

GENDERED IMPACT OF ROAD CRASHES

CHAPTER 5

As per the Accidental Deaths and Suicides (ADSI) in India 2019 report, 1,54,732 people were killed and 4,39,262 people were injured in 4,37,396 road crashes in India in 2019. Out of this, 14.31% (22,143) were women. Out of the total 22,143 female victims over 60% women died in rural areas. Similarly, over 60% of the women were also injured in rural areas. The fact that the majority of female road crashes happened in rural areas highlights the exposure to risk on rural roads.

Even though crash victims are predominantly male, 'the impact on household livelihood due to death or injury places significantly more burden on women' (Turner & Fletcher, 2008). This is due to multiple reasons. The burden of care disproportionately falls on the woman which further causes time poverty for women. Additionally, women also have to cope up with 'loss of significant male income'. Considering the nature of Indian society, prevalence of patriarchy and gender-based stereotypes, the need to map the linkages between gender, road safety and poverty is important. Since the majority of male road crash victims also die on rural roads, understanding and addressing the impact of these linkages in rural areas is even more important.

In the context of the current COVID-19 pandemic, the impact of socio-economic vulnerabilities on women has further deteriorated their position at household and state-level. "COVID-19 has led to a sharp rise in unequal burden

of unpaid care work, depletion of household assets, income shocks and liquidity constraints, decline in female labour force participation, and significant impacts on health and nutrition, exacerbated by existing inequities in health access."

Its therefore even more pertinent to understand the impact of road crashes on households from a gender perspective. There has been a data bias towards the male point of view and experience in research generally (Perez, 2019) and this is also true for the issue area of road safety. For a comprehensive perspective on the impact of road crashes on women their 'lived experiences' were documented through female-only focus group discussions. Respondents' perceptions on solutions as well as institutional benefits were also captured.

As part of the study, two focus group discussions were conducted with women. Since both Bihar & UP are one of the poorest states in India, and lag behind Maharashtra & Tamil Nadu in crucial human development outcomes such as health and nutrition, education, food security as well as gender development indices, FGDs were conducted in the capital cities of Uttar Pradesh and Bihar with LIH respondent group. Most of the women were middle aged (in their 30s and 40s) and were mostly housewives. Most of them had experienced the crash of a male member of the family (husband or brother-in-law) and in cases where

the victim suffered serious injuries were directly involved in caregiving activities.

"Being a woman, we face a lot of problems. Whether a man meets with an crash or a woman, it is the woman who has to handle everything. From household activities to serving the patient. In case the woman herself is the victim, then the whole house gets disturbed as the men are not able to handle household chores and caregiving."

- FGD Respondent Patna

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FGD participants were probed to discuss various aspects related to the post-crash situation. As per data from the field for the quantitative survey for this study, out of the total sample covered, 85% of road crash victims (deaths and serious injuries) were male.

Being head of households or chief wage earners, men contribute a major share in household earnings. In case of a fatality or serious injury, households not only experience unexpected loss of income, but the responsibility also shifts to the female members of the household. These temporary Female Headed Households (FHH) are more vulnerable and need better social support. These recently turned, FHH experience the sudden shock of income dip and are pushed into further poverty. Following key areas emerged from the FGDs with women:

5.1 FINANCIAL IMPACT OF THE CRASH ON THE HOUSEHOLD

FGD participants shared that their families were not financially strong to bear the additional expenses due to the road crash. Most of the participants agreed that the medical bills created a financial drain which further impacted the economic condition of their household. This was echoed by respondents with the cases of death as well as serious injury.

Due to the loss of regular income and sudden financial shock, households were forced to take formal loans or borrow money from relatives or friends. One participant

whose brother eventually died after months of treatment, narrated how and it took them eventually two years to repay the money they had borrowed from relatives and neighbours.

In cases of severe injuries, the financial burden did not end with the discharge of the victim from hospital, rather medical expenses related to victims' recovery continued and included costs related to medicines, recommended food/ diet, transportation for doctor/ hospital visits, doctor consultation fee, etc. The financial shock created by the expenses related to the victims' medical treatment also permeated other spheres of their family life.

Women also found it difficult to arrange the school fee for their children. Some participants also mentioned that initially, they had to arrange money by mortgaging gold jewellery.

"We reduced our expenses on unnecessary things such as clothes, going on a vacation or going to parties but we couldn't cut our expenses on daily needs like food and medicines".

- FGD Respondent Bihar

5.2 SOCIAL IMPACT ON THE HOUSEHOLD

Taking social impact into consideration, participants shared how the crash impacted their social life. The experiences were different for women who reported a road crash death. For example, one of the respondents mentioned that her sister in law moved to her parents' house after the death of her husband in a road crash. This was to provide better education to the children. In fact, a lot of women spoke about the support they received from their maternal house in terms of monetary support as well as load-sharing.

The crash also impacted children's education. Since there wasn't enough money to pay school fees, in many cases children had to either delay school admission or had to completely drop out of school.

When the elder brother died, the younger brother had to pay for regular household expenses despite his income being low. He had two daughters, so he had to ask one of his daughters to drop out of school due to the financial crisis.

- FGD Respondent, Lucknow

Changes in the food, clothes and lifestyle choices were reported by most of the participants during discussion. Their households had to compromise on food choices as well as other discretionary expenses related to entertainment, celebrating festivals etc.

5.3 DIRECT IMPACT OF ROAD CRASH ON WOMEN

One of the biggest impacts which women reported is "time poverty³²". Respondents reported spending most of their time on caregiving activities and household chores. Some of the respondents had to also take up a job as well and that led to further time poverty.

"Husband got injured and then the entire burden fell upon my shoulders. I can never forget that time. My husband used to feel irritated with me post the crash. So, I had to raise my kids look after their education and well-being, on my own"

- FGD Respondent, Bihar

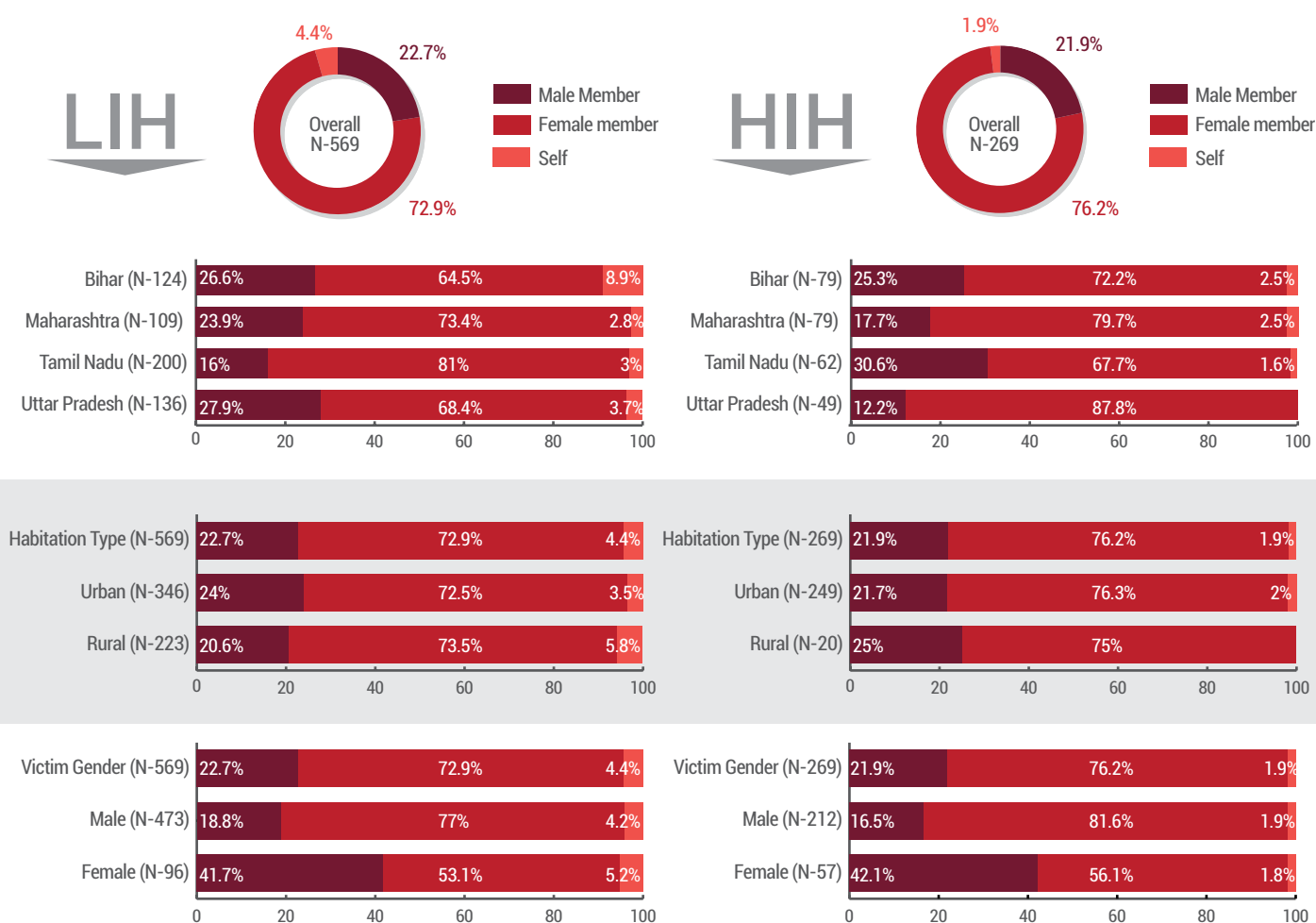
32. Time Poverty is defined as working long hours and having no choice to do otherwise. An individual is time poor if he/she is working long hours and is also monetary poor, or would fall into monetary poverty if he/she were to reduce his/her working hours below a given time poverty line. <https://elibrary.worldbank.org/doi/abs/10.1596/1813-9450-4961>

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This was further validated through the quantitative survey. The role of family members for caregiving activities was examined. Overall, across both the categories (LIH & HIH), at-least 7 out of 10 respondents mentioned that the female

member of the household took care of the victim, cooked all the meals in the household and took care of the daily needs of the victim and the rest of the household.

TABLE 5.1: VICTIM CARE BY FAMILY MEMBERS – OVERALL | [N, LIH=569, HIH-269, ALL FIGURES IN PERCENT]



Even for outside chores like buying medicines and taking the victim to doctor, there wasn't a huge gap between men and women sharing responsibilities. Across LIH and HIH respondent groups approximately 40% respondents mentioned that women took care of these aspects as well.

The second fundamental impact was on women's physical and mental health. Many respondents mentioned facing a variety of health issues for which they either sought

continuous medical advice and medication.

The third area of impact for women was their capacity to access institutional support. A few respondents mentioned that they wanted to seek compensation, however, amidst conflicting priorities, the perceptions and the barriers to access the system and seek compensation seemed insurmountable. This sentiment was echoed by participants in both UP and Bihar.

M: Have you received any compensation from the government's side or any other insurance amount?

R: NO. (emphasis original) After the crash, it was very difficult for us to decide who to look after - the husband who is injured, or our children or whether to pursue the offending party at fault.

- FGD Respondent Lucknow

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6-POINT POLICY RECOMMENDATIONS

1. Emergency cash transfers to vulnerable female headed households:

As part of PM Garib Kalyan Yojana the Government has already implemented the "Unconditional Emergency Cash Transfer" (UECT) to women during the current COVID-19 crisis. (IWWAGE, 2020) The state governments can use a similar framework of UECT to give Aadhar linked DBT to recently turned FHHs. More vulnerable FHHs should be prioritised. The time frame of the emergency cash transfer should be standardised.

2. Monetary schemes for low interest loans:

During the FGD, many participants suggested schemes for low interest or no interest loans to support regular household expenses. The women suggested that the low interest loan should be easily accessible without much paperwork.

3. Provide Schemes to incentivize work from home small business. Enrol women who have lost the breadwinner of their families in a road into the employment database to facilitate their job search.

State Governments can also float schemes to support these women in running small home businesses. NITI Aayog also recommended this strategy to mitigate the declining female labour force participation rates in India. It has proposed

to increase women's employment by encouraging entrepreneurship among women. (Niti Aayog, 2019). Women participants also reiterated this. They suggested simple business models like packaging, baking, pickle making as something that would help them monetarily without leaving the house. Women also preferred a model where they could earn daily or weekly income instead of monthly payments.

4. Ensuring quality of care at the hospital.

Many respondents spoke about authorities with mistrust. A few participants suggested that there should be a mechanism to ensure quality of care at hospitals and that the treatment of the road crash victims should be made free in government and private hospitals, especially for poor families. They further suggested that awareness on these rights should be raised amongst the general public. Since most of the women who either die or are injured in road crashes are in rural areas, Accredited Social Health Activists (ASHA) workers³³ can be trained to provide information on various government schemes for road crash victims and their families.

5. Foster Women's Participation in Local Road Safety Governance Frameworks.

Women's participation in planning and decision making at local road safety governance frameworks including State Road Safety Council and District Road Safety Committee should be ensured. Adequate female representation shall

33. ASHA workers are the government's recognised health workers who are usually the first point of contact in rural India, where there is often limited or no direct access to healthcare facilities.

not only ensure Gender responsive monitoring, reporting and budgeting, but will also create opportunities for women to be trained for various roles including as paramedics, backend operators for electronic enforcement architecture and other systems which will be created to ensure road safety.

6. Standardisation of Compensation for Non-Working Women.

The MACT has often taken a very conservative view on compensation for "house-wives". In *Sher Singh vs. Raghubir Singh* (2004), the Tribunal assessed the dependency of the family on the housewife at as low as Rs. 600 per month. The Tribunal concluded that the 'services rendered by the deceased woman could be replaced by hiring a servant at the salary of Rs. 600/- per month.' This logic is highly fallacious. The unpaid work done by women in households cannot be quantified by comparing it to the work done by a domestic help. This approach to compute the compensation by relying upon the minimum wages payable to a skilled worker has also been criticised by various members of Judiciary. In *Arun Kumar Agarwal vs. National Insurance Company* (2006), the Supreme Court also stated, "It is not possible to quantify any amount in lieu of the services rendered by the wife/mother to the family. The term 'services' is required to be given a broad meaning and must be construed by taking into account the loss of personal care and attention given by the deceased to her children as a mother and to her husband as a wife. The Bombay High Court in the case of *Rambhau & Ors Vs*

The Oriental Insurance Co & Ors (2007), in its judgment dated 17th September 2020 directed Oriental Insurance to pay Rs. 8,22,000/- along with interest at the rate of 6% per annum as compensation for the woman's death. The Court while computing the amount considered various factors such as loss of love and affection, funeral expenses, household work and other such factors. Therefore in light of the subjective interpretation, it is of utmost importance that the Central Government issues guidelines to set a definite criteria for determination of compensation payable to the dependents of a non-earning housewife/mother to remove subjectivities and ensure that family members or the disabled women (in case of serious injuries) receive appropriate compensation.

7. Set-up/Strengthen Safety Response Cell in coordination with the police and health departments to respond to victims of sexual exploitation and harassment.

MoRTH can also incentivize select states to create a network of CSOs and service providers who can work with the State Road Safety Cells to strengthen preventive approaches.