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COVID-19 and Women Warriors in Health Sector in West Bengal

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Abstract: *The COVID-19 outbreak is impacting societies around the world in an unprecedented manner. With an intention to break the chain of coronavirus spread, India went for complete nationwide lockdown from 24 March 2020. While the comparatively rich and privileged classes could sustain their normal life during the longest period of lock down, it was primarily the poor and the marginalized sections that had to bear the cost. In this pandemic the weaknesses of our health system have been thoroughly exposed but the frontline health workers put up a brave face while attending the COVID-infected patients taking life risk. In this paper, I have tried to capture how our front-line women warriors of the health sector are fighting the disease and the consequences they have to face while carrying out their duties. As the pandemic has given rise to certain fear and anxiety in the public mind, the front-line women health workers have to face additional vulnerability for no fault of their own. Ironically, as compared to the male health workers, the female workers suffer more. For writing this paper, I have relied on secondary data published in newspapers and journals and supplemented those with my own ethnographic findings*.

Keywords: COVID-19, Health Sector, Women Health Workers.

Introduction

The COVID-19 outbreak is impacting societies around the world in an unprecedented manner. With an intention to break the chain of novel coronavirus spread in India, the Prime Minister of the country announced 'Janata Curfew' on 22 March 2020, followed by a complete nationwide lockdown from 24 March 2020. Even though the nation is in the unlock phase, the long lockdown for 68 days has disproportionately affected various

sections/classes of the society. It is worth noting here that India's nationwide lockdown trajectory is the longest in the whole world. While the comparatively rich and privileged classes could afford to sustain their normal life during the lock down, it was primarily the poor and the marginalized sections that had to bear the cost of survival. Diseases and disasters may not differentiate much while infecting human bodies, but the uneven social structures do render nonuniformity of pandemic impacts upon people. The current pandemic of COVID-19, particularly in India, allows us to revisit certain grim realities where the poor and marginalised sections had to sacrifice their rights and entitlements amidst a crisis (Tripathi and Das 2020). It is true that not all epidemics affected every one in every place; similarly, Covid 19 will also not affect all Indians equally.

In this paper, I would like to concentrate on the way our front-line women warriors of health sector are fighting the disease and the consequences they have to face while carrying out their responsibilities. As the pandemic has given rise to certain fear and anxiety in public mind, the front-line women health workers have to face additional vulnerability for no fault of their own. Ironically, as compared to the male health workers, their woman counterpart has to suffer more. It is widely known that women constitute one of the most vulnerable groups in human society. The gender bias that prevails in our social structure also gets reflected during pandemic situation. It has been witnessed by scholars that during any abnormal situation like epidemic or pandemic, women have to suffer more and become easy target of victimization. As a corollary, increasing instances of domestic violence, child marriage and trafficking are reported in media during the current pandemic. This paper tries to concentrate on the impact of the current pandemic on a particular segment of Indian women and the way they are fighting the battle. For writing this paper, I have relied on secondary data published in newspapers and journals and supplemented those with my own ethnographic findings. I have used the technique of 'digital ethnography' to conduct in-depth interview of 5 women health workers from the district of Murshidabad in West Bengal.

Health Sector

Let me begin the discussion with a brief review of the current status of our health sector where women play a very pivotal role. India ranks 184 out of 191 countries in terms of percentage wise expenditure of GDP on healthcare, as per World Health Organization. At $ 85 (approximately INR 6044), the average healthcare spending per person in India is amongst the lowest

when compared to other countries. Even countries like Sri Lanka, China and Thailand invest three to four times more per capita on healthcare. At present, the Indian government is spending only 1.15 percent of the Gross Domestic Product on the healthcare sector[1] (Financial Express, 2020).

According to a World Health Organization (WHO) report, 83.4 percent of nurses working in India are women (Anand, 2016). Regardless of where one looks, it is women who bear most of the responsibility for managing the healthcare services. As majority of the health workers positioned in front lines to treat Corona patients are women, they have a very high chance of contamination of COVID-19. Incidentally, women health care workers also do not have the privilege of isolating them at home. This is mainly because they have to bear the double burden of managing the families along with their jobs. Absence of separate rooms also adds to their fear of infecting other family members. Given such a condition, front line health workers give much importance to PPE (personal protection equipment) and other kinds of protection equipment.

But media reports clearly vindicate that at least during the initial period of the pandemic, insufficient number of these safety equipment made their job highly vulnerable. It has also been argued that there is a gender bias in the design of personal protection equipment which may be less effective for them, and hamper their work (Ghani 2017). Given that the equipment is designed keeping in mind male bodies, women often find those unfit for them. Additionally, there is a high burden of continuous duties due to the large-scale catastrophe of COVID-19. It is therefore commonly seen that these front-line female health workers cannot go home, take rest leading to physical stress and mental agony. Ironically, as of July 13th, 104 doctors and 10 nurses have died due to COVID-19 related complications across the country. Most of the doctors who died were below 60 years of age and the average age of the expired nurses were 49.6 years. According to Perappadan (2020), comorbidity, prolonged working hours, working without breaks, work-related stress, unexpected sudden deterioration, working without PPE, inadequate testing facilities, shortage of hospital bed particularly ICU beds were the reasons for the deaths of so many health care workers. A clear reflection of such a claim is seen when Ambika P K, a nurse of Karla hospital, died due to COVID-19 contamination[2]. After this death, a senior nurse of the hospital raised a vital issue of nurses being asked to reuse PPE, while the doctors were given fresh PPE. The nurses raising objections were told that since this is not a designated COVID-19 hospital, they are at little risk and can reuse PPE (Lakhani 2020).

One visible impact of such a poor health infrastructure was revealed when many migrant nurses throughout the country started leaving their job to treat COVID patients and returned to their home state. As per a report published in *Anandabazar Patrika* (2020) dated 16 May 2020, 185 nurses working in various private hospitals in Kolkata have left their jobs and returned to their home state of Manipur and Tripura. Ironically, there are many instances of nurses treating Corona patients being barred from entering their own or rented homes, mainly by landlords or neighbours[3]. Such incidents not only explain the prevalence of public fear and anxiety about the virus, it also adds to the agony of the 'corona warriors'. So, it is high time to rethink the condition of women health workers who need to be provided all round protection for curing the patients during critical times.

Apart from the frontline health workers, two other types of activists are also involved in managing the corona pandemic. Among them, Accredited Social Health Activist (ASHA) workers are doing a commendable job in rural Indian in particular. Since early March, various state governments have started engaging ASHA[4] workers, who are typically an interface between the community and public health system, to aid the novel corona fight. They are now the foot soldiers who have put themselves out there, marching from house to house, to spread the message to the corners of India (Ramesh, 2020). And after the unplanned nationwide lockdown forcing migrant labours in the cities to pack their bags and return homes, the workload of ASHA workers has increased in geometric ratio. Being on the frontline also means that the ASHA women are also at a high risk of getting infected[5]. Yet, they were not provided safety equipment and were asked to 'purchase their won' hand sanitizer and mask (Ramesh 2020). Incidentally, these workers are poorly paid and they also do not receive their salary on time (Raman 2020). On the other hand, incident of harassment and physical abuse of ASHA workers at different times have narrowed the scope of their work. One thing that is clear from the way the news of harassment of ASHA workers in different part of India is coming up through various news outlets at present is that it is a serious threat to the safety of health workers[6].

Along with ASHA workers,Anganwadiworkers[7] are playing a pivotal role during the present crisis. When the Indian state involved these workers in the fight against COVID-19, they set aside their own fears and concerns to help those who are the most vulnerable. They carry out these high-risk new responsibilities by maintaining links with the government and the community after completing their previous responsibilities such as distributing nutrition to women and children. Surprisingly, a recent report revealed that

these front-line workers have not been advised or properly trained in several northern states to carry out their new responsibilities and are being forced to work in a COVID-struck world without masks, sanitizer and other necessary equipment (Agarwal 2020). Like the ASHA workers, they are poorly paid and the government did not care for the safety of these workers while involving them in the fight against Corona.

Here in this context, I would like to present the experience of some stakeholders. I have collected their opinion through telephonic interview. All names mentioned here are changed to maintain their privacy.

Tulika Mondal

Tulika, a 48 years old ASHA worker, have been working for the last eight years. Being a separated woman for more than twenty years, she lives with her mother along with her brother and his parental family. Her main responsibility for combating coronavirus was to make door to door visit and make people aware about maintaining physical distance, regularity in washing hand and using masks. All ASHA workers are asked to visit a house where someone has come from outside, especially from another state like Maharashtra, Gujarat, Delhi, Kerala etc. Their main job was to find out the physical condition of people coming from other states and also to find out if they have COVID 19 symptoms like fever, cold, cough, headache, vomiting. They were asked to report any case of infection to the administration. Unfortunately, Tulika or any other ASHA worker received no training to deal with a Covid 19 patients. Although Tulika talked to such patients from a distance, she did not know what to do if she gets infected in the process. She did receive four simple cloth masks, one bottle of hand sanitizer and one set of gloves to carry out her work; but the quality of these products was not good. On the other hand, her neighbours have started keeping a safe distance from her as she was often coming in close contact with the Covid patients. She therefore said, 'The workload has increased so much that I have to walk about 3-4 KMs every day. Sometimes, when I come back home after a field visit, I feel that I don't have any energy in my body left and just want to sleep'. Yet, she had to do all household chores including cooking as she cannot afford any maid. Tulika gets only Rs. 3500 per month as remuneration, which is very less in comparison to her workload. Tulika lamented that 'ASHA workers do a lot of serious work for people, yet their contributions are not recognised in the society'.

Sutopa Saha

Sutopa is an Anganwadi worker. Now she is 35 years old and has been working as an Anganwadi worker for the last ten years. She is a widow and lives with her only son. Sutopa enrolled her son in the Ramakrishna Mission School five years ago and a large part of her earning is spent on her son's education. She receives Rs 7381 per month as honorarium which is the only source of income for her family. Her low income impacts the food habit of the family. Although pulses and eggs are on the diet on most days, vegetables, fruits, fish, milk and meat are rare in their regular meals. 'Eggs are cheaper than fish or vegetables', she said. According to her, 'sometimes due to special needs of my son or to meet expenses on occasions of my illness, the situation becomes such that we eat just to survive. This is because I have to rely on my limited income'. Her main job as an Anganwadi worker is to make the community aware of the epidemic; her task was to inform everyone that in this epidemic they should use mask, keep a safe distance from others, and so on. Sutopa and her fellow colleagues were instructed to inspect the homes of five to seven migrant workers every day without minimum safety equipment. But to carry out such campaign in the public, she received only two simple cloth masks. Sutopa therefore had to buy gloves, head covers, masks from her own source and used them for her own protection. Even after working with the people with potential corona virus for a long time, they were never tested for the virus. She also said, 'we are given training for only fifteen minutes every month at Burdwan Rural Hospital'.Although Sutopa uses masks while speaking to migrant workers and their families, she does not know how to disinfect safety equipment. The distance from her home to work place is more than three kilometres. Hence, she has to walk about seven kilometres every day for work. After doing almost all the old regular chores and manage all the household activity, she had to take new responsibilities for fighting Corona. She therefore sometimes feels very weak physically. She has lost about four kgs of weight in the last few months. She said: 'I need a bicycle to travel; but I cannot afford it'. On the contrary, the neighbours have started avoiding her; they do not talk to her or visit her house. They rather treat her like a Covid patient. Sutopa fears social isolation and is worried about her child.

Sulekha Saha

Sulekha, a 45 years old ASHA worker, has been working for the last seven and a half years. She lives with her husband and a child. Her husband is ill

most of the time and she is the only earner in the family. Since she has to manage with a meagre Rs 3,500 a month, she has to do all expenses from her husband's treatment and child's education to family management. She also relies on eggs as fish and vegetables are very costly these days. Also, foods items like fruits and milk are absent from their daily consumption list. The most important thing in the fight against Covid is to enhance immunity of the body, which largely depends on a high-protein diet. ASHA workers like Sulekha meet corona patients or potential corona patients every day. Their daily food list is marked by the absence of high protein foods and this makes them susceptible to infection. Sulekha said: 'We work under the state government's Swasthya Sathi scheme, but do not get any special benefit through this card'. The Swasthya Sathi scheme includes many private hospitals in West Bengal, but many of these hospitals do not provide services under this scheme citing reasons for not getting money from the government at the right time. Like other ASHA workers, Sulekha visits various migrant workers every day to collect information on their health and to explain important issues such as home quarantine and the use of masks. They have no special training for corona, which increases the risk of infection. Now the new responsibility of ASHA workers is to go to every house in their area and collect information about the physical illness of every person. They were given only four cloth masks and a bottle of sanitizer to work on, which Sulekha said was not enough for her protection. She has to walk about two kilometres every day in connection with her work and sometimes she feels very unwell because she has to do all the household work as well. Her financial situation is extremely precarious because she is the only earner in the family. 'I received Rs 7,000 in September for the months of July and August and I had to borrow money to run my family. Had I received my salary every month, I would not have to borrow from others'.

Tanushre Das

Tanushree is a 43-year-old Anganwadi worker. She lives with her two children and husband. She is the secondary earner of the family because her husband runs a stationery shop. Her house has appliances like TV, refrigerator, inverter, and so on, indicating that her husband earns enough for a middleclass life. She made it clear that since the outbreak of the coronavirus, the work of Anganwadi workers has multiplied, but their salary remained unchanged. She receives a total of Rs. 7381 per month as honorarium from the government. But they do not get salary on time and it

often gets delayed by months. They have to buy potatoes and eggs for the children of their own centre from the market with their own money and receive the reimbursement after 2-3 months. Therefore, it becomes very difficult for them to run the centre. During the pandemic, the prices of all products have gone up and 'we have to buy food items from the market at a higher price and not at the price fixed by the government to feed our children, but we are not getting the extra money we spend to run the Anganwadi centre'. Tanushree and her family members eat vegetarian food two days a week for religious reasons; but on the other days they eat fish, eggs or meat twice a week, and take bread, fruit and milk as food supplements every day. Her Anganwadi centre is located in a remote area of Mushidabad district, where most people do not wear masks. They say if you wear a mask, you will get more infected by corona'. Tanushree finds it difficult put her arguments through. One reason for this is that they are not given proper training. She said, 'Many girls have to stay together during training in the hospital. As it was not possible to maintain physical distance, only a few were provided training'. She has to walk about 5 kms every day for work and has to do cooking for her family. She feels pain in the lower part of her body every day due to work pressure. The Swasthya Sathi card issued by the government also does not provide any scope for quality treatment. She said, 'People treated with Swasthya Sathi insurance in private hospitals are kept separate from the general patients. So, I did not treat myself using this card'. Finally, Tanushree lamented, 'Despite all the hardships, the government has not taken any measures to ensure safety'.

Case of Rita Nandi

Rita, a 48-year-old woman, has been working as an ASHA worker for the last 12 years. In the last week of August (2020), she was told to visit every house in her area and collect information about the various diseases from each family member, and Rita was collecting that information. Additionally, she also had to go to the homes of migrant workers every day and collect information about their physical condition. As a result, the work of the ASHA workers has multiplied since March 2020. But, like all other ASHA workers, she is not paid extra for the additional work. Their main job is to immediately report to the ANM if a corona patient is ill or if a person has corona symptoms. According to Rita, the training they have received is not enough. She learnt almost nothing in the 15-20-minute-long training, which was organised for them. 'I have learned a lot more watching TV programmes than from our training', she said. ASHA workers have no

idea how to wear masks, how to use masks, how to purify masks and have not been taught during the training. So, ASHA workers are not trained to do the kind of works they were doing. With her meagre income, she cannot consume a diet full of protein and vitamins. Rita currently has to travel about three kilometres every day for work. She said, 'There is no value of work experience or seniority for the ASHA workers as the salary of every worker is equal'.

Vulnerability and Suffering of Women Health Workers

Based on the experiences of five women health workers, let me now analyse the conditions of women health workers sociologically. My analysis would be restricted to three major areas, namely, (1) economic field, (2) domestic environment, and (3) personal health.

1. Economic field

It is not possible to give a clear picture of the total number of temporary and contractual health workers who have been working in the health sector in India. Yet, one thing is clear that these workers are very badly paid. The honorarium of Asha workers is Rs. 3500 per month and the salary of second ANM workers is Rs. 10,000 per month, which is much less than the requirement. Apart from health workers, hospitals also employ some other grossly inadequate for a decent life. For instance, the Barwan Rural Hospital, which is located in the district of Murshidabad, employs two temporary women workers in the canteen and pays them Rs. 50 per day for 8 hours of work. Apart from them, two cleaning workers are engaged on daily basis for 15-20 days of a month in exchange of 150 rupees daily. Incidentally, none of the temporary workers, like many other unorganised sector workers, enjoy statutory benefits like provident fund, gratuity, leave salary or pension. It is not known how such poorly paid workers would build up their personal immunity power to protect themselves from COVID-19 virus. This is because they are neither able to consume immunity boosting food items nor are able to spend money towards medical treatment.

2. Domestic Environment

Due to pandemic and lockdown, women have to bear the lopsided burden of unpaid care and unequal share in household responsibilities (Writer 2020). On the other hand, it has been found that domestic, sexual and gender-based violence increases during crisis and disasters (Linde & Laya 2020). Urvashi Gandhi[8] said: "The load of work [during the lockdown] has

increased in houses because everybody is at home. With housekeeping staff being unavailable, the expectation is for women to bear the load, and chances of violence increase if she fails to do so (EPW Engage 2020). In my ethnography, I have found the same where women health workers feel much stressed handling both the professional work burden and domestic work simultaneously.

3. Personal Health

There is little research on the personal health conditions of women warriors of health sector in India. Yet, we may presume that the story of women health workers is not substantially different from that of general women who go for treatment at the last moment. Incidentally, as against the global trend, women are dying more in India[9] and this has to do with their quality of food intake, health conditions and treatment received. I have noted how women health workers had to work without proper personal protection equipment and safety. Some of them received a few simple cloth masks and a bottle of hand sanitizer. And as a result, we have seen nurses protesting across the country for protective equipment, from Patiala[10] (Prakash 2020) to Kolkata[11] (Loiwal 2020). The case studies I have done also reflect a simmering discontent among the health workers about the work conditions they are offered, yet they cannot put up an organized fight to upgrade their living condition.

Conclusion

The findings of this paper make it clear that Indian society is highly unequal, particularly with respect to female unorganised workers. The current COVID-19 pandemic has made such inequality more visible. It is true that India has neglected its health sector while passing the burden of providing health care to poorly paid nurses, ASHA and Anganwadi workers. With grossly inadequate medical infrastructure and unpreparedness, the Indian state exposed the frontline health workers, without proper training or safety equipments, making them vulnerable to catch the life-threatening infection. Additionally, these warriors were termed as 'corona carriers' by the people living close to them in their own neighbourhoods. The threat of infection from Covid 19 to the worker, her family and the community was a biggest obstacle to win over this war. Such mental agony has put them into awkward conditions as they rely heavily on the family and relatives to maintain their family while being involved in a tenuous work for more than 8 hours a day. Social ostracization, death worries, wellbeing of the family members, physical

and mental stress were the common problems these front-line workers had to face.

In concluding the paper, I would point out the specific issues that face the low-paid frontline rural health workers as follows:

- Protection of ASHA workers need to be ensured as ASHA workers are being harassed or are losing interest in collecting corona related information thinking that they may be harassed in many cases resulting in obstruction in infection control.
- Asha and Anganwadi workers are not getting the necessary training to deal with Corona. On the other hand, in many cases, physical distance rules are not being followed during the training of workers, resulting in a high risk of infection among health workers[12].
- Safety equipment is very important for health workers in dealing with corona, but in many cases the lack of safety equipment for nurses, ASHA and Anganwadi workers is evident in this study. As a result, low paid health workers like ASHA workers are being forced to buy masks, gloves and protective equipment at their own expense to protect themselves which is a huge obstacle depending on their economic condition.
- Unorganized health workers especially Asha workers work with very low wages so it is not possible for them to buy high nutritious food items from the market, but it is very important to increase immunity against viruses like corona, so all these health workers need to be provided proper nutritious food by government initiatives.
- In West Bengal, ASHA and Anganwadi workers are covered under the 'Swasthya Sathi' project; but in many cases they are deprived of quality services. This calls for action on the part of the government.
- There is an urgent need to the government to fix the prices according with the present market value of the products that the Anganwadi workers buy from the market in order to provide food to the children, otherwise there will be obstacles in providing proper nutrition to the children.
- In many cases, the salaries of unorganized health workers, the monthly honorarium of Anganwadi and especially Asha workers are inapt for their livelihood. So it is necessary to increase the

money to meet the minimum demand for their livelihood and recently, the Government of West Bengal has increased their salary by Rs. 1000.

- There is a need to ensure the safety of health workers by raising social awareness and taking initiatives at the government level otherwise health services will be disrupted.

While the lack of infrastructure in the field of health is very clearly observed in our country, the most urgent need at the time of emergency is to develop the infrastructure as much as possible through proper planning and provide proper services to a large number of people.

Notes

1. The Prime Minister of India has promised to double its public health spending to 2.5% of the GDP by 2025 (Financial Express, 2020). Only time will prove whether the Indian state is really interested in reforming the health sector.
2. She died at the age of 46 years at Delhi's Safdarjung hospital, where she was admitted on May 21 (Lakhani 2020).
3. A nurse working in a government hospital was asked by her neighbours in Jadavpur to leave the house (Mandal 2020). Anandabazar Patrika (2020) in a report on 25 August also stated how neighbors threatened to evict a nurse working at Alipore Army Hospital along with her family. The nurse is a resident of Raybahadur Road, Behala. The woman is currently free from corona. But neighbors claim that the woman is responsible for spreading the corona virus in the area.
4. According to a report, 9 lakh ASHA workers work in India (Ramesh 2020).
5. It is estimated that 20 ASHA workers nationwide have succumbed to COVID-19. In Badanakatte village in Ballari district, Karnataka, an ASHA worker died on May 13 while on duty. Her relatives kept the body in the hospital for an entire day, seeking insurance for the COVID-19 warrior. The doctors argued that she had died of a cardiac arrest, had tested negative, and was therefore not eligible (Raman 2020).
6. Savitri Swain, an ASHA worker in Orissa, was physically abused for telling 80 fishermen from Andhra Pradesh to go to the local quarantine

centre and later the local police went and rescued the ASHA worker (The New Indian Express, 2020). And in Haryana, a man went to the house of local ASHA worker Usha and attacked her with an iron rod and hit her daughter Suman's on the head with an iron road. Suman is now in hospital in critical condition. The main reason for the attack was that two days ago, following a government order, Usha stuck a 14 days home quarantine notice outside the accused's house to become a suspected patient (Prasad, Pallavi, 2020). And in west Bengal, as per a report published in Anandabazar Patrika (2020) dated 18 September, Sanatan Vallabh, a local primary teacher, attacked Minti Mukhapadhyay, an Asha activist from Kaliganj. According to Minti, being in the containment zone, Sanatan's name was given in the list for Corona test and he attacked Minti for that reason. Minti has been given first aid and the local police have also arrested Sanatan.

7. As per official data, 12.8 lakh Anganwadi workers and 11.6 lakh Anganwadi helpers work in India (*The Economic Times* 2019).

8. She is the director of a global women's rights organisation called *Breakthrough India* (EPW Engage 2020).

9. According to a study conducted by the Institute of Economic Growth, Institute of Health Management Research and Harvard University, while 3.3% of all women contracting the disease have died, the figure for men stood at 2.9%. The sharpest difference was visible in the 40-49 age group where 3.2% of infected women, as compared to 2.1% of men, succumbed to the disease (Matta 2020).

10. Nurses and paramedical staff at the government Rajindra hospital in Patiala on 31st March protested against the authorities for allegedly failing to provide safety gear meant for treating coronavirus patients. The nurses said that the PPE kit was faulty and the PPE kit is being provided only to the nurses of the isolation ward, while the doctors and staff nurses who have to examine the suspected patient- before they are sent to the isolation wards – are without PPE. They also said the PPE kits, provided by the hospital, do not cover the entire body which exposes us to the virus (Prakash 2020).

11. The medical staff in various hospitals in West Bengal have taken to the streets to protest, alleging that they have been supplied low-quality PPE against coronavirus. At Howrah General Hospital, nurses and doctors protested in front of the hospital superintendent's office,

demanding PPE and other medical facilities like sanitizers for the treatment of the corona virus affected patient (Loiwal 2020).

12. As per a report published in Ganashakti (2020) dated on 21 September, 87,000 health workers in India have been infected with corona and more than 550 have died. It is clear from government data that 74% of the affected health workers in the country live in Maharashtra, Karnataka, Tamil Nadu, West Bengal and Gujarat. And 86% of health worker deaths are from these states.

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