



The indirect impact of COVID-19 on women

Lockdown measures and school closures affect girls and women differently across the world and may have long-term negative consequences. Talha Burki reports.



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Soon after the emergence of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) last winter, it became apparent that mortality rates were higher for men than for women. This remains the case but it is women who are more likely to bear the brunt of the social and economic consequences of the pandemic. Earlier this year, UN Secretary-General António Guterres noted that “COVID-19 could reverse the limited progress that has been made on gender equality and women’s rights”. With the pandemic set to stretch into 2021, his words are looking less like a warning than a prediction.

“When you are thinking about a pandemic, you have to differentiate between what comes from being infected and what comes from being affected”, points out Clare Wenham, Assistant Professor of Global Health Policy, London School of Economics and Political Science, UK. As *The Lancet Infectious Diseases* went to press, 12 552 765 cases of COVID-19 had been confirmed worldwide with 561 617 deaths, largely in Europe and the Americas. Not every country provides sex-disaggregated data, but a clear trend has emerged.

“The distribution of cases seems to be about equal globally; there does not seem to be a sex or gender bias in who gets diagnosed as a case, although this varies from country to country”, said Sarah Hawkes, Professor of Global Public Health at University College London, UK. “But when it comes to cases progressing to severe disease and death, men are at quite a substantial disadvantage”. In the WHO European region, men account for 57% of deaths from COVID-19 and 70% of admissions to the intensive care unit. In the

Netherlands, men make up 38% of confirmed cases of COVID-19, but 55% of deaths (in other words, they are twice as likely as women to die after being infected with SARS-CoV-2). Of the 55 countries providing sex-disaggregated data on COVID-19, 48 currently show proportionately higher male deaths among confirmed cases.

The reasons behind the disparity are yet unclear. “Men die earlier than women generally, so it could be that we are seeing COVID-19 exacerbating underlying mortality differences”, suggests Hawkes. It has been posited that SARS-CoV-2 prompts a more powerful immune response in women than in men. “It is probably a combination of biology and social determinants of health”, said Hawkes. “Perhaps the men who are dying from COVID-19 have higher rates of obesity, hypertension, diabetes, and lung disease, or they could be presenting later to healthcare – all of which are issues of gender not just biology”.

“The pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, political and economic systems which are in turn amplifying the impacts of the pandemic”, stated a UN policy brief published in April 2020. “Across the globe, women earn less, save less, hold less secure jobs, are more likely to be employed in the informal sector. They have less access to social protections and are the majority of single-parent households. Their capacity to absorb economic shocks is therefore less than that of men.” A report by the Institute for Fiscal Studies found that mothers in the UK were 1.5 times more likely than fathers to have either quit their job or lost it during the lockdown.

An estimated 740 million women are employed in the informal

economy. In developing nations, such work constitutes more than two-thirds of female employment. But as countries all over the world locked down, these jobs quickly disappeared. That can have catastrophic consequences. “In many places, if you are fired today, it means that you do not eat tonight”, said Amina Abdulla, Country Director for Kenya at Concern Worldwide, a non-governmental organisation that works with impoverished communities in 23 countries.

The experience of women in Liberia indicates that recovering from a pandemic is a tough proposition. The vast majority of market traders in the west African nation are female. During the 2013–16 Ebola outbreak, they endured higher levels of unemployment than men and it subsequently took considerably longer for them to re-enter the workforce. The UN has cautioned that a lot of women who have escaped extreme poverty are at risk of falling back. They advise national governments to make cash transfers to the most vulnerable groups. “We absolutely need to put money in women’s hands”, agrees Abdulla. “But we have to be careful to ensure this is done in a way that does not disrupt the local markets.”

Then there are issues associated with the response to the pandemic. Some 243 million women are thought to have experienced sexual or physical abuse at the hands of an intimate partner at some point over the last 12 months. Many of these women have been trapped with their abuser. Within 1 week of France instituting its lockdown, reports of domestic violence had surged by 30%. It was a similar story in dozens of other countries.

In March, UNESCO estimated that the pandemic was preventing 1.52 billion children from attending school. Some of them will never return. Out of education, girls face a heightened risk of female genital mutilation and early marriage. "Schools are a safe environment for vulnerable girls; they can provide sanitary towels, for example, and protect them from certain abuses", said Abdulla. "Losing this protection has huge implications for health, including in terms of teenage pregnancy and sexually transmitted infections". The lockdown and school closures mean that just as their access to paid work diminishes, women face an increase in their unpaid labour. "Domestic duties, things like childcare, preparing food for the extra youngsters who would normally be at school, and looking after sick family members, these responsibilities fall disproportionately on women", said Wenham.

Marie Stopes International, which provides contraception and safe abortion, has estimated that the pandemic could prevent up to 9.5 million girls and women around the world from accessing their services this year. "Women are staying away from healthcare centres partly because of the measures put in place to control COVID-19 and partly because they are worried about contracting the disease", adds Abdulla. "As a result, we are seeing an increase in the rates of severe acute malnutrition in children; usually, that can be discovered at an earlier stage but these days kids are presenting much later with other complications." The suspension of visits from community health workers compounds the problem.

During the Ebola epidemic in Sierra Leone, fewer pregnant women accessed healthcare, and among those who did there were increased rates of maternal mortality and stillbirth.

Wenham recommends following the example of Democratic Republic of Congo, which repurposed libraries and schools to offer maternal health services during its recent Ebola epidemic. "The idea was to direct women to places which were not seen as an infection risk", said Wenham. "That works for maternal health, because you often do not need high-tech equipment."

Still, millions of people around the world are facing a precarious future as a result of COVID-19. "If governments are truly committed to doing something about gender inequality, they can do so, regardless of what else they have to deal with", said Wenham. "The problem is that in most places, there is no real commitment; it is hard to imagine that this pandemic is not going to have a massive, negative impact."

Talha Burki

Infectious disease surveillance update

Plague in DR Congo

On July 4, health care providers at a hospital in Aru Health district, Ituri Province, DR Congo, reported three cases of bubonic plague. The first patient was a man aged 60 who was admitted with symptoms of fever, diarrhoea and an inguinal bubo; the aspirate of the bubo tested positive for plague. The second patient was a 2-year-old boy who was admitted with symptoms of vomiting and fever. The third patient, identified as the index case, was a 10-year-old boy, who lived in the same household as the second patient, and died from suspected bubonic plague on July 3 in Trangala village. 18 contacts have been identified, including contacts who attended the wake of the index case. The contacts were given doxycycline (100mg) and six households were disinfected with deltamethrin.

Cyclospora in the USA

On July 8 the USA Centres for Disease Control reported 509 cases of laboratory-confirmed cyclospora infection with 33 cases being hospitalised so far. The date of symptom onset range from May 11 to July 1 and all cases consumed bagged salad mix before their illness onset. The cases have been reported across eight states. The brand of salad mix has also been linked to an ongoing outbreak of cyclosporiasis in Canada.

MERS in Saudi Arabia

Between April and May, nine new cases of Middle East respiratory syndrome were reported in Saudi Arabia, including five deaths. Most cases were reported from Riyadh (seven), Assir (one) and the Northern regions (one). Of the cases from Riyadh six were part of a hospital outbreak, where the index case was a

newly admitted patient and the other five cases were identified through contact tracing.

Diphtheria in Vietnam

On July 7, the Vietnam Ministry of Health reported ten more cases of diphtheria bringing the total of reported cases to over 60 from central highland provinces. Three deaths have also been reported from remote areas where diphtheria had not recorded in the last 16 years. Most cases have been reported from a village in Dak Lak district. A contributing factor is the low vaccination rates: from those infected only 6% were fully vaccinated. 700 people have now been isolated and vaccinated following the first report of cases. The cases reported so far this year are triple those reported in 2019.

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For more on **plague in DR Congo** see <https://promedmail.org/promed-post/?id=7546991>

For more on **Cyclospora in the USA** see <https://www.cdc.gov/parasites/cyclosporiasis/outbreaks/2020/index.html>

For more on **MERS in Saudi Arabia** see <https://www.who.int/csr/don/02-jul-2020-mers-saudi-arabia/en/>

For more on **diphtheria in Vietnam** see <https://www.bloombergquint.com/business/diphtheria-is-spreading-fast-in-vietnam-s-main-coffee-region>