

The Lockdown in India

Understanding the Matrix of Caste, Class and Gender

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The coronavirus pandemic, nationwide lockdown and the Indian demography are explored through the prisms of caste, class and gender. There is an evident link between the degree of vulnerability and susceptibility of certain people falling prey to the ills of the lockdown and the overlapping effects of class, caste and gender they belong to.

COVID-19 has emerged as a watershed moment in the timeline of world history, the multilayered implications of which will be felt and recognised even decades after the world would have dealt with it completely. A study of COVID-19 and its impacts across the world has underlined a number of factors that have played a major role in flattening the curve as well as limiting contagion, mortality and human hardships. While the role of leadership and effective policymaking cannot be denied, a nation's social, economic and political systems that have been the characteristic rationale behind all decisions taken and policies formed, creating a web of complex relations based on power and privilege rather than demand and need have their own drawbacks and limitations. In times of emergency and humanitarian crisis, the policies formed are seldom able to penetrate through their socio-economic web to reach those who are rendered the most vulnerable in such times.

The Indian scene is not devoid of such complexities. A close study of the pandemic and the steps taken by the Indian government suggest major loopholes in policymaking, implementation and most importantly, "intention." In such a scenario, while most people have felt the shadow of governmental failures loom large in their lives directly or indirectly, different "shades" of vulnerability haunt different people. These shades are determined by none other than the age-old and firmly sedimented factors of caste, class and gender.

This article explores the pandemic and the nationwide lockdown through these lenses, studies demography in context to caste, class and gender and tries to forge a link between vulnerability and

susceptibility of certain people to fall prey to the ills of the lockdown and its consequences to the class, caste and gender they belong to.

Caste and Migrant Workers

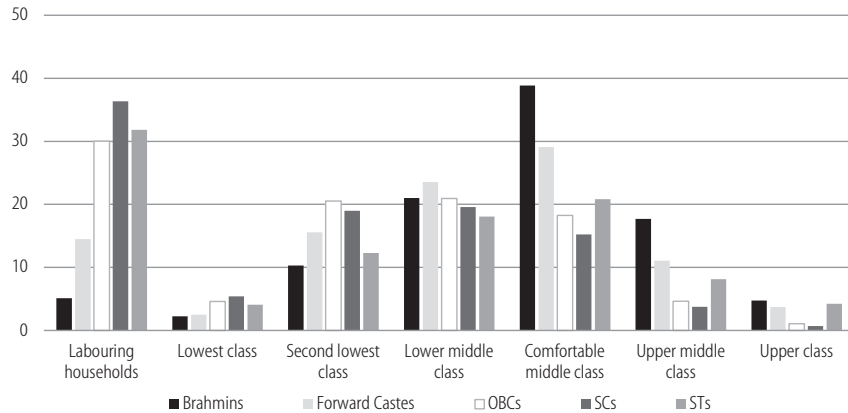
A list of workers and daily wage labourers stuck in Hyderabad had 21 people bearing the surname "Ram," a common surname used by the Scheduled Caste (sc) community and 24 bearing the surname "Yadav," used by a section of the Other Backward Class (obc) community, out of a list of 50 people. Another similar yet shorter list contains different surnames of the Santhal tribes of Jharkhand, all enlisted in the Scheduled Tribes (st) of India—Soren, Hansdak, Murmu, Kisku and Besra.

The role of caste in determining one's occupational identity cannot be denied in India given that the entire institution is based on the theory of division of labour determined by heredity rather than calibre, resulting in a rigidly stratified society. The caste system not only divides the population into sections of unequal ritual status but also dominates economic and political life (Beteille 1965). Various surveys and census reports confirm the fact that even after 70 years of independence, caste continues to determine the socio-economic location of individuals in society.

The class composition of urban India says that only 5.12% of the total Brahmin population and 14% of the forward castes work as labourers while 30% of the obc, 36% of the sc and 31% of the st population work as labourers. Also, while the largest section of Brahmin and forward caste population comes under "comfortable middle class" (38.86% and 29.09% respectively), the largest section of the population in obc, sc and st community come under labouring households (Figure 1, p 13).

A study of the rural caste composition narrates a similar story. About 35.5% Adivasis and about 56.5% Dalits do not own any land except their homesteads in rural India. This data escalates to alarming rates in states like Bihar where 72.3% Dalits have no agricultural landholding, while in Uttar Pradesh 51.8% of Adivasis do not have any landholding.

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Figure 1: Urban Class–Caste Composition

Source: IHDS-II 2010–11.

Punjab and Haryana top the tally with no Adivasi having any agricultural landholding and 98.9% Adivasis and 88.9% Dalits owning no land in Punjab (NSS Land and Livestock Holdings Survey, 59th round).

Hence, data suggests that daily wage labourers in cities as well as migrant labourers who move to the cities from rural areas in search of a living comprise largely of the OBC, SC and ST communities. In a system that is a product of this status quo and works predominantly to maintain and reinforce it, the plight of communities lying in the lower strata multiplies manifolds in times of crisis. The lockdown and its consequences have exposed the persistent presence of caste as a factor in India, not only in determining one's social capital but also their position as a determining factor in governmental decisions. The lockdown has also emerged as an opportunity for all kinds of criminal activities and atrocities against Dalits as the police forces remain occupied in COVID-19 control providing space for crime (Sivagnanam 2020). This has been complimented by the fact that India was converted into a police state during the lockdown where the police were handed immense power to ensure curfews. A highly casteist policing structure ensured brutality and apathy towards these communities where first information reports (FIRs) were not being lodged, crimes not investigated and differential treatment was meted out towards them. A Dalit man from Lakhimpur Kheri district of Uttar Pradesh died by suicide after being assaulted by two police personnel for leaving his quarantine centre for food, as the food was not being served (Kashyap 2020).

Two main characteristics of the COVID-19 crisis in India have been putting health and sanitation workers on the front line and pushing daily wage workers, migrant labourers and the low earning families to the fringes of survival. All manual scavengers in the country are Dalit, and even among different Dalit castes, such workers tend to be lower in the hierarchy, coming from some of the most marginalised and oppressed sub-castes. Most sanitation workers belong overwhelmingly to a single community: the Valmiki (Safi 2018). Similarly, the labourer community predominantly comprises the lower castes, as the data above suggests. This has led to lopsided and extremely inequitable effects of the lockdown on the people from lower castes because they have been on the receiving end of age-old caste stigma as well as the social, economic and political implications of caste. Medical aid, food security, a dignified existence, a right to the fruits of development they have been promised, means to basic survival have all been denied to this large population that has anyway been living on the brink of society.

On the other hand, social distancing has reinforced the age-old and still heavily practised methods of untouchability into the social arena. Purity and pollution have for long been considered as an integral part of the rigid caste system in India. "Social distancing" has been seen as a traditional Hindu orthodoxy for long, keeping those deemed as untouchables away from the sphere of society, considering even their shadows impure. Upper-caste men refusing food prepared by Dalit women in quarantine centres across India

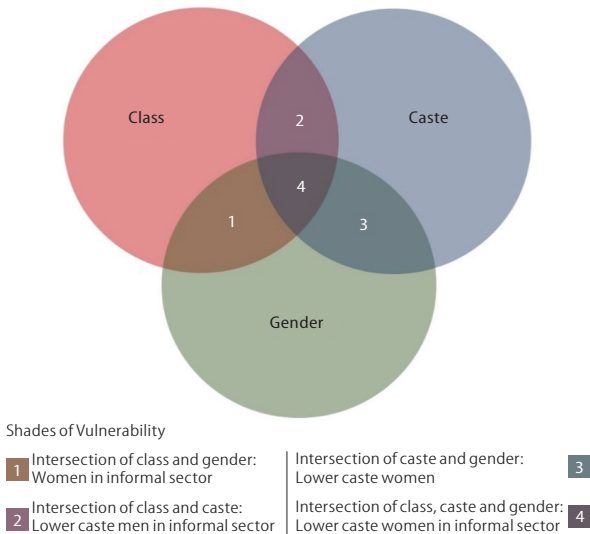
have made regular headlines. It has effectively reinstated untouchability, now with so-called scientific reasoning, renewing the existing unequal social order.

Caste–Class Matrix

It is interesting how we see lockdown and "social distancing," which, if understood from caste embedded society is ingrained with class and caste factors (Sainath 2020). For a country that sees nearly 2.5 lakh deaths due to tuberculosis and nearly one lakh children die due to diarrhoea annually, our responses to COVID-19 or severe acute respiratory syndrome (SARS) are raising questions because "beautiful people aren't immune to these diseases" (Sainath 2020). This was visible when a lockdown was declared by the Prime Minister of India with just four hours of notice for 21 days at 8 pm on 24 March (Prime Minister's Office 2020). There are 39% rural households and 32% urban households who live in a one-room home without kitchen and 56% and 78% respectively with kitchens (Haub 2012), and 60% of the population lives in either one-room homes or two-room homes. These households were expected to self-quarantine if they have travelled and live with their families maintaining social distance.

The class difference is visible when special flights for evacuation were arranged for Indians stuck abroad (Haidar 2020), but the government did not think of workers and the poor who had to walk hundreds of kilometres post lockdown to save themselves without money and work in cities (Sharma and Khanna 2020; Jha 2020). At times, when the rich and the middle class have the luxury to stay home, and the poor are forced to stay outdoors like on trees (Chakraborty 2020) fearing infecting their loved ones shows how unequal the situation is. One cannot begin to fathom the problems households will face forgetting "social distancing" to collect water as only 30% of rural and 70% of urban India have piped water connections (Haub 2012). This at a time when 81% of the workforce is engaged in the informal sector (ILO 2018) and is rendered jobless with factories and industries closing down due to lockdown. Let us take the case of the textile industry with an estimated workforce of 11 crore

Figure 2: Class–Caste–Gender and Vulnerability



people—the majority of them women (Ministry of Textiles 2019)—which is hit badly with no work and stock not being transported. This categorically means job losses for the poor, especially women. Considering 92% of households earn less than ₹10,000 per month and with 61% of the total health expenditure borne by the people and rest by various governments (Ministry of Health and Family Welfare 2019), the poor have taken hit with nearly 8% of them falling below the poverty line due to the out-of-pocket expenditure (Pandey et al 2017).

In such a scenario, the vulnerabilities referring to caste–class factor superimpose, creating a vicious web of liabilities making survival almost an impossibility. The news piece from Varanasi that brought forward the case of children belonging to Musahar caste eating grass in the face of the lockdown, is a case in point.

Gendered Impact of the Lockdown

It is believed and a study of previous epidemics has proved that a pandemic has gender unequal impacts. While caste, class, religion, etc, have their roles to play, gender tends to surpass all distinctions to operate on women from all strata of society. How has the pandemic then affected the lives of women in a nation gripped by the chains of Brahminical patriarchy?

Regardless of a woman holding a job (that is, earning a wage) or not, the avalanche of all the household chores falls on a woman. The lockdown has not only taken financial opportunities away from

women by restricting movement and making work a class game by enabling only educated, technologically equipped women to “work from home,” the pandemic has, on the one hand, snatched livelihoods of women from the lower class who managed a living by working as domestic workers, and on the other, it has burdened women who are working from home with domestic chores as well as taking care of the entire household. The task of teaching and feeding the children inevitably falls on female members of the family. Home becomes a place of work for women in order to make it a place of repose for the rest of the family. Some women who could outsource the task of domestic chores cannot do that anymore. Women working from home continue meeting the same requirements of paid work while competing with their male colleagues.

Care work is the kind of labour that is essential for a working society or to keep the society functioning, especially in the times of a health crisis. More than 85% of health workers are women (Dasgupta and Mitra 2020). Our frontline healthcare workers, from nurses in the organised sector to nannies, midwives and domestic help in the unorganised sector, comprise largely of women. While wages have remained low and pay irregular, they have not been provided with proper gear or protective equipment by the state. For example, the ASHA (accredited social health activist) workers hold a volunteer status instead of a worker status which allows the recruiter to underpay them and at the same time use them for the most rigorous job of conducting tests, exposing them further to the disease.

In such a situation there is every need for a gender-responsive policy that takes into account all the inequalities faced by women. However, the policies and the lawmakers have always ignored the socially/economically/sexually disadvantaged/vulnerable groups. Women and

transgender people are absent from the discussion of the negative consequences of this pandemic. Ironically, they are the most affected as well. Transgender persons, who were already fighting for their identity and citizenship are now striving to make ends meet. The transgender community which mostly depends on begging and gig jobs in the informal sector for their daily sustenance, is now struggling to gain access to essentials and food. While many were kept away from the opportunities to skill themselves for jobs, some of them who were able to acquire it are also the victims of Brahminical patriarchy. This leads to discrimination for their bare minimum requirements like food, housing, medical facilities and much more. This discrimination based on gender increases during such a health pandemic, where transgender individuals are denied separate isolation wards (Sen 2020). Even after being legally recognised, transgender persons are socially unaccepted.

It has already been difficult for women to navigate their way in the patriarchal society. Moreover, during the times of war, disasters or epidemics, the rate of gender-based violence escalates. Abuse and harassment come from the idea of “power” and “control.” “We know that any time an abusive partner may be feeling a loss of power and control, and everybody is feeling a loss of power and control right now, it could greatly impact how victims and survivors are being treated in their homes,” said Katie Ray Jones, the National Domestic Violence Hotline’s chief executive (Gupta and Stahl 2020). This period of mandatory lockdown with an aim to curb the spread of COVID-19 has trapped many women in the house with their abusers in cramped spaces without separate rooms. Not only are they jailed inside their abusive households but are under constant surveillance which restricts them to call for any help.

Women’s health has been a subject of neglect for families, and the womenfolk who go through childbirth and other physically straining processes are often denied medical care even in so-called “normal” times. Hence, times of crisis add tremendously to the neglect of sexual and reproductive health services and

commodities to women. Several countries have already moved their staff and resources towards critical care services and away from other care areas. Pregnant women need weekly to monthly visits to their gynaecologists for ultrasounds and other check-ups and do not have the option to physically distance themselves for long. With the nationwide lockdown and a country with a poor doctor-patient ratio, we do not have enough beds for quarantine facilities which makes it likely for many women to give birth without support. Other facilities like abortion are denied for they do not fall under the list of “essential.” As a result, horrifying stories of women giving birth on highways during their unending march towards home have come up.

In such a scenario, the situation of women in conflict areas is unimaginable. The Rohingya and Kashmiri women who have always been on the receiving end of the state oppression are helpless for a single meal. The historical marginalisation of women lying in refugee camps and other conflict areas has been exacerbated during the present pandemic.

Shades of Vulnerability

“Social distancing is a non-pharmaceutical infection prevention and control intervention implemented to avoid/decrease contact between those who are infected with a disease-causing pathogen and those who are not, to stop or slow down the rate and extent of disease transmission in a community. This eventually leads to a decrease in spread, morbidity and mortality due to the disease,” as described by the Ministry of Health and Family Welfare (2020).

The question is, how many people can afford to practise “social distancing” and “stay at home”? Anyone who lives in a house large enough to practise home quarantine, anyone who has access to running water facilities can practise washing hands multiple times, anyone who can afford handwashes and sanitisers can keep themselves sanitised, and anyone who has a constant source of income, or enough savings to last for months, or a job that can be done from home can afford to stay shut inside their homes for a lockdown that lasts for months.

What happens to the rest? And by the rest, we mean the majority of the Indian population that has meagre or no savings and works in the unorganised sector, lives in over-cramped chawls or slums, has no access to running water or the money to buy sanitisers and other cleaning equipment. The rest for which hunger and starvation are a daily reality even in normal times, lockdown came about pushing them from the frying pan into the fire. The policies adopted by the Government of India have indicated that they were formed keeping a select few in mind, ignoring largely the concerns and limitations of the majority of the people. With a Darwinian outlook, the government has shown great apathy towards the people and lack of planning or vision has endangered the livelihoods of millions leaving them Atmanirbhar or on their own for survival.

With all the factors of stratification in the Indian landscape, different people fall into different shades of vulnerability. What determines how vulnerable a random person has become in this ill-planned and poorly executed lockdown?

Figure 2 (p 14) is an attempt to picturise the overlapping of different disadvantages that determine a person’s position in society and how they add to the susceptibility of them falling prey to the ills of the lockdown or any crisis. Which class do you belong to? If you belong to the lower class, depend on the informal sector for survival and earn daily wages or receive a meagre salary that does not allow for savings, live in rented chawls or poorly constructed homesteads in over-cramped areas, have no access to healthy living conditions or running water, you are more vulnerable than others. The caste factor adds another shade to it. A lower-class person belonging to the lower caste has no social capital that can help them withstand the crisis. While it is highly likely that an upper-caste family, though being poor itself, has relatives or friends in the position of power or privilege giving them some leverage to survive; the same is unlikely for a lower-caste person because historical disadvantages and oppression have rendered most in the community in similar economic conditions. Gender then comes as a factor that overlaps all barriers by

being a factor of disadvantage for all castes and classes. Dalit/Adivasi women who work in the informal sector and thrive on daily wages have been hit the hardest. Survival is a daily struggle, where going out is restricted, all kinds of petty jobs they did were on a complete halt and the jobs available, that of sanitation and cleaning, are ones that throw them at a greater risk of catching the disease as well as keeping them away from access to any kind of medical care.

Policymaking in India has been devoid of keeping all these factors in mind while formulating the ways of dealing with the pandemic. While a lack of vision and planning remain the central flaws, compassion, concern for the million labouring lives or even basic regard of treating them with human respect has been absent throughout the lockdown. It has rather emerged as an opportunity for greater oppression of people, profiteering and extraction of funds in the name of the crisis on the part of the state. While what was needed was “physical distancing” and “social solidarity,” social distancing has been practised to its very core leaving society as a bubble of oppression for some people from which it has become impossible to escape.

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