

The Gender Dimension in Covid-19

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Abstract

Covid-19 is first and foremost a health crisis, a global crisis which has been proved to affect women and girls worldwide since they are highly exposed to the disease as frontline workers. The lockdown, moreover, have increased the gender-based violence (GBV) cases and reduced women's access to health and reproductive services as well as their access to numerous economic opportunities. In fact, the economic side of this pandemic is more severe on women as they are in most cases informally employed. From another side, women are on the frontline in their homes, communities, but yet excluded from leading as decision makers in the response to COVID-19.

Key words: gender, pandemic, COVID-19, leadership

Introduction:

2020 is marking the twenty-fifth anniversary of the Beijing Platform for Action. This year was supposed to be turning point for gender equality. Instead, with the spread of the COVID-19 pandemic, the limited gains made over decades are at risk of retreat. It is observed that the pandemic is deepening gender inequalities, aggravating vulnerabilities in social, political and economic systems which have a direct impact on women and girls.

I- The social impact of Covid-19

As a strategy to lower the contamination of COVID-19, people have been asked to lockdown themselves in their homes and/or to follow and respect the social distinction staying 2 meters away from other persons around. This have resulted in a sort of isolation coupled with fear of uncertainty and the unknown. The lockdown considered as a temporary solution by the health services have been a social threat victimizing women and girls and exposing them to violence.

The UN Convention of the Elimination of All Forms of Discrimination Against Women (CEDAW) commits all states signatories to protect women and girls against violence in the private and public spheres and ensure that they have access to their full rights in all domains¹. The UN General secretary has called, on April 5th to ceasefire and to end violence everywhere

¹ <https://www.un.org/womenwatch/daw/cedaw/>

so that states can focus on allocating resources to fight the pandemic². The UN chief called all member states saying that “Peace is not just the absence of war. Many women under lockdown for COVID19 face violence where they should be safest: in their own homes. Today I appeal for peace in homes around the world. I urge all governments to put women’s safety first as they respond to the pandemic”³.

Though the data is still needed in this area, some countries have done some research and shared some numbers and statistics showing that since the outbreak of this pandemic, violence against women and girls have doubled “ In France, for example, cases of domestic violence have increased by 30 per cent since the lockdown on March 17⁶. Helplines in Cyprus and Singapore⁷ have registered an increase in calls by 30 per cent and 33 per cent, respectively⁸. In Argentina, emergency calls for domestic violence cases have increased by 25 per cent since the lockdown started”⁴. Actually, more than half of the world’s population was under lockdown conditions by March 2020, as a result, health and economic worries have intensified tensions inside homes exposing women and girls, the most vulnerable to violence, especially domestic violence.

COVID-19 have resulted in the suspension of most gender-based violence services and their limitation of these services to be phone-based, mostly through Hotlines and Mobile Phones. This situation has hindered the good and deep monitoring of GBV and thus its spread all over countries. Yet, the economic impact of this pandemic has limited women’s choices of leaving homes where their rights are violated since they are not economically independent to take care of themselves and their children away from their abusers. In the light of this pandemic, many women are being forced to ‘lockdown’ in their houses with their abusers meanwhile, most services to support survivors are being disrupted or made inaccessible.

II- The economic impact of Covid-19

Women used to earn less, save less money, and work in insecure positions which make them suffer from poverty more than men. Likewise, poverty touch more women as they mostly work in the informal sectors with neither guarantees nor economic stability. They already work in low paid position, in part time with no social protection. COVID-19 has worsened the situation since women already live in economic margins. Data shows that “Globally, informal employment is a greater source of employment for men (63.0 per cent) than for women (58.1 per cent), but in low and lower-middle income countries, a higher proportion of women are in informal employment than men. In Africa for example, 90% of employed women are in informal employment compared to 83% of men”⁵. This gives, somehow, an idea of the current situation on a global basis.

² <https://news.un.org/en/story/2020/04/1061052>

³ https://twitter.com/antonioguterres/status/1246973397759819776?ref_src=twsrc%5Etfw%7Cctwcamp%5Etw%5Eetembed%7Ctwtterm%5E1246973397759819776&ref_url=https%3A%2F%2Fnews.un.org%2Fen%2Fstory%2F1061052

⁴ United Nations: Policy Brief: The impact of COVID 19 on women, April 2020 available on: <https://reliefweb.int/sites/reliefweb.int/files/resources/policy-brief-the-impact-of-covid-19-on-women-en.pdf>

⁵ International Labor Office: Women in the informal economy, 2018, available on: https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_626831.pdf

One should note that the economic impact of this pandemic on women is much more visible in developing countries where “the vast majority of women’s employment – 70 per cent – is in the informal economy with few protections against dismissal or for paid sick leave and limited access to social protection. To earn a living, these workers often depend on public space and social interactions, which are now being restricted to contain the spread of the pandemic”⁶. Women business is then at a stake while unpaid care work is at its peak thanks to the world’s lockdown (children out of school, husbands out of offices). In fact, women unpaid domestic work has been always considered as a source of inequality since it is directly linked to poor education, less capacities, wage inequality and physical stress.

As for the formal sector female workers, a huge change has become a reality. It is true that some arrangements have been taken to facilitate the workflow as “telecommuting”, but unfortunately this had to a doubled burden on this category of women. they found themselves taking care of their families and of the household from on one hand and working as in their offices from a distance on the other. As a result, they are not maybe suffering from the economic impact of COVID like women working in the informal sectors but rather from a mental and health impact which need to be addressed from an economic point of view to be understood.

III- The health impact of covid-19

While COVID-19 continue to be a challenge to the world’s health system, women and girls are deprived from basic treatment and health services. Research has proved that this pandemic has resulted in a reduced access to health services and thus a more newborn death. As focus is targeting other priorities, access to sexual and maternal health services has been restricted. Data shows that “In Zimbabwe, the number of caesarean sections performed decreased by 42% between January and April 2020 compared with the same period in 2019. The number of live births in health facilities fell by 21%, while new clients on combined birth control pills dropped by 90%⁷. The article continues saying that “In Burundi, initial statistics show that births with skilled attendants fell to 4749 in April 2020 from 30 826 in April 2019. Recent analysis published in the Lancet Global Health suggests that a reduction in maternal health services of between just 9.8-18.5% could lead to as many as 12 200 additional maternal deaths over six months in low- and middle-income countries”⁸.

Even in terms of infections, women constitute most health workers, mainly the nurses. In fact, “Globally, women make up 70 percent of the health workforce and are more likely to be front-line health workers, especially nurses, midwives and community health workers”⁹. They

⁶ Idem

⁷ WHO concerned over COVID-19 impact on women, girls in Africa, 18 June, 2020 available on: <https://www.afro.who.int/news/who-concerned-over-covid-19-impact-women-girls-africa>

⁸ Idem

⁹ WHO (2019). Gender equity in the health workforce: Analysis of 104 Countries: <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?ua=1>

are also numerous in other health facility service such as cleaners, laundry, catering – and so they are more likely to be exposed to the virus. This shows that special attention is required in this area.

Research shows that out of the 7329 infected health care workers in Spain, women constituted 72%. In Italy, out of 10657 infected health care workers, women constitute 66%.

IV- Gender sensitive responses to COVID -19

It is now obvious that COVID-19 will have among term impact and consequences on the world economy. This means that the responses to this pandemic should take into consideration the gender dimension of this issue not only in the time of the pandemic but also during the recovery phase. Desegregated data is imperative in all indicators targeting plans and programing to fac the current situation to make sure that all responses ae neither gender blind nor homogenous.

In fact, “country strategic plans for preparedness and response must be grounded in strong gender analysis, considering gendered roles, responsibilities, and dynamics. This includes ensuring we address the burden of paid and unpaid care work and heightened GBV risks”¹⁰. The objective is to make sure that women, specifically are not left behind. Moreover, gender responsiveness requires acknowledging changing household dynamics in response to the crisis – including intimate partner violence and failure to adopt such a strategic action will have an impact on the effects of the crisis and future recovery – beyond the specific effects on women.

Responses to the crisis will strongly demand resources mobilization at a time of economic downturn. Obviously, countries differ in their ability to do this as well as the priorities they are giving in their responses, however, examples of gendered responses should include gender-based violence response, sexual and reproductive health care response, childcare support and economic empowerment of women. Other recommendations to be considered are the following:

- Engaging women in leadership position to counter COVID-19;
- Prioritizing gender equality in health systems strengthening;
- Protecting and promoting women’s economic opportunities and livelihood;
- Encouraging a better balance of household duties and professional duties;

Responses to this health crisis require some deep analysis which will help reorganize some aspects of our strategic plantings such as including women and women’s organizations at the heart of the COVID-19 responses, not only as beneficiaries but also as leaders ; changing the inequities resulting from unpaid care work into a new, inclusive gender sensitive care

¹⁰ Five Actions for Gender Equality in the COVID-19 Response: UNICEF Technical notes, available on: <https://www.unicef.org/rosa/sites/unicef.org/rosa/files/202003/Five%20Actions%20for%20Gender%20Equality%20in%20the%20COVID-19%20Response%20UNICEF%20Technical%20Note.pdf>

economy to take everyone into account and finally adopting new socio-economic plans with an intentional focus on the lives and futures of women and girls.

Conclusion

COVID-19 has exacerbated pre-existing gender inequalities and resulted in alarming social, economic and health for women and increased risk of gender-based violence. This pandemic requires a deep well oriented response whether in the national or international level. It worth emphasizing here that the world's responses will be wakened if they fail to consider gender dimension of this crisis, putting women and girls in the heart of there actions.