

**UNSUNG HEROES:
WOMEN IN THE
LOCAL LEVEL TASK
FORCE OF MIZORAM**

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INTRODUCTION

The COVID-19 pandemic has had drastic effects that changed the social, economic, and political setup of every country across the globe. Some of these impacts have directly affected individual and social life while some lurk below the surface, silently disrupting power structures, social dynamics, and the political landscape. New policies, regulations, strategies and guidelines had to be followed; furthermore, the pandemic caused significant changes in the dynamics of public life, especially concerning issues related to economic class, social class and gender norms. Conflicts, crises, and catastrophes like the COVID-19 pandemic all have negative consequences and damaging effects, but they also prove to be instrumental in disrupting old beliefs and traditional practices around class and gender, as many societies and cultures have to employ new practices and approaches that differ from their past, especially in terms of inclusivity, and come up with new policies for survival and the betterment of society. Hence, global

crises like the COVID-19 pandemic open up opportunities for the modification of traditional practices, or in certain cases, the abolition of old value systems which have hindered cultural and social progress in the past.

Within this context, the present study will look at the ways in which Mizo women took part in the fight against COVID-19 in Mizoram, breaking the conventional social belief that only men are physically capable of carrying out social work and services. The paper focuses on how the participation of women in local/ village-level task forces during the pandemic brought about a shift in gender roles. The pandemic allowed Mizo women to practise the Mizo traditional value of 'tlawmngaihna', translated as 'selfless social service.' Traditional Mizo society functions in such a way that the division of labour based on gender roles provides only men the opportunity to practise tlawmngaihna. The study will look at how Mizo women, in the context of the pandemic, have redefined the idea of tlawmngaihna which is a significant step towards gender equality.

On the other hand, with Mizo society being predominantly patriarchal, the power dynamics within the Local Level Task Force (LLTF) are also largely defined by pre- established gender roles. The study focuses on the role and participation of the women in the LLTF by capturing their personal stories and experiences. It also highlights the challenges and difficulties faced by the women volunteers in the task force, especially in finding the balance between performing domestic duties as daughters and sisters in the household and their obligation towards the community as volunteers.

THE PROTECTOR AND THE PROTECTED: WOMEN IN MIZO SOCIETY

The role and status of women in tribal society have garnered interest and critical attention from scholars and academicians in the past few

decades. Studies and research have been conducted which resulted in new perspectives, insights, and awareness. The general public has also gradually adjusted to accommodate these changes in perspectives, approaches and practices. On account of this, there has been gradual progress in the status of women, and in bridging the general gender gap between men and women. However, in almost every country, there are still underlying factors which continue to widen the gap between men and women in the social, political, economic and overall communal life of tribal societies.

A surface-level observation of the Mizo social setup would present a society free from gender discrimination and a culture which seems to favour equality across social class and gender. Through the years, gender studies and surveys in the Northeast region often conclude that ‘the status of women were relatively better in northeastern states viz., Mizoram, Nagaland, Manipur and Meghalaya as compared to national level yet there were gaps in educational attainment, access to employment, health, political participation etc.’ (Mahanta and Nayak, 2013).

Within the context of the larger national narrative, the position of Mizo women has always been regarded to be more favourable and advantageous compared to that of other Indian states. In 2010, the United Nations Development Programme (UNDP) introduced the Gender Inequality Index (GII), which defines gender equality in different aspects such as health, empowerment, and the labour market (Mahanta and Nayak, 2013). In recent years, Mizoram has repeatedly been listed among the states with high equality in terms of in the Gender Development Index (GDI) along with Goa, Himanchal Pradesh, Chandigarh and Sikkim (Bhardwaj, 2021). Nava K. Das argues that ‘the isolation of Scheduled Tribes from the mainstream population for many years led to the continuation of the relatively high status of tribal women and the absence of gender discrimination in many tribal communities’ (2017). However, as each society has its own intrinsic cultural and social values that control the dynamics of power, Mizo society too has its own set of problems, which outside

observers have often failed to see. On account of this general tendency to overlook the undercurrents that control Mizo society, there has been very little progress in the position and status of women in social organisation, particularly in terms of inclusion in decision-making bodies and the recognition of their contribution in the workforce and the church, which is the most dominant social institution in the state.

In tracing the oral and recorded history of the Mizo from the pre-Christian era, i.e, prior to the 1890s, until the modern day, it can be argued that women have always been under patriarchal dominance in several ways. In his observation of the daily activities of Mizo women in the pre-Christian Mizo society, J. Shakespear writes:

A Lushai woman has to rise early, fill her basket with empty bamboo tubes, and trudge off before daylight down to the spring, which is generally some way down the hill, and the supply of water is frequently so scanty that it takes her sometime to fill her bamboos. Having conveyed her basketful to the house, she has to set to work cleaning the rice for the day. The necessary amount of unhusked rice has been dried the previous day on the shelf of the hearth, and this she now proceeds to pound in a mortar in the front verandah and winnow on an oval bamboo tray till it is clean enough for use. The breakfast of rice has then to be cooked, and by the time it is ready her husband is awake. After the meal the real work of the day begins. In the cold weather the women settle themselves to some of the operations connected with cloth making, while the men prepare to pass a day of complete enjoyment, lying in the sun and smoking. (Shakespear, 1988)

With Mizo society being agricultural, women were not excluded from heavy farm work and have had significant contributions in family farm production. In addition to this, they had to tend to domestic chores and duties, from which the men were free, upon their return from the farm. Hence, a Mizo woman in the pre-Christian era hardly saw any rest or leisure hours in her daily life.



Fig. 1. Mizo women carrying firewood. (Photo: Zara Ralte)



Fig. 2. Mizo women pounding rice flour. (Photo: Lalengkima Chawngthu)

In the historical narratives of the Mizo, ‘women have always had some sort of presence in historical writings since colonial times. But they have been portrayed as either a passive participant or a victim who needs to be saved’ (Hmingthanzuali and Chhangte, 2020). Women were perceived as the weaker sex, in terms of physique and mentality, who needed to be protected by the men. Hence, Mizo women were never allowed to take part in the important decision-making bodies of the community. Furthermore, the projection of Mizo women as ‘victims under savage or Mizo patriarchal culture who required the “protection” and “intervention” of the colonial government was one of the main aspects of colonial politics’ (Hmingthanzuali and Chhangte). In tribal communities like Mizoram’s, customary laws and traditional practices are ‘deeply rooted in the social mechanisms till today because of the belief that “all their customs are sanctioned by their ancestors”’. Because of this, customary laws are ‘locally recognized, orally held’ (Das, 2017), which makes it difficult for progress and change to take place. These customary laws and practices are an intrinsic part of social and cultural life and many of these social practices emphasise the idea that men are physically strong and skilled, and that their duty is to protect the women who are weaker and fragile, thus asserting the idea that women are not meant to protect but are in need of protection. Mizo cultural values like *tlawmngaihna*, or selfless social service, are thus seen as male-centric and cannot be practised by women, on account of the fact that it was always the men who are presented with the opportunity to perform selfless service for the community. Therefore, a Mizo woman rarely has the chance or the platform to be a *tlawmngai* person and earn the respect and admiration of the people. As a result, in the Mizo folktales, songs and stories, it is always the men who receive the community honour like *Nopui* (a cup of honour) or the *Thangchhuah Diar* (a scarf of honour and a symbol of bravery). Moreover, there are many Mizo traditional proverbs which undervalue a woman’s decisions, like ‘the wisdom of a woman does not even cross the village brook,’ ‘a woman and a walnut tree, the more you beat them the better they become,’ and ‘old fences and women are easily replaceable’ (Lawmsanga, 2010).⁸



Fig. 3. Mizo nurses undergoing training by Christian missionaries at Serkawn, Lunglei. (Photo: The British Library (EAP454/6/1), CC BY)

One cannot deny that the Christian missionaries brought about religious, social, and economic reforms, which opened up opportunities for the upliftment of the status of women in Mizo society. It is true that, with the coming of Christianity, Mizo women became ‘masters not only of household activities but outdoor economic activities’. (Jangu, 2020)

However, beneath the veneer of Christianity and merry social life, the reality is that Mizo women are faced with challenges and issues that are unique to the social and cultural setup of the Mizo community. While Christianity can be regarded to be an important developmental factor, it has to be noted that the coming of Christianity in Mizoram subsequently led to the internalisation of religious doctrines that further strengthened the pre-existing patriarchal system. In light of this statement, Chakraborty argues that ‘controlling women’s sexuality and the mapping of their spatial domain thus became the holy goal of the

Mizo Christian society' (2011). In other words, notions of spirituality, divinity, and God are often misused to further the oppression of Mizo women.

In spite of all this, for many decades, Mizo women have shown remarkable strength and ability in their contribution to community services; so much so that in the modern day, 'women's participation exceeds that of their counterparts' in many ways' (Jangu, 2020). During the insurgency years of the 1960s, women's groups served as suppliers of food and medical care to the families of Mizo National Front (MNF) insurgents. Today, Mizo women constitute 54% of the total number of workers in government offices and 71% in commercial establishments (Lalhriatpuii, 2010). Studies reveal that 'even in what is considered to be male-friendly workplaces like butcher houses and stone-quarries, 62% of workers belong to the weaker sex' (Jangu, 2020). However, there is hardly any progress in the important decision-making bodies of the state. This is evident if one looks at the political history of Mizoram, where only four women have been elected to the State Assembly since its inception in 1972.

Despite significant economic participation by Mizo women and their contribution to the economic and cultural growth of the state, discrimination against women still remains an underlying issue in Mizo society, masked by a surface-level picture of a well-bonded communal life. Lalhriatpuii observes:

In a deeply communitarian society like Mizoram where social life is free, and men and women mixed together freely, it is not possible to make rigid distinction between male and female in work areas. It is, therefore, possible for an outside observer to think that in Mizoram there is no distinction between men and women... in spite of all their social freedom and their significant contributions in the family, Mizo women are not liberated and they are regarded as subordinate to men and they are very much discriminated against in various aspects of life. (2010)

In the church and the Young Mizo Association (YMA), the two largest social institutions in Mizoram, ‘women are still not eligible to become church elders or pastors... They never occupy the top position in any social institutions or NGOs’ (Lalhriatpuii, 2010). The absence of women in decision-making levels of large social institutions like the church and the YMA clearly reflects the status of Mizo women and how they are perceived by the men. Women are not regarded to be capable of making important decisions and choices on the larger social level. While there has been gradual progress and improvement in the status of women in the government sectors, ‘there is no corresponding improvement so far as their status and placement in the church and YMA is concerned’ (Lalhriatpuii).

Within the larger framework of rigid patriarchal societies like India, the plight of women still remains a matter of concern even in the twenty-first century. However, one cannot ignore the progress and development brought about by the activists and pioneers who have worked relentlessly for the empowerment and upliftment of women in India. In the traditional social set-up of tribal societies too, progress in gender equality is not entirely absent. But modern social structures and the dynamics of social life evidence the fact that men are strictly understood as protectors and providers while women are seen as nurturers and domestic caretakers.

LOCAL LEVEL TASK FORCE IN MIZORAM

When the first case of COVID-19 was detected in Mizoram in March 2020, it caused widespread fear and distress the public on account of the poor health infrastructure of the state. The state government was largely dependent on the local NGOs and churches for the practical implementation of guidelines and policies, as these institutions have always been the backbone of the state in times of crises, disasters,

and calamities. Even in the case of the COVID-19 pandemic, the government immediately turned towards the Young Mizo Association (YMA) and the local and village councils for assistance. Under the Mizoram Epidemic Diseases (COVID-19) Regulations (2020), the state government of Mizoram immediately formed the Local Level Task Force on COVID-19 on March 18, 2020.¹ The notice stated that every locality and village in Mizoram should set up a Local Level Task Force (LLTF). The task force was expected to be the hands and eyes of the state government in maintaining public order amidst the pandemic, and to carry out certain state policies in regard to the prevention and containment of the virus. The state government also laid out a Standard Operating Procedure (SOP), a list of guidelines to be followed for the safety and smooth functioning of the task force. The LLTF were subordinated to the State Level Task Force, which was headed by the Chief Secretary of State, Lalnumawia Chuaungo as the Chairman and other high-ranking state officials and medical officers.



Fig. 4. Members of the Local Level Task Force in Ramhlun South.
(Photo: B. Lalmalsawma)

A significant aspect of the LLTF is that it was made up of ordinary members of the community who willingly volunteered to serve at the frontlines, a unique measure which set apart Mizoram from the rest of the country in the battle against COVID-19. A similar setup was also practised in states like Nagaland and Manipur during the pandemic but these task forces were run by individuals appointed by the authorities and not volunteers.

Each local task force was constituted in response to the call issued by local authorities under the instruction of the state government. The LLTF comprised, in large part, of ordinary members of the community, mostly young men and women between the age of 16–35, who had no prior training in crisis management or medical field. These were not paid workers but volunteers who made the choice to leave the safety of their homes, risking their own lives and of their families, and worked day and night for to serve their respective localities. There were also trained medical personnel like doctors, nurses, health workers, counsellors, and psychologists who volunteered to be part of the LLTF in their respective localities.



Fig. 5. Members of the Ramthar Veng LLTF on night duty. (Photo: B. Lalmalsawma)

In the guidelines issued by the state, the state government listed out fourteen roles and functions of the LLTF. Their duties also include spreading awareness to the public regarding the safety measures laid out by the state government and to make sure that these measures are being followed and practised. Their roles and duties listed in the SOP includes maintaining law and order within the locality during the lockdowns, contact tracing, conducting a regular survey of those in need of food and essential commodities during the lockdown and regulating the everyday activities of the people.

The LLTF had to perform many extra tasks outside their listed functions because of the long period of lockdown imposed by the government from March 20, 2020 until July 2021, with only a few partial-lockdown breaks in between. Another significant function of the LLTF was to run the Community COVID Care Centres which were set up October 2020 onwards. By the second half of 2020, the beds available in Zoram Medical College (ZMC), the only COVID-19-dedicated hospital in the state, and the few COVID Care Centres (3Cs) run by the state government, were constantly occupied. Local authorities and NGOs decided to set up their own COVID-19 care centres in their respective localities, particularly in those with high positivity rates. The Community COVID Care Centres, popularly called 4Cs, were usually run by the funds donated by local churches and residents. They were makeshift hospitals where the medical equipment, medicines, and food were all bought using money donated by the local residents. The LLTF subsequently became responsible for the management and administration of the 4C; in fact, in the second year of the pandemic in 2021, the role and responsibilities of the LLTF were mainly concentrated in the local 4Cs.

Each locality was additionally instructed to set up a Community Quarantine Centre where individuals returning from outside the state were put in quarantine and observed for fourteen days. LLTF members had to keep an accurate record of these individuals, manage their accommodation, prepare and supply their meals, and keep a check on their health, and report back to the state medical officers. In most of

the localities, auditoriums and church halls were converted into these makeshift quarantine centres. It was only from May 2021 that the state government issued an order permitting home quarantine. The LLTF, therefore, had to play multiple roles within their respective localities in running the 4Cs and the quarantine centres, and fulfilling the roles and duties assigned by the government.

MIZO WOMEN IN THE LOCAL LEVEL TASK FORCE

As discussed previously, the pandemic opened up opportunities for women to have more participation in the overall social work of the community, hence allowing Mizo women to practise the Mizo cultural value of *tlawmngaihna* which had been a male-centric practice. In much of the social service in Mizo society, women rarely take an active part at the forefront. For instance, in the case of funeral rites, the young men offer their services and do good for the bereaved families while the established role of young women on such occasions is to sing and distribute tea. During the COVID-19 pandemic, many Mizo women stepped up to join the LLTF and actively participate in the fight against the disease. This participation in the LLTF can be seen as boundary-breaking, and as a milestone in the history of gender development in Mizoram. What is significant, and apparent from the interviews conducted for the study, is that the female LLTF volunteers decided to step up and join the task force not to defy pre-established gender roles, but instead, out of sheer willingness to do good for the community; exercising the essence of Mizo *tlawmngaihna*.

However, in many of the LLTF setups, the division of work and duties was largely based on prescribed gender roles. Women volunteers were often tasked with light or less physical work like cleaning, cooking, and distributing food and essential items to the homes of families in quarantine and home isolation. In this sense, the functioning of the LLTF can be seen as a mirror image of the domestic role of women



Fig. 6. Women volunteers pack vegetables for families during the total lockdown.
(Photo: B. Lalmalsawma)

in private spaces. However, it has to be noted that these volunteers are mostly young women who have to go back and forth between their domestic duties and social work while the men who volunteered could fully commit their time to public service. Women's traditional role and status in the household is what renders their volunteering as something uniquely different from that of the men.

Though there are women volunteers in the LLTF outside Aizawl, this study is limited to the LLTF in Aizawl, due to the travel restrictions imposed by the state government at the time of conducting the research. A questionnaire with a set of twenty questions was handed out to thirty women volunteers in different localities of Aizawl. The questions were carefully framed with the objective to understand the physical and psychological experiences of women in the Local Level Task Force, and the kind of challenges that they had to face while carrying out their duties in voluntary work. Personal interviews were

conducted with ten women LLTF members from different localities such as Ramhlun South, Ramthar Veng, Electric Veng, Luangmual, and Chaltlang. The interviews were carried out on September 24 2021, October 22, 2021, and October 26, 2021. The respondents were selected from seven different localities in order to main geographical diversity. They all belong to the age group of 20–35 years, and some interviewees have chosen to remain anonymous. For the purpose of the interview, localities with Community COVID Care Centres were specifically selected, as the local 4Cs are the sites where most of the women are posted for duties during the peak stage of the pandemic. Seven out of the ten volunteers interviewed chose to remain anonymous, while three interviewees did not have a problem in stating their name for the purpose of the study.

Observations and conclusions have been made from the responses of these thirty women volunteers and the personal interviews. However, it must be noted that the questionnaire and the personal interviews are only meant to provide insight into the experiences of the women volunteers in the LLTF, and are not accurately calculated statistical data.

CHALLENGES FACED BY WOMEN I N THE LOCAL LEVEL TASK FORCE

The setup of the Local Level Task Force, particularly in regard to the division of labour, is similar to the traditional Mizo household where the women are mostly assigned duties like cooking and cleaning. However, the women volunteers also perform tasks like night patrol contact tracing, and delivering food and care packages to families during total lockdown. The tasks assigned to the women volunteers largely depend on the kind of practices within, and the functioning of their respective localities. For instance, in some localities with a Community COVID Care Centre, there are several women volunteers

taking part in the decision-making bodies and assigning duties to other volunteers.

Ramhlun South is one of the largest localities in Aizawl with around 6700 residents in more than 1400 families. The Ramhlun South Local Level Task Force comprises of 140 members of which 80 are men and 60 are women (Hnamte, 2021). These women volunteers have played a crucial role in fulfilling the duties of the LLTF, especially in running the Community COVID Care Centre that was started on May 6, 2021. However, the LLTF volunteers no longer take part in the management and administration of the 4C. Anggu Hnamte, one of the office-bearers in the LLTF, said in an interview that the women are valuable members of the task force who performed duties like distributing vegetables and essential commodities to families during lockdowns, preparing food for the patients in the 4C, staying on duty during COVID vaccination sessions, and preparing refreshments for volunteers on heavy duties.² He also added that the assignment of tasks to the women volunteers is not strictly gender- based, and many women volunteers also work alongside the men and take part in the patrolling and night duties.



Fig. 7. Women volunteers of Ramhlun South on night duty. (Photo: B. Lalmalsawma)



Fig. 8. A volunteer records names of individuals in the Quarantine Centre. (Photo: Joel Zomawia)

Ramhlun South is one among the few localities in Aizawl with a Community COVID Care Centre. Many women volunteers were assigned to this 4C as it required a lot of people for smooth and effective functioning. B. Lalmalsawma, one of the office-bearers of the Ramhlun South LLTF said, 'The women in the LLTF have exceeded our expectations. They carried out the duties assigned to them without any complaints. In many cases, they are more efficient than the men, especially in terms of punctuality'.³

On September 24, 2021, I paid a visit to the Community COVID Care Centre run by the LLTF of Ramhlun South, where I sat down for a personal interview with PC Lalzirliani, who was the most active woman volunteer in the LLTF. Fondly called Aziri by her family and friends, PC Lalzirliani is an active member of the locality in Ramhlun. Even before the pandemic, Aziri has always been an active participant in both church and social activities.

When the local authorities of Ramhlun South issued a call for volunteers, Aziri was among the first women to step up and give her name to the authorities. As she stirred the vegetable soup that would be served to the COVID-19 patients for the morning meal, she said, 'We usually head out for duty at around 6 AM in the morning, and come back at around 11 PM at night. It is definitely not an easy job but none of us can complain; it's voluntary work after all.' Aziri lives with her parents, her younger sister, and her brother, who is married and has two children. She talked about how she struggled to keep a balance between her two worlds. 'I still have to manage the household, and fulfill my duties as a volunteer simultaneously,' said Aziri, who is the eldest among her siblings. She added that there were many nights when she had to come home after twelve hours of duty at the Community COVID Care Centre and clean the house before finally going to bed. 'I don't want to talk to my fellow volunteers about the chores and household work waiting for me at home. We stepped out as volunteers and I did not want to disappoint the local authorities once I had registered. But when the women volunteers sit together in groups, we would often have very casual discussions about how tiring it is to try

to balance home duties and 4C duties,' said Aziri. While some women received valuable support from their families, the majority of the volunteers admitted that they had to still carry out the same volume of household chores while doing their voluntary service. 'Since I've always been the one in the family who takes up laundry work, clothes pile up for washing if my duty at the 4C takes longer than usual,' Aziri said. Although there have been major developments for women in the domestic sphere, the ingrained patriarchal idea that household chores such as laundry, sweeping, and dish-cleaning are solely in the hands of women is still the popular mentality for men in both rural and urban Mizo community.

From March to July 2020, the pandemic was at its peak in Mizoram and the state government imposed a total lockdown in the state. Every family stayed locked up in their houses as the strong restrictions on public life made it impossible for people to go outdoors. The long period of total lockdown greatly increased domestic chores for the women as most of the family members stayed home the whole day, especially in households with children. In their study about workplace gender equality in the post-pandemic era, Foley and Cooper assert that 'with schools and early childhood education centres closed for weeks or months, women also shouldered a larger burden of unpaid domestic duties at home, and experienced greater risk of domestic violence' (2021). Volunteers like Aziri have to constantly worry about household matters while trying to do their bit for society. When asked about the nature of the domestic work during the pandemic, she replied, 'Because of the extra precautions that we have to follow in terms of health and hygiene, household work becomes more difficult. For instance, during the initial stages of the pandemic when everyone was extra cautious, garbage disposal and the washing of clothes required several additional steps which we never practiced before.'⁴

Malsawmtluangi Ralte, also known as Mesty, is also a member of the LLTF in Ramhlun South and took active part in the fight against COVID-19. She is a 30-year-old school teacher and active in the



Fig. 9. Mesty on road duty during the state-wide total lockdown.
(Photo: B. Lalmalsawma)

local YMA. 'I have four sisters and I wanted to represent the girls in our family and do something good for society,' Mesty said.

Her duty in the Community COVID Care Centre was mainly to prepare food for the patients. 'We would start out from home at 6 AM and work in the 4C till 9 PM. I was also posted for duties during sample collection and on public shopping days during the lockdown to ensure that people maintain the COVID Appropriate Behaviour (CAB)'.⁵ When asked the reason why she volunteered as a member in the task force, Mesty said, 'In the fight against COVID-19, I wanted to prove that women can also make a valuable contribution to society and practice tlawmngaihna.

That's why I stepped up as a volunteer.' She felt that the women's participation in the task force and in the overall fight against COVID-19 is a sign of progress in terms of gender equality in the state. 'The fact that us women volunteers were able to carry out our duty efficiently is proof that there is so much stored potential for us to do good,' she added.

Another interviewee approached for the study is Sentei, a dentist who had her dental clinic set-up in her house in Electric Veng. The interview was conducted via a telephone call on October 7, 2021. Initially, arrangements were made to conduct a face-to-face personal interview, but Electric Veng was one of worst affected localities in Mizoram and the total number of COVID-19 cases in the state crossed 16,000 by the week of the interview. Many localities were declared as containment areas and Electric Veng was one among these, hence the interview had to be conducted via telephone call.

Sentei narrated in detail how she volunteered in the Electric Veng LLTF as a medical in-charge when the local authorities issued the call for volunteers. When asked about her experience in the force as a working woman, Sentei said she did not have much difficulty in fulfilling her duties as a medical volunteer. However, she admitted that not only were the duties stressful, but the extra precautionary measures that the volunteers had to take when heading back home from the voluntary work were exhausting. 'We were directly exposed to the COVID-19 patients every day and even with the PPE (personal protective equipment) and the face masks, the fear that you might put your family in danger was a tense feeling we took home with us,' Sentei said. When asked about the treatment and attention that female volunteers received, she said, 'It was usually the men that the media and the state officials approached for any reports. All the office bearers and decision-makers in the LLTF were men'.⁶

Another important aspect of women's experience in the LLTF is in regard to their physical health. The rigorous routines they had to follow, as well as managing domestic and social duties, had a significant

effect on the menstrual health of the women volunteers. This seems to be a factor that commonly marked the women's experience in the LLTF. Seven of the volunteers who were interviewed mentioned that during their voluntary work in the LLTF, they faced problems in their menstrual cycle. One said that she developed an irregular menstrual cycle from the second month of her duty in the LLTF. 'It has never happened before. On the second month of my duty in the task force, I skipped my period, and after that it continued to become a very irregular and unpredictable cycle,' she said.⁷ Being constantly exposed to high level of stress, a lack of sleep, and inconsistent mealtimes led to irregular menstrual cycle and other period-related problems. One of the interviewees, who chose to remain anonymous, said that she has been paying regular visits to the gynecologist because of health issues that developed after she joined the LLTF. 'I have never had such problems before. I was on night duty for one week, and that was when it started. I knew it was because of the irregular eating habits we had to follow during the night duties,' she said.

In the questionnaire, 80% of the respondents of the questionnaire stated that stress, irregular eating patterns, and the long hours of duty affected their menstrual cycle. In some cases, the volunteers would skip a month without menstruating, while some menstruated only for two or three days, which was different from the usual three to seven-day menstruation period.

Ramthar Veng is another locality in Aizawl that ran a Community Covid Care Centre during the peak of the pandemic. The Ramthar Veng LLTF comprises of forty volunteers out of which six are women. Lalramzaua, a man who volunteered in the LLTF said, 'The women volunteers are really tough. They could do everything that the male volunteers do. They are particularly useful in the 4C as running the Centre requires patience and resilience.'⁸ He also said Ramthar Veng was hit hard during the second wave in August and September of 2021, during which they had to take care of eighty or ninety patients in the 4C. One of the women volunteers said,

Our 4C was a makeshift hospital set up in the local school building. During the peak of the pandemic in September 2021, we had around eighty-five COVID-19 patients for two months straight, and it was a hectic task to prepare three meals a day for the patients. I also had to help out my nephew in his studies as he was not able to attend online classes properly because of poor internet in our area. I often spent the little free time I have in the 4C preparing mock text questions for him and reading the syllabus so that I could explain it to him when I go home.⁹

A similar experience was shared by an anonymous female volunteer from Chaltlang LLTF who said, 'I live with my mother and my two younger brothers. My father died a year ago and my mother has been having some health problems. It was my job to take care of the household. My duty as an LLTF volunteer was mainly preparing food for the other volunteers. The duty itself was not very tiring but when combined with the house chores that I have to do at home and the overall stress brought by the pandemic, it was exhausting.'¹⁰

A thorough analysis of the interview sessions showed that the women take active part in performing significant social services in the LLTF. The task force becomes a golden opportunity for women to practice the much-revered Mizo value of tlawmngaihna. In fact, many were made to carry out the same duties as the male volunteers. From the comments and statements of the male office bearers, it is discernable that the role played by these women are also highly valued by the task force. However, in spite of their active participation, women are still excluded from the higher decision-making bodies and groups even within the task force. Moreover, a major problem faced by women participating in the LLTF is maintaining the balance between their domestic duties and their social duties as volunteers. Five out of the six respondents stated that they played a major role in running the domestic chores in the house including laundry, cooking and other cleaning work while one of the interviewees has other women in the



Fig. 10. A tired volunteer takes a break at a Community Covid Care Centre
(Photo: B. Lalmalsawma)

house like sisters, sisters-in-law and aunts to whom she can leave her domestic duties.

What becomes apparent from these personal interviews of the female volunteers in the LLTF is that women have more challenges to face than the men in executing their social duties and responsibilities as volunteers in the Local level Task Force during the pandemic. In the case of the male volunteers, they could afford to take rest once they return from their duties. B. Lalmalsawma said, “The young men can rest and take a long nap once they go home after their duties. But there were many times I have heard the young women talking amongst themselves about the kind of work that awaits them when they go

home'.¹¹ What is significant in cases like these is that many male volunteers are able to get a glimpse of the struggles and the challenges of women in Mizo society. The common workspace offered by places like the 4Cs is likely to foster a better understanding of the value of the domestic roles of women. In light of this, it should be noted that the pandemic brought about an increase in the domestic duties of women on account of the social restriction imposed on public life. Researchers have observed that 'unpaid care responsibilities have increased dramatically as COVID-19 has closed schools, overwhelmed health services, and heightened the care needs of children and older persons' (Berkhout and Richardson, 2020). Hence, the women in the LLTF had to face many challenges and hardships in order to effectively carry out their assigned roles and their domestic duties simultaneously.

Though they play a vital role in the functioning of the LLTF, the female volunteers are often overshadowed by the male presence in the face of the media and the public; their participation has not been properly addressed even though their role deserves more coverage and attention. They are rarely included in the decision-making body both in the local and state levels. However, volunteers of the LLTF, both men and women, are given certain recognition and acknowledgement that they deserved by local communities and state authorities for their dedication and hard work in the fight against the pandemic. For instance, in many localities, LLTF volunteers were the first to get COVID vaccines and state supplied rations. Hence, it can be argued that, in many ways, the community and the state government acknowledged the dedication and selfless service of the young men and women in the LLTF.

As the second part of the study, a questionnaire was handed out to thirty female volunteers in different localities. Fourteen out of the thirty respondents stated that they are the only woman in the family. From the responses, twenty-five of them have no medical training and all of them have no training in disaster management before joining the LLTF. They all admitted that they were under constant fear of getting

infected while performing their duties in the task force. However, the majority of the responses show that women do not necessarily face discrimination based on gender during their time in the LLTF. Twenty-four respondents said that they faced difficulties in balancing between their domestic duties and their duties in the LLTF. This can be related to the fixed domestic role given to women in a society where social administration has always been seen as a male-dominated area. Only one among the thirty responders belongs to the decision-making body or the office-bearers in the LLTF. The overall response indicates that women in the LLTF have no complaints regarding the task assigned to them and the duties they had to perform as social service. However, several of them feel underappreciated and unacknowledged regarding their sacrifices as volunteers in the task force. The numbers in the brackets indicate the number of respondents:

1. I am the only woman in my house	Yes (14)	-	No (16)
2. I have medical knowledge and skills	Yes (5)	-	No (25)
3. I have disaster management training	Yes (0)	-	No (30)
4. I was under constant fear getting infected	Yes (28)	Not very much (2)	No (0)
5. I was under constant fear that I would infect my family	Yes (28)	Not very much (2)	No (0)
6. I feel alienated from my family	Yes (12)	Not very much (13)	No (5)
7. My voluntary job description accurately reflects what I was asked to do	Yes (20)	Not very much (4)	No (6)
8. I still need to attend my domestic duties while doing the voluntary work	Yes (21)	Not very much (7)	No (2)

9.	I experienced stress while trying to balance between the job and my domestic duties	Yes (20)	Not very much (8)	No (2)
10.	My body underwent physical changes because of the voluntary work	Yes (23)	Not very much (6)	No (1)
11.	I experienced a change in my menstrual cycle because of the voluntary work	Yes (20)	Not very much (7)	No (3)
12.	I experienced fear, anxiety and stress	Yes (23)	Not very much (7)	No (0)
13.	I was a member of the decision-making body in the LLTF	Yes (1)	-	No (29)
14.	I have no complaint regarding the task assigned to me	Yes (28)	Not very much (2)	No (0)
15.	I was unhappy with the task assigned to me	Yes (3)	Not very much (8)	No (19)
16.	Duties and tasks are assigned on the basis of gender	Yes (17)	Not very much (8)	No (5)
17.	I experienced discrimination in the LLTF based on my gender	Yes (1)	Not very much (5)	No (24)
18.	I am satisfied with the recognition and acknowledgement I received for fulfilling my duties	Yes (10)	Not very much (13)	No (7)
19.	I feel appreciated for my role in the LLTF	Yes (5)	Not very much (20)	No (5)
20.	I am thankful for the chance to provide voluntary social service	Yes (27)	Not very much (3)	No (0)

CONCLUSION

It has to be noted that the experience of the female volunteers in the LLTF is very different from that of the medical professionals and health workers serving in the frontlines. In most cases, particularly in the initial stages of the pandemic and during the peak months, doctors, nurses and health workers are provided with accommodation for self-quarantine and are provided with ample space to perform their duties without having to worry about domestic work in their families. For instance, most of the female doctors and nurses working in the frontlines are stationed in hospitals and care facilities where they are provided living accommodations, both for public safety and for work efficiency. They do not necessarily have to tend to domestic duties like the female LLTF volunteers who carried out their responsibilities within their own respective localities. However, it would be wrong to say that women doctors and nurses did not face any discrimination and challenges based on gender while serving in the frontlines. The hardships and challenges faced by the female volunteers in the LLTF are specific and unique to the role they play. They are sisters and daughters stepping out to serve in their respective localities while being tied to their domestic duties; they are not professionals and oftentimes, they are not given the respect and attention with which women medical professionals are treated with. Also, the study shows that gender inequality is still very much at play in the contemporary Mizo society even though Mizoram is often perceived as a haven for women. In the 2018 Gender Development Index (GDI), Mizoram was placed in Group I along with Chandigarh, Sikkim and Himachal Pradesh, becoming one among the 4 states in the country with high equality rate (Bhardwaj, 2021). However, what is significant is that even in the top four states with high equality rate like Mizoram, gender inequality still persists as is evident in the absence of women in the important decision-making bodies like state level committees, local councils and office bearers in local organisations and churches.

The unique role and experience of the female volunteers in the LLTF deserve a narrative specifically addressing the female experiences in voluntary social service during the pandemic. The research will, hopefully, throw light on women's struggle in trying to find the balance between domestic duties and their obligation towards the community. Their stories and experience deserve a platform from where they can be heard. Also, the concept of the LLTF in Mizoram and its functions, particularly the active participation of women, proved to be a rare and unique concept, which is practised only in a few states in the country. With the majority of the media spotlight directed towards the medical workers, popular NGOs and high-level decision makers, the female volunteers in the LLTF have been greatly overlooked, and deserve to be heard. Women's participation in the LLTF and the challenges and the struggles they endured to render their valuable services to the Mizo community during the pandemic is truly a noteworthy milestone in bridging the gender gap, which still continues to define modern society.

NOTES

1. Please refer Annexure I-Government of Mizoram, Health & Family Welfare Department Notification No. D.33011/21/2019-HFW (nCOV) dated 19th March 2020.
2. Anggu Hnamte (Office Bearer, Local Level Task Force, Ramhlun South, Aizawl) personal interview with the author, Aizawl, 17 November 2021.
3. Lalmalsawma, B. (Office Bearer, Local Level Task Force, Ramhlun South, Aizawl) interview with the author, Aizawl, 17 November 2021.
4. Lalzirliani, P. C. (Member, Local Level Task Force, Ramhlun South, Aizawl) personal interview with the author, Aizawl, 24 September 2021.
5. Ralte, Malsawtluangi (Member, Local Level Task Force, Ramhlun South, Aizawl) personal interview with the author, Aizawl, 6 December 2021.
6. Sentei (Member, Local Level task Force, Electric Veng, Aizawl), telephone interview with the author, 7 October, 2021.

7. *Anonymous interviewee (Member, Local Level Task Force, Luangmual, Aizawl), personal interview with the author, 12 October, 2021.*
8. *Lalramzaua (Member, Local Level Task Force, Ramthar Veng, Aizawl) personal interview with the author, Aizawl, 21 November 2021.*
9. *Woman volunteer (Member, Local Level Task Force, Ramthar Veng, Aizawl) personal interview with the author, Aizawl, 21 November 2021).*
10. *Anonymous volunteer (Member, Local Level Task Force, Ramthar Veng, Aizawl), personal interview with the author, 21 November, 2021)*
11. *Lalmalsawma, B. (Office Bearer, Local Level Task Force, Ramhlun South, Aizawl) in discussion with the author, Aizawl, 17 November 2021.*

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