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COVID-19 has brought deeply entrenched inequalities, including gender inequality to the fore, mediating the pandemic's impact in very significant ways, highlighting more prominently the structural failures of our political and economic systems.

Farthest Field: Women and COVID-19

By Dr. Farzana Bari and Sara Malkani

Gender and COVID-19

Dr. Farzana Bari

Heralded as the greatest equaliser of our times, the coronavirus pandemic was expected to blur boundaries of class, race, and gender, and become the common denominator for lifestyles across the world. But two months yet into a global lockdown, this judgement has proven absolutely wrong. The pandemic like all complex emergencies, including armed conflicts and natural disasters, has selected victims through ordered social hierarchies whereby the disadvantaged bear a disproportionate burden. Pakistan has been slow in releasing gender and class disaggregated data, however numbers from hard hit countries reveal an expected variance in vulnerability. Evidence from the United States for instance shows that coloured people are faring much worse in the face of the contagion: one-third of nation-

wide infections and deaths are among African-Americans, even though they constitute only 13 percent of the national population.¹

The pandemic has laid bare power imbalances, skewing the scale in favour of the more powerful, rich, and privileged. This has been especially clear in the case of gender imbalance, as women bear the double burden of work and care. Gendered paradigms underlying the production and reproduction of our society are shaping the risks and impact of coronavirus on women's lives. Normatively, women's primary roles are within the private arena of homes, making them responsible for domestic chores and care work within their families.² Lockdown measures, closure of workplaces and schools, have confined family members to their homes, leading to an exponential increase in domestic workloads for women and girls. In addition to bearing the increased burden of the care economy and unpaid domestic work, they also support the psychological and emotional health of their family members.

Power imbalances in gender relationships renders the family unit a site of constant negotiation and contest, and the 'cooperation model' simply does not hold for women in cases of family conflict. Women are being subjected to patriarchal control and violence, reflected by rampant domestic violence in the country. According to Demographic and Health Survey 2017-2018, 34 percent of ever-married women have experienced spousal violence in Pakistan.³ In the lockdown when people are suffering from fear, depression and anxiety, male family members are far more likely to express anger and frustration through violence.

A spike in domestic violence has also been reported globally – the WHO has called it the 'shadow pandemic'.⁴ There is no research-based evidence in Pakistan yet, however the media is regularly reporting cases and a rise in domestic violence ever since the country began its experiments with lockdown. In the absence of protective, supportive and redressal mechanisms for survivors of violence, which were already inadequate and weak to begin with, women are far greater risk of psychological abuse, grievous bodily harm and death.

The virus also threatens women's livelihoods. Division of labour within and outside households is heavily gendered, with women's roles confined to child-bearing and domestic work, resulting in lower investments in women's human capital by both family and the state. When economic strain forces women to enter the workforce or "productive sphere", they operate at a disadvantage as they lack education and marketable skills and invariably resort to working in the informal sector where barriers of entry are negligible. Despite being the backbone of rural and urban human resource, their

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¹ <https://www.nationalgeographic.com/history/2020/04/coronavirus-disproportionately-impacts-african-americans/>

² <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-COVID-19-on-women-en.pdf?la=en&vs=1406>

³ <https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>

⁴ <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>

productive role in the public sphere is not recognised. Women account for 70.7 percent of informal sector workers in Pakistan.⁵ In the formal sector, they are concentrated in the service economy which is currently the most badly affected by the lockdown. So far, women are largely excluded from the bail-out package announced by the government for reviving businesses and industry.

The Approach to COVID-19

The gendered dimension of COVID-19 is visible to anyone studying data, however, this has gone unacknowledged by Pakistan's decision makers. The class context of the pandemic is frequently discussed in policy debate, but there is little to no mention of women or the gendered effects of the coronavirus. The government's approach towards women has always been paternalistic, and it is no different now; women are viewed as passive victims of a socio-economic and healthcare disaster. Their agency is unknown, or denied, and their voices are excluded in COVID-19 response efforts. Women representing the gendered dimension of the pandemic are not at the decision making table, nor in implementation bodies responsible for policy and management of COVID-19, such as National Coordination Committee (NCC), National Command and Control Centre (NCCC), Core Group established at the Ministry of National Health Services, Regulation and Coordination (NHSR&C) and Emergency Operating Center (EOC) at the National Institute of Health (NIH). Gendered perspectives are not fully integrated in COVID-19 response efforts at the national and provincial levels.

The multi-sectoral relief package for poor and vulnerable communities is dispensed through PTT's Ehsaas program. Although it is a 'woman-centric' program, none of its initiatives have the transformative potential to lift women out of socio-economic distress. Doling out a monthly stipend of Rs. 2000 to women under the Benazir Income Support Programme (BISP), and Rs. 12,000 to support basic food needs of 12.5 million poor households during lockdown, presumes that women are more likely than men to invest in the health, education and wellbeing of their families. They are not seen beyond their traditional roles in the reproductive sphere. The government's policy to eradicate poverty and empower women through safety net programs instead of mainstreaming them in economic processes is essentially flawed. More than 130 initiatives of the Ehsaas Program have failed to bring about any significant impact on poverty alleviation or women's empowerment in the country.

The pandemic has forced the state to allocate a sizeable amount of Rs.1.25 trillion to tackle multi-sectoral challenges. The pace of rolling out relief packages and cash transfers reaching beneficiaries is frustratingly slow, and the disbursement of Rs. 140 billion cash to the poor can be planned far better. Gathering women in crowded spaces and making them wait in long queues to collect the cash exposes them to a higher risk of contracting coronavirus.

Gender biases coupled with the disconnect in relief and rehabilitation prevents decision makers from "building back better" through leveraging the socio-political dynamics unleashed by COVID-19. The private sector and predatory market forces have receded and left governments all by themselves to

⁵<http://www.pbs.gov.pk/sites/default/files/Pakistan%20Employment%20Trend%20%20Reprt%202018%20Final.pdf>

think through this health crisis, now morphing into a serious economic recession on scales not seen since the Great Depression. The virus has exposed the malaise of neoliberal predominance over markets, economic thought and procedures defining our capitalist system. The historic neglect of public health, inadequate social protection systems, illiteracy and poverty – occasioned thus far by market impulses and investment preferences – are making it extremely difficult for federal and provincial governments to respond to the COVID-19 crisis.

It must be acknowledged, however, that despite the havoc created by COVID for health systems and national economies globally, the pandemic presents key opportunities to for societies to reorient themselves for reducing gender inequality, social injustice and environmental degradation. It has created public awareness on the importance of social reproduction; the centrality of care work within the family and in the health sector; need for job security; universal health cover; and social protection for the marginalised on a more efficient pace than had otherwise been done. Similarly, there is a shifting culture of work. Digitisation, flexible hours, teleworking and weakening of gender norms are pushing domestic and piece-workers out into the public spheres due to economic compulsion (many more women are seen selling fruit, or hair accessories on the road sides). These social dynamics must be reflected in social protection initiatives and in economic stimulus packages.

Recommendations

The proposed recommendations can be adopted within the short, medium, and long-term frameworks.

- **Sex and age disaggregated statistics** are vital to develop effective policy options. The government is required not only to gather and report gender disaggregated COVID-19 transmission and fatality data but also collect statistical evidence on the gendered impacts of economic downturn. Accurate, reliable and timely statistics will provide a credible base for effective design and evaluation of social protection policies and measures established to mitigate the effects of COVID-19.
- **Intersectional gender perspective** should be fully integrated in COVID-19 response initiatives. Gender audit with intersection lens need to be undertaken to ensure equity in Rs. 1.25 trillion resource allocation to meet COVID-19 challenges. All measures, from cash transfers to credits and livelihood support should be equally targeted at women too.
- **Women specific institutions** such as National and Provincial Commissions on the Status of Women, Women Development Departments, Gender Studies Center etc., should be included in decision-making of COVID-19 management. Their perspective and input will make national responses more equitable and effective.

- COVID-19 has put the spotlight on the centrality of **care work within families** as well as in the health sector for the social reproduction of society. The value of unpaid domestic work and the role of women in the health sector must be fully recognised and supported by the state and society.
- The National Association of Young Nurses has been raising the issue of lack of availability of protective gear for nurses. **Protection of healthcare frontline workers** should be the top priority of the government.
- Health facilities for corona patients should be geared to **serve male, female and transgender** patients. Also the health sector must ensure the continuity in reproductive health services for women.
- Crisis often exacerbates gender inequalities and intensifies gender based violence. Therefore, it is important to ensure that hotlines and shelter homes remain open and accessible to women in distress during the pandemic crisis. Federal and Provincial Governments should instruct COVID-19 response teams and law enforcement agencies to consider these services essential and **ensure the functionality and accessibility of support mechanisms** for the victims of domestic violence.
- **Strengthening the engagement of local government, community leaders, media and civil society** to create public awareness about COVID-19 and protective measures at the national and provincial levels is crucial. Women councillors, teachers, and lady health workers should be mobilised to play a role to create awareness about coronavirus at the community level.
- There is a digital divide in the country. Men have greater access and familiarity with communication technologies and teleworking as compared to women. Work in the future will be radically altered and digitisation of work will further disadvantage women workers. The government should offer free trainings to women workers to learn **new skills to use communication technologies** effectively.
- COVID-19 provides an opportunity to the government to **bring the undocumented sector of the market into the formal sector** of the economy. Women will hugely benefit from the formalisation of the informal sector as majority of them are concentrated in the secondary sector of job markets where they lack social protection and labour rights. Government should focus on identifying enterprises that engage women as piece worker in the factories or at home. These business enterprises should be registered with authorities and their employees should be reached out to for support as they are paying the highest price for the lockdown by losing their income. Financial support and incentives for women run small businesses and start-ups will also go a long way to improve women's economic status.

- The reverse migration from urban to rural areas due to COVID-19 should be used as an opportunity to retain the migrant workers in rural areas by creating income generating possibilities for them. The government should **provide technical and financing support to develop agro-based industries** in rural areas. Special measures should be taken to engage rural women in value-addition supply chains through women collectives. In the urban and peri-urban areas, government should earmark stalls and space in open markets for women vendors.
- Closure of schools for a long stretch of period is having negative implications for students. Female students especially belonging to poor families lack access to smart phones and internet facilities so they are not benefiting from Tele-School initiatives by public and private schools. The drop out ratio is already high amongs female students in Pakistan. There is a possibility that some female students may not return to schools. This will widen the existing gender gap in education in the country. To mitigate this eventuality, the education ministry and department should come up with well thought out **gender strategy for ensuring the continuity of girls' education**.
- Finally, there are valuable lessons to be learnt by the world community from the global pandemic. The value of social reproduction as an integral part of economic systems, and the need for well-resourced health systems in the public sector must be fully recognised in order to mitigate any hardships caused by unexpected natural or anthropogenic disasters in the future. **Public health spending should be increased substantially** to address possible health emergencies at a similar scale in future.

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Impact of COVID-19 on Women in Pakistan

Sara Malkani

Around the world, COVID-19 has brought deeply entrenched inequalities, including gender inequality to the fore. While the virus itself may be blind, we know that it is affecting people differently based on their gender, race, class or ethnicity. These inequalities are mediating the pandemic's impact in very significant ways, highlighting more prominently the structural failures of our political and economic systems.

There is a strong fear that COVID-19 will reinforce gender inequality around the world, and this apprehension is fully justified in Pakistan. As lockdowns and social distancing measures have been imposed, the risk of gender-based violence has increased drastically, with countries around the world reporting significant increases in the rates of domestic violence. Since the lockdown was imposed in France, complaints of domestic violence increased by 30 percent. In the United Kingdom, the rates of domestic homicide doubled in the first month during the lockdown. The National Commission on

Women in India reported a drastic increase in domestic violence complaints on its hotline in the first few weeks of COVID-19 restrictions. In an alarming report, the UNFPA predicts 15 million more cases of domestic violence this year as a result of pandemic restrictions and disruption in services to prevent domestic violence.⁶

With the increased risk of domestic violence, the need for sexual and reproductive health services becomes more urgent. COVID-19 disruptions, however, have further undermined access to these services. The UNFPA reports that COVID-19 has created significant disruptions in unmet family planning needs, as health facilities providing these services have closed down or reduced operations. Approximately 47 million women in 114 low- and middle-income countries will be unable to use modern contraceptives if the COVID-19 related disruptions continue for another six months. Some governments have used the pandemic as an opportunity to roll back women's reproductive rights. The state of Texas in the United States, for example, ordered a ban on all abortion procedures during the pandemic.

The increased rates of domestic violence combined with the lack of access to reproductive health services has created a "calamitous" situation for women globally.⁷ These challenges are also prevalent in Pakistan, where women are facing heightened risks of gender-based violence and further restrictions on access to reproductive health services.

Domestic Violence in Pakistan

Before the COVID-19 outbreak, women in Pakistan were highly vulnerable to gender-based violence due to strong patriarchal attitudes, weak prevention mechanisms and little to no accountability for perpetrators. According to the Pakistan Demographic and Health Survey (PDHS) 2017-18, 34% of ever-married women in Pakistan have experienced physical, sexual or emotional violence. Five percent of ever-married women have experienced sexual violence. The PDHS reports that a majority of women facing domestic violence (56%) did not seek help or tell anybody about the violence that they faced. Among those who did seek help, the most common source of support was their own family followed by their husband's family. Very few women approached the police, lawyers or social organisations for assistance. This is indicative of the stark shortage of available services as well as the limited access to the few that do exist.

Three provinces (Sindh, Balochistan and Punjab) have passed laws to prevent and protect against domestic violence. The laws in Sindh and Balochistan criminalise domestic violence and also guarantee other relief to victims, including protection orders and monetary relief. The law passed in Punjab does not prescribe criminal penalties for domestic violence but sets forth a range of protection measures and remedies. The effectiveness of these laws in preventing domestic violence, however, is limited by

⁶ UNFPA, *Impact of Covid 19 on Family Planning and Ending Gender-Based Violence, Female Genital Mutilation and Child Marriage*, April 27 2020 available at <https://www.unfpa.org/resources/impact-COVID-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital>

⁷ Liz Ford, *Calamitous: Domestic Violence Set to Soar by 20% During Global Lockdown*, The Guardian, April 28 2020.

a weak implementation of the laws. In Sindh, for example, there has been only one conviction under the law passed in 2013 that criminalises domestic violence. Other requirements of the law, including the appointment of protection officers and establishment of protection committees, have not been fully implemented.

The risk of domestic violence in Pakistan has been magnified by conditions imposed to contain COVID-19. When lockdowns and social distancing measures were imposed in Pakistan in March, women and children found themselves trapped at home with their abusers, drastically limiting their options for support. Women were unable to access help from community or extended family members while they observed “stay at home” orders. Although lockdown and social distancing measures eased significantly by the middle of May, the economic and psychological pressures caused by the pandemic are likely to persist, which means that domestic violence rates may continue to increase through the year.

Reliable data for domestic violence incidents since COVID-19 restrictions were imposed is not available as there has been no nation-wide systematic recording. Reporting from some sources however indicates, the pressures on those vulnerable to domestic abuse has increased substantially in this pandemic. NGOs, psychologists and lawyers report that women and children are facing increasing pressure from abusers and reduced means for escape. Police in Lahore has claimed that during the lockdown, cases of domestic violence increased by 25%.⁸ The *Madadgar* helpline in Sindh also reported an increase in calls regarding domestic violence during the course of the lockdown.⁹

While lockdowns and “stay at home” directions have been in place, the ability of women and children to reach out to extended family members and community has further diminished. The already weak network of services for victims of domestic violence have mostly shuttered during the lockdown. Shelters do not accept additional occupants without court orders, while courts have been closed for regular hearings, making it even more difficult for women to get relief.

A number of helplines have been set up at the federal and provincial level to receive domestic violence complaints, and in theory these helplines should provide recourse to those vulnerable to domestic violence during a pandemic. The effectiveness of these helplines however is questionable. The Ministry of Human Rights dedicated a helpline (‘1099’) for complaints during the COVID-19 lockdown. However, according to experiences of those who called the helpline, there was no effective response received.¹⁰ It is also unclear whether the helpline provides any service other than legal advice, which would not be sufficient for those seeking immediate protection from domestic violence.

The limited access of women to phones and wireless technology in Pakistan also undermines the effectiveness of helplines. Only 39% of women in Pakistan own mobile phones as compared to 93% of men. This could be one of the reasons why there is a large disparity between calls to helplines and

⁸ VOICE PK, *Labore Under Lockdown: Murder Rate Down by 80%; Domestic Violence Up By 25%*, May 19, 2020.

⁹ Data provided by Sindh Police to the author.

¹⁰ See Sara Malkani, *The Shadow Pandemic*, Dawn, April 27, 2020.

cases of domestic abuse and murder recorded by the police. According to the Federal Secretary of the Ministry of Human Rights, there were 25 complaints of domestic violence to the Khyber Pakhtunkhwa “15” helpline in March 2020, while the police registered 399 cases of murders of women during the same period.¹¹

It is not that COVID-19 has raised entirely unprecedented challenges for women and children vulnerable to domestic violence; rather it has heightened existing vulnerabilities while at the same time exposing the severe weaknesses in existing protection and accountability mechanisms. Women and children have to fight against all odds in order to get relief from domestic violence under normal circumstances, and the pandemic revealed just how vulnerable women and children are when their movement and contact with family and friends are restricted while the likelihood of abuse is heightened.

Reproductive Health Services

Although the overall quality of maternal healthcare has been improving steadily in Pakistan over the years, many women, especially from low-income backgrounds and marginalised communities remain unable to access quality reproductive health services. According to the PDHS, almost half of all women do not get the WHO recommended antenatal checkups during pregnancy. It is quite concerning that modern contraceptive use has remained stagnant in Pakistan over the last 5 years and that 17% of currently married women in Pakistan have an unmet need for contraceptives. Unsafe abortions also endanger women’s health. While reliable data regarding the rates of unsafe abortions is not available, a nationwide study conducted in 2002 estimated 197,000 were hospitalised from complications of induced abortion.¹²

Women’s access to reproductive health services has become more cumbersome in the pandemic. When the lockdown was imposed in Pakistan in March, reproductive health services were significantly disrupted. Obstetricians and gynaecologists reported that they had to close their clinics or reduce their services, which meant that pregnant women and mothers had to delay their antenatal and postnatal check-ups.¹³ One large network of contraception and obstetric service providers in Pakistan reported that it had to reduce its services significantly after the lockdown was imposed due to lack of clarity regarding whether its services would be deemed essential.¹⁴ Some hospitals in Pakistan are reported to have closed their gynaecology wards.¹⁵

¹¹ Rabiya Javeri, *Domestic Violence During Covid 19*, The News, May 2 2020 available at <https://www.thenews.com.pk/print/652691-domestic-violence-during-COVID-19>

¹² Guttmacher, *Abortion in Pakistan*, available at <https://www.guttmacher.org/report/abortion-pakistan#>

Under Pakistan’s laws, abortion is legal for the first 120 days of pregnancy in order to save the life of the mother or for “necessary treatment” and it is legal after the first 120 days of pregnancy only to save the life of the mother.

¹³ See Komal Qidwai, *Covid 19 Impact on Sexual and Reproductive Health in Pakistan*, Collective for Social Science Research Blog, 29 April 2020.

¹⁴ *Id.*

¹⁵ Nighat Shah, *Stories from the frontlines: we cannot close down hospital wards*, Dawn.com: Prism, May 14 2020.

While these services may be restored as the lockdown restrictions in Pakistan are eased, it is likely that hospitals and medical personnel will have to continue to devote significant resources to COVID-19, which could mean de-prioritising women's reproductive health services. We should hope that this pandemic does not have the impact on maternal health that the Ebola virus had in Liberia, Guinea and Sierra Leone, where maternal deaths increased significantly after the outbreak. In order to avoid this effect, the government should ensure that reproductive health services are not compromised even as efforts are made to curb COVID-19.

The rights of women to protection against gender-based violence and access to reproductive health services without discrimination are guaranteed under Pakistan's Constitution and its international treaty obligations. The government's obligation to protect and fulfil these rights is not suspended during a pandemic. The tenuous progress in Pakistan towards gender equality is at greater risk due to COVID-19. The serious challenges posed by this pandemic to women's health and safety emphasises the need for more robust protections against domestic violence and stronger guarantees of reproductive health services. Government authorities must ensure the effective implementation of laws and policies that protect women from domestic violence, and provide equal and affordable access to reproductive health services. The implementation of these measures must continue even after we are on the other side of the pandemic.

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Mega Lecture