

Gender Dimensions of the COVID-19 Pandemic

Kardan Journal of Economics and
Management Sciences

3 (3) 111–117

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Kardan Publications

Kabul, Afghanistan

DOI: 10.31841/KJEMS.2021.28

<https://kardan.edu.af/Research/CurrentIssues.aspx?i=KJEMS>

Nazia Noory

Abstract

The coronavirus pandemic has dealt a huge blow to the world that affects global developments. Like other pandemics world is not just faced with the greatest global health shock but faced with the multi-dimension of COVID-19 effects. Like elsewhere Afghanistan is also hit strongly by the pandemic as in Afghanistan where there some other crisis was already existed from ongoing armed conflict to the struggles for peace, from lack of services to the limited infrastructure, from the increasing number of unemployment to the high gender inequalities all are the factors which are negatively impacting the economic and social stability of Afghanistan and its population as a whole and female in particular. COVID-19 has also affected female in different ways particularly in education, health and social sectors. Which needs urgent attention to be addressed.

Keywords: COVID-19, Peace, Education, Pandemic, Afghanistan

Introduction

Decades of war and economic and political instability in Afghanistan have highly affected women. Due to which women have limited access to education, financial independence and political participation. Over that woman in Afghanistan constantly faced with discrimination, violence, street harassment, forced and child marriages, severe restrictions on working and studying outside the home and limited access to justice.

Due to the lack of accurate and relevant data, the information remains concerned about the gender-specific impact of COVID-19 on female in Afghanistan. However, the past humanitarian and health crises have shown that without targeted interventions, many of the struggles, girls and women who are already facing, will get worse, including domestic violence, limited access to education, health services, financial difficulties, early marriages, teenage pregnancy, maternal mortality and the burden of unpaid domestic and care work. The COVID-19 crisis increases the pre-existing risks of violence against girls and women, hinder their social, economic and educational development.

A comprehensive study of gender dimensions of pandemic COVID 19 is necessary and urgent as this pandemic is not gender-neutral but it has differential impact on Men and women and boys and girls as a result of the numerous factors in terms of their biological and Physiological dimensions but also because of their social and economic roles in the societies in which they live. So, in this the policy responses and sectoral response must not be gender-neutral, it must be tailored responses to address the very different vulnerabilities but also the very different agency roles that women and men can play. In this paper, the focus will be on the impact of COVID 19 on female especially in health, education and socio-economic impacts with some recommendations to be addressed through policies.

2. Health

There are enough issues in the health sector that are important to respond. Unlike many other parts of the world where women do involve in the majority of health professionals, in Afghanistan, due to the cultural norms surrounding the role of women outside the home, the number of female health workers is limited. According to the OCHA report in Afghanistan only 15% of nurses and 2% of doctors are women. Due to discriminatory gender norms, women's health may not be given priority according to official data from the public ministry of Health. women accounted for only 27% of positive cases COVID-19 in Afghanistan. The

dramatically low number reveals limited access to health for female. This is why gender norms restrict female movement and decision making, including access to medical care, the shortage of women providing health services creates additional gender barriers for female access to vital health services. Female are particularly dependent on male family members to access health services. Social norms can dictate that female are the last to receive medical attention when getting sick, which may hinder their ability to receive timely assistance for COVID-19. As such, women's ability to access to health care remains severely weakened due to limited availability of female health workers. This mean woman themselves or their families are less willing or able to get tested if they have symptoms. The disproportionate number of women working in the health and social sector could suffer the stigma of communities due to the exposure they face. This will add additional burden to the challenge to protect one's health and one's own families.

we have heard that man have more morality then women and that's the absolute case Even though we think that mortality might be a male issue it has consequences for women, why? because men are the primary earner and breadwinner, those household women where men have lost their jobs the risks have to be bear by women as there is need for income or earning opportunities to be able to cope with pandemic and run the households. In addition to that woman's caregiving roles increased, as a result, Women perform the vast majority of unpaid care work, more than three times than men. During a public health crisis such as COVID-19, this work often involves the care of sick family members and look after the children in the case of school closures. Social norms, including those around the expectations that female are responsible for housework and care of sick relatives which can expose female to increased risk of COVID-19. Even the current lockdown has put new pressure on women as primary caregivers to sick children, the elderly and relatives. For example, With the temporary closure of schools, women can take in further care responsibilities. This extra burden of care adds stress and it can affect the mental well-being of female.

The other issue around health is really important which is that crises put tremendous pressure on systems and it means that services are stretched and capacity may be really thin. Some women have ongoing needs for maternal and reproductive health care and those Services may be difficult to continue in times of Crisis. Due to lock down and shut down women may be unable to access to move around to get those kinds of services. So there are all kinds of effects on the health Channel Through the health Kettle that we need to think about.

3. Education

In the education sector, securing access to schooling for girls and the improvement in that over recent years are concerned that this pandemic could somehow reverse that progress. This is a big risk in several of the countries whether it's the lower-income countries or middle-income countries even in the higher income countries. The experience from previous crisis shows that economic necessity and closure of schools' lead boys and girls to drop out of schools but boys go back to schools quicker and some girls just don't return. From the previous crises like Ebola, we have learned that sometimes girls don't return to school because either they're in the labor market or because they have caregiving responsibilities.

COVID-19 crisis has hit children in Afghanistan hard, as schools are closed since March 2020 and restricted their access to education. For many girls and teenagers, especially for those who live in rural areas where access to education was already a challenge before COVID 19. Girls had limited access to primary education and even more limited access to secondary education. According to Human Rights Watch report, 3.7 million children in Afghanistan are out of school, of which 60% are girls. Only 37% of adolescent's girls can read and write, compared to 66% of adolescents boys. School closures due to the COVID19 pandemic could lead to many other girls who drop out before completing their education, especially girls living in poverty, with a disability or living in rural or isolated places. With the socioeconomic impact of COVID-19 many families by losing the means of their livelihoods, many girls may be forced to drop out of school and/or get married early.

In the recent pandemic crisis, most of the countries are trying to provide distance learning system through digital devices where boys have greater access to it and the internet as in poor families might be one device available and this device is monopolized by boys which mean that boys are given more priority over girls for having access to learning materials which means that girls may fall behind in terms of learning opportunities and learning outcomes. In Afghanistan, due to limitations in remote learning and augmentation, the burden of care will further hinder girls' access to education. Because care is disrupted with school and often it is older girls who have to care for younger siblings. These caregiving responsibilities may trump their ability to go online for scheduled classes in between those kinds of things so they're a real risk. It is essential to support the return of girls to school access to primary and secondary education, to enable them to realize

their full potential and contribute fully to Afghanistan sustainable development and peacebuilding efforts.

4. Social Issues

In Afghanistan, girls and teenagers face early marriage, honour crimes, domestic abuse and sexual violence. Previous to COVID-19, a 2015 survey found that 78% of children respondents in Kabul, Jalalabad and Torkham reported subjected to violence. The survey found an even greater rate of violence against girls in the home, while the rate of violence against children is greater in the workplace and community. Emerging evidence shows that, across Afghanistan, already high rates of violence against female, especially domestic violence level, have increased further due to insecurity, health and financial uncertainties and restricted living conditions derived from the COVID-19 pandemic. Restrictions on movement and imprisonment have trapped many women and the girls with their molesters, who have even more limitations opportunities to find relief from violence and seek help from friends, family and service providers. In a survey conducted by Oxfam in Afghanistan, 97% of respondents said gender-based violence has increased since then. The COVID-19 epidemic has begun. Because of COVID-19, girls and women are most at risk of violence, abuse, exploitation and neglect. COVID-19 pandemic significantly increases the risk for girls and women to suffer violence from relatives, in-laws and husbands and the risk of an increase in a child, early and forced marriages.

Economic stress and insecurities are the key factors of the violence against female can increase tensions in-home and contribute to higher levels of all forms of violence. Violence against girls and women as a tool of harmful discipline is on the rise. Girls and women, who already tend to face high levels of domestic violence, may experience even higher levels of violence driven by quarantine and isolation.

On the basis of the above discussion the following recommendations are made to be addressed in the response of COVID 19 gender impact:

5. Recommendations

1. Ensure that, at the national level, the preparation Response plans are based on gender analysis that addresses the greatest risks of violence against girls and women. Make sure they are gender-sensitive and age-appropriate, the measures are integrated and funded in all plans, policies and programs COVID-19 related services and beyond.

2. To ensure meaningful participation of female in youth-led groups at national, sub-national and community level in all information gathering and decision making informing plans, programs and services. Directly engage women and women's civil society in the design and delivery of COVID-19 response.
3. Make sure public health messages and communications the efforts are aimed at female are shared through appropriate channels and with materials suitable for living in humanitarian contexts, remote and hard to reach areas, with information on COVID-19 and available services related to violence. Provide information about COVID-19 in ways that account for differing literacy rates amongst women and men, and different levels of access to mobile phones.
4. Promote gender-responsive health services by making awareness and training of female health workers and providing gender-responsive measures in all health care centers like hospitals, clinics and separate rooms for female in quarantine centers.
5. Support the return of girls, teenagers and young women to school and access to education, including through support schools to prevent and control the spread of COVID-19, promoting safe schools far from all kinds of violence by providing grants and scholarships.
6. Pursue gender-balanced humanitarian planning, response and community engagement staffing and teams.
7. Involve existing female health care workers and local women leaders in decision making to ensure that responses to COVID-19 adequately address the needs of female in each community.
8. Raise awareness about the importance of girls' education and continuing schools through different channels like community elders, religious scholars and community Shoraas.
9. enhancing digital approaches for providing education by providing low-cost technology and internet so girls have their own devices to access educational materials.

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