

Women's Work and the Pandemic in India: Essential Work, Non-essential Workers

Dipa Sinha and Aishwarya Rajeev

Abstract

The term 'essential worker' has been resonating widely in discourses around health, public policy, law and other spheres, ever since the onset of the COVID-19 pandemic. This category of workers has included not just doctors and nurses, but also equally importantly, workers in areas of sanitation, health (like ASHA and anganwadi workers), food, and security, to name a few. With women forming a significant proportion of essential workers, the onset of the pandemic has been concomitant with large job losses for them on one hand, and the increased burden of such forms of 'essential' or 'frontline' work along with the burden of unpaid domestic work on them, thereby adding to their double/triple burden of work. While underscoring the gendered process of social reproduction, this paper explores the interweaving of the many forms of work that these women essential workers did during the pandemic, while interrogating the larger ideas around these workers in public policy and health policy discourses.

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Introduction

The gendered impacts of the pandemic and associated lockdowns in India and across the world have been well documented (Agarwal 2022; Mitra and Sinha 2021; Deshpande 2022; Folbre, Gautham and Smith 2021). The pandemic negatively affected women's work, employment, access to education and other services as well as safety. Women, especially from poor and vulnerable groups, in developing countries additionally had to face the burden of reduced household incomes and job losses for family members. It has been seen that while there is some recovery in employment, even by the end of 2021, in most parts of India incomes on average were not back to pre-pandemic levels (Azim Premji University 2021; Right to Food Campaign and Centre for Equity Studies 2021). On the employment front, women have disproportionately lost more jobs and have been facing slower recovery compared to men in the job market (Azim Premji University 2021).

It has been found that as a result of the school closures and 'work from home' arrangements, the burden of unpaid care work on women increased manifold. Employed women had to manage their job-related responsibilities from home while providing care for the other members of the family. Even women who were not employed, found that their work increased in the absence of childcare, presence of other members of the family at all times and increased incidence of sickness. Some studies also found that among certain classes, there was a greater sharing of household work between men and women during lockdowns (Deshpande 2022).

A large proportion of women in the labor force in urban India are engaged in 'essential work' which includes not just health workers such as doctors and nurses in its ambit, but also equally importantly, workers in areas of sanitation, health, food, and security, to name a few. This category of workers was expected to be unaffected by the pandemic job losses as they were deemed as 'essential' workers and therefore, allowed to continue working even when all else shut. However, in reality women in these sectors also faced job losses. Those who remained employed worked for low wages and faced very poor conditions of work. They further also bore a larger responsibility towards supporting the household

expenses as other members of the family lost jobs/income. Based on field experiences of the authors through their involvement in relief works as well as primary research for other studies, this paper discusses the conditions of women essential workers during the pandemic. The discussion is placed in the context of the larger ideas around these workers in public policy and health policy discourses. In doing so, the paper hopes to bring forth nuances and echoes from the field that may otherwise go unrecognized, even though they form crucial aspects of women's work, lives and livelihoods.

The Role of Women Essential Workers

Ever since the Covid-19 pandemic struck two years ago, the term 'essential worker' has been resonating widely in discourses around health, public policy, law and other spheres. Unpacking the category of essential workers reveals that a large proportion of them are in low paid informal sector jobs. Other than the doctors, hospital administrators and managerial staff, this category of workers basically consisted of community health workers, nurses, sanitation workers, transport workers, security guards, raw and cooked food vendors, delivery agents and so on. While it is difficult to find exact data, from various studies of the Indian labor market, it is known that many of these occupations are in the informal sector which by nature are underpaid, lacking job security with no social security provisions (WIEGO 2020; Chakraborty 2021; Gokhroo 2021). Further, many of these workers are employed by the government or its agencies which are responsible for providing these basic services to people. Therefore, sometimes the conditions of work are better in the sense that there is some adherence to minimum wage norms. However, in the last few decades with greater contractualization (and outsourcing) in government jobs it is found that even the workers working for the government are not in what would qualify as 'decent' jobs .

Amongst different essential workers, the sector that is relatively well-researched is health workers. It is seen that presently, 70 percent of front-line workers in the health and social sector are women, ranging across a host of occupations such as doctors, nurses, accredited social health activist (ASHA) workers, auxiliary nurse and midwives (ANMs), anganwadi workers (AWWs), school teachers, etc. (Siddharth et al. 2020). With women forming such a significant proportion of essential workers, the onset of the pandemic has been concomitant with large-scale job losses for them on one hand, and the increased burden, of such forms of 'essential' or 'frontline' work along with unpaid domestic work, on them. ASHA workers, who are community health workers under the central government's National Health Mission have been at the forefront of outreach services during covid times.

This cadre of over 1 million women workers across the country have so far been neglected from mainstream policy discussions on women's employment. They are considered volunteers by the government and paid only in the form of an honorarium and incentives for the work that they do.

ASHAs and AWWs have been the backbone of the fight against Covid-19 in India. Their duties ranged from carrying out door-to-door surveys, providing assistance to quarantined households, to spreading awareness about the illness. This was in addition to the tasks that they are ordinarily expected to carry out. Even before the pandemic, ASHAs and AWWs were overworked and underpaid. AWWs have to do a wide range of duties which include regular health surveys of families, maintaining files and records, managing anganwadi centers, and raising awareness on health, nutrition, family planning, etc. They also have to keep track of immunization of children, and even provide preschool education. Similarly, ASHAs are also involved in disseminating information, counseling women, and accompanying pregnant women and children to hospitals, amongst other work. There are numerous other tasks apart from these that ASHAs and AWWs have to do on a daily basis.

For all this work that these women do round-the-clock, they are not even considered to be 'workers'. Instead, they are categorized as 'volunteers' and are paid a meager honorarium as compensation. In anganwadi centers, cooks are paid around Rs. 1000 per month while AWWs are paid Rs. 3000. The final figures vary across states, depending on how much the states add to this minimum amount. ASHAs on the other hand, do not have a fixed compensation per month, but are given incentives based on the tasks that they are able to do, which usually amounts to around Rs. 2000-2500 on an average in a month (Sinha, 2017). As Sinha, Gupta and Shriyan (2021) note, the time taken to complete these tasks made up an entire day. In their study based in Telangana and Bihar, they found that even before Covid-19, many of these women worked for six hours or more in a day, which hardly qualifies as work which is part-time or voluntary; "It is therefore clear that even for women working as ASHAs it is not possible for them to work elsewhere for an income, such as agriculture or non-agriculture labor while doing this job. Ninety percent of AWWs also worked more than four hours a day, with around 60 percent saying they worked more than seven hours a day." (4)

During the pandemic, this burden got exacerbated. ASHAs bore the weight of the country's struggle with COVID, by handling a range of assessments that had to be carried out on the ground, like conducting door-to-door surveys, as well as reporting and tracking Covid-19 cases, helping patients get tested, following up with COVID-positive persons, and

facilitating access to healthcare for patients. They have also been actively involved with Covid vaccinations.

“When asked about her additional work, Ankita, an ASHA worker from Samastipur said, ‘we had to conduct this survey in our wards only and daily go for 4-5 days to see where who has come from, whether anyone has a cold is coughing or sneezing, who has come from outside among them or whose having breathing difficulty and these signs we had to check in the houses we had to cover; we had to ask questions and fill the forms that had come from the block office.’ Owing to pressure from government officials, they often worked over time.” (Sinha, Gupta and Shriyan 2021, 6)

However, all they got in return for this back-breaking work was the announcement of an incentive of Rs.1000 per month. As Moghe (2022) has pointed out even this was a result of “workers pointing out that routine health activities (such as immunization) had in fact come to a standstill, adversely affecting their incentive-based earnings, while they were being asked to do unpaid COVID-19-related work (such as comorbidity surveys, surveillance, etc)” (19). Shamefully, even this paltry amount has not been paid regularly, and neither has the COVID-19 insurance scheme been implemented properly. A study found that 35 percent of the workers at the time of being interviewed, had not received their previous month’s salary. Around 50 percent of the workers felt that the funds they received for carrying out daily activities of the center were insufficient, while 40 percent revealed that they had used their own money to sustain the center’s activities (Sinha and Bhatta 2019).

At great peril to their lives and health, these workers carried out these tasks during the pandemic. This was coupled with horrible working conditions with little or no access to masks, PPE kits, sanitizers, etc. It was also reported that the quality of the protective gear was not good, forcing them to make arrangements of their own. “According to Malti, an ANM, ‘what they gave only functions for 4 hours! We buy and wear our own masks! They gave in March of 2020 but only about 10 of each. That is not enough and we bought from outside. Even the sanitizers they gave us were about 200ML! That is not enough so we bought more personally.’ Sonia (AWW, Vaishali) also mentioned that neither AWWs nor AWHs in their area were given any masks, gloves or sanitizers from the CDPO office. She resorted to covering her face with cotton cloth material from her house.” (Sinha, Gupta and Shriyan 2021, 8). This is indicative of the conditions in which ASHAs and AWWs conducted their work during the pandemic. Moreover, in addition to not being paid regularly, they also faced pay cuts if they took more than ten days off during this time

(India Today 2021). With the burden of pandemic-related tasks, ASHAs and AWWs have not been able to do all the other tasks that they would be able to do in a day before, essentially resulting in them earning even less than pre-pandemic times. Moreover, as Sinha (2021) found, “there have been instances of ASHA workers who got no help for their own treatment when they were diagnosed as being COVID-19 positive. According to official records, up until April 2021, 109 ASHAs lost their lives to COVID-19-related activities, but media reports and testimonies of union workers reveal that there were even more deaths which have not been acknowledged due to lack of COVID-19 certification and so on.” This highlights the unfortunate circumstances that India’s frontline workers are facing, wherein on one hand they are heavily relied upon to save people’s lives, but on the other hand their own health and lives are a matter of least concern for anyone.

Nurses, who are a more skilled and professional cadre of workers compared to community health workers, were critical to the covid response in hospitals. A large majority of the nurses in the country are women. The pandemic highlighted the many gaps in the conditions of work for nurses across the country. It was seen that a large number of nurses are employed on contract basis with no job security and are paid meager salaries. In Delhi, for instance in private hospitals it was found that nurses were just paid the minimum wages specified for unskilled workers. While the regular nursing staff in government hospitals are paid better, with leave and social security benefits, government hospitals suffer from vacancies and shortage of nurses. Further, government hospitals also in recent times have been appointing contractual staff with relatively worse working conditions. For instance, in a government hospital in Hyderabad we found that contractual nurses were paid half the salaries that regular nurses received, but had more night duties and fewer paid leave provisions. During the pandemic, nurses had to work for extended hours under strenuous conditions. Nurses reported that during the peak of the infections they were the ones who were most directly dealing with the patients along with the junior resident doctors. They complained about the discomfort caused by the PPE, the lack of any additional payments or compensation for their contributions (Express News Service 2021; Kurian 2021; Ngaihte 2021).

Even in other forms of essential work, women have not fared very well. Sanitation workers, such as sweepers, garbage collectors and sanitation staff in hospitals continued to work during the pandemic without any risk allowances, PPE or overtime benefits. Sanitation workers have to face deplorable working conditions even in non-pandemic times, but the pandemic has made it worse. As Sanchita (2021) observes, “In 2020, when nationwide lockdowns were declared to slow the spread of the virus, the government ordered everyone

to stay home. Everyone, that is, except those people classified as providers of essential services: the sanitation workers. The government called them 'Corona Warriors' and shoved five million of them to the frontline to battle the virus for months without gear, training, or preparation." This has continued till date, with limited access to protective gear, no instructions and irregular/insufficient pay. It is reported that municipal sanitation workers are paid around Rs. 6000 to 8000 per month, if they work for seven hours a day, 26 days a month. But they also do not receive these payments on time, if they take even one day off, they face pay cuts (Sanchita 2021).

The situation was worse during the pandemic since they were classified as 'essential workers', they were forced to do sanitation work even as the rest of the society stayed in during the lockdown. Faced with many issues, like people not disposing off garbage properly, improper/missing equipment and protective gear, unsanitary work conditions, these workers nevertheless worked throughout the pandemic with abysmal pay and no benefits. Interactions with sanitation workers makes it abundantly clear that they undertake this work due to compulsions imposed by a caste-class nexus. Workers have indicated experiencing more explicit forms of caste-based segregation and untouchability with the pandemic, wherein there was a perception of them being the carriers of the disease. As Sanchita (2021) reports from Bokaro regarding the situation of sanitation workers, "It is challenging for people from the 'lower' castes to earn their livelihood from tasks unrelated to sanitation. At best they can work as daily wage laborers at construction sites if that pays more. A majority of the sanitation workers in Chas municipality belong to the Kalindi and Dom communities, both of which have a long history and several contemporary events of being treated as 'untouchables'."

It is to be noted that the forms of work that women are engaged in as essential workers, are also extensions of the unpaid domestic work that they do; sanitation, food and health being some examples of the same. Moreover, even the men in these forms of work are in a poor situation.

Women's Work and Informality

Women's working conditions in these essential sectors is better understood if we contextualize it in the larger process of informalization of labor in the country, and its gendered impacts. It has also been seen that the Indian economy had gone into a slowdown even before the lockdown, and it was only exacerbated by the pandemic and subsequent lockdown. The falling wage share in the organized sector in India has been thoroughly

documented, and it has been found that the wage share has been persistently declining since the early 1980s. As per the International Labour Organization (2018) the proportion of labor compensation in national income in India has fallen from 38.5 percent in 1981 to 35.4 percent in 2013. The share of wages to net value added in the organized factory sector registered a decline from 65 percent to 51 percent in the last few years. Abraham and Sasikumar (2017) has argued that increased flexibility in the labor market has been the main factor behind this, which in turn is determined by changing forms of capital availability and intensity. "This rising capital intensity and changing composition of capital need to be viewed in light of the global rise in capital mobility and falling cost of capital, making labor further vulnerable and amenable to flexibility, control and disciplining" (42).

There is also evidence to show that greater informalisation and greater privatization have contributed to this falling wage share (Jayadev and Narayan 2018). Ghosh and Chandrasekhar (2018) have noted that even though the number of workers in factories may have increased since 2005, this has not been accompanied by a concomitant increase in share of wages. They find that there has been a decline in the share of wages to net value added, from 25.6 percent in 1990-91 to 10.6 percent in 2007-08. There has also been a divergence in compensation of workers and other salaried employees, indicating greater inequality within the factory sector. On the other hand, in India there has been an increased concentration of income and wealth through profits, rent, etc. for the top 1 percent and 10 percent of the population. Piketty and Chancel (2017) have found that between 1980 and 2015, 12 percent of total growth was accumulated by the top 0.1 percent of earners while the bottom 50 percent got 11 percent. Breaking this down further, they found that the top 1 percent received 29 percent total growth while the middle 40 percent received 23 percent of the national income. In the Indian scenario, it was recently reported that the top 1 percent have captured around 30 percent of our national income (Khetan 2020).

As per the Periodic Labour Force Survey (2017-18), 415 million people are employed informally, out of 461 million total employed persons (Chakraborty, 2021). The pandemic has deepened the crisis, as the falling wage share is coupled with job losses on the one hand and increased health expenditure on the other. CMIE data has indicated that the rate of unemployment had risen from 8.75 percent in March 2020 to 23.52 percent in April 2020. The State of Working India report (Azim Premji University 2021), which covers the time period between March 2020 and December 2020, found that in India, 100 million jobs were lost during the national lockdown in April to May 2020. Even after the lockdown, almost half of the hitherto salaried workers had to shift to the informal sector, either as self-employed (30 percent), casual wage (10 percent) or informal salaried (9 percent).

The report also found that monthly earnings of workers dropped by 17 percent during the pandemic on an average, and within these, the self-employed and informal salaried workers were the worst-hit. Moreover, poor households were battered by the pandemic, with the bottom 20 percent of households losing their entire incomes in April-May 2020. From March to October 2020, the lowest 10 percent of the households lost around ₹15,700 on an average, which would amount to two months of their income. As noted by the Parliamentary Standing Committee on Labour, “the informal sector workers, comprising migrants, domestic workers, gig and building construction workers, casual contract workers and self-employed persons such as painters, plumbers, carpenters, and street vendors, were the worst affected by the pandemic and lockdowns” (Rajalakshmi 2021). All in all, the pandemic has pushed the Indian economy hurtling down into a crisis, which in some ways it was already moving towards.

In recent times, we have seen a decline in female labor force participation, along with a concentration of women in lower paid sectors and occupations. This is coupled with increased precarity for women as they are concentrated in the informal sector. Further, it has been observed that women are slower to regain employment compared to men with the lockdown and subsequent recovery, given the abysmal state of female labor force participation and a large proportion of women employed in the informal sector. The State of Working India Report (Azim Premji University 2021) found that during the lockdown as well as in the subsequent months, 61 percent of working men remained employed and 7 percent lost their jobs. However, it was worse for women wherein only 19 percent of working women retained their jobs while 47 percent lost their jobs permanently. While women workers lost jobs in areas which involved non-care paid work, they had to stay on in the ‘essential’ jobs, which are called thus but are accompanied by precarity and adverse work conditions.

Cheapening Social Reproduction

The nature of the forms of employment in the essential sectors such as health, sanitation and food closely mimic the sexual division of labor. Women also had no respite from similar forms of unpaid domestic work, thereby adding to their double/triple burden of work. Such work can be situated within the ambit of social reproduction, i.e. the process of reproducing and maintaining life. Here, reproduction is to be understood in two ways; social and biological. Former is the sustenance of a social system and therefore is related to the structures that make up the social system being reproduced. The other (childbearing

or procreation) is linked to the reproduction of the labor force through daily activities of sustenance. Further, patriarchy has played an active role in this regard wherein the family acts as a site of sex role socialization. This is clearly not a question of coordination, but rather one of subordination, the most evident division being between domestic and non-domestic work, wherein domestic work is almost always the woman's domain (Beneria 1979).

The social reproduction framework helps us take into account the various forms of waged and non-waged work that goes into the reproduction and maintenance of life, which also includes the aspect of reproduction of people and labor power. As stated by Rao et al. (2021), "In drawing attention to the ways in which this labor is deemed the result of the naturalized caregiving impulses of certain groups of people, and of gendered, racialized and caste-ized processes, SRF also incorporates an understanding of why, even when such labor becomes paid, it may continue to be undervalued, whether it is performed within or outside of the family or household." (4).

Sinha (2021) has argued that based on estimates from PLFS 2017-18 that sectors in which women are concentrated (forming around eighty percent of the women's workforce), are marked by forms of self-employment and home-based work, ostensibly requiring lower levels of skill. It was also found that there was an increased presence of women in sectors like health and education. These can be understood in the social reproduction framework as being extensions of unpaid household work that women are naturally expected to do.

Feminist economists have argued that women's unpaid and underpaid labor in social reproduction subsidizes the market by allowing for wage rates to be kept low. Rather than the market paying for maintaining and reproducing workers, patriarchy allows for the system to function on the basis of women's unpaid (care) work which remains unrecognized and uncounted. This process also determines women's participation in the labor markets. As Fraser (2017) states, "In general, then, capitalist societies separate social reproduction from economic production, associating the first with women and obscuring its importance and value. Paradoxically, however, they make their official economies dependent on the very same processes of social reproduction whose value they disavow. This peculiar relation of separation-cum-dependence-cum-disavowal is a built-in source of potential instability. Capitalist economic production is not self-sustaining, but relies on social reproduction." Therefore, the economic system relies on these processes of social reproduction which mostly women are made to undertake, which in turn subsidizes the economy and pushes down costs.

Analyzing paid work, Ghosh (2012) argues that the sectoral sexual division of labor, which gives rise to segmented markets, facilitates greater extraction of surplus value. This can be done by either an increase in absolute surplus value (increase in working hours) or in the relative surplus value (depressing wages). The competitive nature of the market resulting from increased openness of the economy creates the demand for more flexibility and casualization of labor. Women, therefore, are the best option in this scenario, as they have lower reservation wages than men, they can be hired and fired at will, their life-cycle changes can be used for termination of employment, they usually agree to less rigid contracts and so on. This is precisely the reason why the labor market in India is skewed in favor of men when it comes to the organized sector, with only around 20 percent of the workers as women (Ghosh, 2012). While they can be used to extract greater surplus value in production, the household work that they do (which is economically 'invisible' and therefore not counted), helps to push down costs as well as help in reproduction of labor. This is tied in not just with the overwhelming presence of women in 'essential work' but also with the burden of unpaid work on them. With the Covid-19 pandemic, this cheapening of social reproduction has been hastened.

In current times, cheapened labor for social reproduction can be located among the processes of shrinking wage share and labor cheapening and their interactions with patriarchy. This is further sustained by the state which in the increasingly liberalized and globalized world, has shrugged off its responsibility of providing services like health and education (Mitra and Sinha 2021; Ghosh 2012). The gap is filled by the unpaid work done mostly by women, which is considered to be unproductive and therefore is unremunerated, even though it forms the basis for the functioning of the economy. The services that the state continues to provide also are through mostly underpaid women workers who are employed on contract basis, through outsourcing agencies or as volunteers and honorary workers. As argued earlier as well, a large proportion of women engaged in health and education even in the public sector are employed as contract workers, honorary workers or volunteers (Sinha 2021).

Public Policy and State Response: Centering Social Reproduction

The discourses around the pandemic and frontline workers have largely remained restricted to glorifying the work that they have undertaken, which deserves to be highlighted. However, no real issues that the frontline workers have been facing for so many years, which have been brutally laid bare by the pandemic, have been adequately addressed.

Despite continued protests and agitation over many years, the state refuses to identify them as workers, thereby leaving them out of the ambit of social protection measures, labor laws and other such legislations. This underscores the deliberate exploitation of women's labor in order to sustain the process of accumulation.

This applies not just to the work that was officially recognized as being 'essential' but also other jobs that women are concentrated in, for instance domestic work. During the national lockdowns, domestic workers across urban India suddenly found themselves without employment. There are numerous reports which showed that domestic workers were not paid any wages for the period of the lockdown, and even those who were paid anticipated cuts in their income if the lockdown persisted (Sumalatha, Bhat, and Chitra 2021; Chakraborty 2020). They were also anxious about not finding employment after the lockdown if they went back to their villages. Added to this was the stress of the fall in incomes of spouses/other household members. At the same time, when things opened up this was one of the first things that was restored – however, there were now more women looking for work (due to no other opportunities being available) pushing the wages further down.

As this paper is being written, ASHAs and AWWs across the country are still protesting against the denial of decent working conditions, wages and recognition for their work. For instance, in March 2022, Delhi saw massive protests by hundreds of ASHAs (Accredited Social Health Activists) and Anganwadi Workers (AWW) from all across the country, demanding an increase in budgetary allocations, fixed minimum wages and social security. ASHAs are health activists or community health workers, designated by the Ministry of Health and Family Welfare, as per the National Rural Health Mission, while AWWs work in the anganwadi centers, which entails a range of duties related to basic health care in villages. This, however, is not the first time that these women have been protesting for better working conditions. For years, ASHA and anganwadi workers have been working tirelessly in the health sector, with poor pay and precarious work conditions, however most of their demands have remained neglected and unmet. Despite the crucial and remarkable work that these health workers undertook during the pandemic, attention to their work and lives has been scant.

It is imperative that the role played by women like the ASHAs and AWWs, in the processes of social reproduction be recognized, and remunerated. They must be considered workers, given access to social security benefits, proper training, and protection under various labor laws and social protection legislations. Moreover, the state should step in and spend more

resources on social sectors like health and education, more so in the context of a pandemic, in order to ease the weight of unpaid domestic activities and services on women. Public policy discourses must not see the spheres of production and social reproduction as isolated entities, existing in mutually exclusive silos. For example, it has been shown by Kabeer and Deshpande (2019) that these various forms of work are intertwined and influence each other. Women often try to undertake paid work that can be managed along with their unpaid work burden.

Conclusion

In this paper, nuances and echoes from the field related to women in jobs that are considered to be essential work are brought out. These may otherwise go unrecognized, even though they form crucial aspects of women's work, lives and livelihoods. Understanding women's work in India requires much more granular work while not losing sight of the broader context of patriarchy and neoliberal capitalism and their impact on employment opportunities, labor markets as well as labor supply.

A holistic understanding of women's work, both within the pandemic, and outside of it, would entail an exploration of the social relations underlying these many forms of work that women do. These various forms of work have to be understood in their specificities, owing to the multiple underlying caste, class and gendered intersectionalities. As Bhattacharya (2017) notes, "Beyond the two-dimensional image of individual direct producer locked in wage labor... [there] emerge myriad capillaries of social relations extending between workplace, home, schools, hospitals—a wider social whole, sustained and coproduced by human labor in contradictory yet constitutive ways. If we direct our attention to those deep veins of embodying social relations in any actual society today, how can we fail to find the chaotic, multiethnic, multi gendered, differently-abled subject that is the global working class?" (74).

This paper examined the role that women played in providing essential services during the pandemic, by taking recourse to reflections from interviews with essential workers, while underscoring the gendered process of social reproduction as well as the larger macroeconomic processes of informalization and declining wage shares. The paper explored the interweaving of the many forms of work that women essential workers did during the pandemic, which have themselves undergone transformations, while interrogating the larger ideas around these workers in public policy and health policy discourses.

It is seen that although the female labor force participation rates in India, especially in urban areas, have been very low, however in the sectors that were considered essential during the pandemic and lockdowns, a large number of women are present. This is especially true in the case of the health sector, but also the case in sanitation and food. School education also at the primary levels sees a large proportion of women teachers – these women also face similar issues as discussed in the paper. Women workers in these sectors had to grapple with poor working conditions, job insecurity and lack of social protection. Moreover, this period also saw an increased burden of unpaid household work on women along with the stress of providing for the family at a time when household incomes saw a dip.

The pandemic has also been a period where collective action by women especially through nurse's unions, unions of ASHA workers and so on have seen a rise, with some gains being made in some parts of the country. The work of women workers which has remained invisibilized so far is gaining some attention. While various state governments have responded by increasing wages, these are piece-meal ad-hoc solutions. What is required is a broader vision which includes recognizing and rewarding social reproduction work. This also needs to be central in a strategy to improve public services and ensure universal provisioning of basic services, which is another agenda gaining traction in the aftermath of the pandemic.

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