

## KEY POINTS

Given the significant gendered effects of COVID-19, governments need to adopt the following specific actions:

- Enhance social services and health protection.
- Provide conditional or unconditional cash transfers and food assistance.
- Provide targeted support for the most marginalized girls and boys.
- Create gender-responsive education.
- Address different forms of gender-based violence.
- Narrow gender gaps through skills development and job creation.
- Pursue gender-responsive labor market policies.

## COVID-19 is No Excuse to Regress on Gender Equality<sup>1</sup>

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The coronavirus disease (COVID-19) crisis threatens to reverse hard-won gains in gender equality, further exposing women's vulnerabilities based on their precrisis social, economic, and political situations. Understanding the gendered impact of the COVID-19 pandemic can guide policy makers as they pursue gender-responsive policy making and budgeting. This can ensure a response mindful of the needs of women and girls that addresses existing and emerging gender inequalities and challenges. In this context, this policy brief provides a set of recommendations for gender-responsive policies and sector-specific strategies in response to the pandemic.

### THE UNEVEN IMPACT OF COVID-19 ON WOMEN'S LIVES AND LIVELIHOODS

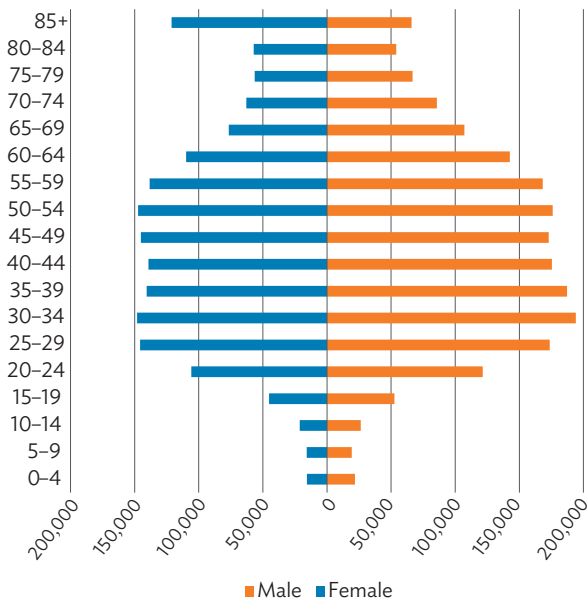
Cases of COVID-19 are still rising globally, with nearly 46 million cases and 1.2 million deaths as of 1 November 2020.<sup>2</sup> COVID-19 affects men and women differently in several ways. Early data across several countries show that men tend to be more susceptible than women, and older people more susceptible to the disease regardless of gender (Mueller, McNamara, and Sinclair 2020). Figure 1 shows that the number of cases is higher for men than women, except for those aged 85 and up. Interestingly, however, survey data from eight Organisation for Economic Co-operation and Development (OECD) countries from March and April 2020 showed that men were less likely to view COVID-19 as serious, and consequently less likely to agree with public policy measures such as closing schools and nonessential businesses, and less likely to follow social distancing rules (Galasso et al. 2020).<sup>3</sup>

<sup>1</sup> The authors would like to thank Tsolmon Begzsuren, Samantha Hung, Keiko Nowacka, and Yasuyuki Sawada for their review and very useful and valuable comments on various technical issues examined in this paper.

<sup>2</sup> See Johns Hopkins University of Medicine at <https://coronavirus.jhu.edu/map.html>.

<sup>3</sup> Their finding was robust to differences in sociodemographic, employment, and behavioral factors. Other public policies included were stopping public transportation, prohibiting meetings of two or more people, imposing quarantine on people entering the country, and closing borders. Other COVID-19-related health guidelines include keeping physical distance from others, staying at home, and avoiding crowds (Galasso et al. 2020).

**Figure 1: COVID-19 Cases by Gender and Age Group (cumulative)**



Source: Adapted from UN Women. 2020. Gender and COVID-19. <https://data.unwomen.org/resources/covid-19-and-gender-monitor> (accessed 23 September 2020).

Yet, women are affected differently by the pandemic and its socioeconomic consequences. Pregnant women with COVID-19 are at greater risk of needing intensive care and ventilation (Ellington et al. 2020). Women and girls also face higher risks of losing jobs or income, dropping out of school, increased unpaid care work, and domestic violence (UN Women 2020).

COVID-19 and stringent containment measures have pushed nearly all economies into contraction in the first or second quarter of 2020. Previous economic slumps have been shown to affect male and female workers differently depending on the sources of the recession, influencing some sectors more than others. The United States (US) data from the 2009 global financial crisis and recession showed that men’s work hours were more volatile than women’s (Doepke and Tertilt 2016). Verick (2009) notes similar patterns for Japan, in both the Asian financial crisis and in the 1980s. But with COVID-19, the impact has been severe for accommodation and food services, manufacturing, wholesale and retail trade, and real estate industries, where more women are employed. As COVID-19 has caused both employment and labor force participation to decline significantly more for women, some are calling the crisis a “sh recession” (Madhavani and Mathur 2020).

Likewise, the Ebola outbreak in West Africa from 2014 showed that women—because gender norms have them working as caregivers at home and in health care—were more likely to contract the virus (Davies and Bennet 2016).

Lockdowns and mobility restrictions related to containment efforts could also unduly burden women and girls. As lockdowns push both parents and children to stay home, parents, mostly mothers, take on the teaching and childcare. These are added to the housework women are already disproportionately responsible for.

## PRE-COVID-19 GENDER DIFFERENCES

The year 2020 marks the 25th year since countries that participated in the Fourth World Conference on Women adopted the Beijing Declaration and Platform for Action.<sup>4</sup> The declaration includes an extensive agenda aimed at ending discrimination against women and girls, from women’s empowerment to eliminating all forms of violence against women.

A report by the United Nations Children’s Fund (UNICEF), United Nations (UN) Women, and Plan International (2020) documents progress on several gender-related issues, such as access to education and health, as well as gender-based violence and child marriage. Between 1998 and 2018, the number of out-of-school children decreased by 124 million, 79 million (64%) of them girls. However, literacy among girls has barely improved: where 61% of the world’s illiterate youth (aged 15–24) in 1995 were young women, in 2018, the majority (56%) were still female. On the other hand, the report found lower rates of child marriage, from 25% in 1995 to 20% in 2018, where most of the improvement was in South Asia (from nearly 60% to less than 30%). Adolescent childbearing also declined most in South Asia, from 82 births per 1,000 girls to 26.

However, a recent report by UNDP (2020) points out that our progress in the past decades is mostly on basic capabilities (i.e., access to education and right to vote) and much less on enhanced capabilities (i.e., empowerment as political or business leaders).

Discrimination spans a girl’s life in at least 60% of countries globally. Despite considerable progress in education and health, inequality remains persistent in power relations and leadership roles, and overall improvements have been slowing (UNICEF, UN Women, and Plan International 2020). These trends are also true for women’s empowerment measures, where a report that used data from the MEASURE DHS<sup>5</sup> project, tracking 47 developing countries from 2000 to 2012, found that women are less likely to be employed or paid for their work, face barriers for health-care access, do not participate in household decision-making, and continue to face violence (Head et al. 2014).

<sup>4</sup> See the Beijing Declaration and Platform for Action at [https://www.un.org/en/events/pastevents/pdfs/Beijing\\_Declaration\\_and\\_Platform\\_for\\_Action.pdf](https://www.un.org/en/events/pastevents/pdfs/Beijing_Declaration_and_Platform_for_Action.pdf).

<sup>5</sup> Monitoring and Evaluation to Assess and Use Results Demographic and Health Surveys (MEASURE DHS) is a project that assists over 90 countries worldwide in data collection and use of data to monitor and evaluate population, health, and nutrition programs. <https://microdata.worldbank.org/index.php/catalog/dhs/about>.

Women also continue to be less likely to inherit land or other assets (Doss, Grown, and Deere 2008), and since more women are illiterate and lack property rights, they are unable to access formal financial services. Table 1 shows that, as of 2017, only 55.8% of women had access to formal banking or similar mobile services, with access lowest for women in South Asia, at 38.5%. This is a big problem for women, especially in South Asia, as they usually do not have the right to own property (Agarwal 1994). Data from Table 1 is also consistent with the existing digital gender divide, where women are less likely to have smartphones, access the internet, and access digital financial services (OECD 2018).

Asset ownership also plays a role in household decision-making (Quisumbing and Hallman 2005), negotiating right to work, or living without partner violence (Friedemann-Sánchez and Lovatón 2012). These are consistent with findings from the OECD’s Social Institutions and Gender Index (SIGI).<sup>6</sup> SIGI measures the different dimensions of discrimination in family, physical integrity, access to assets, and civil liberties. Countries that have the lowest levels of discrimination in social institutions have strong legal frameworks that criminalize domestic violence, delay the age of first marriage, and abolish discriminatory laws related to women’s inheritance (OECD 2019). SIGI is highest in South Asia (48%), then Southeast Asia (35%), Central Asia (25%), East Asia (22%), and lowest in the Pacific (16%).

**Table 1: Women with an Account at a Financial Institution or with a Mobile Money-Service Provider (% of female population aged 15 and older)**

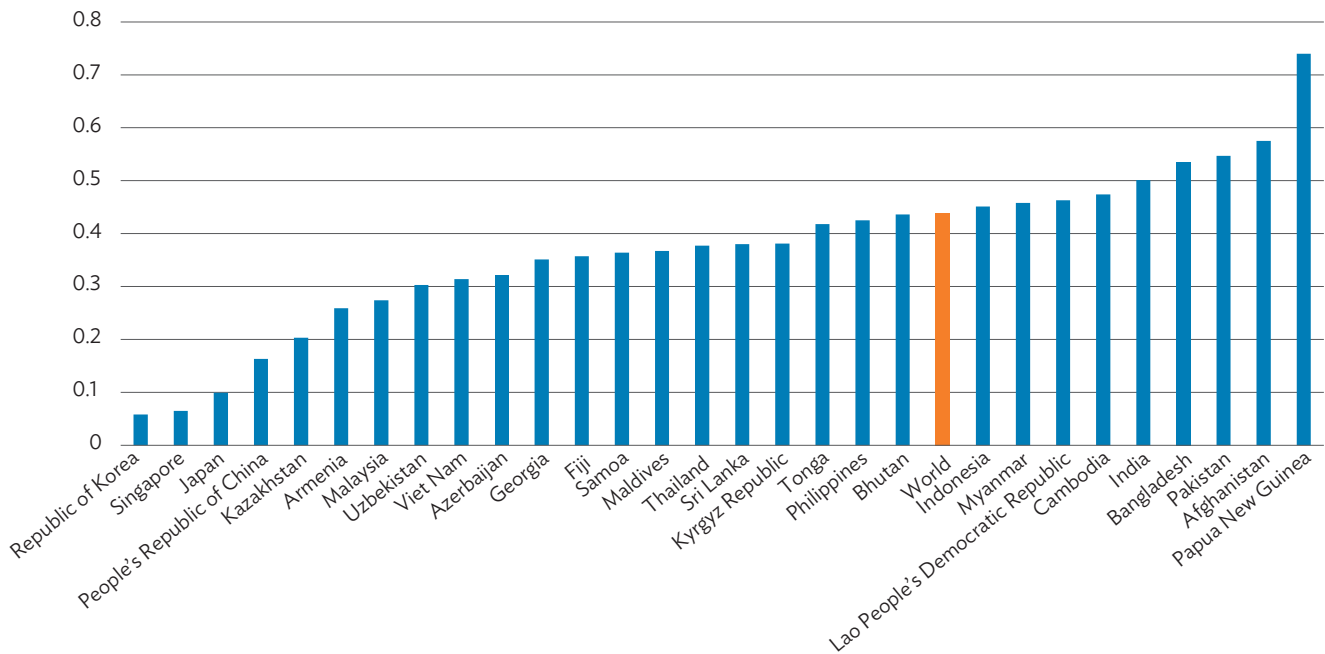
	2014	2017
Asia	50.8	55.8
Advanced Asia	98.4	98.9
Central Asia	29.0	43.1
East Asia	89.8	90.2
South Asia	31.5	38.5
Southeast Asia	49.4	51.0

Note: No data available for economies in the Pacific; or for Brunei Darussalam; Maldives; Pakistan; and Taipei, China.

Source: UNDP Human Development Data.

Gender gaps vary significantly by country. The Gender Inequality Index (GII), accounts for gender differences in health, empowerment, and labor.<sup>7</sup> Switzerland ranked first in 2018, with a GII of 0.037 (UNDP 2019). From Asia and the Pacific (Figure 2), high-income countries—such as the Republic of Korea (0.058), Singapore (0.065), and Japan (0.099)—performed well.

**Figure 2: Gender Inequality Index in Asia and the Pacific, 2018**



Source: UNDP (2019).

<sup>6</sup> SIGI ranges from 0% (no discrimination) to 100% (absolute discrimination).

<sup>7</sup> The GII is a value between 0 and 1: the closer the value to 1, the higher the inequality between men and women. <http://hdr.undp.org/en/composite/GII>, (accessed 21 August 2020).

By contrast, several countries in Southeast Asia and South Asia have GIIs below the world average of 0.439.

The 2019 Human Development Report also emphasizes how social norms perpetuate the gender gap across all issues, from gender-based violence to upward mobility in politics and labor (UNDP 2019). One common social norm is patrilocality, where married couples would live with or near the husband's parents (Ebenstein and Leung 2010, Ebenstein 2014); another is son-preference attributed to religious practices (Milwertz 1997, Chakraborty and Kim 2010).

The following section details how COVID-19 affects existing gender differences in education, employment, and health.

## HOW COVID-19 AFFECTS GENDER GAPS

COVID-19 is already having gendered effects through (i) women's employment patterns (i.e., more representation in the informal, health, and services sectors) and low wages; (ii) women's unpaid household work and care, which will increase due to COVID-19 and school closures; and (iii) social norms (cultural) pushing more girls out of school and increased time spent at home leading to higher domestic violence.

In Asia and the Pacific, the battle against COVID-19 continues, with cases still rising in India, Indonesia, and the Philippines.<sup>8</sup> This means that many people will continue remote work and learning. Unfortunately, these COVID-19 consequences for women and girls may be considerable, with impact likely to last beyond the pandemic (UN 2020).

### Employment and gender wage gaps

Women's share of employment has barely changed in the past 2 decades outside the developed countries, where it has increased by 1.5%.<sup>9</sup> Indeed, labor force participation rates in Asia and the Pacific of men and women still differ starkly—75% versus 53% (Table 2). This varies across regions and countries either due to tradition, social norms, or national legislation. In some societies, a husband who “allows” his wife to do blue-collar work is stigmatized as lazy or unable to provide for his family (Goldin 1995). In Afghanistan, for example, women are not allowed to accept paid employment in manual work (Mammen and Paxson 2000). The largest difference is in South Asia (78.9% for males and only 39.9% for females as of November 2019), as Bangladesh and India continue to restrict women from working in jobs deemed dangerous.<sup>10</sup>

While female labor force participation is one important dimension of gender equality, it is perhaps even more important to look at the quality of women's employment and labor conditions.

Table 2: Labor Force Participation Rate by Sex (%)

	2018		2019 November	
	Male	Female	Male	Female
Asia	74.7	52.6	74.7	52.6
Advanced Asia	72.7	59.3	72.5	59.3
Central Asia	72.2	51.4	72.1	51.3
East Asia	70.8	55.4	70.6	55.2
South Asia	78.8	39.8	78.9	39.9
Southeast Asia	78.7	60.3	78.7	60.2
Pacific	69.6	53.5	69.5	53.5

Note: Pacific does not include the Cook Islands, the Federated States of Micronesia, Kiribati, the Marshall Islands, Nauru, Palau, and Tuvalu.

Source: International Labour Organization.

Gender disparity in patterns of employment remains prevalent. Evidence points to inter- and intra-industry gender-based segmentation, which often relegates women to lower-paid employment and lower value-added roles or concentrates them in informal and small-scale services. Even in formal employment, women tend to be more engaged in low productivity traditional services with limited capital and skill accumulation potential.

The current pattern of women's employment suggests their vulnerabilities to the COVID-19 crisis. Figure 3 shows that Asian women are heavily concentrated in manufacturing (e.g., textile and clothing), education, public administration, wholesale and retail trade, and health and social services. Several export industries, such as textiles, garments, and electronics, have been hard-hit by the COVID-19 crisis, pushing more women out of work. Reportedly, the garment and clothing factories, where most employees are women, have essentially stopped operations in Bangladesh, Cambodia, India, and Pakistan. The International Labour Organization (ILO 2020) also reports that almost 510 million, or 40% of all employed women, work in sectors severely affected by the COVID-19 crisis globally, including accommodation and food services; wholesale and retail trade; real estate, and business and administrative activities; as well as manufacturing.

Figure 4 displays women's overrepresentation in professions such as nursing, teaching, or librarian and underrepresentation in high-paying blue-collar professions, based on data from 121 economies. On the other end of the spectrum, women occupy only 16% to 28% of the so-called STEM jobs and professional work, which have fared relatively well during the COVID-19 crisis due to their suitability to remote work.<sup>11</sup>

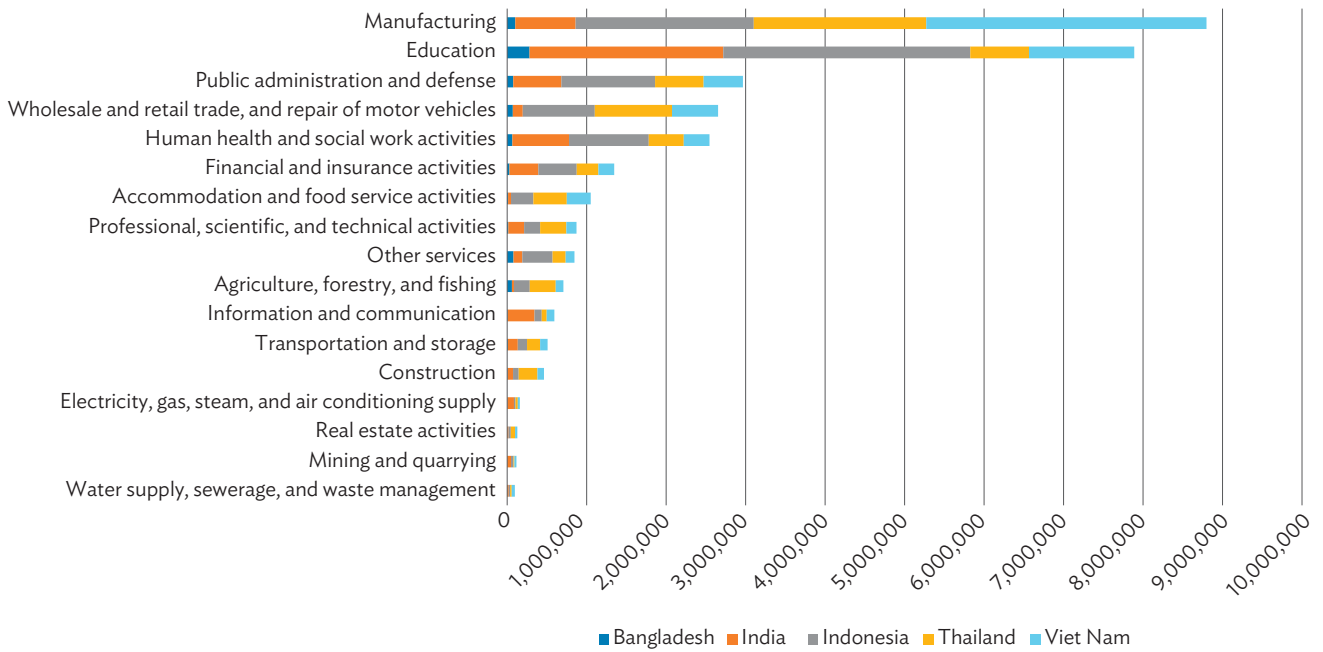
<sup>8</sup> World Health Organization. WHO Coronavirus Disease (COVID-19) Dashboard. <https://covid19.who.int/table> (accessed 9 October 2020).

<sup>9</sup> International Labour Organization. World Employment and Social Outlook. Trends Econometric Models. [ilo.org/wesodata](https://ilo.org/wesodata) (accessed 16 July 2020).

<sup>10</sup> The World Bank's Women, Business and the Law database lists different indicators on mobility, workplace, pay, and entrepreneurship, among others. It lists countries' current stance on these indicators, such as work restrictions for women. <https://wbl.worldbank.org/>.

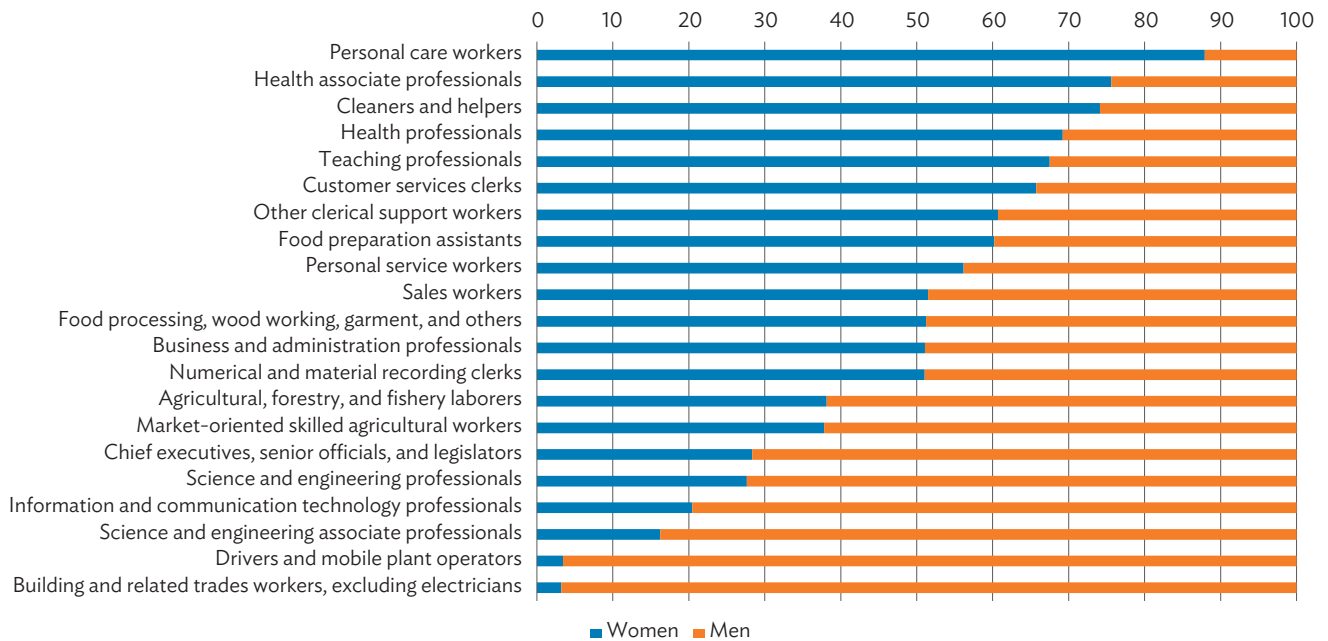
<sup>11</sup> STEM = science, technology, engineering, and mathematics.

Figure 3: Women in Formal Employment by Industry in Select Asian Countries



Source: Authors' calculations based on country microdata: Labor Force Surveys for Bangladesh (2016), India (2011–2012), Indonesia (2017), Thailand (2018), and Viet Nam (2016).

Figure 4: Employment by Sex and Selected Occupation (%)



Note: ILOSTAT is based on available data for 121 countries which represent 63% of global employment. Data for the People's Republic of China and India were not available.

Source: International Labour Organization. ILOSTAT. <https://ilostat.ilo.org/these-occupations-are-dominated-by-women/>.

In most Asian countries, with few exceptions,<sup>12</sup> women are also predominantly employed in informal sectors and often engaged in micro and small-scale enterprises, mostly in rural areas. These are typically associated with vulnerable employment and provide women with fewer opportunities for social and economic advancement. The lack of decent labor standards and regulations in informal work settings leaves them open to poor working conditions and exploitation (ILO 2018a). Moreover, even when in formal employment, women tend to be engaged in employment that is classified as vulnerable—with a lower likelihood of having formal, contractual work arrangements and lacking adequate social security and a voice at work. Despite the significant progress in reducing the proportion of women in vulnerable employment, nearly two-thirds of women remain in vulnerable and informal employment in Asia and the Pacific, ranging from 43% to 96% for the low- and middle-income countries in the region (Figure 5).

For a given level of skills, women in developing Asia earn up to 34.5% less in hourly wages than men, with notable exceptions in the Philippines and Bangladesh, with women earning 5.5%–10.3% more than men for equivalent work (ILO 2018b). The global average for the gender wage gap is 15.6%. Even in a relatively more advanced economy such as the Republic of Korea, women on average earn 32.5% less than men. This gender wage gap is shaped by cultural and social norms rather than the income per capita of an economy (UNDP 2020). Differences in productivity, human capital, and job-specific skills also do not fully explain the gender wage gap. A factor-weighted gender wage gap measure that accounts for differences in education, age, working-time status, and sector of employment, remains close to the raw measure (i.e., 36.3%, the highest gender wage gap in developing Asia; in Bangladesh, women earn 4.7% more than men).

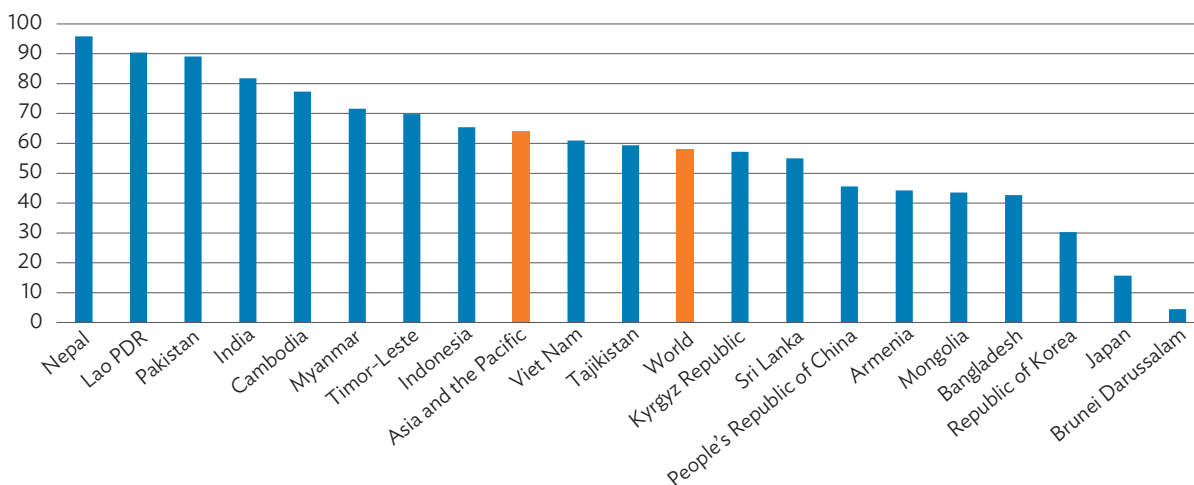
### Unpaid care work

Data from the OECD show that women spend up to six times more time than men in unpaid work (Figure 6). Generally, men have 1 to almost 4 hours more paid work in total hours of labor, while women do at least 2–5 hours of unpaid work. A report from Oxfam estimated the global value of women’s unpaid care work, aged 15 and above, to be more than \$10.9 trillion (Coffey et al. 2020).

Remote work and education due to COVID-19 and closures of schools and day care centers mean that parents will have to provide childcare while they continue working if they have not been fired or furloughed. Childcare, along with most of the housework, is expected to add to the burdens on women, which increases the hours that women spend doing unpaid labor. For married couples, especially among dual-earner couples, it might exacerbate existing gender differences in childcare and housework.

On the other hand, school closures can have the opposite effect for families where women are in “essential” work such as health care. Women make up to 70% of health-care and social sector workers (UNFPA 2020). A recent study by Alon et al. (2020) used American Time Use Survey data to look at how COVID-19 could influence gender roles, particularly in employment. In these cases, men would be responsible for childcare, and this transfer of responsibility would persist even after the lockdowns. Previous studies have found evidence for this in Germany and Spain, where fathers that took paternity leave had higher involvement in childcare (Farré and González 2019; Tamm 2019). An early rapid assessment survey conducted by UN Women (2020) reveals that both men and women report increases in hours spent in both unpaid care and domestic work, but more women do so (Figure 7).

Figure 5: Women’s Share of Informal Employment in Total Employment in Asia and the Pacific

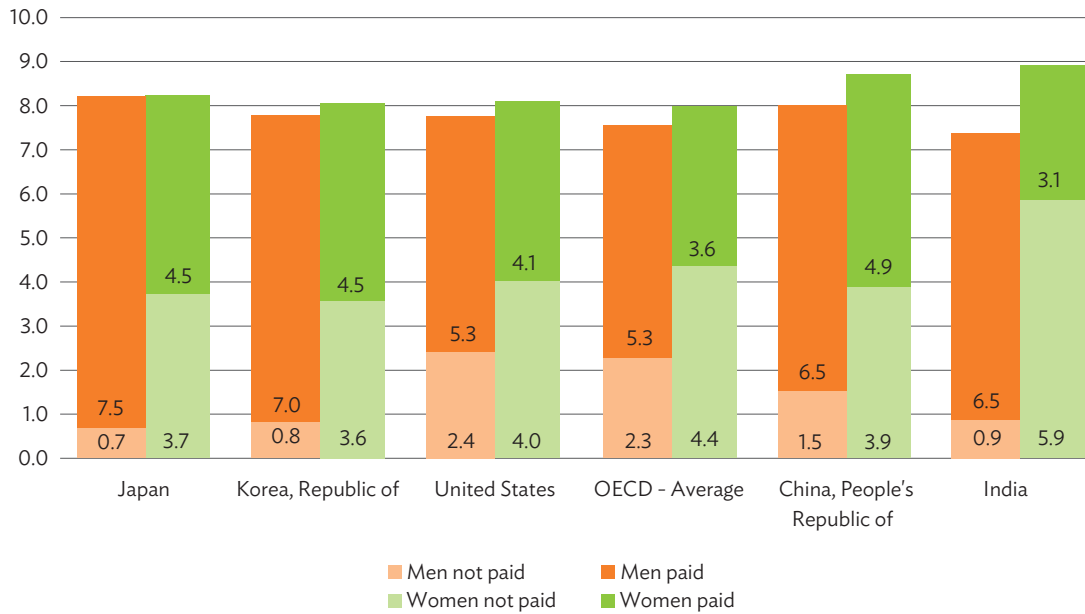


Lao PDR = Lao People’s Democratic Republic.

Source: International Labour Office. 2018. *Women and Men in the Informal Economy: A Statistical Picture*. Geneva: International Labour Organization.

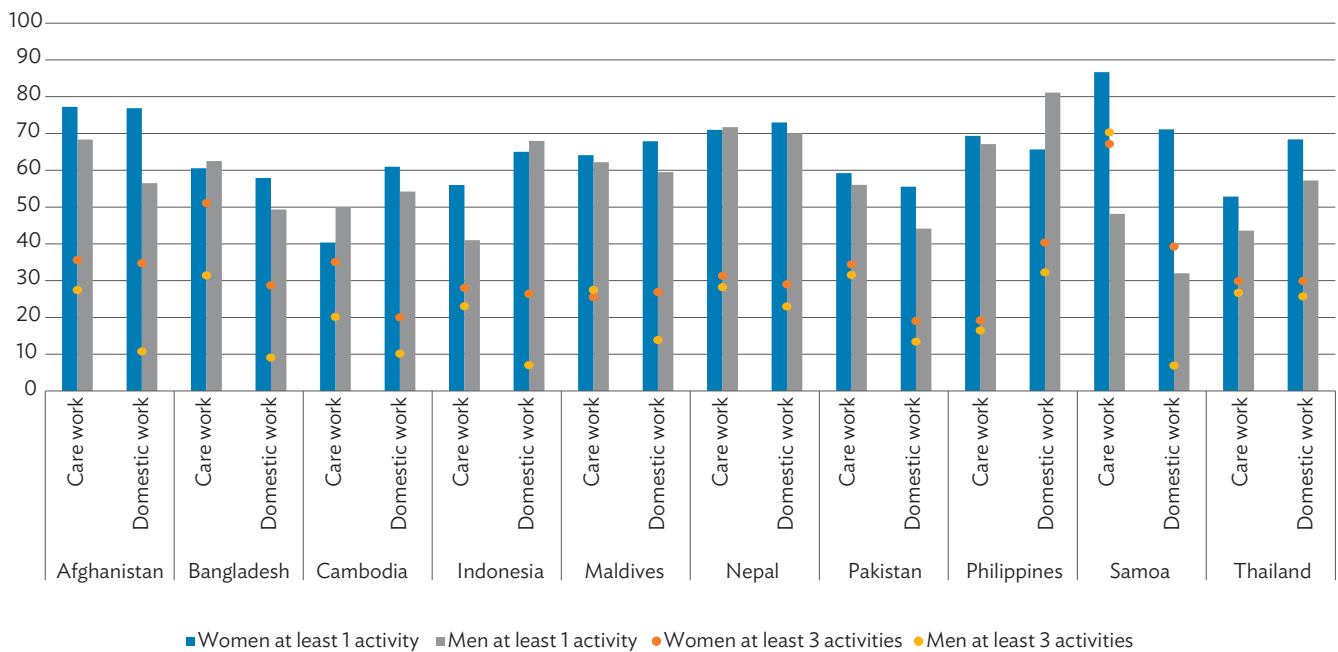
<sup>12</sup> Based on ILO (2018a), Brunei Darussalam (4.2%), Japan (12%), Samoa (21.2%), the Republic of Korea (23.3%), and Mongolia (25.3%).

Figure 6: Hours in Paid and Unpaid Labor by Gender (2018 or latest year available)



OECD = Organisation for Economic Co-operation and Development.  
 Source: OECD Gender Portal. 2020. <https://stats.oecd.org/> (accessed 1 September 2020).

Figure 7: Share of Men and Women Whose Time Allocated to Unpaid Care and Domestic Work Increased due to COVID-19



Source: Adapted from UN Women (2020).

This is also true across most countries, where more women report increases in time spent in at least three unpaid activities.<sup>13</sup> Looking at children, 67% of daughters helped more compared with 57% of sons.

### Health and nutrition

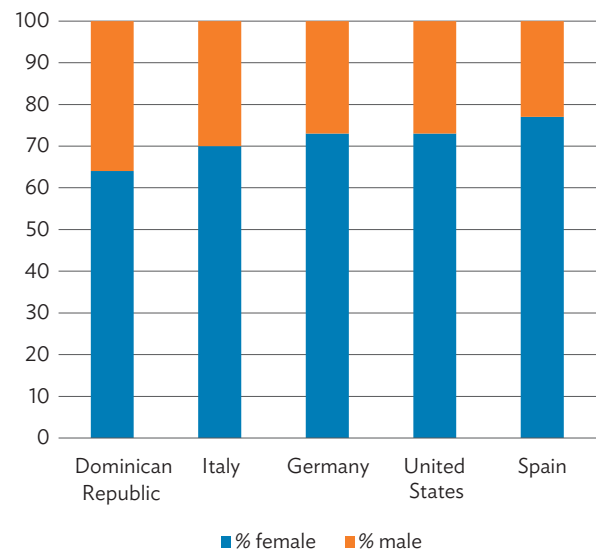
Even though fewer women than men, in total, test positive for COVID-19, women may face other health challenges due to the virus:<sup>14</sup> (i) women's large engagement in care work exposes them to infection; and (ii) lockdowns hamper access to both health care and food, creating challenges for pregnant women and mothers with young children who have special needs for nutritious foods particularly rich in micronutrients.

Women's disproportionately large engagement in the services and health-care sectors, including family care, exposes them to the coronavirus. They are also overrepresented in the hospitality and tourism industry, which requires more face-to-face interactions, placing women at higher risk of contracting the virus. This increases women's risk of contracting the disease. What is more alarming is that since women comprise around 75% of health-care workers (i.e., physician assistants, nurses, and pharmacists) and nearly 90% of personal care workers (i.e., elderly care and childcare), more women are being infected with COVID-19 in these sectors. For countries where these data are available, 64%–77% of the COVID-19 infections among health-care workers are women (Figure 8).

Lockdown policies due to COVID-19 reduced overall access to health care, where more women report being unable to seek medical care or experienced longer wait times to visit doctors (UN Women 2020). Before COVID-19, women and mothers, had gained increasing access to health-care services thanks to gender-specific programs. Access to more and better health services has also contributed to better educational attainment and employment outcomes, as they were linked to lower mortality, a lower fertility rate, and higher life expectancy (Mammen and Paxson 2000). Previous viral outbreaks, such as Ebola in West Africa, have shown how crisis responses crowd out reproductive health and family planning services (Davies and Bennett 2016). Mullan (2015) found that within 1.5 years of the outbreak in Guinea, Liberia, and Sierra Leone, maternal mortality rose by 75%. Since women are unable to access contraceptives, HIV infections may also increase, especially among girls. The 2014 Ebola outbreak resulted in higher unplanned pregnancies and higher school dropout rates in Sierra Leone (Bandiera et al. 2020).

The lockdowns due to COVID-19 prevented people from going about their personal care and health routines (Figure 9).

Figure 8: COVID-19 Infections among Health-Care Workers



Source: Global Health 50:50. <https://globalhealth5050.org/covid19/health-care-workers/> (accessed 24 August 2020).

Both within and outside cities, women's routine health care was more affected (71% versus 46% for capital cities; 69% versus 68% outside cities) (UN Women 2020). There is no clear pattern across countries; for example, in Indonesia, women are more affected in capital cities while men are worse off outside cities. The disruption in access to family planning services due to COVID-19 may affect an estimated 48 million women, which could result in up to 7 million unintended pregnancies (UNFPA 2020).

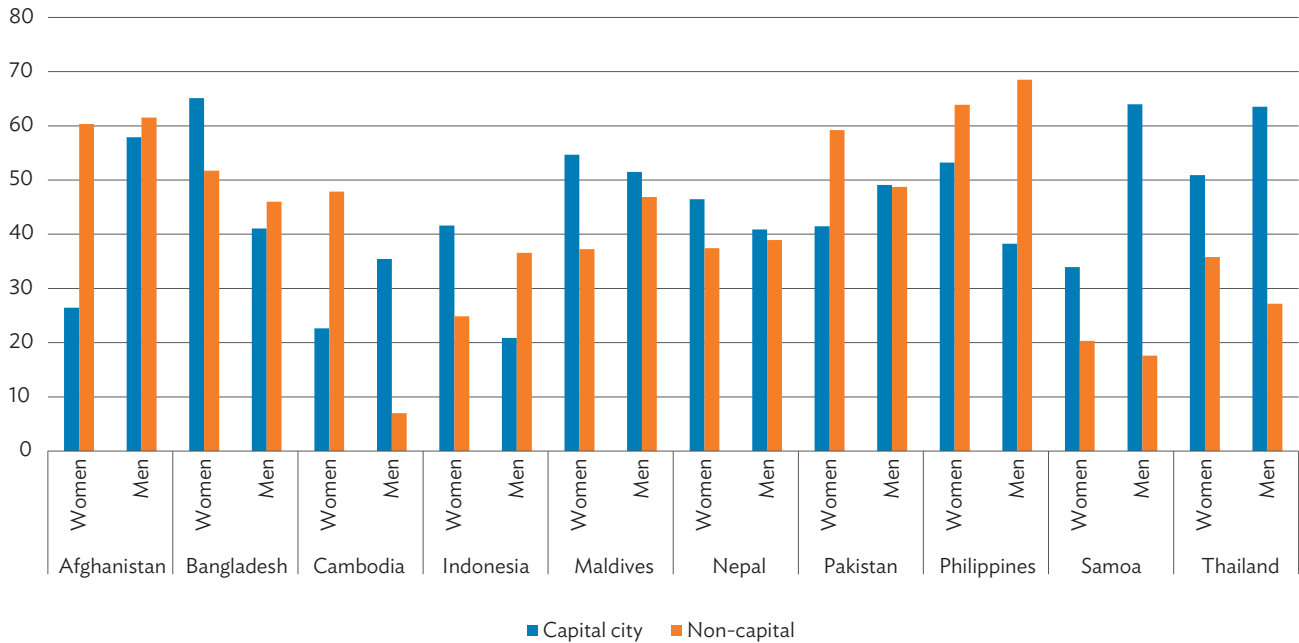
The lockdown has also significantly affected people's access to food. School closures mean that approximately 368.5 million students will not have access to food normally provided at schools (UN 2020). While a higher share of men reported declines in food from subsistence farming due to COVID-19, the reverse is true for Bangladesh, Maldives, Nepal, Pakistan, and the Philippines (UN Women 2020). Access to fresh fruits and vegetables has been particularly challenging, putting pregnant women and young children at higher risk of micronutrient deficiencies, given that their energy and nutrient requirements are greater than others.

<sup>13</sup> Activities considered in the questionnaire include (i) cooking and serving meals; (ii) cleaning; (iii) decoration, repair, and household management; (iv) shopping for household; (v) collecting water/fuel; (vi) minding children while doing other tasks; (vii) playing with, talking to, and reading to children; (viii) instructing, teaching, training children; (ix) caring for children; (x) assisting older/sick/disabled adults; and (xi) pet care.

<sup>14</sup> There is no clear consensus on why men have higher infection and fatality rates on average. Early studies attribute it to either biology or gendered behavior such as higher rates of smoking (Guan et al. 2020). However, when they adjusted for mortality rates by age, they found no difference between men and women for COVID-19 fatality risk (Krieger, Chen, and Waterman 2020). Even though in absolute number of cases, men outnumber women, COVID-19's effects on women go beyond cases (Madhavani and Mathur 2020).



Figure 9: Share of Men and Women Whose Health Routines Were Affected due to COVID-19



Source: Adapted from UN Women (2020).

Among the common interventions to address these issues are cash transfers—because people are less mobile in the pandemic, governments have had to provide food, especially in areas where access to banks is low or where markets have been severely affected (Vaziralli 2020, Banerjee et al. 2020). However, previous evidence points to biased allocation of resources between males and females in households, where males are often favored (Rosenzweig and Schultz 1983, Behrman 1988, Deaton 2018).

### Education

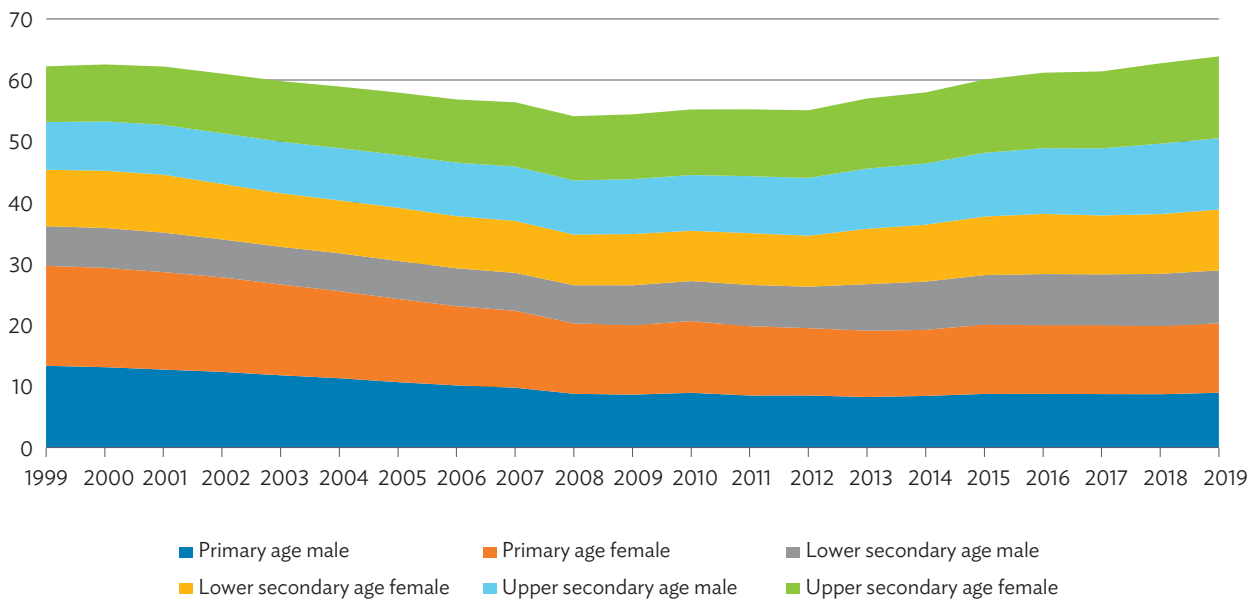
There have been significant developments, as eliminating gender disparities in education became one of the targets of the UN’s Sustainable Development Goals.<sup>15</sup> Policy efforts combined with financial support to reduce the cost of schooling for girls and increase their access to school have helped narrow the gender gap in school enrollment. It is important to continue changing entrenched social norms that restrict girls either from going to school or the mobility they need to do so. Efforts include affirmative action policies aimed at increasing diversity and addressing discrimination in the system. India’s constitution includes provisions of up to a maximum of 50% allotments in higher education for disadvantaged castes, with a third of allotments for each caste group reserved for women. Badge, Epple, and Taylor (2016) find that this policy for women in disadvantaged castes successfully increased college attendance of the target population. Such policies encourage targeted groups to stay longer in school and exert greater effort (Khanna 2020).

The gender gap in primary education enrollment and completion is almost nonexistent but persists in secondary education (UNICEF, UN Women, and Plan International 2020). However, more females are consistently out of school across all education levels in low-income economies around the world (Figure 10).

There are also concerns that educational disruptions due to COVID-19 might have a long-lasting impact on girls. As early as 17 February 2020, parts of the People’s Republic of China and Mongolia had imposed school closures. At the peak of COVID-19 last April, 193 nations had imposed countrywide school closures, affecting as many as 1.5 billion learners, or 91% of the total enrolled (UNESCO 2020a). Simulations by Azevedo et al. (2020) estimate a loss of 0.3–0.9 quality-adjusted years of schooling, hurting the quality of learning and putting nearly 7 million students at higher risk of dropping out because of the pandemic’s income shock. Even as schools started to open up from August to October, UNESCO (2020b) estimated only one in three school-age children would be able to attend classes, with two-thirds facing uncertainty or school closures. Past experience of girls in Africa during the Ebola outbreak reveals a higher risk of physical and sexual abuse, pregnancy, and marriage facing girls when schools are closed (Giannini and Albrechtsen 2020). As families struggled, vulnerable girls were engaged in transactional sex or were married off. These events

<sup>15</sup> See UN. Sustainable Development Goals. Quality Education. <https://www.un.org/sustainabledevelopment/education/>.

Figure 10: Out-of-School Children, Adolescents, and Youth in Low-Income Economies, 1999–2019 (millions)



Source: UNESCO Institute for Statistics (accessed 19 November 2020).

prevented girls from returning to school after the outbreak, which deprived them of future opportunities. One exception may be for girls in South Asia, whose families practice dowries. Corno, Hildebrandt, and Voena (2020) showed that income shocks, which make dowries expensive and difficult for the girl’s family to pay, do not affect the girl’s dropout risk from school, reduce the likelihood of marriage for young girls, and delay the timing of marriage.

### Gender-based violence

COVID-19 has caused massive unemployment globally, which has resulted in increased alcohol and drug use (Clay and Parker 2020) and worsened mental health (Dubey et al. 2020). Cohabitation and partner’s alcohol use are significant risk factors for physical violence and unintended pregnancies. These risk factors and lower spending on other aspects of health and education may perpetuate gender-based violence (WHO 2012). Peterman and O’Donnell (2020) review the latest studies on COVID-19-related violence against women across different countries and find a definitive increase in reported domestic violence for 13 out of 30 studies, where 8 had mixed results. In Bangladesh, the stay-at-home orders, linked to lower family incomes, severe food insecurity, and more reported symptoms of depression and anxiety, resulted in higher emotional and physical violence (Hamadani et al. 2020). In India, Ravindran and Shah (2020) find that districts that had the strictest lockdown rules had higher domestic violence

and cybercrime complaints, but lower rape and sexual assault complaints, which they attribute to lower mobility of people. In Australia, reports of online abuse and bullying have increased by 50% since social distancing started (Azcona et al. 2020). The current situation exposes girls to increased sexual abuse, and girls aged 15–19 forced to have sex and facing unplanned and unwanted pregnancies are expected to exceed pre-COVID numbers of 13 million. This creates a high risk of sexually transmitted infections, which undermines the overall decline in HIV infections (UNICEF, UN Women, and Plan International 2020). On the other hand, there may be underreporting of complaints of violence against women and girls given the interrupted access to their usual social networks or schools due to lockdowns.

### Policy implications for developing countries and ADB’s role

The pandemic threatens to reverse hard-won gains in gender equality, exposing women’s remaining vulnerabilities based on their precrisis social, economic, and political situations. Across the world, women work in more affected sectors like services and health, hold more informal jobs, earn much less, and have fewer savings and lower wealth, which in turn exacerbate their exposure to the pandemic and its impact. Poor and unemployed women have generally less capacity to absorb economic shocks and are less likely to recover fully after the pandemic.

The economic potential of gender equality is significant. Kim, Lee, and Shin (2016) estimated that removing gender inequality and empowering women could raise aggregate income in Asia and the Pacific by 6.6% in one generation and 14.5% in two, and per capita income by as much as 30.6% in one generation and 71.1% in two. One report (Woetzel et al. 2018) estimates that improvements in gender equality in Asia and the Pacific could increase annual gross domestic product by up to \$4.5 trillion, or a 12% increase by 2025 (Figure 11).

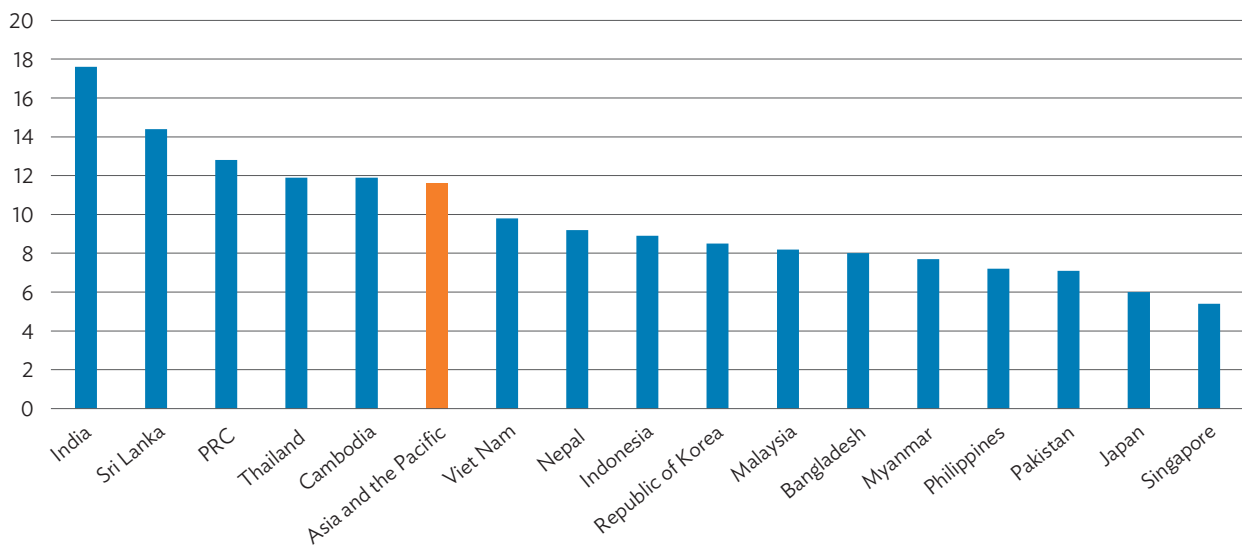
Female leaders, such as the heads of Germany, New Zealand, and Taipei, China, to name a few, have shown great promise in the handling of the COVID-19 pandemic, with six times fewer deaths from COVID-19 in those economies than in those with male-led governments (Chamorro-Premuzic and Wittenberg-Cox 2020). Several other studies have shown how increasing the number of women in leadership benefits everyone as they approach things differently and complement men in power.<sup>16</sup> However, women continue to face a “glass ceiling” on their progression in political leadership. Gender-focused policies tend to center on basic areas such as primary and secondary education and less on enhanced areas such as representation in leadership positions and changing social norms (UNDP 2019).

Lessons from past pandemics such as the Ebola crisis emphasize the importance of gender-responsive and context-

specific measures (Giannini and Albrectsen 2020). The International Monetary Fund’s (IMF 2020) policy tracker, which compiles government responses of 196 economies to COVID-19, shows that only Liberia, Panama, Qatar, Solomon Islands, and Togo have programs targeted for women. To mitigate the gendered impacts of the COVID-19 crisis and facilitate socioeconomic recovery of developing member economies, the Asian Development Bank (ADB) has been mainstreaming and promoting gender equality through its different sector operations by integrating proactive gender design measures and gender targets. Some of ADB’s program design features also include the gender impact assessment of the emergency assistance to inform the future policy making of developing member economies. ADB has committed \$20 billion in additional assistance for its developing member countries in response to COVID-19. The COVID-19 Active Response and Expenditure Support Program, funded under the COVID-19 pandemic response option, was formulated with a gendered approach.

We recommend specific actions that governments can implement to avoid undoing progress in gender equality. Strategies should target women and girls in all efforts to address the gender-specific socioeconomic impact. Given the large potential gains countries have in greater gender equality, and consequently, the losses they could accumulate by ignoring the gendered effects of COVID-19, governments need to adopt an

**Figure 11: Increase in 2025 GDP due to Greater Gender Equality beyond Business-as-Usual (%)**

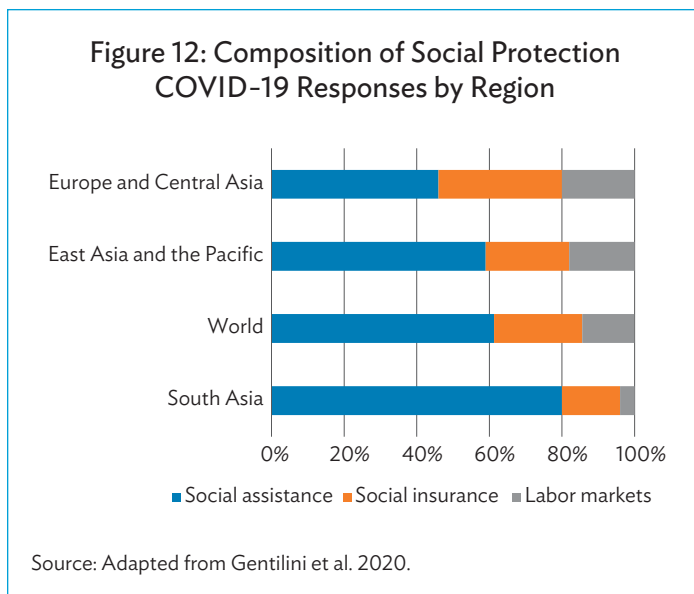


GDP = gross domestic product, PRC = People’s Republic of China.  
Source: Adapted from Woetzel et al. (2018).

<sup>16</sup> See American Psychological Association. n.d. When the Boss is a Woman. <https://www.apa.org/research/action/boss>.

intentional gender lens in local and national responses to the pandemic. Recommended actions include the following:

(i) **Enhance social services and health protection.** Figure 12 shows that social assistance programs, which are mostly cash transfers, dominate the global response to COVID-19. Social insurance measures, which include health-care support and unemployment benefits, are quite small even though COVID-19 is both an economic and health issue. In addition, women are overrepresented in informal sectors in most developing countries and they lack access to any type of insurance or social security. India, Indonesia, and the Philippines provide health insurance coverage specifically for COVID-19. To protect women’s health, experience from other pandemics emphasizes the role of government in ensuring that women are still able to access reproductive health and family planning services safely, just as Palau and the Kyrgyz Republic have done. Also, since women comprise the majority of the health-care sector, governments need to ensure the availability of personal protective equipment and medical care should they get infected, and they should receive sufficient compensation or additional hazard pay for the higher infection risk they face.



(ii) **Provide conditional or unconditional cash transfers and food assistance.** During lockdowns and quarantines, access to food or basic needs is made more difficult, if not impossible. With millions unemployed, people need to think of both accessibility and affordability of healthy and nutritious food. Governments globally have recognized this problem and, as a solution, have provided both conditional and unconditional transfers (IMF 2020). In Asia, Indonesia’s COVID-19 fiscal package includes social assistance in the form of food aid, conditional cash transfers, and electricity subsidies for low-income households. The governments

of Cambodia, India, Kazakhstan, Malaysia, Myanmar, Pakistan, Timor-Leste, and Viet Nam provide cash transfers, in-kind transfers, or wage subsidies. Empirical evidence shows women’s participation in household expenditure decisions improves the allocation of household resources to benefit children (Duflo 2000). This suggests designating women as recipients for such transfers may potentially help minimize the misuse of the cash transfers. Vaziralli (2020) recommends unconditional over conditional cash transfers to ensure food security, especially since people are dealing with both health and economic shocks. Although relatively generous, most of these programs have been one-offs and have only covered short time periods (Gentilini et al. 2020). On a similar note, a large-scale program that implemented a universal basic income in Kenya showed that recipients of the program were able to cope better with the economic and health effects of COVID-19. Banerjee and Duflo (2019) argued that many developing countries can consider a universal ultra basic income during hard times which is likely to have an enduring positive effect on poor families’ health and education. Banerjee et al. (2020) also found that beneficiaries had experienced less hunger and sickness than those who did not receive transfers. In social protection, ADB’s responses have included cash transfers and food subsidies for the poor and vulnerable households including women and children in India, the Kyrgyz Republic, Mongolia, and the Philippines. For the Pacific developing member countries, ADB’s regional technical assistance will identify gender-responsive social protection policies and investments and improve capacities for social protection service deliveries (Kim, Kim, and Park 2020).

(iii) **Provide targeted support for the most marginalized girls and boys.** The pandemic has interrupted education for more than a billion children. Many of them in very low-income families risk never returning to school. Out of education, girls face an extra risk of forced marriages and domestic abuse. School has provided certain protection to girls in vulnerable situations, and school closures may have more implications than just interruptions in their education. Governments should consider reducing financial barriers that may prevent children from going back to school by waiving school fees. Other options, such as cash transfers for the most marginalized children, would be also useful. It is also important to design and calibrate gender-responsive distance learning during school closures. While evidence shows that income and geography continue to be barriers for education, there seem to be gender differences in access and approachability through distance learning. Low-technology interventions such as using SMS text messages and direct phone calls have been shown to effectively reduce innumeracy, especially for girls in earlier grade levels (Angrist et al. 2020).

(iv) **Create gender-responsive education.** Governments need to create a gender-responsive education environment and policies that ensure both girls and boys of all ages have access to quality, relevant, and safe educational opportunities. This should include considering critical gender differences to meet

the specific gender needs in education and avoiding gender stereotyping. For example, international evidence points to marked occupational segregation by gender. Even in the modern information and communication technology sector and services, women are concentrated in data processing, while men dominate better paid, high-skilled positions, such as programming. Relatedly, boys remain dominant in science, technology, and engineering in education, while girls prefer to stay in education and health care. Educators and policy makers can weave in incentives to encourage science, technology, engineering, and mathematics (STEM) education for girls. This will help address occupational gender segregation and the gender wage gap in the long run.

- (v) **Narrow gender gaps through skills development and job creation.** As economies open up and start rehiring, policy makers need to closely monitor the situation for women's unemployment and reemployment. In the US, data from April to May show that women had higher unemployment rates and lower reemployment rates (Cheng et al. 2020). In developing countries, women tend to be engaged more in the informal sector, meaning that they are likely unemployed for the duration of lockdowns. Sectors that have been more resilient or have grown strong throughout the pandemic tend to be higher-productivity sectors dominated by men. Governments can invest in both education and re-skilling of female workers to make sure they would be ready for these jobs. Further, to address the gender-specific barriers to entrepreneurship, dedicated support for female entrepreneurs is critical. ADB's economic stimulus support in response to the pandemic has included financial, fiscal, and wage subsidies to enterprises and their employees. In Samoa, for example, at least 4,000 market vendors (of whom at least 75% are women) will operate rent-free on selected government-owned properties for 4 months (ADB 2020b).
- (vi) **Pursue gender-responsive labor market policies.** As the pandemic has increased the gap between men and women on hours of unpaid care and domestic work, governments need to implement policies that can address the issue. This can be an opportunity to incorporate best practices in gender equity, such as ensuring gender balance in both pay and representation, which theory suggests can encourage female labor force participation and women's economic and social empowerment. Polachek (2019) notes that while affirmative action and equal pay legislation may have mixed results in reducing the gender wage gap, having day care, subsidized child and elderly care, or similar support for the continued labor force participation of women has a greater impact. Increasing access to affordable childcare or allowing for flexible work arrangements will allow women to increase their hours of paid work. It is important to note that addressing the gender wage gap also reduces the incidence of gender-based violence, particularly intimate partner violence (Henke and Hsu 2020).
- (vii) **Address different forms of gender-based violence.** A review of recent studies shows that violence against women has risen during COVID-19 in most countries (Peterman and O'Donnell 2020). Bastos, Carbonari, and Tavares (2020) document

country-level measures in place, such as stronger response and support systems (e.g., violence against women helplines, shelter for survivors), ensuring justice and security services (e.g., online court hearings to handle sensitive cases during the pandemic), and raising awareness through information sharing and social campaigns. UN Women calls for urgent and flexible funding available for women's rights organizations and recognizes their role as first responders (Azcona et al. 2020). In light of this, ADB is already supporting Indonesia, Maldives, and Solomon Islands to respond to gender-based violence. ADB has provided technical assistance for Mongolia to help maintain critical response mechanisms for domestic violence and enhance preventive actions through the establishment of chatbots for the government and nongovernment organizations to complement hotlines and counseling services, and training programs for first responders in cases of sexual violence (ADB 2020a). In addition, governments need to acknowledge the role of social attitudes in mitigating domestic violence, especially in regions where gender-based violence is culturally accepted.

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