



Pandemic and Gender: A Review of the Differential Impact of Covid-19 on Girls and Women

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Abstract

While disasters like epidemics affect almost all areas of human life, their differential impact on the vulnerable groups often exposes the structural inequalities in society. The evidence reported from different countries indicates that girls and women bear a disproportionate burden of the pandemic. At one level, they constitute the critical group leading the fight against the present pandemic on the ground but their under-representation in its global leadership and cost paid at individual and collective level remain as a concern. The present review highlights the differential impact of Covid-19 pandemic on women and girls in terms of their access to livelihoods, technology, education, healthcare, and dual burden (with additional care work) and incidence of gender-based violence reported in India and outside. They highlight the importance of addressing gender inequality and the inclusion of gender-sensitive strategies while managing a public health crisis.

Keywords: Covid-19; Differential Impact on Gender; Health Care; Violence

Introduction

Globally, the outbreaks of Covid-19 pandemic and following lockdown have affected the normal lives of people from all regions and groups. While recognising the common nature and spread on the larger groups, the differential impact on certain groups cannot be ignored. Historically, disasters like epidemics or health emergencies have disproportionately impacted vulnerable groups (Davies and Bennett, 2016) [1]. By worsening the existing socio-economic inequalities and opening new sets of issues, the pandemics adversely affect the process of development and progress achieved over the years. Women play a crucial role in managing the pandemic and its recovery on the ground level but their diverse experiences and voices deserve better attention. Women's participation, especially from the low and middle-income groups, in the leadership of key decision-making bodies remains a concern (Global Health 50/50, [2] 2020; John., *et al.* 2020 [3]).

Several instances are showing that the pandemic has disproportionately exacerbated inequalities for women and girls and in-

creased vulnerability to exploitation by regressing progress across all areas addressed by SDG-5 (Cameron., *et al.* 2021) [4]. The experience of girls and women reported from different parts of the world confirms the adverse and differential impact on their rights. They highlight how the pandemic makes things harder particularly for those women in a situation of poverty and vulnerability. More than a health or economic crisis, the pandemic has emerged as a crisis of discrimination through lived experiences of race, gender, and class (Oxfarm, 2021) [5]. Besides gender, other factors which drive the marginalisation and vulnerability also can produce a differential impact on women and girls.

In the absence of adequate policy interventions, this may weaken the process of social development and its earlier achievements. This would push millions of girls and women into extreme poverty, exclusion from accessing basic services like education and healthcare. Reports coming from different countries strengthen the concerns on the rise of child marriage, maternal mortality, mental health issues, sexual and reproductive health issues, gender-based

violence, and the additional burden of unpaid care work (Ryan, and El Ayadi, 2020) [6]. In countries like India, the existing gender disparities may be widened or reinforced in multiple ways. This includes prolonged social and economic disruptions that disproportionately harm women (Pinchoff, *et al.* 2020) [7]. By looking into the evidence reported across the countries, this paper attempts to review some of these concerns and map the differential impact of the Covid-19 pandemic on gender. While considering its multidimensional impact, the focus of the present review is limited to highlighting the differential impact in loss of livelihoods, the dual burden of paid and unpaid care works, discriminate terms of income and livelihood, unpaid care work, differential access to technology, education, healthcare and incidence of gender-based violence reported in India and outside. The discussion provides an updated review and engages with the larger discussion on developing gender-responsive policy interventions in managing the pandemic with better preparedness, response, and resiliency.

Impact on livelihoods, paid works, unpaid care works, and dual burden

For various reasons, women's participation in paid work remains low in many countries. A large number of women engage in the informal sector which was severely affected by the pandemic. The evidence shows that the pandemic make their livelihoods at great risk and it 'has disproportionately pushed them out of employment, reversing decades of progress on their participation in the labour force' (Oxfarm, 2021) [5]. In the post-lockdown phase, a steady decline in the share of women employed in India suggests that job losses are not gender-neutral. Post-lockdown phase experience a fall in the share of women employed in India (Deshpande, 2020) [8]. The economic forces in terms of low or no access to resources and income also may affect women's access to healthcare and wellbeing. The concentration of women engaged in precarious and vulnerable jobs is likely to increase the economic burden of the pandemic on women and their dependence. At one level, women disproportionately suffer more job losses while they engage in more risky, hazardous, and stigmatized jobs and play a critical role in managing the health emergency at the ground level. For many of them, the choice between unemployment and jobs puts them at greater risk (Deshpande, 2020) [8].

India is known for its unequal gender division of household work globally. Even before the pandemic, women manage a major

part of the unpaid care work in the families. Participation in paid work outside add a dual burden for them; this may adversely affect their mental health and wellbeing. A pandemic may escalate the stress for women engaged in unpaid care work at home, paid work at home, and outside. The experience and response during the disaster may vary across gender. Often it increases the responsibilities of women with additional duties where working women particularly face challenges in meeting the expectation at home and outside. Women engaged as frontline workers in healthcare and other essential services outside will be exposed to other challenges (Ryan and Ayadi, 2020) [6]. Studies highlight issues faced by working mothers in terms of maintaining their work-life balance, managing space and resources for work from home, and learning a new set of skills, and these multiple challenges affected their mental health (Kalsoom, 2021) [9].

Impact on mental health, well-being, and gender-based violence

Several studies have highlighted concerns over the mental health and well-being of mothers and women engaged in parenting and unpaid care works. A recent survey indicates that the psychological well-being of Indian mothers during the Covid-19 pandemic was negatively related to parenting stress and psychological inflexibility, and positively related to self-compassion (Mazumdar, *et al.* 2021) [10]. During the Ebola crisis, several countries reported an increase in gender-based violence, early and forced marriages, and transactional sex against girls and women. The public health crisis and an extended stay at home could lead to suicide and femicide among girls and women (Standish and Weil, 2021) [11].

The pandemic has instigated a reduction in economic opportunities for individuals and households. Along with the economic stress, the pandemic also disrupted the education and mobility of many girls and women. These factors are likely to increase the risk of gender-based violence against girls and women in several contexts. The increased reports of domestic violence from both high-income and low-income countries remain a concern (Cameron, *et al.* 2021 [4], John, *et al.* 2020 [3], Mutavati, *et al.* 2020 [12], Pentarakki, and Speake, 2020 [13], Sánchez, *et al.* 2020) [14]. The disruption of various services regular including health and legal consultation during the pandemic may adversely affect poor women's ability to come out of abusive relationships and gender-based violence.

Access to education, healthcare, and sexual and reproductive health rights

Given the financial implications and digital divide, large-scale introduction of digital learning and shift towards online classes close the doors of learning for millions of students from disadvantaged backgrounds. Even with all efforts made by the governments, the disruption of education for several months may result in learning losses and increase the number of children away from school. In several contexts, girls are provided with limited access to digital devices; they face challenges in developing Information and Communication Technology (ICT) skills and engagement with distance learning (Amaro, *et al.* 2020) [15]. In India, the possession of mobile phones, access to the internet was found to be lower for girls than that of boys (UNICEF, 2020) [16]. The exclusionary nature of digital access and differences in penetration of digital technologies varies across the regions and social groups are likely to worsen the learning opportunities further.

The pandemic is likely to increase the risk of a large number of girls dropping out of their schools permanently. One of the estimates suggests that around 11 million girls will not return to school when the crisis is over. Most of them are in their adolescence and are from low- and lower-middle-income countries (Azevedo, *et al.* 2020 [17]. De Paz Nieves, *et al.* 2021 [18]). Extended closure of schools may keep a large number of girls especially from poor socio-economic backgrounds out of school forever and expose them to the risk of early and forced marriage, child labour, and unpaid care work in the families (UNICEF, 2020) [16].

The reports from different countries indicate that men experience more severe Covid-19-related health issues while women are likely to be exposed to the risk of infection and the consequences of prolonged containment and mitigation efforts. Gender/sex differences influence the incidence of Covid-19 infection, mortality, and severity of pharmacological side effects. However, a large number of clinical studies registered to develop new therapeutic approaches and vaccines for Covid-19 exclude gender/sex in their analysis. The exclusion of women from clinical trials of therapeutics and vaccines may make the new products less effective for them (Brady, *et al.* 2021 [19], Schwartz, 2020) [20].

The disruption of formal and informal health services and social support systems during the pandemic is likely to have a severe impact on women's access to healthcare services (Gausman and

Langer, 2020 [21]. Wenham, *et al.* 2020 [22]). A large number of women engaged in health and care services across the globe are forced to function without adequate protective measures. Many countries reported higher infection rates among health workers and the majority of them are women. Given the contagious nature of the virus and women's engagement in household care works, they carry greater risk while attending to the infected family members (Ryan and Ayadi, 2020) [6].

The experience during Zika epidemic from 2015-17 highlighted differential access to contraception among women from disadvantaged groups compared to other women (Darney, *et al.* 2017) [23]. The experience during the Ebola outbreak also highlights the adverse impact of pandemics on sexual and reproductive health outcomes and the weakening of earlier gains in low and middle-income countries (Riley, *et al.* 2020) [24]. The evidence reported from different parts of the globe during the Covid-19 pandemic suggests that the pandemic has contributed to limited access to family planning and adequate sexual and reproductive care and an increase in maternal mortality rates (Cameron, *et al.* 2021) [4].

The exclusion of pregnant women and lactating mothers from clinical trials, procedure, and other factors seem to limit the availability of reliable and adequate data on the impact of Covid-19 on maternal health. Available evidence indicates the biological impact of pregnancy on Covid-19 susceptibility or severity and higher severity of disease among pregnant women with pre-existing or gestational comorbidities (Ryan and Ayadi, 2020) [6]. The earlier experience during pandemics indicates that diversion of resources and prioritisation may disrupt the delivery of regular health care services and fear of infection may limit the usages during the pandemic. Various estimates suggest that the pandemic will have an adverse impact on the provision of perinatal care and increase maternal mortality (Robertson, *et al.* 2020) [25]. In several contexts, the pandemic has adversely affected women's access to family planning, including modern and emergency contraception, infertility services, and abortion due to disrupted service or diversion of funds from ongoing reproductive health programmes to other areas (Ahmed and Sonfield, 2020) [26]. This increases the risk of sexually transmitted diseases, unintended and high-risk pregnancies and adds challenges to public health, especially in countries with limited resource bases. Along with the existing taboo, pandemics reduced access to menstrual hygiene products among women and girls in India (Behar, 2020) [27].

Concluding Remarks

While women play critical roles in managing the health emergency at greater risk, the disproportionate impact of the pandemic on girls and women remains a concern. The evidence reported from different countries indicate that the differential impact of the Covid-19 outbreak makes girls and women more vulnerable in terms of loss of jobs, additional burden of care and paid work, risky engagement in paid work outside, disruption in education, drop out from education, early and forced marriage, limited access to digital resources, healthcare, sexual and reproductive health care, increasing stress leading to mental health issues and, gender-based violence at home.

Beyond the binary approach, the differential impact of the pandemic on gender can be understood with other critical dimensions including power, structural inequalities, and social determinants, and the lived experience in any given context. As gender is an intersecting component of wider structural inequalities, such an approach will help one to understand how gender affects the outcome or the response to the crisis at different stages of the pandemic (Morgan., *et al.* 2021 [28], Ryan, and El Ayadi, 2020 [6]). Governments' response to the Covid-19 pandemic and public health crisis should recognise the importance of social and gender dimensions to address the differential impact of the crisis on vulnerable groups.

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