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Pandemic Paradox: Unveiling the Gendered Impact of COVID-19 in Bangladesh

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ABSTRACT

This article aims to explore the gendered impact of COVID-19 in Bangladesh. The study is qualitative, and both primary and secondary sources of data are explored to meet the purpose. Respondents to this study were selected using the purposive sampling method. Online, one-on-one in-depth interviews were conducted with participating women and their husbands via WhatsApp, Skype, and Viber between February and August 2020. Focusing on Bangladesh, the article highlights that women endure huge work burdens associated with productive, reproductive, and community work, which has put them under increased pressure during the COVID-19 pandemic. The findings suggest that women's unpaid reproductive work burden has been perpetuated, reinforced, and increased during COVID-19. The article also reveals that women's vulnerability in terms of unpaid work, domestic violence, life responsibilities, frontline community activities, and insecure informal paid work has been boosted in the context of COVID-19. The article concludes that although women are disproportionately affected by the pandemic in many ways, policymakers are yet to acknowledge the gendered impact of COVID-19, let alone make necessary recovery policies. It is hoped that this new research will fill the knowledge gap and could also be beneficial for academics and researchers who are keen to further explore the field of women's vulnerability in the context of disease outbreaks.

Keywords: COVID-19, disease outbreak, deadly disease, domestic violence, women's work burden, Women's triple role

Introduction

COVID-19 is an infectious disease caused by a specific type of newly discovered virus named coronavirus (CARE, 2020). The outbreak of this virus had spread to six continents, and approximately 593,192 people died after contracting the respiratory virus (WHO, 2020a). Deaths and infections are increasing over time. There have been millions of infections around the world and thousands and thousands of deaths. To effectively deal with this pandemic, it is essential to explore how it is affecting men and women differently. However, it is very difficult to depict a clear gender dimension of the COVID-19

pandemic (Alam et al., 2020). The gendered impact of COVID-19 is complex, but policymakers must understand that the impacts of COVID-19 are not the same for men and women (FAO, 2020). The COVID-19 pandemic is widening existing discrimination between privileged men and affected women, poor forced women, single mothers, widows, disabled women, and other marginalized groups such as persons with disabilities, ethnic women, and those in extreme poverty (UNESCO, 2020).

The experience of previous pandemics also provides evidence that shows that disease outbreaks affect women and men differently. For instance, during the

Ebola outbreak in Liberia, Africa, women experienced more joblessness and remained out of work longer than men. In Africa, women were affected disproportionately in the hardest-hit sectors (Korok-nay-Palicz, 2016). During the Ebola outbreak, women spent more time with men, which increased their chances of becoming pregnant. Evidence from Sierra Leone suggests that women spent an additional 1.3 hours per week in productive work with men than they had before. In adversely affected areas, women were twice as likely to be pregnant compared to those in less affected areas. It was found that there were more pregnant girls in the more affected areas than in the less affected areas (Bandiera et al., 2019). And when women become pregnant, it has a long-term effect on them. Working women may have physical changes after pregnancy, such as diastasis recti, weakened pelvic floor muscles, and breast alterations, which may have an impact on their ability to execute specific job duties in the long run. Due to time away from work for delivery, pregnancy, and postpartum recovery, along with the obligations of childcare, prejudice, and discrimination, women may encounter a halt in their professional advancement. Stress from juggling job and childcare commitments as well as postpartum sadness or anxiety are other mental health effects of pregnancy and childbirth. To lessen these consequences and advance gender equality at work, companies must offer assistance and accommodations to pregnant workers. In some cases, it will lead to reductions in their time available for work and possibly a permanent exit from the labor market or education. They also argued that crisis, isolation, and confinement increase the risks of domestic violence against women (Alon et al., 2020).

As it is evident from the above discussion that pandemics hit different gender groups with different intensities, it is worthwhile to explore how men can be involved in the process of disempowering women in the context of disease outbreaks by limiting their access to strategic gender needs and how the increasing burden of the triple role of women has severely affected them during the COVID-19 pandemic. Thus, the present study attempts to explore the effects of the coronavirus pandemic on women's productive and reproductive roles, family and household responsibilities, care work, and community engagement in Bangladesh, as well as how it affects their gender needs. It further discusses how the COVID-19 pandemic has increased the vulnerability of Bangladeshi women in terms of paid and unpaid labor, which might have long-lasting negative consequences in the future.

The study contributes significantly to our understanding of how the epidemic has affected women's roles in the

home, the workplace, and civil society by highlighting depressing inequities. Women had taken on a growing amount of caregiving duties as a result of schools and childcare centers closing during the pandemic, which caused them to leave the workforce and negatively impact their economic and social well-being. In addition, the pandemic has disproportionately affected industries with a larger representation of women, leading to employment losses and economic instability and demanding the adoption of policies that advance gender equality. Finally, the study focuses on the underappreciated and underpaid community organizing and care labor performed by women, emphasizing the pervasive gender disparities that call for response policies.

Theoretical Framework and Conceptual Model

No single framework or model provides an appropriate way to address women's work burden in all contexts. Some gender analysis models emphasize equity or equality as key outcomes but do not address gender relations to analyze gender power relations. For example, the Harvard Analytical Framework,¹ also known as the gender roles framework, is one of the earlier studies that focused on both men and women and their different positions and roles in society (Nawaz, 2019). The framework highlights both men's and women's activities, identifying them as productive or reproductive, and demonstrating that these activities reproduce access to and control over income and resources. As the approach only emphasizes gender awareness rather than gender inequality, it offers little guidance for the analysis of unequal gender power relations². Consequently, this study focuses not only on gender roles but also on gender relations to understand how and to what extent a crisis, such as a pandemic outbreak, increases women's work burden. For a more critical understanding of gender roles during crises, the present study based its conceptual model on Moser's (1993) triple role theory.

Moser's triple role theory

Moser (1993) developed a framework that links the examination of women's roles to the larger development

¹ The framework was developed by a group of researchers at Harvard Institute of International Development in collaboration with USAID's Office of Women in Development

² Gender power relations refer to how men and women are unfairly distributed in terms of power, resources, and opportunities, as well as how social structures and conventions promote these disparities. It covers the ways that gender affects social status, decision-making, resource access, and control.

planning process. This framework encompasses both the technical and political aspects of gender integration into development. The first tool identified by Moser involves mapping the gender division of labor by asking who does what. In doing so, she identified three roles in most societies. The triple roles of Moser's framework are presented below:

1. **Reproductive work:** Involves the care and maintenance of households and their members such as bearing and caring for children, preparing food, collecting water and fuel, shopping, housekeeping, and family health care.
2. **Productive work:** Refers to the production of goods and services for consumption and trade either in employment or self-employment. The functions and responsibilities often differ between men and women.
3. **Community work:** Includes the collective organization of social services such as ceremonies and celebrations, functions to improve the community, participation in groups and activities, local political activities, and so on.

As defined by Moser, the reproductive work of poor communities is labor-intensive and time-consuming, and, in most cases, it is the responsibility of women. Moreover, women's productive contributions are less acknowledged and valued than men.

Limitations of the triple role theory of Moser

The "triple role" concept has been the focus of criticism from other scholars. For example, Kabeer (1994) argues that one weakness of the triple role concept is that it fails to distinguish logically between the three roles (who does what and how). The distinction between productive

and reproductive roles is clear. One focuses on domestic work, whereas the other concentrates on the production of goods and services. Kabeer argues that it is less obvious that the community role is the third type of role (as cited in March et al., 1999, p. 65). It is important to remember that most resources can be produced in a variety of settings and through several relationships, and this notion is absent in this three-way distinction of gender roles. March et al. (1999) have identified additional weaknesses of this theory, as they have described that the triple role theory fails to integrate intersectional factors of inequality such as racial injustice and class differences, among others, in the discussion of women's triple burden. The lack of autonomy for women restricts their activities in community service and political spheres, which Moser rarely addresses. Another limitation of this theory is that change is not examined as a variable.

Conceptual model of the study

Addressing these limitations of Moser's theory of the triple role, the present study proposes a conceptual model to analyze how changes occurred in women's triple role during the time of a global pandemic in the light of gender relations, contextual and cultural factors, crisis-induced changes in gender needs, and intersectional factors of inequality. The conceptual model of this study proposes that the four factors mentioned here influence women's role in the family and society, which results in increased work burden and vulnerability for women. As shown in the model below, the gender needs of women are both influenced by and influenced by any change in the triple role. This linear model proposes that interactions between the influencing factors, and the COVID-19-induced disadvantages produce more work burden and increase vulnerability for women.

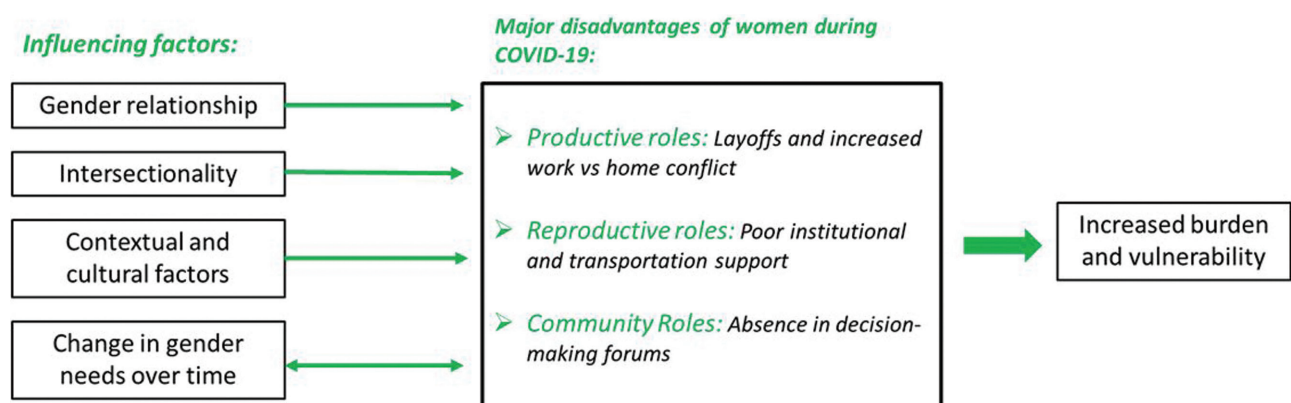


Figure 1. Conceptual model of the study
Source: The Authors

In this context, gender relationship refers to the distribution of power between men and women in both the public and private spheres. Kabeer (1999), in the context of empowerment, conceptualized power in two dimensions. In its first dimension, power refers to the ability to make strategic life choices regarding livelihood, having children, freedom of movement, choice of whom to marry, and whether to marry or not. The second dimension of power relates to the agency, which is described by Kabeer (1999) as internal power that might take the form of decision-making, negotiation, subversion, and resistance, as well as other intangible means of exercising power like the cognitive process of reflecting on and analyzing something. Power relations, thus, refer to the state and freedom of and the cognitive ability of women to make strategic decisions and life choices.

Intersectionality refers to the various interacting factors of inequality that scale up the disadvantages experienced by a particular group due to their multiple disadvantaged identity markers. One of the limitations of Moser's model of the triple role as expressed by March et al. (1999) is that although it emphasized the power differentials within different types of households, it did not take into consideration other forms of inequality such as class and race, which play an integral role in the subordinated status of women. In this model, contextual and cultural factors denote culture-specific factors that determine gender relations and women's role in the family and beyond in a specific society, as well as any environmental change that might have a big influence over the roles and responsibilities of women in general.

Gender need is a contextual factor, and it varies for different gender groups. The practical vs. strategic gender needs tool identified by Moser is very similar to the concept of practical and strategic gender interest described by Molyneux (1985, cited in March et al., 1999, p. 57). Moser (1993) distinguishes between practical needs (to address inadequate living conditions) and strategic needs (for power and control to achieve gender equality). Practical gender needs do not challenge the existing gender division of labor, whereas strategic gender needs relate to the gender division of labor, power, and control as well as issues such as legal rights, domestic violence, equal wages, and women's control over their bodies. Fulfilling women's strategic needs requires strategies that enable them to become more capable of achieving gender equality.

The proposed model analyzes women's triple role under the influence of the above-mentioned factors

in the context of the COVID-19 outbreak and the major disadvantages they experience in performing their triple roles. Finally, the interaction between these factors and the triple role of women during the pandemic produces increased work burden and vulnerability for women. Gender relationships, intersectionality, and contextual factors have a one-way relationship with the triple role of women. That is to say, these factors influence women's work burden, but the latter does not have any effects on the influencing factors. On the contrary, changing gender needs are the only influencing factor in this model, which is both influenced by the changing work burden and realities of performing the triple role.

Meeting their practical and basic needs does not challenge women's subordinate position within and beyond the household. While volunteering or doing more work at home enables women to meet their basic needs, ironically, their worldview may still be limited due to their lack of power to meet their strategic needs. Improving strategic empowerment needs to be based on making structural and procedural changes that provide more opportunities for women. Interventions that focus on meeting practical gender needs only respond to an immediate perceived necessity in a particular context, ignoring women's subordinate position in society. This study explores the extent to which the COVID-19 pandemic impacts women's subordinate positions by meeting their strategic gender needs. The paper examines the effects of the COVID-19 pandemic on women's power and control, the gender division of labor, and domestic violence against women, and explores whether and if so, how women can meet their strategic gender needs in addition to their basic needs during a crisis.

Objectives and Methodologies

This study aims to explore the effects of the COVID-19 pandemic on women's triple work burden in Bangladesh and how the pandemic has shaped the strategic gender needs of women. This broad objective can be broken down into the following specific objectives:

- To analyze the changing realities of the productive, reproductive, and community roles of women during the COVID-19 pandemic
- To find out how the increasing pressure of women's triple roles has burdened them in the pandemic
- To explore whether and if so, then how women can meet their strategic gender needs in addition to their basic needs during a crisis

Both primary and secondary sources of data are explored for this study. Data were collected through a series of in-depth interviews with 30 married working women from Bangladesh, who were selected using the purposive sampling technique. Gender, marital status, and employment conditions were taken into consideration during the selection process. In-depth interviews were conducted via Skype, WhatsApp, and Viber. Ten women's counterparts or husbands were also interviewed separately through WhatsApp. Online interviews for this study were conducted between February and August 2020. Secondary sources of the research include books, research reports, journals, theses, relevant publications, reports of NGOs, daily newspapers, and relevant websites. The collected data was analyzed thematically. An important ethical consideration was to ensure that participants were well-informed about the objectives, benefits, and potential risks of their involvement in the research project. Violating respondents' privacy may create a threat to their integrity and may cause emotional and psychological anxiety, which should be avoided by any means. The purpose of the interviews was clearly described to the respondents, who were informed that their participation would not affect them in any way and that the information would be used for academic purposes only. The participants were anonymous, and also, pseudo names of the respondents were used for all qualitative evidence that was included in the article in the Findings section. Privacy was essential to protect women, as sensitive matters such as domestic violence could lead to problems if women were overheard by others. Online, one-to-one in-depth interviews were conducted when nobody stayed at their homes. The respondents were also given full authority to withdraw from the interview at any time without effect or consequence.

Findings and Discussion

The findings and results section can be portrayed and analyzed from two perspectives: one from inside the household and another from outside the household. It is essential to explore women's unpaid domestic work burden in the context of disease outbreaks. Disease outbreaks escalate women's duties in caring for elderly and ill family members, as well as for children who are out of school. It is a fact that women are disproportionately affected by the crisis due to their position on the margins of the economy. The OECD's Social Institutions and Gender Index (SIGI, 2019) shows that such gender gaps are particularly large in developing countries.

COVID-19 and the increased burden on women's productive and household work

Women are disempowered and remain silent mainly because there is a limited value attached to women speaking out for their unpaid domestic work burden (Altan-Olcay, 2015). Uteng (2011) argues that in the developing world, despite a rapid rise in women's labor force participation over the past 30 years, women are always discouraged from engaging in productive work. Even when women start working outside in the productive sector, family members always expect that they will do all household work in the same way as they did before their involvement in outside work. In Latin America, women perform three times more unpaid work than men, while in North Africa, women perform seven times more unpaid work than men (OECD, SIGI³, 2019).

All the respondents from Bangladesh have reported that they have to undertake all household duties, including cooking, washing, and cleaning, as well as building and maintaining a shelter for their family members. The husbands by and large do not share any of these household duties, and the women's domestic and family work never decreases despite the women's engagement in productive work (Cerrato and Cifre, 2018). Respondents of the study asserted how societal and family expectations had aggravated their workload during the pandemic. One respondent said:

We don't expect our husbands to do our household chores. Everybody thinks that this work must be done by a woman. I am taking care of my children and elderly and other members of the family for almost 24 hours since the pandemic started (In an online depth interview conducted on March 12, 2020, with RN)

Another interviewee of this study expressed that:

As a female, I have to do our household chores, although I work outside. I do not expect my husband to help me with household chores. COVID-19 is increasing my workload at home and outside. Working from home has made things extremely difficult to manage, as I have had to deal with my office work and household responsibilities simultaneously, which was not the case before the disease outbreak (online in-depth interview conducted on April 10, 2020, with RP).

Another respondent has put their experience as:

In our society, women take their husbands as their lord, as the husband takes care of her; therefore, women

³The Social Institutions and Gender Index (SIGI)

always support them, whether they are right or wrong. Being a frontline health worker, I am taking a huge risk by spending time with Corona-positive patients. Once I come back home, nobody in the family positively accepts me; rather, they want me to do all household work after taking a bath (online in-depth interview conducted on April 20, 2020, with RS).

As far as the findings of the study are concerned, domestic and care work is always considered a woman's responsibility, no matter how much women are financially contributing to their families. So, women's household work is not reduced nor negotiated with their male partners even after they have made an economic contribution to their families (Nawaz, 2013). Women's paid work through self-employment cannot challenge their conventional domestic duties, and COVID-19 is escalating their duties. Qualitative findings of this study also reveal that disease outbreaks such as the COVID-19 pandemic escalate work pressure for women, especially for working women. In this study, it was found that women are disproportionately affected by COVID-19 in respect of women's unpaid domestic work burden in Bangladesh. Moreover, the respondents reported that both their practical and strategic needs are negatively affected by the COVID-19 pandemic. Women are unable to meet their practical and strategic gender needs during COVID-19.

Similar results are found in other studies as they explore the burden of societal and family expectations over working women's unpaid domestic and care work. Nawaz (2019), for instance, argues that women have to fulfill their domestic and family responsibilities fully following their return from work, and they are expected to do their household work as perfectly as they did before joining the labor force. Their financial contribution to the family economy does not reduce their household and care work demands. Therefore, women's domestic and family responsibilities do not allow them to work far away from their homes. Moreover, Nawaz and McLaren (2016) argue that women's mobility based on traditional gender expectations restricts women's ventures far from the home or travels in the darkness alone to engage in productive work. McLaren et al. (2020) argue that women's domestic work burden has hugely increased after the COVID-19 pandemic.

COVID-19's Impact on Women's Reproductive and Care Work

Throughout the world, especially in developing countries, there is a clear gender divide that limits their access to a paid labor force. On average, women spend 4.1 hours

a day on unpaid domestic and care work compared with men, who spend only 1.7 hours a day (UN, 2020).

A study has been conducted by McLaren et al. (2020) in Sri Lanka, Malaysia, Vietnam, and Australia. They found only minor differences among women in all those countries, but they consistently raise concerns that women's reproductive burdens have been perpetuated, reinforced, and increased in the context of COVID-19. In many countries, women are the primary caregivers for their children. Women are also more likely to provide care for family members and adult relatives during a pandemic, even when these women are employed. Data from OECD countries shows that employed women are 50% more likely to take care of their sick and disabled adult relatives than their male counterparts (OECD, 2020). School and day-care center closures and the risks of the virus faced by elderly family members have increased the burden of care work and risks for women, especially those who were employed and were expected to work from home during the pandemic.

The findings of the study confirm existing studies, as interviews for the present study reveal that the COVID-19 pandemic has increased the reproductive work burden of women in Bangladesh. When women become pregnant, a lot of issues impact their lives. In some cases, pregnancy pushes them out of the economy and education. Moreover, pregnant women have more chances of getting infected by the coronavirus than the general population because immune system changes that occur during pregnancy make women more vulnerable to the virus (Sheffield, 2022).

In this regard, one respondent of the current study has asserted:

My delivery is in two months. But I am worried about how I will go to the hospital. I have learned from social media that doctors are mostly unavailable right now. On top of that, my husband has lost his job due to COVID-19. Because of this, I have to continue my online business in lockdown, even with the pregnancy. My husband rarely helps me with the household chores. I feel afraid and stressed worrying about me and my baby (online in-depth interview conducted on July 13, 2020, with RPF).

According to UNICEF (2020a), 2.4 million babies were born in Bangladesh during the COVID-19 pandemic, ranking the nation ninth in terms of the greatest anticipated number of births for the first nine months following the pandemic's announcement. Even before the

COVID-19 pandemic, every year in Bangladesh, about 2.8 million pregnant women and newborns died, mostly from preventable causes (UNICEF, 2020a). Roy et al. (2021) provide further evidence in this regard, as they have found that the prevalence of family planning use among currently married 15–49-year-old women has decreased by approximately 23% from before the pandemic. Results also suggest that 24.42% of the respondents were using oral contraceptive pills (OCP), which is lower than before the pandemic data (61.7%) (Roy et al., 2021). This tendency has caused a lot of women to conceive babies during the pandemic when accessing necessary transportation, pregnancy-related healthcare, and healthcare providers was extremely difficult. One respondent of the study has expressed:

.... My husband rarely helps me with the household chores. Even during my pregnancy, I have to take care of cooking, washing, cleaning, and caring for my mother-in-law as well as my toddler. It's exhausting sometimes. But being the woman of the house, I must do it. I don't think men are fit for these jobs. (Online in-depth interview conducted on July 13, 2020, with RPF).

As the interview reveals, the pressures of productive and household work add to the reproductive burden of women during the COVID-19 outbreak, to which pregnant women are more vulnerable than any other gender group. Also, pregnant women were not spared from household chores and familial responsibilities during the pandemic. Pregnant COVID-19 patients are at increased risk for severe illness, ICU admission, and ventilator requirements compared with non-pregnant patients (Sheffield, 2022). The high pregnancy rate, which resulted from low contraceptive use during the pandemic, thus harmed women's health in Bangladesh. The reproduction burden of pregnant patients in the country is proliferated by inadequate healthcare support and pregnancy-related uncertainty and anxiety (UNICEF, 2020a, 2020b).

COVID-19 Pandemic and Domestic Violence Against Women

Another important gendered dimension of the pandemic is violence against women. It is found from research that both the severity and frequency of domestic violence have increased during the COVID-19 lockdown (Arif et al., 2020). In this study, it is found that some situations and incidents of domestic violence demonstrate the male's assertion of superiority and dominance in the household. Glati and Kelly (2020) argue that it is difficult to assess spousal violence against women at home as it is a confidential issue for them. However, an interesting

finding from the in-depth interviews revealed that many respondents showed less hesitation in discussing violence issues due to their acceptance of the researcher as a trustworthy friend. An open and secure environment was offered to every participant, ensuring that each interviewee had no fear of their discussion being overheard by her husband. One of the interviewees of this study has asserted:

My husband used to beat me occasionally whenever he got angry or I did anything wrong. But after the pandemic, as he cannot go out and spends most of his time at home, I am getting beaten more than before since the pandemic began. Battering has become his habit now. As long as he provides for the family, I can accept his beatings to some extent. But getting beaten every day is just too much to take. (Online in-depth interview conducted on July 11, 2020, with RFD).

Domestic violence, however, is not limited to physical battering. Kaur and Garg (2008) defined domestic violence as both physical and verbal abuse against women in the household. The indicators for exploring violence against women include issues such as whether women are afraid of their husbands, whether they are beaten by their husbands; whether they are both afraid and beaten by their husbands (Jejeebhoy, 1997, cited in Kabeer, 1998). Domestic violence is taking place in many ways, including physical abuse, mental abuse, sexual violence, forced sex, and becoming pregnant (Staff, 2020). Respondents to this study have reported increased verbal and mental abuse during the pandemic as well. One respondent has put it as follows-

I got married last year, and due to the pandemic, I am staying home all day alongside my husband and in-laws. My in-laws never stop criticizing anything I do. Also, they criticize my housework. Even if I don't always make mistakes, they nevertheless hold me responsible for all of their mistakes. That drains me and puts a lot of strain on my mind. I used to attend college before the COVID-19 breakout, which helped me avoid their teasing. Yet right now I feel trapped in this hostile setting. (Online in-depth interview conducted on June 3, 2020, with RNS)

It is found in this study that there is a strong positive correlation between the COVID-19 pandemic and domestic violence against women. The UN Agency for Sexual and Reproductive Health (UNFPA) has estimated that globally there would be 31 million more cases of domestic violence if lockdowns continued for six more months (WHO, 2020b). Throughout the world, domestic violence has increased during COVID-19. The pie chart shows that, globally, domestic violence has increased throughout the world.

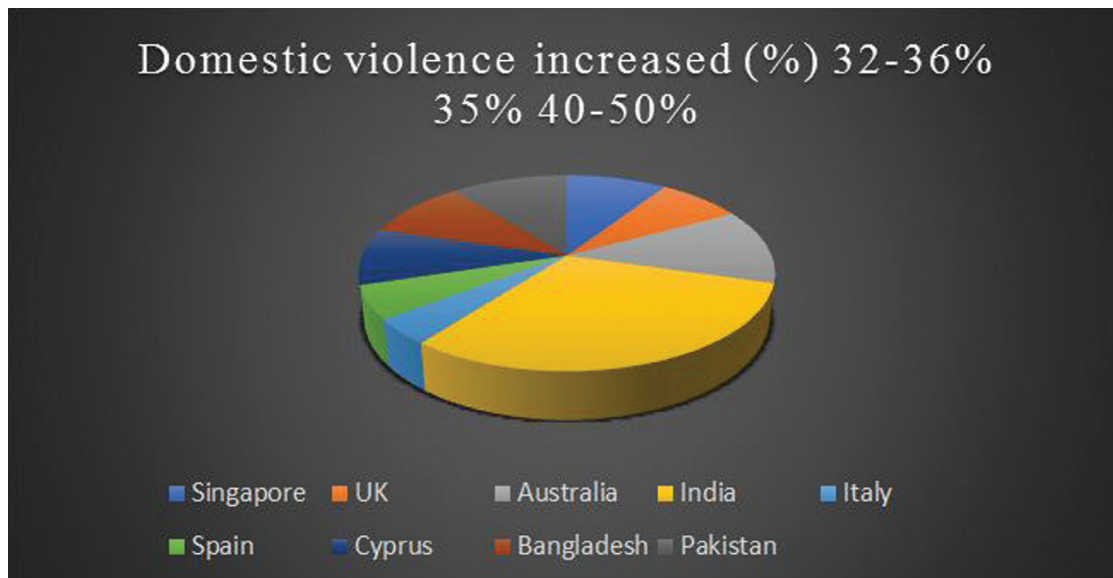


Figure 1. Domestic Violence During COVID-19
Source: UNFPA cited in WHO, 2020b

According to the UNFPA report cited in WHO, 2020b) report, domestic abuse increased by 32-36% in France, 35% in the United States, 40-50% in Brazil, 30% in Singapore, 25% in the United Kingdom, 40% in Australia, 100% in India, 13.60% in Italy, 18% in Spain, 30% in Cyprus, 31% in Bangladesh, and 35% in Pakistan. Domestic violence is one of the greatest human rights violations. Only 40% of the abused reach out, and less than 10% complain to the police. In these four countries, there is specifically no law regulating violence against women. Globally, one out of three women is abused. Since during the pandemic women are home-locked, only 40% of the abused women are receiving medical and legal support, and less than 10% are complaining to the police. Therefore, limited access to healthcare and pandemic legal support makes women more vulnerable.

Violence against women and girls has always been a social, cultural, and economic problem in Bangladesh. Nearly two-thirds of women have experienced gender-based violence during their lifetime (Nawaz, 2018). According to the Bangladesh Bureau of Statistics (2016), 54.2% of married women face physical and sexual intimate partner violence. Nawaz (2015) argues that although Bangladesh has enacted laws against domestic violence, their implementation is largely complex. It is found in our research that economic, physical, and mental violence has increased during COVID-19. The Manusher Jonno Foundation (2020) has reported that violence against women has increased by 31%, of which 97% demonstrates a rise in domestic violence. Jean and Miks (2020) have found that in the Rohingya camps of

Cox's Bazaar, there has been a huge increase in domestic violence during COVID-19.

Economic Stress and domestic violence

COVID-19 increases economic stress on families, making women more vulnerable to domestic violence, and it also puts children at greater risk of exploitation and child labor. A recent study has been conducted by BRAC (2020, cited in TBS, 2020), where it is found that low-wage job holders are mostly affected, and they are migrating from urban to rural areas, which further leads to frustration and household tension. The present study suggests that in Bangladesh, poverty or economic stress is a root cause of gender-based violence, and the majority of the respondents identified poverty-related stress as the root cause of violence. Dalal (2011) and Kabeer (1999) identified that poverty disproportionately influenced violence against women. The women who came from the most impoverished backgrounds were more likely to experience domestic violence than more affluent women (p. 42). This research suggests there is a strong positive correlation between economic stress and domestic violence. This finding was also verified by their husbands.

The following statements are expressed by the husbands of the study respondents-

We have five members in our family, including my parents. I am the only income earner for my family. When I lost my job after the pandemic started, I had to struggle to maintain the family. Economic tension and anxiety make me disrespectful towards her (online in-depth interview conducted on June 10, 2020, with the husband of RSU).

Another interviewee has put it as:

When the pandemic started, I lost my job. I have spent all my savings. Now I cannot meet the needs of my children. I could not tolerate my incapability and quarreled with my wife very often (online in-depth interview conducted on June 3, 2020, with the husband of RSR).

Yet another interviewee has asserted:

I admit that I am disrespectful to my wife when our family suffers from extreme poverty. As COVID-19 begins, family obligations take precedence, and love is cast out the window. I rebuke my wife very frequently and tell her that she is worthless (online in-depth interview conducted on June 3, 2020, with the husband of RKH).

Respondents to this study have stated that violence against women is largely correlated with their husbands' failure to support their families. They further stated that since husbands had lost their jobs after COVID-19, their inability to contribute to household income increased stress and tension in the family, which further led to domestic violence. Many women desired to contribute to their family's income prior but had no capital to do so. This situation changed when they joined part-time jobs. Consequently, they started contributing to the household income and were no longer economically dependent on their husbands. However, five women reported that since they had lost their jobs after COVID-19, they had again become dependent on their husbands. In some cases, the respondents mentioned that their dependency on their husbands reduced their bargaining power.

Women's community work in COVID-19

A collective response to the pandemic, as emphasized in global health guidelines, can only be achieved with community participation. Voluntary aid efforts and knowledge about the vulnerable people of the community are central to the pandemic management efforts (Marston, Renedo, & Miles, 2020). The community role of women is twofold. At one point, community works indicated socio-political activities and ceremonies that women arranged and participated in. Another aspect of community activity covers women's engagement in the management of community resources such as water and education (Intesar, 2021). Women are on the COVID-19 frontlines as healthcare workers at the community level. However, women's representation in formal policymaking remained minimal, especially in Asia, where only one in five parliamentary seats are held by women (UN Women, 2020).

The coronavirus pandemic has decreased face-to-face interaction between women in their community. The

imposed lockdown has restricted the meetings of women with their neighbors and friends, with whom they used to interact before the disease outbreak. The virus has significantly limited the mobilization and organization of women. The lockdown in COVID-19 has encouraged the respondents to this study to continue their social and community activities online. But that too is not without limitation. Excessive use of social media has negative effects on the mental health of the respondents, as they have reported feeling restless, worried, anxious, and insomniac.

One respondent has expressed:

I have been feeling insomniac for the last few days. I had never experienced sleeping difficulties before. But in the pandemic, I am spending most of my time on Facebook socializing with friends because I have nothing else to do right now. But gradually, I am realizing that I am getting addicted to it and cannot stop scrolling through my Facebook feed, even when I feel sleepy (online in-depth interview conducted on June 3, 2020, with RSR).

Another respondent said:

Before the pandemic, I used to meet and interact with my friends every day. But right now, we are all afraid of the virus and avoiding meeting in person. We now connect online. I don't know what we would do in the pandemic without the internet. (Online in-depth interview conducted on June 3, 2020, with RKH)

Intesar (2021) has expressed the mental stress resulting from concerns over an unconscious community as a community burden for female health providers during COVID-19. The virtual divide caused by the pandemic is another issue she has addressed in her study that limits the social and community participation of women belonging to lower economic strata. Even though the pandemic has largely limited in-person community participation and engagement, the respondents to this study have reported positive community engagement during the pandemic in helping distressed community members. However, globally, women's organizations have reported suffering from funding cuts during the pandemic (CARE International, 2020). The United Nations Inter-Agency Network on Women and Gender Equality (IANWGE) suggests that women's leadership and participation are treated as a critical cross-sector issue in ensuring the better engagement of women in the COVID-19 response (IANWGE, 2020, as cited in Aghajanian and Page, 2020).

Existing studies and data on the gender impact of the pandemic express that, globally, women are at a greater

risk of poverty and vulnerability due to the pandemic than men. According to an OECD report, women make up around 70% of the global healthcare workforce; however, they are under-represented in leadership and decision-making positions in the healthcare sector (OECD, 2020). Representation of women in the decision-making process is an integral part of fulfilling strategic gender needs. Hence, the underrepresentation of women in leadership positions has put them at a disadvantage in COVID-19 policymaking. On top of that, the global gender pay gap stands at 16% right now, with approximately 740 million women working in the informal economy. Due to this, women are at a greater risk of unemployment, and women belonging to the age group 25–34 are 25% more likely to live in poverty than men of that age group (UN, 2020).

COVID-19's Impact on Women's Paid Labor and Recovery Measures

Globally, women are at the forefront of the battle against the COVID-19 pandemic, as they make up around 70% of the total healthcare workforce. In the USA, around 78% of health workers are women, and in China, nearly 90% of health workers are women. Since they are working at the forefront of the battle, they have more chances of getting infected. Moreover, women are more at part-time jobs. Globally, 57% of women work in informal, part-time jobs that have fewer safety nets, such as paid maternity leave and health insurance. Globally, one million women garment workers have lost their jobs, who constitute 75% of the whole garment industry.

Under the above circumstances, it is essential to take some recovery measures. Several recovery measures, such as social protection and safety net programs should be taken. Some cash transfer programs should be launched in all three countries. And it is also necessary to introduce cash transfer programs for most disadvantaged women, including widows, single mothers with children, and divorced women. Stimulus programs should be introduced for all these affected women, but especially for those who are the victims of domestic violence. The importance of reproductive healthcare for pregnant women and new mothers should be recognized by both policymakers and family members.

Policymakers should listen to those women who work at the forefront of the battle against the pandemic. Their stories and suffering should be heard by policymakers. Despite women's huge involvement in healthcare, they are always underrepresented at agenda-setting tables and in leadership positions. Policymakers must understand the different impacts of COVID-19 on men

and women. Adequate occupational safety and health insurance should be provided to women because they are the core caregivers for children and the elderly in families. Some measures ought to be taken to provide care for the caregivers of the families. Some programs should be introduced to balance women paid and unpaid labor burdens.

Another important area to focus on right now is the effective implementation of policies that guarantee the fulfillment of both the practical and strategic gender needs of women. International development agendas on women's rights, such as the 2030 Agenda for Sustainable Development, the Beijing Platform for Action (PFA), and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), should be put into action by the signatory parties. Bangladesh, being a signatory to CEDAW and the Beijing PFA, has adopted several women-friendly policies, but the majority of them have remained ineffective to date. One way to overcome this policy paralysis is by increasing the political literacy and participation of women, as well as mobilizing women in the political arena.

Limitations of the Study & Scope for future research

Due to the study's small sample size, its results might not be generalizable. The subjective character of the information gathered in this qualitative investigation may also be open to bias or interpretation on the part of the researcher, which could have an impact on the study's validity and reliability. Furthermore, because the study asked some sensitive questions regarding gender-based violence, many respondents were not comfortable disclosing information regarding these experiences. Some experiences were adequately represented in this study as a result of this.

Even though the study on the gender impact of COVID-19 utilizing Moser's triple role paradigm made a substantial contribution, there are still several issues that need additional study. The interaction of gender with other characteristics like race, ethnicity, and socioeconomic class is one such area. It is crucial to look into how the epidemic has affected women's economic stability, long-term labor market outcomes, and mental health and wellness. Lastly, more research is needed to determine how the epidemic has affected the roles played by women in civil society and how their involvement in local projects and organizations might be encouraged to advance social justice and gender equality.

Conclusion

The article argues that during the COVID-19 disease outbreak, women endured a huge work burden at home and outside in respect of paid, and unpaid work and other life duties. The article analyzes women's triple work burden in the context of disease outbreaks adopting the triple role framework of Moser. Theoretically, Moser's triple role paradigm acknowledges the interdependence of women's community, reproductive, and productive responsibilities and how these interact with one another. This framework enabled this study to gain a deeper knowledge of women's experiences and the requirement for laws that deal with gender disparities in these roles during crises. This framework emphasizes the significance of taking a gender-sensitive stance when developing policies and offers a helpful framework to this study for comprehending and overcoming gender inequities in society.

The findings of the study suggest that in Bangladesh, women's work burden escalated once the pandemic started. The evidence highlights the intersections between the pandemic and women's work burden in respect of unpaid household chores, informal paid work, front-line work, and community activities. Moreover, the study indicates a strong positive correlation between the pandemic and domestic violence against women in terms of physical, mental, and sexual violence. The article expresses that, although women are disproportionately affected by the pandemic in many ways, their voices are always unheard. Women will continue to undergo a huge work burden and gender-based violence during and post-pandemics. Policymakers should take strategic political responses that should include women in decision-making and leadership positions in controlling resources. At the same time, effective implementation of women-friendly policies should be ensured.

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The authors declared no potential conflicts of interest for the research, authorship, or publication of this article.

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