

IMPACTS OF COVID-19 ON WOMEN AND CHILDREN IN INDIA AND CATHOLIC CHURCH'S RESPONSE

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Abstract

The sudden eruption of the COVID-19 pandemic created a profound shock in the lives of the human community around the globe and it has left them with socio-economic challenges with different implications for men, women and children. Given that women and children are widely considered the most vulnerable, the current pandemic has also severely disrupted access to reproductive and child health services. Despite this, women serve on the frontlines against COVID-19 and are also shouldering much of the burden at home, the impact of the crisis on women is stark. Governments around the globe and particularly in India took a wide range of actions to contain and mitigate the pandemic. The Catholic Church in India too reached out to the victims of Covid-19. However, this colossal challenge still calls for rapid and decisive action from the Church in order to ensure the safety and well-being of women and children.

Keywords: Children; Church; Covid-19; Theology; Women

Introduction

On 23 March 2020, one of the most sudden and stringent COVID-19 lockdowns in the world was imposed in India, without any clear-

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cut directives on how state agencies and civil society organisations should respond to the enormous challenges it posed. The impact of the lockdown was particularly severe on certain sections of the population, including migrant workers, daily wage labourers, domestic workers, other marginalised groups and, unsurprisingly, women and children.¹ The current climate of a global pandemic has hit both men and women but the most vulnerable ones are women and children. This paper focuses on the spread of the novel Corona virus that has created a myriad of problems for women and children and the measures undertaken by the Church. This paper also addresses briefly its theological implications.

1. Impacts on Women

In times of any crisis when human and natural resources are exhausted and institutional power is restricted, it is mostly women face disproportionate impacts with far reaching consequences. The COVID-19 has affected disproportionately women's wellbeing and the burden caused due to the virus is higher for women than men. Here below, the impacts of covid-19 on women are discussed in detail.

1.1. Loss of Livelihood

The pandemic has aggravated the existing inequalities for women, leaving many underpaid, and undervalued. Across the nation, women earn less, save less, and hold less secure jobs. Since the lockdown began members of slum households namely, street vendors and daily wagers including domestic workers found themselves without employment. UN Women survey results from Asia and the Pacific are showing that women are losing their livelihoods faster than men and they have fewer alternatives to generate income.² In addition, economic challenges created during the outbreak pose a serious threat to young women's work and business activity and expose them to increased risk of exploitation and abuse.³

1.2. Rise in Domestic Violence

Quarantine measures imposed as a response to the COVID-19 pandemic are putting women at heightened risk of violence in the

¹Anuradha Kapoor, "An Ongoing Pandemic: Domestic Violence during COVID-19," *Economic and Political Weekly* 56, 17 (24 April, 2021) 1.

²"Explainer: How COVID-19 Impacts Women and Girls," *UN Women* (17 March 2021), <https://interactive.unwomen.org/multimedia/explainer/covid19/en/index.html>. Accessed on 10/07/2021.

³"NGO working for COVID-19 relief in India (planindia.org)," <https://www.planindia.org/plan-india-response-covid-19/>. Accessed on 10/07/2021.

home and cutting them off from essential protection services and social networks.⁴ In India, domestic violence is widespread and deep-rooted and its ubiquity was highlighted prominently during the COVID-19 lockdown.⁵

According to National Family Health Survey-4 (2015-16), “1 in 3 women in India suffer sexual and physical violence at home.”⁶ Anuradha Kapoor, Director of Swayam, an NGO in Kolkata, Writes:

There is a war in our homes. More than 8,500 women were killed by their spouses and their family members and 1,03,272 cases of domestic violence were reported in 2018 (NCRB 2018). Domestic violence is a reality that existed prior to COVID-19, and has intensified as a result of the lockdown, because women are locked in with their abusers 24x7, their housework and care work responsibilities have increased and all the stress and tensions are released on women.⁷

In March 2020, the National Commission for Women stated that domestic violence reports have more than doubled ever since the lockdown began. Moreover, in India, the excessive consumption of alcohol and domestic violence has been seen to have a correlation.

1.3. Increased Burden of Domestic Work

India has one of the worst records in the world of wide gaps between men and women in household work, which means, cooking, cleaning, child care, care for the senior members in the family, fetching water for household use and other tasks of household maintenance. It is estimated that in India women spend 352 minutes a day, around five and a half hours on such work as compared to 52 minutes by men. This does not include unpaid work which is economic activity contributing to household income.⁸ The arrival of Covid-19 has increased the domestic workload of women. Being at home in itself is a luxury and a privilege for the rich and for the middle class men but for women, with all members of the family at

⁴NGO working for COVID-19 relief in India (planindia.org).

⁵Kapoor, “An Ongoing Pandemic : Domestic Violence during COVID-19.”

⁶Urvashi Gandhi “COVID-19: How is the global pandemic threatening the safety of women and girls,” *Hindustan Times*, (APR 14, 2020). <https://www.hindustantimes.com/sex-and-relationships/covid-19-how-is-the-global-pandemic-threatening-the-safety-of-women-and-girls/story-iVGTsCnwnyLL05xTIuQRsL.html>, Accessed on 20/07/2021.

⁷Jagriti Chandra, “NCW records sharp spike in domestic violence amid lockdown,” *The Hindu*, (JUNE 15, 2020). <https://www.thehindu.com/news/national/ncw-records-sharp-spike-in-domestic-violence-amid-lockdown/article31835105.ece>. Accessed on 20/07/2021.

⁸Brinda Karat, “Pandemic Lockdown and Impact on Women - II,” Peoples Democracy. https://peoplesdemocracy.in/2020/0705_pd/pandemic-lockdown-and-impact-women-%E2%80%93ii. Accessed on 04/07/2021.

home, with schools closed, burden of domestic work increased hugely. Before the crisis started, women did nearly three times as much unpaid care and domestic work as men. Social distancing measures, school closures and overburdened health systems have put an increased demand on women to cater to the basic survival needs of the family and care for the sick and the elderly.⁹

1.4. Less Access to Reproductive Health

The current pandemic has also severely disrupted access to reproductive health services of women. Women, who already faced health and safety implications in managing their sexual and reproductive health and menstrual hygiene without access to clean water and private toilets before the crisis, are particularly in danger. Since healthcare systems are overburdened and resources are re-allocated to respond to the pandemic, health services unique to the well-being of women are being disturbed. This includes pre- and post-natal healthcare, access to quality sexual and reproductive health services, and life-saving care and support for survivors of gender-based violence. The health impacts are catastrophic, especially in rural, marginalized and low-literacy communities, where women are less likely to have access to quality, culturally accessible health services, essential medicines or insurance coverage.¹⁰ Before the pandemic, maternal mortality rates were already alarmingly high with 300 deaths per 100,000 live births or more in half of the countries affected by crisis or conflict, according to the latest available data. The further burdening of the health care sector in these contexts will likely increase maternal mortality.¹¹

1.5. Increased Risk of Infection

The pandemic is a reminder of the essential contribution that women make at all levels. As health professionals, community volunteers, transport and logistics managers, scientists, doctors, vaccine developers and more, women are at the frontlines of the COVID-19 response. Globally, women make up 70 per cent of the health workforce, especially as nurses, midwives and community health workers, and account for the majority of service staff in health facilities as cleaners, launderers and caterers.¹² Besides, Indoor air pollution, mainly due to cooking on firewood, is documented to have an adverse impact on women's health. A poor immune system could mean more women are succumbing to the virus. In refugee camps,

⁹"Explainer: How COVID-19 Impacts Women and Girls."

¹⁰"Explainer: How COVID-19 impacts women and girls."

¹¹"Explainer: How COVID-19 impacts women and girls."

¹²"Explainer: How COVID-19 impacts women and girls,"

for instance, where cramped conditions make physical distancing challenging, women in camps are more prone to gender-based violence when practicing hygiene at latrines or water distribution sites.¹³

Access to menstrual hygiene products was neglected during the initial onslaught of COVID-19.¹⁴ Especially during the initial phase of the nationwide lockdown, sanitary napkins were not considered in the list of essential items and there was severe disruption in their production. It was on 29 March 2020, sanitary napkins were included in the essential list.¹⁵ According to a survey conducted in 2020 in three states of India,¹⁶ 58 percent of girls under 18 years reported an unmet need for sanitary pads.¹⁷ Similar surveys have been when conducted in other states,¹⁸ showed comparable results.¹⁹ The girls, who were unable to use sanitary napkins during the pandemic, resorted to unhygienic practices,²⁰ which led to alarming consequences such as toxic shock syndrome, reproductive tract infections (RTI), and vaginal diseases.²¹

1.6. Death Rate of Women

It would be certainly incorrect to generalise that women are dying more due to COVID-19 without ascertaining such details. However, “The data till May 20, 2020 suggests that the overall risk of mortality

¹³“Explainer: How COVID-19 impacts women and girls,”

¹⁴Surbhi Garg et al., “Socio-demographic and Access-Related Correlates of Sanitary Pads among College Students in Lucknow during Covid19,” *MedRxiv Preprint* (October 2020), <https://www.medrxiv.org/content/10.1101/2020.10.14.20210815v1.full-text>. Accessed on 06/09/2021.

¹⁵Ministry of Health and Family Welfare, Government of India. DO NO 40-3/2020-DM-I(A), March 2020.

¹⁶Bihar, Rajasthan and Uttar Pradesh

¹⁷“Impact of COVID-19 on Young People: Rapid Assessment in Three States May 2020 (Bihar, Rajasthan and Uttar Pradesh, 2020).” <https://populationfoundation.in/impact-of-covid-19-on-young-people/> Accessed on 01/04/2022.

¹⁸“Impact of Covid-19 on Young People–Population Foundation of India” – Jharkhand, Odisha, Chhattisgarh and Bihar

¹⁹“Assessment of Issues Faced by Adolescent Girls & Boys During Covid-19 and the Lockdown, September 2020,” As cited in <https://www.orfonline.org/research/the-impact-of-covid-19-on-children-and-adolescents-early-evidence-in-india/>. Accessed on 10/08/2021.

²⁰Plan International, *Periods in a Pandemic – Menstrual Hygiene Management in the Time of COVID-19*, May 2020. <https://plan-international.org/publications/periods-in-a-pandemic/>. Accessed on 01/04/2022.

²¹“Impact of COVID-19 on Young People: Rapid Assessment in Three States May 2020 (Bihar, Rajasthan and Uttar Pradesh, 2020”); Anoop Khanna et al., “Menstrual Practices and Reproductive Problems: A Study of Adolescent Girls in Rajasthan,” *Journal of Health Management* 7, 1 (April 2005). <https://doi.org/10.1177/097206340400700103>.

among women is slightly higher than men,” said William Joe, assistant professor at the Population Research Centre at the Institute of Economic Growth, Delhi.²²

1.7. Right to Food Security

The right to food security is an issue, which affects women in a specific way. The worsening COVID-19 pandemic in India has caused prolonged social and economic disruptions that are yielding unintended consequences including economic and food insecurity, and challenges in accessing healthcare. Challenges in accessing essential health services has led to increases in other adverse health outcomes, from vaccine preventable diseases to poor birth outcomes and malnutrition.²³ Malnutrition driven poor immunity certainly make women vulnerable to the corona virus.

1.8. Lack of Access to Information

Entrenched inequalities in access to education often leave women inadequately equipped to protect themselves and their families against infection during an outbreak. A rapid situational assessment in the South Asia region (not including India) suggests that women are less likely than men to have received COVID-19 information.²⁴ Moreover, literacy, internet usage and smart-phone ownership is lower among women compared to men in India. Accessing and understanding health promotion messages increases knowledge, which needs to be accompanied with structural facilitators and access to resources to adopt promoted preventive behaviours (e.g., making soap and water available for hand washing).

1.9. Promotion of Obscurantism

An important issue that impinges women is the promotion of obscurantist ideas on the Covid epidemic by the outfits affiliated to *sangh parivar* ideologies. According to them, the virus is an evil female deity, which has to be placated, the “Corona mai”

²²Disha Shetty, “Indian Women More Likely to Die Of COVID-19 Than Men, But More Data Needed To Know Why” (24, June 2020). <https://www.indiaspend.com/indian-women-more-likely-to-die-of-covid-19-than-men-but-more-data-needed-to-know-why/>. Accessed on 01/04/2022.

²³Charlene M.C. Rodrigues and Stanley A. Plotkin, “Impact of Vaccines; Health, Economic and Social Perspectives,” *Frontiers in Microbiology* – Review Article (14 July 2020), <https://www.frontiersin.org/articles/10.3389/fmicb.2020.01526/full>. Accessed on 10/08/2021.

²⁴Surveys show that COVID-19 has gendered effects in Asia and the Pacific, *UN Women Data Hub*. [cited 12 Jun 2020]. Available: <https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>. Accessed on 08/08/2020.

strengthening cultural stereotypes of the “wicked woman.” They are forcing women to perform rituals collectively to banish the *corona mai*. The promotion of unscientific theories by those in power does have a specific impact on women who are the target of superstitious rituals and practices.²⁵

Thus corona has directly or indirectly affected the growth and well-being of women.

2. The Impact of Covid-19 on Children

Even though children have not been the face of this pandemic as they have largely been spared of the direct health effects of Covid-19 at least to date, still the reality reveals that they have been among its biggest victims with profound and multiple side-effects on their physical and psycho-social well-being. Just as there are multiple channels, through which the pandemic is affecting children, so there are multiple dimensions to its impact on the children. Here below we shall see how children are affected by the crisis of covid-19.

2.1. Reduced Household Income

In an era characterized by extreme inequality, the COVID-19 pandemic is a fundamentally disequalizing event. Its effects are expected to be most damaging for children in the poorest countries and on the poorest households within the countries.²⁶ The physical distancing and lockdown measures needed to save lives and suppress the transmission of the virus have resulted in a significant reduction of economic activity across all major economies and the resultant global recession. The severity of the recession is seen in the socio-economic impacts.²⁷ The sudden income shocks at the household level, even if only temporary, has made devastating effects on children, particularly those living in poor households with limited assets.

2.2. Malnutrition

Child nutrition is a vital concern in any society. Data shows that in India, every third child suffers from one form of malnutrition (stunting, underweight, or wasting).²⁸ According to the Comprehensive

²⁵Brinda Karat, “Pandemic Lockdown and Impact on Women – II.”

²⁶“India has One-third of World’s Stunted Children: Global Nutrition Report,” *The Economic Times* (E-Paper) (Nov 29, 2018). <https://economictimes.indiatimes.com/news/politics-and-nation/india-has-one-third-of-worlds-stunted-children-global-nutrition-report/articleshow/66865016.cms?from=mdr>, Accessed on 02/08/2021.

²⁷“India has one-third of world’s stunted children: Global Nutrition Report.”

²⁸International Institute for Population Sciences (IIPS) and ICF, *National Family Health Survey (NFHS-4) 2015-16 India*,

National Nutrition Survey (2016-18), 23 percent of children (5-9 years) were thin for their age.²⁹ The current COVID-19 context has aggravated malnutrition among children. It has affected the young children's food, nutrition, and health security. Because millions of children across India who normally rely on school meals for a reliable source of daily nutrition are deprived of their daily meals due to lockdown measures. They have to look for other sources for their survival. Besides, safe drinking water, sanitation and hygiene (WASH) services are also at risk of disruption by lockdown measures, posing further threats to children's health through water-borne diseases.

The vulnerability is higher in rural areas as more than half of the children rely on (Integrated Child Development Scheme (ICDS) and the mid-day meal programme) these government programmes.³⁰

2.3. Restriction of Mobility

Due to lockdown, children have no physical access to friends, peers, schoolmates, teachers and relatives for over three or four months. Limited or no opportunity for outdoor play and socialization also impact children adversely, making them easily bored, angry and frustrated. Although many are active on mobile phones and virtually connected, there is higher probability that they will become increasingly engrossed in social media and online entertainment. The effects of physical distancing measures and movement restrictions on children's mental health represent another cause for concern. Children today face anxiety about the negative impact of the pandemic on their lives and their communities, and uncertainty regarding the future: how long today's extraordinary circumstances will endure and how the pandemic will ultimately be resolved.³¹

2.4. Loss of Parents

Over 1.2 lakh children in India have lost a parent due to the pandemic. Globally, over 15 lakh children are estimated to have experienced the death of at least one parent or a custodial or a co-residing grandparent, or other older relative. Out of the 15 lakh, from March 1, 2020, to April 30, 2021, the study estimated that 11,34,000

²⁹ Ministry of Health and Family Welfare (MoHFW), Government of India, UNICEF and Population Council, *Comprehensive National Nutrition Survey (CNNS) National Report*, 2019.

³⁰ Sunil Rajpal et al., "Utilization of Integrated Child Development Services in India: Programmatic Insights from National Family Health Survey, 2016", *International Journal of Environmental Research and Public Health* 17, 9 (May 2020), <https://doi.org/10.3390/ijerph17093197>, Accessed on 01/07/2021.

³¹ "India has One-third of World's Stunted Children: Global Nutrition Report."

children lost a primary caregiver, a Lancet study estimated. The study said 25,500 children in India lost their mother to Covid-19 while 90,751 lost their father and 12 lost both their parents.³² The psycho-social impacts of such loss on children cannot be overlooked. In addition, Children without parental care are especially vulnerable to exploitation and other negative coping measures.

2.5. Impact of Online Classes

In order to reduce covid-19 mortality, India closed down its schools on 16 March 2020—one of the first countries in the world to do so³³ and moved to online learning as an emergency measure. Following the closure of schools, virtual platforms have been used in all grades to continue with children’s schooling.³⁴ Early analyses of India’s experience have found that the country’s socio-economic inequalities are influencing the effectiveness of virtual learning (or lack of it). Children’s reliance on online platforms for distance learning has increased their risk of exposure to inappropriate content and online predators.

The “boyzroom” episode in Delhi during the lockdown when students of an elite school were found to be involved in the sexist and sexually abusive online behaviour, including rape threats against girls in their own school and others, highlighted the aspect of cyber crimes against girl children, which has increased during this period. Growing digitalization magnifies children’s vulnerability to harm.³⁵

According to a survey conducted with parents of children (5-15 years) in New Delhi, 54 percent said their kids spend an additional average of five hours on a screen every day. A large 84 percent of parents were worried about their child’s increased screen time.³⁶ There are also widespread challenges facing significant proportions of the school-age population, including unavailability of smart-phones and computers, unreliable internet connection, lack of

³²Sneha Mordani, “Over 15 Lakh Children Lost a Parent to Covid, Including 1.2 Lakh in India,” *India Today* (July 25,2021). <https://www.indiatoday.in/coronavirus-outbreak/story/covid-orphans-lancet-study-india-death-primary-caregivers-1831040-2021-07-22>, Accessed on 14/08/2021.

³³Pravat Kumar Jena, “Impact of Pandemic Covid-19 on Education in India,” *International Journal of Current Research* 12, no. 7 (2020): 12582–86.

³⁴Jena, “Impact of Pandemic Covid-19 on Education in India.”

³⁵Brinda Karat, “Pandemic Lockdown and Impact on Women – II.”

³⁶Prachi Verma, “COVID-19 Impact: Screen Time up by 100% for Children”, *The Economic Times*, June 15, 2020, <https://economictimes.indiatimes.com/industry/services/education/covid-19-impact-screen-time-up-by-100-for-children>. Accessed on 10/08/2021.

technology skills,³⁷ and lack of electricity.³⁸ As screen time increased, physical activity dwindled. Research has shown that reduced physical activity are associated with adverse physical and mental health outcomes, such as loss of muscular and cardio-respiratory fitness, weight gain, psychosocial problems,³⁹ poor academic achievement, and ophthalmic issues. Evidence suggests that the negative impacts may have ripple effects all through to adulthood.⁴⁰

Besides, children living in informal settlements and in camps with limited infrastructure suffer due to lack of access to internet.

2.6. Victim and Witness of Domestic Violence

Lockdowns tragically also present an opportunity for child abusers to harm children. Children no longer have the access to teachers to report incidents of harassments that take place at home. Children are often witnesses to domestic violence against women. Such acts of violence are more likely to occur while families are confined at home and experiencing intense stress and anxiety.

2.7. Health Care of the Children

With COVID-19 putting enormous pressure on already weak or overstretched health systems, the number of unvaccinated and under vaccinated children is expected to increase, putting their lives at serious risk of disease or death. As health services become overwhelmed in caring for large numbers of infected patients requiring treatment, children are less able to access standard care. Children of frontline workers have also had to adapt to alternative childcare arrangements. Children living in areas of armed conflict, who already struggle extensively to access health services are further excluded from attention and access to the severely stretched health systems.

2.8 Mental Well-Being

The impact of the pandemic extends far beyond the sphere of physical health. The pandemic is having profound effects on children's mental well-being, their social development, their safety,

³⁷Jena, "Impact of Pandemic Covid-19 on Education in India."

³⁸United Nations, *Policy Brief: Education during COVID-19 and beyond*, August 2020; "27% Students Have No Phones, 28% Lack Electricity for Online Classes: NCERT Survey," *Deccan Chronicle*, (August 20, 2020).

³⁹Daphne J. Korczak et al., "Children's Physical Activity and Depression: A Meta-Analysis," *Pediatrics* 139, 4 (April 2017), <https://doi.org/10.1542/peds.2016-2266>.

⁴⁰Mi Xiang et al., "Impact of COVID-19 Pandemic on Children and Adolescents' Lifestyle Behaviour Larger than Expected," *Progress in Cardiovascular Diseases*, 63, 4 (July 2020).

their privacy, their economic security, and beyond. For children facing extreme deprivations, acute stress can impair their cognitive development and trigger longer-term mental health challenges.⁴¹ Children living in refugee settlements and those living in other crowded conditions are especially vulnerable. Moreover, children are more vulnerable to mental health issues because they are unable to comprehend the entirety of a situation nor fully communicate their feelings to adults.⁴² This vulnerability was heightened as the pandemic disrupted their normal lives, deprived them of schooling and, concomitantly, opportunities for socialisation and physical activities.⁴³ Many of them suffered anxiety, depression, sleep disturbance, and loss of appetite.⁴⁴

2.9. Increase in Child Labour

Indeed, as India began lifting lockdown restrictions, cases of child labour showed a steady rise in June 2020 as compared to the previous months.⁴⁵ The most vulnerable children, including refugees, migrants, and children who are internally displaced, deprived of liberty, living without parental care, living on the street and in urban slums, with disabilities, and living in conflict-affected areas are a particular concern. For many, growing economic vulnerability will increase the threat of child labour, child marriage and child trafficking.

It is obvious from the above, how, directly or indirectly, children in India are affected severely due to the pandemic.

3. Church's Response Towards the Victims of Covid-19

Governments around the world and particularly in India are taking a wide-range of actions to contain and mitigate the pandemic. Building on best practices already adopted by several governments, those actions need to be adapted to reflect the local context, and accompanied by additional steps to counter unintended effects on

⁴¹"Policy Brief: The Impact of COVID-19 on children 15 APRIL 2020," *United Nations*. https://unsdg.un.org/sites/default/files/2020-04/160420_Covid_Children_Policy_Brief.pdf, Accessed on 17/07/2021.

⁴²Nazish Imran, et al., "Mental Health Considerations for Children & Adolescents in Covid-19 Pandemic," *Pakistan Journal of Medical Sciences*, 36, S4 (May 2020).

⁴³Anant Kumar et al., "Debate: COVID-19 and Children in India", *Child and Adolescent Mental Health* 25, 3 (September 2020).

⁴⁴Imran et al., "Mental Health Considerations for Children & Adolescents in Covid-19 Pandemic"

⁴⁵Tanmayee Tyagi, "Child Labour Cases Rise in June," *Hindustan Times* (July 5, 2020).

children and women to ensure their wellbeing both during the pandemic and after it ends.⁴⁶

Along with the Government, the Catholic Church in India reached out to the victims of Covid-19 in various ways. The Church's extensive works of mercy are largely carried out throughout the country through its social and development arm, Caritas India, and the Catholic Health Association of India (CHAI), a network of over 3,500 healthcare and social service centres.⁴⁷ A Good number of Catholic schools were turned into centres of quarantine and vaccination. Men and women religious personnel all over the country were involved in counselling the covid-19 patients encouraging the people to get vaccinated.

The Church, joining the different religious institutions generously contributed towards Chief Minister's fund in each state. The Catholic media channels and journals had been constantly encouraging the faithful to follow the preventive measures against the virus such as social distancing, washing of hands with soap and using facemasks.

Caritas India has launched 200 Information Sharing Centres to promote appropriate behaviour, to prevent the spread of fake news or misinformation and to increase the vaccination rate by registering more people through official government portals.⁴⁸

In most of the dioceses, along with the religious congregations and with the faithful, the Church devised innovative ways to help ease the suffering of the people. For example, facilities were made available for patients affected by the virus to stay; a telephone helpline was launched to reach out to the victims and their relatives, providing information on the management of the disease at home and the availability of beds and oxygen, a free meal programme for patients, etc. In addition, the Catholic Church joined hands with other Christian Churches in observing a national day of prayer and fasting during the pandemic. The initiative took place during the current worldwide "marathon" of prayer called by Pope Francis for an end to the pandemic and the resumption of normal social and work activities.⁴⁹

⁴⁶160420_Covid_Children_Policy_Brief.pdf (un.org) accessed on 15/07/2021

⁴⁷Robin Gomes, "Indian Church Extends Hand to Ease Pandemic Crisis," *Vatican News* (11 May 2021). <https://www.vaticannews.va/en/church/news/2021-05/india-church-gracias-cbci-efforts-covid19-crisis-suffering.html>, Accessed on 10/07/2021.

⁴⁸Robin Gomes, "Indian Church extends hand to ease pandemic crisis."

⁴⁹Robin Gomes, "Indian Church extends hand to ease pandemic crisis."

A small group of educators and journalists pooled their resources and brought out some soul-lifting articles in catholic magazines to face the situation courageously. Despite the situation, a number of Catholic doctors, nurses, priests, sisters and the laity came forward passionately to commit themselves to serve the needy and those affected by COVID-19.

Besides, several dioceses in India have formed voluntary groups to offer dignified burial to those who have died of COVID-19. An uninterrupted link that connects a vast number of people in prayer, imploring the Lord to bring to an end this terrible pandemic was made available.⁵⁰ The church has also helped the vulnerable communities with dry ration and hygiene kits. Thus, the Church in India reached out at various level, assisting both the affected and the infected victims of Covid-19 in their dire need.

4. Theological Implications

The pandemic has affected people from all walks of lives. However, it has affected disproportionately women and children. During his lifetime, Jesus did not ignore anyone while reaching out in compassion. However, he took a preferential option towards the poor, the marginalised and the ostracised of his society. Even though Jesus was born in a highly patriarchal society and religion where the existence of women was not taken into consideration, Jesus gave importance to them in his teachings and miracles. He had special concern for women. He not only cured the sicknesses of women but also enabled them to regain their lost dignity.

There are ample evidences in the New Testament that discloses how Jesus responded to the needs of the women in their given situation. For example, when the widow of Nain lost her only son, Jesus had compassion towards her and gave back her son by giving life back to him (Lk 7:11-17). When the woman with the haemorrhage was in need of healing, Jesus healed and helped her regain her lost daughtership (Lk 8:43-48). When Peter's mother-in-law was sick, he healed her in order to enable her to serve the community (Mk 1:29-31).

During this era of pandemic, following Jesus' ways demands that the Church gives special care and attention to women, for they are more susceptible to vulnerability.

⁵⁰Teresa Joseph, "The people of India battle COVID-19," *Global Sisters Report*, (Jul 21, 2021). <https://www.globalsistersreport.org/news/coronavirus/column/people-india-battle-covid-19>. Accessed on 01/08/2021.

Similarly, during his ministry, Jesus had special love for the little children and so he was delighted to welcome them whenever they clustered around him (Mt 19:14). While speaking about the reign of God, he took a little child to symbolise it. Jesus embraced them and even prayed God's blessing on them, much to the surprise of his disciples, who he later rebuked (Mk 10:13-16).

In today's pandemic context, women and children are the most afflicted and marginalised. Hundreds and thousands of children have become homeless, fatherless or motherless. They have no one to care for. The church must reach out to these little children giving them hope and life by giving them shelter or render any type of help they need.

The church should support the Children who are victims of COVID-19 outbreak. Although the Catholic Church in India had been involved in activities to alleviate the sufferings of the victims of the Corona virus, still it needs to focus its attention on women and children who are disproportionately affected.

5. Way Forward

COVID-19 has profoundly changed the lives of women and children, causing tremendous human suffering and challenging the most foundations of societal well-being and quality of life. Beyond the immediate impacts, the epidemic has increased the anxiety of women and children, affecting their social relations, their trust in other people and in institutions, their personal security and sense of belonging. These impacts of COVID-19 will severely affect their future too since they are the most disadvantaged.

Hence, this monumental challenge calls for rapid and decisive action from the Church in order to enhance the personal security of women and children. The Church should continue to stand for the safety and well-being of women and children. It is high time the church institutions adopt new ways of working to ensure their safety and well-being.

5.1. Towards the Empowerment of Women Victims

- The church could think of providing gender-sensitive public health support and humanitarian assistance to the most vulnerable families so that the impact of the crisis on young girls and women is mitigated.

- The church through its health care ministries could set up temporary COVID care centres for women where they can access care, treatment and nutrition.

- Measures to protect women from violence must be the priority during this pandemic. Hence, ensuring short stay homes to provide shelter to women and girls who are forced to leave their homes to escape harassment could be of great relieve.

- The Church must respond to the evil of violence especially domestic violence against women by awareness-raising campaigns among the public. Rigorous protection and safeguarding of women from gender-based violence must be emphasised and prioritised in its preaching and in its option.

- Centres could be started to provide job opportunities in order to create economical sustainability for women who have lost their husbands due to Corona.

5.2. Towards the Well-Being of Children

- To respond to the needs of the victimised children of covid-19, the church could think of providing practical support to parents and caregivers, including how to talk about the pandemic with children, how to manage their own mental health and the mental health of their children, and tools to help support their children's learning. For each of the above, specific protections must be put in place for vulnerable children including refugees, the displaced, homeless, migrants, minorities, slum-dwellers, children living with disabilities, street children, living in refugee settlements, and children in institutions.

- Due to the pandemic, a good number of children have become parentless and homeless. Hence, starting orphanages or centres for children who have nowhere to go could bring great hope in their lives.

- The new realities of home-schooling of children, and lack of physical contact with other family members, friends and teachers, managing the fear of contracting the virus affect children's mental health conditions. Hence, counsellors in the school campus and counselling centres for children could be made available by the Church institutions.

- A survey of 23 states among school children (grades 1 to 12) conducted in April 2020 found that only 43.9 percent of them have access to smart-phones, another 43.9 percent of them have access to basic phones, while a significant 12.0 percent do not have access to either smart-phones or basic phones.⁵¹ The church could

⁵¹"About 56% Children Have No Access to Smartphones for Online Learning: Study," *Times of India*, June 13, 2020.

come forward to provide children with smart-phones free of cost so that the children's learning access is not disrupted.

- It is critically important that physical distancing and lockdown strategies are adapted in low-income settings so that the children from the poor household can afford to have their safety and security.

- Issues like child marriage, mental health and violence of children could be addressed by utilising community-based activities and clinical services.

- The church needs to lay the foundations for a deeper transformation of the way it nurtures and invests towards the growth of the younger generation.

- The church could prioritize the continuity of child-centred services, with a particular focus on equity of access. These services should include schooling, nutrition programmes, maternal and newborn care, immunization services, mental health and psychosocial services, birth registration, community-based child protection programmes, etc.

Conclusion

This is an unprecedented crisis and it presents unprecedented risks to the rights and safety and development of women and children. Corona has also taught lessons to adopt a simple lifestyle and to be content with little or with what is given. The Church has to work together to make progress on these three fronts; awareness, solidarity and action. Joining the government, the church has to defeat this pandemic and invest towards the well-being of women and children. The Church has to act now. She has to act decisively, and at very large scale. This is not an issue to be faced gradually; it is an urgent clarion call for the world's future.