



ALAGAPPA UNIVERSITY
(A State University Established in 1985)
DEPARTMENT OF WOMEN'S STUDIES



E-BULLETIN



Volume – 25, Issue - 1

December - 2020

GENDER AND COVID 19



Editor - in – Chief: Prof.K.MANIMEKALAI

Editors : Dr.I.Sivakumar
Dr.P.Sindhuja
Ms.B.Pon Vignesh
Ms.M.Bhuvaneshwari
Ms.N.Noor Naina Mohammed N

Editorial Desk

Over 30 million people have been infected by the coronavirus in India. COVID-19 can infect people of all gender and ages. However, some women and girls may be at higher risk because they are poorer and lack information and resources, or because they are at the front line as caregivers and workers in the health and service sectors.

In India, women make up a significant proportion of all healthcare workers and more than 80% of nurses and midwives. Yet, when it comes to decision-making roles in the health sector, they are largely absent, and they get paid much less than their male counterparts. Only 13% of the members of the national COVID-19 task force are women.

Since women in India spend more hours caring for children, the elderly and sick family members, and masks and other personal protective equipment are often designed and sized for men, women may be at risk of more exposure to the virus.

COVID-19 and Gender Equality: Countering the Regressive Effects

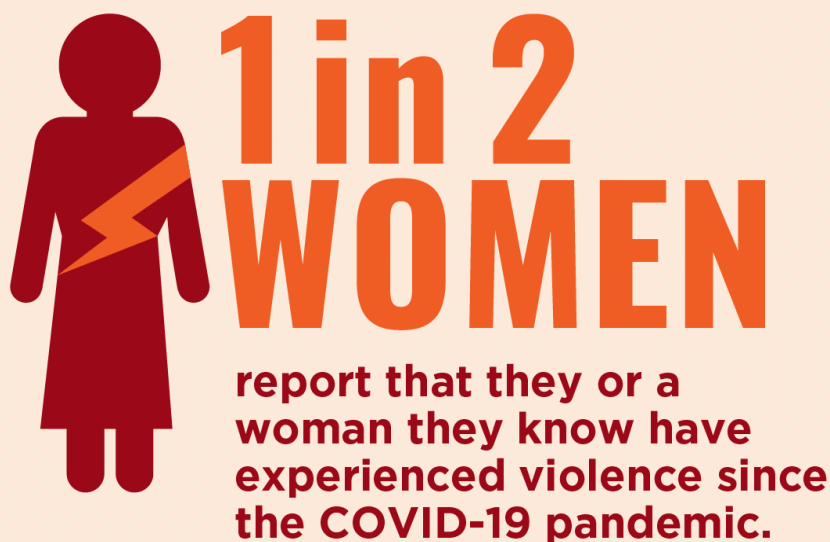
As COVID-19 continues to affect lives and livelihoods around the world, we have seen the pandemic and its economic fallout are having a regressive effect on gender equality. By our calculation, women's jobs are 1.8 times more vulnerable to this crisis than men's jobs. Women make up 39% of global employment but account for 54% of overall job losses. One reason for this greater effect on women is that the virus is significantly increasing the burden of unpaid care, which is disproportionately carried by women. This, among other factors, means that women's employment is dropping faster than average, even accounting for the fact that women and men work in different sectors.

Given trends we have observed over the past few months, in a gender-regressive scenario in which no action is taken to counter these effects, we estimate that global GDP growth could be \$1 trillion lower in 2030 than it would be if women's unemployment simply tracked that of men in each sector. (It is important to note that the impact could be more severe than the one we have modeled here if factors such as increased childcare burdens, attitudinal bias, a slower recovery, or reduced public and private spending on services such as education or childcare make women leave the labor market permanently). Conversely, taking action now to advance gender equality could be valuable, adding \$13 trillion to global GDP in 2030 compared with the gender-regressive scenario. A middle path—taking action only after the crisis has subsided rather than now—would reduce the potential opportunity by more than \$5 trillion. The cost of that delay amounts to three-fourths of the total global GDP we could potentially lose to COVID-19 this year.

Even before the coronavirus, our 15 indicators showed that tangible progress toward gender parity had been uneven and that large gender gaps remained across the world. Now, without intervention to address the disproportionate impact of COVID-19 on women, there's a risk that progress could go into reverse. This would not just set back the cause of gender equality but also hold back the global economy. Conversely, taking steps to redress the balance now could improve social and economic outcomes for millions of women globally and help boost economic growth.

COVID-19 increased Violence against Women in India

As the COVID-19 lockdowns trapped women at home with their abusers, domestic violence rates spiked throughout the world. In India, reports of domestic violence, child marriage, cyber violence and trafficking of women and girls increased within the first few months of the pandemic. According to the National Commission of Women data, India recorded a 2.5 times increase in domestic violence between February and May 2020. Some women's organizations reported that in the first four phases of the lockdown, they received more reports of domestic violence than they had in the last ten years for a similar period of time. Others indicated that many women were unable to report the violence, as they had less privacy and means to access help.



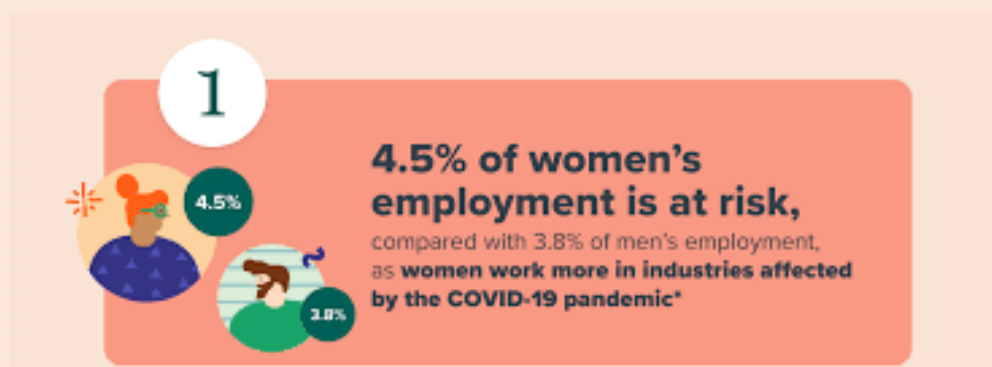
The Indian Government classified domestic violence shelter and support services as “essential” – an important step in COVID-19 response. During the first and second waves of the pandemic, 700 One-Stop-Crisis centres remained open in India, supporting over 300,000 women who suffered abuse and needed shelter, legal aid and medical attention.

The current draft of the anti-trafficking bill that will be tabled soon in the Parliament is another welcoming step, as it is set to increase penalties for perpetrators and make reporting of such crimes mandatory.

COVID-19 impacted Women's Employment in India

Wage inequality and the burden of unpaid care has pushed more women out of employment and into poverty. Women's earned income in India was just one-fifth that of men's even before the pandemic. Globally, and in India, more women have lost jobs during COVID-19. A recent report by the Centre for Sustainable Employment at Azim Premji University in India shows that during the first lockdown in 2020, only 7% of men lost their jobs, compared to 47% of women who lost their jobs and did not return to work by the end of the year. In the informal sector, women fared even worse. This year, between March and April 2021, rural Indian women in informal jobs accounted for 80% of job losses.

Indian women also spend more time doing unpaid care work at home than men. On an average, they spend 9.8 times more time than men on unpaid domestic chores and 4.5 hours a day caring for children, elders and the sick. During the pandemic, their share of unpaid care work grew by nearly 30%.



The socio-economic toll on women and girls have long-term consequences, unless policies and actions deliberately target and invest in women. There is a risk that the exodus of women from the workforce could become permanent, reversing not only gender equality gains, but GDP gains. UN Women data also shows that more girls than boys were left out of school during the pandemic and 65% of parents surveyed were reluctant to continue the education of girls and resorting to child marriages to save costs. This can create an entire generation of young women without education and employment opportunities.

Women's Health

Hand hygiene and sanitation is a critical element in preventing the spread of COVID-19. Yet, 3 billion people, or 40% of the world's population, do not have a handwashing facility with water and soap at home, according to the latest global estimates from WHO and UNICEF. The world's extreme poor — 689.4 million, over half of whom are women and girls — living on less than USD 1.90 a day, displaced people and refugees are at immediate high-risk. Women and girls, who already faced health and safety implications in managing their sexual and reproductive health and menstrual hygiene without access to clean water and private toilets before the crisis, are particularly in danger. When healthcare systems are overburdened and resources are reallocated to respond to the pandemic, this can further disrupt health services unique to the well-being of women and girls. This includes pre- and post-natal healthcare, access to quality sexual and reproductive health services, and life-saving care and support for survivors of gender-based violence.



The health impacts can be catastrophic, especially in rural, marginalized and low-literacy communities, where women are less likely to have access to quality, culturally-accessible health services, essential medicines or insurance coverage. Before the pandemic, around 810 women died every day from preventable causes related to pregnancy and childbirth — 94% of these deaths occurred in low and lower middle-income countries. One recent study found that if routine health care is disrupted and access to food is decreased, the increase in child and maternal deaths could be devastating: 118 low- and middle-income countries could see an increase of 9.8 to 44.7 % in under-5 deaths per month and an 8.3 to 38.6% rise in maternal deaths per month. Past pandemics have also shown increased rates of maternal mortality and morbidity, adolescent pregnancies, and HIV and other sexually transmitted diseases. Multiple and intersecting inequalities, such as ethnicity, socioeconomic status, disability, age, race, geographic location and sexual orientation, among others, can further compound these impacts. Yet, globally, just 37% of COVID-19 cases have been disaggregated by both sex and age as of mid-July 2020.

REFERENCES

- Wenham, C, Smith, J, Morgan and R, 2020. COVID-19: the gendered impact of the outbreak.[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30526-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30526-2/fulltext)
- United Nations 2020, COVID-19: impact could cause equivalent of 195 million job losses, viewed 27 April 2020, <https://news.un.org/en/story/2020/04/1061322>
- The Lancet (2020) Covid19: The Gendered Impacts of the outbreak. Vol 395. <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2930526-2>
- UNFPA (United Nations Population Fund). 2020. “COVID-19: A Gender Lens – Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality.” Technical Note. UNFPA, New York.
- WHO (World Health Organization). 2020. “WHO Coronavirus Disease (COVID-19) Dashboard”.