotomy in the division of household responsibilities is due to the gender roles and hence explains the glaring difference in the report. Vignettes in newspapers also echo the same thought that the gendered division of labour governs the attitude towards domestic activities since 'kitchen things' come naturally to women as they have been trained for it since childhood.[54]

Due to the provision of care systems, more women were able to enter the paid workforce. The demands on working women were already inordinate, and the pandemic with its whole new sets of pressures and circumstances has only made it worse.[55] Helen Lewis contends that the bargain that the couple could both work because someone else was looking after their kids has shattered.[56] Instead, couples need to decide who will take the hit. Azim Premji University's report found that 47 per cent of women in India who had lost their jobs between March and December 2020 were permanently redundant.[57] The study also highlighted that the lifting of lockdown restrictions barred the entry of women into the workforce. Only 53 per cent of women returned to work. In an anecdotal report from Lucknow, a teacher claimed that due to the downsizing policy of the school, she had to quit her job. The authors assert that in another case of the effects of the downsizing policy, a woman was threatened by her employer that she would be fired if she didn't resume her job post her father's death owing to the pandemic situation.[58]

Sociologist Heejung Chung's concept of the third shift helps in understanding the plight of the working woman. Cheung describes the third shift as 'ensuring emotional well-being of not only ... children but also parents and other family members.'[59] The idea of the third shift has also been explored by the French Comic artist Emma in her comic, *You Should've Asked*. [60] Emma conceptualises the third shift as the mental load and defined it as the need to constantly engage the mind in planning and further asserts that while it is permanent and exhausting, it is also 'invisible.' Kate Power's study (2020) carries forward these arguments.[61] It highlights that along with the onus of performing life-sustaining activities (cooking, fetching water, shopping, cleaning, etc.), women are also burdened with performing the mental and emotional labour of planning, managing and tending intimate relationships. The pandemic has negatively impacted over 80 per cent of Indian women whose work-life balance is in shambles. This burden also comes from the fact that owing to the contagion domestic help workers were no longer available to help ease the burden. As the report indicates, 38.5 per cent of the working women surveyed said they were swamped by the triple burden.[62]

One vital section of frontline workers bearing the triple load are the Accredited Social Health Activist Spell out here please (ASHA) workers. They are responsible for delivering essential healthcare with little to no support from the government.[63] Earning a meagre amount of Rs.3000 (USD38.25) to Rs.4000 (USD51) per month, they are crumbling under the weight of insufficient infrastructure. Though the Ministry of Family and Health Welfare had promised an incentive of Rs 1000, (USD12.75) a survey indicates that 31 per cent of the workers have not received it.[64] Oxfam India highlights that 64 per cent of ASHA workers reported receiving no incentives.[65] Across Uttar Pradesh, Odisha, Bihar and Chhattisgarh, only "23% received

hazmat and bodysuits.' The reports also account that 'less than 75% had masks, 62% had gloves, and 76% received training on PPE usage and infection control.' Owing to the fear of transmission of the virus, ASHA workers also resorted to living away from home and not participating in caregiving activities. With the increase in seven-to-eight-hour shifts and undergoing harassment, vulnerability, and exposure to the virus with no provision for sick or paid leave, the case of the ASHA workers is even more pathetic.[66] Such vignettes highlight that the woman is struggling to cope.

Judith Butler rightfully argues that women's performative roles help seek validation through the eyes of the family and themselves.[67] P.L. Hewitt and G.L. Flett suggest that perfectionism has three fundamental aspects: a) self-oriented perfectionism: the tendency to set high standards for oneself, b) socially prescribed perfectionism: the belief that others have set high standards for oneself, c) other-oriented perfectionism: the tendency to set high standards for others.[68] The lens of self-oriented and socially prescribed perfectionism helps in dissecting the current predicament of women. Women's gender performances are according to the demands of their situation and decided by the need of the hour. The present context of the pandemic demands perfection in carrying out all the tasks presented to a woman.

Moreover, within the Indian context, the *achhi bahu* (the good daughter-in-law) or the good mother is assessed and valued by the volume and the standard of the work executed by women. The stereotyping of women as taken for granted service providers and men and children as consumers renders their work indispensable. The Indian woman has become a subject of appreciation for undertaking all chores and carrying them out in a commendable manner. The pandemic has converted the woman into a superwoman/supermom who is 'energetic' and competent. Literature on perfectionism highlights that the urge to maintain and conform to the high standards set for women is positively related to shame and distress. She may experience episodes of guilt when the perfectionist superwoman feels that she has not satisfied the high demands and expectations and hence is not worthy of being loved and respected. She may think that she is letting other people down. However, this superwoman isn't real, though her glorification makes her an ideal.[69] The women in the pandemic are frazzled because of their inflexible schedule. In celebrating such an image of strength, the culture has created a picture of a self-sacrificing woman who is considered heroic, in short, a perfect woman. Her increasing efficiency in managing the additional workload is appreciated, whereas the exponential increase in psychological and physiological distress is considered inconsequential. One can only imagine the toll it takes to be constantly nice.[70]

### Time poverty and the need for multitasking

As discussed above, the pandemic has encumbered women with the triple burden, exacerbating stress levels and other health issues. Any discussion of self-care or leisure practice requires one to assess the time poverty women face. Time is a resource necessary for wellbeing. Clair Vickery asserted that 'the household's ability to translate the available time into consumption depends upon its productivity in both market and non-market work.'[71] Households differ in money and time resources. Dagfinn As postulates four kinds of time: 1. necessary time: the time needed to perform physiological needs; 2. contracted time: referring to regular paid work; 3. committed time: activities needed to maintain life, e.g., housework; 4. free time: time remaining after all activities are done. Time poverty occurs when an individual's decision to allocate time to tasks is affected by different responsibilities one shoulders.[72]

Lyn Craig and Brendan Churchill's study proposes two types of care: active and supervisory care.[73] Active care is defined as activities that require the carer to interact directly with the other person. Supervisory care is when one is not directly interacting, but the carer must be on standby lest active care is required. In this pandemic, women simply do not have enough time to complete their workload, and these definitions of care illustrate that women negotiate through work intensity and the accompanied mental load through multitasking.

*Time Use in India* statistics summarise that surveyed female household members spend an average of 134 minutes in caregiving while also devoting 333 minutes to employment-related activities over a period of 24 hours.[74] In comparison, male members invest 76 minutes in caregiving and 459 minutes in paid labour. The report thus clearly illustrates that women are relatively time poor. A recent study argues that Indian women manage time poverty with time stretching (waking up early with no leisure gaps in between) and multitasking (taking care of two or more things simultaneously).[75] The neoliberal logic of empowerment seeks to bring out women from what is seen as a delimiting space and provide them with income-generating opportunities. However, the catch lies in the fact that it does not dismantle any exploitative gender relationships. Instead, it adds additional responsibilities to already complex workloads.[76] A study on working women during the pandemic highlights that women multitask to cope with the new conditions.[77] The study also accentuates that women cope with stress with a positive attitude fearing that pessimism will limit multitasking—such is the demand for dexterity. Respondents in the study are expected to carry the triple load without complaint and to push themselves to do it all for family. Time scarcity negatively affects wellbeing, and the female respondents divulge that they feel helpless and emotionally disturbed.

Household structure and assets also account for time poverty. For women in rural areas, time poverty is even worse. Women spend an average of 247 minutes in unpaid domestic work and 37 minutes in caregiving tasks.[78] Research studying the impact of the lockdown on Indian female migrant workers highlighted that 92 per cent have lost work,[79] of whom 42 per cent have been negatively impacted by food insecurity. A large proportion of these workers live in overcrowded accommodations in slums. It can be argued that privileged women have access to regular and easily accessible clean water, washing machines, dishwashers, and vacuum cleaners to maintain hygiene and assist with domestic work. However, women belonging to lower economic strata do not have these privileges. Therefore, the time that could be saved through the mechanisation of household labour is not accessible to them. In a slum of 200 families, only two tube wells are adding to water woes. Newspaper reports in India suggest that most families do not have overhead tanks to store water, and therefore there is insufficient water as usage has rapidly increased.[80] Since women are assigned water collecting duties, it is an additional cause of woe, leaving them exhausted and drained physically and mentally. The loss of livelihood has added to the fear of food insecurity. Furthermore, owing to the disrupted access to services like Angadwadi, which provides childcare, women complain that the added liability of taking care of children amidst situations of penury is a cause of distress.[81] Socio-economic reasons, therefore, frame the kind of time poverty faced by these women.

### **Self-care practices and the gendered burnout in the time of a pandemic**

In his treatise on the pandemic, Žižek comments on the paradoxical nature of the ubiquitous formula, 'No Panic.' He suggests that 'we get all the data that cannot help but trigger panic' and ponders on the ideological viruses (fake news and conspiracy theories) that are leading to a mass burnt out society.[82] Anxieties around the infection, combined with depressing news, continued confinement, paid work and care pressure, invites feminist purview into studying gendered burnout and the immediate necessity to address the lack of leisure practices for women. Žižek duly remarks that 'what makes the human-care work so weary is the very fact that they are expected to labor with empathy, to seem to care about the "objects" of their work.'[83] In what has come to be known as the pandemic brain, it has been discovered that due to prolonged exposure to simultaneous stressors, our cognitive abilities have been affected. Other symptoms like inability to focus, lethargy, anxiety, and depression are also starting to surface. Researchers and doctors alike suggest that individuals should engage in exercising, listening to music, and meditation activities to take care of their mental health.[84]

A central tenet of the definition of leisure is the freedom of choice to do or not do any activity.[85] One

cannot comment on the leisure practices of Indian women without understanding that a woman engaging in leisure activities is a radical act. The question of who rests is embedded in the individual's position in the socio-economic framework. Dipanjali Singh rightfully contends that since labour is viewed as a masculine activity, the man and his 'visible' labour is deemed worthy of rest.[86] Housework and caregiving are considered routine activities performed out of love and affection for the family and hence are not understood as labour. Therefore, the question of the woman's rest is frowned upon. However, there has been established a positive association with leisure improving physical health by reducing stress.[87] It provides 'passive, recuperative and restorative opportunities' (which are essential for a person to function effectively).[88] Leisure as an act of incorporating escape is considered a vital means of coping with work-related stress. Accordingly, the role of leisure' as a coping strategy for women is an issue worth investigating in the pandemic.

Feminist readings of leisure show that women's lives are dominated by time fragmentation and time synchronisation, leading them to take 'snatched' time and space for leisure.[89] The *Time Use in India* (2020) report shows that 85.3 per cent of female members compared to 88.5 per cent of male members of households participate in leisure activities.[90] The study further attests that women spend an average of 723 minutes compared to men spending 729 minutes in self-care and maintenance activities in a day (including sleep). The arguments of the present research illustrate that owing to the dramatic exacerbation of domestic work, and caregiving which has to be performed along with paid labour, women are experiencing a higher degree of time poverty. Time poverty directly impacts self-care practices. Women's free time is often mixed with other activities (multitasking) and is not as unfettered as men. It is shaped by interpersonal relationships and an awareness of concern for others. A LinkedIn survey reports that 47 per cent of Indian working women, in contrast to 38 per cent of men, are experiencing pandemic stress, 46 per cent of women work late, and 42 per cent cannot focus because of children at home.[91] A study on female academics in Britain argues that workplace stressors generate an immense amount of pressure, contributing to burnout.[92] In the present scenario, a combination of atypical home stressors and workplace stress has lead women to experience middle levels of burnout which is bound to affect creativity, job performance, and productivity.

Past studies highlight an increase in salaried jobs occupied by urban Indian middle-class women, which in turn translates into liberty and independence for them.[93] The professional urban Indian woman understands leisure as unobligated time spent with the self as it helps to invigorate and recharge. The modern Indian woman is thus clearly conscious of her individuality and the agency to honour that need. R. Naganathan and colleagues argue that leisure has transitioned from spending time with family indoors to enjoying outdoor spaces.[94] However, due to the pandemic, the inaccessibility of various stress-relieving outlets has invited loneliness and psychological entrapment.[95] The present argument also acknowledges that such a privileged definition of leisure is reserved for the higher class

As Eileen Green, Sandra Hebron and Diana Woodward argue, 'A significant aspect of the social control of women's leisure is in the regulation of their access to public places, and their behaviour in such places.'[96] Building on Massey's argument, those who are sanctioned within or excluded from leisure spaces may create their private landscapes for leisure which for women is home. Access to leisure activities is directly affected by social inequalities. Most women do not have unhindered access to privacy in their own homes. Many Indians still live in joint family structures or cramped spaces where physical space is a luxury.[97] R. Barry Ruback and Pandey suggest a gender difference in perceptions of crowding' and that men and women respond differently to high-density conditions.[98] Crowding is identified as a psychological stressor that bothers women, for it contributes to a lack of privacy and over which they seldom have control.[99] With the pandemic forcing people to stay at home, one can only imagine the toll crowding and catering to everyone's needs takes on women. Women's privacy is treated as a case of absurdity. Therefore, the need for private time for women is rarely encouraged.[100]



The importance of female kin and friendship has been well established in female leisure discourses. Adopting affinity as a theoretical framework helps in understanding friendship as leisure and as a site of empowerment. The woman-only company challenges androcentric discourses and offers women the chance to let their hair down and act outside the limits of acceptable behaviour. It has been argued that women's networks are liberating in terms of gendered identity and gendered construction. Such friendships are often curated in domestic spaces around caring commitments and prove to be a safe space.<sup>[101]</sup> A photo essay by Ujala Sangathan underscores the above arguments of leisure and space.<sup>[102]</sup> It illustrates that leisure activities for women from marginalised socio-economic backgrounds (Adivasi women from Southern Rajasthan) occur in the company of female friendships after completing all unpaid caregiving and domestic chores in female-friendly spaces.

Social distancing does not imply social disconnection. The intimacy of relationships has shifted to the online media where people check on each other through video calling platforms such as Zoom and the like. Leisure activities for many rural classes that focused on group-oriented activities have now shifted to activities revolving around the smartphone and internet access.<sup>[103]</sup> However, it is to be understood that there is a gender gap in digital access. GSMA reports reveal that the gender gap in smartphone ownership in India is 60 per cent, and the mobile internet access gap is 50 per cent.<sup>[104]</sup> Robert Shuter has documented how women are dependent on men for access to smartphones.<sup>[105]</sup> Women in India are still at the margins of the digital revolution. Causal factors for the digital divide include orthodox attitudes, lack of education, lack of experience, and worsening financial conditions owing to the green pandemic. In July 2021, news reports from Gujarat revealed that two women were thrashed by a mob for talking on mobile phones.<sup>[106]</sup> Similarly, tribal women were attacked for chatting on the phone by their male cousins.<sup>[107]</sup> These news reports, suggest that a phone of one's own is still a far-fetched idea, and the woman who does not have access to a smartphone can experience isolation. A previous study on migrant workers in Chhattisgarh suggested that women were overworked and lacked opportunities for leisure.<sup>[108]</sup> Azeez E.P. and colleagues justly contend that the female migrant worker in the pandemic finds herself struggling to make ends meet through compromises that have made the lives of women stressful.<sup>[109]</sup> Living in urban ghettos, these women have limited access to resources and can devote little time to rest and self-care activities.

'Leisure itself means being stress-free whether one is engaged in any activity or not.'<sup>[110]</sup> One cannot achieve holistic well-being only by engaging in self-care practices that are primarily commodities (bubble baths, journaling, Netflix, etc.). The tranquillity of the mind is often a reflection of one's socio-economic status, home, food security and emotional support. Studies suggest that the second pandemic wave is expected to deepen economic stress. The female poverty rate in South Asia was 30 per cent which is expected to reach 10 per cent in 2021.<sup>[111]</sup>

Contrary to India's image as a technology hub, only a few remote jobs are possible. The pandemic has hit women from lower economic strata gravely. For these women working from home is not an option. Reuters' study claims that women who lost their jobs suffered from low self-esteem which lead to mental and physical health issues.<sup>[112]</sup> Unemployed women report that they feel worthless as they feel that being without a paid job is not only a monetary loss but it also makes them feel helpless. UN Women says that women are prone to info-deficiency and are vulnerable to misinformation.<sup>[113]</sup> It has been already established that there is a gender gap in smartphone access. Digital exclusion leads to the vicious cycle of unemployment and disempowerment. Since much of pandemic-related helpful information is circulated through the internet, access to this information is vital since women are responsible for the Corona-prevention practices in the household.

Other significant stressors which further add to time poverty and are a threat to wellbeing include gender and reproductive violence. Spousal violence and its effect on mental health relationships is significant. Studies argue that the greater the abuse, the higher the impact. Battered women have more depressive

symptoms.[114]) Violence is a spectrum that hurts the integrity and dignity of the victim. Physical and psychological forms of violence include insults, being belittled, threatening the self and someone else, and abandonment. Shuba Kumar and colleagues highlight in their 2005 study of domestic violence in India that 48 per cent of women were experiencing mental health issues in urban slum areas. In rural areas the percentage is 44 per cent, and in urban non-slum areas it is 23 per cent.[115]) At the time of the study the percentage of women whose husbands were regular drunkards in rural areas was 64 per cent, in the urban slums it was 73 per cent, and in urban non-slum is 48 per cent. Economic, social, physical, psychological and financial stressors conjoined with domestic violence increased women's vulnerability to mental morbidities.[116]) The arguments of our study echo the findings of previous studies.

The National Commission for Women recorded 5297 calls seeking assistance from domestic violence in 2020.[117]) The total complaints received under twenty-three types of violence equals 23,722 in 2020. However, this number is grossly under-reported due to the stringent lockdowns and barriers to accessing support. Poor access to inadequate services and support systems only adds to the suffering of already distressed women who are subjected to inter-personal violence.[118]) Oxfam India reports that the WhatsApp number launched by the National Commission for Women (NCW) in the initial days of the lockdown has had a limited reach.[119]) Moreover, the machinery under the Protection of Women from Domestic Violence Act has not been identified as an essential service. The protection officers and the NGOs could not reach the victims efficiently. The highest incidents of violence were reported in areas of stringent lockdowns.[120]) This shadow pandemic calls for a discussion regarding masculine ways of coping during crises. Gender norms force men to face critical situations by engaging in risk behaviours, substance abuse, and coercive sex to maintain their 'real man' status. Unable to bear the economic shock and the emotional geography of the pandemic, men cope at the expense of women by engaging in acts of violence.[121]) Whereas in countries like Italy and France, where there are mobile apps like 'YouPol' and pharmacies that report domestic violence activities to the police, no such measure has been taken in India. Access to mobile apps, if any, tackling this shadow pandemic is not easily accessible to women owing to their lack of access to smartphone devices, as discussed above.[122])

It is essential to realise that violence is not always physical in nature. Restrictions in rights, mobility and accessibility to proper healthcare and sanitation facilities are normalised. This violence of neglect eventually has long-term effects on the individual's well-being. Foundation of Reproductive Health services estimated that inaccessibility to contraception could lead to twenty-six million couples giving rise to two to three million pregnancies and over 800,000 abortions.[123]) A 2020 study found that 84 per cent of women reported no or severely restricted access to sanitary napkins.[124]) Contraceptive availability was at 1 per cent in Haryana, 2 per cent in Tamil Nadu, 6.5 per cent in Uttar Pradesh, and 34 per cent in Delhi.[125]) Maternity and child health services experience three different types of delay: seeking care, accessing the required facility, and acquiring appropriate treatment. Soumya Kashyap and Priyanka Tripathi argue that 4.7 billion women lost access to facility-based deliveries and that 34 per cent of households have lost access to ASHAs, Anganwadi centres, and other community workers and have received no obstetric assistance.[126]) In areas like Jammu and Kashmir, where the mental health system is already fragile, it is considered even more traumatic for women during pregnancy.[127]) Numerous challenges, including maternal isolation and anxiety, and decreased contact with healthcare professionals, have led to a worsening of mental health issues, including postpartum depression.

Another significant stressor that women are enduring is inadequate access to sanitation and hygiene facilities. The Coronavirus pandemic is highly gendered in terms of consequences and experiences. With the demand to engage in healthy sanitation and hygiene practices, it is essential to stress that pre-pandemic situations, which were already pressing upon women's mental load, have further added salt to their wounds. The National Family Health Survey-5 (2019–2020) reports that of the twenty-two states surveyed, only five states (Kerala, Manipur, Mizoram, Sikkim and Nagaland) had 100 per cent toilet access, while Bihar, Gujarat, Karnataka and Maharashtra had less than 80 per cent toilet access.[128]) A

study found public restrooms with missing roofs, dirty latrines and insufficient privacy. Being seen by men during sanitation-related behaviours is deeply shameful for women. [129])

Moreover, environmental stressors such as sites that are physically distant and uncomfortable add further mental woes. Walking long distances to find clean places and to fetch water became challenging when women were sick or had limited physical condition—adding to which are sexual violence stressors where women's prestige is further threatened due to the tension between privacy and vulnerability to attack. Women have also been found to regulate their biological needs by limiting their food and liquid intake, which leads to other physical ailments. It, therefore, is essential to question and interrogate the idea of holistic self-care in the light of the stressors mentioned above.

## Conclusion

A gendered line of inquiry in studying disaster in social science research explores how women's lives are altered through the personal and collective experience of a catastrophic event. Disaster researchers and any response henceforth need to acknowledge that this Covid-19 pandemic is a social phenomenon in terms of larger historical and cultural meanings. As a result of this, it is vital to understand women's pluralistic experiences. There are two important conclusions: gender plays out in different ways in disasters, thus requiring additional attention in relief and recovery, ignoring which leads to long-term vulnerability. Second, studying gender in the context of disasters such as pandemics provides scholars of gender the unique opportunity of 'investigating the myriad ways in which gender infuses crisis and crisis shapes gender relations.' [130]) The purpose of our study was to argue that the politics of gendered space and the issue of time poverty has forced women into situations of extreme distress and humiliation. There is a need to acknowledge and address recovery efforts around the triple load that women have been forced to bear.

Furthermore, adding to the mental load are other stressors (spousal violence, systemic neglect of obstetric services and inaccessibility of proper sanitation facilities) which had been normalised in pre-pandemic times. In this pandemic they are additional causes of misery. The appeal to take a step back and relax is a luxury that very few women can afford. The present study's authors have not been able to address how the pandemic affects the girl child. There is increasing evidence that owing to the economic burden, there is an increase in child marriage, leading to psychological distress. Because of the digital divide and the shutdown of schools, girls are dropping out of school and experiencing the violence of neglect. This is an area for urgent further studies.

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