

# ASSESSING COVID-19 THROUGH A GENDER LENS

*Despite the high-profile political figures and celebrities who have contracted the new coronavirus disease, this potentially deadly illness is no great equalizer. On the contrary, as it spreads rapidly around the globe, COVID-19 is both exposing and compounding existing disparities, including gender inequality. The pandemic and its associated effects are leaving women and girls more vulnerable to gender-based violence, sexual and reproductive health issues, increased caregiving burden, and economic distress. However, women's knowledge, strength, and crucial role in frontline health care and across their communities play an essential part in any successful response to the COVID-19 pandemic.*

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**W**orld leaders, movie stars, and professional athletes have all been affected by the COVID-19 pandemic. But despite this seemingly leveling effect, the new and potentially deadly coronavirus disease is no great equalizer. On the contrary, as it spreads around the globe, COVID-19 is exposing existing disparities both between people and between nations. One of the sharpest divides it has thrown into high relief is the one between men and women.

While men make up the majority of severe COVID-19 infections and deaths globally, the pandemic and its associated effects are leaving women and girls more vulnerable to gender-based violence, sexual and reproductive health issues, caregiving burden, and economic distress.<sup>1</sup> Although these vulnerabilities impact their access to coronavirus detection, treatment, and care, women play a crucial role in frontline health care, and the society as a whole. This renders women an essential part of any successful response to the COVID-19 pandemic.

Looking through a gender lens clearly shows that disease outbreaks not only affect women and men differently, but compound existing gender inequalities<sup>2</sup> and vulnerabilities. For example, the fact that men largely constitute COVID-19 infections and deaths may in part be a result of men's reluctance to seek health care due to rigid gender norms. In that sense, it is important to recognize how social, cultural, and gender norms, roles, and relations influence the relative vulnerability of men and women to infection, exposure, and treatment.

### *Staying at Home and the Risk of Domestic Violence*

As of the beginning of April, half of the world's population — more than 3.9 billion people — was under recommended or mandatory curfew, quarantine, or other confinement measures in order to prevent the spread of COVID-19.<sup>3</sup>

When we talk about the quarantine experience, it is essential to consider how different that can be for women and men, who have different physical, cultural, security, and sanitary needs that must be met. The home may not be a safe place for some women and girls, and may indeed increase exposure to intimate partner violence and other forms of domestic abuse. The economic hardship resulting from the outbreak,

<sup>1</sup> University College London Centre for Gender and Global Health- Global Health 5050, "COVID-19 sex-disaggregated data tracker," <http://globalhealth5050.org/covid19/>

<sup>2</sup> UNFPA Technical Brief, "Gender Equality and Addressing Gender-based Violence (GBV) and Coronavirus Disease (COVID-19) Prevention, Protection and Response," 23 March 2020, <https://www.unfpa.org/resources/gender-equality-and-addressing-gender-based-violence-gbv-and-coronavirus-disease-covid-19>

<sup>3</sup> Alasdair Sandford, "Coronavirus: Half of humanity now on lockdown as 90 countries call for confinement," *Euronews*, 3 April 2020, <https://www.euronews.com/2020/04/02/coronavirus-in-europe-spain-s-death-toll-hits-10-000-after-record-950-new-deaths-in-24-hou>

such as the inability to work, may create pressure on men within the context of gender norms, contributing to heightened tensions and conflict in the household. Movement restrictions can meanwhile compound the problem by leaving women and girls trapped inside with their abuser, and with fewer opportunities to escape from violence or reach out for help.

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In situations of crisis, women and girls also face increased risks of other forms of gender-based violence, including sexual exploitation and abuse. During such times, life-saving care and support to gender-based violence survivors and those who may be at risk of violence in quarantine — including clinical management of rape as well as mental health and psychosocial support — may be cut off in the health-care response when health service providers are overburdened and preoccupied with handling COVID-19 cases. These obstacles and barriers need to be addressed to enable women’s and girls’ access to services.

Another aspect of the risk imposed by COVID-19 may also include the weakening or collapse of community structures and other systems that had previously helped protect women and girls from gender-based violence. Specific measures should therefore be implemented to ensure that health workers have the necessary skills and resources to deal with sensitive information related to gender-based violence, meet any disclosure of gender-based violence with respect, sympathy, and confidentiality, and provide services with a survivor-centered approach. It is also critical to update gender-based violence referral pathways to reflect changes in available care facilities and services, and subsequently inform key communities and service providers about those updated pathways.

### ***Unmet Needs for Sexual and Reproductive Health and Rights***

Women can be less likely than men to have power in decision-making processes during an outbreak. As a consequence, their general health needs, particularly those specific to their sexual and reproductive health, may go largely unmet. Gendered differences in power can lead to women not having full autonomy over their sexual and reproductive decisions. Women’s inadequate access to health care and insuffi-

cient financial resources to travel to health-care facilities for check-ups is likely to compound this problem.

Emergency responses to the COVID-19 pandemic also carry the risk of resources for sexual and reproductive health services being diverted to deal with the outbreak, contributing to a rise in maternal and newborn mortality, unmet need for contraception, as well as unsafe abortions and sexually transmitted infections. Additionally, provision of family planning and other sexual and reproductive health commodities, such as menstrual health items — which are central to women’s and girls’ health, empowerment, dignity, and sustainable development — may be impacted as supply chains undergo strains from the pandemic response.

Safe pregnancies and childbirth depend on functioning health systems, sufficient number of skilled health-care personnel (midwives in particular), adequate facilities for providing essential and emergency quality care 24/7, and strict adherence to infection prevention. Continuity of care must be ensured in case of severe facility service interruption or other disruptions in access for women and girls of reproductive age.

Furthermore, respiratory illnesses in pregnant women, particularly COVID-19 infections, must be treated with utmost priority due to the increased risk of adverse outcomes. Infection control measures must include proper segregation of suspected, possible, and confirmed COVID-19 cases from antenatal care, neonatal, and maternal health units. Surveillance and response systems for women of reproductive age and pregnant women should be in place, including in antenatal clinics.

### ***Amplified Impact on Already-Vulnerable Populations***

Each vulnerable population will experience COVID-19 differently. The dangers posed by the COVID-19 outbreak will be more intense for the nearly 48 million women and girls, including 4 million pregnant women, identified by UNFPA as in need of humanitarian assistance and protection in 2020. Conflict, poor conditions in displacement sites, and constrained resources are likely to amplify the need for additional support and funding.

Containing the rapid spread of COVID-19 is even more daunting in countries and communities already facing long-running crises, conflicts, natural disasters, displacement, and other health emergencies. Countries affected by conflict or considered to be fragile often have some of the weakest health systems. This makes them vulnerable to COVID-19 in terms of their capacity to manage the impact of the disease on the population.

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Any response to COVID-19 must also consider the impacts on a full range of most-excluded populations, including those living in poverty, persons with disabilities, indigenous people, internally displaced persons or refugees, LGBTIQ individuals, and others who face intersecting and multiple forms of discrimination.

It is essential for national and local authorities, communities, and beneficiaries to be involved in ensuring access to sexual and reproductive health services for all groups during the pandemic. All women, including those of reproductive age and pregnant women, must be provided with accurate information on infection precautions, potential risks, and how to seek timely medical care.

### ***Gendered Impact of Caregiving and Economic Losses***

Women around the world, whether or not they work outside the home, already perform the majority of caregiving tasks and household chores.<sup>4</sup> This unpaid labor has increased in many families due to the closure of schools and the shift to work-at-home status as part of efforts to control COVID-19 transmission. These factors have had a disproportionate impact on women. With entire families at home all day, women’s domestic burden has been amplified, making their already-large share of household responsibilities even heavier. Given women’s role in providing most of the informal care within families, this increased burden has consequences that limit their work and economic opportunities. Additionally, travel restrictions and workplace closures are creating financial challenges and uncertainty for domestic migrant workers, the majority of whom are women, as well as for those in other service-related industries.

Although varying forms of gender discrimination mean women are already disproportionately affected by economic deprivation, pandemics such as COVID-19 heighten existing inequalities. Women already earn less than men, are more likely to work in informal and insecure conditions, and undertake most of the unpaid care work. Poverty is also among these inequalities, as poverty levels tend to be particularly high among rural women, minority groups, and female-headed households.

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<sup>4</sup>OECD, “Unpaid Care Work: The missing link in the analysis of gender gaps in labor outcomes,” 2014, [https://www.oecd.org/dev/development-gender/Unpaid\\_care\\_work.pdf](https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf)

### ***Protecting Women on the Front Lines***

Women represent 70 percent of the health and social service workforce globally. Female physicians, midwives, nurses, and community health workers are on the front line of efforts to combat and contain outbreaks of disease.

In addition to the gendered nature of the health workforce, this figure emphasizes the risk of infection that female health workers face. It is crucial that all health workers responding to COVID-19 have sufficient personal protective equipment. But given their frontline interaction with communities and participation in much of the care work, women face a higher risk of exposure. Special attention should be given to how women's work environments may expose them to discrimination. Their sexual and reproductive health and psychosocial needs as frontline health workers must be prioritized as well.

Since women provide the main part of primary health-care interventions, including frontline interaction at the community level, it is concerning that they are not fully engaged in decision-making and planning of interventions, security surveillance, or detection and prevention mechanisms. Experience with other epidemics indicate that women's roles within communities often put them in an advantageous position to identify trends at the local level, including those that might signal the start of an outbreak and be indicative of the overall health situation. With such proximity to their community, women are also well placed to positively influence the design and implementation of prevention activities and community engagement.

### ***COVID-19 Response through a Gender Lens***

A gender-sensitive response to the COVID-19 pandemic is essential in crafting policies and interventions that speak to everyone's needs. Understanding the primary and secondary effects of a health emergency on different individuals and communities, including women and girls, first requires comprehensive data. Collecting accurate and complete age and sex-disaggregated data must be prioritized in order to understand how COVID-19 impacts individuals and groups differently.

The inadequate level of women's representation in pandemic preparedness and response, which can already be seen in some of the national and global COVID-19 strategies, also needs to be remedied. The solution is to incorporate the voices of women on the front lines of the response, including health-care workers and those most affected by the disease. The protection needs of women and girls must be put at the center of response efforts. However, it is equally important to ensure that these

efforts do not produce or perpetuate harmful gender norms, discriminatory practices, and inequalities while doing so.

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Supporting the meaningful engagement of women and girls serves a dual purpose. First, it helps ensure that efforts and responses are not further discriminating and excluding those most at risk. Second, given women’s crucial roles in their communities, it allows to build on their knowledge, which is essential to the overall goal of containing and preventing the transmission of COVID-19, promoting healthy behavior change, and reducing stigma and discrimination within and between communities.

### ***UNFPA’s Response***

UNFPA is working to help ensure the continuity of life-saving multi-sector services for survivors of gender-based violence and the most at-risk women and girls. It is prioritizing strengthened response capacities for hotlines and remote services, including the adaptation of interventions such as Women and Girls Safe Spaces, to ensure that women and girls receive the help they need while counselors and case managers remain protected from exposure to the coronavirus. Moreover, UNFPA is currently investing in support shelters and one-stop centers that minimize COVID-19 transmission and address specific risks of violence among those infected. We are also working with uniformed services and other responders to improve their ability to help prevent and address gender-based violence. In partnership with civil society, UNFPA is supporting the dissemination of messages on gender-based violence in the context of COVID-19 through social media, radio, TV programs, and mediums such as virtual chat groups.

In addition to these endeavors, UNFPA is supporting governments around the world in their efforts to ensure that reproductive health services, information, and commodities, including modern contraceptives, remain available to women and girls without interruption during the COVID-19 pandemic. This includes:

- Strengthening the capacity of national and local health systems
- Supporting the monitoring and tracking of inventory of reproductive health supplies
- Supporting the provision of online counseling and contraceptive services

- Promoting community engagement, including by women-led organizations and by youth
- Enabling the collection and analysis of data to inform targeted interventions
- Providing dignity kits to address the hygiene needs of homebound women and girls

I believe these measures not only respond to the needs of women and girls during the pandemic, but also help lay the foundation for a more just and equal world emerging from this crisis.