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The Masked Gendered Profile of the World Exposed During the Covid-19 Era: Comparing China and India

Abstract

The Covid-19 pandemic and its impact bear a critical turning point in the history of humankind, demanding a retrospect on preparedness, a relook on reality and a reset of worldview. It came to be realised that epidemics tend to put pressure on societies, which in turn exposes otherwise hidden patterns and ends up revealing what really matters to a population. One of the most stirring revelations was how half the population of the world is disproportionately bearing the burden of the Covid-19 crisis, reiterating the fact that whether its a natural calamity, war, financial crisis, or a pandemic followed by a lockdown, women are disproportionately impacted therefore they have to bear the brunt of changes. This paper locates its argument in women's social role and secondary economic status to look at why women are unfairly effected by crisis. It explores how the pandemic and the lockdown has affected women in particular, both in China and India, drawing some parallels and differences. For doing this it divides the factors which led to the gendered impact of crisis into three dimensions: Gendered participation - Women's direct participation in the fight against Covid-19, Gendered impact - medical, social and economic impact of the pandemic and lockdown on women and Gender stereotypes - pandemic and lockdown resulting in reinforcement of gender stereotypes.

Key Words: Gender, Women, Covid-19 pandemic, Lockdown, Health Care Workers, Nurses, Stereotypes

Covid-19 crisis exposes the gendered profile of the world

With the Covid-19 crisis the world has been gripped with fear, anxiety, uncertainty, horror, disbelief, denial and above all it has been halted to a long pregnant pause, like a giant wheel suddenly loses its mobility and jerks to a halt with a loud clang. Recently, there have been intense discussions on how the crisis has changed the course of history of humankind. Some even suggested, that one should keep a diary since the world is witnessing a critical time in history (Daley, 2020). Not long ago, with the onset of the 21st century, the world had plunged into the gush of globalisation and for the first time in modern history it was moving towards a borderless world. The irony of contrast is how the ideas of border have transformed, 'from being a borderless world humanity is transitioning to one where borders are at the doorstep of our homes'. Besides this the fact that the world we knew no more exist as the 'physical world has come to a halt, while the cyber world is in a corresponding overdrive' (Tewari,2020). Historians reveal, catastrophic epidemics that kill millions have been exceedingly unusual, with just a few occurring over the past millennium. Some experts warn that half the world's population will be infected by year's end with Covid-19, an incidence that could result in more than 100 million deaths (Jones 2020). Some are even trying to draw parallels between World War II and the Covid-19 pandemic, mainly owing to the exceptionally high number of deaths, measured every day, which immediately reminds the public of a war death toll (Carbonaro, 2020).

Nonetheless, it is beyond doubt that the pandemic and its impact has led people around the world to retrospect into their abilities and preparedness, relook the existing realities, and reset their worldview. Some important observations include how epidemics tend to put pressure on the societies, which makes visible latent structures that might not otherwise be evident. Providing a sampling device for social analysis, it ends up revealing what really matters to a population and whom they truly value (Jones 2020). One of the most stirring revelations was of how half the population of the world is disproportionately bearing the social and economic burden of the Covid-19 crisis. Any given crisis invariably has different ways of affecting different people and the consequences of any crisis in a given society is not the same for men and women. Whether its a natural calamity, war, financial crisis, or a pandemic followed by a lockdown, women are disproportionately impacted. It has been proved time and again across disciplines that natural disaster and health crises have gendered dimensions (Bahn and Cohen 2020). Similar to the fact that the virus is affecting

different people in different ways: some are asymptomatic and silent carriers and others are dying just in a few days of contracting it, the lockdown has also affected different people in different ways. One of the most important distinctions, among others, being gender.

Since the crisis has already let the cat out of the bag, there is no scope in denying the magnanimity of gender inequalities throughout the world with some very little variations. While the revelations serve as an eye-opener to some and a confirmation to others, most agree that it needs a deeper analysis, since within its ambit it carries seeds of opportunities for transformation of priorities, which may take the world to a new direction. Therefore, some scholars also feel Covid-19 era is a critical moment to change the world for women (IFJ 2020). Along with the social gender roles played by women, women's paid and unpaid work are for the first time open to public visibility. Therefore, the questions we need to ask are; First, why do women and only women are expected to perform unpaid care work and why are women and mostly women engaged in low-paid care work? Second, why does women's economic status continue to remain dependent or as secondary earners? Third, why does women's labour, in this case health care as well as other informal and/or service sector hold an invisible and undervalued status, so much so that their rights and interests are ignored by the governments?

This paper is a preliminary attempt to explore how the pandemic and the lockdown has affected women in particular, both in China and India, drawing some parallels and differences. Connecting *Gender Role theory* and *Expectation States theory* to the familial and social roles played by women, as well as women's invisibilised or secondary economic status in contemporary society, this paper attempts to look at why women tend to disproportionately bear the burden of crisis. Furthermore, it looks at the factors which led to the gendered impact of the pandemic and lockdown by bringing out the on-ground realities of gendered participation - women's direct participation in the fight against Covid-19 and gendered impact - medical, social and economic impact of the pandemic and lockdown on women in both China and India. Finally, it views these two aspects through the lens of gender stereotyping, as to how the pandemic and lockdown has resulted in reinforcement of gender stereotypes in both China and India. The case of China[1] preludes that of

[1]All translations of Chinese sources used in the paper are mine.

India throughout the paper for the very reason that the pandemic originated from *Wuhan* in China, and it was only later that the Indian cities were also slowly *Wuhanized*!

Gender as performance: A social and economic role play

As each one of us perform our genders day in and day out, we are also confirming to the roles suitable to our gender in the society. This not only includes our social behaviour, it also includes the roles played by us in the society, which is overwhelmingly influenced by division of labour. *Social Role Theory* on sex differences and similarities argue that, sex differences and similarities in behaviour reflect gender role beliefs that in turn represent people's perceptions of men's and women's social roles in the society in which they live in (Eagly and Wood 2012:459). The gender stereotypes especially the role beliefs are formed as socially constructed ideas are applied on people right from their childhood. People are constantly observing and thus naturalising male and female behaviour around them, as a result they infer that the sexes pose corresponding dispositions. These are mainly based on the division of labour among the sexes. As per the division of labour the society constructs ideas on gender roles. *Socialist and Marxist feminism* argue sexual division of labour is a crucial factor in subordination of women. They determine the ways in which the institution of the family and women's domestic labour are structured by the sexual division of labour. The working class women fully experience the double oppression of sexual division of labour at work and at home. Since patriarchy predates capitalism, there could be no single solution to women's subordination because capitalist relations were primarily economic while patriarchy is controlled through culture and the collective unconscious and/or conscious memory of the society (Humm, 1992). Therefore, in a typical society, for instance; men are more likely than women to be employed, especially in authoritarian positions, and women are more likely than men to fill care taking roles at home which is also extended to employment settings.

Studies reveals that, gender stereotypes, like other social stereotypes, reflect perceiver's observations of what people do in their daily life. If the perceiver often observes a particular group of people engaging in a particular activity, they are likely to believe that the abilities and personality attributes required to carry out that activity are typical of that group of people (Eagly and Steffen 1984:735). Since a woman gives birth she is affectionate towards the child but she also feels obligated to take care of the infant because it is presumed by the husband that she will be the primary

caregiver and rearer of the child. Therefore, women are perceived to be carrying an innate ability to fulfil care taking roles which extends from home to the society; personal to public. On the other hand, men's greater size and physical strength enables them to perform certain tasks much more easily than women. The difference in efficiency in performing different tasks as well as the economic, technological and ecological tendencies in a given society creates the stereotypes. Therefore, as women started breaking free of the four walls of the house to enter the society and contribute to social and economic activities, their abilities were perceived based on the expectations of the society. These expectations as argued by theorists of *Expectation States Theory*, emerge from everyday observations of what women and men do. If women commonly are observed performing nurturing activities in care taking roles, for e.g., as mothers, nurses, and teachers of young children, people assume that women essentially tend to be nurturing and caring (Eagly and Wood 2016:1). Thus, *Social reproduction* which includes the day-to-day work are assigned largely to women, without which social reproduction and the entire social systems would collapse. (Bahn and Cohen 2020)

With the above expectations as the premise, women were initially, employed in caregiving and nurturing social roles, like nurses, midwives, cleaners, maids and primary school teachers, which were invariably jobs with low economic value. This gradually got extended to the job of receptionist, secretary, waitress and other low-paid service related jobs, owing to people's expectations and need to be greeted by beautiful women with soft and well-mannered social behaviour. Women also personally adopt the social gender norms as standards for judging their own behaviour and abilities, so do the men. Studies prove both men and women may evaluate themselves favourably to the extent that they conform to personal gender standards and unfavourably to the extent that they deviate from them (Eagly and Wood 2016:2). It is obvious then that they have similar standards for each other too. It is by this process of observation of the social roles carrying high or low economic value, people tend to yield beliefs about the attributes typical of each sex, not based on actual abilities and how much one can nurture and expand these abilities. As a result, women have made overwhelming presence in caregiving, nurturing and service positions with low economic value, but near absence in authoritarian positions with high economic value.

With the advancement in research on anthropology, psychology and psychoanalysis, the fine lines demarcating gender specific social behaviours and roles are gradually undergoing changes. Thus, there is also a renewed understanding that the *Social Role Theory* involves both non-traditional as well as traditional behaviours. At the same time women's economic status as dependent or secondary earners are being recognised as one of the major reasons for their subordination. Therefore, to encourage non-traditional behaviours, some parents, especially in the developed countries avoid conveying gender-stereotypical norms to their children, and some social environments convey atypical gender norms (Eagly and Wood 2016:3). Besides efforts are made to provide equal opportunities to education and skill development to both boys and girls, so as to enable them to be economically independent and equal. Therefore, with the expansion in gender norms and social acceptance of women's multiple abilities and with the changes in job market demands, women have entered occupation involving variability in behaviour within the larger gender dimensions of social and economic expectations. Nonetheless, the proportion of women working in social and economic roles which defines their typical gender attributes are still much higher than the atypical ones. Therefore, viewing women's life as the product of the *Expectation States*, women are largely made to follow the stereotypical social roles with low economic value. These invariably involves unpaid care and housework, as well as the low-paid, invisibilised and economically undervalued work in public health and service industry. By maintaining the poor economic value of work expected to be carried out by women, the dominant gender men, are able to successfully maintain their economic and social superiority and thus political authority.

The above mentioned social and economic factors which facilitates political dominance of men, has been the reason why women are unfairly affected both at home and in the world, whenever there is a crisis that grips the society. The Covid-19 crisis merely unveils this in the most ruthless way possible, especially in traditionally conservative countries like China and India, where women's social role as wives and a mother at home and as caregivers, nurturers and service providers outside home, is largely the usual norm.

Women's direct participation in the fight against Covid-19

As Health Care Workers

Women working on the frontline in the fight against Covid-19, playing the role of nurses, doctors and sanitation workers have been and are continuing to be the most trying challenge in China and India, as it is all over the world. For nurses more than others working in Covid-19 hospitals, because of what their job entails; a constant vigil and physical proximity with the patients, it is a tightrope walk between their duty and protecting themselves from the high risk of getting infected. There is a worldwide shortage of health care workers and China and India are no exceptions. Proportion of nurses to the population of China is 1.85:1000. This ratio is gradually decreasing since there are increasing number of nurses who are quitting their jobs. Over work, underpaid, stress and poor working conditions are cited as the main reasons (Lei et al 2016:209). In India, the ratio is even less at 1.7:1000, according to Indian Health Ministry data. (Kapoor 2020). In India admissions to nursing colleges have come down by nearly half across the country. Half of South Indian nursing colleges are in the process of shutting down (Zehra 2020).

Not only is there a shortage of nurses in general, to make the situation worse the existing ones are mainly women. A report by National Centre for Biotechnology Information in China claims that Women comprise more than half the physicians in Community Health Services in China (Change et al 2018). Percentage of female doctors in different provinces ranges between 30 to 50 per cent. As of 2017, the proportion of male nurses in China was merely 2 per cent of overall 3.5 million nurses (Li 2018). Majority of the existing nurses in Hubei during the Covid-19 crisis were women, besides 90 per cent of the medics who were sent to support Hubei during the Covid-19 crisis were also women (Zuo and Ye 2020).

Percentage of female nurses in India as per a 2016 WHO report was 83.4 per cent, whereas female doctors constitute only 16.8 per cent of the total number of doctors (Anand and Fan 2016:19). Reports of increase in male nurses in India have come out in the recent years. 4 per cent of the nurses in Maharashtra are male nurses and while Maharashtra has reserved 30 per cent of seats in nursing course for men, West Bengal and Tamil Nadu do not entertain male nurses at all. In Kerala,

Karnataka, Rajasthan and Maharashtra men have entered the nursing education stream. Nonetheless, experts claim that the main reason behind many of these men entering nursing profession is in the hope of getting a nursing job opportunity abroad where the scope and salaries are much higher (TOI 2016).

Shortage of health care workers have let to forcing the existing ones to work for long hours during the fight against Covid-19. Working for long hours under intense pressure, with a lack of protective gear has taken its toll on the physical and mental health of medical staff during the fight against Covid-19 in both China and India. China Central Television reported that around 30 per cent of the 1,596 nurses at Wuhan People's Hospital were suffering from depression and anxiety (CLB, 2020). There are several reports on the poor working conditions, long working hours without breaks, lodging facilities not following the distancing protocols etc for nurses in the hospitals treating Covid-19 patients in Hubei. Nurses and doctors had to work round the clock even when they were unwell or menstruating, their male superiors refused to supply them with sanitary napkins claiming that they do not come under essential medical products, and since all the hospital supplies were to be approved by the superiors who were mostly men. The female healthcare workers claimed that it was embarrassing and humiliating for them to debate and fight over supplies of sanitary napkins. Besides, even when it was donated it was refused to be accepted by the male superiors, claiming that it is not a critical medical supply item (Audrey 2020). Reports claimed that several nurses are even taking pills to delay the cycle (Narang 2020). A 24-year-old nurse sent a distress message in Weibo, saying that there are no sanitary napkins provided for healthcare workers, and that majority of the doctors and nurses are women, how will they deal with their periods? (Wu 2020). It sent ripples across the social media and a team of volunteers among patients and help groups donated adult diapers to several hospitals in Hubei (Stevenson 2020a).

There has also been shortage of protective gear, some are patching up damaged protective masks with tape and reusing goggles which are meant to be used once and thrown away. One hospital worker explained that the gowns were not of a high enough grade to withstand a viral contagion. Some have used their own money to buy protective gear, and are avoiding eating and drinking for long stretches because going to the toilet meant removing and discarding safety gowns that they would not be able to replace. The pleas from hospitals across Hubei have inspired an outpour of

donations from Chinese businesses, workers and charities. But the surge in demand for medical equipment has been hard for suppliers to meet, especially under the lockdown (Buckley et al 2020).

Similarly, in India there are reports of nurses and doctors working under extremely tough conditions. With the hot and humid climate, the situation seems even worse. Due to the fear of spreading the virus, use of AC, coolers and even fans have been prohibited. The healthcare workers have to wear the heavy PPE gear with clothes soaked in sweat, in many cases leading to dehydration and hyperhydrosis. Nurses are working 12 hrs straight, moreover, it was reported that due to shortage of PPE kits nurses and doctors are not able to make short trips to the washrooms. Therefore, most of them are using adult diapers to do away with bathroom visits even while they are menstruating (ET Online 2020). The nursing staff of LNJP Hospital protested against the paucity of PPE kits and alleged pathetic accommodation facilities provided to nurses who have completed their Covid-19 ward duties. The Delhi government has given doctors from LNJP the option of staying at the 5-starred Lalit Hotel, while the nursing staff who are either treating patients or who are quarantined have to stay at the Dental hospital inside the LNJP hospital premises. Nurses complained that there is one common washroom for everyone at the facility. The beds are not arranged as per social distancing norms. (Ghanekar 2020a). In most hospitals even lodging facilities are not been provided. Many of the nurses are distressed and helpless since they have not being provided with accommodation and have nowhere to go since many landlords have refused to take them in. One of the nurse confessed, that the stress about infection, their own risk and added worries on accommodation facilities are affecting their mental health and productivity, adding that it is easy to work in a comfortable environment, but daily battles for them are just not ending (Chadha 2020). Some nurses claimed that they were told there is no need for masks for nurses, but the doctors are provided with them, doctors are always getting priority over nurses (Lalwani 2020).

The often-overlooked sanitation workers work under extreme hight risk of contracting the virus while disposing the hospital wastes. Hospital and public health and safety workers continue to work through the Covid-19 pandemic—unprotected, stigmatised, unappreciated. If they contract the virus, they have very little recourse to health safety nets, insurance, or access to already overflowing public health facilities. This is particularly stark for women sanitation workers, who make up more than 50 per cent of urban sanitation workers in India (Akhilesh et al 2020).

Both China and India have witnessed many cases of healthcare workers getting infected and losing their lives, mainly owing to the poor conditions and facilities, however, both the governments are reluctant to show the enormity of the problem. 1,760 healthcare workers tested positive and six of them died, as of 13th February in China (Boseley 2020), by 20th February as per official figures it reached 2,055. The majority of the cases among healthcare workers (88 percent) were reported from Hubei (WHO-China Report, 2020). A study published on 21 May in Jama Network Open, an open-access medical journal, showed that in China's Wuhan, the initial epicenter of the coronavirus outbreak, the incidence rate among healthcare workers was 1.1 per cent (Ghosh. A 2020). On February 10, the State council issued a notice, saying that the health workers fighting the pandemic at the frontline are facing problems like, overwork, high risk of contracting virus, inadequate conditions for breaks and rests and psychological stress. It announced measures for the hospitals and local authorities to adopt. To ensure food and lodging for the health care workers, local authorities were directed to instruct the hotels near the respective hospitals to provide the same. It instructed the hospital authorities to rationally allocate time to nurses and doctors working with Covid patients, so that they could rest well, as well as to ensure prevention of spread of the virus among health workers and post duty quarantine (State Council Notice, 2020). There are reports as well as research on how the Chinese government have been successful in controlling the spread of the pandemic outside Hubei. The spread of Covid-19 outside of Hubei has abated because of aggressive non-pharmaceutical interventions as well as massive public health interventions (Leung et al, 2020). By April end the Hubei government was successful in flattening the curve, and on 23rd April for the first time there was no new case reported (Xinhua 23 April, 2020c).

The Government of India has more or less remained tight-lipped about Covid-19 infections among healthcare workers in the initial stage, a study published in the Indian Journal of Medical Research (IJMR) has given out what could be the first official figures as 1,073 confirmed cases until 23 May (Ghosh. A, 2020). However, another report stated, if lab technicians, nursing orderlies and sanitation workers are taken into account in Delhi alone, then this number balloons over 2,000. (Ghanekar, 2020b). Through the exact number till date is not clear but a recent report claimed, according to the Union Health Ministry, positivity rate of contracting Covid-19 has doubled among healthcare workers in Delhi(12%), Telangana(18%) and Maharashtra(16%) (Positivity rate reflects

the proportion of people who test positive , among those who are tested). The other states with high positivity rate among healthcare workers include, Karnataka (13%) of those tested are found to be positive, Puducherry (12%), and Punjab (11%), according to the data shared (Dutta, 2020). To make it worse the Union government put an end to the mandatory testing as well as quarantine of nurses and doctors serving the Covid-19 patients with effect from May 15, 2020. In the new order, the Ministry stated that healthcare workers will have to report their risk exposure to an appointed nodal officer, who will decide if it was high-risk enough for a test to be conducted. If not, they must continue to work without being tested or quarantined (National Herald India, 2020). A guidance note issued by Ministry of Health and Family Welfare 'Enabling Delivery of Essential Health Services during the Covid 19 Outbreak: Guidance note' (MoHFW Guideline 2020), talks about the medical faculties and care for corona patients, medical and essential goods supplies, non-Covid essential medical services are not to be disrupted, alternate mode of outreach, home visits, providing protective gear to curtail spread of virus, as well as providing food and lodging for healthcare workers. However, there is no mention of who is going to provide these facilities, how are the guidelines to be implemented, and who is responsible for the same. What is more shocking is that Union health ministry, in an affidavit filed with the apex court, said that though hospital infection control committees were responsible for implementing Covid-19 prevention and control activities, but ultimately the 'final responsibility to adequately train himself/herself and take all possible measures for preventing the infection lies in the hands of health care workers themselves'. This was in response to the petition filed by Dr Arushi Jain, challenging the central government's new Standard Operating Procedure (SOP) for frontline Covid-19 healthcare workers which ended the mandatory 14-day quarantine and test for them (Mandhani 2020). Union Cabinet promulgated an ordinance to protect health care workers who have been facing violent attack in the line of duty during corona pandemic from the general public (TOI, 2020). Nonetheless efforts to secure their safety in the frontline has been far from enough. As a result, many of them are resigning and returning to their hometown (Ghosh.S, 2020). Moreover, many have not been paid salaries for several months. A report claimed that 300 doctors in Delhi threaten to give mass resignation owing to non-payment of salaries to doctors and healthcare workers (Deshmane, 2020b). This would further cripple the already crippled health care system of India.

The above facts most importantly proves that the medical system of both China and India are not prepared to handle such a pandemic. However, in China though there are reports on underreporting of numbers of people infected and dead in Hubei and China (Wadhams & Jacobs 2020), since the pandemic did not spread like wild fire outside Hubei, the government's stringent pandemic control measures proved effective in controlling the pandemic and its impact. While in India the rapid spread of the pandemic, first in metropolitan cities and then in smaller cities and government's lack of resources, inefficiency and ineptness in controlling the situation, resulted in making the problem even more grave. On the whole, it brings out a few important inferences; *One*, there is a growing shortage of health care professionals and in the fight against Covid-19 in both China and India, the medical system is working with limited number of health care workers, along with limited medical supply. *Two*, majority of the nurses, half of the sanitation workers and all midwives in China and India, and half of the doctors in China are women. *Three*, their working conditions are extremely poor and involves high risks, which has heightened during the fight against Covid-19 and *Four*, nurses, midwives and sanitation workers are extremely low paid.

As Grass-root workers

Apart from healthcare workers, the grassroots level engagement in monitoring and surveilling people for long periods of time require more addition to the usual frontline labor force. In China women have been the pillars of epidemic prevention in local communities. To control the spread of the novel coronavirus, many Chinese cities have adopted a community-based prevention and control system, which can relieve the pressure on hospitals, block the transmission source and prevent cross-infection. Women account for more than half of these community workers in China (Chu et al 2020). Their main work includes two aspects. One is to implement grassroots-level epidemic prevention and control measures, including coordinating medical beds, screening, epidemiological investigation, and closed-off management, etc. The other is to implement the mass prevention and treatment measures, provide logistics support to ensure medical supplies, environmental safety and hygiene, and a normal orderly life (Hao, 2020) For doing this they carry out door-to-door registration, conduct regular visits, report timely information to the local government and post notices in every neighbourhood. Grass-roots Communist Party members in Wuhan, have

12,000 frontline foot soldiers, divided into more than 10,000 'grids' for monitoring and social control. These grid controllers have been given the extra task of keeping an eye on residents' health and ensuring they get the food and medicine they need (Zheng 2020). Their task is heavily ridden by the high risk of virus contraction, besides they face residents showing impatience and anger towards them as they are worried about being infected through them (Hao, 2020).

In India, the Accredited Social Health Activist (ASHA)[2], who are generally deployed in cities and villages to administer basic medical facilities, have now been ordered to look for corona infections in villages and small towns. They work under extremely hostile conditions, often abused by people angry about the government's handling of the outbreak and lockdown, they have nothing except their headscarves to protect them from the virus. A report named them as, 'unprotected and poorly paid all-women army', as they confront suspicion anger and threat of infection. (AFP 29 June, 2020). Each worker visit at least 25 homes a day to screen suspected patients in both rural and urban areas. With a majority of them working without any safety gears, training, and access to testing, cases of Covid-19 infection are rising among ASHA workers (Mercado et al 2020). In Kerala, a veritable army of 235,000 health care volunteers along with the help of various local governance bodies, including the flagship poverty eradication and women's empowerment scheme known as the *Kudumbashree*, which has over 277,000 neighbourhood units across the state are engaged in monitoring and surveilling (Agarwal, 2020). One of the country's earliest community platforms of women with 4.4 million members, *Kudumbashree* are playing an active role combating the virus by making handmade masks, spreading awareness about the use of masks and need for sanitation at the grassroots level. They are also running community kitchens for the unemployed migrant workers. Other states like Jharkhand and Odissa also have scores of women's self-help groups, who are actively participating in the fight against covid-19 by spreading awareness and making masks in bulk and distributing for free. (World Bank, 2020).

[2] ASHA: One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist ASHA, started in 2005. Selected from the village itself and accountable to it, the ASHA are trained to work as an interface between the community and the public health system. https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=150&lid=226

As Leaders

There have been several report and studies which suggests that women leaders have handled the corona crisis much better than their male counterparts (Pandey and Kowthamraj 2020, Garikipati and Kambhampati 2020). This has resulted in reassertions that the world would be much more peaceful and prosperous if women assumed leadership positions. While this might sound to be an essentialist view, evidence suggests that these claims are to some extent accurate (Powell 2016:270-71). Some studies also demonstrate that women are more likely than men to raise issues like human rights, justice, health, and employment in peace negotiations issues that are important to sustainable peace (Powell 2016:289). Therefore, the view that countries and regions led by women are managing the pandemic more effectively need to be understood more deeply. Some studies say that it is not merely because they are women, but the fact that women have been elected to be at the helm of political leadership in these countries/regions, in itself reflects that the society in general has a greater presence of women in positions of power, not only in politics but other sectors too. For example: Denmark, Finland, Germany, Iceland, New Zealand, Norway, Taiwan (Foster 2020) and Kerala (Health Minister) in India (Spinney, 2020) have shown remarkable results in containing the spread of virus. Therefore, some scholars argue that greater involvement of women at several levels of leadership positions in the society would perhaps result in a broader perspective on the crisis, and pave way for the deployment of richer and more complete solutions than if they had been imagined by a homogeneous group. (Paille and Croteau. 2020). Nonetheless, there are exceptions to this view, for instance a country like Bangladesh does not fit in the category of egalitarian society or greater presence of women in positions of power. Bangladesh had faired much better than Pakistan and India, especially in the initial phase of Covid-19 crisis (Garikipati and Kambhampati 2020).

In China, there is a near absence of women in leadership positions, whether it is at the centre or provincial level[3]. The lone women leader at top, Hong Kong Chief Executive Carrie Lam, is said

[3] Only 4 women are there in top leadership positions. Sun Chunlan; Politburo member and head of the party's United Front Work Department, Shen Yiqin; Guizhou governor, Bu Xiaolin; Inner Mongolia Chairperson, Xian Hui; Ningxia Chairperson. Apart from Sun Chunlan, rest of them belong to minority nationality. (Chandran, 2019: 226-7)

to have adopted stringent measures to flatten the curve of spread of Covid-19 (Xinhua 2020a). Experts say the key to women leader's unique management is the combination of compassion and vigour, engaging the public in a fact based, evidence based, science based information and transparency, while at the same time also showing empathy at a humanitarian level (Foster 2020). Here the case of Kerala in India is a fitting example, where Health Minister KK Shailaja, has been hailed as the reason a state of 35 million people is faring better than other states in India (Spinney, 2020). She was honoured by the United Nations on 24 June, 2020, for her efforts to fight the pandemic in Kerala. The state's 'people-intensive' pandemic response followed epic contact tracing initiatives, all people involved are sent for testing and kept in hospital isolation wards or monitored at home. A new policy of 'reverse quarantine' was also announced on 13 April, 2020 (Agarwal 2020). Overall it is not surprising that several studies point out, Covid-19 outcomes are systematically and significantly better in countries led by women and to some extent, this may be explained by the proactive policy responses they adopt (Garikipati and Kambhampati 2020).

The Chinese government is said to invest heavily in epidemiological research and clinical treatment in the future. The Indian government also vows to invest significantly on strengthening the capabilities of the institutions dealing with infectious diseases. Every adversity is believed to be an opportunity to improve and what Covid-19 has brought into sharp focus to the authorities is the need for every nation to invest in health care as part of their commitment to achieve universal health coverage. Nonetheless, as to whether it will cover issues such as the extreme gendered profile and discrimination of the team fighting against Covid-19 like epidemic and gendered nature of medical services, is something that needs to be seen and could easily skip the radar.

Gendered Impact of Covid-19 and Lockdown

On the expecting mothers and newly turned mothers and infants

There is an increasing fear among general public of contracting the virus, however, women expecting a child and the mothers of infants have more reasons to panic. After all, it can result in a tragedy with both the mother and the child getting infected. A pregnant woman has increased heart

rate since there is more load on the heart and her lung capacity is diminished because of the growing abdomen that pushes the lungs upwards, which makes her more prone to contracting the virus. If a pregnant woman gets infected by the virus, chances of contracting pneumonia or respiratory infection are higher in the woman. A study showed that 96 per cent of Covid-19 positive pregnant women have pneumonia (Debroy, 2020). Recent research show that vertical transmission to the baby is a possibility in some cases, and the newborn is anyway at a risk when it comes into physical contact with the mother (Sharma 2020). Though more research is required for a detailed and exact reaction of the virus on pregnant women, initial research shows that placental infection resulting in miscarriage or foetal growth abnormalities were observed in 40 per cent of maternal infections with SARS and MERS coronaviruses. From the data of limited cases of infected mothers giving birth, it seems that adverse infant outcomes like premature birth are more likely in such cases. Besides there is a growing evidence of maternal death due to the virus (D'Ambrosio 2020).

According to a New York Times report, the pandemic has killed more than 2,600, pregnant women in China. Moreover, the lockdown has led to lack in pre and post-natal care since many of the maternity nurses and doctors have been pulled out and shipped off to crisis centres. Smaller community hospitals that offer obstetrics and gynaecological services were temporarily closed because of staff shortages. Even those who have given birth since the outbreak describe a lonely and sometimes terrifying experience of limited medical assistance in understaffed hospitals. In the city of Wuhan, the centre of the outbreak, pregnant women have faced the daunting prospect of figuring out where to give birth. Their community hospitals are closed, the city's public transport was shut down and no one was allowed to leave because of quarantine rules. One network of volunteers in Wuhan is trying to help women find hospitals that still offer prenatal and postpartum care who are working with more than 600 pregnant women and new mothers in and around the city, and offer 24-hour service to help deal with emergencies (Stevenson, 2020b). Checkups for new borns and pregnant mothers are being postponed, vaccinations for the babies are not available as the entire cities and provinces have shut down clinics. Experts claim that the situation is undercutting the major political effort in recent years to prod Chinese women to have more children amid historically low birthrates and a looming demographic crisis (Stevenson, 2020b).

In India though there are no reports on exactly how many pregnant women the pandemic has killed but there are heart breaking reports on several pregnant women dying because they were denied admission for delivery in both government as well as private hospitals (Gettleman and Raj, 2020). Citing the need to take precautions against Covid-19 infection, several states have curtailed services for immunisation and maternal health service such as pre and post natal checkups. Public health experts warn that such a move is causing increased maternal mortality and would further lower the already low immunisation level. In rural India, many of the states have formally suspended outreach services, pushing the nurses and midwives into Covid related survey. The existing facilities are too far away for pregnant women to reach due to lockdown and difficulty in transportation. Thousands of new borns have missed immunisation due to the lockdown in the past three months (Nagarajan, 2020). Moreover, in an open webinar on pregnancies conducted by doctors of the All India Institute of Medical Sciences (AIIMS), New Delhi, a senior gynaecologist-obstetrician said that they are preparing for the possibility that the number of pregnant women infected with Covid-19 would increase (Mathur, 2020).

In the preliminary research based on a vast majority of countries where data is available, it has been observed that infection and death rates are notably higher among men (Duarte 2020). Nonetheless, the magnanimity of the issues faced by women who are infected are yet to emerge and Post-Covid research findings will show other connecting areas Covid-19 virus has impacted women.

Economic Impact on Women

In wake of the lockdown imposed due to the Covid-19 crisis, the informal sector has the worst hit, it has been a major economic and labour market shock, bearing a significant impact on informal workers in terms of unemployment and under employment. Though informal workers contribute the most to the economy in both China and India, they are excluded from the legal and contractual protections of formal workers. In China women's participation in all three types of employment is increasingly getting lower than their male counterparts, challenging the legacy of China's high female labour market participation. It has fallen from 73 per cent in 1990 to 64 per cent in 2014

(World Bank, 2016 in Wang and Klugman 2020). As a result, women are disproportionately concentrated in casual employment, approximately 49 per cent of informal workers in China were women in 2013 (Zhe et al 2016). According to official data, in 2015, female migrant workers account for over half of the urban labour force (Wang and Klugman 2020).

In India, 94 per cent of women are employed in the unorganised sector, with low or delayed wages, some are not even considered workers (Banerjee 2019). Around 62 per cent of the urban informal workers are women, inspite of the fact that there is a certain level of undercounting. 42 per cent of the women are also engaged in home based employment, in rural India most of these women are not even counted when they are engaged in home based employment (Jhabvala). The current crisis and market closures have meant that they are no longer receiving work orders from contractors. This has led to a complete breakdown of cash flow (Sinha 2020). International Labour Organization estimates an increase of 5.3 million ('low' scenario) and 24.7 million ('high' scenario) in unemployment from a base level of 188 million in 2019 because of the current crisis (ILO, 2020).

Therefore, low income countries, like China and India, where rate of informal employment among women are much higher than men, they are more at risk of income losses in the current situation. For women, wage employment gives economic independence and better bargaining power at home. As many families have lost both or at least the women's sources of income to the lockdown the degree of bargaining power as well as frustration for women facing violence and insecurities at home has reached an alarming rate. Under such a situation, most families resort to negative coping strategies such as distress sale of assets, taking out loans from informal moneylenders, or child labour. As per earlier research on droughts and famine in India it has been found that it is typically the women's assets or savings which is bound to be sold first, undermining their future livelihoods (Agarwal, 2020). Four out of every ten women who were working last year, lost their job during the lockdown in India. Experts warn it will be more difficult to revive jobs for women than men in the post-covid era. With the growing child care demands and a looming recession, researchers fear that women are more likely to be increasingly shut out of the productive economy (Rukmini, 2020). Maids constitute majority of the urban informal workers, and most of them have lost their jobs and are finding it difficult to survive. 4.2 million of them have been officially tallied across the country, though unofficial estimates put the number at over 50 million. Vast majority

of domestic helpers are women and girls, more than two-thirds of them employed in urban areas (Khokhar, 2020).

In China, National Bureau of Statistics data (though experts are highly doubtful about its accuracy), shows urban unemployment rate jumped in February to 6.2%, it is highest on record, up from 5.3% in January and 5.2% in December (Cheng 2020). Women fill up majority of the low-paid casual employment, as urban maids, in service industries as well as factory assembly line workers in Urban China. According to a report a very small percentage of migrant workers especially maids have been able to come back to the cities after they returned to their hometowns for Spring festival, which was followed by the lockdown of all major cities in China (Sohu.com 2020a). With the scare of the virus maids are kept out of the houses, restaurants and hotels were temporarily closed due to lock down. Closure of several factories, have resulted in several women in both formal and informal employment losing their jobs. Even after formal opening up, reports claim that 'they are back to work but not back to normal (The Economist 2020).

Rural and poor women are hit harder by the social and economic impacts of the current crisis. Furthermore, since women shoulder the main responsibility for caregiving in their households they are more likely to be burdened with additional household tasks that increase when more people stay at home during lockdown. Causing further marginalisation of women in rural labour markets, particularly when they have to compete with men for scarce lucrative jobs. Additionally, lockdown has led to less access to sexual and reproductive health and an appalling rise in domestic violence (FAO, 2020).

Domestic Violence and Sexual Abuse

For many people, especially women and children, home is not a safe place to be, rather the preoccupation of having to go out of the house daily, for work or school serves as a breather. The private spaces inside the house where people are confined in their new realities amid lockdown has become a nightmare for many women and children, especially girls. In fact, getting out of the house gave them an opportunity to forget and sometimes even forgive the cruelty that their male keeper had inflicted on them the day before. Whether it is the husband, boyfriend, brother, father or a

relative, he finds reason and pleasure in abusing them in any which way. It is unimaginable what these victims might be going through now, helpless children with a violator who is the parent or a relative, or helpless women with an abusive husband, trapped in their miseries more than ever, within the bounds of their houses. Violence against women and girls is increasing globally as the Covid-19 pandemic combines with economic and social stresses and measures to restrict contact and movement. Crowded homes, substance abuse, limited access to services and reduced peer support are exacerbating these conditions (UN Report 2020). There have been several reports of domestic violence, sexual abuse and child abuse surging high during the lockdown in both China and India. Following the recent violent skirmish at the India-China border, political as well as intellectual circles in both the countries are putting all their energies on a mutual blame game; what they do not realise or perhaps do not priotize, is that violence is not just at the borders, it is being perpetuated at homes in both China and India.

A report says Linli County, in Hunan province, received 162 complaints of domestic violence in the month of February as compared to 47 last year February. The report also claims that most of them are serious acts of violence leading to long-lasting medical conditions. According to the All China Women's Federation (ACWF), domestic violence accounts for more than 40 per cent of homicide deaths in women. Every year 157, 000 women commit suicide and 60 per cent of them are driven by domestic violence (Tong 2020). There are other reports which also claim that the cases of domestic violence has increased by three times post-lockdown and the victims have no place to hide (Daily Public News agency 2020). Reports claim, most of the time the victims complain only when the situation becomes unbearable and many a times they are confronted with police officials who try to convince the victim to not complain, saying the husband might lose his job or earn a bad reputation. Many of them do not know about their rights and are scared, thus come under the pressure and decide not to report (Zhang 2020).

On 3rd March, 2020 the Chinese government issued guidelines on 'implementing national policy on gender equality during prevention and control of epidemic'. It mentioned all kinds of inequalities women are subjected to during these times, which included women's participation in the fight against Covid-19, countering high contraction risk for mothers, infants and pregnant women, as well as violence against women particularly domestic violence and women's safety. It instructed

the provincial level ACWF, to look into the matter of domestic violence and women's right as per the Anti-Domestic Violence Law of the People's Republic of China, implemented on 27 December, 2015 (Du 2020).

The situation in India being exactly similar, a report in the Tribune says the cases of domestic violence in Punjab alone since the lockdown have gone up by 21 per cent. Activists also point out that the police and authorities are often looking to get the woman to reconcile and resolve the conflict. Most of the time they do not treat it as a crime but as a marital discord and it is often seen that the redressal mechanism itself is patriarchal (Suvarna and Gowda 2020). Women, fearing that any provocation would only increase the assault, do not dare to report or seek help until it gets unbearable. Sometimes, women do not complain even fearing violence from the police, since the police force invoke a sense of fear amongst people, even if they are the victim. Some reports claim that the complaints to the helpline number had doubled in the first few weeks of the lockdown, however later it slowly went down. Experts believe, that this is owing to several reasons other than actual coming down of cases. After the initial phase the victim's phones and access to the outside world is usually snatched away by the offender.

Even as the hard reality of domestic violence stares at our face, Smriti Irani, the Union Minister for Women and China Development, denied claims that the coronavirus-induced lockdown led to an increase in cases of domestic violence against women, claiming that it is scaremongering done by the NGOs (The Hindu 2020). Contrary to Irani's statement, the National Women's Commission (NCW) registered an increase in complaints related to domestic violence at least by 2.5 times, since the nationwide lockdown, according to official data. (Chandra 2020). By denying a spike in domestic violence cases, Irani has not only disregarded the official data, but also justified inaction from the part of the Ministry. Justice NV Ramana, the second-most senior judge in the Supreme Court, noted that the pandemic affected rights of women, children, and senior citizens, and that there was a rise in violence within families (Ojha, 2020).

Equally alarming is the situation of the minors who are stuck in abusive circumstances, most of the time they do not have any way to brave out of their fear and call for help. The appalling injury caused by violating the body, mind and soul are unforgivable in the eyes of humanity in normal

times. On the contrary, the lockdown has normalised such acts. Reports claims that the complaints are generally dealt with counselling. Even the helpline, NGOs and state machineries are not able to help much due to the lockdown and fear of virus. Only in serious cases they shift the victim to the parents' house or nearest women's facilities. Men who were out working the whole day are now spending their time at home and they are not used to the experiences women undergo at home. As men's frustration of joblessness, non-availability of alcohol and other phycological issues of being caged in the house with uncertain future kicks in, the extent and frequency of violence inflicted on their wives, including marital rape and on their children, including sexual abuse as a means of letting out anger and frustration, also increases. One can argue that Covid-19 in itself cannot directly cause domestic violence, however, the lockdown resulting in heightened state of anxiety including medical anxiety and the stress of being in such close proximity with family members who do not get along, for such extended periods of time, is likely to make this a more dangerous time for women and children (Westmarland and Bellini 2020). All the more since the state of lockdown and inefficient redressal mechanism fails to ensure their safety, instead it facilitates exacerbating the violence they face.

Unpaid Housework and Abuse

There is a seismic shift in all kinds of work with the onslaught of the pandemic followed by the lockdown. Many have lost their jobs and those who are fortunate enough to have retained their jobs are woking from home or working in shifts. Nonetheless women working from home have a completely different equation to solve, as they are struggling to balance between paid professional work and unpaid housework and caregiving for children, elderly and sick as well as home schooling. The lockdown has also resulted in the increase of what is called as 'unpaid work' at home for women, since it disproportionately falls on women. According to ILO, women spend 4.1 times more time than men in Asia on unpaid care work which involves tending to others, cooking, cleaning, fetching water and firewood and other non-market essential daily tasks within households that go unremunerated (Deshpande 2020b).

The average time spent by a Chinese man on house work is 8.1 hours as compared to 22.3 hours per week by a woman, this is not including the time spent on care of children and elderly. The

urban-rural divide is much more disproportionate (Wang and Klugman 2020). It is obvious that the lockdown has only increased the time spent by women on these services, more so with non-availability of essential services like school, day care, maids etc. Therefore, the existing and additional work at home has fallen down on women. Women in India spend 10 times more time on housework and care work than men – both in urban and rural settings (Mercado 2020). India among other South Asian countries have the most unequal norms of sharing domestic chores and housework, thus women bear the major burden of house work and care for children (Deshpande 2020b). The women in rural areas have to walk longer for collecting fuel and water, as reported by activists in Jharkhand, women carry the disproportionate burden of carrying water when private water connections are not available, and common toilets are not just hygiene risks for many women but also sites of violence and harassment. Poor habitat with lack of basic water and sanitation services exacerbates vulnerability to epidemic like diseases (Suvarna and Gowda, 2020).

Young girls who are locked inside the house are among the most vulnerable groups among the school and college going students. According to UNESCO, 1.52 billion students (87 percent) and over 60 million teachers are now at home as Covid-19 school closures expand. As formal and informal supply of childcare declines, the demand for unpaid childcare provision is falling more heavily on women (UN Report, 2020). Research has shown that the world's formal economies and the maintenance of daily lives are built on the invisible and unpaid labor of women and girls. Recent data shows that adolescent girls spend significantly more hours on chores compared to their male counterparts (UN, April 2020). They are also relatively keener to successfully complete their education in hopes of a better future, at the same time they are also most likely to be pulled out of education with the dawning of a crisis on the family. Incidentally, in both China and India there have been reports of young girls belonging to economically deprived class attempting suicide because of their inability to attend online classes due lack of resources like smart phones, laptops or computers. Though, in one lone reported case in China (Zhengzhou City News, 2020), the girl got lucky since she was saved on time and was also provided with a phone by relatives and volunteers, for attending online classes, (Hua, 2020) however her Indian counterparts, from Kerala (Sojatia, 2020), Punjab (Ghazali, 2020) and West Bengal (Times Now, 2020), were not so lucky, all three died tragic deaths. School closures do not just mean that girls are taking on more chores at home, it could also lead to millions of girls dropping out of school before they complete their education,

especially girls living in poverty and rural, isolated locations, with disabilities or with traditional conservative families who are in a hurry to get her married.

In addition to the above, the pandemic and the lockdown has changed the topography of public and private spaces in our societies. Both these spaces turning more hostile and abusive largely towards women. Spaces which used to be common and were inhabited with people's presence are more isolated and thus making it unsafe for women. Many women who have to come out of the house for work or for essential purpose are facing dangerous situations, as men find it easy to harass lone woman in isolated spaces. With partial unlocking of the lockdown, people have started coming out only in small numbers, so the public spaces are not safe anymore. The pandemic and the lockdown has impacted women's lives in innumerable and unimaginative ways, the reality and magnanimity of which would surface itself only after the lockdown and the fear of virus is completely lifted.

Gender stereotyping

Based on the above-mentioned findings about the on-ground discriminatory impact of Covid-19 and lockdown, which is centered around the gendered social roles played by women, this section will look at gender stereotyping in the society, that draws the basic premise for gender discrimination.

In the Fight Against Covid-19

As observed in the first section of the paper, in the fight against Covid-19 the participation of women as frontline workers is deemed to be very important. In fact, during this whole process they have become the target of public gaze, as soldiers and as idols of sacrifices in both China and India. Gender stereotyping in societies with traditional patriarchal mindset accepts only women as holding the legitimate rights to work as caregivers, nurses, midwives as well as grassroots healthcare workers, since women are expected to be caregivers and nurtures. The proportion of male nurses is increasing in a very slow pace mainly owing to the gender stereotypes attached to the word 'nurse', which seems like a synonym to women in the minds of the people universally. The word

'nurse' carries a gendered connotation of addressing a 'woman', perhaps for this very reason the male nurses in Mumbai are referred to as ‘brothers’, so that their male identity is preserved and not confused with. The traditional gender stereotyping that women carry motherly love and are better caregivers, whereas men are intelligent and therefore better healers, reflects well in the medical line. In countries like India, and China this stereotyping has been even harder to break. Moreover, owing to the fact that the Nursing profession holds an extremely low socioeconomic status, carrying low social respectability and is a low paid profession, ambitious men do not venture into this field.

Therefore, its noteworthy that in the fight against Covid-19, it is not a topic of wider debate in China or India that the proportion of female caregivers risking their lives and saving lives in the frontline are much more than male. Women, who are generally considered the weaker sex playing the role of soldiers fighting the enemy is accepted, perhaps since women performing the job of a nurse has been so much naturalised. Instead, women's role at the frontline are equated with the soldiers at the border. A senior doctor in Bangaluru says, 'some have cited excuses to skip work. A soldier on the border cannot cite an excuse, doctors and nurses treating Covid-19 cases are no less than soldiers.' (Rao 2020). Chinese president Xi Jinping vows to win the people's war against the virus (Xinhua 2020b). PM Narendra Modi says, 'we are in a state of war against Covid-19 virus', and he declares every Indian as the soldier fighting in this war. With the enemy in the vicinity, though invisible but elusive, nonetheless making progress in contracting and killing more and more human beings. It is a fight which is unprecedented and therefore can it be equated with a 'war'? Even though there are some parallels, most experts are not comfortable or rather warn against viewing the fight against the pandemic as parallel to fighting a war (Carbonaro, 2020).

Wars bring back collective memory and shared identity of a society, it tend to awaken ideals of duty, personal responsibility, hope, and faith. They inspire and at the same time also thrust upon the sense of endurance and sacrifice in people. As a result, the people in power somehow seem to justify the inconvenience and inadequacies under which the healthcare workers are working in the hospitals. Therefore, instead of focussing on their needs, their sufferings are applauded. Most of the times these are gendered in nature, since the decision makers and those in power are almost invariably men and the ones at the receiving hand, especially in this case the health care workers,

majority of them are women. The policies and measures taken by them tend to act in confirmation to the gender stereotypes on women having to make sacrifices. As a result, instead of being concerned about the issues faced by the health care workers, especially the gender specific needs, they are left to suffer.

The extremely high rate of participation of women in the frontline, whose services have made them seem like the soldiers combating Covid-19 and saving lives, are more or less acknowledged but not appreciated enough. This can be seen in the extreme neglect by the authorities about their daily necessities, both medical and personal, which are more than often avoided in official and public discourse in both China and India. In China, inspite of the government's clear regulations the implementation is only partially effective. In India, there has not been enough effort made to look into the gender specific requirements (Deshpande 2020a), and the needs of women healthcare professionals are completely neglected. Rather than projecting the fight against Covid-19 as a war, the understanding should have been that this is a public health emergency. While the logic could prevail in the emergency services, when doctors, nurses, other healthcare workers and police are ordered where to go and what to do, forced to work extra hours, and prevented from taking holidays, however they should also be prioritised in the allocation of essential supplies and funds (Carbonaro, 2020), as well as personal, mental and physical security.

The frontline healthcare workers, sanitation workers as well as grassroots workers engaged in the fight against Covid-19, majority of whom are women, are also stereotyped to fulfil other social roles. Along with being healthcare professionals they are also daughters, mothers, and wives, and are therefore responsible to take care of their families. They undergo extreme anxiety to avoid spreading the virus to their little children and elderly at home, yet the gender stereotypes about their social roles and expectations, justifies the low priority given by the authorities to provide adequate protective gears, food and lodging as well as compulsory testing and quarantine for them. What is more shocking is that their issues do not get enough media attention and larger public outcry.

In Mainstream Media and Social Media

The androcentric media in both China and India have played a crucial role in downplaying the inadequacies of the medical system. Addressing the healthcare workers as Covid-19 warriors, they projected their sufferings as a great symbol of sacrifice. For instance, a nine-month pregnant nurse still working at the hospital in Wuhan and a nurse returned to work 10 days after miscarriage were eulogised as making great sacrifices. The report quoted the head nurse say, "She is a great mother, and more than that an admirable angel in white! Another 20 days the baby will be out, but she is still holding on firmly at the frontline" (Sohu.com 2020b and Xinlang Network 2020). Similarly, a nine-month pregnant nurse in Karnataka has according to the media emerged as, 'a shining example for selfless dedication to work'. The Chief Minister BS Yediyurappa expressing his gratitude and requested her to go on maternity leave (NDTV 2020). On the other hand, nurses and paramedical staff who are treating Covid-19 patients are facing mental harassment by being forced to work overtime in hospitals, even as they are pregnant, lactating or immunocompromised. Besides, that they are also dealing with additional problems such as lack of transportation and salary cuts when they took leave. Intervention Application (IA) has been filed in the Supreme Court by the United Nurses Association (UNA) regarding these issues (Deshmane 2020a). In China, there were media reports praising nurses for voluntarily 'cutting off their hair to go for the battle' (Tian 2020), in many cases they were also shaving their heads bald (China daily, 7 February, 2020). However, disturbing television footage of female nurses weeping while their heads were shaved to 'help prevent the spread of the disease', in what appeared to be coercion for propaganda purposes but which hospital management claim was completely voluntary (Audrey 2020) also went viral. One report claimed 'women were shown as displaying powerful will, professionalism, selfless devotion and great resilience alongside their male peers' (Chu et al 2020). This report especially mentions, 'alongside their male peers', trying to create an image that women are capable of sacrifice just like the men, whereas in reality the large majority of these healthcare workers are women.

CCTV report carried a story in which the nurse said 'I am having my period and I am in lot of pain, but have to take care of three patients who need my help.' a few hours later it was rebroadcasted, however, that part was edited out. It quickly backfired as many netizens took issue with CCTV's editing (Audrey 2020). This video along with the one posted by a nurse about her periods and no

supply of sanitary napkins in *Weibo*, became a hot topic of debate on the internet in China. Debates on '# I too refuse to be ashamed of menstruation' and '# I am a woman and I have periods' was trending on social media. A satirical article, 'In men's eyes, menstruation is blue, only lasts one day, and can be held back like urine' has been read more than 2 million times. The incident also brought to light the utter ignorance of men folks about women's mensuration cycle as well as the requirement of sanitary napkins (Wu 2020). While these debates have helped raise awareness of women's needs and rights, it has also attracted attention from men, some of whom admit to a lack of knowledge about menstruation because of the tacit taboo. It has resulted in Chinese society paying greater attention to women's needs and rights, medical workers are openly talking about their specific needs, and sanitary towels are finally being treated as essential goods in Hubei. Authorities, manufacturers as well as volunteers (Huang 2020) have sent supplies of disposable underwear designed for periods as well as sanitary pads to hospitals, and have promised to continue doing so (Audrey 2020).

However, in India no such debates are trending on social media. The Indian society and the media are still reluctant to bring out the gravity of problems faced by the healthcare workers especially the taboo topics. In fact, they have for now decided to continue to keep them under wraps. Even though some healthcare workers have taken to social media to express their anguish on issues faced by them like shortage of protective gear and discrimination (Arvind 2020), however there is no mention of gender specific discrimination and needs. There are some news reports on the plight of the nurses having to wear adult diapers during menstruation, some reports even talk about the heated debate among netizens on the topic in China, but except for banging the plates to honour healthcare workers at Prime Minister's requests (Daniyal 2020), there is no real movement among the people in India. Unlike China, there is no public outcry on the gender specific issues faced by healthcare workers, trending in social media. Not only is there a lack in managing the crisis by those in power, there is also a lack in mainstream media's understanding on reporting gender specific issues as well as what is important to be reported, besides, there is an extreme lack in compassion among the general public.

During Lockdown

Lockdown has led to reiteration and reinforcement of gender stereotyping in daily life to reach its peak. With the lockdown and the need to work from home, the traditional gender stereotyping has resulted in putting the pressure of household chores on women alone, even over and above her official duties. With children out of school and needing attention at home, care needs of older persons and ill family members, especially in wake of Covid-19 the need for home quarantine and treatment as well as post illness care and assistance owing to overwhelmed health services, have intensified exponentially. Women are at the forefront of the Covid-19 response even as the default unpaid family caregivers. Earlier, women had help from maids and the male members also pitched in since women also had to step out of house to work. This gave a false sense of gender equality at home, however with the lockdown and stopping of maid's entry into the house, the onus of housework fell directly onto the women's lap. With all family members at home all the time and the time period and areas of engagement increasing, the stereotypes on women's responsibility resurfaced itself. Therefore, it is taken for granted that household chores are women's work and for women making the men realise their equal responsibility has become a constant struggle.

This struggle resulted in men folks in India creating 'wife bashing' memes. Whatsapp messenger is loaded with such memes, cartoons and even videos. Most of them are creating humour in pointing to atrocities done by 'the wife on the husband' for making him do household chores. This implies that it is universally understood and stereotyped that household chores are basically women's work, and any husband doing it is either because he is henpecked or because the wife is forcing him to. This part is then converted as the element of humour. What is surprising is that leave alone so-called progressive men, even several fairly educated and aware women enjoy, endorse and spread these 'wife bashing' jokes. Therefore, as long as the idea that men are 'helping' or are supposed to 'help' women to do the household chores have buyers, wife bashing will continue and even flourish. Contrary to the ideas of burdened husband projected in these memes, research shows that men usually overestimate their contributions to domestic work and women are actually contributing much more than men. (Deshpande 2020b). The burden of house work on women has become so grave during the lockdown that one women, Ms Subama Ghosh, who runs a charity on reproductive justice, has in her desperation filed a petition in change.org, urging, "PM Modi please make men share housework!", pinning hopes that the men folks of the nation who do not listen to their wives would surely listen to Prime Minister Modi (BBC 2020). In an interesting case in

China, a nurse's husband promised to do the household chores if she returns back home safe from serving at the frontline and she in turn promises to come back and supervise him in this new endeavour (Yuan and Zhang 2020). Though there could be some exceptions but similar to majority of the Indian men, even the majority of the Chinese men stubbornly continue to believe that it is women's responsibility to do the household chores (Sohu.com,2020c).

The Pandemic has also exposed the self-portrayal macho image of men. Studies have found that men are more reluctant than women to wear personal protective equipment and face covers - a trend also seen in previous epidemics, in spite of the fact that vast majority of countries where data is available, death and infection rates are notably higher among men. A research among men in US showed that, men consider donning a mask was shameful, not cool and a sign of weakness. Moreover, the scientist claimed that men are more likely to believe that they will be relatively unaffected by the disease as compared to women. This is particularly ironic since as mentioned above the official statistics show that in reality coronavirus impacts men more seriously than women. (Duarte 2020). Nonetheless, it is observed that not only the men, but people in general believe men are stronger to face the corona threat. Since they mostly play the role of the protector and shield of the house and thus are braving out for grocery and provision shopping during the Covid-19 era, though many of them are continuously on the phone making sure with their wives/mothers if they are buying the right item (Sohu.com 2020c). Besides, it is also common that delivery services during the pandemic and even before the pandemic is cent percent carried out by men in India and in China it was completely masculinised during the pandemic and lockdown. Therefore, the tradition of gender stereotyping has taken a renewed makeover during the Covid-19 and lockdown era, reiterating and reinforcing ingrained beliefs and expectations from each gender.

Towards Conclusions

It is indeed compelling how human beings behave in strikingly similar ways all over the world, regardless of country, culture, language etc especially during a crisis. Though this study focuses on comparing China and India, a simple search shows self-similar patterns of trends on how the pandemic has disproportionately affected women all over the world, with slight variations here

and there. By exposing extreme medical, political, social and economic vulnerabilities of the societies we live in, the pandemic tends to bring out the worst: both in terms of abilities and nature; than the best, out of human beings. Undoubtedly, the spread of Covid-19, the fight against it, followed by lockdown, threatened to undo the limited gains achieved in the past few decades for gender equality (UN Report 2020). In fact, it has so far been successful in allowing the traditional gendered beliefs rebound and take a firmer root. It has led to deepening of all preexisting inequalities, gender inequality being one of the major ones. It revealed how the unpaid and low-paid work done by women are invisibilised and undermined. Economic undervaluing of women's work, in turn facilitate the androcentric political powers to continue to neglect the rights and interest of women and amply justify their actions.

In both India and China, as much as in the world, the pandemic blatantly exposed the unpreparedness to face such a health crisis, however, it also blatantly exposed the wide spread socially and economically accepted practice of gender discrimination and gender stereotyping, which is naturalised even in face of false notions on achieving modernity. Nonetheless, the exposure and realisation of gendered profile of the society, also appear to carry the seed of opportunities for a wider understanding on the subtle layers of gender discrimination and stereotyping in the post-covid -19 era. Perhaps with the right intention, looking back on more specific research findings could be made a strong ground for breaking the existing trends, so as to move towards a wider participation of women in decision making roles. Creating a gender-balanced environment with more female-type non-aggressive values which would enable the humankind to think of new types of leadership and wholistic approach as the need of the times. Post-Covid-19 era has the potential to enable the humankind to realise the complementary roles of men and women enabling their participation in near equal numbers in every field. As a result, the world could move towards functioning as per the *Prakriti Purusha*[4] or *Yin Yang*[5] philosophy, making the world much more prepared and able to handle any future crisis.

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[4]In the Samkhya tradition, there is *Purusha* and there is *Prakriti*, and these two are as separate as the clockmaker and the clock. *Purusha* is the soul, the Self, pure consciousness, and the only source of consciousness. The word literally means "man." *Prakriti* is that which is created. It is nature in all her aspects. *Prakriti* literally means "creatrix," the female creative energy (yinyoga.com).

[5] The principle of *Yin* and *Yang* is that all things exist as inseparable and contradictory opposites, for example, female-male, dark-light old-young etc. The principle, dating from the 3rd century BCE or even earlier, is a fundamental

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concept in Chinese philosophy and culture in general. The two opposites of *Yin* and *Yang* attract and complement each other and, as their symbol illustrates, each side has at its core an element of the other (represented by the small dots). Neither pole is superior to the other and, as an increase in one brings a corresponding decrease in the other, a correct balance between the two poles must be reached in order to achieve harmony. (Ancient History Encyclopaedia).

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