20. Why gender matters in COVID-19 responses – now and in the future

Agnes Quisumbing, Neha Kumar, Ruth Meinzen-Dick, and Claudia Ringler

To contain the spread of COVID-19, health ministries and the [World Health Organization](#) (WHO) are advising everyone to keep up to date on latest developments, wash hands frequently, stay at home, and practice physical distancing when outside the home.¹ These recommendations are inconveniences for most people in Europe or the United States, but for many in developing countries, even these basic precautions will be difficult to implement.

Here are some ways these public health recommendations affect women and men differently in developing countries, particularly in rural areas – and some ideas for how to address the disparities.

Stay informed

WHO recommends that everyone keep up to date on the latest information on COVID-19. This is a particular challenge for rural women, who have lower literacy and numeracy rates and less access to modern information and communications technologies. Mobile phones are seemingly ubiquitous, yet out of more than 2 billion people in low- and middle-income countries, [only 82% of women own one](#) – meaning 393 million are excluded, mostly in rural South Asia and Africa. Even women with access may not have their own phones, and tend to use a smaller range of services.

Key barriers for women include affordability; literacy and skills needed to use the device; safety and security (including personal safety) when using the device; and lack of family approval. The gender gap tends to be particularly high in rural areas. To address these disparities, IFPRI, together with partners in Kenya (Groots Kenya), India (Self-Employed Women's Association–SEWA), and Uganda's extension service, is testing [alternative ways to reach women farmers with information](#), including WhatsApp, posters, and videos. Some countries and organizations [are providing free cellphones or airtime to women](#) to support them during the crisis.

Hand-washing

Frequent hand-washing with soap is a key measure in the fight against COVID-19 – but out of reach for many households. In 2017, [3 billion people](#) still lacked basic hand-washing facilities at home: 1.6 billion had limited facilities lacking soap or water and 1.4 billion had no facility at all.

¹ Other recommendations include respiratory hygiene and to avoid touching eyes and mouth as well as to seek medical help early if needed. The reference was last accessed June 4, 2020, and it is frequently updated.

Unsurprisingly, this deprivation falls mostly on the poor; nearly three-quarters of the population of least developed countries lacked hand-washing facilities with soap and water.

The task of procuring water for hand-washing and other domestic uses falls disproportionately on women and girls. Strict lockdown rules in many countries, including curfews and limits on congregating at common water distribution points, further compound these problems.

There are, however, promising interventions. In Bangladesh and Uganda, for example, the “tippy tap” – a simple, low-water-usage device – has been promoted to improve hand-washing, and combined with behavior change communication (BCC) targeted to women. IFPRI, under the CGIAR Research Program on [Water, Land and Ecosystems](#), has supported cost-effective [social learning interventions](#) to change sanitation behavior, with lessons for COVID-19.

Stay at home

“Stay-at-home” recommendations and the strict lockdowns in many countries have left both men and women jobless. Many migrant workers also lost their jobs and had to return to rural homes. In many contexts (for example in [Middle Eastern and North African countries](#), [India](#), Nepal, and [Tanzania](#)), women whose husbands migrate gain autonomy in decision-making, which is often cherished despite the increase in responsibilities. As male migrants return home, women suddenly lose this autonomy and their role as the de facto household head.

On top of the financial stress to individuals and families, confinement can lead to mental stress. For men, who are typically seen as and consider themselves to be their families’ breadwinners, loss of employment and income may result in mental health problems and/or domestic violence as an outlet. Men may also lose contact with their peers, exacerbating stress.

For women and children, quarantine conditions thus increase tension and exposure to potential perpetrators. Overburdened health services – often the first point of contact for women experiencing domestic violence – may be unable to respond. A [comprehensive review by Peterman et al. \(2020\)](#) identifies potential direct and indirect pathways between pandemics and violence against women and girls – including effects on economic insecurity and poverty-related stress, increased exposure to exploitative relationships as household structure and composition change, and the inability of women to temporarily escape abusive partners.

Stay-at-home orders also make it difficult for many women to procure food for cooking, one of their key responsibilities directly affected by COVID-19. Women may have to prioritize the limited amount of time permitted outside the home among a number of tasks, choosing between foregoing procuring safe water or food or fuel for their children and families. And food insecurity may affect women more than men, as seen in [previous work on the food price crisis of 2007-2008](#).

Physical distancing

Yet we should not underestimate the resilience of women's groups. [PRADAN](#), one of India's largest NGOs, is using these groups as a platform for community kitchens, providing meals to those in need (especially migrants returning from urban centers). SEWA is developing risk communication and community engagement plans using grassroots leaders and WhatsApp to educate members about protecting their families' health. Thus, while conditions are more difficult, existing women's collectives are proving a valuable asset in the pandemic response, and may take on potential new roles such as testing and contact tracing. Gender-sensitive programming could also look into supporting men in their care-giving roles as well as providing psychological support.

Other consequences of the pandemic: Illness, death, and loss of schooling

Our [previous work](#) in Bangladesh and Uganda shows that shocks like illness and death affect men and women differently. The burden of caring for the sick falls disproportionately on women's shoulders, so in the short term, their exposure to sick individuals may increase their risk of contracting the virus. Moreover, women's assets may be sold first to cope with illness; in the longer term, such losses may leave them more vulnerable to future shocks. Emerging evidence seems to indicate that [men are dying of COVID-19](#) at higher rates than women, possibly due to a combination of biological and social factors. The death of an income earner may severely affect women, depending on inheritance patterns and practices upon marital dissolution (whether through death or divorce).

As their small businesses collapse and their informal work arrangements are cancelled, women will lose financial independence, affecting their empowerment in the short term, with potential longer-term impacts on children's schooling (particularly for girls). This, in turn, could affect female labor-force participation in the next generation.

Strengthening women's assets should be a key priority in pandemic response and recovery. [Because women's assets are often the first sold in economic crises](#), protecting them to the extent feasible and rebuilding them following COVID-19 will be crucial. Such efforts also support women's empowerment. Rebuilding the social capital embedded in women's groups may also empower women [to be more aware of and to avail themselves of public services](#), and to provide the leadership their communities need.

While WHO's COVID-19 guidelines are essential for everyone's health, it is clear that women face challenges in implementing them that are quite different from those faced by men. Women need support from governments and international health and women's organizations – now and in the future – to ensure that the pandemic does not wipe out decades of gains in women's empowerment and family well-being.

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