



## Original Article

### Status of Working Women during COVID-19 in India and the Role of Social Workers

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#### Abstract

*The COVID-19 pandemic profoundly impacted working women in India, especially those in the informal sector, which employs the majority of the female workforce (Deshpande, 2020). The convergence of job losses, school closures, and heightened unpaid domestic responsibilities created overlapping crises of economic insecurity and mental stress. Marginalized groups—Dalit, Adivasi, migrant, and single women—faced the sharpest edge of these challenges (SEWA Bharat, 2021). Frontline social workers, predominantly women, played a critical role by offering psychosocial support, bridging access to government schemes (e.g., PMGKY), and aiding survivors of domestic violence (TISS icall, 2020). Paradoxically, these workers themselves endured exploitation and undervaluation of their labour. This paper examines the dual burden borne by working women and social workers during the pandemic, advocating for gender-responsive systems and robust policy frameworks to address their vulnerabilities.*

**Keywords:** Working women, COVID-19, India, social workers, informal sector, gender

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#### Introduction

The COVID-19 pandemic escalated into a global social and economic crisis, starkly exposing entrenched gender and class disparities. In India, where societal hierarchies are deeply rooted, women bore a disproportionate brunt. The abrupt March 2020 lockdown crippled employment, mobility, and financial stability, especially for those in informal, insecure jobs. India's female labor force participation, already at 20%, plummeted further as industries shuttered (Deshpande, 2020). Simultaneously, rigid gender norms intensified domestic burdens: women shouldered caregiving, navigated job losses, mental stress, and surging domestic violence, often forced to abandon work due to closed schools and absent support systems (Chakraborty, 2020). Digital exclusion compounded the crisis—many lacked smartphones, connectivity, or tech skills (IAMAI, 2020). Informal workers faced eviction, food insecurity, and dependency, lacking contracts or social safety nets (SEWA Bharat, 2021). Single mothers and female-led households struggled to survive, while Anganwadi centres and clinics closed, cutting off vital services. Girls' education suffered: economic pressures fuelled dropouts, early marriages, and child labor (UNICEF India, 2021). Amidst this turmoil, grassroots social workers—ASHAs, Anganwadi staff, NGO volunteers (mostly women)—became lifelines, bridging communities to healthcare, relief, and emotional support.

#### Impact on Working Women in India: Employment Loss and Economic Insecurity

The Centre for Monitoring Indian Economy (CMIE, 2020) reported that 47% of women lost jobs during the lockdown, versus 18% of men. Sectors like domestic work, textiles, education, and hospitality were decimated. Without savings or contracts, informal workers had no fallback. Many returned to rural areas, sacrificing income and autonomy (SEWA Bharat, 2021).



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## Increase in Unpaid Care Work

The pandemic exacerbated unpaid household and caregiving responsibilities. According to UN Women India (2020), 85% of women reported increased domestic chores and childcare, compounded by remote schooling demands—often without adequate technology. Healthcare and essential workers faced a dual crisis: gruelling shifts paired with domestic duties. Oxfam India (2021) noted that women spent nearly triple the time men did on unpaid care, eroding their earning capacity and fuelling exhaustion, stress, and burnout. With community support systems absent, the burden remained unshared.

## Rise in Domestic Violence and Mental Health Issues

As homes turned into confined workspaces, domestic violence surged. The National Commission for Women (2020) noted a doubling of complaints in the lockdown's first phase, though underreporting persisted due to isolation, privacy constraints, and fear of retaliation. Women grappled with anxiety, depression, and burnout; frontline workers like ASHAs faced compounded trauma from unprotected COVID-19 exposure (TISS iCall, 2020). The Public Health Foundation of India (2021) found that 60% of women reported severe stress, yet only 10% sought mental health support—hindered by stigma, digital barriers, and scarcity of gender-sensitive services. The pandemic exposed India's glaring gaps in addressing women's psychological needs.

## Marginalized Groups and Intersectional Impact

Marginalized groups—Dalit, Adivasi, Muslim, transgender women, and those with disabilities—faced compounded vulnerabilities. Migrant women travelled perilously with scant resources; Adivasi women lost forest livelihoods; disabled women missed therapies and aids; and transgender individuals, often in informal work, were denied relief due to ID mismatches (PRADAN, 2021). Single mothers, widows, and rural women were excluded from cash transfers for lacking bank accounts or Aadhaar links. Digital and language gaps worsened their isolation. Early marriages and trafficking surged among adolescent girls in rural areas. Thus, the pandemic starkly highlighted how caste, class, gender, and disability intersect to deepen inequities.

## Role of Social Workers

Social workers played a pivotal role during the crisis, facilitating access to healthcare, legal aid, and financial relief for women. They led awareness drives on hygiene, vaccines, and government schemes, offered tele-counselling, linked abuse survivors to support systems, and managed food and medicine distribution. Their grassroots efforts bridged gaps between marginalized communities and institutions. Yet, these workers endured low wages, unsafe conditions, and emotional strain, exposing a stark paradox: their roles were critical, but their contributions remained undervalued.

## Discussion

The pandemic underscored the necessity of gender-sensitive crisis response. Strengthening social safety nets for informal workers, expanding childcare, maternity, and health benefits, and prioritizing mental health, digital access, and aid for marginalized groups are critical steps. Community-driven solutions—childcare centres, eldercare, mobile clinics—can alleviate unpaid labor burdens. Social workers need fair wages, training, and recognition. Embedding gender equity in disaster plans will boost resilience and fairness in future crises.

## Recommendations:

- Introduce gender-responsive budgeting in relief and recovery programs.
- Expand and digitize women-centric welfare schemes like PM Ujjwala Yojana and Jan Dhan Yojana.
- Provide mental health services through ASHA workers and community centers.
- Promote skill-building and digital literacy for women to adapt to remote work opportunities.
- Create legal frameworks that enhance protection from gender-based violence, especially during emergencies.

## Conclusion

The pandemic served as both a mirror and a catalyst: it exposed deep-rooted gender disparities while showcasing women's resilience. In India, working women endured a trifecta of economic hardship, caregiving overload, and mental strain. Yet, amid the turmoil, social workers proved indispensable, embodying the strength of community solidarity. A fairer recovery demands gender-sensitive policies and recognition of women's labor at all levels. True progress hinges on prioritizing their dignity and well-being in public systems.

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