

## **CARE WORK AND INTRA-HOUSEHOLD TENSIONS DURING COVID-19** EVIDENCE FROM AN ONLINE SURVEY OF GIG WORKERS IN INDIA

### **SUMMARY**

This note examines gender disparities in care work and intra-household tensions among online gig workers in India. The data was collected as part of an online experiment in April 2020, shortly after lockdown measures were implemented to mitigate the spread of the coronavirus disease (COVID-19). The findings show that childcare and eldercare responsibilities have increased for everyone during the lockdown, but women have disproportionately felt the burden of increased care work. Further, there was an increase in domestic violence, pointing to added stress and intra-household tensions. Policy makers need to incorporate a gender lens in emergency responses in order to promote women's safety and wellbeing during COVID-19 and beyond.

### **BACKGROUND**

Across South Asia, impacts of the pandemic caused by the coronavirus disease (COVID-19) are anticipated to go beyond the immediate public health risks. From a gender perspective, women are typically overrepresented in insecure forms of employment, as well as perform the bulk of care work at home, including childcare, eldercare and other household activities. With governments implementing full or partial lockdowns, children are out of school and women are experiencing an increase in unpaid work at home, especially in contexts where inter-generational living and care arrangements are common. As intra-household relations come under pressure, there is also an increase in cases of gender-based violence (Peterman, et al., 2020; McLaren, Wong, Nguyen, & Mahamadachchi, 2020).

This note examines gender disparities in care work and intra-household tensions among online gig workers in India. The gig economy in India has grown massively since 2010, making the country the second largest market of freelance workers in the world, with an estimated 15 million workers (Kasliwal, 2020). Digital jobs provide women an opportunity to enter the paid labor market while undertaking the bulk of unpaid household work. The flexible modality of work has attracted many women to this sector. Yet, gig work is usually demand-driven and can be uncertain at times, especially during a pandemic when businesses are not fully

### **WOMEN ARE OVERREPRESENTED IN:**



**CHILDCARE**



**ELDERCARE**



**HOUSEHOLD ACTIVITIES**

### **WITH INDIA HAVING THE:**



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functional. Even though the nature of gig tasks performed by women tend to be low-skilled, women may work for longer hours and get paid less than men for the same jobs (Mehta, Mehta, & Kumar, 2020). The flexible work arrangements of the gig economy, such as having a job which does not require a physical space or specific timings, also do not address the unequal household roles that are mediated by cultural norms (Kasliwal, 2020).<sup>1</sup>

In the context of a global pandemic where remote work arrangements are expected to become more common, it is important to understand the realities faced by gig workers. This is important for the wellbeing of women gig workers, but also for the broader workforce who might need to work remotely in the aftermath of COVID-19.

## DATA

The data analyzed in this note was collected as part of an online experiment<sup>2</sup> on Amazon Mechanical Turk in April 2020, a crowdsourcing website where businesses can hire remotely located workers to perform discrete tasks. The survey was implemented shortly after the government enacted lockdown measures. Participants included 1,168 online workers<sup>3</sup>, who had an average age of 32.7, were highly educated (over 95 percent had either college or university degree), and largely lived in southern India (56 percent in Tamil Nadu and 17 percent in Kerala).<sup>4</sup> Most of the participants belonged to disadvantaged castes (Scheduled Castes, Scheduled Tribes and Other Backward Castes).

The survey was administered to both male and female respondents. The respondents were asked three sets of questions about the pre-lockdown and post-lockdown period: (i) intra-household distribution of childcare and eldercare; (ii) instances of verbal or physical violence in their households; and (iii) perceived job insecurity and ability to work from home during the pandemic (Box 1).

<sup>1</sup> For example, a study on women gig workers in South Africa and Kenya showed that women workers' spouses contributed little to care and domestic work (Hunt, et al., 2019). Another study focusing on flexible work arrangements in Malaysia shows that flexible work arrangements did not impact lifestyle (Subramaniam, Tan, Maniam, & Ali, 2013).

<sup>2</sup> Abel, M, T. Byker, J. Carpenter (2020) "Coronavirus: Risk Perceptions, Availability and Pro-social Behavior." Mimeo.

<sup>3</sup> Since not all respondents filled out the relevant modules of the survey, the subsamples varied for each strand of analysis.

<sup>4</sup> The remaining respondents came from 25 different states, each of which represented less than 4 percent of the sample.

### BOX 1: SURVEY QUESTIONS ON CHILDCARE, ELDERCARE, DOMESTIC VIOLENCE, WORK ARRANGEMENTS AND JOB SECURITY

**(1)** Do you have any children aged 12 or under living at home? If yes, normally, who provides most of the childcare for your children? (yourself; you and your partner together; other children in the family; relative, friend, nanny or caregiver in your home; other caregiver outside your home including an individual care giver, childcare center, nursery, kindergarten, school, etc.)

**(2)** As people grow older, it sometimes becomes difficult for them to perform some activities without help. Normally, do you provide care or assistance for an elderly adult who needs help? If yes, since the beginning of March 2020, when coronavirus spread across India and you had to stay home, have you provided any additional care or assistance for an elderly adult who needed help? (yes/no)

**(3)** When people feel stressed and economically insecure during crises, they often knowingly or unknowingly hurt those around them. Since the beginning of March 2020, when coronavirus spread across India, have you experienced any of the following? (a) your partner saying or doing something to humiliate you in front of others; (b) threaten to hurt or harm you or someone you care about; (c) insult you or make you feel bad about yourself; (d) hit, slap, kick or do anything else to hurt you physically; (e) physically force you to have intercourse or force you to perform any other sexual acts against your will. Did you experience any of the above in the month before the lockdown started?\*

**(4)** Are you at risk of losing your job or being temporarily laid off due to the coronavirus?

**(5)** Is it easy for you (both in terms of your living situation and the flexibility of your employer) to work from home?

\* Following the recommendation of the Institutional Review Board at Middlebury College, those who responded positively to the domestic violence question were provided the contact information of counseling organizations and shelters in their state.

## FINDINGS

### CHILDCARE AND ELDER CARE

*Before the pandemic, women were more likely than men to provide childcare and eldercare. Following the lockdown, these responsibilities have increased for everyone, but women have disproportionately felt the burden of increased care work.*

In times of crisis, women's responsibilities increase in the productive domain (labor or paid work) and the reproductive domain (domestic or care work) (McLaren, Wong, Nguyen, & Mahamadachchi, 2020). In India, even before the COVID-19 crisis, 66 percent of women's work was estimated to be unpaid compared to only 12 percent of men's (World Economic Forum, 2017). Women's ability to take up paid employment partly depends on availability of childcare and care for elderly relatives. However, the pandemic has led to the closure of schools, nurseries, and daycares. While it is common in many Asian countries for childcare to be provided by grandparents or other close family and friends (Mazza, Marano, Lai, Janiri, & Sani, 2020), the pandemic has increased the burden of childcare on women, as families distance themselves from older people (as older people are at a higher risk of getting infected by COVID-19).

Before the lockdown, almost twice as many women in the sample, as compared to men, reported providing childcare and eldercare. About 25 percent of women reported that they were the sole primary caregiver for children (compared to only 11 percent of men), while almost half of women reported that they shared care responsibilities with their spouse. The lockdown has resulted in an increase in care responsibilities for both men and women. However, women have reported taking on additional responsibilities at a higher rate than men during the lockdown (23 percent versus 17 percent in childcare and 24 percent versus 19 percent in eldercare) (Figure 1). Further, even though most couples

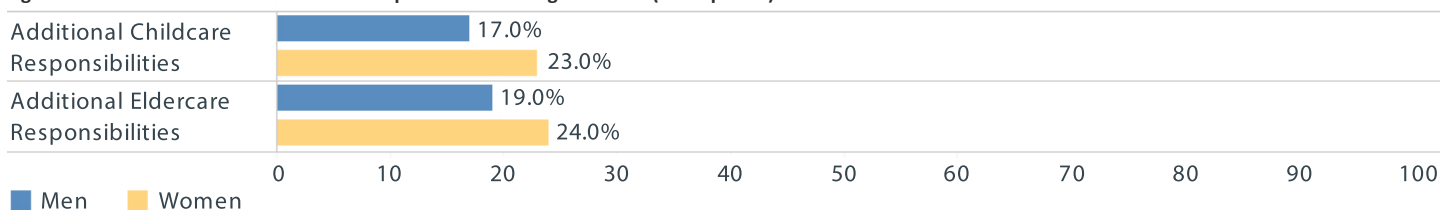
reported that the additional care work was shared between them, men tended to overvalue their own contribution to care work, both before and after the lockdown. The share of men reporting themselves as the primary caregiver increased from 17 percent to 21 percent during the lockdown, whereas only 1 percent of women reported their male spouse as the primary caregiver in either period.

Gender differences in childcare and eldercare are not solely the result of socioeconomic factors. The disparities hold after controlling for individuals' characteristics, including age, caste, education and location (Table 1). Based on a multivariate analysis of the likelihood of reporting childcare responsibilities, women were 6 percentage points more likely to report an increase in childcare needs during the lockdown. Women were also 11 percentage points more likely than men to be the sole primary caregiver for children. Similar disparities were found in eldercare. Conditional on having an elder that the respondent was responsible for, women were 6 percentage points more likely to report an increase in eldercare during the lockdown, but not any more likely than men to be the sole primary care giver.<sup>5</sup>

During times of duress, care responsibilities may also increase disproportionately for disadvantaged groups. Amidst the COVID crisis, it has been reported that discrimination against certain castes has intensified, constraining their access to testing and treatment services (Muralidharan, 2020). In the sample of online gig workers, 61 percent of the participants belong to socially disadvantaged castes (OBCs, SCs, and STs), of which almost 41 percent are women. Women from SCs were particularly affected by the lockdown: they were 19 and 34 percentage points more likely to report an increase in childcare and eldercare, respectively, after controlling for individual characteristics. These findings are consistent with the fact that SCs tend to have poorer socioeconomic status and limited access to basic services (Kumar, 2014; Bhagat, 2013).

The job flexibility afforded by the gig economy may have affected the distribution of care work within households. In

**Fig 1: Incidence of Childcare and Eldercare Responsibilities During Lockdown (self-reported)**



<sup>5</sup> The age variables were also significant, suggesting older individuals were less likely to be responsible for increased eldercare.

**Table 1: Multivariate Analysis for Elder and Childcare Responsibilities**

	1	2	3	4	5	6	7	8	9	10
	Sole Primary Caregiver (Baseline)		Increase in Childcare Responsibilities		Sole Person Taking on Additional Childcare		Increase in Eldercare Responsibilities		Sole Person Taking on Additional Eldercare	
<b>Female</b>	0.169*** (0.000)	0.169*** (0.000)	0.055** (0.024)	0.055** (0.035)	0.095** 0.016	0.107** (0.010)	0.074** (0.012)	0.062** (0.041)	0.050 (0.106)	0.050 (0.116)
<b>Age 30-39</b>		-0.018 (0.712)		-0.015 (0.594)		-0.041 (0.358)		-0.002 (0.949)		-0.068* (0.055)
<b>Age 40-49</b>		-0.072 (0.209)		-0.043 (0.326)		-0.043 (0.469)		-0.102** (0.025)		-0.084** (0.047)
<b>Caste (Other)</b>		0.080 (0.374)		-0.033 (0.586)		0.013 (0.883)		0.051 (0.434)		0.167** (0.043)
<b>Other Backward Caste (OBC)</b>		-0.011 (0.834)		-0.012 (0.726)		-0.098* (0.087)		0.016 (0.700)		-0.027 (0.517)
<b>Scheduled Caste (SC)</b>		0.240** (0.016)		0.030 (0.545)		0.204** (0.050)		0.147*** (0.002)		0.081 (0.308)
<b>Scheduled Tribe (ST)</b>		0.394* (0.075)		0.067 (0.123)		0.190 (0.434)		-0.023 (0.896)		-0.058 (0.645)
<b>University Education</b>		-0.052 (0.225)		0.015 (0.571)		0.054 (0.199)		0.046 (0.141)		0.091*** (0.004)
<b>Tamil</b>		0.025 (0.618)		-0.007 (0.816)		0.024 (0.660)		0.091** (0.025)		-0.029 0.469
<b>Kerala</b>		0.040 (0.515)		-0.072 (0.166)		-0.031 (0.601)		0.024 (0.649)		-0.031 0.538
<b>R-square</b>	0.039	0.089	0.011	0.034	0.014	0.071	0.009	0.050	0.004	0.044
<b>Observations</b>	436	429	423	416	423	416	649	640	649	640
<b>Male Mean</b>	0.239	0.239	0.929	0.929	0.196	0.196	0.823	0.823	0.185	0.185
<b>Std Dev</b>	0.427	0.427	0.257	0.257	0.398	0.398	0.382	0.382	0.389	0.389
<b>P-value Caste</b>		0.084		0.817		0.451		0.049		0.597

\*p < 0.10, \*\*p < 0.05, \*\*\*p < 0.01

Source: Author's calculations

the sample of online gig workers, a greater share of women (77 percent) than men (72 percent) have reported being able to work from home. After controlling for various covariates, women were 6.2 percentage points more likely to be able to work from home compared to men.

However, among the sub-sample of women who reported an increase in childcare responsibilities during the lockdown, 80 percent reported that they were able to work from home. Women reporting increased childcare responsibilities as a result of the lockdown were 37.7 percentage points more likely to be able to work from home compared to men. With mandatory quarantines and rising household responsibilities to continue for several months to come, these women may find it increasingly difficult to manage paid work and care work.

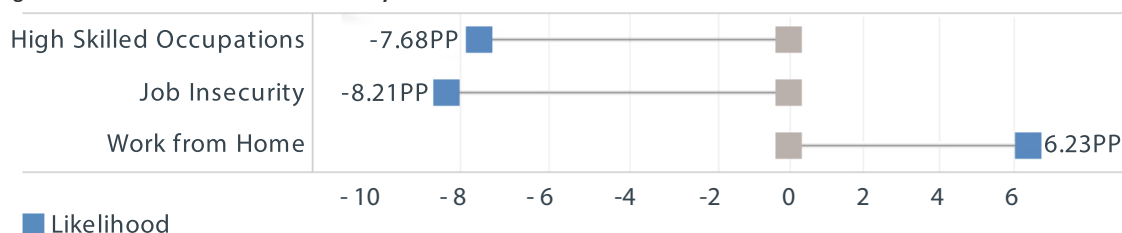
## INTRA-HOUSEHOLD TENSIONS AND VIOLENCE

*There was an increase in domestic violence during the lockdown, pointing to increased stress and intra-household tensions. Women were more likely than men to report feeling humiliated and experiencing sexual violence, both before and after the lockdown.*

Although women working in the gig economy in India were working from home before the lockdown, heightened economic insecurity may have exacerbated poor coping with new stressors and intra-household tension. While it is too early to understand the full impact of COVID-19, impacted groups are likely to face increased unemployment, food insecurity, and reduced income. Job insecurity among males is known to trigger higher domestic violence rates (UN Women, 2020). A recent study by Bhalotra, Kambhampati, Rawlings, & Siddique (2020), using data from 31 developing countries, find that a 1 percent increase in male unemployment rate is associated with an increase in the incidence of physical violence against women by 0.50 percentage points or 2.75 percent.

Among the gig workers sampled for this study, only 30 percent of men and 38 percent of women reported being secure about job continuity after the pandemic. The multivariate analysis shows women to be 8.2 percentage points more likely to feel secure about future job continuity in comparison to men, which might indicate that gig employment may provide a greater sense of security for women (Figure 2). This is consistent with previous literature which showed that women with flexible work arrangements were more empowered and consequently more secure in their jobs (Subramaniam, Tan, Maniam, & Ali 2013).

Fig 2: Women's Work Preferences and Security



Both men and women reported an increase in domestic violence during the lockdown. However, both the pre- and post-COVID values were larger for women. Figure 3 shows how incidents of domestic violence changed in the month after the lockdown compared to the previous month. Across all forms of domestic violence, there was an increase to the order of 15-20 percent. These rates are 2-3 times higher than those reported by men in either period. These findings might be partly related to the job insecurity felt by the sampled online workers.

of domestic violence among women. Figure 4 shows that compared to the 20-29 age group, being in the 30-39 and 40-49 age groups reduced this probability by 10-20 percentage points. Women with a university education were also less likely to experience domestic violence. In India, socio-demographic factors, such as young age, low levels of education, poverty, urban domicile, lower caste and unemployment were previously identified as the key risk factors for domestic violence (Neena, et al., 2015, Kalokhe, et al., 2017).

Figures 3 and 4 are consistent with past public health crises. For instance, during the Ebola outbreak in the Democratic Republic of Congo, there was an escalation in domestic violence, sexual violence and aggression against women in communities (IRC, 2019). In Guinea, gender-based violence increased by 4.5 percent during the Ebola outbreak, and led to long-term mental and emotional consequences for women (Onyango & Regan, 2020). During times of crises, governments can redirect resources related to gender-based violence services to disease management as was the case in Sierra Leone during the Ebola epidemic. Furthermore, as a result of government lockdowns during the recent pandemic, access to safe spaces for survivors of domestic violence such as homes of parents and close families has also been limited (Shalu, 2020).

For some women, social distancing and quarantine measures may have increased day-to-day exposure to potential perpetrators, limiting their ability to engage in paid work, as well as their access to essential services. In the data analyzed for this note, women who reported experiencing domestic violence were 33 percentage points less likely to report being able to work from home than men. Previous literature suggests that intimate partner violence gets interrupted when men migrate away from home (Mobarak and Ramos 2019), but this may not be feasible during the lockdown. A study from Bangladesh found that social isolation and forced quarantine measures with perpetrators of domestic violence negatively affects a woman's freedom and privacy within her house. Furthermore, confinement within homes also restricts a woman's access to social services that address domestic violence (Jejeebhoy, et al., 2017). The online survey analyzed in this note did not capture other potential impacts of violence on women.

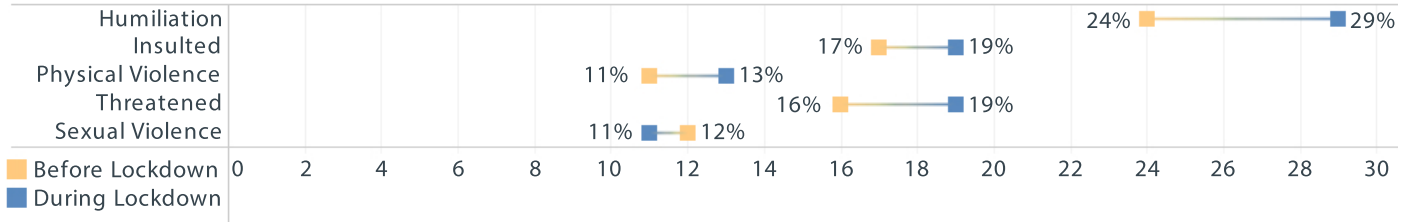
Table 2: Multivariate Analysis for Job Security and Work from Home

	1	2
	Work from home	Job Insecurity
<b>Female</b>	0.0623** (0.0299)	-0.0821*** (0.0296)
<b>Age 30-39</b>	-0.0650** (0.0318)	-0.00319 (0.0315)
<b>Age 40-69</b>	-0.0225 (0.0445)	-0.0737* (0.0438)
<b>Caste (Other)</b>	-0.0102 (0.0646)	-0.0279 (0.0622)
<b>Other Backward Caste (OBC)</b>	0.0615* (0.0350)	0.0870*** (0.0336)
<b>Scheduled Caste (SC)</b>	0.259*** (0.0533)	0.176*** (0.0557)
<b>Scheduled Tribe (ST)</b>	0.274*** (0.0932)	0.254** (0.0988)
<b>University Education</b>	-0.0194 (0.0294)	0.0459 (0.0294)
<b>Tamil</b>	-0.0428 (0.0380)	0.108*** (0.0373)
<b>Kerala</b>	0.0138 (0.0491)	0.166*** (0.0488)
<b>Constant</b>	0.716*** (0.0452)	0.535*** (0.0446)
<b>Observations</b>	907	1,057
<b>R-squared</b>	0.045	0.048

\*\*\* p<0.01, \*\* p<0.05, \* p<0.10

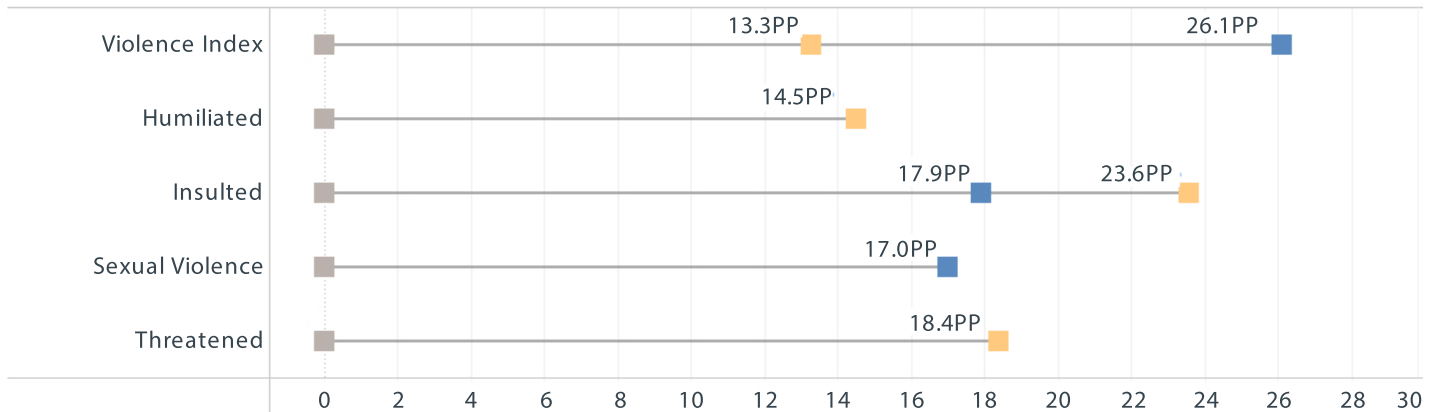
Multivariate analysis of female respondents indicates that age and caste were statistically significant determinants

**Fig 3: Incidence of Domestic Violence Before and After Lockdown (self-reported by women)**



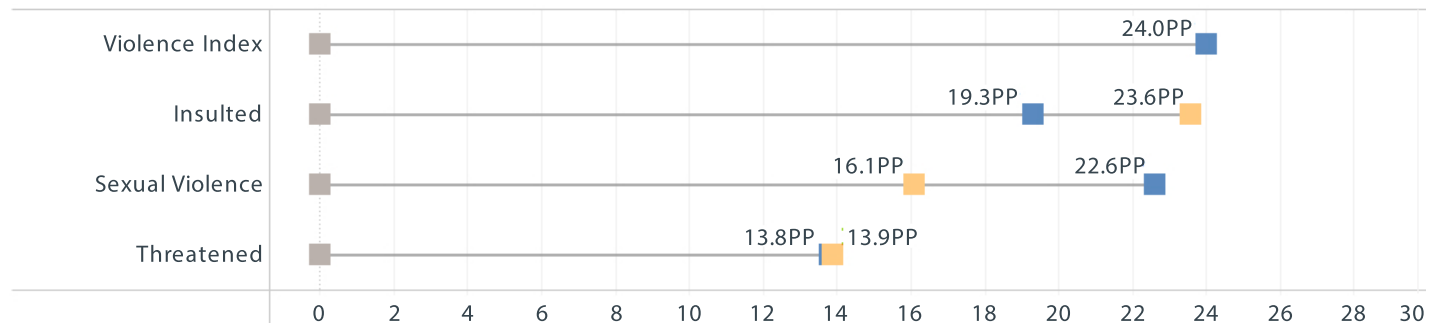
Source: Author's calculations

**Fig 4: Likelihood of Experiencing Domestic Violence (women ages 20-29)**



In comparison to

Age 30-39 (Before Lockdown) Age 30-39 (During Lockdown)



In comparison to

Age 40-49 (Before Lockdown) Age 40-49 (During Lockdown)

Source: Authors' calculations. Note: Figure shows OLS estimates for women's likelihood of experiencing domestic violence, controlling for age, caste, education and location. Only the statistically significant coefficients are shown.

## DISCUSSION AND POLICY IMPLICATIONS

While lockdowns and quarantine measures are key to controlling the spread of the coronavirus, they have unintended consequences on women's wellbeing and intra-household relations. In addition to increased care work, many women are further confined to their homes and are isolated from their support networks. The fragmented nature of gig work, coupled with the gendered distribution of care work and increased domestic violence, have adversely affected the

wellbeing of the sampled online gig workers in India during the COVID-19 pandemic. These patterns are similar to those documented in previous crises.

Learning from past crises and outbreak responses can help policy planners design effective response strategies in a timely manner. Particularly, policy makers need to prioritize gender-based violence within their response to COVID-19,

and provide interventions to support the safety and resilience of women. So far, several states in India have implemented gender-sensitive responses to COVID-19. In Tamil Nadu, protection officers now have the designated responsibility to provide support to women who have experienced gender-based violence. In Kerala, the state women's commission has started a tele-counselling facility for women suffering from stress and anxiety (Manorama, 2020) and a WhatsApp service to report instances of violence (Economic Times, 2020). In Odisha, the police are actively following up with women who reported instances of domestic violence before the lockdown to ensure their safety during the lockdown (Orissa Post, 2020). High courts in Jammu and Kashmir, Delhi, and Karnataka have directed their state governments to assess the growing domestic violence reports and designate safe spaces for women to report violence (Shalu, 2020).

Timely data is crucial to understand the pathways that lead to gender-differentiated impacts from institutional responses to the pandemic. For this to happen effectively, it is critical for interventions to collect sex disaggregated data. However, lockdowns and mandatory quarantines as a result of the COVID-19 have hindered conventional data collection methods that require face to face interaction. Remote data collection through apps and tablets is a viable option, however ensuring privacy and confidentiality will be a challenge (UN Women, 2020). For instance, gender violence data is underreported, particularly in South Asia where socio-cultural beliefs normalize violence (Menon, 2018). Generalizing trends based on administrative data comes with certain limitations, including seasonality, significant events such as COVID-19 policies, accuracy of administrative data, in addition to social stigma and fear (Peterman, O'Donnell, & Palermo, 2020). From past experiences, it is possible that the impacts of the pandemic will negatively weigh on women's labor force participation as well as on gender-based violence and abuse.

Although various interventions are being tested by governments and development organizations in response to COVID-19, the effectiveness of these interventions will become clearer in the coming months and years. In the meantime, potential short-term interventions can include technology-based tools to nudge behaviors and remind household members to share domestic chores and redistribute childcare and eldercare responsibilities. Similarly, various informational channels can be used to disseminate information about the impact of anxiety and quarrelling and teach men, women and youth better coping mechanisms to maintain a healthy home environment. However, such interventions should not be considered as a substitute for longer-term institutional solutions, such as state-sponsored

or subsidized care arrangements, investments in women and girls' capabilities, and institutional responses to gender-based violence.

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