# ROLE OF WOMEN HEALTH WORKERS IN FIGHTING COVID-19

## Abstract

COVID-19 has created a grave shock across the world with various implications on every segment of the society. Women can be seen serving at the forefront in the fight against this pandemic. In fact the effect of this crisis on females has been stark. Women make for approximately 70% of the workforce of healthcare workers which exposes them more to the risk of contracting the disease. In spite of the important role they are playing right now, the female health care workers are not getting the value they deserve, neither within the society nor within the healthcare sector. Moreover, there are also certain public policies which comprehensively deal with this situation and thus they are most of the times excluded from the decision making process. Despite being a strong support of the entire healthcare structure, the female healthcare workers are seen in extremely vulnerable conditions regarding their economic, social wellbeing and their health. Women have an important role to play in a response towards the crisis of COVID-19. Women comprise of about 2/3rd of healthcare workforce across the globe. They might be under represented amongst the dentists, pharmacists and physicians, they make for approximately 85% of the midwives and nurses in more than 100 countries. In the OECD nations, approximately half of the total population of doctors are women. Women even make up an overwhelming proportion of long term healthcare labour force, a little more than 90% across the OECD nations. In spite this fact that most of the workforce of healthcare sector is females, women just make for a small proportion of the leadership posts in the healthcare sector. All the social care and healthcare workers are witnessing exceptional demand through this crisis. However, the major strain is most likely to fall specifically on the female healthcare workers. Childcare and school facility closures and confinement measures are increasing the whole demand for the unpaid work that needs to be done at home.

**Keywords:** COVID-19, healthcare workers, doctors, nurses, midwives

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## I. INTRODUCTION

The effect of the pandemic on the global economic condition has been profound. As already mentioned in a lot of studies. It has been stated in depth in a lot of policies also that the supply and market chains have also been disrupted, and businesses have been compelled to shift their operations or scale short their operations. Millions of people have lost their livelihoods and their jobs too. According to the estimates of ILO, the measures of partial or full lockdown have affected approximately 2.7 billion people which represents at least 81% of total workforce of the world. IMF has projected a prominent contraction of the global output. The pandemic has lurched the global economy towards global recession and this is strikingly varied from all previous recessions. Emerging evidences on the effect of the pandemic suggest that the productive and economic lives would also be disproportionately affected as compared to men (**Li et.al. 2020)**. Throughout the world, women do not earn that much, they save also less, they hold lesser secure jobs and they are also likely to be hired in an informal sector. They also do not have proper access to the social protection and they mostly belong to the single parent's households. Their efficiency of absorbing the economic shocks is thus lesser as compared to men. Since females take better care of the demands and needs at home, the jobs they do are also affected disproportionately by layoffs and cut offs. This kind of an impact risk rolling the fragile gains which are made by the women workforce, restricting the ability of women for supporting themselves as well as their families especially the female headed houses. In a lot of countries, the very first round of the layoffs has been acute specifically in service sector including tourism, hospitality, retail wherever women have been overrepresented. This situation is even worse in the developing nations where most of the female employment approximately 70% is within the informal sector with only a few protections being done against the dismissal and for the paid leaves as well as restricted access to the social protection norms. For earning a livelihood the female workers depend mostly on the social interactions and the public space that are being restricted for containing spreading of COVID-19. It has been seen in the past that quarantine situations reduce the livelihood and economic activities of the women significantly and increase the poverty rates while exacerbating the issues of food insecurity. Also, while the economic activities of men returned to the pre- crisis situation right after the preventive measures taken in the past, the impact on the economic security of women lasted longer. From the previous experience and the emerging data, it's possible to state that the impact of the pandemic would result in a longer dip in the income of the women. For people who managed escaping from the situation of extreme poverty, might fall again in the vulnerable situation yet again (**Zhou et.al. 2020)**.

## II. LITERATURE REVIEW

Everything that has been done during or after the crisis of this pandemic has aimed at building an equal, sustainable and inclusive society and economy. It is one of the clearest lessons that have emerged from this pandemic. It includes the gender responsive social and economic policies and place the economic lives of women at heart of this pandemic response as well as recovery plans. About 65 nations have passed the fiscal response package. In all 106 nations have introduced and adapted the social protection as well as social jobs programs as a response to the pandemic. As per these packages, social help that is non-contributory transfer has been one of the most used tools followed by supply side workforce market and social insurance interventions. It's quite

 

important for such interventions to inculcate the data on the basis of sex disaggregation, gender lens as well as particularly targeting the women. For instance, the programs related to cash transfer are most used intervention of social assistance (**Wang et.al. 2020)**. The sectors where women make for a larger proportion of the workforce and where the supply chain has also been disrupted need to have proper access to loans, credit, grants, etc. so that they might retain the women workforce. Similarly, the procedures of disbursement also need to consider the care obligations of girls and women and the possible informal stand in the employment of females for making benefits accessible for them. Beyond this point, the entire range of the economic policies for long term recovery as well as immediate response, has to be properly designed as well as implemented through the gender lens. It includes removing the barriers which prevent complete involvement of females in the economic activities, equal opportunities and equal pay, schemes of social protection which factor in the current biases, financing female entrepreneurs and the mechanisms for promoting self-employment of women. These kind of economic responses include the private and the public spheres (**Bourgeault, Maier & Dieleman, 2020)**.

Equally, narrowing down the education gaps based on gender and making sure that women are still in and in order to expand participation of women in formal workforce market. This would play an important role for providing a lot of economies with that capacity of rebounding with equitable, stronger and a sustainable growth. Lastly, the current system of social protection isn't wide enough. A lot of women still do not have access to safety nets and this depends mainly on the formal participation within the workforce. In the South Asian countries, more than 80% of the women in the non-agricultural jobs work in the informal employment sector. Access to the benefits like paid maternity and sick leave, health insurance, unemployment benefits and pensions should reach beyond the formal employment sector and should be accessible to females in different spheres of job (**Ballard et.al. 2020)**. Pandemics often make it difficult for the girls and women to get healthcare and treatment services. It is compounded by intersecting and multiple inequalities like socio economic status, ethnicity, age, disability, race, sexual orientation, geographic location, etc. amongst the other factors that influence decision making and access to crucial healthcare services as well as information regarding the current pandemic. Girls and women have got unique healthcare needs, however they are not likely to get proper access to good quality healthcare services, proper medicines or vaccines, reproductive and maternal healthcare services and insurance cover for catastrophic and routine healthcare costs, especially in the marginalised and rural communities. Restrictive gender stereotypes and social norms might even restrict the ability of the women for getting access to the healthcare services. All this has a specific impact during the widespread healthcare crisis. Women might be at a greater risk or an exposure because of occupation sex segregation (**Sana, Khalid & Zahid, 2021)**. Across the globe, women make for about 70% of healthcare workforce and they are likely to be at the forefront especially the midwives, nurses and the community healthcare workers. They are even found in most of the healthcare facility service staff like laundry, cleaners, catering, etc. They are also likely to get more exposed to this pandemic. In some of the parts of the world, women get lesser access to the personal protection equipment and correctly size equipment. In spite of these numbers, women are not reflected in the global or national decision making as a response for the pandemic (**Munawar & Choudhry, 2021)**.

 

The provision of reproductive and sexual health services, including gender based violence and maternal healthcare services are crucial for rights, well-being and health of the girls and women. Diversion of the attention and the critical resources from such provisions might result in an exacerbated maternal morbidity and mortality, increased rate of adolescent pregnancies, sexually transmitted disease and HIV. In some parts of the world, it's also been estimated that additional 18 million females would be losing regular access to the modern day contraceptives considering the present context of the pandemic. This global crisis has also made it starkly visible that formal economies of the world and maintenance of the regular lives are constructed on unpaid and invisible labour of girls and women. With kids being out of schools, intensive care requirements of the elderly and sick members of the family and overwhelming healthcare services, the demand for the healthcare work in the situation of pandemic have also intensified exponentially (**Feroz, Khoja & Saleem, 2021)**. The unpaid healthcare economy is a crucial mainstay of the response to the pandemic. There are even gross imbalances in distribution of gender in terms of unpaid healthcare work. Before the situation of the pandemic and before it became universal phenomenon, females were doing about thrice the unpaid healthcare as well as domestic work as compared to men. The unseen economy has dire impact on formal economy and the lives of women. The value for unpaid work has been estimated to mainly represent anywhere between 15.2% and 25.3%. In terms of COVID-19, the rising demand for the healthcare work is also already deepening the current inequalities in gender division of the workforce. Lesser visible parts of healthcare economy is also coming under rising strain, however it is unaccounted for as an economic response. Since healthcare centres and hospitals are struggling to stem tide of the pandemic, the burden of healthcare on the communities and the families is increasing invariably with each passing day. People who have been affected by the pandemic might also be released early for making space for the other people. However they would require assistance and care at home. The non- COVID related healthcare and social services might also be scaled back which means that the families will have to offer greater assistance to the members suffering from other illnesses which include the chronic ones. The women have been at the forefront in the situation of the pandemic as a response to default caregivers and most of the poorly paid and unpaid community healthcare workers. Closure of the educational institutions have also put an additional burden on women. As the informal and formal supply for childcare falls down, the need for unpaid childcare is also falling heavily on the females not just because of current structure of workforce but even because of the social norms. It would constrain their efficiency for working specifically when the jobs can't be conducted remotely. Lack of proper childcare assistance is problematic specifically for the essential workers having the responsibility of healthcare. Stats show that females not just hold 78% of the total hospital jobs across the globe, but they even hold 70% of the pharmacy jobs and about 51% of the grocery store jobs (**winters, O'Donovan & Geniets, 2018)**.

The unpaid healthcare work of women has been long recognised as the driver for inequality. It has got a direct linkage to inequality in wages, low income, poor outcomes of education and mental and physical health stressors. The invisible and unpaid labour in the healthcare sector has also been exacerbated by this pandemic. However, this pandemic has even made it crystal clear as it can be seen from the way through which day to day functioning of the families, formal economy and the communities depend on invisible work. As rebuilding the economic structures that are inclusive as well as resilient, there's also an opportunity for being transformative and for recognising, reducing and

 

redistributing the unpaid care jobs. While females would step in for responding to this pandemic situation, the unpaid work they do is elastic infinitely. Without sufficient assistance, long term cost for stretching the work of women for patching up holes in the public services and social protection provisions need to be enormous. Thus, immediate action has to be taken for assuring continuity of the care services for people who require them and for recognising the unpaid families and the caregivers of the community as important workers in the times of crisis. Immediate action is needed for ensuring that the pandemic doesn't reverse progress of gender equality which has been achieved in the recent decades specifically regarding the participation of women in workforce. The decisions regarding the investments would have a tangible effect later on. For instance, as an aftermath of global recession of 2008, the supportive measures were offered to the large infrastructural projects which mainly hired men while the jobs were mainly cut in nursing, teaching and the public services which were all women intensive sectors. This is important mainly in the female dominated sectors like food, hospitality and the tourism sector which are currently at a standstill because of the measures of confinement by the governments. Some of the countries are moving already towards this particular direction (**Bhaumik, 2020)**. Lastly, the supportive and bailout measures shouldn't just help the medium and large enterprises, but even the small and micro businesses where the female entrepreneurs are more represented relatively. Additionally, the financial support of the private sector and the access to the credit services need to be available equally to men and women. Beyond this immediate crisis, it's also possible that there would be a residual effect on the social norms which might contribute towards greater equality. With a lot of companies across the globe moving towards flexible arrangements for work, it's become quite clear that the model for working permits for a better balance of work and healthcare responsibilities. Equally, with a lot of women still working outside their home as important service providers, or for the families where men and women both are home and managing the child care and work responsibilities, the fathers assume shared or primary caregiver roles and might have a knock on the impact of division of the labor and an entrenched gender roles post the crisis. The shift will have to be built upon and solidified intentionally. Expanding the child care assistance for the working parents especially when the childcare, respite care and schools are shut with a special focus on the safe, accessible service for the essential workforce (**Kapoor et.al. 2020)**.

## III. RESEARCH GAP

Research studies in the context of women health worker are mostly analytical in nature. COVID 19 Pandemic has very critical and different situation in health sector and society at large. Relationship between women workforce in health sector and supply chain has also been totally missing out. The main research gap is the correlation between health workers especially nurses and Aasha community health workers which directly related and have impact on their family which has covered up in these studies. Many research studies shows vulnerability by low wages and unpaid health workers but in pandemic COVID-19 situation were very different situation which has analysed with present research study.

## IV. RESEARCH METHODS

Women health workers are working globally in health sector engaged over seventy percent including paid and unpaid workforce. Local health response to the

 

COVID-19 pandemic in OECD nations and INDIA were very different. Data was collected and mentioned using semi structural and use in references. Research methods used review of publish academic research paper and study conducted. Data was extracted using thematically analyse and study within the arena of Government Act, Policies and Guidelines given by in that emerging situations in COVID-19 Pandemic.

## V. CONCLUSION

COVID-19 crisis has affected different dimensions of the female workforce in the healthcare sector beyond the aspects of healthcare. In maximum countries across the world, women make for majority of the healthcare workforce and a high percentage of women is in charge economically for the households where kids are also there. It generates vulnerability that is improved by relatively low wages females receive and through labour precariousness that is faced by these women. The wages that the female workers get are prominently lower as compared to their male counterparts and incidence of informality of labour is also considerably high amongst women, which limits their access for essential protection mechanism in the present context, like coverage for sick leave, professional illness and health insurance.

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