

Gendered response for tackling COVID-19 and its aftermath

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The paradox of women as the saviors and worst sufferers to the COVID 19 pandemic necessitate a gender sensitive policy for response, relief and rehabilitation.

COVID-19 has emerged as a deadly global health pandemic, infecting 2.25 million people across 210 countries and territories across the globe causing 0.15 million deaths. Currently, most of the efforts are focused on providing medical response, including diagnosis, isolation and treatment. Being at the forefront of COVID-19 response, health professionals and social health workers face risks of lives, psychological stress as well as social stigma and discrimination from the same people who they are protecting and saving from the fatal disease.

Women comprise 70 percent of the health services work force globally, and thus play a pivotal role in COVID-19 response. At the same time, they are also the most vulnerable to this highly contagious virus. The infection rates among women healthcare workers needs to be inspected closely for gender differences to devise gender-based action plans for the healthcare workers.

Despite women being at the frontline of primary health services working with the communities, only 25% of them occupy senior roles. This could be a reason why women are hardly considered as stakeholders for policy design, which is critical in emergency situations like COVID-19.

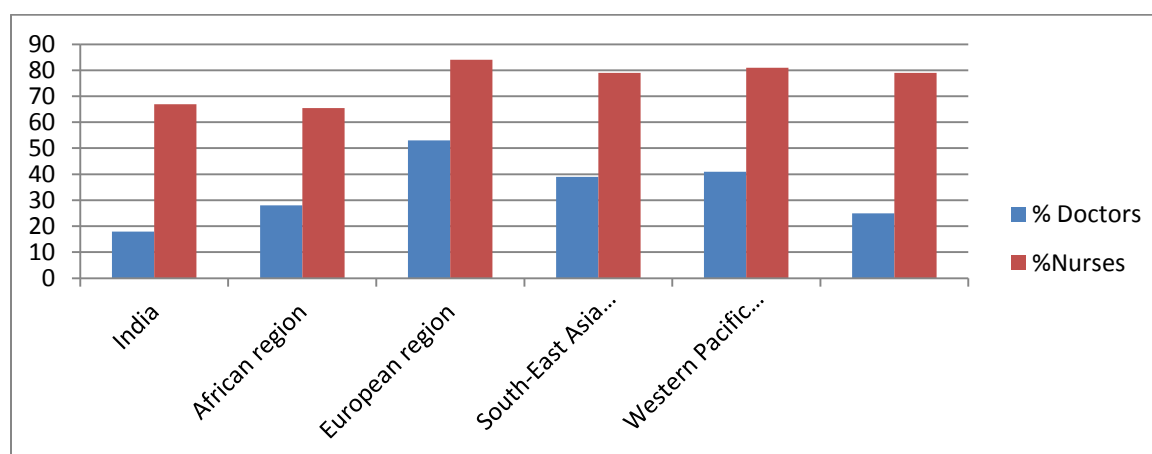


Table: Percentage of Global distribution of Health workers India and world

Source: WHO, 2019^{1&2}

¹<https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?sequence=1&isAllowed=y>

²https://www.who.int/hrh/resources/16058health_workforce_india.pdf

Poor conditions for the people stranded due to lockdown and extreme poverty are most likely to amplify the resource constraint and raise the demand for resources, especially for women. There is enough evidence to substantiate that aftermath of any disaster increases cases of girl and women trafficking and forces them into prostitution due to economic stress. Psychological stress due to social distancing, overcrowding, increasing heat conditions, no income generation and increase in household burden will affect women and girls. Lack of social spaces for women suffering with psychological stress will further aggravate the plight of women. United Nations Population Fund (UNFPA) maintains that nearly 48 million women and girls, including 4 million pregnant women, are in need of humanitarian assistance and protection in 2020, a figure that would be magnified by the dangers posed by COVID-19 outbreak³.

Given the economic slowdown and recession in formal and informal sectors, participation and engagement of women in livelihood and income generation will be massively affected. One doesn't need to emphasize that with economic uncertainty looming large, women are more likely to lose jobs than men. According to The International Labour Organization (ILO), women represent less than 40% of total employment but make up 57% of those working in a temporary employment. An immediate consequence of the COVID-19 pandemic would be job cuts and layoffs, with women part-time workers expected to bear the maximum brunt. The fall in household income will lead to girls dropping out of the schools, reducing their participation in social and economic decision making. It is of utmost important for policymakers to assess the gender specific vulnerability and impacts of public health disasters like COVID-19. The post-COVID-19 socio-economic action plans should also be gender sensitive as the outfall of the lockdown will affect men and women differently.

With the impacts on the gender are many fold, a gendered approach to COVID-19 responses is called for. Here it is important to highlight that aggregated data is being managed currently in only producing gender neutral policies to deal with COVID-19. To enable a gender sensitive response, some steps should be taken immediately to shape a more equitable landscape. To start with, it is important to develop a disaggregated data that also includes gender along with their age group, disabilities. It needs to be ensured that the policy makers use this data for putting in place a policy prescription. For this, an engagement of existing women's network and their support could be sought to support connectivity and secure vital actionable information. Measures to be taken for the pandemic management should be based on strong gender analysis, taking into account gendered roles, responsibilities, and dynamics. The policy makers need to design gender-sensitive action plans to facilitate effective relief, response and rehabilitation in this public health disaster.

³<https://www.unfpa.org/resources/covid-19-gender-lens>