

# Mapping the Vulnerabilities of Women at Grassroots during COVID-19 related Lock Down

Insights from Rapid Telephonic Survey by Association for Advocacy and Legal Initiatives (AALI)



## COVID-19 and Womxn: Increased Vulnerabilities

The COVID-19 pandemic has presented the world with a crisis which is not limited to public health. The pandemic has had a deep impact on many aspects of the social and economic lives of people. Most states have responded to the pandemic by imposing a strict lock down, including India, wherein a nationwide lock down was declared to begin from the 24th of March, 2020. The limitation of mobility in light of the pandemic and the lock down and a serious information gap has ushered in anxiety and uncertainty regarding people's accessibility to their basic needs for survival. The pandemic also curtailed the means for people to access these needs, as loss of jobs and income led to struggle for fulfilling sustenance needs, accessing quality healthcare and education, as required for a dignified life. Additionally, the lock down also created situations wherein increased violence and discrimination on the basis of gender and other other marginalization at the hands of both state and violent actors remained a threatening possibility. The pandemic exposed the many fault lines of a deeply unequal society, as the vulnerable found themselves pushed to marginalization in the situation.

The current crisis has claimed womxn from all sections of the society as its worst victims. Their existing disadvantages have amplified during the lock down, as they continue to be invisibilized by the state and its responses. The constant framing of the issues of womxn within the lens of violence exclusively has led to their exclusion from all other aspects that are concerned with the question of human and fundamental rights. It is critical to understand that the lives of womxn are directly affected by all aspects of 'development' and for the full and complete realization of the human rights of women, there needs to be acknowledgement of their contribution and specific needs in the context of fundamental issues beyond, but not excluding, violence. The pandemic has compounded impact on womxn in their various identities. It has great potential to affect womxn's access to resources and opportunities as traditional gender roles affect the value and visibility of womxn's contributions both inside and outside the home. Further, limited recognition of all aspects of women's human rights by the state and lack of a gender sensitive, targeted and accountable response to the same threatens to keep the already disadvantaged genders farther away from their rightful access to means of recovery and rehabilitation. These factors render womxn especially vulnerable during and following the pandemic.

## Methodology and Scope

- The telephonic survey was conducted by 50 surveyors from AALI's network of caseworkers and access to justice fellows during the first phase of the lock down.
- A questionnaire with 50 questions was designed for the survey. It comprised mostly of close ended questions, with space for qualitative information.
- The women respondents comprise of members of AALI's survivors network, community caseworkers and their direct beneficiaries.
- The questionnaire was first piloted by the AALI team over phone with 5 respondents, following which it was shared and discussed with the surveyors.
- Considering the sensitivity of the situation wherein women were speaking to us from inside their homes, due care was taken to ensure the respondents' safety. Measures were taken to ask questions related to violence as discretely as possible and probes were conducted only where privacy was ensured. In case there was possibility of surveillance during the interview, the conversation was suspended and resumed at a later time according to the comfort and safety of the respondent.
- Since most of the frontline workers conducting the survey did not have access to computers or laptops, the data collected by them was documented in hard copy format sheets with question numbers. Photographs of the format were sent to the AALI team on a messenger application through phone, who then collated the data for analysis.

## Rapid Telephonic Survey by AALI

- On 27th March 2020, AALI rolled out a perspectives survey to document the status of and increased vulnerabilities of women at the grassroots during the nation-wide lock down.
- The survey attempted to reflect upon the lived experiences of 890 women respondents at the grassroots who endure a disproportionate impact due to their gender and socio-economic context.
- The survey covered a number of human rights aspects related to the social and economic condition of the women respondents. The aim of this fact sheet is to share the findings regarding various aspects of the survey. The fact sheet sheds light on women's experiences of gender based violence at home during the lock down and response of state systems to it, the economic vulnerabilities of women in COVID-19 times, women's access to food, essential commodities and healthcare and vulnerabilities arising from abuse of power by the state.



3 States  
Uttar Pradesh, Jharkhand  
and Uttarakhand

45  
districts

890  
respondents

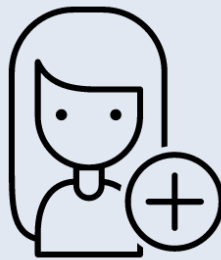
# Facts at a Glance

Insights from Rapid Telephonic Survey by  
Association for Advocacy and Legal Initiatives (AALI)



134 respondents reported undergoing domestic violence during the lockdown

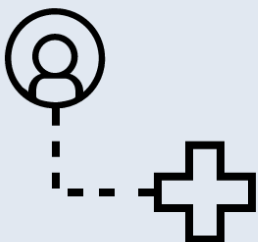
65.5% of the respondents reported that neither them nor any other working members in the household had any income during the lock down.



89% of the respondents with ration cards had not received any ration through the PDS during the first phase of the lock down

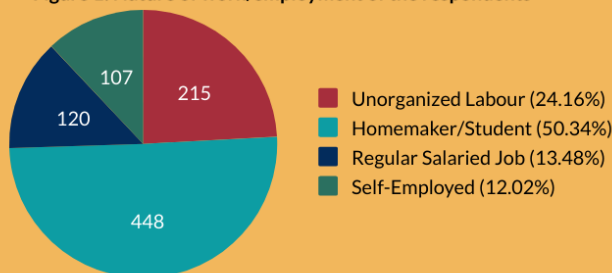
51% of the respondents reported that they did not have adequate and correct information about the COVID-19 pandemic

193 respondents reported that they or their family members had been harassed by the police while trying to access essential services during the lock down



## Key Findings-Women's access to work and income during the pandemic and lockdown

Figure 1: Nature of work/employment of the respondents



### Women engaged exclusively in household work

- 73% of homemakers reported that their family members had been sent on unpaid leave from work.
- Nearly 80% of the homemakers whose earning family members were on unpaid leave reported that they did not have adequate and correct information about the social security schemes brought in by the government during the lock down.
- 50% of the 448 homemakers in the sample reported that there was an increased burden of household work on them during the lock down. Half of them reported that they were working for 3-4 extra hours.
- 76 out of the 448 full time homemakers reported that earning members of the their family had been stepping out to work during the lock down. In 70% of such households, the earning members are stepping out due to helplessness. The rest are engaged in essential services.

- 89% of the women engaged in unorganized labour who reported stepping out for work during the lock down did so because of helplessness. Only 11% of such respondents were employed in essential services.
- Similarly, 70% of the women who were self-employed and had to step out for work did so out of helplessness. 30% are engaged in essential services.
- 65% of women respondents with regular salaried jobs who were also stepping out for work during the lockdown did so because they were engaged in essential services as declared during that phase. 45% reported that they had to step out for work because they were helpless.

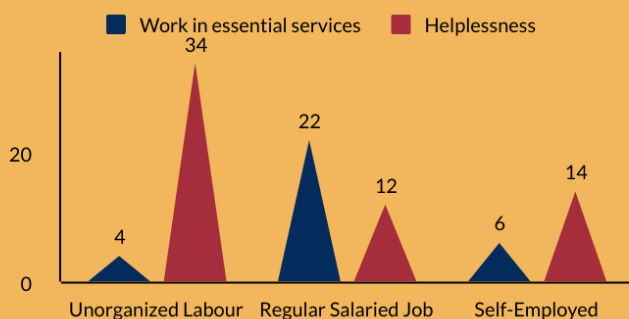


Figure 4: Reasons for respondents to step out for work

### Women also engaged in work other than in the household

- 73% of the women respondents who are engaged in work other than household work had been sent on unpaid leave from work.
- 74% of women engaged in informal labour reported being on unpaid leave during the lockdown as compared to 56% of self-employed women and 31% women in regular salaried jobs who reported the same.
- Figure 2 illustrates the number of women belonging to different caste categories and sectors of occupation who were on unpaid leave during the lock down. The data shows that proportionally higher number of women from Scheduled Caste, Scheduled Tribe and Other Backward class communities as compared to General castes occupy the unorganized and self-employment sectors. Comparatively higher number of women from these castes corresponding to their occupation in such sectors had been sent on unpaid leave during the lock down.

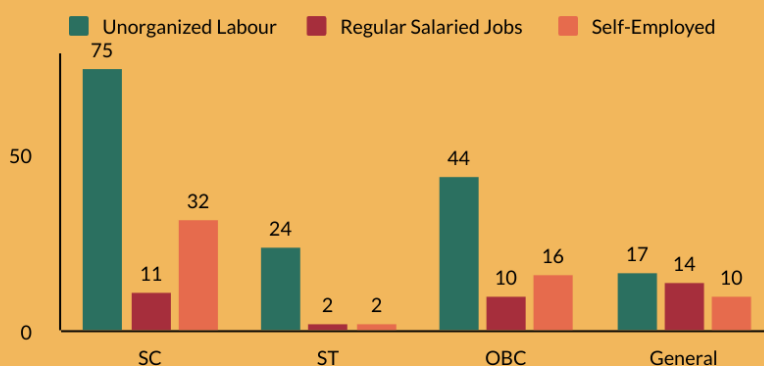


Figure 2: Women belonging to various self-declared caste categories working in different sectors and sent on unpaid leave during the lock down

- Nearly 70% those on unpaid leave reported that they did not have adequate and correct information about the social security schemes brought in by the government during the lock down.
- 145 out of the 350 respondents who were on leave from work reported that there was increased burden of household work on them during the lock down. Nearly 47% of them reported that they were working for 3-4 extra hours.
- 56.5% of the 92 respondents stepping out for work during the lock down reported that there was increased burden of household work on them. 46% of them reported that they were working for extra 1-2 hours while 42% were working for 3-4 hours extra.



While not all women might be employed outside the home, they continue to work as care givers for their families. As such, the possible vulnerabilities of members in the household during the pandemic can lead to increased burden on women, who carry disproportionate responsibility of care work inside the house.

## Compounding of Economic Vulnerability and Access to Entitlements

 64%

of those households where a member was still going out for work had children below the age of 10 in the house

 40%

of those households where a member was still going out for work had an elderly member above 60 years of age in the house

 26%

of those households where a member was still going out for work had a member suffering from severe or terminal illness

 42%

of those households where a member was still going out for work had the nearest functional hospital located at a distance of more than three kilometers

 52%

of those respondents who themselves stepped out for work reported that they did not have adequate and correct information about the pandemic

 66.5%

of those households where earnings members were on an unpaid leave had no cash during the lock down

 93%

of those who were self employed or were from unorganized sector and were on unpaid leave had either not been approached for government financial aid or had their applications rejected

 91%

of the respondents who had no cash in the household also had no access to PDS ration during the lock down

 76%

of the respondents engaged in unorganized labour neither had a labour registration nor a NREGS job card

### Observations

- An overview of the data above shows that women's vulnerabilities became highly conspicuous during the pandemic. This is so because the social and economic structures that the pandemic threatens to impair already sustain on the inequality of gender and other intersecting identities. The greatest example being women's disproportionate investment into care labour in the family. Traditional gender roles have forced women to bear the sole responsibility of the household. In this pandemic situation the necessity of physical distancing has caused more family members to be withdrawn back into the household for all hours of the day. While the care needs of family members are required to be fulfilled inside the home itself, the increased responsibility of the same has not been redistributed and women in the household are expected to cater to them. This has led to an increase in the amount of time for which women perform household labour and care work. In addition, the stress on the economy has also led to shrinkage of the accessible resources, the consequences of which might be borne directly by women in the household who might have their share of resource decreased, affecting their health, nutrition, education and decision making.+ caste
- For women also engaged in work outside of the household, the pandemic and the lock down have become a further threat to their access to opportunities, job security, a safe work environment and livelihood. Women mostly populate the unorganized sector, where there is already precariousness of opportunity, instability of work and wage and dearth of legal protections. Further, even when women are self-employed, the skill areas they are engaged with are limited and not typically productive. There is also very little fall back available in case of failure. This is further complicated by the fact that a disproportionately high number of women in these sectors are from SC, ST and OBC caste identities which are already marginalized. This can mean that their vulnerability is compounded in light of these realities because of shrinking access to opportunities for secure occupation. Women stand the risk of falling through the cracks further still in the economy which is suffering due to the pandemic and the lock down. There is not only the chance that women might be retrenched out first in case of cut downs but it might be more difficult for them to get hired again in more secure jobs with adequate wages, safe working environment and legal protection, especially when they have been again withdrawn into traditional gender roles inside the household during the pandemic.
- In the meanwhile, grave challenges are posed by the pandemic for women's already vulnerable economic conditions. Limiting of opportunities and loss of income/wages has simultaneously increased women's care labour inside the house and the precariousness of their labour outside it. Women might be engaging in opportunities for work during the pandemic with limited knowledge and no health security. These conditions can be a threat to women's health and well being as well as for those under high risk in their families for whom women themselves might be caregivers.
- With curtailed mobility and thus opportunity and income, the welfare role of the state becomes more important than ever. It is expected that where people are not able to access their basic needs for a dignified life, such access is facilitated through the state's policies that are inclusive and implementing institutions that are strong and accountable. The state needs to mitigate the opportunity and income gap and ensure access to basic food essentials, healthcare, education, information and opportunity for work. This requires the state to adapt a gender lens that takes into account these compounded vulnerabilities of women and ensure that targeted benefits reach them so that they are not deprived of their fundamental right to a dignified life. It is also important that any policy for vitalizing the economy also considers that women are not kept out of the work force for longer periods, nor are they drawn back to it without adequate wages, security and protection that allows them to engage in dignified work. Most importantly, this is a critical juncture to examine the patriarchal structure and order that renders women's labour inside the house invisible and undervalued and insecure outside it and act towards a societal shift.



## Key Findings-Access to Food and Essential Commodities

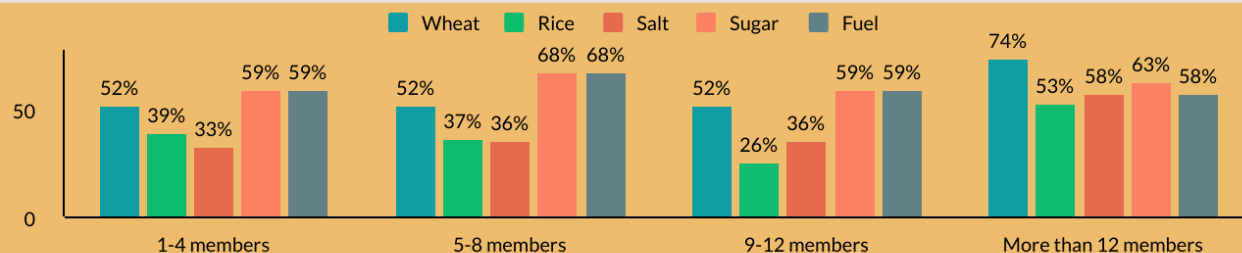


Figure 1: Percentage of households of different sizes for which food items and fuel were available for one week or less

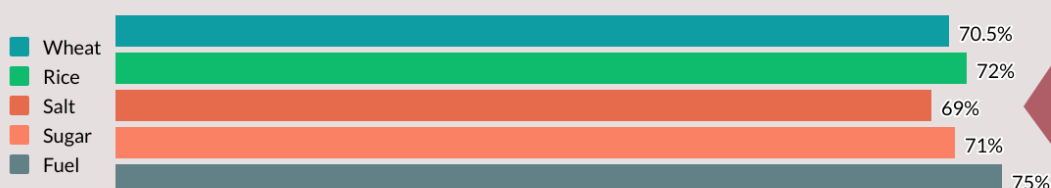


Figure 2: Percentage of households with essential commodities for 7 days or less who did not have cash

### Availability of Food and Hygiene Supplies

- The figure above illustrates data on availability of food items and fuel for all the households in the sample. It indicates the proportion of households according to their size which did not have such supplies for more than one week.
- As is evident from the data above, nearly all of the basic food supplies were available only for one week or less for a significant percentage of households. The greater the family size, the lesser number of days the items were expected to last. Close to 70% of households which did not have stock of any one or more of these basic essentials for more than a week also did not have cash to buy them.
- Figure 3 illustrates data on stock of hygiene essentials for all 890 households in the survey. The data indicates that most households either did not have these supplies or had them for less than 7 days at hand.
- The data also suggests that a substantial proportion of respondents also did not have enough information regarding the schemes and services available for their assistance or received no response from the systems in this regard.

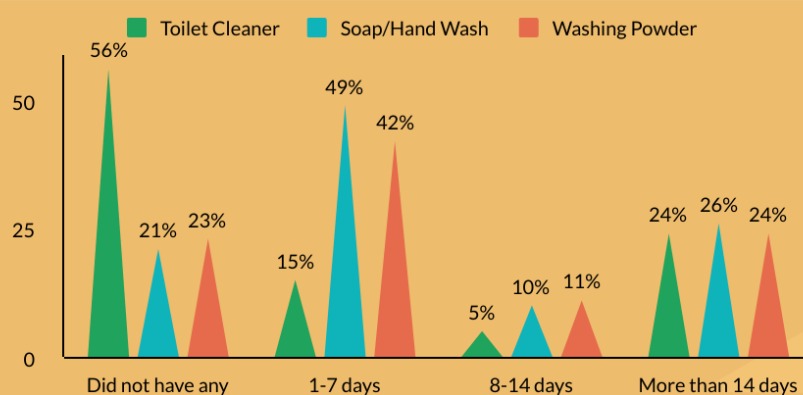


Figure 3: Percentage of households with availability of hygiene supplies for varying number of days



70%

of the households with children aged between 0-5 had no stock of milk or milk powder during the lock down



67%

of the households with children and elderly people did not have commodities to cater to their special requirements



50%

of the respondents with ration cards reported that they did not have adequate and correct information about the schemes brought in by the government during the lock down



70%

of those respondents with ration cards who tried to access essential commodities by dialing 112 or 108 did not get a response

### Access to Essential Supplies

- As is evident from the data above, a large proportion of the households did not have access to essential food supplies for more than one week when the survey was conducted. Further, while a total of 676 respondents reported that they had ration cards in the household, only 75 had received any ration through the Public Distribution System during the first phase of the lock down, when the survey was undertaken. Furthermore, 41% of those who received ration had to pay for the ration. 60% of those who received ration through the Public Distribution System had either been asked for Aadhar cards or compulsory bio-metric.
- As far as accessibility to shops for essential commodities was concerned, 71% of the respondents could reach neighborhood shops within a 1 km radius while nearly 19.4% of the respondents could reach shops by traveling between 1 to 3 kms. 85% of the respondents reported that the closest shop was opening daily either for the whole day or for some time.
- However, despite the ease of access to neighbourhood shops, 62% of those respondents who had not received ration through PDS also reported not having any cash with which to buy and replenish their stocks for a second time during the lock down.

## Key Findings- Access to healthcare

40%

of the respondents who were still going out of the house for work also reported that their nearest functioning hospital was more than 3 kilometers away

52%

of the respondents who were still going out of the house for work reported that they did not have adequate and correct information about the pandemic

65%

of the respondents reported that they did not have important medication with them in the house during the lock down

76%

of the respondents reported that they did not have access to any form of contraception during the lockdown

### Access to Healthcare

- The sampled data suggests that nearly 47% of the respondents would have to travel more than 3kms to reach the nearest functional hospital or health center.

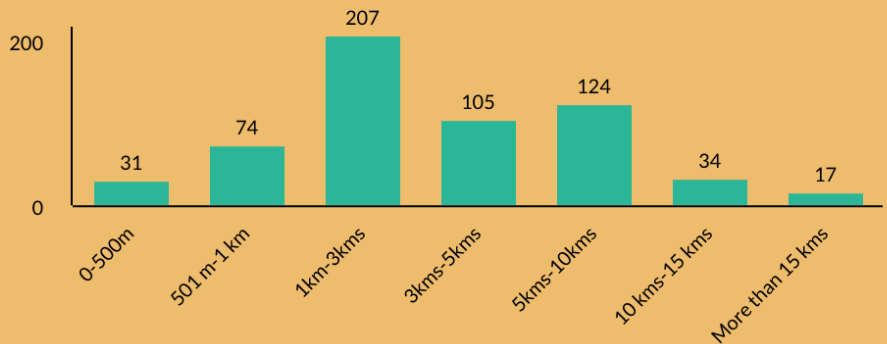


Figure 3: Reported distance to the nearest functional hospital/healthcare center

- 25.2% of the respondents with members in the household suffering from severe or terminal illness reported that their nearest hospital/health center was not functional. 30.8% of households that have members with severe and terminal illnesses reportedly have the nearest functional hospitals from them located at a distance of more than 3 kilometers.
- 23% of the respondents with members in the household having disabilities reported that their nearest hospital/health center was not functional. 35% of households with members having a disability are reportedly located at a distance of more than 3kms from the nearest functional hospital.
- 38.5% of the households with children requiring vaccines reported that their nearest hospital/health center was not functional.

63%

of the respondents reported that they did not have supply of sanitary napkins/ other sanitary products to manage periods during the lockdown

32%

of the respondents who reported undergoing violence also reported that the nearest hospital/health care center was located at a distance of more than 3kms from their house

### Observations

- The COVID-19 pandemic has posed a systemic crisis for the vulnerable and marginalized. Women continue to suffer severely amidst it. Women have been traditionally entrusted with the roles and responsibilities to ensure that the sustenance needs of the family are fulfilled. In a situation where frugal management of limited resources is expected and the possibility of acquiring resources is also bleak, women experience great pressure and compromise on their opportunities to accommodate those for the family. This has a direct adverse impact on their health and well being. Equitable access to household resources, especially food and hygiene essentials, is critical to ensuring that women do not become further vulnerable in a pandemic. Lack of access to information on state run schemes or to financial resources only compounds the uncertainty that women feel and experience in such situations.
- In situations where there are consequences for the health of women or their families due to the pandemic, access to safe and affordable health care becomes key. In households where members are at high risk due to their age or existing conditions, their vulnerability might be compounded by lack of access to a proper meal or important medication. In households where members continue to step outside for work during the pandemic the risk of exposure is also high and may be further complicated by the lack of information or immediate access to functional healthcare centers or hospitals. Even in situation of critical non COVID-19 related health issues, the structural challenges of accessibility and prioritization that the pandemic poses is a serious concern. Sexual and reproductive health and gender based violence, which are both already on low priority in the health system will be pushed further back while women will have to deal with an increased risk of violation of rights on their own bodies during the pandemic. At the same time, in a bid to keep children protected from the virus, many of their other health rights and concerns might also be overlooked. Any threat to healthcare in the household has a direct impact on women who are the primary caregivers in the house and will therefore will have an increased burden of care work that they will have to undertake.
- It is critically important to emphasize that even in the situation of a pandemic, the fundamental rights of people remain inalienable. Fundamental rights are intimately connected to the primordial needs of people to live a dignified life and access to basic necessities cannot be denied in any situation, especially by the state. In fact while coordinating a response such as a nationwide lock down, the state needs to dedicate its complete attention and resources to ensuring that no person is deprived of basic essentials such as food, drinking water, healthcare, sanitation, opportunities of income and wages. Applying a feminist lens to policy making in such situations would be accounting for women's needs in relation to themselves and their families so that they do not have to bear the brunt of the uncertainty of accessibility and outcome. Inclusive policy and on ground implementation requires strengthening of institutions to be able to remain fully accountable to their roles as agencies of the welfare state and act to ensure that targeted benefits are available to the vulnerable.



## Key Findings- Experience of Violence

- The experiences of the 134 women who responded to undergoing violence during the lock down provided us with telling insights regarding the increasing vulnerabilities of women undergoing violence in the situation.
- 92.5% of respondents** who reported that they were undergoing domestic violence during the lockdown **are married.**
- 60% of the 134 women who reported domestic violence had been undergoing intimate partner violence where the perpetrator was the husband.**
- 42.5% of the women who reported domestic violence were between the ages of 28 and 37 years.

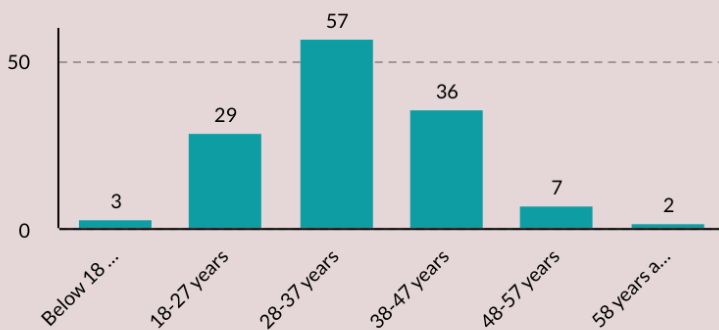


Figure 2: Age of Respondents reporting Domestic Violence

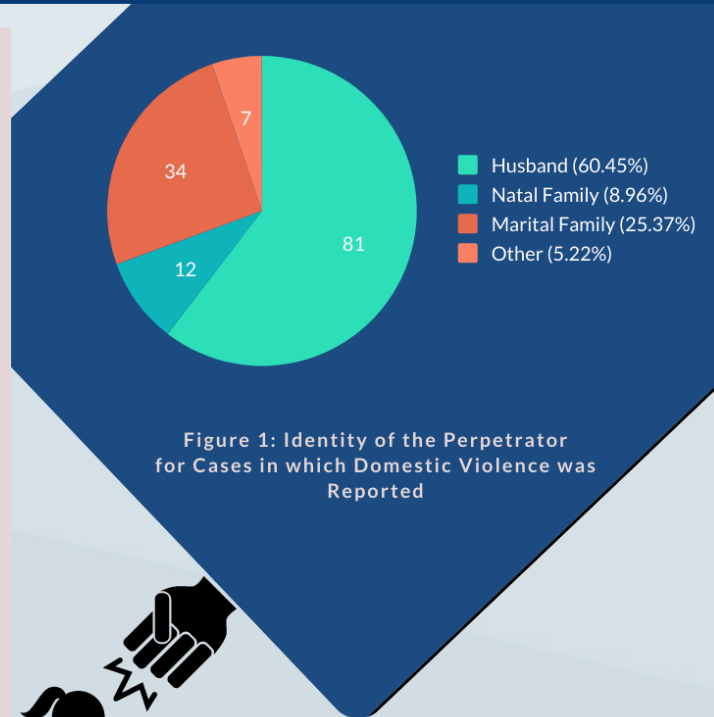


Figure 1: Identity of the Perpetrator for Cases in which Domestic Violence was Reported



Given the context of the lockdown, this number is not the exact reflection of the prevalence of the violence and only indicates those incidents that could be safely reported during the telephonic interview. Despite all measures taken during the survey to ensure free and safe conversation, there is high probability that violence is underreported. AALI and its network of frontline responders have been intervening in an average of 2 cases of violence against women everyday since the lockdown.

₹ 86%

Of those who reported undergoing domestic violence are either homemakers or were engaged in informal labour

₹ 67%

Of those who reported undergoing domestic violence did not have access to cash during the lockdown

₹ 74%

Of those who reported undergoing domestic violence also reported that they did not have adequate and accurate information about government policies and schemes during the lockdown

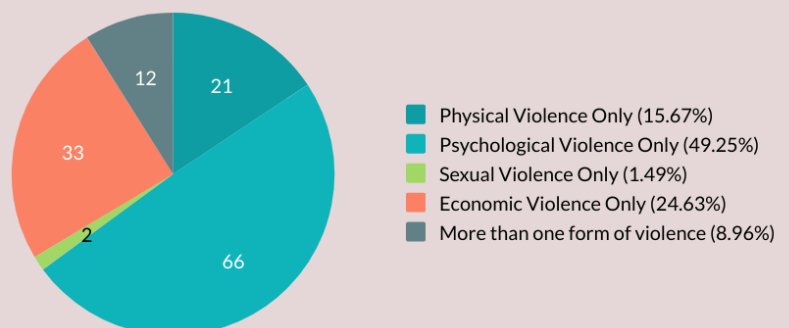
🏠 60%

Of those who reported undergoing domestic violence also reported that they exercised no decision-making over how the resources in the household should be used during the lockdown

🏠 67%

Of those who reported domestic violence during the lockdown also reported a rise in the number of hours they had to put into unpaid care work as compared to before the lockdown

Figure 3: Nature of Violence for Cases in which Domestic Violence was Reported



While the nature of violence reported lay across the spectrum, most women reported that they were undergoing psychological violence (49.25%) followed by economic violence (24.63%).

Caseworkers are responding in the reported cases keeping in mind the "Do No Harm" principle. Various strategies are being used to ensure that women can seek help from caseworkers while not attracting attention of the abuser, such as through yes/no responses and through masked messages. Safety plans are being made and conveyed to those who report violence and extensive counseling is being done where possible. Additionally, where women are ready to approach formal systems, complaints are being made through use of digital messaging such as through CM complaint portals and e-mails to concerned stakeholders if phone calls are not possible.



79%

Of the women who reported undergoing domestic violence from their husbands had no access to contraception during the lockdown



26%

Of the women who reported undergoing violence reported that their nearest hospital/healthcare facility was not functional



32%

Of the women who reported undergoing violence had to travel more than three kilometers in order to access the nearest functional hospital/health center



69%

Of the women who reported undergoing domestic violence believed that they had no options to access protection and remedy for the violence



88%

Of the women who called the emergency helplines (112, 181, 1090) did not receive any response

## Support Seeking

- Women undergoing domestic violence often seek support from both informal and formal systems, in cases where they seek support at all. During the global pandemic, even when systems might continue to function, lack of information regarding such systems, lack of means to access such systems, or previous experience of lack of response from the systems may determine women's decisions to access them.
- 77% of women engaged in unorganized labour and 73% of women doing exclusively unpaid care labour at home believed that they did not have any options to access help as compared to 50% of women with regular salaried jobs who believed the same.
- In the current sample, of the number of respondents who reported undergoing domestic violence, 69% believed that they had no option to seek relief and remedy from the violence. For the 41 respondents who believed they had options to seek help and relief, 95% of the respondents believed they could approach the formal systems while the rest of the 5% believed they had access to only informal support systems.
- Formal support systems accessed by the survivors of domestic violence were helplines such as 112 (Police), 181 (Women Helpline) and 1090 (Women Powerline UP). The helpline 1090 is available only in Uttar Pradesh. Informal support systems referred to by the respondents were mostly family and neighbours that they could approach.

## Observations

- The lockdown has led to further curtailment of the already limited mobility women exercised. With constant surveillance in the household the emphasis on women's gender role is being more profusely reinforced. The burden of care work that was already disproportionately allocated to women has increased due to the withdrawal of more family members back into the household and minimal sharing of responsibilities. However, women continue to be excluded from decision making on resource allocation in the family.
- The reiteration of power and gender stereotypes in the household has made women more vulnerable to violence. Economic dependence on the family during times when resources are limited, loss of secure income has been suffered and prospects of contribution through paid work is bleak for women, existing violence against them has intensified and newer triggers are emerging.
- Lack of access to paid work and cash affects women's prospects of seeking help and asserting rights, With the looming economic crisis and concerns around dilution of labour laws in the Hindi belt, opportunities for women to participate in paid dignified work will most likely be further curtailed. Increased economic instability adds on to women's inability to access help amidst a reality in which mobility is restricted and surveillance is high.
- Violence has a number of health consequences- both physical and psychological. In situations of diminished decision making and possibility of new triggers, women are vulnerable to violation of rights on the body. Inaccessibility to contraception and healthcare is a huge concern, especially when violence and medical assistance for the same are not prioritized by the state. The issue is compounded by lack of access to cash and transportation during the lock down.
- Despite women lacking information and clarity regarding the functioning of available systems, they approach institutions such as police and One Stop Centers because these are state systems entrusted with the responsibility of responding to violence. The non-responsiveness of these systems not only poses great threat to confidence and faith women hold over them but also could have possibly severe consequences for their life and limb. While the state has issued guidelines to have helplines and OSCs remain operational during the pandemic, there is lack of clarity on how these services are expected to respond in these extraordinary times. This highlights the urgent importance of strengthening these systems and institutions.
- Any response to a global crisis is incomplete without taking into consideration the holistic needs and rights of the most vulnerable. Gender based violence is a violation of fundamental rights of womxn and requires a feminist, rights based response. The state must prioritize the issue of gender based violence and ensure that there is inclusive written policy adapted to making multi-stakeholder response available to all womxn and girls during and post the pandemic as an essential services.





## Key Findings- Abuse of Power by Police

- 24% had to step out of their houses due to work.
- 35% had to travel for more than 1 kilometer to reach the nearest shop for essential commodities.
- 42% had to travel for more than 3 kilometers to reach the nearest hospital/healthcare center.
- 73% did not have adequate or correct information regarding the schemes brought in by the government during the lock down.
- 45% had not received any response on dialling 112 or 108 to reach the emergency services.
- 73% did not have any cash during the lock down.



For those who reported that either they or their family members had been harassed by the police during the lockdown

*"There is an atmosphere of fear in the whole city because of the police's actions. The police are not allowing farmers to go out and are harassing people when they are going out to buy things."*

*"The police are indiscriminately beating people up if they are stepping outside. They don't even ask why we are outside."*

*"I have two sons who returned from Mumbai. The police and doctors came over to our house and started harassing us. The entire village is socially boycotting us."*

*"I have two sons who returned from Mumbai. The police and doctors came over to our house and started harassing us. The entire village is socially boycotting us."*

*"The police are troubling us when we step out to buy things. They obstruct our way and only let us go when we give them some money. There are really misusing their powers."*

### Abuse of Power and Social Identities

A disaggregation on the basis of religion showed that a larger proportion of Muslim respondents reported that they had been harassed by the police as compared to the proportion of Hindu respondents as well as respondents belonging to other religions. The data suggested that Muslims were 1.5 times more likely to be harassed by the police than Hindus.

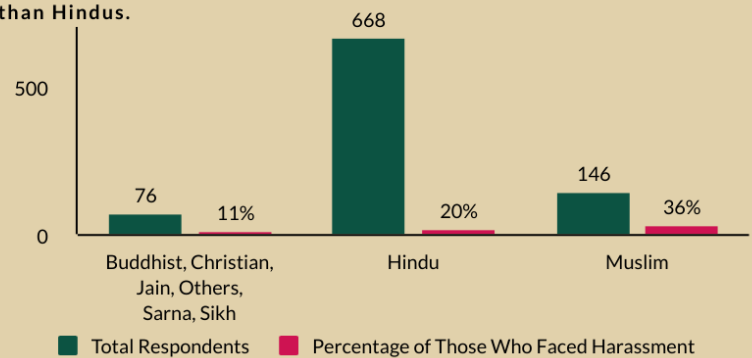


Figure 1: Religion wise comparison of those who reported getting harassed by the police

On the basis of caste, a larger proportion of respondents who self reported as belonging to Scheduled Caste and Other Backward Class communities reported being harassed by the police as compared to those belonging to General caste or Scheduled Tribes category. The data suggested that people identifying as Other Backward Classes were 1.5 times more likely to face police harassment than those identifying as general category. Similarly, people identifying as Scheduled Castes were 1.4 times more likely to face harassment from police as compared to those identifying as general.

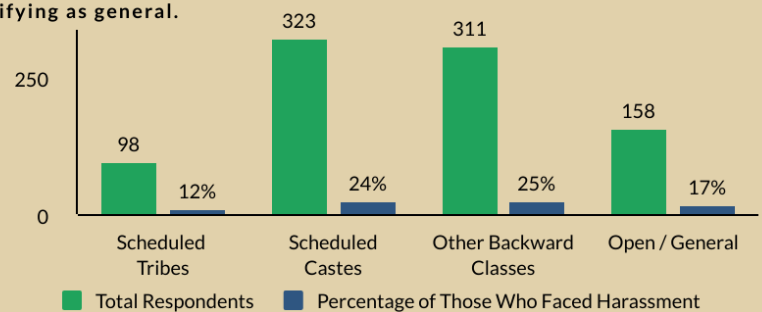


Figure 2: Caste wise comparison of those who reported getting harassed by the police



The Rule of Law continues to hold supreme even in a pandemic situation. While the police are supposed to enforce the lock down, they also need to be fully aware of the limitations of their authority and acknowledge that the use of disproportionate force, especially in a pandemic situation amidst a lock down, amounts to grave violations of the human and fundamental rights of citizens and is in fact, abuse of power and authority. The evidence also suggests that the police is more likely to use disproportionate force against people of Muslim and historically marginalized caste identities more than other identities. Such biases and discrimination indicate a dangerous trend for the police, especially with the nature and amount of power they are likely to wield.

The unprecedented situation created by the pandemic and lockdown has brought to the fore the requirement of an empathetic and rights based approach to bring about behavioural change rather than punitive measures that have little deterrent value.