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Covid-19 Through The Lens of Gender

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Abstract

Large-scale emergencies, such as the current COVID-19 pandemic, have a widespread impact across multiple areas. In COVID-19, evidence of gender and sexual difference social and economic impacts is increasing. Although online resources have worked to compile this evidence, the available gender and gender-disaggregated data relating to COVID-19 must be assessed and synthesized. This literature review will evaluate and compile current literature and evidence from several disciplines systematically. We will include pairs reviewed papers, clinical and reporting studies and relevant research papers through secondary and primary analysis of data. The evidence of multitudinous outcomes, including sexual and gender differences in diets, severity, treatment outcomes, exposure to violence, mental and psychosocial assistance, and economic insecurity will be synthesized and described in the COVID-19. These results can be used to inform policy, identify research gaps, and support priority interventions recommendations. Pandemics and outbreaks affect both women and men differently. Experiences of individuals are likely to vary depending on their biological and genders characteristics and their interaction with other social determinants, due to risk of exposure and the biological susceptibility to infections. Therefore, the preparation and response of COVID-19 must be grounded in a strong analyzed gender and ensure meaningful participation in the decision-making and execution of affected groups, including women and girls. WHO calls on its Member States and all global players to direct investments in quality and gender-sensitive research into the negative impacts of COVID-19 on health, society and economy .Countries should include a focus upon gender in their COVID-19 reactions to ensure that gender and how it interacts with

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other areas of inequality are taken into account in public health policy and measures to curbs the epidemic. In this article, the gender base analysis is demonstrated by ongoing Covid -19.

Keywords: COVID-19, gender, domestic violence, care-giving, discrimination.

1. Introduction:

The emergency stemming from COVID-19 has specific impacts on women and is deepening existing gender inequalities, both inside and outside homes, in hospitals and health centres, at work, and in politics. This reality requires that women's equal participation in decisions and a gender perspective be central elements of crisis mitigation and recovery policies. Lessons from recent pandemics (Ebola, Zika, SARS) have shown that incorporating the needs of women in addressing the emergency is no small matter. On the contrary, not considering a gender perspective will deepen inequalities with long-term effects that will be difficult to reverse. Confinement measures seek to protect public health and prevent the collapse of health services; however, their application is not gender neutral. Households have become the space where everything happens: care, education of children and adolescents, socialization, and productive labour, which has exacerbated the care crisis. The workload related to care and attention to people has increased, whose response should be collective. However, the reality is that this labour is not equally distributed, but falls mainly on women, and is valued neither socially nor economically. Outside of homes, women also constitute the largest contingent taking care, in the health sector, in paid domestic work and in specialized care centres for minors, older adults and people with disabilities, a situation that carries differentiated impacts on women's health and exposes them to a higher risk of contagion. Globally, women are poorer than men and are already feeling the effects of this crisis in the economic sphere and in the labour market, which is already segregated by gender. Women represent a larger proportion of the informal economy in all countries, and the data indicates that the sectors of the economy most affected by social isolation measures affect women significantly. Regardless of the sector, the effective participation of women in the paid work that is

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recovered after COVID-19 will be necessary for their economic empowerment and for the economic reactivation of countries. In addition, indicators show an increase in gender violence, which is exacerbated by confinement and by the limited access of women to public services for the care, prevention and punishment of violence. These are considered non-essential services, and although most governments are tailoring measures to the context of the emergency, extraordinary measures are required for a situation that is extraordinary. Additionally, women are encountering excessive limitations to access sexual and reproductive health services, such as hospital-based deliveries, which could increase maternal mortality. The intersection of gender with other conditions of vulnerability exacerbates the negative impact of the crisis; therefore, it is a priority to pay attention to the most vulnerable groups such as migrant women, domestic workers, women deprived of liberty, women heads of household, women from the LGBT community, and the most disadvantaged women from rural areas.

2. Content:

While men make up the majority of severe COVID-19 infections and deaths in the whole world, the pandemic and its related effects are rising the vulnerability of women and girls to gender-based abuse, sexual and reproductive disease issues, care burden and financial difficulties [1]. Women are thus an important part of success in responding to the COVID-19 pandemic. By looking at gender lens it is clear that outbreaks of diseases affect not only women and men differently but also compound existing gender inequalities and vulnerabilities [2]. For example, men's reluctance for healthcare due to rigid gender standards may be a consequence of the fact that most of the men are COVID-19 infections and deaths. In this sense, it is important to recognize the influence of social, cultural and sexual norms, roles and relationships on men and women's relative vulnerability to infection, exposure and treatment. It is important that we consider how different the quarantine experience can be for women or men who have various physical , cultural, safety and health needs to be met.

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3. Staying at Home and the Risk of Domestic Violence:

As of early April, half of the world's population – more than 3.9 billion people – had been subject to recommended, or compulsory, restriction or other measures to prevent COVID-19 spread [3]. When we talk about quarantine, it is essential to consider how different it can be for men and women with different physical, cultural, safe and health needs. Some women and girls may not be safe at home and may in fact increase exposure to domestic violence from intimate partners and other forms of domestic abuse. In the context of gender normal economic difficulties resulting from an outbreak, such as work failure, can put pressure on men and lead to increased tension and household conflict. Motion restrictions can meanwhile exacerbate the problem by keeping the abuser trapping women and girls and having less chance to escape violence or reach out for assistance. Women and girls are also exposed to increased risks in crisis situations as well, including the use and abuse of other forms of gender based violence. In such times, life-saving treatment and support for survivors of gender-based violence and those at risk of quarantine violence — including clinical rape management and mental health and psychosocial support — can be cut back when health care providers are overcharged and concerned with handling cases COVID-19. These barriers and obstacles must be tackled so as to provide access to services for women and girls.

The weakening or collapse of community structures and other systems that have previously helped protect women and girls from gender-based violence may also be another aspect of the risk imposed by COVID-19. There should be specific measures therefore to ensure that health workers have the skills and resources needed to address gender-based violence sensitive information, respectful, sympathetic and confidential disclosures of gender-based violence, and provide services with a "social" approach that is centered on survivors. It is also important to update pathways for gender-based violence reflective of changes to existing facilities and services and subsequently inform key communities and service providers of those updated paths.

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4. Needs for Sexual and Reproductive Health and Rights:

Women may have less power during an outbreak than men in decision-making. As a result, their general health needs, especially those specific to their sexual and reproductive health, may not be met to a large extent. Gender differences in the power of women can lead to their sexual and reproductive decisions not being entirely independent. This problem is likely to be compounded by insufficient female access to health care and inadequate financial resources for access to healthcare facilities. The risk of resources being devoted to sexual and reproductive health services to cope with outbreaks, which contribute to an increased maternal and neonatal death, an unmet need for contraception, unsafe abortions, and sexual transmission infections are also presented in the emergency response pandemic. In addition, the delivery of familial planning and other sexual and reproductive health commodities, such as menstrual health products — which are central to the health of women and girls, empowerment, dignity and sustainability — can be affected by the pandemic response strains of supply chains. For almost 48 million women and girls, including 4 million pregnant women, the dangers posed by COVID-19 outbreak will be more intense. The functioning of health care systems, adequate number of skilled health care staff (in particular midwives), sufficient facilities for providing basic and quality care 24/7 and strict adherence to infection prevention depend on safe pregnancies and birth. In the event of a serious interruption or other disruption to access by women and young girls in reproductive age, continuity of care must be guaranteed.

Respiratory illnesses in pregnant women must, in addition, be treated with utmost priority, especially COVID-19 infections, due to the increased risk of adverse effects. Measures of infection management shall include the correct division from the antenatal, neonatal, or maternal health unit of suspected, possible, and confirmed COVID-19 cases. Surveillance and response systems should be established, including in prenatal clinics, for women of reproductive age and for pregnant women.

5. Enhanced effects on communities already at risk:

COVID-19 will be experienced differently by every vulnerable population. In the next 48 million women and girls, including 4 million pregnant women, the COVID-19

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outbreak will be more serious, with UNFPA(United Nations Population Fund) identifying humanitarian aid and protection in 2020. Their peril will be greater. The rapid spreading COVID 19 is more daunting in the countries and communities already faced in long-term crises, conflict, natural disasters, displacement and other health emergencies. Conflict, poor conditions in moving places and limited resources are likely to amplify the need for additional assistance and funding. Conflict-affected or fragile countries often have some of the weakest systems of healthcare. This makes them vulnerable to COVID-19 in their ability to manage the population impact of the disease. The impacts on a full spectrum of the most excluded population, such as poor, disabled and indigenous peoples, internally displaced persons or refugees, individuals LGBT or others who are faced with intersecting and multiple forms of discrimination must also be considered when responding to COVID-19. It is essential that national and local authorities, communities, and beneficiaries be involved in ensuring that all pandemic groups have access to sexual and reproductive health services. Accurate information on infection precautions, possible risks, and how to seek early medical care should be provided to all women, including the women of reproductive age and pregnant women.

6. Economic Losses and Gendered Impact of Care giving:

Women from all over the world, whether they are working out of the home or not, have been carrying out most of their homework and care work.[4] This unpaid employment has grown in many families as part of efforts to control COVID-19 transmission, due to the closure of schools and moving to the workplace status. The impact of these factors on women has been disproportionate. Women's domestic burden has been increased with whole families every day at home, increasing their already-large share of household responsibilities. Due to the role of women in most informal family care, this increased burden has effects which limit their employment and economic opportunities. Travel restrictions and job closures also create financial difficulties and uncertainty for domestic migrants, most of whom are women, as well as for people from other service industries.

Although various forms of gender discrimination have already affected women disproportionately, current inequality is increasingly exacerbated by pandemics like

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COVID-19. The majority of unpaid work involves women already earning less than men, working in informal and insecure conditions. Poverty is also among these inequalities because rural women, minority groups and women's households tend to have particularly high poverty levels.

7. Women on the front lines protection:

Women make up 70% of the workforce worldwide in health and social services. The frontlines for combating and containing disease outbreaks include women physicians, midwives, nurses and Community health workers. This figure not only highlights the gender nature of women's health care workers but also the risk of infection. It is crucial to have adequate personal protective equipment for all health workers responding to COVID-19. But women face a higher risk of exposure given their initial interaction with communities and their involvement in much of the care work. Especially how the work environments of women can expose women to discrimination should be given special attention. They also need priority as frontline health workers on sexual and reproductive health and psycho-social needs. As women are responsible for the major part of primary health interventions, including frontline interaction at Community level, they do not engage fully in decision-making and intervention planning, security monitoring, or detection and prevention mechanisms. Experience with other epidemics shows that the roles of women within communities can often be beneficial for the identification at local level of trends, including those which may signal the beginning of an outbreak and indicate the overall health situation. Women also have an excellent opportunity to influence the design and implementation of prevention and community involvement in such proximity to their communities.

8. COVID-19 Response through a Gender Lens:

In developing policies and interventions to address the need of all, the gender-sensitive response to the COVID-19 pandemic is essential. Comprehensive data are first necessary to understand the primary and secondary effects of a health emergency on various persons and communities, such as women and girls. The collection of accurate and complete data from age and sex must be given priority in order to

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understand the different impacts of COVID-19 on individuals and groups. It is also necessary to address the inappropriate level of female representation in pandemic preparation and response that can already be seen in some of the COVID-19 national and global strategies. The solution is that women's voices, including those who are the most affected by the disease, should be included at the front of the response. It should be placed at the heart of response efforts to protect women and girls. However, it is equally important not to create or sustain harmful gender standards, discriminatory practices and inequalities. Women's domestic workload has been raised with entire households every day at home, growing their already-large share of household obligations.

The two-fold objective is to support the meaningful participation of women and girls. Firstly, it helps to prevent more prejudice and removes the most vulnerable from actions and responses. Second , it allows women to develop knowledge that is essential to the overall objective of controlling and preventing the transmission of COVID-19, promoting healthy behaviour, stigma and discrimination in and between communities given the key role played by women in their societies.

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9. Response from UNFPA:

UNFPA (United Nations Population Fund) works to ensure that survivors of gender based violence and the most at-risk women and girls have a continuity to live healthy multi-sector services. Strengthened response capacity for hotlines and remote services is a priority including adapting interventions such as safe areas for women and girls to guarantee that women and girls receive the help they need as well as counselors and case managers are protected from corona virus exposure. In addition, UNFPA invests in support centre, which mitigate the spread of COVID-19 and deal with the specific risks of violence among infected parties. We also partner with uniformed services and other personnel to strengthen their capacity to prevent and counter gender-based violence. UNFPA supports the spread, through social media, radio, TV programs and media, as well as virtual chat groups, of messages on gender-based violence in connection with the COVID-19.

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In addition to this, UNFPA supports governments worldwide in ensuring women's and girls' continued availability of reproductive health services, information and materials such as modern contraceptives during the COVID-19 pandemic. Including:

- Capacity building of national and local systems of health
- Encouragement of the monitoring and monitoring of reproductive health inventories
- Support for online advice and contraceptive services
- Promoting community participation, including by women's and youth organizations
- Enabling data collection and analysis to inform specific actions
- Provision of dignity kits for homebound women and girls to address hygiene needs

10. COVID-19 Actions WIPO gender-responsive:

COVID-19 IP Policy Tracker: WIPO (World Intellectual Property Organization) has created a COVID-19 IP Policy Database that collects data and makes changes to its policies and other Member State measures to deal with the global pandemic. It provides information on IP offices' actions, legislative and regulatory access measures and other voluntary activities and prevents a diverse and inclusive viewpoint. Data collection and analysis: systematic gathering of gender data relating to international IP filings is critical for trends and policies that promote equality and the participation of women in innovation and creativity. The short, medium and long term impact on international findings of the COVID-19 pandemic is monitored by WIPO. The WIPO is carrying out a three-year project that examines the barriers to female participation in the international IP system that are specific to countries, regions and the world. This project will consider the effects of the COVID-19 pandemic on current and forward-looking IP Offices actions to promote and maintain innovation in all groups, including under-represented groups, with an overall gender component, and will be combined with WIPO's other interventions under the development agenda.

I believe that these measures not only address the needs of girls and women during the pandemic, but help lay the foundation for a world that is fairer and more equal in its emergence.

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11. Conclusion:

Any existing inequality is amplified and increased by a pandemic. The consequences, the severity of that impact and our recovery effort are shaped by these inequalities. The COVID-19 pandemic, with its economic and social consequences, has created an unmatched global crisis in the history of the Nations, and requires a comprehensive response to the full extent and complexity of this crisis. However, this response will be significantly weakened, whether at national or international level, if it does not influence how the iniquities have made us all more vulnerable to the consequences of the crisis. Or if we simply reaffirm policies from the past and do not use this time to rebuild societies more equal, inclusive and resilient. Instead, each COVID-19 response plan, recovery package and resource budgeting must address the effects of that pandemic on gender, transforming the inequalities of non-paying health-care work into a new, inclusive health-care economy that works for all and developing socio-economic plans with an intentional focus on the lives and futures of women and girls, including women and women's organizations. Putting women and girls in the center of economies will essentially lead to better and more sustainable results for everyone, promote a faster recovery and help us achieve the sustainable development goals.

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