

# The COVID-19 pandemic: Narratives of informal women workers in Indian Punjab

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## Abstract

The COVID-19 crisis has translated into an unprecedented humanitarian crisis for the poor and marginalized groups in society. The countrywide lockdowns, quarantine measures, and mobility restrictions across 200 countries of the world have resulted in a host of negative manifestations for women. There have been unprecedented losses in the informal economy, which is dominated by women. Some scholars also contend that the pandemic will translate into heightened burden of unpaid domestic work, loss of economic autonomy and disruption to maternal health services. Despite these factors a gendered perspective is absent in the policy response to this crisis. It is against this background that the present paper employed a feminist intersectionality lens to conduct participatory field based research on the lived experiences of women in informal employment in Indian Punjab during the COVID-19 crisis. The research unearthed the specific pathways through which existing socio-economic inequities rooted in caste, class and occupational entities magnify the vulnerabilities experienced by women during such a health crisis. The research offers a contextualized framework for understanding the gendered impacts of the crisis. It also highlights the urgency of taking account of gender specific constraints during the health crisis so as to institute robust, effective and equitable policy interventions.

## KEYWORDS

COVID-19, India, informal employment, intersectionality, multidimensional poverty

## 1 | INTRODUCTION

COVID-19 is a health pandemic which has afflicted 216 regions of the world and caused more than four million deaths till date. Simultaneously, the countrywide lockdowns and quarantine measures implemented to control the spread of the virus have resulted in a host of negative socio-economic repercussions including heightened economic vulnerability, business closures and increased health risks for the most marginalized groups in society. In low-income countries like India, the health pandemic has translated into a humanitarian crisis with unprecedented job losses as well as rising hunger and food security. India's migrant crisis received global attention when thousands of daily wage workers started walking hundreds of kilometers to their native villages as the countrywide lockdown robbed them of their earnings in big cities. As many as 198 workers lost their lives in a desperate attempt to get home (BBC, 2020).

Along with the health risks posed by the pandemic, the strict lockdown measures implemented in India between March 22nd and May 16th, 2020 exacerbated the existing socio-economic inequities in society. India's countrywide lockdown was ranked as one of the severest lockdowns across 165 countries of the world, according to the "stringency" index developed by Oxford University (Hale et al., 2020). Despite this stringent lockdown, the infection rate of COVID-19 did not flatten across the country and cases continue to rise. On the other hand, the economic slowdown imposed by this crisis resulted in harsh implications for the most vulnerable groups in Indian society. 91.3 million casual workers and small traders lost their jobs during this time (Center for Monitoring of Indian Economy [CMIE], 2020) and 260 million additional people were plunged into poverty due to the economic fall out of the crisis (Alkire et al., 2020).

The trend world over also shows that the impact of COVID-19 is highly gendered with a disproportionate impact on women. India too follows the trend. In India, most job losses have been experienced in the informal sector, which employs 54.7% women in India (Periodic Labour Force Survey [PLFS], 2018–2019). In the absence of formal safety nets, and social protection in this sector, it is feared that the pandemic may translate into increased "feminization" of poverty for women already living on the economic margins. The experience of recent epidemics in other low-and middle-income countries also reveals that women face additional burdens during such a health crisis due to their concentration in jobs exposed to the disease, heightened care needs at the household level and increased exposure to domestic violence (Harman, 2016; Wenham et al., 2020).

Despite these factors there has been little attempt to institute a gendered policy response to the COVID-19 crisis. India's initial response to the COVID-19 crisis was focused on vacuous performative gestures such as candle light vigils to "challenge the darkness induced by the virus." This performative symbolism was combined with a tepid policy response. The structural factors behind the health crisis were relegated to the background. These structural factors however remain crucial to implementing a robust policy response to the COVID-19 crisis. In her seminal work, Miletic (1999:27) has demonstrated that the increased vulnerabilities following a crisis are a manifestation of existing societal relations, determined by a variety of socio-economic factors. Gender relations may be especially important in this dynamic. This is because gender relations in society intersect with other forms of disadvantage rooted in class, caste and socio-economic status, and create distinct forms of marginalization.

This paper contributes to this critical area by exploring enhanced gender vulnerability during the pandemic through exploratory field based research. We analyzed the experiences of women in informal employment in Indian Punjab using a gendered lens. Our empirical investigation was framed by intersectionality analysis. This framework enabled us to incorporate the "matrix of domination," (Collins, 1990) represented by pre-existing power structures in society such as caste, class and socio-economic divisions in our theoretical framework. This framework enabled us to illuminate the intersectional nature of the crisis and present the voices of women who have been relegated to the background in most policy discussions on the pandemic. Kabeer et al. (2021:27) have identified this as a crucial gap in COVID-19 related research, "A big research gap pertains to the intersectional dimensions of the crisis, particularly the losses to livelihoods and health by gender, race, class, disability, life course, and other markers of disadvantage. More work needs to be done in this area across countries."

In order to analyze the intersecting forms of vulnerabilities experiences by informal women workers during the COVID-19 crisis, we first review the literature on gender and multidimensional poverty, the nature of the informal economy in India, as well as the differential impacts of the pandemic across different socio-economic groups in Indian society. We then go on to present our research methods and findings. Lastly, we discuss our findings to elaborate on the theoretical and practical contributions of the study and conclude with pathways and directions for future research.

## 2 | REVIEW OF RELATED LITERATURE

### 2.1 | Gender and multidimensional poverty

Poverty has been traditionally conceptualized in terms of income deprivation and lack of material sources of well-being. However, some scholars contend that the experience of poverty is much more complex than merely a shortfall in income, and comprises of a range of social, economic and material deprivations (Chant, 2014; Stiglitz et al., 2009). Sen's capability approach provided a framework to extend the measurement of poverty to the "functioning and capabilities" approach from the "income" based approach. He advocated a multidimensional assessment of poverty based on individual welfare, basic human functioning and the freedom to exercise one's individual agency (Sen, 1992). Within this framework gender inequality is seen as an issue of "unfreedom," rooted in multiple gender discriminatory structures and processes in society.

In spite of these theoretical advances in the assessment of poverty, the current multidimensional poverty indices are not able to fully integrate the gendered dimensions of poverty (Chant, 2016). These measures treat households as a unit of analysis, rather than individuals. However, a large body of research reveals that there are gendered disparities within a household which manifest in the form of inequitable burden of unpaid care work on women as well as unequal access to education, medical attention, healthcare and nutritional food (Agarwal, 1990, 1997; Duflo, 2003; Klasen & Lahoti, 2016; Singh, 2019). Also, these multidimensional indices do not address the disproportionate impact of poverty on female headed households, referred to as "feminization of poverty" in literature (Bessell, 2015). Mangubhai and Capraro (2015) conducted an empirical case study and showed that women belonging to female headed households not only experience income based deprivation but also a range of negative societal stereotypes that compound their economic stresses as well as their vulnerability to harassment, evictions, sexual exploitation and abuse.

The current policy paradigm in India has not recognized these multiple axes of poverty in India and how gender, caste and class relations permeate at all levels of social life. Existing poverty alleviation programmes primarily target income based poverty through in kind and cash transfers, and income support schemes. This tendency for policy makers to focus solely on income aspect of poverty rather than understanding the intersecting form of inequalities in Indian society leads to individuals lying in two or more vulnerable groups to fall into the gaps of social provisioning. These individuals, especially women continue to experience discrimination and destitution from deeply engrained and complex social norms and power relations. Chager (2010) has theorized that the Indian state is functioning as a "soft state" with hierarchically arranged multiplicity of power relations. It has thus reinforced the patriarchal norms in Indian society and proven to be a major hurdle in the cause of women's empowerment.

In the absence of strong public policy interventions, there has been growing involvement of civil society organizations to address the specific material and social forms of deprivation faced by women belonging to vulnerable groups through provision of credit, creating opportunities for self-employment and facilitating legal literacy (de Hoop et al., 2014; Pattenden, 2010). However, scholars such as Harris (2007) have argued that there are limitations to the efficacy of community-based organization as a measure for poverty alleviation. While they provide specific forms of relief to resource poor households, they do not address how existing social and class relations of productions that reproduce poverty. These organizations can only act as a "conciliatory" space wherein individual societal and economic concerns can achieve representation; they cannot act as a substitute for state provisioning.

We can thus see that the multidimensional aspects of women's poverty in India stem from the inter-linkages between the income aspects of poverty, patriarchal relationship within the household and absence of adequate policy measures to address the distinct forms of vulnerabilities faced by women. In the field based research in the subsequent sections we will analyze how these existing vulnerabilities, rooted in the structural nature of the Indian economy mapped out against the specific socio-economic stresses induced by the pandemic using an intersectionality framework. This framework enabled us to go beyond the "additive" approach adopted by quantitative indices of multidimensional poverty, and untangle the combined effects of different forms of socio-economic disadvantages and intra-household disparities on women's lived experiences of the pandemic.

## 2.2 | Informal employment in India: A gendered analysis

The second core aspect of women's poverty in India stems from their occupational entities and employment within the informal sector. India is estimated to have the largest informal, unregistered economy the world over with the share of informal employment in total employment estimated at 80.9% (ILO, 2018). Employees in the informal employment are not subject to national labor legislation, income tax norms and social protection entitlements such as sick leave, minimum wages, health and safety regulations in the workplace and maternity benefits (Hill, 2001). Therefore, any suspension of economic activity in this sector instantly translates into loss of employment and earnings for this section of the population.

The dominant role of the informal sector in the Indian economy needs to be seen in the context of the liberalization and pro-market reforms that were carried out in the early 1990s. The growth process in this model was based on transfer of resources from subsistence driven traditional sectors of the economy to growth driven formal sectors of the economy. However, the majority of the population in the traditional sectors could not be absorbed in the modern formal sectors. The informal sector thus acted as a "buffer" to absorb these poor people in the urban employment (Sanyal, 2007). Butler (2009:1) has described informal employment as a "politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence and death." Thus, the neo-liberal phase of the Indian economy has been a phase of rising inequities, leading to insecure livelihoods, low incomes and limited access to basic amenities. The recession induced by the pandemic has been used to further these neo-liberal reforms through deregulation of agricultural markets, privatization of utilities and dilution of existing labor legislations (Kesar et al., 2021).

A gendered analysis is vital to understand the informal employment in India, as women are currently over-represented in this sector. Existing gender inequities in society intersect with the conditions of informality to create distinct forms of marginalization for women employed in this sector. Patriarchal norms in Indian society translates into lower levels of skills and training for women, little access to start-up capital and inaccessibility to formal sector employment. Salleh (2012) refers to women in informal employment as a class of "meta industrial" labor who remain at the margins of the economic system. While their labor and value produced by it is an essential economic resource, their prerogatives remain unaddressed as economic actors. These women tend to be disproportionately concentrated in more economically vulnerable and insecure forms of employment (Ulrichs, 2016). These disparities are reflected in terms of wage gaps in informal employment. Female earnings are estimated to be 54% of the male earnings in rural areas and 70% in urban areas of India (PLFS, 2018-2019).

Within particular sectors such as the garment sector these wage disparities persist owing to gendered division of tasks. Male employees are paid a regular monthly salary for producing men's garments, whereas female employees are paid by the piece for women's and children's garments, which have a lower price (Ulrichs, 2016).

Informal employment is characterized by an elaborate system of sub-contracting where in traditional employer-employee relations and standard work contracts are absent. This system translates into greater insecurity and exploitation by middle men and sub-contractors. Local middlemen offer loans to women to start their business at exploitative rates of interest without any written contract between these two parties. If these women challenge

the lower income accrued to them they fear losing the work (Harris-White, 2018). The disempowerment of women in informal employment is further compounded by the absence of traditional trade unions, which tend to be male dominated. However, in recent years some civil society organizations have made positive efforts in organizing women from diverse trades within the informal sector and protecting their occupational identities and livelihood rights. These include Self Employed Women's Association (SEWA) which helps to collectively organize women in the informal sector around common needs for credit, education and legal literacy (Baruah, 2004). A women waste picker's trade union in Pune called *Kagad Kach Patra Kashtakri Panchayat* has launched numerous "soft power" initiatives such as broom worship to win recognition for waste pickers as critical participants in municipal governance structures (Kabeer et al., 2013). There are examples also of state government initiatives which facilitated women's collectives. The Left-front government in Kerala, for instance, which had a history of decentralized gender-sensitive planning, launched an initiative *Kudambshree* in 1998 with the aim of empowering women in very small and micro businesses. The *Kudambshree* network assists informal women workers by educating them about their legal rights and getting access to microcredit. They also started a "break the chain" campaign during the COVID-19 outbreak to sensitize women from marginalized communities about the importance of mask wearing, and maintaining personal hygiene (Usha, 2021). Even though such organizations have helped to mitigate some of the disparities faced by women engaged in informal employment, they continue to face marginalization owing to institutional structures of informal markets, and lack of any system of social protection for workers within this sector.

### 2.3 | Differential socio-economic impacts of the COVID-19 crisis

The COVID-19 crisis was initially touted as a "great leveler," which plunged all sections of society into turmoil, insecurity and isolation. However, it was eventually realized that the pandemic acted as a "portal" which created new forms of uncertainty and precarity, and modified the relationship between the individual and communities (Roy, 2020). It has highlighted the systemic failings and fragilities in society and created different forms of vulnerabilities for marginalized groups in society. For instance, in the early months of the COVID-19 crisis in India, people from North East India faced increased racial prejudice, harassment and stigmatization across many metropolitan cities in India due to the mainstream narrative around the "Chinese virus" (Haokip, 2021). The pre-existing vulnerabilities of disabled individuals were ignored in the policy planning pertaining to the COVID-19 crisis. When COVID-19 was declared as a "national disaster," in India, disability was excluded from center and state endeavors. Ghai (2021) analyzed how disabled individuals faced multiple forms of disadvantage related to access to physical spaces, personal care and medical services during the period following the lock period.

The strict social distancing norms implemented during the lockdown period in India also reinforced casteist ideals of pollution and created "new forms of othering" for *dalit* men and women (Arora & Majumder, 2021). The economic repercussions resulting from the crisis were strongly mediated by caste, class and gender divisions in society. Deshpande and Ramachandran (2020) analyzed data from the CMIE and concluded that following the lockdown the probability of job losses were two times higher for OBCs and three times higher for SCs. The authors concluded that these differentials were rooted in the existing differences in human capital, and types of employment with SCs being five times higher in precarious, vulnerable wage jobs as compared to other groups in Indian society. The experience of tribal communities during the pandemic was analyzed in depth by Wakharde (2021) through case study research. The study demonstrated that during the lockdown and subsequent economic crisis, tribal communities were "systematically exploited stigmatized and even eliminated, being at the bottom of the bio-political hierarchy."

The vulnerabilities created by the crisis also have a distinct gendered dimension to them. Existing studies have evidenced how women faced heightened incidences of domestic violence (Islam, 2020) and increased burden of unpaid domestic work (Chakraborty, 2020) in the months following the crisis. Empirical evidence also reveals that women's employment and earnings were also disproportionately impacted by the crisis. Desai et al. (2021) conducted an urban monthly employment survey to examine the impacts of the COVID-19 lockdown on employment in the surrounding

areas of Delhi between March 2019 and May 2020 and found that during this time wage employment declined by 72% among women compared to 40% among men. In another study Deshpande (2020) analyzed nationally representative sample survey data in India and found that men's employment recovered almost fully by August 2020, while the recovery in women's employment was seven percentage points lower than the recovery in male employment compared to their respective pre-pandemic starting points.

These studies reveal how the differential forms of vulnerabilities experienced by different groups were conditioned by the social and economic disparities in Indian society. We contribute to the emerging body of literature in this area by examining the intersectional forms of disadvantages experienced by informal women workers in Punjab, as their gender, occupational, caste and class identities mapped on to the economic stressed induced by the COVID-19 crisis.

### 3 | METHODOLOGY

Due to the exploratory nature of the study, we conducted qualitative research, following Sayer (2000) who postulates that the choice of research methods should be based on the object of the study and what one wishes to know about the subject. Qualitative methodology provided a sound framework to analyze the subjective experiences of the COVID-19 pandemic among participants in the study. This methodology has been extensively employed in intersectionality research (Rodríguez et al., 2016; Zozeta-Miliopoulou & Kapareliotis, 2021). We conducted 34 semi-structured in-depth interviews to capture the experiences of women during the pandemic. These interviews took place between 17th May and 25th May, 2020 in and around Mohali district adjoining Chandigarh, the capital city of Punjab. This period corresponded to the fourth phase of the lockdown imposed in India. From 17th May, 2020 restrictions on movement of people were partially lifted with opening up of shops, public transport and offices. During this time, we could approach our interview participants to document their experiences during the preceding three phases of the lockdown between 25th March and 16th May, 2020. We conducted the interviews in a face to face format. Face to face interviewing enabled us to establish a personal rapport with the participants, capture visual clues and generate more detailed responses from them regarding their subjective experiences of the COVID-19 crisis. Almost half of the interviewees wrapped up the conversation with their personal stories, lengthy comments and observations which enabled us to capture a number of new themes from these narratives.

Our sampling strategy was rooted in maximum variation purposive sampling (Lincoln & Guba, 1985), which helped us to bring forth a range of diverse perspectives on the crisis. The first five respondents were identified through the authors' professional network. The second author is a doctor and a researcher who has been working in the region for the last 30 years. She was able to use her network within the medical profession and the community at large to recruit the first 10 participants for the research project. We then employed "snowballing" technique to identify the next set of respondents. We asked each respondent for recommendations to identify and reach out to other women belonging to households in informal employment. This approach proved to be very useful and enabled us to recruit participants from a range of occupational categories and socio-economic groups in Punjab. The participants were drawn from different age groups, occupations, caste groups,<sup>1</sup> education levels and socio-economic status, as reflected by average monthly family income before the crisis. A summary of the interview participants is presented in Table 1 below.

An interview schedule was designed to explore the participants' experiences of the pandemic. This schedule was informed by literature and covered topics ranging from employment and income, to food security, health concerns, reproductive health and mobility during the lockdown period. The interview questions were finalized after five pilot interviews were conducted. After the pilot, we added two more questions to our schedule. Informed consent was taken from the participants and all interviews were anonymized to protect the identity of the respondents.

Semi-structured interviews were adopted in the study to facilitate in-depth exploration of the respondent's experiences of the pandemic and to allow flexibility and space for both the interviewer and interviewee (Bryman &

TABLE 1 Summary of interview participants

Respondent	Age (Y)	Caste	Religion	Education	Profession	Household size	Average monthly family income (INR)
R1	56	SC	Sikh	Class 8	Care giver	4	18,000
R2	40	OBC	Hindu	Class 10	Beautician	4	15,000
R3	28	SC	Sikh	BA	Receptionist	7	25,000
R4	33	General	Sikh	Class 12 with diploma	Home maker	3	20,000
R5	31	SC	Sikh	Class 12	Home maker	6	18,000
R6	20	SC	Hindu	Class 10	Beautician	4	20,000
R7	50	SC	Sikh	Illiterate	Domestic worker	6	5000
R8	25	SC	Sikh	Bachelor in Computer Application (BCA)	Data entry operator	5	22,000
R9	38	General	Muslim	Class 10	Grocery shop	8	60,000
R10	24	OBC	Sikh	Class 12 with diploma	Tutor in stitching school run by NGO	2	17,000
R11	41	General	Hindu	Class 12	Receptionist	5	15,000
R12	23	SC	Sikh	Elementary teacher training	Unemployed	6	40,000
R13	21	General	Hindu	Class 8	Home maker	5	15,000
R14	35	OBC	Hindu	Illiterate	Domestic worker	5	10,000
R15	22	OBC	Sikh	Class 10	Home maker	5	25,000
R16	27	OBC	Sikh	Class 12 with diploma in computers	Unemployed	4	12,000
R17	24	General	Hindu	Class 10	Home maker	4	10,000
R18	29	SC	Sikh	Illiterate	Domestic worker	5	17,000
R19	48	General	Hindu	Class 10	Theater/Tv actor	2	50,000
R20	35	OBC	Hindu	Illiterate	Domestic worker	5	15,000
R21	25	OBC	Hindu	Illiterate	Construction worker	5	12,000
R22	27	General	Sikh	MA	Unemployed	2	30,000
R23	26	General	Hindu	MBA	Sales representative	1	20,000
R24	42	SC	Sikh	Class 10	Tailor	7	11,500
R25	17	SC	Hindu	Class 5	Domestic worker	5	10,000
R26	24	General	Muslim	BA and Computer Course	Home maker	3	15,000
R27	31	OBC	Sikh	Class 10	Home maker	7	8000
R28	42	General	Hindu	Class 12	Home maker	7	7500
R29	20	General	Hindu	Class 5	Home maker	2	5000
R30	33	ST	Sikh	Illiterate	Labor at village functions	5	18,000
R31	30	General	Muslim	Class 8	Home maker	6	20,000

(Continues)

TABLE 1 (Continued)

Respondent	Age (Y)	Caste	Religion	Education	Profession	Household size	Average monthly family income (INR)
R32	37	SC	Sikh	Class 5	Domestic worker	7	37,000
R33	31	General	Hindu	MA	Librarian	4	35,000
R34	36	General	Hindu	BA	Office secretary	6	50,000

Note: Mean Age = 31.5 Y; Average Family Income = INR 20,823.50.

Abbreviations: OBC, Other Backward Caste; SC, Scheduled Caste; ST, Scheduled Tribe.

Bell, 2003). Interviewees were encouraged to elaborate on how they framed and understood the events surrounding the lockdown, and the coping mechanisms adopted by them. The interview questions were divided into two main parts. In the first part, we gathered general demographic information related to the interviewees and in the second part of the interview we asked 10 open ended questions covering their employment, income and wages, forms of government and private assistance available to them, household food security, health concerns, reproductive health and mobility. The semi-structured format also enabled us to extend the conversation by asking probing/follow up questions to seek clarification, and overcome any initial resistance or vagueness. Interviews generally lasted for 30–45 min.

The interviews were conducted in Punjabi and recorded. Some running notes were also made while the interview was being conducted. They were then transcribed and translated into English. We used thematic analysis for our study of the interview data and employed systematic coding and categorization to explore a range of textual information to identify trends, patterns and nature of relationships (Patton, 2015). As a first step, we read through the data several times to achieve immersion and obtain a sense of the whole. Open-coding was used to determine what was represented in the text, and give that phenomenon a name (Cresswell & Plano Clark, 2011). Codes were grouped into categories and subcategories to develop the initial coding frame and set rules. After the initial coding frame was developed, we provided clear descriptions of each category and set rules determining when and what data should be included under a category. The codes were then examined, reorganized, categories and subcategories were clearly defined, and all transcripts were recoded using the final codes to establish consistency.

To ensure the reliability and trustworthiness of our findings we instituted member checks (Lincoln & Guba, 1985), whereby two participants from the study were asked to check whether the findings resonated with them, and changes in interpretations were made based on their suggestions. We also instituted peer examination (Merriam, 2015) and asked another academic to comment on the plausibility of the results.

#### 4 | KEY FINDINGS AND DISCUSSION

From our analysis, we were able to unearth five gender specific pathways through which the pandemic impacted the lives of women belonging to households in informal employment in Punjab. These comprise of (a) Poverty Related Stresses and Livelihood Challenges, (b) Heightened Food Insecurity, (c) Restrictions on Mobility, (d) Unwanted Pregnancies and disruption of routine health services, and (e) Social Ostracization.

In this section, we discuss these pathways in detail, along with their linkages to pre-existing social structures and mechanisms from a gendered perspective.



## 4.1 | Poverty related stresses and livelihood challenges

A number of the respondents in the study reported that they experienced severe economic stresses and income losses during the lockdown period.

Respondent (14) an unlettered, SC women working as a domestic worker before the lockdown period said:

"I used to work as a domestic help in Mohali, but my employers asked me not to come for work during the lockdown. I was not given any wages either. My husband worked as a daily wage porter in the grain market. He too has not earned anything in the past two months. We have 3 children, one of whom is disabled, things have been extremely difficult for us" (Respondent 14)

For women like respondent 14, caste entities intersected with the precarity of informal employment during the lockdown period and translated into complete loss of income and livelihoods, as well as heightened social discrimination. Similar sentiments were also echoed by respondent 32. She was a 37-year-old SC women who had been doing cooking and cleaning work all her life. She had very education and no work experience other than domestic work.

"I tried to enter the main gate of the locality, where I worked as a maid to get my salary but was not allowed to come in. My husband was a gardener in the same house. He also lost his income during the past two months. We could not get any wages during the month of March when we were in desperate need of cash" (Respondent 32).

These narratives illustrate how the social distancing and quarantine norms amid the COVID-19 crisis in India propagated social exclusion as well as caste and class bias in society. Indian society is characterized by a rigid hierarchy of class and caste structures. Within such a social structure, these poor, low caste women began to be seen as carriers of the virus. Social distancing norms were employed as an excuse by their employers to humiliate and shun them without any consideration for their economic suffering. Similar findings on increased prevalence of caste based discrimination amid the COVID-19 crisis have been reported by Arora and Majumder (2021) who conducted an empirical study on the plight of migrant women workers in India's capital, New Delhi.

The accounts of our respondents also suggest that in the absence of any regulations governing informal employment, their economic precarity was solely conditioned by their employer's prerogatives. For instance Respondent 7, a 50-year-old SC woman had been working as a cook and a cleaner for the past 30 years. But unlike respondents 14 and 32 her employer needed her services during the lockdown period. He had got an essential services pass made for her and this enabled her to continue working during the lockdown. Only three of the interviewees reported that they had received any wages during the crisis (Respondent 22,<sup>2</sup> Respondent 33, and Respondent 34). The Government of India (GOI) had appealed to employers to pay full wages to permanent and contractual employees during this period (GOI, 2020). However, this appeal has not been backed by any legal guarantees and was solely dependent on the largess of the individual employers.

The Central Government had also announced that it would transfer cash transfers of INR 500 per month to poor women for the next 3 months under the *Pradhan Mantri Jan Dhan Yojna* (PMJDY). However, none of our respondents said that they had received any form of income support from the government during this period. This may be attributed to the large scale exclusion errors in the PMJDY scheme. These have been highlighted by the Financial Inclusion Insights Survey (2018), conducted by the Yale Center for Economic Growth. This survey revealed that only 21% poor women in India hold a PMJDY account, payment failures in this scheme range between 3% and 7%, and 33% of these accounts are inoperative (Field et al., 2019). Without any cushion of income security or social protection available to these workers, the large scale exclusion errors and poor implementation of this limited form of income protection scheme added on to their existing income vulnerabilities and offered them little in the way of income protection.

Our interviews reveal that another section of women who were disproportionately impacted by the crisis comprised of female headed households. These women have been referred to as “poorest of poor” in literature (Ka-beer, 2015). For these women, the economic constraints induced by the pandemic mapped on to their precarious position as the sole breadwinner of the family and caring responsibilities for other members of the family. These factors created a unique constellation of disadvantages for this group of women amid the lockdown. These disadvantages reveal themselves in our participant's narratives.

Respondent 2, a 40 year old a self-taught beautician had started her home based saloon 4 year when her husband suffered from an accident and became disabled. She described the precarity of their situation during the lockdown as:

“My husband is handicapped. I have been working as a home based beautician and running the house by myself for the past 4 years. My daughter is 18 and used to do private tuitions for younger children. Her income also dried up, we have just managed with savings and some borrowings from relatives” (Respondent 2).

“The work I got before the pandemic was completed in the earlier days of lock down. I got paid for it. Later there were no orders and no payments. I stitched masks for people known to me but no payments were made to me which causes me a great deal of stress and anxiety. My husband suffers from chronic arthritis and cannot work. He remains very depressed” (Respondent 24).

Our findings also show that the income deprivations faced by women in informal employment were not uniform, and differed according to the respondent's educational profile and occupational entities. Some of these women were able to employ their training and previous work experience to seek alternative forms of employment in the lockdown period. For instance, Respondent 1 was employed as a caregiver to two bed ridden individuals before the lockdown was able to find work as a cleaner in a private nursing home in early May. Respondent 10 had a diploma in tailoring, started working from home on a part time basis and taking orders for making scrubs and masks for hospital workers. However, most of the interviewees were either illiterate or had very low levels of education. They also did not have any alternative skill sets, other than the work they were doing prior to the lockdown. Consequently, these women experienced dire economic stress in this period with closure of economic activity and no form of social protection.

Another major theme which emerged from our analysis is with respect to coping strategies adopted by women to mitigate the financial impacts of the COVID-19 pandemic. The additional economic hardships induced by the crisis, intersected with the lack of government support and forced these women to liquidate the meager amount of savings and assets they had. For instance, respondent 20, a 35-year-old OBC women working as a domestic worker had been saving up for her daughter's wedding for the last couple of years. She expressed her anguish as:

We had saved money for elder daughter's wedding. All that money was spent during the lockdown. (Respondent 20)

Respondent 20, a young 20-year-old SC women had been supporting her widowed father, a car mechanic at a local garage and two younger brothers by working as a beautician in a local beauty parlor. She lost her job during the pandemic. Consequently, the family could no longer afford to send the boys to school.

“My brothers studied in Class 8th and 10th before the lockdown. They may not be able to go back to school now. The elder one is looking for a job now that the lockdown has been lifted” (Respondent 6).

Narratives from other respondents revealed that the economic stresses during the lockdown period had not only robbed them of their immediate income, but also threatened their long run income earning capacities. Respondent

19, a 48-year-old women who had been working as a theater and TV artist for the past 30 years. She had started an acting school just the previous and now feared that she would have to close down

“I have not been able to pay rent for the premises during the past three months. It is increasingly uncertain when we will be able to restart the classes or how many students would turn up for these. It is quite likely that the number of students will be drastically cut down. In that case we will have to shut down”.

Other interviewees (Respondent 7 and Respondent 32) who worked as domestic cleaners before the lockdown feared that they may not be re-employed as average household incomes of their previous employers had been drastically reduced during the lockdown. Respondent 10, a tailor and Respondent 24, a beautician also expressed anxiety and said that the quantum of work available to them might not pick up for many months following the lockdown period Respondent 4 and 19 who drew their income from theater and regional cinema expressed similar concerns.

Thus, our findings revealed that unsustainable employment coupled with the lack of any form of social protection threatens to erode the economic autonomy of many women in informal employment, along with their long term earning capacity and vertical mobility. The livelihood concerns of our interviewees echo the findings put forth by Deshpande (2020). She estimated that women who were employed in the pre-lockdown period are 23.5 percentage points less likely to be employed in the post-lockdown phase compared to men. She attributes this to fact that women are over-represented in sectors which face extended periods of uncertainty and threat of permanent closure. These include restaurants, hotels, beauty salons and retail centers. While the work performed by these women is essential to meet the every-day needs of a large section of the society, they were regarded as nowhere in the system in the COVID-19 policy prerogatives.

## 4.2 | Heightened food insecurity at the household level

The second major impact of the lockdown emerged with respect to heightened food insecurity among poor and marginalized households owing to the income and employment losses during the lockdown period. 26 of the 34 women interviewed in the study said that they did not have any money to purchase food during this time. While food insecurity and hunger affected poor households as a whole, the insights derived from our interviewees revealed that women carried additional burden of household food insecurity due to their social conditioning and sacrificed their food consumption in favor of others member of the household.

Respondent 31, a 30-year-old mother of four young children lamented:

“We used up our savings in the first week. We could not afford to buy milk for the children after the first week. I tried to give some vegetables to the children. As for myself, I have only been putting salt on dry roti and somehow surviving for the past one month” (Respondent 31).

Our findings mirror those of other empirical studies which highlight that women are disproportionately impacted by household food security during economic crises (Bell, 2016; Lentz, 2018). There was absence of effective rationing and food provision for these marginalized households during the lockdown period. The Government of Punjab has a food distribution scheme, *Atta Dal Scheme*<sup>3</sup> where in free rations are provided to poor SC households in rural areas through fair price shops. However, the experience of some respondents suggests that this food distribution scheme was not operative during the lockdown. Respondent 7, a 50-year-old SC woman described the difficulties that she had to go through to access the meager amount of subsidized food in order to feed her family of six.

"We normally receive free rations from the local ration shop under government scheme. The shop was shut during the lockdown. We had to pressurize for the shop to open through the local panchayat. The distribution of the ration is highly arbitrary and we do not get the full amount. We were only given wheat, no lentils and sugar" (Respondent 7).

The only form of food provisions available to these households was through NGOs and religious organizations.

"We had no money to buy food. People from Gurdwara used to come in the morning to distribute langur. In the afternoon some other people[NGO] used to come to give us some food. In the evening no one came and we had to go hungry. Sometimes people in the nearby houses would give something to children. But we had a very hard time" (Respondent 15).

As the quote reveals, these community based organizations helped to alleviate some of the suffering, hunger and starvation faced by these resource poor women amid the lockdown. However, they could not be a substitute for effective state provisioning of rations. These organizations are limited in size, capacity and institutional structures. During the lockdown period, they were also constrained by the rapidly changing rules and norms in the lockdown period.

"NGO People used to come in a van to distribute food twice a day. Then, there were three coronavirus cases in our area and it became a containment zone. There was police all around. They did not let the food van inside. We had to go without food for two days. After that people from Gurdwara came and gave us food for rest of the two weeks" (Respondent 19).

These narratives point out to the apathy of the Government towards basic survival needs of poor households. While there were strict restrictions on movement of people, no mechanisms were put in place to ensure that food provisions were available to these households in the interim period in a sustained way. The heightened nutritional vulnerabilities created for women amid the lockdown may have grave implications for their health and nutrition. Women in Punjab suffered from poor nutritional status even before the coronavirus crisis. National Family Health Survey (NFHS-4, 2015–2016) data reveals that 54% of women in the state suffer from anemia. There also persists pronounced intra-household gender discrimination in food consumption among poor households in Punjab (Singh, 2019). Food based vulnerabilities are likely to be intensified for these poor women as the economic deprivation created by the COVID-19 crisis intersects with the absence of effective rationing systems in the lockdown period.

### 4.3 | Restrictions on mobility

During the lockdown period, all forms of public transport in the state were completely shut down. Literature shows that women are more dependent on public transport and absence of safe and reliable means of public transport heightens their social exclusion (Bell, 2016; Hamilton & Jenkins, 2000). Public transport is also a central fulcrum of women's participation in the economy. 58% of women in India depend on public transport to get to work (Institution for Transport and Development Policy [ITDP], 2017).

Our field work demonstrated that the blanket ban on public transport affected women through a number of channels. Essential services workers found it extremely difficult to go to work.

"Since there was no transport I had to walk 15 kms to work every day. If I came with my husband on scooter, the police would stop us on the way and not allow us to pass through. So I preferred to walk." (Respondent 7)

Respondent 8, a 25-year-old data entry operator in the National Health Mission (NHM), a government department who had been employed for only a few months prior to the pandemic narrated her plight:

“I am an out sourced employee with National Health Mission. I am not entitled to leave. My office is located in Chandigarh, while I live 40 kms away. Prior to the lockdown I changed to two buses to get to work. During the lockdown my office was open but I could not go to work because no transport was available. I have been marked absent and not given any salary since April. I am fearful that I might do the jobs.”

On top of intensification of income based vulnerabilities, absence of public transport also reduced access to routine healthcare as well as maternal health care services, especially so for resource poor women who did not have private means of transport to reach health centers. Some interviewees described how they found it extremely difficult to access maternal health services and routine health care, due to the absence of public transport. Respondent 13, a 21-year-old woman who was expecting her first child described her harrowing ordeal during the lockdown period.

“I was in the early stages of pregnancy. I could not go to the hospital since there was no transport. I suffered from severe cramps and spotting for 20 days. When I went to the doctor after the lockdown, she said I have had a miscarriage.” (Respondent 13)

Respondent 18, a native of a small village with only basic health facilities described how her 60 year old mother in law's health deteriorated during the lockdown period because they not go to go to the hospital in the nearby city in the absence of public transport.

“We have a health center in our village. But they did not have blood pressure medicines for my mother in law. We could not go to the hospital as no buses were available.” (Respondent 18)

Thus, we can infer that the restrictions on public transport during the lockdown had not taken account of the gender, as well as class dimensions of this policy prerogative. The lack of public transport not only lead to increased economic stresses for women, but also put their health and well-being in peril. This poorly thought out policy prerogative magnified the existing class bias in mobility and access to essential medical services. While public health facilities were operational during the lockdown period, there had been little planning behind how people would access these essential services or how essential workers would commute to work.

#### 4.4 | Unwanted Pregnancies and disruption of routine health services

In a recent study the United Nations Population Fund (UNFPA) has projected that India would record the highest number of births in the nine months since COVID-19 was declared a pandemic, with 20.1 million additional babies (UNFPA, 2020). These additional births would be attributed to disruption to reproductive health services in the country. The experiences of our interviewees demonstrated that amid the COVID-19 pandemic women were losing their ability to plan their families. This loss of autonomy over reproductive decisions may translate into serious economic and health impacts on women's life. This emerged through our respondent's narratives. While India protected abortion as an essential service during the coronavirus lockdown; with no transport services, limited healthcare and restrictions on movement, women lost control over their ability to plan families.

Respondent 12, a 23-year-old newly married women, who aspires to become a primary school teacher described how she had an unplanned pregnancy during the lockdown due to constraints on mobility and lack of access to contraceptives.

"I have finished Elementary Teacher's Training (ETT) course and was applying for jobs for the past few months. I got pregnant during the lockdown because I could not get access to contraception pills. It is an unwanted pregnancy." (Respondent 12)

Respondent 16, a 27-year-old mother of one also had a similar story to tell and bemoaned how the lockdown pregnancy would delay her going back to paid employment.

"I was working as a computer operator before marriage. I have a one-year-old daughter and I was hoping to get back to work now. I fell pregnant during the lockdown, because we could not access any contraceptives. I would have to stay at home now for next few years because it would be difficult to take care of two small children." (Respondent 16)

Feminist scholars have argued that women face a "reproductive tax" as their reproductive role in society prevents or delays their entry in the labor force. This impacts their professional progression and lifetime income (Ka-beer, 2015). These narratives reveal how restrictions on mobility during the lockdown further undermined women's autonomy regarding their reproductive choices, and led to additional constraints on their professional choices.

These unplanned pregnancies may also adversely impact the health and nutritional well-being of women from low income families, who already have multiple children. For instance, Respondent 31, a mother to four children said:

"I used to get Antara injection from the dispensary every 3 months. I could not get the injection during the lockdown period, and fell pregnant again. My husband is a sole earner, he used to make decent money from denting and painting work but lost all work during the lockdown. We found it very difficult to manage food and rations. It will be quite hard to manage another child."

Previous studies show that women's limited autonomy over their reproductive choices is a key barrier to improvements in their reproductive health outcomes (Le & Nguyen, 2020; Saravanan, 2018). Even though Punjab is a relatively rich state, it did not have very favorable indicators of maternal health pre-COVID 19 crisis as well. Despite the continued focus on maternal care in recent years, only 30.7% pregnant women receive full antenatal care (NFHS-4, 2015–2016). These vulnerabilities experienced by expecting mothers are likely to increase in the post COVID-19 period, with the spate of unplanned pregnancies, additional births, and disruption to reproductive health services.

The pandemic also had an impact on the delivery and quality of routine healthcare services, as hospitals were over-run with COVID-19 patients and access to routine healthcare remained severely disrupted. Several respondents dissatisfaction with the health services that they could access during the lockdown and complained that there was no routine examination.

For instance Respondent 27, a 31 year old mother of three belonged to an economically poor household who could not afford private health services. Yet, she was deeply disappointed with the kind of treatment she received for her daughter at a public health facility.

"My 3-year-old daughter became unwell. We went to community health center in Banur to get her checked. They shut the doors and did not see her. From a distance, they just asked questions about the problem and threw a pack of paracetamol at us." (Respondent 27)

Even before the coronavirus crisis, Punjab has very low levels of utilization of public health facilities at only 14.5%. Official government data also shows that 37.1% people in Punjab do not visit public health services because they regard the quality of services to be poor (National Sample Survey Organization [NSSO], 2017–2018). During the coronavirus pandemic, private healthcare facilities are operating on a very limited scale. Considering the financial vulnerability of low-income households during this period, it is important that the quality of healthcare for

non-COVID patients in public hospitals is maintained at a competent level to restore public confidence. These public health services may be especially important for women, given their particular needs for maternal and reproductive health services.

#### 4.5 | Social ostracization

In India, the spread of coronavirus has also led to rise in societal prejudices and increased incidence of Islamophobia. In April 2020, a religious congregation held by a conservative sect, *Tablighi Jamaat* was blamed one third of India's coronavirus cases on this gathering (GOI, 2020). This incident spawned tremendous hatred against the Muslim community. Some bigoted news channels, went as far as saying that the Muslim community is waging a "corona *jihad*" against India. After this incident, there were several reports of ordinary Muslim men being beaten up and lynched, and their businesses being boycotted across the country (The Guardian, 2020). Some of our respondents also suffered from this form of prejudice during the crisis.

Respondent 9, a Muslim woman who ran a small grocery store with her husband described how their religious identity intersected with the economic constraints induced by the crisis and magnified their economic and social hardships.

"We run a grocery shop in the village, and were supplying rations through home delivery during the lockdown. After my brother in law went out for some work for two days, he was branded a Tablighi and our entire family was quarantined for 3 weeks. We have nothing to do with the Tablighi Jamaat. We had already stocked up rations for home deliveries when we were quarantined. We suffered heavy losses. We have been treated like criminals." (Respondent 9).

"Another respondent, a 30-year-old mother of four children was facing drastic loss in her already meager way during the lockdown. She perceived that she was being systematically excluded from government's rationing scheme owing to her religious identity."

"We are Muslims. So we don't get any free rations under the Atta Dal scheme of the government" (Respondent 31).

In a similar vein Respondent 9 remarked that they did not even dare to venture out to buy medicines during the lockdown, because they feared that the police might jail them. The experience of these respondents showed that the religious based discrimination they faced during the crisis has led to extreme psychological distress and eroded their trust in the government machinery. Our findings mirror other quantitative studies which suggest that social stigmatization faced by Muslims resulted in increased economic distress faced by them as well (Desai et al., 2021).

There have also been reports of Coronavirus patients facing social stigmatization, and discrimination. Two of our respondents, who contracted the coronavirus shared similar concerns. Respondent 23, a newly engaged 26 year old woman described how she had hid her disease from her family due to fear of social ostracization.

"I live alone in the city. I did not even tell my parents that I had contracted the disease, even though I was in hospital for three weeks. I am engaged to be married in October. I fear that my engagement would be called off in case anyone gets to know of my illness" (Respondent 23).

Similar anxieties were reported by Respondent 22, a 27-year-old woman who was newly married at the time.

"I got married in November last year. My parents-in-law did not approve of our marriage. When I got sick with coronavirus in April, we did not tell anyone. I was in hospital for two weeks. I have still not recovered fully and am being tested for TB now. I am anxious that someone will come to know of my disease" (Respondent 22).

The accounts of these respondents show how the patriarchal structures in Indian society and social prejudices interact with each other to condition women's experiences of the COVID-19 crisis. Women who suffered from this disease not only faced health challenges, but also addition fear, stress and anxiety due to the social stigma attached to the disease.

## 5 | CONCLUSION AND WAY FORWARD

This paper responds to the call to investigate the intersectional dimensions of the COVID-19 crisis from a gendered perspective (Kabeer et al., 2021) by bringing forth the voices of women engaged in informal employment in Punjab. This has helped the study to push the theoretical and practical debates on the impact of Covid crisis and contribute to the debates surrounding the socio-economic impacts of the COVID-19 crisis in its varied forms. We analyzed the mechanisms through which containment measures and the stringent lockdown imposed in India to control the spread of the coronavirus in India exposed existing vulnerabilities, reinforced current economic inequities, and amplified future socio-economic differentials for marginalized groups in society.

Most discussion on the impact of the COVID-19 crisis are based on secondary data and analysis of macroeconomic indicators such as loss in growth rates, dip in employment figures, decline in aggregate levels of income or loss in consumer confidence. Grounded voices are often missing in these discourses. This paper foregrounds these voices through field based interviews with 34 resource poor women, belonging to households engaged in informal employment. While there are multiple dimensions of the COVID-19 related crisis for the lives of these women, we clustered them into five main categories. Each of these categories represents a unique pathway and illuminates how the pandemic exacerbated their gendered experiences of everyday life at home and work. Our empirical investigation was framed by a lens which enabled us to uncover the different forms of intersecting vulnerabilities that were heaped on to women in their daily lives amid the pandemic. The experience of our participants revealed how the multiple, intersecting forms of inequalities interacted to create a complex "matrix of domination," which was not only rooted in gender, but also the participants' caste, class, occupational and religious identities. For instance, Muslim participants in the study did not only endure economic stresses during the lockdown period due to the precarity of informal sector employment, but also additional forms of social stigmatization and harassment rooted in their religious identity. Similarly, domestic workers faced social ostracization along with economic hardships and loss of income as the "social distancing" norms and hygiene protocols reinforced the existing class and caste biases in Indian society.

The research claims a humble contribution to theoretical literature on multidimensional poverty. We made a departure from existing "additive" approaches which treat household as a unit of analysis (Chant, 2014, 2016) and miss the intra-household gendered aspects of multi-dimensional poverty (Vijaya et al., 2014). In contrast, we studied the multiple axes of poverty from the perspective of individual women within the household, and revealed the complex interlinkages between household level deprivations and the differential forms of marginalization experienced by women amid the COVID-19 crisis. The experience of our participants revealed how women faced additional burdens within the household during the crisis such as heightened food and nutritional insecurity, reduced access to health-care, lack of mobility and erosion of assets and savings.

Our study also puts forth a nuanced dialog on women's experiences of informal employment amid the COVID-19 crisis, and adds to the existing understanding of the gendered nature of disparities within informal employment. We demonstrated how the vulnerabilities experienced by informal women workers amid the crisis were not uniform. These varied according to women's occupational categories, previous education/training, and the employers prerogatives. While some women only experienced a temporary short-term fall in income and earnings; for others the



pandemic translated into permanent job losses and business closures, and a long-term erosion of assets and earning capacity. We also showed how women's disempowerment was not confined to merely a loss of income and earnings. Certain sub-group of women within informal employment were disproportionately impacted due to their position as female headed households, their caring responsibilities within the households, their reproductive roles as well as their religious identities. These additional burdens intersected with the economic duress induced by the COVID-19 crisis, and the precarity of informal employment to create new forms of vulnerabilities, ranging from social stigmatization, worsening health and nutritional outcomes, and loss of autonomy over reproductive decisions.

At the practical level, our empirical analysis reveals that the additional forms of deprivations were essentially rooted in the absence of a gendered policy response towards the crisis. The experiences of our interviewees demonstrate that even the meager forms of income support and food aid available to these women were poorly targeted. In the absence of any social protection cover and insurance, these poorly targeted schemes compounded their economic insecurity during the lockdown period. The other facets of women's poverty such as gendered dependence on public transport were not even considered in these policy prerogatives. This apathy created additional burdens for women through heightened job insecurity, loss of income and erosion of assets as well as reduced access to maternal and routine medical services. Such short-sightedness in policy implementation threatens to reverse the limited gains made on women's empowerment in India. As the COVID-19 pandemic continues to ravage through India there is an urgent need to implement well-targeted income support measures for women workers in vulnerable forms of employment and address their differential economic and social needs in the planning process.

One limitation of this study is that it was conducted in the early period of the COVID-19 pandemic and the lockdown imposed in India. It would be instructive to conduct a follow up study in the subsequent period when the lockdown restrictions were gradually eased, but economic activity remained slow, and unemployment was at an unprecedented level. It would be insightful to compare the coping mechanisms and strategies adopted by resource poor households and women, as the pandemic continued for an extended time period.

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## CONFLICT OF INTEREST

We declare no conflict of interest.

## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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## ENDNOTES

<sup>1</sup> Eleven of our interview respondents comprised of SC women. These were not purposely chosen by the researcher, but may be reflective of the socio-economic structure of the Punjabi economy. Punjab has the highest proportion of Scheduled Caste (SC) communities. They constitute 28% of Punjab's population at present (Census of India, 2011). Poverty in Punjab is concentrated disproportionately among the SC population in both rural and urban areas. On the basis of estimates of monthly per capita consumption expenditure, 27.2% of the SC population in rural areas and 35.3% of the population in urban areas in Punjab are estimated to be below the poverty line, as compared to only 1.5% for the general population (NSSO, 2017–2018).

<sup>2</sup> This respondent received full wages because she had contracted the coronavirus infection from her employer's daughter, when she had gone to receive her at the airport.

<sup>3</sup> According to the provisions of this scheme, SC households in rural areas of Punjab are provided 35 kg of rice/wheat, along with ½ kg pulses, 1 kg sugar, and 100 g tea per month through free price ration shops (Government of Punjab, 2020).

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