

Exclusion of Gender Minorities and Migrant Women Labourers in the Atmanirbhar Bharat Abhiyan of GoI

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Abstract:

The gender minorities as well as migrants are victims of acute violence and abuse at their own places of residence. The central as well as state government had declared that the chances of marital rape as well as domestic violence would eventually exhibit an increasing trend. The Government of India in this era of pandemonium has come up with a programme for the affected people due to the crisis named as *AtmaNirbhar Bharat Abhiyan*. This paper intends to inquire into the exclusion of the challenges that is faced by the workers and gender minorities in the era of pandemonium.

Introduction

Democracy as a mandate to rule ourselves and seems to be beneficial to all sections of the society cutting across the differences. But in practice, some sections are perpetually been alienated from the so called rights and privileges. Among them women and marginalised sections right from the beginning are being set aside in the periphery and always lives in the outskirts of the mainstream society. Gender Minorities constitute the most underprivileged and marginalised section of the population, who are devoid of rights and are excluded in the developmental process.

Women in formal sector are said to be relatively better off and economically secure. Women are facing increased domestic care burdens in the wake of children and earning members being confined to home after the lockdown. Middle and upper-class educated women employed who are working from home as they have information technology enabled communication channel. They also must juggle with housework, childcare, home-schooling, and office work without support of domestic help.

On the other hand, once we analyse the women in informal sector Most of the workforce in Indian is in the unorganised sector. “The unorganized sector workers plus informal workers in the organized sector has remained relatively stable, at around 92 per cent. Within the overall category of informal workers, the largest group is own-account workers (32.2 per cent), followed by informal employees in the informal sector (30.0 per cent) and contributing

family workers (17.9 per cent).” (ILO, 2017). This informalisation has been more pronounced in the case of female workers. “In India, 94% of women are employed in the unorganised sector, involved in work which lacks dignity of labour, social security, decent and timely wages and in some cases, even the right to be called a ‘worker’.” (Banerjee, ORF, 2019)

The pandemic has had dire implications for the vulnerable populations-women headed households, people with disability, pregnant women and homeless people lonely elderly, socially stigmatised transgender community, sex workers, prisoners and inmates in overcrowded shelter homes and makeshift tents.

On May 12, 2020, the Prime Minister, Mr.NarendraModi, announced a special economic package of Rs 20 lakh crore (equivalent to 10% of India’s GDP) with the aim of making the country independent against the tough competition in the global supply chain and to help in empowering the poor, labourers, migrants who have been adversely affected by COVID. Following this announcement, the Finance Minister, Ms.NirmalaSitharaman, through five press conferences, announced the detailed measures under the economic package. This note summarises the key measures proposed under the economic package.

Who are Workers: The daily wage laborers, head-loaders, construction workers, street vendors, domestic workers, security guards, small-scale manufacturing workers in recycling, scrap and garment industries, barbers who managed their survival by daily income have nothing left due to unemployment and confinement of over a month (Ratho, 2020).

Methodology

The proposed study intends to employ gender as an analytical tool. The study would use both quantitative and qualitative methods. In addition to that, the specific methods like ethnographic tools will be used to gather different data. The data collected will be analysed with statistical tools. The primary data are collected through a well-designed questionnaire of WHO QOL BREF aspect whereas, the study will be mainly using the interview method with several people of the community, group work and field work.

Challenges

Challenges for Migrant Workers & Best Practices of the state governments like Kerala, Maharashtra, Andhra Pradesh, Jharkhand, Chhattisgarh ranges from Responsible media coverage, dialogue of elected representatives with people, ranges from shelter with utmost care for hygiene, universalisation of Public Distribution System(PDS) without conditionality of eligibility criteria of identification and domicile, the list of beneficiary to be prepared by collector’s office, water tankers, mobile toilets, health posts of the Government of India (GoI), private sector be made to provide health care facilities, special focus on reproductive and child health, helpline- counselling services for children, survivors of violence, distress due to social distancing, repatriation to rural homes, payment of all arrears to the workers by their employers.

As per 2011 Census, 30.9 million women are migrants in India. The migrant workers, daily wage earners, unorganized sector workers including the self-employed women and men have

been worst hit due to loss of wages, no money to pay rent of house and buy daily necessities, exposure to hunger, no access to water resulting in dehydration, malnutrition, infection and the worst of all- police brutality as most of them tried to go to their native place as they had nothing to survive in the neoliberal decision makers of the urban local self-government bodies that were concerned only about middle and upper strata of the economy living in gated communities.

In metropolis were nearly half of the population lives in the slums, the recently proclaimed programme gives no clue of how can they maintain so called 'social distance' (this term is misnomer, it should be physical distance) when they are cramped in small huts/rooms.

As the migrants were directly or indirectly asked to Reverse Migration, these women and children had a lot of confusion, chaos, and loss of confidence in the said programme. There were a lot of consequences of reverse migration without infrastructural support, which the programme should have included so as to avoid the barriers in interstate crossover resulting in dangerous routes used by the migrant families, getting mowed down by bus, truck, train. The official record to the Supreme Court of India revealed 15 lakh migrant workers were on move by the end of May 2020. The pictures and reports of the reverse migration of Walking on railway tracks, highways, forests bicycle, auto rickshaw, tempo, truck (60-80 persons stuffed in), bus, train, large containers for liquid material, cement mixer, and industrial vassals were visible in the public domain. Other challenges that the migrant women and gender minorities faced include Hunger and thirst-death due to starvation, dehydration, suffocation due to overcrowding, reproductive health needs- pregnant women, roadside delivery, maternal deaths, etc. The Senior citizens- young ones carrying them on their back was another practice seen among reverse migrant. Children were falling ill and were carried by their parents. Persons with disability were not at all included in the programme and their right to life itself was hampered. Robbery, extortion, theft, sexual violence, child sexual abuse was normal during their course of migration. If the programme hitherto proclaimed included the rights of the migration and the rights of the gender minorities, then suicides-panic, road accident, train accident, trafficking of women and children could have been avoided and a smooth reverse migration would have taken place.

Unpaid Care Work of Migrant men and women in the Urban Areas are the other people who were excluded in the *Atmanirbhar Bharat Abhiyan* of GoI. All migrant workers are not leaving for their villages. For e.g., In Maharashtra alone, 25000 Micro Small and Medium Enterprises (MSMEs) have started operating. As public health facilities are highly inadequate, the migrant workers are also doing community service- looking after ill and elderly, running community kitchen as it is more economic in the time of unemployment. Arranging water, cooking fuel, grains, vegetables, first aid

“Data from the rapid assessment surveys also shows that, in all countries, women are more likely to see increases in both unpaid domestic and unpaid care work since the spread of COVID-19. In addition, they are also more likely than men to say they are in charge of performing all three activities: unpaid childcare, unpaid adult care and unpaid domestic work.

On the contrary, men tend to concentrate on fewer tasks, like shopping for the household and playing with children.” (UNWomen, 2020)

The *AtmaNirbhar Bharat Abhiyan* of GoI has given no attention to the pregnant migrated women. Women’s Struggles to access maternity Health Services. In the of Covid-19 lockdown, women delivered babies on road, train, rickshaw, in front of hospital gates. Only Asha workers, policewomen and people on the road are helping women in labour. According to the statistics, as of May 2020, 24 women delivered babies in Shramik Express. Reports show that there were denials by hospital to admit women in labour. Numerous women face miscarriage, unsafe deliveries, neo-natal deaths, maternal mortality, maternal morbidity, self-delivered babies and child mortality. The major drawback of this programme when viewed through gender lens is that, there were no helplines for pregnant women.

The programme also denies the rights of Women in Agriculture. India is already in the middle of the Rabi harvesting season when standing crops must be harvested, processed, and sold. The government of Maharashtra has already issued notification declaring harvesting and post-harvesting activities, including mandi operations, as essential services. The Government of India has also issued a third addendum to the lockdown guidelines exempting essential farming related operations, including movement of machinery. From 14-4-2020, the farmers are allowed direct sale to the consumers in the cities and towns (Economic Times, 2020). Procurement at MSP and storage needs by the FCI and State FCIs needs to be enhanced to prevent a famine like condition from evolving. According to PTI (2020) “Over 1.31 lakh migrant sugarcane workers have been allowed to return to their native villages amid the lockdown subject to the carrying out of medical tests in connection with the coronavirus outbreak.”

The right of the women and gender minorities as Health Care seekers is continuously hampered during this continuing lockdown period. By the month of May 2020, most of the private nursing homes have been closed down; services of coronavirus infected public hospitals and health posts have stopped and their health care providers are quarantined; and the remaining health care services are catering to patients of coronavirus. Thus, highly inadequate public health services have been directed to treatment of COVID19 patients and testing of all those who have come in their contact. As a result, women’s access to reproductive and maternal health care have been severely hampered. Health care for women and gender minorities i.e. timely access to necessary and comprehensive sexual and reproductive health services during the crisis, such as emergency contraception, safe abortion and safe childbirth needs to be resumed urgently by the public health department of the Government through the programme. The programme should also maintain an adequate stock of menstrual hygiene products at healthcare and community facilities for the benefits of the transmen, intersex persons and women. Through this programme, the health department should train medical staff and frontline social workers to recognize signs of domestic violence and provide appropriate resources and services. The appreciable act should be mentioned - the MCGB commissioner had sent a directive to them conveying that if private

medical practitioners do not open their nursing homes, their registration as medical practitioners will be cancelled.

Suggestions and Conclusion

The suggestions that this research would like to mention after viewing the *AtmaNirbhar Bharat Abhiyan* through a gender lens are to ensure delivery of reproductive health services, sanitary kit, menstrual health supplies and maternal health care. The health department should ensure all pregnant women with a suspected, probable or confirmed COVID-19 infection continue to have access to the full range of quality health care. The hospitals including primary health centres should ensure availability of curfew passes for family members of the pregnant women. Balanced diet for pregnant and lactating mothers at the camps and communities are to be ensured through nutrition specialists. In this pandemonium period, the governments should make provision of 90 days of wages to all pregnant from 3rd trimester and lactating women with infants aged less than 6 months. The programme should include services of women's helpline, short stay homes and child help line need to be kept fully functional and be classified as essential services, taking into consideration that women, gender minorities and children, are more prone to facing domestic violence during crisis and lockdown.

COVID19 has unmasked ugly face of our society where open wounds of 21st century are oozing. *AtmaNirbhar Bharat Abhiyan of GoI* has not included any gender concerns, not recognised women as workers. To combat gender exclusion and ensure justice, equity and dignity in gender relations while combating the pandemic, there is an urgent need to encourage the equitable sharing of domestic tasks in explicit terms and through allowances for time off and compensation for all workers, ensure increased access to sanitation and emergency shelter spaces for unhoused people, implement protocol and train authorities on recognizing and engaging vulnerable populations, particularly where new laws are being enforced, consultations of the government bodies with civil society organizations are a MUST for the implementing legislation and policy and for guaranteeing equal access to information, public health education and resources in multiple languages, directory of support services for stranded students, women headed households, persons with disability, transgender community for combatting increased child marriages & gender based violence under COVID19 pandemic. Safety and personal protection equipment for frontline health workers must be given top priority by the public health department. Water and sanitation departments of the local self-government bodies must cease all disconnections and waive all reconnection fees to provide everyone with clean, potable water. Labour helpline accessible in several regional languages, particularly Hindi, Kannada, Gujarati, Oriya, and Bengali, should be instituted for the entire country, particularly given the high rate of intra-state migration within the state borders. The helpline must also go beyond relief measures and provide reliable information on policy announcements at state and central level. It should also address issues of wage denial, lay-offs, terminations, work-place discrimination, police brutality and sudden forceful evictions. Workers have lost wages and many of them have been summarily fired from jobs. The health crisis has merged into their job insecurity, and they are

in immediate need for institutional protection of wages. Workers have existing debts; of money they may have borrowed to commute to cities for work. In the absence of livelihood and wages, these debt burdens will multiply, hence the women's groups and trade unions have demanded that employers need to be mandated to pay all arrears, by establishing a fast track legal aid and grievance response system which is able to assist workers facing wage denial and forced retrenchments. It is imperative that migrant households are assisted through this difficult time, with the help of cash transfers. Rebooting the workers is in the interest of the Indian economy, that has already suffered a great deal because of the pandemic and the lockdown. The informal economy is heavily dependent on migrant workers, without whom sectors like manufacturing, construction and informal services would come to a complete standstill. Along with human rights organisations, the state in the programme needs to adopt of human rights-oriented protocols with regards to people in prisons, administrative migration centres, quarantine centres, confinement camps, and people with disabilities in institutions and psychiatric facilities who are at higher risk of COVID19 contagion due to the confinement conditions.

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