

THE INVISIBLE FACE OF THE FALLOUT

Relevant for: null | Topic: Role of Women and Women's Organization

The world has suddenly woken up to the reality of a virus ravaging it.

While catastrophes affect people at large, the economical, sociological and psychological impact that each catastrophe has on women is profound. Data indicate the need to address this during and after these catastrophic episodes.

In the 2004 Indian Ocean tsunami, the coastlines of countries in the region, including India, were affected and more than 2,00,000 people were killed or listed missing; a fourth of them were women. The traditional 'care giver' role that women play has much to do in explaining this. Women stay around looking for their loved ones in order to see them safe. Besides this, women lack many life skills such as swimming and climbing.

During tsunami recovery phases, aid organisations and governments house the homeless in camps where women face many difficulties including abuse by men. Gender-skewed tsunami deaths resulted in a disproportionate gender ratio where men largely outnumbered women. Women also faced hygiene challenges in these camps due to inadequate sanitation facilities.

In the United States, which has a high incidence of tornadoes, families headed by women are affected the most. Women often are engaged in sector-specific employment which when impacted result in unemployment. Women are also engaged in post-calamity care, missing job opportunities. An economic slowdown also leaves women with additional wage cuts, on a paradigm where pay disparity between genders is a norm.

In Kerala, after the floods in 2018-19, thousands were housed in relief camps. Experts observe that relief measures focus on livelihood and assets, compelling aid agencies to focus on restoring livelihoods. Flood-destroyed kitchens forced women to cook in the open air with whatever they were left with. There was considerable added domestic work by women, which went unnoticed.

Coming to the current COVID-19 pandemic, its impact on both genders is beyond the mere death statistics. According to World Health Organization data, around 70% of the world's health workers are women, 79% of nurses are women. Health workers in general are highly vulnerable and not ensuring their safety is a high risk that can severely impact the health system. India has a million-plus accredited social health activist (ASHA) workers who are an integral part of its health system. ASHAs, who work at the ground level, are reporting incidents of attacks while on COVID-19 duty. Stringent action against their tormentors is needed to ensure their professional safety.

In many households where both partners work, the work from home (WFH) concept is now common. The entire family is now together within the limited space of their dwellings. As traditional roleplay is still prevalent in most sections of Indian society, the equal division of household responsibilities among couples is still distant. Women from all strata face substantial additional household work. Alongside this is the fear of job loss and reduced income which can create mental pressure on women, in turn affecting their physical well-being.

The lower income groups are already facing job losses and anxiety is leading to domestic tensions and violence against women. A large number of daily waged workers resort to alcohol consumption. The ban on alcohol sales, as a part of the national lockdown, is contributing to

domestic tensions, leading to women abuse.

Hormone-induced depression among women is another key point that needs to be understood and acknowledged. Women are twice as likely to face depression when compared to men. Premenstrual syndrome (PMS) among re-productive age groups, pregnancy-related depressive conditions, postpartum depression (PPDs) among new mothers as well as premenopausal and menopausal symptoms are common, interfering in every day life and relationships. The lockdown is adding more intensity to these conditions. These are not discussed as women are trained to follow the 'culture of silence'. Awareness among men about these conditions women experience is low.

Even in these disruptive times, women's safety should become a priority. Be it domestic violence, women's depression and anxiety-related matters, or their safety while at work, all these issues need to be addressed and responded to. According to 2015-16 National Family Health Survey, around 30% of women in the age group 15 to 49 years face domestic violence. A recent report highlighted how the National Commission for Women has received 587 complaints relating to crimes against women from March 23 to April 16, out of which 239 were related to domestic violence.

Assigning ASHA workers to specifically address women's welfare during this pandemic, setting up exclusive cells to quickly address domestic violence and women's health-related issues, including men in conversations, and even online counselling for alcoholism in men are not difficult to implement. Steps such as roping in non-governmental organisations, psychology students, teachers and volunteers and also using technology platforms would help speed action. What is important is to develop a culture of including women's safety in the planning phase itself irrespective of whatever the nature of the crisis is.

Gender parity needs to be a conscious act and this observation is related to those who answer helplines. When only women attend these calls, we are reinforcing the stereotypical 'care-giver' role of women. Instead, we need to have a well-trained and gender-inclusive team which can handle such calls well.

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