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Perspective on Gender Disparities during Pandemics: Past to Present

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Abstract

Numerous instances of gender-based discrimination exist worldwide and have persisted throughout history. When it comes to the majority of the field, there is a significant gender disparity and huge gender gap. Gender equality affects everyone. During pandemics or outbreaks, women are more vulnerable to gender differences in health-related elements. Women have experienced several push and pull elements from ancient times as a result of gender discrimination. The primary goal of this article is to highlight the different struggles and hardships caused by gender discrimination during emergencies such as pandemics, endemics, epidemics, and outbreaks from the ancient era to the present. In this article, the main pandemic scenarios covered are COVID-19, Zika virus, Ebola Virus disease, and influenza in 1918 and 1919. As a result, pandemics do not respect gender, women were unable to immediately obtain healthcare services because of the health systems' lack of resilience, filling labor gaps to curb the pandemic and Women's absence from decision-making encouraged power relations, which violated their autonomy and threatened their rights to sexual and reproductive health. The COVID-19 virus poses a complex and varied threat to women. Since women are frequently essential to the health and well-being of homes and entire nations, protecting their health and wellbeing should be a top concern, according to study. Society requires prompt and workable solutions. In order to safeguard the vulnerable from gender inequality, a few strategies, policies, and implementations already in place might be reframed in order to overcome such discrepancies.

Keywords: Pandemic, Influenza, Zika Virus, Ebola virus, Covid-19, Gender Disparity.

Introduction

India still faces a great deal of difficulty due to gender inequality, which has its roots in historical, sociocultural, political, and economic circumstances. Women and girls make up half of the world's population, and they also represent half its potential. Still, there is gender inequality everywhere, which hinders the development of society. According to Jonathan Evans & *et al* 2022, twenty-three percent of Indians believe that there is "a lot of discrimination" against women in their nation. In the 12 months before the 2019–2020 poll, 16% of Indian women said they had directly experienced discrimination on account of their gender. Furthermore, a significant majority of individuals in India believe that violence against women is a major issue in the country. Today the worldwide women are performing as unpaid caregiving and household duties. Significant obstacles still exist, including discrimination in public office, sexual violence and exploitation, and the unfair

distribution of unpaid care and household labor. Due to school closures, women have taken on greater caregiving responsibilities, sexual violence reports have increased, and 70% of health and social workers worldwide are women. All of these areas of inequity have been made worse by the COVID-19 pandemic. A global analysis finds that women have been impacted more severely than men in terms of social and economic conditions, and the pandemics has increased towards gender equality. This paper highlights about the impact of pandemic which have furthered the cause of gender inequality in all spheres.

Methodology

To emphasize the fact that there is gender imbalance during a pandemic, the researcher has authored a conceptual paper. The thoughts from the 1918 influenza pandemic to the COVID-19 pandemic have been thoroughly gathered and summarized by the researcher. In this article, the link between

Sustainable Development Goals aims and the social work way of intervention has been integrated by the researcher.

A Perspective on Disparities in Gender during Pandemics from Past to the Present

1918-1919-Influenza Pandemic: There were an estimated 50 million deaths during the 1919 influenza (flu). Due to inadequate medical treatment at the time the pandemic started, there have been several difficulties and little epidemiological data collected thus far. For example, in America, four years into World War I (WWI), the epidemic broke out at a period of wartime hardship. Isolation and quarantine were two of the reaction tactics used by public health officials to stop the spread of the disease. Women who provided care would now have greater duty. A labor shortage was exacerbated in America by the pandemic's negative effects. So, in order to cover labor shortfalls, more women entered the workforce as a result of the shortage, which also encouraged social development. While they continued to be responsible for providing care and raising children at home, women started working on the front lines. This also occurred at the times that women were participating in campaigns to support their right to vote. Their tasks and responsibilities increased, and their health was at danger from infection.

Ebola Virus Disease (EVD)

The West African epidemic of the Ebola virus disease (EVD) between 2014–2016 was considered as major one through the virus was discovered in 1976. It brought attention to the happenings when gender-inclusive viewpoints are overlooked in times of crisis. Health is influenced by gender, and gender roles play a significant part in transmission. According to the United Nations Fund for Population Activity (UNFPA), women who were expecting or were in labor expressed worries regarding the skill of the healthcare professionals they were seeing and the lack of infection prevention measures. Recently, mathematical models have shown that a 50% decrease in healthcare service utilisation may worsen HIV/AIDS, TB, and malaria mortality rates, resulting in 2,819 additional fatalities in few region of Western Africa.

Women are also afflicted by these viral illnesses. Delays in receiving healthcare were also a result of the wide and ambiguous EVD case definition during this outbreak. As a result, there was uncertainty over its use. This involved the use of spontaneous abortion and unexplained bleeding as indicators for isolation to Ebola Treatment Centres (ETCs). It was unable to distinguish these markers from miscarriages. Moreover, bleeding that doesn't seem normal might indicate a number of obstetric problems. This therefore played a part in pregnant women's hesitation to seek medical attention. Incorrect isolation to ETCs was another worry they had. The general reluctance of women to seek medical attention also meant that victims of sexual assault received subpar post-rape treatment. It is important to remember that women contribute significantly to agriculture and are impacted by trade restrictions. Due to trade restrictions during the EVD pandemic, Herman (2015) claimed that Sierra Leone's gross domestic product decreased from 8.9 to 2.0%. These effects have an impact on women's employment and restrict their involvement in the economy.

Zika Virus: In 1952, the Zika virus (ZKV) sickness claimed its first human victim. An outbreak that started in Brazil in 2015 quickly expanded to Southeast Asia, many Pacific Islands, and portions of North and South America. Pregnant ladies suffered a toll from the pandemic. When they gave

birth, they saw a trend of babies exhibiting congenital abnormalities, such as microcephaly, which are all referred to as Congenital Zika Syndrome (CZS). Few women also experienced Preterm births, stillbirths, and miscarriages. Between 5% and 15% of children delivered to infected women in Brazil, the epicentre, experienced microcephaly. Microcephaly was designated as a Health Emergency of Worldwide Concern based on clusters that had been discovered.

Furthermore, National governments also advised women of reproductive age to delay pregnancy and abstain from unsafe sex. Insufficient health education on family planning services' locations and methods was present, but contraception was nevertheless offered as a substitute. Because women are mostly responsible for carrying out vector control measures, the WHO's interim guideline consequently advised against sexual activity and incorrectly suggested protecting against mosquito bites as a preventive measure. Their autonomy and Sexual Reproductive Health (SRH) rights were violated by these guidelines, which also implied that women should be the only ones in charge of controlling their risk profiles during epidemics without the assistance of other resources. Women with lower decision-making authority are conferred by power dynamics. In several nations, abortion remained illegal or only possible under specific conditions. According to some research, women who had these kinds of encounters may be more susceptible to mental health conditions including despair and anxiety.

COVID-19: This Pandemic had a great impact of women and girls which was expressed as evidenced by a recent global analysis of progress on gender equality and women's rights. These women and girls faced increased demands of providing unpaid care work, disruptions to their education, and a disproportionately high loss of jobs and livelihood. Even before the pandemic, women's health services were underfunded, which seriously hampered the sexual and reproductive health of women. And although women played a crucial part in combating COVID-19, particularly as front-line healthcare providers, they are still frequently disregarded for leadership roles that they merit.

Even after the World Health Organization deemed COVID-19 a worldwide pandemic one and a half years ago, the impact on the most vulnerable and impoverished individuals is still severe and out of scale. Extreme weather, COVID-19, and violence have all combined to deprive women and girls of even the most basic necessities, including food security. Millions of people will continue to suffer if immediate action is not taken to stop the growing rates of poverty, hunger, and inequality, particularly in nations hit by conflict and other severe kinds of catastrophe. The effects of COVID-19 on the most vulnerable and impoverished individuals have been catastrophic and disproportionate even after the World Health Organization designated it as a worldwide pandemic 1.5 years ago. Women and girls no longer have access to even the most basic necessities, such as food security, due to the combined effects of violence, harsh weather, along with the pandemic. Millions of people crossed many hardships which stands still by pushing them into growing rates of poverty, hunger, and inequality, particularly in nations hit by conflict and other severe kinds of disaster. Before the pandemic WHO in 2013 stated that more than more than one in three women (35%) has been or will become a domestic violence victim.

Progress in extending women's rights and opportunities has been put to the test and even overturned by the epidemic. In certain regions of the world, there are growing reports of

violence against women and girls, which is a "shadow" pandemic to COVID-19. A lot of women are being forced to quit the workforce entirely because to COVID-19's increased demands on them at home.

Relationship between Gender Inequalities and Sustainable Development Goals- 5 (SDG-5)

The worldwide pandemic has caused a sharp rise in violence against women and girls, particularly in the health sector, from the past to the present. Bringing attention to gender disparities during pandemics is more closely associated with SDG objective 5. Pandemics are thus not gender-neutral. It is observed in the 1918–2019 flu outbreak, when American women filled labor shortages in order to prevent the spread of the virus. These had a heavier burden since they had extra child rearing and caregiving duties. Gender roles put women at elevated risk of infection during the EVD pandemic through caring and burial practices. Women were unable to obtain healthcare services in a timely manner due to the health systems' low resilience. Women's SRH services were neglected as a result of unprepared health systems, and resources were instead directed toward emergency responses. The ZKV outbreak exacerbated these issues further due to insufficient precise, dependable, and effective information in the aftermath. The COVID-19 pandemic threatens women's rights in several of domains, including their ability to have children and engage their financial as well as other liberties. The lessons from particular historical outbreaks, such as the 1918 flu pandemic, the Zika virus illness, the Ebola virus disease, and COVID-19, help to focus our lenses on these concerns in eliciting gender equality.

Social Work Interventions

In order to help people deal with their issues in an effective manner, social workers use a variety of intervention tactics with individuals, families, and communities.

Social Work Methods can be used for Interventions

- Social Casework assists individuals and families in gaining the skills and confidence they need by offering a variety of programs.
- Using Social Group Work as a social work intervention technique, we may foster leadership skills and encourage entrepreneurship by facilitating microfinance activities through bank connections, therefore mitigating poverty and gender inequality.
- Through the Community Organization method, we can integrate equity and gender equality into our intervention approach and work to lessen gaps, beginning at home.
- Social Welfare Administration methods allow for the constructive creation and implementation of policies and programs.
- Social Action assists those who have experienced discrimination in obtaining justice.
- To eliminate or reduce the causes of gender disparity, Social Work Research may be used as an intervention to help address problems and achieve sustainable equality for all people. Research studies can be conducted to determine the kind and level of gender discrepancy.

Key Plans in a Nutshell

To achieve our Sustainable Development Goals-5, the following can be taken into consideration.

- Psycho-education is needed on gender expectations and the necessity of shared responsibility in the workplace and at home.

- Give priority to the emotional well-being of frontline employees, especially women in general.
- Providing SRH rights for all women.
- Protection against gender-based abuse.
- Researchers and collaboration with NGO's or INGO's can be established to create new models in reducing gender disparity.

Conclusion

Gender inequality is made worse by pandemics. The paper highlights the power dynamics, gender stereotypes, underprepared health systems, and inaccessible healthcare services that can exacerbate women's vulnerability in times of crisis. Women's absence from decision-making encouraged power relations, which violated their autonomy and threatened their rights to sexual and reproductive health. Women's physical and emotional health are significantly impacted by these problems during pandemic. Hence it is concluded in highlighting the public health approaches and plans for the future that are inclusive of women's health.

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