

# The Urban World

Quarterly Publication



COVID-19



**RCUES**  
Mumbai

Regional Centre for Urban and Environmental Studies  
All India Institute of Local Self-Government, Mumbai



## **Regional Centre for Urban & Environmental Studies (RCUES), Mumbai** (Fully supported by Ministry of Housing and Urban Affairs, Government of India)

Established in 1926, the All India Institute of Local Self Government (AIILSG), India is a premier autonomous research and training institution in India. The Institute was recognized as an Educational Institution by Government of Maharashtra in the year 1971. The Institute offers several regular training courses in urban development management and municipal administration, which are recognized by the Government of India and several State Governments in India.

In the year 1968, the Ministry of Housing and Urban Affairs (MoHUA), earlier Ministry of Urban Development), Government of India (GoI) established the Regional Centre for Urban & Environmental Studies (RCUES) at AIILSG, Mumbai to undertake urban policy research, technical advisory services, and building work capabilities of municipal officials and elected members from the States of Goa, Gujarat, Maharashtra, Rajasthan and UTs of Diu, Daman, Dadra & Nagar Haveli. The Ministry of Housing and Urban Affairs (MoHUA), Government of India added States of Assam and Tripura from February, 2012 and Lakshadweep from August 2017 to the domain of RCUES of AIILSG, Mumbai. The RCUES is supported by the MoHUA, Government of India. The MoHUA, Government of India has formed National Review and Monitoring Committee for RCUES under the chairmanship of the Secretary, MoHUA, Government of India. The Principal Secretary, Urban Development Department, Government of Maharashtra is the ex-officio Chairperson of the Advisory Committee of the RCUES, Mumbai, which is constituted by MoHUA, Government of India.

The RCUES was recognized by the Ministry of Urban Development, Government of India as a National Training Institute (NTI) to undertake capacity building of project functionary, municipal officials, and municipal elected members under the earlier urban poverty alleviation programme-UBSP. The RCUES was also recognized as a Nodal Resource Centre on SJSRY (NRCS) and Nodal Resource Centre (NRC) for RAY by Ministry of Housing and Urban Poverty Alleviation, Government of India.

The AIILSG, Mumbai houses the Solid Waste Management (SWM) Cell backed by the Government of Maharashtra for capacity building of municipal bodies and provide technical advisory services to ULBs in the State. The Water Supply & Sanitation Department (WSSD), Government of Maharashtra (GoM) established Change Management Unit (CMU) in AIILSG, Mumbai from 13th January, 2010 to 30th June, 2014 and also selected AIILSG, Mumbai as a Nodal Agency in preparation of City Sanitation Plans for 19 Municipal Corporations and 15 A Class Municipal Councils in Maharashtra State, under the assistance of Ministry of Urban Development, Government of India. The WSSD, GoM also established Waste Management & Research Centre in AIILSG, Mumbai, supported by Government of Maharashtra and MMRDA.

In August, 2013 Ministry of Urban Development, Government of India empanelled the AIILSG, Mumbai as Agency for providing technical support to the Cities / Towns of States / Urban Local Bodies (ULBs) in the field of Water Supply and Sanitation, Sewerage and Drainage systems.

In July 2015, Ministry of Urban Development, Government of India empanelled the RCUES & AIILSG, Mumbai an Agency for technical support in Municipal Solid Waste Management under Swachh Bharat Mission (SBM) programmes.

In February, 2016, Ministry of Housing and Urban Poverty Alleviation, Government of India empanelled the RCUES of AIILSG, Mumbai for conducting training and capacity building programme for experts of SMMU, CMMUs, COs, Key Officials and other stakeholders of the State and Urban Local Bodies (ULB) level under Deendayal Antyodaya Yojana – National Urban Livelihoods Mission (DAY – NULM).

In December, 2017, AIILSG has been empanelled as a training entity regarding implementation of new Integrated Capacity Building Programmes (ICBP) under Urban Missions, viz. Atal Mission for Rejuvenation and Urban Transformation (AMRUT), Swachh Bharat Mission (SBM), Smart Cities Mission (SCM), National Urban Livelihoods Mission (NULM), Housing for All (HFA), Pradhan Mantri Awas Yojana (PMAY) and Heritage City Development and Augmentation Yojana (HRIDAY) for Elected Representatives and Municipal Functionaries.

At present, RCUES and AIILSG, Mumbai is involved in providing capacity building, research and technical support to number of State Governments and ULBs for implementing various urban development missions and programmes launched by the GoI.

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## Editorial

Last 9 months of coronavirus pandemic has played havoc with the urban lives. Its serious impact has been found among women and children, lonely elderly, informal sector workers and petty traders, vendors, and slum dwellers. In this issue we have included 3 articles capturing multifaceted implications of the health emergency on the most vulnerable sections of urban India.

“Gender Differential Impact of COVID-19 on the Urban India” by Dr. Vibhuti Patel Gendered experiences of COVID-19 are shaped by the intersection of inequalities in the labour markets ; intrahousehold power relations during stay-at-home and lockdown orders in the matters concerning care, stress and domestic violence; sexual violence and child sexual abuse in camps/shelter homes, trafficking of women and children, escalation of forced marriages of underage girls, gendered experiences of household responsibilities, personal care and frontline healthcare service providers, government intervention for food security, shelter for homeless migrants workers, testing for coronavirus and other social policies, social protection responses to COVID-19; impact of shift in priorities of the public health services regarding non-coronavirus patients and predicament of women in need of reproductive healthcare services; differential impact of COVID-19 infection and resultant mortality and morbidity rates by gender, caste, ethnicity, and class.

“What has been stressing women out? An Analysis of the Impact of COVID-19 on Women's Mental Health” by Jagriti Shankar is based on participatory action research that analyzes the impact of COVID-19 on the beneficiaries of Sharana's Women's Social Entrepreneurship Programme. The narrative in the article shows that there is a lot of built up stress and anxiety among almost all the women affected by the pandemic in our Social Entrepreneurship Programme just like in most women all over the world. From the fear of getting infected to what the future holds, to the worries of putting food on the table, to their children's education, to decrease in income, and increase in workload and dealing with domestic violence and abuse- these are only among the few items on women's plates at the moment. For most of our beneficiaries, these counselling calls under the mental health awareness campaign had turned out to be the first such opportunity they had got to share what they have been going through. While some women sought solutions, others simply needed a trustworthy listening ear.

Dr. Aarti Prasad conducted telephonic interviews for the article titled, “The Elderly in Mumbai under COVID-19 Lockdown”. The study revealed that for the economically secure elderly, maintaining contact with their near ones over mobile phones, keeping themselves occupied with hobbies such as reading, music, gardening or watching spiritual discourses on television are some of the measures that the elderly living alone have adopted for coping with loneliness and social isolation. They are faced with the additional burden of household work and an extension of the lockdown could lead to fatigue and physical exhaustion for some of them. The most heartbreaking condition is of the elderly men and women in the informal sector of the economy that constitutes 90% of the workforce. Their economic hardships, inability to get paid health care services, malnutrition and hunger and stressful life demands urgent attention from the state and civil society. The author rightly concludes that only a concerted effort and a spirit of commitment and co-operation between the family, civil society, corporate sector, and the government will help to provide a dignified life to the elderly.

# Gender Differential Impact of COVID-19 on the Urban India

**Dr. Vibhuti Patel (Ph. D. Economics),**

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## **Abstract**

*It is very important to understand that **gendered experiences of COVID-19** are shaped by the intersection of inequalities in the labour markets; intrahousehold power relations during stay-at-home and lockdown orders in the matters concerning care, stress and domestic violence; working from home along with housework, gendered experiences of household responsibilities, domestic violence, sexual violence and child sexual abuse in camps/shelter homes, mental health issues, personal care and frontline healthcare service to the family members, government intervention for food security, shelter for homeless migrants workers, testing for coronavirus and other social policies, social protection responses to COVID-19; impact of shift in priorities of the public health services regarding non-coronavirus patients and predicament of women in need of reproductive healthcare services; differential impact of COVID-19 infection and resultant mortality and morbidity rates by gender, caste, ethnicity, and class.*

**Key Words:** *food security, gender differential impact, reproductive health services, unpaid care work, social inequality, violence against women and children*

## **Introduction**

The COVID-19 pandemic and resultant lockdown (from 24-3-2020 to 8-6-2020) demanding 'physical

distancing' and 'stay at home' orders have disproportionately burdened women and girls. Gendered experiences of COVID-19 are shaped by the intersection of inequalities in the labour markets ; intrahousehold power relations during stay-at-home and lockdown orders in the matters concerning care, stress and domestic violence; sexual violence and child sexual abuse in camps/shelter homes, trafficking of women and children, escalation of forced marriages of underage girls, gendered experiences of household responsibilities, personal care and frontline healthcare service providers, government intervention for food security, shelter for homeless migrants workers, testing for coronavirus and other social policies, social protection responses to COVID-19; impact of shift in priorities of the public health services regarding non-coronavirus patients and predicament of women in need of reproductive healthcare services; differential impact of COVID-19 infection and resultant mortality and morbidity rates by gender, caste, ethnicity, and class.

## **Unpaid Care Work and Gender Stereotypes**

As care work is stereotyped as women's domain, around the world, women spend two to ten times more time on unpaid care work than men. This unequal distribution of caring responsibilities is linked to discriminatory social institutions and stereotypes on gender roles.



“Data from the rapid assessment surveys also shows that, in all countries, women are more likely to see increases in both unpaid domestic and unpaid care work since the spread of COVID-19. In addition, they are also more likely than men to say they oversee performing all three activities: unpaid childcare, unpaid adult care, and unpaid domestic work. On the contrary, men tend to concentrate on fewer tasks, like shopping for the household and playing with children.”<sup>1</sup>

## **Women in Formal and Informal Sector of the Economy**

Women are facing increased domestic care burdens in the wake of children and earning members being confined to home after the lockdown. Middle and upper-class women employed who are working from as they have information technology enabled communication channel. They also must juggle with housework, childcare, home-schooling, and office work without support of domestic help.

Most of the workforce in Indian is in the unorganised sector. “The unorganized sector workers plus informal workers in the organized sector has remained relatively stable, at around 92 percent. Within the overall category of informal workers, the largest group is own-account workers (32.2 percent), followed by informal employees in the informal sector (30.0 percent) and contributing family workers (17.9 percent).” (ILO, 2017). This informalisation has been more pronounced in the case of female workers. “In India, 94% of women are employed in the unorganised sector, involved in work which lacks dignity of labour, social security, decent and timely wages and in some cases, even the right to be called a 'worker'.” (Banerjee, 2019)

The lockdown has had dire implications for the vulnerable populations- women headed households, people with disability, pregnant women and homeless people lonely elderly, socially stigmatised transgender community, sex

workers, prisoners and inmates in overcrowded shelter homes and makeshift tents. The daily wage laborers, head-loaders, construction workers, street vendors, domestic workers, security guards, small-scale manufacturing workers in recycling, scrap and garment industries, barbers who managed their survival by daily income have nothing left due to unemployment and confinement of over a month (Ratho, 2020). They feel, by 3<sup>rd</sup> of May, 2020 (new deadline for the lockdown) they will die, if not by COVID-19, then either of starvation and other illnesses due to horrible conditions of living (unsafe toilets, dirt and filth and non-availability of drinking water) in the camps and containment zones. The lockdown has been followed by curtailment of public and personal transportation. Millions of migrant families in the metropolis and cities are facing starvation and are making desperate attempts to go back to their native places. These hardworking CITI-MAKERS, the backbone of the urban economy is completely robbed of their dignity by the state machinery with its arbitrary and inhuman behaviours with the poor.<sup>2</sup>

## **Plight of Migrant Women and Children**

As per 2011 Census, 309 million women are migrants in India. The migrant workers, daily wage earners, unorganized sector workers including the self-employed women and men have been worst hit due to loss of wages, no money to pay rent of house and buy daily necessities, exposure to hunger, no access to water resulting in dehydration, malnutrition, infection and the worst of all- police brutality as most of them tried to go to their native place as they had nothing to survive in the neoliberal decision makers of the urban local self-government bodies that were concerned only about middle and upper strata of the economy living in gated communities. In metropolis were nearly half of the population lives in the slums, how can they maintain so called 'social distance'(this term is misnomer, it should be physical distance) when they are cramped in small huts/rooms?

<sup>1</sup>UN Women <https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>. Accessed on 30-4-2020.

<sup>2</sup>UN Women <https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>. Accessed on 30-4-2020.

## **Gender Based Violence as a Shadow Pandemic**

In her official address on COVID-19, the Executive Director of UN Women declared gender based violence as 'a shadow pandemic' (Mlambo-Ngcuka, 2020) as reports from all member countries of the United Nations have revealed escalation of violence against women and children under lockdown.

In India, the lockdown of more than a month has also forced women to bear the burden of unpaid care work, both, in terms of housework, home-schooling of children and enhanced care burden of sick, children and elderly and unprecedented domestic violence. The National and State Commissions of Women has already received over 1 lakh desperate calls on their helplines in the last 30 days from women and children. Newspapers are reporting incidents of rape and child sexual abuse in the places of forced confinement of women and girls who tried to go back to their native places. ABP News Bureau (2020) reports, "Women with no financial security and the ones who are dependent on their partners for support are subject to more abuse. Women from low-income households are worst hit with their partners now out of job due to the outbreak would resort to abuse to take out their pent-up frustration. Many new cases have come up too, people with no traces of abuse in the past are now reporting violent episodes."

The government of India has established helplines, counselling and medical support at 'One Stop Crisis Centre' in public hospitals, advisory to criminal justice system, provided emergency shelter to the survivors of violence and collaborated with women's organisations providing support to the survivors of domestic violence, child sexual abuse and physical and sexual assault in the public arena.

## **Scarcity of Essential Goods and Relief Operations**

Over last 4 weeks the women's rights groups, community based non-government organisations,

networks on right to food and right to shelter, citizens associations, self-help groups, trade unions have been busy providing provisions of all necessary services (food, shelter, water, healthcare, sanitary equipment, Personal Protection Equipment-PPE, information) for the marginalised and socially excluded poor people most of whom do not have of bank account or Unique Identifier (UID). Women and health activists are giving online counselling and arranging health interventions by the state approved volunteers under this condition of extreme surveillance. In the midst of the mandate of physical distancing, these acts of social solidarity, kindness, compassion reassures one's faith in humanity.

Prices of essential items have gone up. Kerosene is being sold for Rs. 75/- per litre. Hence distribution of ration does not help in the absence of fuel. Hence, the NGOs, Churches-Gurudwaras-Mosques -temples and communities have started community kitchens for 'economy of scale' i.e. if you cook on a huge scale you can buy grains, vegetables, oil, spices and cooking fuel in whole scale and hire truck or tempo for transporting them. As a result, overall cost of feeding the starving community gets reduced. Moreover, sourcing gas cylinders/piped cooking gas from the local self-government bodies for this public consumption becomes hassle-free.

The civil society groups are extensively using social media demanding implementation of urgent measures to provide comprehensive information about COVID-19 to mitigate panic and initiate public messaging against discrimination and take steps to address any violations of basic rights of citizens/ employees by employers, landlords, state administrators and police. Indian feminists are focussing on 9 key areas of interventions for state and non-state actors:

## **Food Security for Informal Sector**

Daily wage workers, migrant population and women headed households where widows, single,

deserted, and divorced women are the bread earners must get ration without mandatory requirement of Adhar Card or ration card in this time of health emergency.

### **Women as Health Care Providers and Health Care Seekers**

In India, women make up almost 70% of the frontline health care workforce as doctors, nurses, ayabai-s, and sanitary workers exposing them to a greater risk of infection (Bangalore, 2020). During the last 5 weeks pandemic, most of the private nursing homes have been closed down; services of coronavirus infected public hospitals and health posts have stopped and their health care providers are quarantined; and the remaining health care services are catering to patients of coronavirus. Thus, highly inadequate public health services have been directed to treatment of COVID-19 patients and testing of all those who have come in their contact. As a result, women's access to reproductive and maternal health care have been severely hampered. Health care for women i.e. timely access to necessary and comprehensive sexual and reproductive health services during the crisis, such as emergency contraception, safe abortion and safe childbirth needs to be resumed urgently by the Public Health Department of the Government of India. Maintain an adequate stock of menstrual hygiene products at healthcare and community facilities. Train medical staff and frontline social workers to recognize signs of domestic violence and provide appropriate resources and services. Now, several state governments have sent a directive to them conveying that if private medical practitioners do not open their nursing homes, their registration as medical practitioners will be cancelled. Freezing of activities of ICDS Centres such as id day meal programmes, inoculation, ante natal services, neo-natal care, polio vaccination to newly born infants, implementation Preconception and Pre-natal Diagnostic Techniques (Regulation) Act, 2002 gravely affected health status of women and children.

### **Online Education in the context of DIGITAL DIVIDE**

More Girls dropping out of schools and colleges and increase in the underage & forced marriages has become the major concern for the country. Platform based teaching -learning is accessible to only 25% of students, that too, mostly to male students. There is an urgent need for education through creation of educational radio programming appropriate for school-age children and expansion of free internet access to increase access to online educational platforms and material. The school/ colleges and universities should enable students to participate in virtual learning and all textbooks soft copies in public domain. FM radio and TV Channels should include educational programmes on capacity building for post-lockdown challenges for the mass of youth and the workforce in general. The latest NSSO data on 'Household Social Consumption on Education in India' reveals stark gender gaps in computing ability across states, location, sectors, and socio-cultural-religious groups. Despite the proliferation of internet connectivity, computing ability among the women is far lower than men. In India, about 21.96 percent of males above 14 years of age have computing ability; the figure is 13.12 percent for women.<sup>3</sup>

In this context, the state and civil society need to make concerted efforts as follows:

**Reduction of social inequality in care services** by encouraging the equitable sharing of domestic tasks in explicit terms and through allowances for time off and compensation for all workers. The state must ensure increased access to sanitation and emergency shelter spaces for unhoused people. It should implement protocol and train authorities on recognizing and engaging vulnerable populations, particularly where new laws are being enforced. Consultations of the government bodies with civil society organizations are a MUST for the implementing legislation and policy and for guaranteeing equal access to information, public

health education and resources in multiple languages.

**Safety and personal protection equipment** for frontline health workers must be given top priority by the public health department.

**Water and sanitation** departments of the local self-government bodies must cease all disconnections and waive all reconnection fees to provide everyone with clean, potable water.

**Labour helpline** should be instituted for the entire country, particularly given the high rate of intra-state migration within the state borders. The helpline must also go beyond relief measures and provide reliable information on policy announcements at state and central level. It should also address issues of wage denial, lay-offs, terminations, work-place discrimination, police brutality and sudden forceful evictions. A centralised system from the state government would help streamline relief efforts that civil society organisations (CSOs) could then work in tandem with. Given that cities are hubs of migration from across the country, it would be effective to have the helpline accessible in several regional languages, particularly Hindi, Kannada, Gujarati, Oriya, and Bengali. For workers to be convinced to remain in the cities, the state would need to build their trust in the urban governance, by extending support and assuring them of their safety, instead of invoking police action.

**Arrangements for safe return of all migrant workers** with free transport options are need of an hour. The state needs to sensitise the police to co-operation to the situation and the needs of the migrants as well as safety of women migrants. The fear of spread of epidemic to rural areas should not be the reason to hold migrant workers back in the city where there is no work and therefore wages. The ones who have spent time in camps for the 30-day period of lockdown are safe to be repatriated and the ones who need testing should be tested and repatriated.

**Wages and cash transfer:** Workers have lost wages and many of them have been summarily fired from jobs. The health crisis has merged into their job insecurity, and they are in immediate need for institutional protection of wages. Workers have existing debts; of money they may have borrowed to commute to cities for work. In the absence of livelihood and wages, these debt burdens will multiply, hence the women's groups and trade unions have demanded mands that employers need to be mandated to pay all arrears, by establishing a fast track legal aid and grievance response system which is able to assist workers facing wage denial and forced retrenchments. It is imperative that migrant households are assisted through this difficult time, with the help of cash transfers. Rebooting the workers is in the interest of the Indian economy, that has already suffered a great deal because of the pandemic and the lockdown. The informal economy is heavily dependent on migrant workers, without whom sectors like manufacturing, construction and informal services would come to a complete standstill.

**Education** through creation of educational radio programming appropriate for school-age children and expansion of free internet access to increase access to online educational platforms and material. The school/colleges and universities should enable students to participate in virtual learning and provide disability-accessible classroom sessions.

## Conclusion

The COVID-19 pandemic signifies the key role of the care economy, both for unpaid and paid care work. It furthermore highlights women's risks in this crisis. In Asia, women already spend Men perform the lowest share of unpaid care work of all regions (1 hour and 4 minutes), with only 31 minutes in India (7.9 percent). Women with care responsibilities are more likely to be self-employed, to work in the informal economy and less likely to contribute to social security.



Lockdowns force women to bear multiplied burdens of unpaid care work. In addition to childcare and household chores, women are now confronted with additional responsibilities such as home schooling, more intense care of the sick and community care. Atmanirbhar Bharat Abhiyan and Garib Kalyan Yojana must ensure gender inclusive implementation in each scheme.

Feminists across India have demanded the interventions for state and non-state actors as follows:

1. **Food security** must be ensured for informal sector daily wage workers, migrant population and women headed households.
2. Timely access to **comprehensive sexual and reproductive health services**, such as emergency contraception and safe abortion and supply of menstrual hygiene products. Staff to be trained to recognize signs of domestic violence.
3. Barrier free access to **education** should be ensured through the creation of educational radio programming appropriate for school-age children and expansion of free internet.
4. Encouraging equitable sharing of domestic tasks in explicit terms and through allowances for time off and compensation for all workers.
5. **Equal and meaningful** access to emergency shelters, information, and public health information in multiple languages.

6. **Access to water and sanitation** to the marginalised sections of rural and urban areas.

7. Provision of Personal Protective Equipment (PPEs) against infection.

8. Inclusion of women in COVID-19 related decision-making of the front-line workers- doctors, nurses, sanitary staff, volunteers of NGOs who are risking their lives.

9. Stop gender-based violence- domestic violence, child sexual abuse and rape, in the lockout of COVID-19.

10. Women in agriculture must get all support under Atmanirbhar Bharat Yojana's allocation for MGNREGA and under Garib Kalyan Yojana.

Reduction of economic inequality through engendered public economics policies and gender responsive participatory budgeting, fiscal expansion for income support to the jobless poverty groups, protection services to deal with violence against women and children, domestic violence/intimate partner violence in the context of lockout, provision of rental housing by the government for the migrant workers, safe transportation for the migrant workers demand urgent action. Along with human rights organisations, the state needs to adopt of human rights-oriented protocols with regards to people in administrative migration centres, quarantine centres, confinement camps, people with disabilities in institutions and psychiatric facilities and prisoners, who are at higher risk of COVID-19 contagion due to the confinement conditions.



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# The Elderly in Mumbai under COVID-19 Lockdown

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## **Abstract**

*The global outbreak of the COVID-19 pandemic has caused humungous casualties in terms of both lives and livelihood across the world and it will take quite some time for the virus to be reined in. Though the virus respects no borders, class or creed, fatalities across the world reveal that many people who have succumbed to the disease are elderly people with pre-existing medical conditions. In India, the total number of COVID-19 positive cases has crossed 79,00,000 with the state of Maharashtra reporting the highest number at 16,45,020 confirmed cases, and 1,19,014 deaths as on October 26, 2020. Of these, Mumbai city reported 2,51,281 confirmed cases and 10,105 deaths. With a sustained increase in the number of elderlies in India, the government faces multiple challenges in respect of providing health, social welfare infrastructure facilities and economic security. In the absence of a strong political will, the pledge of the 2030 Agenda for Sustainable Development that 'no one will be left behind' will remain a pipe dream.*

**Key Words:** *loneliness, income deprivation, elderly care, comorbidities, fatalities, health, social welfare*

## **Introduction**

Population ageing is a global phenomenon, driven by three important demographic changes: declining fertility, reduction in mortality and increasing

survival at older age. It is reflected in a shift in the age structure from the young to the old. People around the world are living longer. According to World Health Organization, the world's population aged 60 years and above is expected to increase from 900 million in 2015 to 2 billion by 2050; in percentage terms from 12 percent to 22 percent as proportion of the world population, over the same period.

The total number of elderly people aged 60 years and above is likely to outnumber children younger than 5 years by 2020. In 2050, it is expected that 8 in 10 of the world's older people will be living in low- and middle-income countries. The pace of population ageing experienced by low and middle-income countries is much faster today than what was experienced by high-income countries such as Japan in the past. While Japan is currently the only country with more than 30 percent of its population aged 60 years and above, 64 countries will have over 30 percent older population by 2050 (UNFPA, 2014). The global population of older people is expected to grow much faster than the rate at which total global population is growing.

In India, improved sanitation, increased attention to maternal health and childcare and liberal family planning policies have reduced fertility rates, while improvements in public health and medical services have significantly reduced mortality rates and promoted longevity in the country. India fits into the UN definition of an 'ageing nation' with its elderly constituting 8.6 percent (104 million) of the

total population (Census of India, 2011). By 2050, the number is expected to increase to around 300 million accounting for 20 percent of the total population, and further to 34 percent by the end of the century.

Further, 71 percent of the elderly lived in rural India, where access to reasonable income, health care and transport facilities is far from adequate. Significant disparities in terms of levels and growth of elderly population have been observed between different states, with states like Kerala, Tamil Nadu, Maharashtra, and Himachal Pradesh being key drivers in population ageing. Life expectancies at old age for women are higher as compared to men in all states. The sex ratio is projected to increase from 1033 women for every 1000 men at age 60 years in 2011 to 1060 women for 1000 men in 2026, revealing a unique characteristic of 'feminization' of ageing population in India. Also, the old age dependency ratio has increased from 10.9 percent in 1961 to 14.2 percent in 2011 for India as a whole and was 15.7 percent in Maharashtra. About 65 per cent of the aged had to depend on others for their day-to-day maintenance. Majority of elderly men but less than 20 percent of elderly women were economically independent (GOI, 2011).

Maharashtra's population accounted for 9.3 percent of the total population of India in 2011. There were 9.9 million elderly persons in Maharashtra of which 4.7 million were men and the remaining 5.2 million were women. Majority were residing in rural areas (Census 2011). Further, over 10 per cent of the state's population comprised elderly persons, which is higher than the national average of 8.6 per cent. Similarly, the proportion of the elderly in the age group 80 and above (oldest-old) in Maharashtra was higher than the national average (UNFPA, 2014).

The elderly in India are now being exposed to this new risk factor in addition to the numerous vulnerabilities they face on account of their

existing socio-economic and health conditions. Measures such as physical distancing and stay at home orders, while necessary, have further reduced the limited opportunity the elderly have for personal interaction and social support, which in turn has accentuated their loneliness and isolation. It is in this context that the present study was undertaken to inquire into the lived experiences of the elderly during these challenging times.

The study makes use of the qualitative research method to investigate how the lives of the elderly had been impacted by the pandemic. In view of the lockdown, telephonic interviews were conducted with the elderly living in Mumbai during the period May 5-21, 2020. Convenience sampling and snowball sampling techniques were used to obtain information from the elderly. The study included 14 respondents of whom an equal number of respondents were from economically secure and insecure backgrounds. All respondents gave their consent for participating in the study. Names of the participants have been changed to maintain confidentiality.

### ***Situation 1:***

*The initial lock down made seventy-year-old Lakshmi anxious and worried, with reports of elderly being more vulnerable to the pandemic. However, her fear subsided after the lockdown was extended, with regular updates by the corporator in her locality and people being encouraged to stay at home.*

*'I feel secure, as my daughter and son-in-law stay with me', she says. They take care of all the outdoor jobs. 'I would have panicked had I been living alone', she admits. Her pension helps her to be economically independent and takes care of her personal expenses, including medical bills for diabetes. 'How will people survive if they do not have money to pay for their treatment' she asks?*

*Her family has been a source of moral support, especially in such difficult times. However, 'When different generations live together it does create friction at times. I would like to work at my own pace; at this age I find multi-tasking difficult', she says as a matter of fact. Being alone has its own advantages, she admits. She need not cook for herself if she does not want to. But with a family, this is not possible.*

*With her daughter working from home, most of her time is spent helping with household work and taking care of her two little grandchildren.*

### **Situation 2:**

*Shivamma lives with her son and grandson. Her son is an electrician, who does odd jobs whenever work comes his way. Her grandson supplements family income by teaching yoga. However, these sources of income have dried up with the lockdown. Shivamma gets one thousand rupees as pension for the school job where she worked as an ayah. Even at seventy-five years of age, she is employed as a domestic worker in a nearby household and says the employer was kind enough to give her salary for the first two months of the lockdown period.*

*Down with fever for a week, she has somewhat recovered with medication. With no savings to fall back on, she says 'We are managing somehow. Tell me what we can do'. Having a ration card has helped her family secure food items from the PDS. On being asked how they will manage, she says softly, 'Yeshe will take care of us.*

### **Situation 3:**

*Before the pandemic struck, seventy-seven-year-old Rustom would look forward to going out in the evenings to spend time with his friends and sister's family. The pandemic has taken away an important source of happiness from him.*

*Having settled down in Mumbai after retirement, he has been on his own since 2001. He has undergone two major heart surgeries in the past and suffers from macular degeneration. A bachelor, he manages his tea and breakfast in the mornings, while his sister who lives nearby sends him his daily meals. The domestic helper comes on alternate days during the lockdown. The next-door neighbours have been quite helpful.*

*'I am quite mobile' he says. His comment 'staying at home is getting on my nerves' reflects his acute sense of loneliness and forced isolation. He had no choice but to go to the bank to withdraw money as he was running out of medicines. 'This is the longest period I have stayed at home in my entire lifetime' he says in an agitated voice.*

### **Situation 4:**

*A cancer survivor, sixty-eight-year-old Latha lives alone ever since her only daughter got married and shifted base to Chennai four years ago.*

*With advancing age, she feels very tired having to do all the household work on her own. The last two months have been tough on her, with problems of breathlessness; toothache and stomach-ache all at the same time. She has reduced the medication doses on her own as it was causing nausea. She has no option but to go out and buy groceries once in four to five days. Her daughter orders things for her on Amazon as she does not know how to make online payment.*

*Her evening visits to the temple have stopped; instead, she takes half an hour walk on the terrace. To keep away feelings of anxiety and loneliness, she listens to spiritual discourses on TV channels, instead of continuous updates about the pandemic which makes her feel depressed.*

*Having retired as a primary school teacher, she draws a pension, which is 'just enough to meet my*



day-to-day expenses'. She prays to God that she should not suffer from any major illness, especially in these times. Lack of funds has prevented her from shifting to Chennai, where she would prefer to live close to her daughter. Her elder sister lives quite far in Mumbai and cannot reach her in case of an emergency. Her only wish is that death should not come when she is alone. 'But what can I say? It is destiny. Even those who have money must go when it is time. Who can go against his will? Be thankful for every breath we take and leave the rest to Him' is her philosophy in life.

### **Situation 5:**

At his age, seventy-seven-year-old S.R. Padmanabhan leads an active life. As secretary of his housing society, he considers it his responsibility to ensure that things are under control, especially in these extraordinary circumstances.

All advisories of the government regarding the lockdown are strictly adhered to besides making provision of safety measures for sanitation workers and adequate supplies of vegetables and fruits for the members. All monthly Committee meetings are now held through What's App. 'Other than being under house arrest, all work is going on smoothly' he says.

Other than society work, he spends time doing yoga, taking a walk near his house, and watching television. His son's family lives with him and everyone is helping with the household work. Fortunately, he keeps good health and receives a monthly income through LIC.

### **Situation 6:**

Sixty-five-year-old Mohammad has been driving a taxi for his livelihood for more than thirty years now. His taxi has been parked outside his home ever since the lockdown was declared. 'I wouldn't know if the passenger has a health problem. I may get

infected if I take a risk and put my family into trouble' he says. Nobody from his family ventures out of the house unless absolutely necessary. He informs that he was requested to take an elderly man to a hospital nearby, which he refused apologetically. He admits that he did feel bad initially for his decision but later felt relieved when he got to know that the person had tested positive.

There is little interaction among family members at home; each one is to himself/ herself. Most of the time is spent reading the Quran. 'This is the time to pray for those who are sick and suffering; to give us the courage to fight the disease'.

His orange ration card helps him to get the food grains from the ration shop. The family manages with whatever they have. 'Zindagi hai to sab hai, uske binakoi matlab nahi' he concludes.

### **Situation 7:**

Sixty-one old Ramabai lost her husband ten months ago to alcoholism. She lives with her younger brother-in-law, a widower in his house and takes care of his two handicapped children. Presently at home because of the lockdown, she is relieved that she has been paid her salary by her employer of over twenty years for the housework she does. Her brother-in-law does not keep well, and she must look after him as well.

She gets her rations from the ration shop. On being asked how she manages to make ends meet, she replies, 'My four married daughters are particularly good. They pool in whatever they can to help me out. They are like my four sons. In fact, even a son would not have cared so much'. Does the pandemic worry her? She answers, 'What is the point worrying? If I start worrying, who will take care of these two kids? My daughters tell me not to worry. They are there to support me'.



**Situation 8:**

*Dilip worked for eighteen years in a mill before it closed in 2000. Since then, he has worked as a security guard in different housing societies.*

*With no savings, he must continue to work to support himself and his wife even at the age of sixty-four years. He works a twelve-hour shift and draws a monthly salary of thirteen thousand rupees. The Society has decided for tea and meals for all security staff, who have been reporting for work during the pandemic.*

*He gets the ration against his orange card and adds that the local corporator has not yet fulfilled the promises made to support the poor during these difficult times.*

*He asks the author if she can help in any way to get provident fund and an ESIC card which will take care of medical emergency. He prays to God to keep him healthy till the end; rest he has left to destiny.*

**Situation 9:**

*Seventy-seven year old Mamta says she has been lucky to have very good people in her life - friends and relatives who take good care of her; her married daughter keeps in touch with her on video call and enquires about her wellbeing daily.*

*After her husband died five years ago, she has let out a room to a paying guest. 'By the grace of God, I have had exceptionally good people as paying guests. When I suffered from a massive heart attack five months ago, she (the paying guest) took me to the hospital in the middle of the night.' Mamta also suffers from hypertension and diabetes. Knowing that she does not keep too well, members in her housing society are helpful too; they deliver whatever she requires at her doorstep. She gets her lunch through a paid tiffin service and cooks occasionally. Instead of going out, she now spends more time listening to spiritual talks on Divine channel.*

*She has no complaints in life. 'I have forgotten whatever problems I had... I want to forget the past and live in the present. The present is good, and I hope the future will also be good'. She does not feel bored as her time is spent watching television programmes and news, doing some kitchen work, and keeping in touch with friends and relatives.*

*Her pension from the government job plus the rent from PG accommodation is sufficient to meet her expenses. 'I want to stay healthy and die peacefully as I don't want my daughter to have any problem', she concludes.*

**Situation 10:**

*Shalini lives alone after her husband died two years ago. Seventy-nine years of age, she has got used to living alone ever since and manages the cooking herself.*

*She is fond of gardening and spends time tending to the many plants in her house. Reading is another hobby, which keeps her occupied. With the lockdown in place, some time is now spent on cleaning the house in the absence of the helper. Her hypertension is in control with medication. The watchman helps her to get whatever provisions she needs.*

*Her daily walk in the evenings has stopped. As also her social visits. She has good support system in the neighbourhood and her married daughter is in touch with her daily. 'There are problems in life... one has to face them' she says philosophically.*

**Situation 11:**

*Eighty-year old Hirabai spends her time sitting near the door of her house, chatting away with other women of her age group. Her son's family lives with her and in all there are seven people living in a small kholi. The place gets cramped up and does lead to petty arguments, but there is no option. Her daughter-in-law is the only earning member but is*

currently at home due to the lockdown. She has not received her salary for last two months and they are hard up for money. The only consolation is that there are party workers distributing food grains and other necessities in their area, which supplements the ration they get against their card.

'What more can I say'? she says, adding 'we are living one day at a time'.

### **Situation 12:**

Sixty-five-year-old Mahalaxmi has been working as a domestic worker in a nearby housing society for the last twenty-five years, after her husband died. Her elder unmarried daughter lives with her and supplements the income by doing similar work.

At home since the last two months of the lockdown, she has started feeling restless. Her daughter does not allow her to do household work after she fell sick and was hospitalized six months ago for a chest infection. Her employers have assured her salary for the two months that she has been at home. Her ration card helps them to meet their food requirements.

"I don't know when all this will end. I am getting bored without any work" she says.

### **Situation 13:**

Seventy-year-old Nitin Desai has been living alone since last year when his son's family shifted abroad. His wife died some years ago. But he says, 'I have always relished my solitude. I love to be alone. Reading, music, television is always there'. With the house help been asked not to come home since March, he keeps himself busy with some cooking, and goes out once in three-four weeks to pick up some groceries. He has kept himself well stocked with all kinds of ready-to-eat food. In fact, the present situation has given him 'a chance to hone his culinary skills and to learn a little more.' He is quite happy once in a way when there are no

doorbells ringing or when he does not have to keep to the schedule of the maids and the cook.

His son calls up every day and they have a video chat for twenty to thirty minutes. His neighbours keep calling up often to offer help, though he does not accept any; his sister who lives in the city keeps in touch with him as also his other sisters who are settled in the US. 'So never felt alone despite being alone' is how he puts it.

He admits he misses two things: his family once in a way but as soon as he gets a call from his son, he feels recharged. The second is missing going out for a coffee or meeting friends outside. He has no major health issues, except for blood pressure which has been stable for the last ten years. Reading has been a habit for him, which he finds very soothing and has now 'started digging into piles of old photographs which he plans to organize'.

### **Situation 14:**

Sixty-one-year-old Ashok is a widower who lives with his eighty-eight-year-old mother. Ever since the lockdown was announced, he has not been able to get any transport to the housing society where he works as a watchman cum part-time gardener. His daily routine starts with getting things that are needed at home; once home he takes his bath and then does not venture out for the rest of the day. His mother suffers from age-related weakness and he ensures that she takes two glucose sachets mixed in water on such days.

He gets a monthly income of nine thousand rupees which varies depending on the number of days he reports for work. He has not received his wages for the last two months and is not sure of whether he will be paid for the lockdown period. The ration card enables him to get food grains at a concessional rate; he must pay a higher price for anything he needs more than the rationed quota. He has stopped buying vegetables; it is only rice and daal or only daal these days.

*He does not suffer from any health issue; nor does he have an addiction. Working in the garden has its occupational hazards; he recalls the time he was down with malaria last February but found a way out by applying oil all over his body while at work.*

*In the past, he would take up some private gardening work to supplement his income. That has stopped now. Whenever possible he tries to fulfil his mother's wishes, like when she wanted to eat a mango. With some savings, he has managed to pull on so far. 'Have to manage somehow, where is the choice'? he says.*

Time at home is spent either watching news on television or Ramayana and Mahabharat serials or listening to bhajans and kirtans. Having stopped buying newspaper given the virus threat, he has switched over to reading Ganesh Chalisa or Dyaneshwari.

The lived experiences of elderly men and women described above indicate that the ones who receive a pension are financially secure and generally have the means to take care of contingencies that may arise. Except for Latha whose pension is just enough to take care of her daily needs but would find it difficult in case of a medical emergency.

Maintaining contact with their near ones over mobile phones, keeping themselves occupied with hobbies such as reading, music, gardening or watching spiritual discourses on television are some of the measures that the elderly living alone have adopted for coping with loneliness and social isolation. They are faced with the additional burden of household work and an extension of the lockdown could lead to fatigue and physical exhaustion for some of them.

On the other hand, elderly persons living with family members feel emotionally secure and express a sense of relief as they can depend on younger members for support in case of an

emergency. They help with the household work besides taking care of their grandchildren, while the parents are busy working from home.

Most respondents reported having at least one health issue.

Financial difficulties reported by elderly persons compel them to work even at an advanced age to provide for their day to day living. Even those living with their children do not find much relief as their children too have been out of work due to the lockdown. Their preoccupation with livelihood and survival relegates other important issues such as health problems, loneliness, and social isolation lower down in their priorities. Economic insecurity and dependence among the elderly is one of the major findings of several studies (Agewell Foundation; Prasad R.) reflected in the daily struggle for survival. Their meagre earnings in their informal jobs provide at best, sustenance at a minimum level with little provision for health or other exigencies. With little control over their lives, many elderly tend to surrender to their fate / destiny. Elderly women continue to provide care to other members of the family despite their own frail health. Research studies have shown that the experience of loneliness and social isolation increases the risk of anxiety, stress, and depression (Hawkley L. C.; Grover S.) and may further lead to poor physical health and behavioural problems (Tiwari S.C.).

## **Challenges and the Way Forward**

Most studies on elderly in India are area-specific and based on sample surveys on sections of the elderly. There is a need for reliable data base about the elderly in the country as a whole, taking into account their socio-economic status, residence, living arrangements and health related issues in order to plan effective interventions and policies for their wellbeing.

More than 90 percent of the total labour force in India is employed in the informal sector, characterized by low wages, job insecurity and absence of labour laws to protect their rights. With hand to mouth existence and little scope for savings during their working life, this section is most vulnerable to economic hardships particularly during their old age. State intervention is needed to strengthen social security in the form of a meaningful pension scheme for the elderly to enable them to meet their daily needs. Greater awareness needs to be created about the schemes implemented by the state government along with provision for direct transfer of funds to the bank accounts of the elderly. In addition, the government can enhance economic security by providing significant tax breaks and schemes for protecting long term income of the elderly in the light of rising cost of living and medical expenses. While the Maintenance and Welfare of Parents and Senior Citizens (MWPSA) Act, 2007, makes it a legal obligation for children and heirs to provide maintenance to senior citizens and parents, elderly parents are not always willing to come forward and complain about their wards in case of non-compliance, either due to fear of retaliation / threat or parental instincts.

Income deprivation perpetuates health inequalities. Poverty prevents the elderly from seeking healthcare services. Provision of universal health coverage by the government is necessary to make healthcare accessible to all persons. Without health protection and cover, the elderly must spend a large amount for their medical treatment out of limited resources, which pushes them deeper into poverty. With the proportion of elderly people in the country poised to increase to around 20 percent of the total population in the country by 2050, there is an urgent need to expand the overall public health infrastructure, in terms of training doctors and nurses in geriatrics and increasing the number of centres which specialize in health issues of the elderly.

The wellbeing of the elderly also always requires that they be socially connected. Family members, neighbours, and civil society play an important role in providing social support. Measures to promote bonding and constructive engagement between different generations can create better understanding between them. While it would help to sensitize the younger generation to the problems of the elderly and enable them to benefit from their experience, skill and guidance; the elderly in turn could benefit from the interaction with and assistance by the younger generation, in various ways. The National Service Scheme (NSS) which provides an opportunity to the student youth to participate in community services can devise special programmes promoting interaction and strengthening the bond between the youth and the elderly. At the district level, creation of a ward-based registry with details of senior citizens can be used to plan micro-strategies to support them.

As part of its CSR activities, the corporate sector can create a supportive environment in the form of dedicated transport, day-care centres, free medical camps, maintenance of recreational facilities such as parks, provision of aids such as hearing aids, walking sticks, spectacles, etc for the elderly. Various activities which tap the experience of the elderly can be organized to keep them productively engaged besides promoting active and healthy ageing. Public-private partnerships can be encouraged for setting up affordable old age homes for destitute elderly. While the government can help in procuring land and undertaking construction, the private sector can be entrusted the job of managing these old age homes effectively.

Only a concerted effort and a spirit of commitment and co-operation between the family, civil society, corporate sector, and the government will help to provide a dignified life to the elderly. With a sustained increase in the number of elderlies in India, the government faces multiple challenges in respect of providing health, social welfare



infrastructure facilities and economic security. In the absence of a strong political will, the pledge of the 2030 Agenda for Sustainable Development that

'no one will be left behind' will remain a pipe dream.

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# What has been stressing women out? An Analysis of the Impact of COVID-19 on Women's Mental Health

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## **Abstract**

*The COVID-19 pandemic has brought with its major health, social and economic crises worldwide, and as per UN Women a shadow pandemic of increased violence against women. There is an urgent need to understand the impact of COVID-19 on different aspects of our lives keeping in mind the differential gendered impacts. Recognizing this need, this report explores the impact of COVID-19 on an important although often missed out aspect of women's lives - i.e. women's mental health. The report analyzes the impact of COVID-19 on the beneficiaries of Sharana's Women's Social Entrepreneurship Program. The analysis includes both quantitative and qualitative data collected from women during and post lockdown, as well as during a mental health awareness campaign. The report explores what the major stress factors have been for women during these trying times, and how they have been coping with them.*

**Keywords:** *Women's mental health, COVID-19, psychosocial stress, lockdown, women entrepreneur, gender.*

## **Introduction**

Sharana Social and Development Organisation was established in 2000, to address the critical educational needs of socio-economically disadvantaged children of Puducherry, South India.

Over the years Sharana has worked with children, and women through various education, vocational training, skill building, and livelihood programs. One of the recent projects of Sharana is the Women Entrepreneurship Program which works towards economic empowerment of women by supporting women in establishing their own business or in upscaling existing businesses by providing small collateral-free and interest-free loans. Supported by Majany, Luxembourg, the project focuses on the capacity building of women entrepreneurs by providing training in entrepreneurship, business development, marketing skills, product development etc. The women entrepreneurs supported under the project run a variety of small-scale businesses such as grocery shop, vegetables shop, idly shop, fruit juice stall, flower shop, hawkers selling traditional sweets on bicycles, small dairy at home, fishing, etc.

Many of these women are either the sole earners being a women-headed household, or their income makes up for most of the household income because most men are alcoholic and do not support the family. They are from low socio-economic backgrounds and live in the slums in and around Pondicherry, or from the village of Angalakuppam; situated on the border of Pondicherry and Tamil Nadu and unfortunately orphaned by the development programs of both.

During the past few months since the outbreak of the COVID-19 pandemic, most economic activities

have taken a hit all over the world and Sharana's women are also in a similar situation. Multiple lockdowns and the resultant closure of businesses have had an adverse impact on their household economy, and within the entire economic spectrum the poor have faced the biggest brunt. Since women have the primary responsibility of food & nutrition, as well as child-elderly-sick care in the households, they have been disproportionately affected by the pandemic.

COVID-19 pandemic has not only affected women's income, but it has also impacted women's health, and in particular women's mental health by drastically increasing their stress levels. To address women's mental health Sharana conducted a "Women's Mental Health Awareness Campaign: Towards a Sound Mind" for the beneficiaries of Women's Social Entrepreneurship project from the 19th to the 25<sup>th</sup> of August 2020. This report presents the analysis of the data collected during the lockdown and the campaign.

## **Methodology**

The idea of this campaign came through regular follow-ups with the women when the social workers felt that the women were getting overwhelmed by the day-to-day challenges due to the pandemic. It was a 5-day tele-campaign and was run from Sharana's social centre in Pondicherry. Sharana's counsellor Mr. Prakash held individual counselling sessions with the beneficiaries over phone calls. All beneficiaries were informed in advance about the campaign and about the over-call counselling session. They were also advised that for an effective counselling session they should ensure that they can speak to the counsellor without disturbance and with privacy, if possible. Beneficiaries were assured that all calls were 100% confidential, and their personal information will not be shared with anyone, and

hence this report maintains the anonymity of the beneficiaries, and by no means is Sharana disclosing the identity of any individual, or their mental health conditions. It aims only at presenting the analysis of the trends that have been found out during the campaign.

Sharana's Child Protection Officer Mr. Manuel was also appointed to attend all the calls, to address any potential child abuse cases. He also gave useful suggestions in cases where unusual adolescent children's behaviour was observed or when some of the mothers were overly stressed about their children's safety, education or well-being.

The programme team has been working very closely with the women during the lockdown through regular phone calls and visits when possible, and hence the report presents the analysis of the trends that have been observed during the lockdown as well as the information given by participants during the mental health awareness campaign. This is also to note that the information may only be relevant to the beneficiaries of Sharana's Women's Social Entrepreneurship Programme, and do not necessarily apply to all women in general.

The nation-wide lockdown was implemented in four phases, with different rules and protocols issued by the government of India, according to the situation of the pandemic. Similarly, there were many phases of unlock as well, and different kinds of relaxations were given in the different unlocks. The campaign was conducted during unlock 3.0 under which markets could open with restricted timings and strict hygiene protocols, and all inter- and intrastate travel and transportation was permitted as per the government of India. Although in Pondicherry the markets were open but inter-state transportation was not always fully functional and the supplies were restricted due to the lockdown in neighbouring Tamil Nadu.

## Women's Mental Health and the Stress Factors

There is reportedly a significant effect of COVID-19 pandemic on mental health. A recent online survey in India of participants aged 18 and above reported that more than 80% of participants experienced anxiety and preoccupation with contracting COVID-19, 37.8% paranoia about acquiring COVID-19 infection, 12.5% sleep difficulties and 34.6% distress related to social media. More than 80% perceived a need for mental health care (Roy et al., 2020). In another study preliminary evidence suggested that 16–28% of the participants experienced anxiety and depression as a common reaction to the pandemic (Rajkumar, 2020).

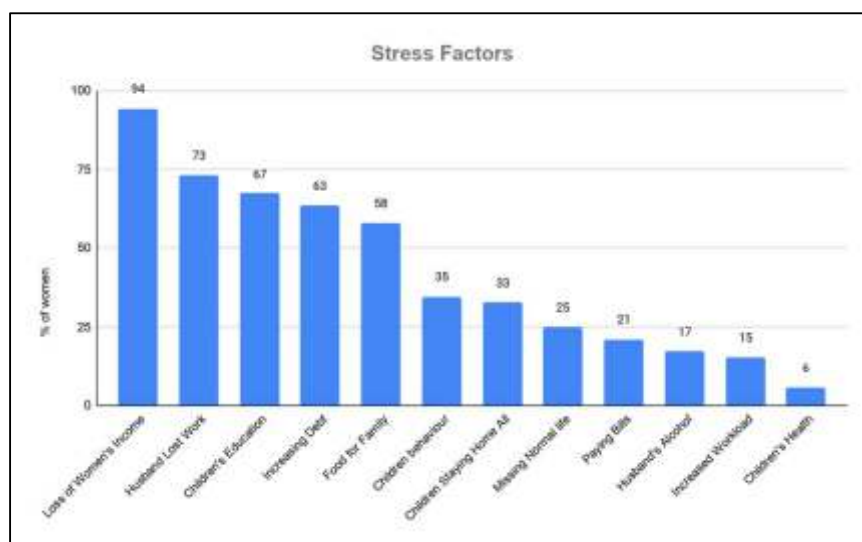
However, these studies do not clarify the gender differential impacts of COVID-19 on the mental health of women and men. Not many studies have been carried out to understand the impact of COVID-19 pandemic on women's mental health, hence this report is an effort to fill that gap to some extent. The analysis of the campaign data shows us that there are a lot of different stress factors troubling women since the first lockdown which started on March 24<sup>th</sup>. While loss of income due to COVID-19 came out to be by and large the Number

1 stress factor for women, other stressors included increased expenditure, increased workload, missed school days/formal education for children, worries about children falling in wrong company, and missing normal life, etc (see Figure 1).

Many respondents shared that to stay up to date about the development regarding COVID-19, they keep watching television, but the more they watch television, the more stressed they are. Kavitha shared, *“The TV is on all day, I listen to news and I start to worry about my family's safety and our future. In this situation even if I want to stay positive I cannot.”* Lakshmi's story was also somewhat similar, she said, *“After watching so much news about infections and deaths due to Corona virus, I got too much worried. Every day the number of deaths were increasing. I was not able to go out or talk to anyone about it. I was so worried that I was not able to sleep at night. Then luckily, I watched one inspirational speech in a TV program by some specialist, and only after that I felt little better”.*

These incidents also show the need and importance of positive media and responsible news-reporting during such critical times.

Figure 1: Stress Factors for Women



## Loss of Income and Increasing Debt

The main factor and an obvious reason causing mental stress to women, men and families, was the loss of work and income during COVID-19 pandemic. For most of the beneficiaries their income had stopped due to the closure or reduction in the economic activities.

Over 31% of women (See Figure 2.1) said that their income was reduced almost by 75%, and for 14% of women entrepreneurs the income was down to 0 as they were not able to open their shops. While 20% of husbands have totally lost their work, and for about 39% the income has been reduced up to 75% (See Figure 2.2). In some cases, men's work was more affected as they work as daily labourers such as, masons, plumbers, or daily wagers at construction sites and construction work was totally stopped for a few months. While there are many whose jobs have not been restored even after the lockdown has been lifted; many women shared that they are building up their businesses from scratch post lockdown.

Among the few businesses that were operating non-stop during and post lockdowns were the vegetables and grocery shops in the streets. And although they were open, they faced various challenges like not being able to keep a full range of stock, reduced number of operating hours, lack of cash flow because the acquaintances wanted to

borrow food on credit as everyone was under the same situation of strained income, as well as increased competition because a lot of people started selling vegetables when their other work had stopped.

For many the income had fallen to zero. One-woman vegetable vendor shared, *“Earlier I earned about 500-700 rs. every day, under lockdown I am earning only about 100-150 rs. a day. Many times, there is loss because now many people are selling vegetables and I can not keep my stock of vegetables for next day, as it gets spoiled.”*

The loss of income has put the families under great financial pressure, as most of the beneficiaries depend on this daily income for their livelihood. The reduction in income has led to increasing debts, and mental stress for the families. About 63% of women said that they were worried that their debt has been increasing ever since the corona lockdown had started. They have been taking loans from private money lenders, self-help groups, neighbours and relatives, etc. While some were taking loans to manage their day-to-day expenses of food and utilities, some also took loans to repay the EMIs of other outstanding loans (often with very high interest rates), and thus the vicious cycle of debt gets set into place.

The first thing women worried about when their income depleted was how to continue to feed the

Figure 2.1: Changes in Women's Income

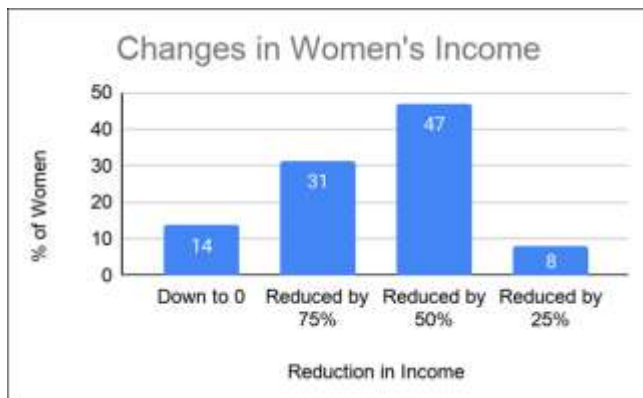
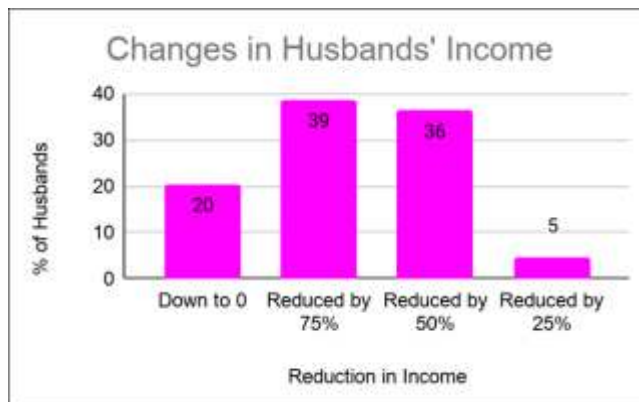


Figure 2.2: Changes in Men's Income





children. Every second woman said that providing food for her children was her major concern.

About 79% of the women beneficiaries said that on one hand their income has reduced and on the other hand, their household expenditure and in particular the spending on food has increased because the children are at home all the time.

Few families whose children attend online classes run by schools have reported that they had to buy a smartphone in order for their child to join the class which was a big expense for them during this critical time, and on top of it the regular internet expense is an additional cost which they now have to bear. However, these were only a few families, because most of these Women Entrepreneurs' children study in government schools, where no form of formal education had started since March.

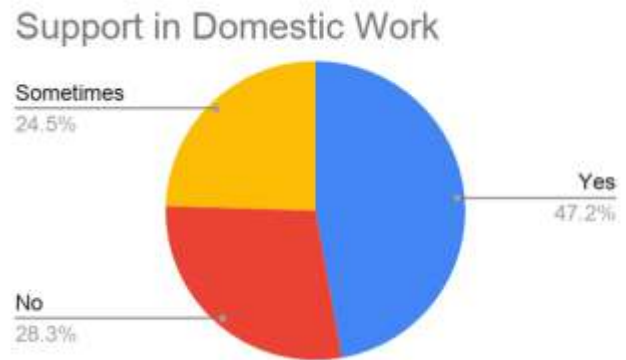
Punitha who sells traditional snacks said, *“My husband lost his job and is sitting at home, and I also could not earn much. I started to use my savings which I had kept for my children's future.”* Many women reported that the small savings they were able to put together before COVID-19 struck, helped them go through tough economic times in the last few months.

### Increased Workload

Indian women do more unpaid care and domestic work than women in any other country except Kazakhstan. Indian women spend up to 353 minutes (OECD, 2020) a day on household work, which is 577% more than the 52 minutes spent by men on it. Almost all women beneficiaries said that their workload had increased because the family members were at home all the time, and that meant additional household work, more cooking, and additional hours of children, sick and elderly care, and as all of these tasks are predominantly women's work, the workload of women has increased multifold. About 52% of women said their workload had increased as opposed to 44% of

women who reported that the work was the same as before. Most women shared that they have had no rest days which added to their mental stress. While it is normal for women to do most of the household chores, and have almost no rest days, Corona-time has been esp. stressful with the increased workload and additional difficulties that came with it.

**Figure 3: Support in Domestic Work**



On top of it only 47.2% (See Figure 3) of women said that their husbands or other family members were helping them with household chores. Most women who got the support shared that their daughters were helping them out with small chores like folding clothes, fixing utensils, sweeping the house, etc., which gives an indication that the COVID-19 pandemic has reinforced the gender distribution of unpaid domestic work; while all the members of the family stayed at home, mostly it was girls who got the responsibility of added domestic work.

One respondent shared, *“Our daughters are helping out in household chores like drying out the laundry, filling up water and washing vessels. The boys only sometimes help in small outside work.”*

This finding during the mental health campaign has given us an important lead to work towards the pressing issue of stereotypical gender roles and responsibilities and unequal domestic work distribution between boys and girls in our society.

At Sharana we have already started planning to address this issue through our Seeds of Change programme where we create Awareness about social issues via Sports and Games.

### Physical Health and Food Intake

There is a direct relation between a healthy body and a healthy mind. Although not many complained of any aggravated physical illnesses as such, about 44% of women (see Figure 4) said that they were not eating properly and their food intake had reduced during the time they stayed at home without work and income. Some said that they are purposely eating less food as there is no regular income now. One respondent said, *“I feel body pain, but I continue to work, because work has to be done, and food has to be cooked for children.”* Another respondent stated, *“Due to less income I am not able to eat properly, I sacrifice my food so my children can eat”*. Some others stated that due to increased load of domestic work their meal timings have become irregular and most of the days they skip their breakfast.

This is a regular practice in most families even in non-Corona- that women always eat last and eat least and the larger/healthier part of the cooked meal goes to the husband and children. The data shows that Corona has further taken this divide to the next level- that almost 1 in 3 women are not eating sufficiently could mean that many of these women could be at the serious risk of nutrition-related long-term illnesses and health problems if not addressed immediately.

### Worries for Children

Most of the women had some or the other worry for their children. One respondent said, *“I live in constant fear for my family's safety and worry about their future. I worry that they will be affected by Corona.”*

**Children's education** was the number one worry (see Figure 5) of the mothers for their children. Most children of our women entrepreneurs attend government schools which remain closed till date with the COVID-19 cases rising every day. Most of

**Figure 4: Changes in Women's Food Intake**

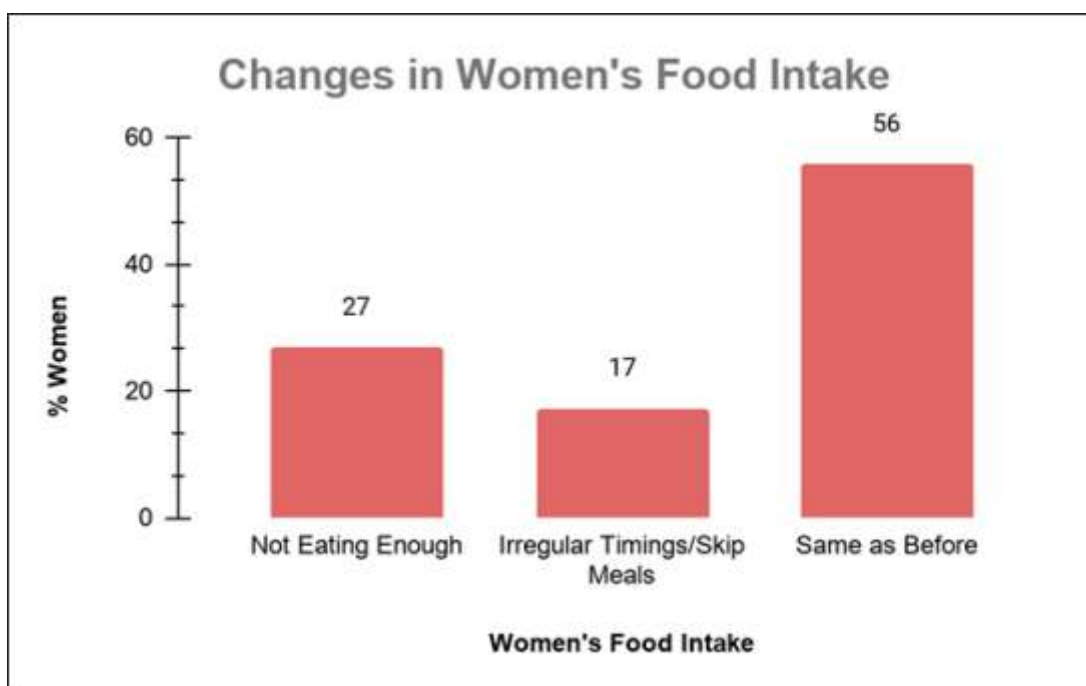
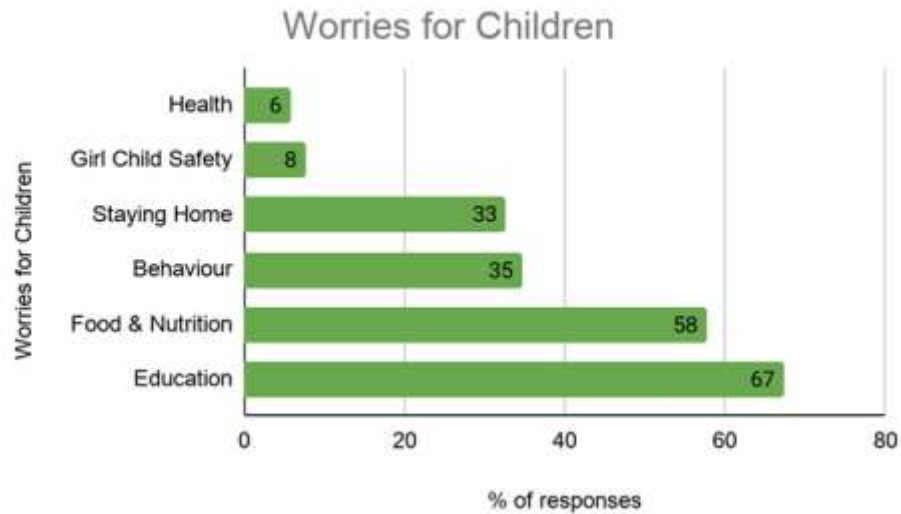


Figure 5: Women's Worries for Children



the women were anxious about the **loss of school days** and **missed structured education** provided in conventional schooling.

COVID-19 had struck at a crucial time of the academic year when the studies at school were at the peak, and students were preparing for their final exams. Although the closure of schools has not necessarily affected children's grades because the government has given relaxation and promoted all students to the next grade level, nonetheless parents are worried about the missed education for their children. While some were worried that with this long gap children might forget what they were learning at school, and another woman expressed her helplessness as, *“I worry because I'm not able to teach my children at home as I myself am not much educated.”*

In addition, in the advent of online learning, while many schools have shifted to the online classes, there are many who are not able to shift to the online mode of education delivery for reasons like lack of skills, or lack of resources and facilities. In some cases, while schools had started the online classes, families did not have resources like smartphones or tablets to attend the online classes.

Arranging food for children was women's second most worried factor. They were tense that children are not eating enough nutritious and balanced food that they were eating earlier, due to the closure of Sharana's creche and mid-day meals at schools. *Kamla had started a petty shop on a pushcart with Sharana's loan in January this year, and it soon became the only stable income source for the family of 5. She lives in a small house with 3 children and her husband. One child used to come to Sharana's pre-school, and 2 children went to government schools. All her children were eating their mid-day meal either at school or at Sharana. When Covid-19, with the schools and Sharana's preschool closed, and her shop also closed during lockdown, the Kamla and her family came under a lot of financial stress, as mere managing 3 square meals for the children has become very difficult.* This is not the story of just one woman and her family, rather most/many families are in similar situations.

Women were also worried that the children were **not safe at home**; and could get into **bad habits and poor company**; they were also concerned about possible abuse. Some women were apprehensive that children **may lose interest in education**; and that they may opt to go for work

instead either of their own will or due to the family economic situation. Many felt helpless as they were not able to help the children with continuing their education; being uneducated themselves.

### **Domestic Violence and Alcohol Consumption**

During times of crisis, gender inequalities often get worse, and interpersonal violence increases. Many past emergencies have revealed significant increases in violence against women during such events, and this time also all over the world the domestic violence cases have peaked up, including in India (Chandra, 2020).

There was no work, no money, and no visible end to the situation during the lockdown, on top of it the alcoholics were not getting alcohol, and the result was increased frustration levels in men. During our regular follow-ups during lockdowns some women reported increased incidents of domestic violence by husbands, primarily due to frustration of lack of money and unavailability of alcohol.

Kumari shared her story, *“I'm staying with my mother during the day and go back to my home only at night, because my husband is under stress for losing his job. One day he became so mad that he started shouting and hitting me and children. He also broke the television. We all got terribly upset. I do not want children to stay in such a hostile environment. Now I make food for him in the morning, and then take my children and go to my mother's house. We spend the day there and come back at night. Children also get some entertainment by watching TV at my mother's house. And I feel safe there.”*

At the same time few women confided in us saying that they were happy that their husbands did not get alcohol. Rani shared, *“There is no means to get alcohol, so my husband is staying sober and spending good time with children, and children and I like it. And we hope that during lockdown he gets rid of this bad habit.”*

A few of the Women Entrepreneurs shared that their husbands exhibited signs of anger and aggression due to non-availability of alcohol, while some others shared that they spent more quality time with the children because they were not inebriated. About 10% of the beneficiaries reported the incidents of domestic abuse and hitting by husbands, which according to them had reduced during the lockdown as alcohol consumption had reduced. One beneficiary noted, *“Only when used to drink he would hit me sometimes, but now he is not drinking so he has become better”*. Another woman said she was happy that her husband was not drinking alcohol, *“Due to lockdown he did not drink alcohol and although we earned a small amount of money, we were happy.”*

### **Coping with Stress**

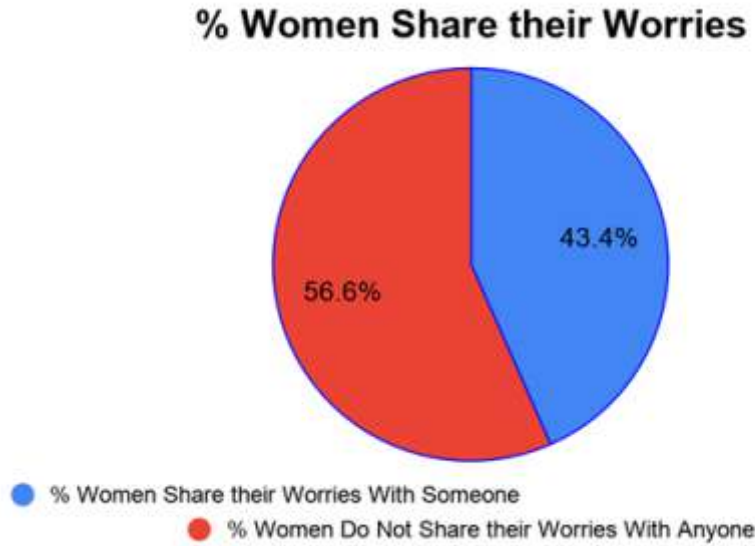
On the question of how women were coping with their stress, many women said that they could not share their worries with anyone; however, they also shared that when they shared their troubles with the counsellor/Sharana social worker they immediately felt lighter. Kunthi said, *“No one understands me and my situation- I don't share my worries with anyone.”*

Meetha's story was also similar, *“I feel that my personal and family problems should not affect my family's respect and prestige in the neighbourhood. That is why I am not able to share my worries with anyone as I have this fear that what if the person I share with- tells about this to others- then what will others think of me?”*

Women were also not able to go to their parents' house and were missing the normal days to return so that they could visit friends and relatives. Some women were able to share a few things with their husbands, while most reported crying out their woes alone at home. This is true also for non-Corona times, most women do not always have a large network of support, both physical and mental.



**Figure 6: Women Share Worries with Someone**



However, they derive strength from sharing their problems with other women, neighbours, friends and extended family. This they were not able to during the lockdown, due to fear of infection and unavailability of transport. Also, since women have house-work to do for most of the day, and are not expected to come out/be out of the home in the evenings/night; the lockdown has increased their level of stress and frustration since sharing had stopped.

Many said that they did nothing specific to address their stress, and an equal number i.e. about 38% of women said (see Figure 7) that spending time with their children was stress relieving for them. Many women also reported that they went to temples to find peace once the temples were reopened for the public. One respondent said, *“I visit the temple and offer my worries to God. God helps me accept certain difficulties and I get strength.”*

**Figure 7: Women's Coping Strategies**



Sharing their worries with their mothers, friends and husbands was consoling for some, some beneficiaries also shared that in the past months with Corona; the only people they could share their problems without judgement or shame were Sharana's Social Workers. Their motivation and presence gave the women courage and strength to continue moving ahead.

## Conclusion

The Mental Health Awareness Campaign provided important insights about what the Women Entrepreneurs have undergone/ gone through during the COVID-19 lockdown and how their lives; that is their physical health, as well as economic, social and mental status were impacted. There is a lot of built up stress and anxiety among almost all the women affected by the pandemic in our Social Entrepreneurship program just like in most women all over the world. From the fear of getting infected to what the future holds, to the worries of putting food on the table, to their children's education, to decrease in income, and increase in workload and dealing with domestic violence and abuse- these are only among the few items on women's plates at the moment. For most of our beneficiaries, these counselling calls under the mental health awareness campaign had turned out to be the first such opportunity they had got to share what they have been going through. While some women sought solutions, others simply needed a trustworthy listening ear.

Our counsellor provided appropriate suggestions to the women on a case to case basis during the counselling calls. The suggestions were mostly related to suggesting tools of self-care and relieving stress, keeping the stress levels in check, limiting time spent on watching/listening to sensational news, taking time out for self, listening to soothing music, sharing their problems with the people they trust, keeping a schedule to exercise, etc. The counsellor has also noted down the women who needed follow-up counselling and has been following up on them since.

The most important thing now for us was to connect to the women, show solidarity, and to give each other hope that we will all sail through these troubled waters- this too shall pass. As our one Sharana Covid Warriors- one of our strongest woman entrepreneurs Suguna very rightly and matter-of-factly said, ***“My husband and daughter lost their jobs due to Corona. I had put aside some of my hard-earned money as savings for my daughter's future - it had taken me so many months to be able to save this money. Unfortunately, I have had to use this money to get us through these difficult times of Corona. I will have to restart from zero, and I will do it.”***

Sometimes those who have the least, teach us life's most valuable lessons.

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### **Call for Research Papers!**

The **Regional Centre for Urban & Environmental Studies** is pleased to invite contributions for **Urban World** in the form of articles and research papers from researchers, authors, publishers, academicians, administrative and executive officers, readers and well-wishers on any one the following topics:

- **Impact of COVID-19 on Urban Development.**
- **Rethinking City Planning in a Post Pandemic World.**
- **How Smart Cities are Adapting to a Post Pandemic India.**
- **WASH Response to COVID-19.**
- **Socio-Economic Impact of the Pandemic.**

Articles could be between 2000 to 4000 words. They may contain compatible tables, charts, graphs, etc. We reserve the right to edit for sense, style and space.

Contributions may be e-mailed in digital form as a Word file to the Director, RCUES, Mumbai.

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## ROUND & ABOUT

### World Habitat Day observed on 5 October, 2020

Established by the United Nations General Assembly in 1985, the World Habitat Day is observed on the first Monday of October each year to focus attention on the state of the world's towns and cities and to highlight the centrality of housing as a driver for sustainable urban development. **"Housing For All - A Better Urban Future" is the theme for World Habitat Day 2020.** This year's observance highlights the centrality of housing as a driver for sustainable urban development...," Antonio Guterres, Secretary General of United Nations said on Monday. "The urgency of improving living conditions has been brought to the fore by COVID-19, which has devastated the lives of millions in cities. Access to clean water and sanitation, along with social distancing, are key responses to the pandemic...," the UN chief said. Presently, affordable, safe and adequate housing for the urban poor is the focus of Government of India, perfectly in tune with the motto of the World Habitat Day.

(Source: <https://www.un.org/en/observances/habitat-day>)



As more than half of the world's population is living in cities, cities are at the centre-stage. They are flourishing like nothing before and at the same time they are facing more and more problems. The United Nations General Assembly has designated the 31<sup>st</sup> of October as World Cities Day. The Day is expected to greatly promote the international community's interest in global urbanization, push forward cooperation among countries in meeting opportunities and addressing challenges of urbanization, and contributing to sustainable urban development around the world.

(Source: <https://www.un.org/en/observances/cities-day>)

## **Blue Flag Certification Awarded to Eight Beaches in India**

It is a matter of great satisfaction that concerted efforts by the Government and environment activists have paid off as eight beaches in India, namely, Kappad (Kerala), Shivrajpur (Gujarat), Ghoghla (Diu), Kasarkod and Padubidri (Karnataka), Rushikonda (Andhra Pradesh), Golden (Odisha) and Radhanagar (Andaman & Nicobar Islands) have been awarded Blue Flag Certification by an eminent international jury, which comprises members of the United Nations Environment Programme (UNEP), United Nations World Tourism Organization (UNWTO), Foundation for Environmental Education (FEE) and International Union for Conservation of Nature (IUCN). The Union Minister of Environment, Forests and Climate Change Mr. Prakash Javadekar made this announcement on 12 October, 2020 in New Delhi. He said that *“it is an outstanding feat considering that no country has been awarded this certification to eight beaches in a single attempt...that this is also a global recognition of India's conservation and sustainable development efforts.”* The Blue Flag programme was started in France in 1985 and in areas out of Europe in 2001. It promotes sustainable development in freshwater and marine areas through four main criteria: water quality, environmental management, environmental education and safety. The Blue Flag beaches are considered the cleanest beaches in the world. To qualify for this tag, 33 stringent criteria relating to environmental, educational, bathing water quality, services and accessibility standards, safety must be met by the beaches.

(Source: Media Reports including Indian Express, New Delhi, 13 October, 2020)

## **World Toilet Day**

The World Toilet Day was celebrated on 19 November, 2020. The United Nations General Assembly had officially designated 19 November as World Toilet Day. The Day is about taking action to ensure that everyone has a safe toilet by 2030 in terms of the Sustainable Development Goal 6. This year theme of the Day is *'Sustainable Sanitation and Climate Change.'* The UN message, inter alia, raises awareness that 4.2 billion people in the world are living without access to safely managed sanitation. In the wake of Covid-19 pandemic, the message is all the more emphatic as everyone must have sustainable sanitation, alongside clean water and hand washing facilities, to help protect and maintain our health security and stop the spread of deadly infectious diseases such as COVID-19, cholera, and typhoid.

The Day inter alia, aims to remove any stigma around the sanitation work as it says that *“a toilet is not just a toilet. It's a life-saver, dignity-protector and opportunity maker”*

(Source: UN website)

## **Bhubhaneshwar Becomes the First City to Get ISO Certification for FSSM Services**

Management of sewage has always been a matter of serious concern because of obvious reasons of its obnoxious nature, bad smell and adverse effect on public health. Unfortunately, an inhuman practice of some people manually carrying it for disposal was prevalent which is totally banned. Septic tanks have been in used for long, but there were many issues with their management. A recently developed management strategy of linking all the toilets with septic tank, their periodic de-sludging, etc. has come up in the form of *Faecal Sludge and Septage Management (FSSM)*. FSSM requires many technicalities like a flow chart system and requires a chain of actions to be taken with periodic regularity. Its standards have been laid down including the ISO Certification, which is given after rigorous checking and testing. FSSM has provided effective solutions of sewage management to the small and medium towns, has helped in removing the inhuman practices of manually handling the excreta and set standards to be followed up. It is gratifying to note that the process of awarding ISO Standards FSSM services has begun with Bhubhaneshwar became the first Indian city to get an ISO (International Organization for Standardization) 9001:2015 Certification for 'Faecal Sludge and Septage Management (FSSM) services'.

(Source: ARIFA JAVAID, 25 NOV, 2020 20:28 IST

<https://www.jagranjosh.com/general-knowledge/bhubaneswar-gets-iso-certification-1606318347->

## **National Pollution Prevention Day Celebrated on 2 December, 2020**

National Pollution Prevention Day is observed on 2 December in India in the memory of people who lost their lives in Bhopal gas tragedy in 1984 on account of leakage of poisonous gas Methyl Isocyanate and for reiterating national commitment for reducing air pollution and its damaging effects. According to the National Health Portal of India, *every year around 7 million people globally die due to air pollution, 4 million of whom die from indoor air pollution.*

*The pollution level is so high that nine of ten people globally do not have access to safe air. Notably, the pollutants present in the air are so tiny that it can pass through mucus membrane and other protective barriers to damage the lungs, heart, and brain.*

Objectives of the Day are as follows:

- To spread awareness on managing and controlling industrial disasters.
- To prevent the pollution produced by industrial processes or human negligence.
- To make people and industries aware about the importance of pollution control Acts.

(Source: [https://www.nhp.gov.in/national-pollution-prevention-day\\_pg](https://www.nhp.gov.in/national-pollution-prevention-day_pg))

### **Recognition of Indian Heritage Cities by the UN Continues year by year....**

Rich cultural and architectural past of India is drawing interest of the UNESCO and every year some Indian site or city is getting UNESCO heritage seal. In 2017 old Ahmedabad city received the heritage tag from the UNESCO and in 2018 Art Deco Ensembles around Oval Main in South Mumbai found place in the cherished list. In 2019 it was the turn of the walled city of Jaipur, founded in 1727 to get the honour as declared in July 2019. This year the historical fort cities of Gwalior and Orchha in Madhya Pradesh have been included in the list of **UNESCO's World Heritage Cities** under its urban landscape city programme. With this recognition, Unesco's team will visit Madhya Pradesh next year and prepare a master plan for their development and conservation. Gwalior is known for its palaces and temples. The Gwalior Fort occupies a sandstone plateau overlooking the city and is accessed via a winding road lined with sacred Jain statues. Orchha is popular for its temples and palaces and was the capital of Bundela kingdom in the 16<sup>th</sup> century. The famous spots are Raj Mahal, Jehangir Mahal, Ramraja Temple, Rai Praveen Mahal and Laxminarayan Mandir.

(Source: The Times of India, Mumbai, 8 December, 2020).

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