

Gendered Impacts of COVID-19

Mobility Restrictions

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The month of March presents an opportunity to celebrate both International Women’s Day (March 8th 2021) and Women’s History Month, and signals a call to action for accelerating gender parity. In a year that has been marked by the COVID-19 pandemic, understanding the roles that women have played and how they have been impacted in this context is necessary to answer this call.

Overview

Gender has been an important variable in understanding the differing impacts that COVID-19 mobility restrictions have had on different population groups, globally. Though it is often overlooked, there is substantial evidence to suggest that health emergencies tend to disproportionately affect women and girls, particularly in humanitarian contexts.¹ In addition to collecting information on the numbers and types of COVID-19 restrictions creating barriers, as well as the population categories affected by COVID-19 related restrictions, IOM’s Displacement Tracking Matrix (DTM) has also included approaches which increase understanding around some of the resulting impacts on women and girls. To understand the impacts of COVID-19 on the movement or mobility of people, DTM, in collaboration with other IOM divisions has systematically collected data and produced [reports](#) on the impacts of COVID-19 on [Mobility Restrictions, Points of Entry and Key Locations of Internal Mobility](#), Impact on Migrants, Internally Displaced Persons at the global, regional and country level. Through its various data collection initiatives focused on mobility (or lack of) in the pandemic DTM data has highlighted two areas of concern which have had notable impacts on women, health and livelihoods.

increasing their risk of exposure.³ Following the outbreak of COVID-19, IOM has supported risk communication and community engagement (RCCE), infection prevention and control (IPC), case management and continuation of essential care.⁴ In support of this, DTM integrates health-related indicators in its assessments.⁵ These indicators reflect access to services, including sexual and reproductive health, obstacles to care, and health-seeking behaviour. In the COVID-19 context, DTM country missions have also collected information on COVID-19 awareness, perceptions, family prevention measures, and family responses to exposure.⁶ One element of this includes differences in information, perception, and responses to COVID-19, disaggregated by sex, which have been captured by conducting surveys with migrants at locations known for high levels of migrant mobility.

For example, a DTM Djibouti report, “Rapid Evaluation of Knowledge, Attitudes, and Perceptions Regarding COVID-19 (by Local Population and Migrants)” raises the question about differences in awareness and access to information around COVID-19 using data collected through in-person interviews with both host community members and migrants in Djibouti from late March to early April 2020. Despite the small sample size (n=17), the results indicate a trend of different levels of awareness along gender lines. Female migrants frequently selected “Don’t know” in response to questions ranging from danger and risk perception to knowledge of COVID-19 (24% vs. 11%). Male migrants, on the other hand, appeared more certain about the danger of COVID-19 than female migrants. At the same time, the Inter-Agency Standing Committee also indicates that women and other marginalized groups often have less access to information and are more likely to receive inaccurate information, which can impact their knowledge of COVID-19.



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Health:

As a health emergency, the gendered impacts of COVID-19 which fall under the health sector must be assessed, including health risks, drivers of health-seeking behaviour and access to healthcare, including both COVID-related treatment and sexual and reproductive health. As it relates to vulnerabilities, WHO esteems that women may face a higher risk of exposure than men, given they make up 70 per cent of health and social care workers worldwide² and prevailing social norms dictate that women often take care of sick members of their families,

Livelihoods:

While it is clear that the COVID-19 pandemic and mobility restrictions have significantly impacted employment around the world, an analysis of these consequences through a gender lens remains sorely lacking.⁷ The impact of movement restrictions combine with underlying occupational segregation to produce disproportionate levels of job loss and pay cuts for particular demographics, most notably young, migrant women of colour with lower levels of education.⁸ This distinguishes the COVID-19 economic crisis from prior recessions, which tend to impact men more severely, as they work in cyclical industries most impacted by economic downturns, such as construction, manufacturing, trade, transportation, and utilities.⁹

Gendered Impacts of COVID-19 Mobility Restrictions

Likewise, female-gendered occupations deemed essential may be those that put employees at the greatest risk of infection. Migrant women are frequently employed in the healthcare and care-giving sectors as home aids, nursing home staff, and domestic workers. The close contact required to perform these jobs can elevate the risk of exposure to the virus.¹⁰

At the same time, the impact of COVID-19 on the labour market may depend on the country context. For example, while it is true that migrant men work in a higher percentage as daily labourers and may be significantly impacted by mobility restrictions which prevent them from seeking out work, as recent DTM studies from Libya have suggested,¹¹ women too have also been impacted in specific ways. The “Libya Migrant Vulnerability and Humanitarian Needs Assessment” (HNA) from December 2019 highlights gender, employment status and duration of stay in Libya as the key determinants of migrant vulnerability. In particular, the HNA finds that female migrants have higher levels of unemployment than male migrants (30% vs. 23%). Additionally, the HNA finds that female migrants have higher levels of food insecurity, less access to water and poorer health as reflected by indicators on acute, chronic and recent illnesses. Looking at the May and June 2020 COVID-19 Mobility Tracking reports, it is evident the socio-economic impact of the pandemic has exacerbated pre-existing labour vulnerabilities for both men and women. Migrants reportedly faced more stringent movement restrictions, which impeded their ability to maintain employment. A follow-up gender analysis using DTM Libya’s Migrant Emergency Food Security Report (May 2020), suggests that COVID-19 creates different vulnerabilities for male and female migrants. As a result of labour market segmentation, female migrants perform jobs that require close contact with others, thereby increasing their risk of contracting the virus. High levels of labour informality were also indicated among both male and female migrants, as evidenced by the percentage of migrants indicating they did not have a signed or written contract, which can expose them up to exploitation (88% or men indicating they had either no written contract or only an oral agreement compared to 77% for women).

While the report highlights important observations related to the gendered impacts of the pandemic, only three per cent of the migrants interviewed were female. This small sample is unlikely to be representative of migrant women in Libya. Even so, it highlights an important ongoing knowledge gap in understanding the gendered impacts of the pandemic, despite efforts to ensure a gender focus in data collection methodologies.

Other Risks

Traffickers and smugglers have taken advantage of the COVID-19 pandemic to exploit vulnerable groups. The United Nations Women stated that 72 per cent of trafficking victims detected globally are women and girls and 77 per cent of identified female survivors were trafficked for sexual exploitation. Moreover, the United Nations office on Drugs and Crime (UNODC) reported that migrants and people without jobs were among the groups most targeted by human traffickers due to the economic downfall brought on by the COVID-19 pandemic, exposing millions to the risk. Responding to the lack of information and existing trend of trafficking exacerbated by COVID-19, IOM in collaboration with many internal and external experts has developed an Information Management Guide for Counter-Trafficking in Emergencies.¹² It provides guidance on how to integrate counter-trafficking-specific data collection and analysis into existing information management mechanisms which are already well established in humanitarian responses. The goal is to promote an evidence-based decision-making approach that supports the development of new interventions, or the adaption of existing measures, to more systematically integrate counter-trafficking prevention and response into humanitarian contexts.



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This is just the beginning of the conversation:

There continues to be a gap in analysis related to the gendered consequences of COVID-19 related restrictions, and a further need for the collection of relevant sex- and age-disaggregated data (SADD). This evidence base is essential for responses and interventions which fulfil commitments not to leave women and girls behind.



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