

THE IMPACT OF COVID-19 ON GENDER EQUALITY

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ABSTRACT

The Covid-19 pandemic has forced the world into a disarray. The stakeholders around the world are endeavoring to understand which measures contribute to the prevention of infection, the treatment of the disease and otherwise the impact on the population. However, enough efforts are not being made to examine whether the Covid-19 pandemic affected women and men differently. This article attempts to examine the impact of the Covid-19 pandemic on women and men from the lens of gender-specific social-cultural differences. The analysis will account for the roles devolved to men and women in the society and its implications for the risk of infection. This may be reinforced from many statistics from around the world. For instance, the studies conducted by the Global Health 50/50 initiative show that infection rates are higher among women than men in many European countries. This could partly be attributed to the women taking part in support tasks in the family. The article concludes that the specific policy intervention which accounts for Covid-19's disproportionate impact on women are necessary to ensure that the movement for gender equality does not slow down and desire social/economic outcomes are not affected.

Keywords: Covid-19, Global Health, Gender Equality, Social/Economic Outcomes.

Introduction

COVID-19 has had a different impact on the lives of women, men, girls and boys. Its impact has been different depending on other social circumstances such as age, disability, gender, sexual orientation, and social-economic status. For instance, women are more susceptible to contracting Covid-19 because they form the majority of the frontline healthcare workers¹ and caregivers - mothers, grandmothers, aunts, sisters, daughters. These caregivers are unable to adhere to the social distancing guidelines. Moreover, women and girls with disabilities are likely to go undiagnosed and not access health services quickly or at all; this may be due, for example, to isolation linked to stigma or to dependence on other people to meet their daily needs.

The road to realizing the rights of women and girls has been long. In 2020, we marked the 25th anniversary of the Beijing Declaration². Five years after the launch of the 2030 Agenda for Sustainable Development³, it is clear that many countries are not on track to meet some of the targets prescribed in these SDGs. In addition to this, it is also feared that the COVID-19 pandemic could translate into setbacks and some complacency on the part of governments with regard to the commitments already made. Needless to say, the COVID-19 pandemic has exacerbated the need for concerted action to realise the rights of women and girls across the world.

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¹ Sudhir Anand and Victoria Fan, The Health Workforce In India, Human Resources for Health Observer Series No. 16, World Health Organisation, available at <https://www.who.int/hrh/resources/16058health_workforce_india.pdf>

² See Fourth World Conference on Women Beijing Declaration available at <<https://www.un.org/womenwatch/daw/beijing/platform/declar.htm>>.

³ See 'Transforming our world: the 2030 Agenda for Sustainable Development', UN Doc. No. A/RES/70/1.

Gender equality goals are embedded in 11 of the 17 goals (to varying degrees), including one that explicitly addresses gender equality (SDG 5: Achieve gender equality and empower all women and girls). This speaks to the pervasiveness of gender inequality and its links with other forms of inequality. Gender inequality is one of the most prevalent forms of inequality because it disadvantages women and girls, regardless of their social position, and wherever they are in the world. health, education, or other sectors being implemented in very gender-specific contexts.

The COVID-19 pandemic threatens to reduce to nothing the advances made during the past decades in favor of women, to aggravate inequalities between women and men in the world of work, thus compromising the prospects to “rebuild better”. Not much interest has been shown in the different situations of vulnerability that women and men can experience as a result of the measures adopted by the States to face the spread of the COVID-19 pandemic. Furthermore, policies to alleviate the economic and social effects derived from the health crisis can also generate new vulnerabilities that may have different repercussions for women and men. This article attempts to understand the nuances of this situation and to identify the design of the actions that the relevant stakeholders can adopt to promote gender equality in the post-COVID-19 pandemic world.

- **Identifying the Contours of the Problem**

Studies have shown that the women have a relatively higher risk of mortality from COVID-19.¹ This elevated risk of mortality ought to be accounted for the policy design to fight against the COVID-19 pandemic.

There are other concerns as well. According to the International Coalition for Equal Pay (EPIC), COVID-19 has shown how much our savings and our societies are based on essential contributions- but often undervalued and unpaid – of women and girls.² Worldwide, 136 million workers carry out their activity in the field of health and social action, including 96 million women, who represent the vast majority of these workers in most countries.³ Women in the labor market have been affected disproportionately by the repercussions of short-term economic effects of the COVID-19 crisis.

These include issues such as lack of adequate social protection, increase in layoffs, amplification of gender-based violence, and increased load represented by unpaid care work for others.⁴

In regard to the latter two issues, the data suggests that the COVID-19 pandemic has amplified the phenomenon of violence based on gender, especially due to the increase in stress from the pandemic and time spent in contact narrow due to compulsory teleworking.⁵ Similarly, even before the COVID-19 crisis, an estimated 16.4 billion hours were spent on activities relating to unpaid care every day, of which two-thirds were done by by women.⁶

It is thus evident that the counter-measures taken against the COVID-19 pandemic would affect the women more than it would affect men. First, countries risk pursuing policies austerity that translates into cuts in public spending.⁷ This will undoubtedly have a disproportionate impact on the women because the responsibilities related to social, education and health previously supported collectively by the State will then be delegated to civil society and in particular to women who are traditionally in charge of it. Moreover, in addition to bearing these social costs instead of States, it is women who are generally the most victims of layoffs: 48.5% - is still lower by 26.5 percentage points compared to their male counterparts and the unemployment rate is approximately 0.8% higher than men's.⁸ Therefore, in the short and medium term, many women whose situation was already precarious will lose their jobs and their income.

¹ Joe, W., Kumar, A., Rajpal, S., Mishra, U. S., & Subramanian, S. V. (2020). Equal risk, unequal burden? Gender differentials in COVID-19 mortality in India. *Journal of Global Health Science*, 2(1).

² 'Prioritize pay equity in COVID-19 recovery', Press Release, 18 September 2020, International Labour Organisation, available at https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_755894/lang--en/index.htm

³ 'The COVID-19 response: Getting Gender Equality Right for a Better Future for Women at Work' (Geneva, ILO, May 2020).

⁴ The Contribution of Social Dialogue to Gender Equality, The Global Deal for Decent Work and Inclusive Growth, Report, 20 January 2021, International Labour Organisation.

⁵ Mittal, S., & Singh, T. (2020). Gender-based violence during COVID-19 pandemic: a mini-review. *Frontiers in Global Women's Health*, 1, 4.

⁶ ILO: Care work and care jobs for the future of decent work (ILO, Geneva, 2018).

⁷ Les, Clpa, & De Genre, In E. Galité. S. (2020). Covid-19: A Threat To Women's Rights Around The World.

⁸ Internationale Labour Organisation. (2018, Mars 8th). According to the ILO, women are still less susceptible than men to be active on the labour market in most regions of the world. Available at https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_619567/lang--fr/index.htm

It is perhaps in light of the aforesaid that the Lancet Gender and COVID-19 Working Group called on governments and global health institutions to consider the effects, both direct and indirect, of sex and gender in the COVID-19 outbreak.¹ Previous experiences, such as the epidemiological outbreaks caused by the Ebola and Zika viruses, have shown that gender inequalities are forgotten in these situations.²

Especially worrying is the impact of COVID-19 on healthcare personnel, a sector that is mostly highly feminized.³ In India, the qualified nurses and midwives were dominated by women to the extent of as high as 88.9%.⁴

The gender inequities derived from the measures adopted also occur in the domestic and private spheres after the Covid-19 restrictions imposed by the Government of India that included extraordinary measures for physical distancing, such as the closure of all educational centers and the confinement of the population in their homes.⁵ As a result, unpaid care tasks increase, both for sons and daughters and for dependent and elderly people who may become ill. The lack of co-responsibility means that this greater burden of care for reproductive work may be falling largely on women, making it difficult in most cases for their productive work, which increases and the negative impact that the double shift has on mental and physical health.⁶ In addition, a pattern has been observed among those who have minors in their care: mothers and fathers feel bad for not being able to combine productive work and caring for their children.⁷ There is another study which suggests that self-isolation and quarantine after outbreaks of previous viral diseases can produce negative psychological effects.⁸ This confinement and health crisis situation can expose the population to an increase in mental health problems. Although there are still few studies in this regard, the need to pay attention and take measures to prevent mental health problems and post-traumatic stress syndrome has been pointed out, particularly in women.⁹

On the other hand, the social care network is hampered with the maintenance of physical distancing measures. Likewise, we must consider that part of the population cannot maintain this physical distance and that it is exposed to greater vulnerability, such as single-mother families or the case of people with disabilities and great support needs for their basic activities of daily life, tasks that women perform both formally and informally. In summary, the burden of care in the private sphere and in social and health care services falls, therefore, to a much greater extent, on women than on men; a reality that is also invisible in most analyzes of the crisis.

• Recommended Policy Design

As specialists, strategy creators and scientists feel that there is an aberrant connection between gender fairness and different objectives, it is regularly not focused on or essentially not tended to. Efforts to promote gender equality are seen to be separate or distinct from efforts to address health, social or economic inequalities - for example, health interests do not necessarily have to include efforts as well. aimed at promoting the empowerment of women. However, the fact that gender issues and the SDGs are objectively inseparable, demonstrates the need to consolidate efforts to both address gender inequality in a separate SDG and mainstream a gender perspective into all sectors and areas of sustainable development.¹⁰ If we do not explicitly pay attention to gender equality, it is often overlooked, either because we do not really know how to approach it, or because it is no longer intrinsically a priority. We must not only pay attention to the dedicated Gender Equality Goal while making efforts to mainstream gender equality in all SDGs. Without mainstreaming, gender equality and the unique needs of women and girls will remain a

¹ Wenham, C., Smith, J., & Morgan, R. (2020). COVID-19: the gendered impacts of the Outbreak. *The lancet*, 395(10227), 846-848.
² Davies, S. E., & Bennett, B. (2016). A gendered human rights analysis of Ebola and Zika: locating gender in global health emergencies. *International Affairs*, 92(5), 1041-1060.
³ Lancet, T. (2020). COVID-19: protecting health-care workers. *Lancet (London, England)*, 395(10228), 922;
⁴ Rao, K. D., Shahrawat, R., & Bhatnagar, A. (2016). Composition and distribution of the health workforce in India: estimates based on data from the National Sample Survey. *WHO South-East Asia journal of public health*, 5(2), 133-140.
⁵ Circular No. No. 40-3/2020-DM-I(A), 24 March 2020, Ministry of Home Affairs, Government of India.
⁶ Malhotra, S., & Shah, R. (2015). Women and mental health in India: An overview. *Indian journal of psychiatry*, 57(Suppl 2), S205; Panigrahi, A., Padhy, A. P., & Panigrahi, M. (2014). Mental health status among married working women residing in Bhubaneswar City, India: a psychosocial survey. *BioMed research international*, 2014.
⁷ Lades, L. K., Laffan, K., Daly, M., & Delaney, L. (2020). Daily emotional well- being during the COVID- 19 pandemic. *British journal of health psychology*, 25(4), 902-911.
⁸ Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The lancet*, 395(10227), 912-920.
⁹ Liu, N., Zhang, F., Wei, C., Jia, Y., Shang, Z., Sun, L., & Liu, W. (2020). Prevalence and predictors of PTSS during COVID-19 outbreak in China hardest-hit areas: Gender differences matter. *Psychiatry research*, 287, 112921.
¹⁰ Morgan, R., Dhatt, R., Kharel, C., & Muraya, K. (2020). A patchwork approach to gender equality weakens the SDGs: time for cross-cutting action. *Global Health Promotion*, 27(3), 3-5.

separate priority and continue to be relegated to the hands of gender specialists or advocates, rather than being approached holistically in all areas of sustainable development. By failing to address oppressive systems and structures and the underlying causes of poor social, economic and health outcomes - such as gender inequality - our interventions are only temporary relief for an endemic problem.

We keep ourselves in a constant cycle, continually responding to the inequitable outcomes that flow from deeper structures and processes of inequality and exclusion - which prepares us for endless work. If our goal is just to keep our jobs, then this strategy works. Interventions that aim to address gender inequalities, including but not limited to increasing women's empowerment, leadership, access to resources or redistribution of labor, will have a positive effect on the results of the other SDGs. This requires transformative gender policies and actions. It is not enough to simply call attention to a problem; there must be mechanisms in place to allow issues to be addressed and systemic barriers challenged. Most importantly, gender equality ought to be viewed as everybody's business, not as a unique concern or only for women. The relevant policies should be planned with short and long haul gains, and demonstrated arrangements should be scaled up and actualized.

Achieving gender equality must be absolutely comprehensive if we are to progress and achieve all of the SDGs. On the other hand, if we do not put in place measures to achieve gender equality across the SDGs, it will take at least 100 years to close the gap between men and women, and more specifically 257 years in terms of the economic gender gap.¹ The urgency of prioritizing gender equality is further demonstrated by the COVID-19 pandemic. We are witnessing great inequalities based on race, gender, socioeconomic status and geography.

During the health crisis derived from COVID-19, not only the health system is put to the test, but also other social and economic structures, which even in the de-escalation and recovery phases are likely to cause inequities between population groups. In this sense, the most effective policy responses will be those that consider their impact on the lives of women and girls, considering all contexts of vulnerability. Therefore, it is necessary to include the intersectional gender perspective that recognizes the multiple social factors (such as social class, ethnic origin, migratory status, sexual exploitation, disability, sexual diversity, etc.) that shape the contexts of vulnerability of people in disease outbreaks, as well as their ability to cope with emergencies and participate in responses.²

As one commentator pointed out:

"Not only has the COVID-19 pandemic affected men and women differently, it has also affected unequally placed women differently. Therefore, only an approach that recognises the special needs and rights of marginalised and excluded people can have a meaningful and lasting impact on the wellbeing of all our people. Perhaps, we will respect our domestic workers and waste-pickers when they return to service us after lockdown; perhaps men will acknowledge that childrearing and sharing housework can be fulfilling activities; perhaps we will strive to strengthen our public health system, and perhaps we will recognise that many of us can do with much less than we imagined before this pandemic. COVID-19 has the potential to take us and our planet towards the brink of disaster, or it can prompt us to move towards an equitable and sustainable society."³ Political and public health decisions must consider the different experiences of women and men during the pandemic to ensure that their needs are addressed. While many women are on the front lines of the pandemic, they are not included in the same way in decision-making. It is necessary to ensure the equitable representation of women in decision-making, and the recognition and enhancement of care and life support in political decisions that are adapted to overcome the economic and social crisis in which we find.

Conclusion

To avoid the mistakes of previous crises, it is fair to include immediate gender-sensitive policies and actions, which facilitate the proposed measures in a transversal manner. Key actions should include information disaggregated by sex, greater participation of women, and transformative measures aimed at a more equitable distribution of gender roles. The literature is unanimous in this reflection that the desire that this unprecedented crisis situation should involve a collective rethinking about the impact of the COVID-19 pandemic on women and the need to redraw a fairer and more equitable society, in which the focus is on the dialogue and representation of women in policy decisions.

¹ *Ibid.*

² Hankivsky, O. (2012). Women's health, men's health, and gender and health: Implications of intersectionality. *Social science & medicine*, 74(11), 1712-1720.

³ Manisha Gupte and Dr Suchitra Dalvie, Opinion: The gendered impact of COVID-19 in India, 9 April 2020, *The Week*, available at <<https://www.theweek.in/news/india/2020/04/09/opinion-the-gendered-impact-of-covid-19-in-india.html>>

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4. Montenegro, L., Jiang, X., Rojas, F.L., Schmutte, I.M., Simon, K.I., Weinberg, B.A. and Wing, C. (2020) 'Determinants of disparities in COVID-19 job losses', *NBER Working Paper* 27132: 1–18.
5. Vella, F. (1994) 'Gender roles and human capital investment: the relationship between traditional attitudes and female labour market performance', *Economica, New Series* 61(242): 191–211.

