

The Gendered Nature of the Pandemic: A Review on the Impact Of COVID-19 on Women

Himani Bharat

Assistant Professor Department of Development Communication Extension & Journalism Institute of Home Economics, University of Delhi

Abstract

The COVID-19 crisis has disrupted everyone's life around the globe. This global pandemic is not just a health emergency but also an unequivocal challenge that humankind has never faced. The COVID-19 Pandemic has affected economic, social, and health phenomena around the globe. It has created deep stresses and shocks worldwide, impacting men, women, and marginalized sections differently. The implications of the crisis are never gender-neutral, and COVID-19 is no exception. Women are serving on the frontlines of healthcare against COVID-19, and are adversely facing the crisis of this pandemic. Women have compounded burdens to perform: they are highly over-represented in health systems, also do the majority of unpaid care work in households, severely face high risks of economic and social insecurity (both today and tomorrow), and deal with increased risks of violence, exploitation, abuse or harassment during times of crisis and quarantine. While most people's lives and work have been deeply impacted by the crisis, studies say that women's jobs and livelihoods are more vulnerable to the COVID-19 pandemic. It has been found that job loss rates of women due to COVID-19 are about 1.8 times higher than job loss rates of men globally, which stand at 5.7 percent versus 3.1 percent respectively. The pandemic has had and will continue to have a major impact on the physical, emotional, and mental health, job insecurity, and overall well-being of women. It has disrupted the milestone of achieving gender equality by 2030 and has laid unprecedented challenges to cover further. This paper aims to explore the gendered nature of the COVID-19 crisis and highlight the challenges that women are facing in keeping up with their physical health, social health, emotional health, and financial well-being. It also intends to suggest strategies that how the gendered impact of the COVID-19 crisis can be mitigated. Strategies include policies for domestic violence, access to digital technologies and the internet, access to menstrual health and reproductive health products, expanded social assistance, etc.

Keywords: Women, Gender, COVID-19, Pandemic, India.

INTRODUCTION

The Covid-19 outbreak is the most severe pandemic which originated in the year 2019. (Thibaut & van Wijngaarden-Cremers, 2020). The World Health Organization declared it a pandemic in the year 2020, that had brought tough challenges to the global public health system (World Health Organization, 2020). Countries around the world came to a standstill and announced partial or complete lockdowns which ultimately created social and economic distress for the worldwide population. Taking India as a context, the public health crisis came to India at a point where its Gross Domestic Product growth was already slowing down, and unemployment and other social issues were on the rise (Dev & Sengupta, 2020).

The COVID-19 pandemic created deep stresses and shocks worldwide, impacting men, women, and marginalized sections differently. Women are serving on the frontlines against COVID-19, and are adversely facing the crisis of this pandemic. "Women shoulder multiple burdens: they are disproportionately represented in the healthcare workforce and carry out the majority of unpaid household care work. As a result, they are particularly vulnerable to economic and social insecurity, both in the short and long term. Additionally, periods of crisis and quarantine significantly heighten their exposure to violence, exploitation, abuse, and harassment. The pandemic has already had—and is likely to continue having—a profound impact on the health and well-being of vulnerable populations (OECD, 2020).

The COVID-19 pandemic is expected to significantly hinder progress toward achieving Sustainable Development Goal 5, which focuses on gender equality. As socio-economic insecurity intensifies and the pandemic's impact on women deepens, both developed and developing nations may face delays in meeting gender equality milestones. Several targets under SDG 5 are particularly at risk, especially SDG 5.2, which addresses violence against women. Evidence from past crises indicates that the pandemic is likely to lead to a rise in domestic violence incidents.

Child marriages and forced marriages are the implications of extreme poverty, and there is a higher possibility that an increase in poverty due to this unprecedented pandemic may accelerate these practices in developing countries. SDG 5.4 talks about unpaid care and domestic work done by women. Before this COVID-19 outbreak, women were already performing 75% of household chores and family caring activities worldwide (OECD Development Centre, 2019).

Women's unpaid work has increased during this crisis, it might be challenging to return back to the pre-crisis situation, and almost impossible to have an equitable distribution of unpaid care and domestic work between men and women by 2030. SDG 5.6 focuses on sexual, reproductive health, and reproductive rights. This pandemic has brought unprecedented challenges to the world which has led to a stoppage in a lot of value chain systems around the globe. Female sexual and reproductive health commodities, including menstrual health items, may be impacted by this supply chain disruption (UNFPA, 2020).

According to Marini et al. (2020), mothers have assumed a significantly greater share of childcare and homeschooling responsibilities during the pandemic, which has come at the cost of their paid working hours. The closure of schools and daycare facilities has intensified these caregiving demands, leading to a substantial decline in work hours for mothers. In contrast, fathers have largely maintained their professional commitments with minimal disruption.

Crises consistently produce unequal outcomes across genders, and the COVID-19 pandemic is no different. For example, lockdown restrictions forced a single mother in South Sudan to halt her small business, cutting off her source of income. In Guatemala, domestic workers were left without employment or access to social protection, such as unemployment benefits. Across the globe, women have faced rising unpaid care and domestic responsibilities, alongside income loss. Although the pandemic has posed serious challenges for everyone, women—especially those who are economically disadvantaged and socially marginalized—have experienced the most severe consequences. These include higher exposure to the virus, job losses, and increased rates of violence. Despite making up 70% of the global health and frontline workforce, women still face inequality compared to their male colleagues (UN Women, 2020).

With quarantine restrictions in place, and the closure of schools and childcare centers, the amount of unpaid domestic and caregiving work has surged, impacting both women and men. However, even prior to the pandemic, women were already performing significantly more unpaid labor, averaging 4.1 hours per day compared to men's 1.7 hours. This highlights that, globally, women were contributing nearly three

times more to unpaid care work than men. Although both genders have seen an increase in unpaid responsibilities during the pandemic, women continue to bear the majority of the burden (UN Women, 2020).

While women constitute a significant portion of the healthcare workforce, they often hold fewer leadership roles and face limited access to essential protective resources during crises. Across regions, women represent between 65% (in Africa) and 86% (in the Americas) of nurses, whereas physicians tend to be predominantly male, particularly outside of certain European countries. The traditional hierarchy between doctors and nurses can further marginalize female nurses' voices. For instance, after the SARS outbreak in Canada, nurses reported that doctors' failure to adhere to infection control measures put their health and safety at risk (World Bank, 2020).

Objectives of the Study

- To review how COVID-19 has affected women's lives in India.
- To understand how the pandemic increased gender inequality.

Methodology

This study employs a narrative review approach to examine the gendered impact of the COVID-19 pandemic on women in India. It draws on a broad range of scholarly and policy-based literature to synthesize key themes and findings across social, economic, emotional, and health-related domains.

Research articles and reports were sourced from academic databases such as Google Scholar, JSTOR, Web of Science, and Academia.edu, using keywords including "*COVID-19 and women*," "*gender inequality*," "*unpaid care work*," "*domestic violence*," "*digital divide*," and "*women in India*." The review considered studies published between 2020 and 2025, ensuring the inclusion of the most up-to-date research.

Both primary empirical studies and secondary sources—such as reports from international organizations (e.g., WHO, UN Women, World Bank) and Indian government publications—were included. Selection criteria focused on relevance to the Indian context and direct discussion of gendered impacts during the COVID-19 pandemic.

FINDINGS AND DISCUSSION

Concerns regarding Physical Health

Pareek et al. (2021) examined the impact of the COVID-19 pandemic on Indian housewives and found that women faced intense physical and emotional strain. Concerns over family health led to strict hygiene routines and social isolation. Disrupted daily schedules, altered sleep patterns, and repetitive domestic tasks contributed to physical exhaustion and feelings of monotony. Many women described a sense of being trapped in endless cycles of cooking and caretaking, with little time or space for themselves.

The study also highlighted rising emotional stress due to uncertainty about the future and growing financial pressure. Some participants sold personal assets or left jobs to manage household demands. Initially underestimated, the prolonged nature of the crisis led to anxiety, helplessness, and psychological fatigue. Overall, the study reveals how the pandemic deepened women's unpaid care burden and negatively affected their well-being across multiple dimensions.

Digital Access as a Gendered Lifeline During the Pandemic

Lindsey (2020) highlights how access to mobile technology emerged as a critical factor in navigating the COVID-19 crisis, particularly in low- and middle-income countries. As lockdowns, misinformation, and disrupted services spread alongside the virus, mobile phones became essential tools for accessing health

information, education, financial support, and digital livelihoods. For many, especially in underserved regions, mobile devices were the primary gateway to the internet and remote services.

However, the study underscores a significant gender gap in mobile access. Women, who are already burdened with the majority of unpaid care responsibilities and often operate informal businesses from home, face structural barriers in accessing mobile technology. The data reveals that 165 million fewer women than men own mobile phones, and 300 million fewer use mobile internet in these regions. As a result, women are disproportionately excluded from critical digital support at the very moment when it is most urgently needed. Lindsey emphasizes that bridging this digital divide is not only crucial for women's well-being but also for household stability and broader social resilience during health emergencies.

Shaffner et al. (2021) highlight how the COVID-19 pandemic exposed and intensified gender inequalities in digital access, particularly for women in low-income and rural settings. As digital tools became essential for education, work, health, and financial services, many women were left behind due to limited access to devices, poor digital literacy, social restrictions, and high internet costs. Even when women owned digital tools, their usage was often controlled by family or community norms. The pandemic worsened this divide, especially for women entrepreneurs who lacked the digital skills and resources needed to sustain their businesses. In the health sector, women without mobile access struggled to connect with telemedicine or report abuse, while those online faced risks of cyber harassment. The study reveals how unequal digital access not only blocked women from vital services but also deepened existing gender gaps in income, safety, and well-being.

LOSS OF WORK AND WAGES

Sumalatha et al. (2021) examined the multidimensional impact of the COVID-19 pandemic on women domestic workers across three Indian cities, revealing widespread job loss, wage reduction, and social stigma. Nearly half of the respondents lost their jobs during the initial lockdown, with many experiencing unilateral termination by employers, often driven by fear and discrimination. Even among those who returned to work, a significant number faced reduced pay, increased workloads, and denial of basic entitlements like full salaries. Migrant workers, in particular, struggled with rent payments, isolation from families, and fear of losing long-term urban employment. Gender-based disparities were evident—female workers were more likely to be denied pay while their male counterparts continued receiving wages. The study also highlighted a lack of state support and limited digital access, which further restricted financial security. The authors argue that the pandemic exposed and intensified the structural invisibility and intersectional exploitation of domestic workers, shaped by caste, class, gender, and migration status, reinforcing their socio-economic precarity in both private households and the public domain.

Dempere and Grassa (2023) emphasize that the COVID-19 pandemic disproportionately affected women and exacerbated long-standing gender inequalities worldwide. Women experienced greater job and income losses compared to men, primarily because they are heavily concentrated in informal, low-paying, and insecure work. The closure of schools and childcare services further increased the burden of unpaid care on women, limiting their ability to engage in paid employment and contributing to a widening gender gap in the labor force. Additionally, the authors highlight a global surge in gender-based violence during lockdowns, revealing how the crisis not only affected women economically but also compromised their safety and overall empowerment.

Impact on the Healthcare of Pregnant Women

Kumari et al. (2020) revealed the hidden toll of the COVID-19 pandemic on pregnant women's access to

healthcare services. In a retrospective study across four hospitals in western India, the authors reported a 43% decline in hospital admissions during the national lockdown compared to the pre-lockdown period, and nearly a 50% drop compared to the same period in the previous year. Referred obstetric emergencies decreased by over 66%, highlighting a disturbing trend where high-risk pregnant women were unable—or unwilling—to seek care. This unexpected decline was attributed to the shutdown of private healthcare services, staffing shortages.

Deepening Gender Disparities in Employment, Health, and Social Protection During the Pandemic

A comprehensive study by Dalberg (2021) revealed that the COVID-19 pandemic significantly widened existing gender inequalities across employment, health, and basic services for women in India. Nearly 8.7 million women remained out of work as of October 2020, with women experiencing sharper and slower recoveries in employment compared to men. The crisis also worsened women's access to food, with over 32 million reporting reduced food intake, and disrupted access to essential items like menstrual pads and contraceptives, especially among low-income and rural women. Menstrual hygiene declined for 17 million women due to affordability issues, while over one-third of married women faced barriers in accessing contraceptives. The lack of digital access further marginalized women entrepreneurs and informal workers. The report advocates for targeted policy interventions such as MGNREGA enlistment drives for women, distribution of menstrual products through PDS, and expanded family planning efforts, especially in high-need states like Bihar. It also calls for stronger support for SHGs and social assistance programs for domestic and casual workers to build long-term resilience in the face of prolonged economic shocks. Moustakli et al. (2025) reported that the COVID-19 pandemic has raised growing concerns about its effects on women's reproductive health, particularly in relation to menstruation, fertility, and pregnancy. Research has detected traces of the SARS-CoV-2 virus in female reproductive tissues such as the ovaries and uterus, prompting questions about its long-term impact. Although some women have reported menstrual irregularities—such as changes in cycle length, flow, and hormonal disruptions—there is no definitive evidence that the virus causes permanent infertility. These menstrual changes are thought to result either from the body's immune response or the physiological stress caused by the infection, which may interfere with ovarian function and hormonal regulation.

COVID-19 Response and Policy for Women

Salcedo-La Viña (2020) argues that rural women face unique and intensified challenges during the COVID-19 pandemic due to their unequal access to information, markets, healthcare, and social protection. As primary caregivers and small-scale food producers, many rural women were excluded from emergency responses because of limited digital access, literacy barriers, and deeply rooted gender norms. The study recommends inclusive communication strategies, improved access to agricultural resources, and targeted social assistance. It also highlights the need for strengthening women's resilience through public employment programs, support for women-owned enterprises, and investment in women's groups like self-help collectives. The pandemic further increased risks of domestic violence, prompting calls for stronger protection systems and essential services for survivors. The author emphasizes that gender-sensitive policies must go beyond immediate relief by empowering women to participate in policy design and positioning them as central to both recovery and long-term crisis preparedness.

Unpaid Care and Reduced Work Hours for Mothers

Collins et al. (2021) found that during the COVID-19 pandemic, mothers experienced a significantly greater reduction in paid work hours compared to fathers. This disparity was especially pronounced among households with young or primary school-aged children, where caregiving and homeschooling

responsibilities were most demanding. The findings highlight how the pandemic reinforced traditional gender roles, with women absorbing a disproportionate share of unpaid domestic labor, often at the cost of their economic participation and career stability.

IMPACT OF COVID-19 ON FEMALE SEX WORKERS

The COVID-19 pandemic severely disrupted the livelihoods of sex workers, with many participants reporting acute financial hardship due to a lack of clients during lockdowns. Income loss was more pronounced during the first lockdown, which had stricter restrictions, compared to the second. For many, this economic stress was compounded by pre-existing financial instability and additional burdens, such as medical expenses. One participant explained that medical costs incurred just before the lockdown left them in an even more precarious position, with no way to recover financially amid halted work. These findings highlight how the intersection of informal labor, health-related expenses, and pandemic restrictions disproportionately impacted already vulnerable communities like sex workers, deepening their economic and social insecurity.

Gendered Digital Inequality in Education and Technology Access During COVID-19

Drezin (2021) explores how the COVID-19 pandemic exposed deep digital inequalities that disproportionately affected girls and women in education across various regions. The shift to online learning revealed that girls often had less access to digital devices, with their usage frequently controlled by family members. This lack of access was more pronounced in rural, low-income, and less-educated households. The study also highlights how social and cultural norms discourage girls from pursuing science, technology, engineering, and mathematics (STEM) fields—even in families and schools where academic achievement is encouraged. In contexts like Bosnia and Ukraine, family and teacher expectations often limit girls' aspirations in technology-related careers, revealing how digital and educational gender divides intersect and are reinforced during times of crisis.

Conclusion

The COVID-19 pandemic has laid bare and deepened pre-existing gender inequalities, with women across different sectors, socio-economic groups, and regions bearing the brunt of its consequences. From unpaid care burdens and job losses to disrupted access to healthcare, education, and technology, the crisis disproportionately affected women's physical, emotional, and economic well-being. Housewives, domestic workers, sex workers, pregnant women, rural women, and female entrepreneurs all experienced unique but overlapping vulnerabilities—including income insecurity, social isolation, restricted mobility, and poor access to essential services such as menstrual hygiene products, contraceptives, and maternal healthcare.

Moreover, the pandemic reinforced traditional gender roles and widened the digital divide, particularly for women and girls in low-income and rural settings, limiting their access to education, livelihoods, and emergency information. While some support structures like SHGs and public schemes offered limited relief, the absence of systemic, gender-sensitive planning left most women underprotected. These findings underscore the urgent need for inclusive, intersectional, and gender-responsive policies that not only address immediate needs but also empower women as agents of recovery and resilience. Long-term planning must center women's voices, ensure equitable access to digital tools, healthcare, and social protection, and dismantle structural barriers that have long rendered women's labor invisible and undervalued.

BIBLIOGRAPHY

1. Thibaut, F., & van Wijngaarden-Cremers, P. J. M. (2020). Women's Mental Health in the Time of Covid-19 Pandemic. *Frontiers in Global Women's Health*, 1. <https://doi.org/10.3389/fgwh.2020.588372>
2. World Health Organization (WHO). (2020). WHO coronavirus disease (COVID-19) dashboard. <https://covid19.who.int/>
3. Dev, M. S., & Sengupta, R. (2020). COVID 19: Impact on the Indian economy (Working Paper). Indira Gandhi Institute of Development Research <http://www.igidr.ac.in/pdf/publication/WP-2020-013.pdf> on 2nd May 2020
4. Marini, S., Hanum, F., & Sulistiyo, A. (2020). Digital Literacy: Empowering Indonesian Women In Overcoming Digital Divide. *Advances in Social Science, Education and Humanities Research*, 398, 137–141. <https://doi.org/10.2991/assehr.k.200130.029>
5. COVID-19 and its economic toll on women: The story behind the numbers. (2020, September 16). UN Women Headquarters. <https://www.unwomen.org/en/news/stories/2020/9/feature-covid-19-economic-impacts-on-women>
6. Women are at the core of the fight against the COVID-19 crisis. (2020). OECD. <https://www.oecd.org/coronavirus/policy-responses/women-at-the-core-of-the-fight-against-covid-19-crisis-553a8269/>
7. “de Paz, Carmen; Muller, Miriam; Munoz Boudet, Ana Maria; Gaddis, Isis. 2020. Gender Dimensions of the COVID-19 Pandemic. World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/33622> License: CC BY 3.0 IGO.”
8. Pareek, C., Agarwal, N., & Jain, Y. (2021). Understanding burnout in Indian housewives amidst COVID-19 pandemic. *International Journal of Indian Psychology*. <https://doi.org/10.25215/0903.220>
9. Lindsey, D. (2020). Why COVID-19 has increased the urgency to reach women with mobile technology. *Mobile for Development*. <https://www.gsma.com/mobilefordevelopment/blog/why-covid-19-has-increased-the-urgency-to-reach-women-with-mobile-technology>
10. Shaffner, J. (2021, July 15). Technology & digital transformation during COVID-19: The missing link in advancing gender equality in Kenya. ICRW. <https://www.icrw.org/technology-digital-transformation-during-covid-19-the-missing-link-in-advancing-gender-equality-in-kenya>
11. Dalberg. (2021). Impact of COVID-19 on women in low-income households in India. <https://impactsofcovid.in/impact-of-covid-19-on-women>
12. Salcedo-La Viña, C. (2020). Rural women must be at the heart of COVID-19 response and recovery. World Resources Institute. <https://www.wri.org/insights/rural-women-must-be-heart-covid-19-response-and-recovery>
13. Drezin, J. (2021). Digitally empowered generation equality: Women, girls and ICT in the context of COVID-19 in selected Western Balkans and Eastern Partnership countries. UN Women & International Telecommunications Union. <https://eca.unwomen.org/en/digital-library/publications/2021/3/digitally-empowered-generation-equality-women-girls-and-ict-in-the-context-of-covid-19>
14. Collins, C., Landivar, L. C., Ruppanner, L., & Scarborough, W. J. (2021). COVID-19 and the gender gap in work hours. *Gender, Work & Organization*, 28(S1), 101–112. <https://doi.org/10.1111/gwao.12506>
15. Moustakli, E., Stavros, S., Michaelidis, T. M., Potiris, A., Christodoulaki, C., Zachariou, A., Drakakis,

- P., Zikopoulos, K., Domali, E., & Zikopoulos, A. (2025). Long-Term Effects of COVID-19 on Women's Reproductive Health and Its Association with Autoimmune Diseases, Including Multiple Sclerosis. *Journal of Clinical Medicine*, 14(9), 3057. <https://doi.org/10.3390/jcm14093057>
16. Dempere, J., & Grassa, R. (2023). The impact of COVID-19 on women's empowerment: A global perspective. *Journal of global health*, 13, 06021. <https://doi.org/10.7189/jogh.13.06021>