

# **COVID Impacts on Gender Relations**

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# Context

- The COVID 19 pandemic has impacted on normal life & had adverse effects on all aspects of life - social, economic, family, education, religion & politics
- Women & girls have historically & traditionally faced discrimination on the basis of gender
- COVID19 vulnerability & threat multiplier
  - Found citizens as they were
    - Climate change extreme events like floods; locusts; looming hunger; health status; threats of terrorism; cattle rustling etc)
    - Unmet needs in SRHR
    - IPV & GBV
    - Struggle to ensure access to health care services

# Context - 2

- COVID pandemic likely to have
  - 1. Compounded existing problems
  - 2. Worsened discrimination & inequalities
  - 3. Given rise to new problems & inequalities
- COVID comes amidst gender justice gaps - exclusion in decision making & unequal property laws; legal identity; discrimination Vs women at work
- Intersectionality - conflation of identities (gender; age; disability; socio-economic realities; marginalized communities makes things complex within context of SDGs
  - Leave no one behind

# Gender

- UN Secretary General's view has been that
  - Gender equality, women's rights are essential to getting through pandemic together; faster recovery & building better future for everyone
- Women's & men's experiences of both COVID and responses to it shaped by roles ascribed & social construction of femininity & masculinity
  - Specific experiences of women; men; boys & girls
- Capabilities - women's and men's agency different

# COVID 19 As Pandemic within Pandemics

- Social determinants of health (conditions in which people are born, grow, live, work & age) have gender nuances
  - Economic stability - employment, income, medical bills, Expenses, Debt
  - Neighborhood & Physical environment - Housing, Transportation; Safety; Parks
  - Education - Literacy, Early Childhood Education, Vocational Training, Higher Education
  - Food - Hunger, Access to healthy Options
  - Community & Social Context e.g. Social support networks; stress; Discrimination; Social integration; Community engagement
  - Access to healthcare - Health coverage; Provider availability; Quality of care; Provider Linguistic & Cultural Competency

# COVID 19 As Pandemic within Pandemics - 2

- COVID has impacted these determinants
- 1. Limited access to healthcare generally as burden on health systems increases
  - SRHR of women affected specifically
    - Claw-backs on gains in health specifically maternal (reproductive) & child health
- 2. Social stress has resulted in increased DV; SGBV; IPV a consequence of multiple factors (etc)
  - Mergence of public & private spheres with closure of schools & offices
    - Burden of work - education; usual care & nurture chores
    - Conflicts - too much interaction

# COVID 19 As Pandemic within Pandemic - 2

- Care for ailing family members
- Closure of worship places - denies people especially women social interaction & space to share & de-stress
- Closure of bars & social spaces - denies men space to 'park' before going home to sleep especially in informal settlements where space at home is limited
- 3. Public Order responses - curfew & cessation of movement affected men & women
  - Inability to carry out economic activities
  - Use as excuse to abdicate responsibilities
- SRHRs affected by limited movement - unplanned pregnancies; access to hospitals

# COVID 19 As Pandemic within Pandemic - 3

- 10. Limited access to rights
  - HRBA - Accessible; Acceptable; Adequate; Quality healthcare
  - Access to justice limited (Ethiopia & Kenya have designated DV cases urgent)
    - Less access to justice - for indigent women & men
      - Increased vulnerability & marginalization
        - Within context of reduced access to social support mechanisms for women (*Chamas; Religious gatherings*) & men (Bars et al)
  - Changes in burial rites limiting participants
    - Impact on *Widows' rights*; social support; identification of participants likely to be gendered



# Conclusion

- Gender equal societies generally handled crisis better
- Crisis threat multiplier for women & men
  - Clawbacks in rights - SRHRs; spike in FGM; unplanned & under-age pregnancies
  - Limited access to healthcare services
    - Poor health seeking behaviour
    - Difficult to reach; vulnerable & stigmatized populations
- Building back better will require healthy men & women and SRHRs is a critical plank of BBB