

# THE IMPACT OF COVID-19 on Gender Equality in the Arab Region



Shared Prosperity Dignified Life



United Nations Entity for Gender Equality  
and the Empowerment of Women

E/ESCWA/2020/Policy Brief.4

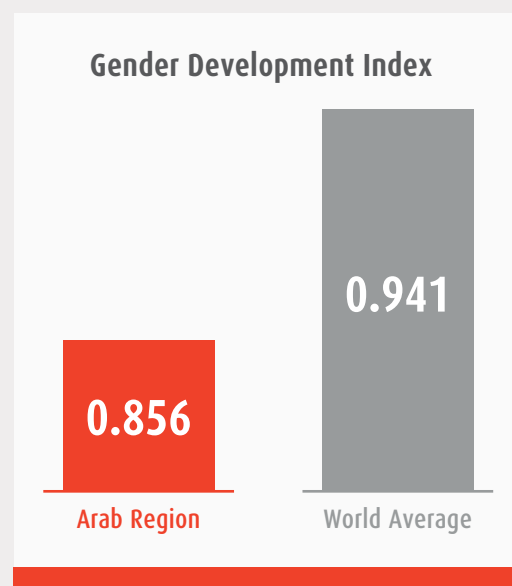


## Introduction

The COVID-19 pandemic will affect all aspects of life in the Arab region and globally. Women will undoubtedly bear a disproportionate burden in terms of the health risks posed by the virus in the Arab region.

In light of these projections, the Economic and Social Commission for Western Asia (ESCWA) and partner United Nations agencies have prepared proposals on formulating consistent policies and programmes for the short and long term, as part of an urgent regional response to mitigate the impact of the COVID-19 pandemic on women. For this response to be effective, it must take into consideration the social prejudices and gender norms that discriminate against women in the public and private spheres in the Arab region (figure 1).

**Figure 1.** The Arab region scores 0.856 on the Gender Development Index, below the world average of 0.941



# Impact assessment

## Health care

1. Women in the Arab region are exposed to conditions that make them more susceptible to contracting COVID-19. Female nurses, midwives and support staff dominate the health-care and social services fields in many Arab countries, which increases their risk of infection (figure 2).
2. Financial resources are being diverted towards efforts to contain the spread of COVID-19, making it more difficult for women to access health services, including sexual and reproductive services.
3. Given the restrictions on movement imposed in many Arab countries, meeting the pregnancy, labour, childbirth and postpartum needs of women will be a significant challenge, since most consultations are conducted in clinics and most births take place in hospitals.
4. Girls and unmarried women, who already suffer from marginalization in the Arab region, are expected to be further excluded from sexual and reproductive health services as a result of the spread of COVID-19.
5. In some Arab countries witnessing stifling social and economic circumstances, women and girls often provide the services necessary for the physical, mental and emotional well-being of children, older persons, and persons with disabilities. Just one tenth to one third of men in the region have ever participated in domestic work (figure 3). Given the continued closures in some Arab countries, including school closures, the burden of this work has increased exponentially, which may lead to emotional and physical fatigue affecting women's immunity and increasing their risk of contracting COVID-19.

**Figure 2.** Women outnumber men 10 to 1 among nursing staff in Egypt



**Figure 3.** Women spend 4.7 more time in unpaid work than men, the highest rate among all regions globally



**Figure 4.** Women are expected to lose 700,000 jobs

**WOMEN**  
WILL LOSE ABOUT  
**700,000**  
**JOBS**



## Poverty and lack of economic opportunities

1. More women are expected to fall into poverty during the COVID-19 pandemic, severely affecting female-headed households in the region. This is compounded by the underlying gender biases of government policies that consider men as the main heads of households. The COVID-19 pandemic is expected to result in the loss of 1.7 million jobs in the Arab region, including approximately 700,000 jobs held by women (figure 4). Female participation in the labour market is already weak in the Arab region (figure 5), with high unemployment among women reaching 19 per cent in 2019, compared with 8 per cent for men.
2. The COVID-19 pandemic will affect several economic sectors in the Arab region, notably the manufacturing and service industries. Given that a large proportion of women work in these two sectors, women will be most affected by the repercussions of the pandemic. They may either lose their jobs, or be forced to accept unfair work conditions.
3. Projections indicate that the informal sector will be particularly impacted by the COVID-19 pandemic. About 61.8 per cent of active women work in the informal sector in the Arab region, and will therefore suffer disproportionately.
4. Women migrant workers in the region, especially domestic workers, are exposed to unique risks stemming from the nature of their jobs. The travel ban and other restrictions are expected to harm their livelihoods and ability to support family members in their countries of origin.

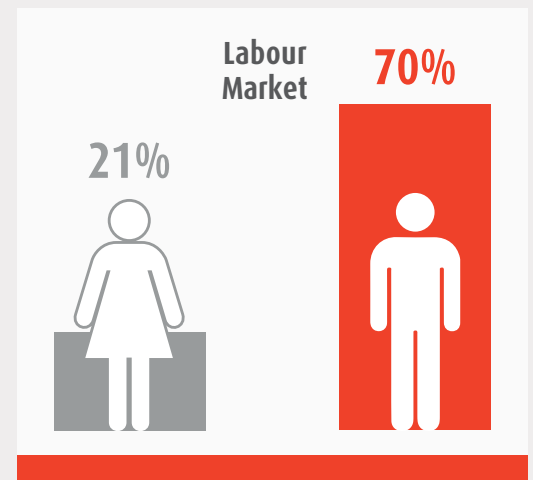
## Food insecurity and malnutrition

1. Women are expected to be severely affected by the impact of the COVID-19 pandemic on food security and nutrition in the Arab region. In times of crisis and in humanitarian settings, women and girls and, more specifically, female-headed households, are more likely to reduce the quality and quantity of food consumption and adopt negative coping strategies. Moreover, food and nutrition distribution within households may not always be equitable.
2. Women and girls who are victims of domestic violence may experience more violence during the COVID-19 pandemic, owing to heightened family tensions caused by increased food insecurity.

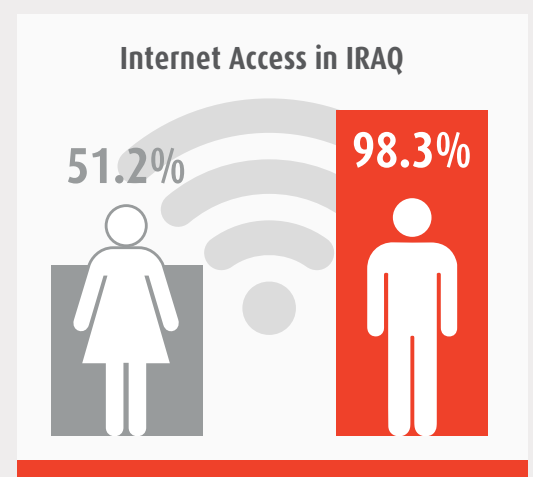
## Access to information: technology and distance learning

1. During the COVID-19 pandemic, students and employees may be forced to study or work remotely. However, daily access to and use of computers is also gendered in the Arab region (figure 6). Acquiring a computer may not be possible for some women because of the high cost. Moreover, women's access to and use of computers may be limited within households, in part because of their unpaid work responsibilities, but also because of discriminatory norms prioritizing male access to the family computer. Such practices will hinder women and girls' ability

**Figure 5.** Women's labour force participation in the Arab region is only 21 per cent compared with 70 per cent for men



**Figure 6.** In Iraq, 98.3 per cent of men have access to the Internet compared with 51.2 per cent of women



to maintain their educational or professional status during the isolation period, and to thrive once the pandemic subsides.

2. During outbreaks, women's access to information and their ability to seek services are severely constrained, especially as the bulk of communication is conducted through online platforms and cell phone messaging. In the Arab region, nearly half of the female population of 84 million is not connected to the Internet nor has access to a mobile phone. The region also has very high rates of illiteracy among women, which may affect their ability to access comprehensive information about the crisis in terms of prevention, response and seeking help.
3. The Arab region has high female illiteracy rates, which may affect women's ability to access comprehensive information about the COVID-19 pandemic in terms of prevention, response and seeking help.

### Gender-based violence

1. The COVID-19 pandemic is exacerbating all forms of violence against women. While domestic violence is the manifestation of unequal gender relations and an expression of power and control, violence may increase in every type of emergency, including epidemics.
2. In the specific case of COVID-19, violence may increase because of forced coexistence, community closures, economic stress, perceived and real food insecurity, and fears of exposure to the virus. Unfortunately, few Arab countries effectively document domestic violence rates, meaning that the actual scope of such violence and its consequences during this exceptional time may never be known.
3. During the COVID-19 pandemic, gender-based violence (GBV) may take on new forms. Women in the region could be totally isolated by their abusers, denying them any social interaction with family and loved ones, including online interactions.
4. Abusers may also restrict women's access to the news or other sources of information, thus preventing them from knowing about and accessing vital services (figure 7).
5. The Arab region may witness an increase in online violence and digital stalking. The consequences of such violence may lead to or exacerbate pre-existing anxiety and depression among women, and may result in increased suicide rates.
6. The COVID-19 pandemic also makes it more difficult for domestic violence survivors to seek and receive help, owing to curbs on movement, limited availability of services, or limited knowledge of services.
7. For survivors who have lost their jobs or have no income, leaving an abusive partner will become even more difficult during the COVID-19 pandemic owing to financial dependence, especially in Arab countries experiencing financial crises, such as Lebanon.



**Figure 7.** Women's organizations in Italy recorded a 40 per cent decrease in calls to hotlines

#### Decrease in Calls to Hotlines





8. Some Arab countries lack many of the necessary services for survivors of domestic violence. Moreover, during the COVID-19 pandemic, it may be difficult for providers of medical, legal, psychological and social services to access survivors. This situation may be exacerbated in conflict zones or humanitarian settings, such as in Libya, the Syrian Arab Republic and Yemen, or in contexts with pre-existing movement controls, such as in the West Bank and East Jerusalem.
9. Services for domestic violence survivors, such as shelters and hotlines, may be strained or de-prioritized during the COVID-19 pandemic. Already overburdened health-care facilities may choose to prioritize pandemic-related health concerns, leaving survivors that have abuse-related health concerns without the care they need. Moreover, domestic violence shelters may face overcrowding, or closures owing to fear of infection or decreases in funding.
10. The police and justice systems may de-prioritize gender-based violence during the pandemic, leading to impunity. This is especially relevant in the Arab region where the majority of countries do not criminalize domestic violence or marital rape.

### Humanitarian settings

1. Humanitarian settings, including refugee camps and settlements for internally displaced persons,



already contend with high population density; close living conditions; poor water, sanitation and hygiene (WaSH) services; and limited health and reproductive services.

2. These factors will compound the impact of the COVID-19 pandemic on refugee and displaced women and girls in the Arab region. Not only will such situations increase the risk of exposure to COVID-19, but they will also increase the risk of violence against women and girls, including sexual exploitation and abuse.
3. Life-saving care and support provided to GBV survivors may be disrupted when health-care providers are overburdened and preoccupied with handling COVID-19 cases. Furthermore, there may be a shortage of qualified female humanitarian workers who are able and willing to run women and child-friendly safe spaces and provide GBV case management services.

## Policy response

**The COVID-19 pandemic, as in other humanitarian situations, is also expected to affect women, men, boys and girls unequally. Responding to COVID-19 requires an inclusive and coordinated approach that addresses the gender dimensions of the pandemic to stem its tide, and protect women's health, livelihoods and overall well-being, so as to leave no one behind.**

### ESCWA and partner organizations recommend the following policy responses

1. Arab Governments and international actors must collect gender-disaggregated data on the impact of COVID-19.
2. Arab Governments and stakeholders should establish more robust monitoring and reporting frameworks to understand gendered differences in exposure and treatment, as well as the socioeconomic impacts, to inform national strategic plans on COVID-19 preparedness and response.
3. Arab Governments, policymakers and international actors must support the inclusion of women frontline responders, women leaders, women-led organizations/networks, and youth rights groups as important partners in the COVID-19 response. This would ensure that women's leadership is reflected in the COVID-19 response and that they can access funds to take action, including as key service providers and frontline workers in health, child and elderly care.
4. Governments may consider providing/strengthening social protection coverage and ensure that women

in different age brackets have equal access to social protection policies. Socioeconomic policies should focus on protecting women from falling into poverty, and protecting workers in the informal sector through emergency cash transfers, small scale grants or loans.

5. National fiscal stimulus packages should continue to promote national priorities for the inclusion and advancement of women in employment.
  6. Governments should guarantee that women, particularly displaced, refugees and migrant women, have access to affordable, quality and equitable health-care services, including sexual and reproductive health and GBV services. All women should also have access to WaSH services, especially vulnerable women.
  7. Information and material on the risks of COVID-19 should be circulated in relevant languages and dialects, with a focus on formulating messages targeting mothers and children.
  8. GBV service providers must design innovative and unconventional outreach services to survivors,
- including remote counselling and psychosocial support, increase the preparedness of shelters to include protocols and measures to protect sheltered women from epidemics, and constantly update services to combat violence against women and girls.
9. Ministries of education need to develop tools for distance learning, including the use of national television, and ensure access to different modes for transferring knowledge and information. These distance learning programmes should also be made accessible to women and girls, particularly in hard-to-reach populations.
  10. While taking into consideration the different effects of quarantining, self-isolation or other social distancing measures on women and men, government counterparts and key international actors must ensure that the specific needs of women, particularly those in the most at-risk populations, are met, including their ability to access information on preventing and responding to the pandemic in ways that they understand. They must also ensure that women's physical, cultural, security, and sanitary needs are met.



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