

COVID-19

Gender perspective: Learnings from Ebola outbreak

DO NOT SEE COVID19, JUST AS A MEDICAL EMERGENCY RESPONSE. SOCIAL AND POLITICAL ISSUES NEED TO BE ADDRESSED ALONGSIDE

INCREASED CASES OF SEXUAL VIOLENCE AND DOMESTIC VIOLENCE

self-isolation measures are likely to increase domestic violence rates*

OUTSIDE OF HOME

Those with access to key goods and services, or perceived access, are in positions of power to leverage access, and manipulate and exploit vulnerable populations

WOMEN ARE THE PRIMARY CAREGIVERS IN MOST OF THE HOUSES



INCREASED

unpaid care work, Psychosocial burden

LIVE-SAVING VIOLENCE PREVENTION AND RESPONSE SERVICES ARE LIKELY TO BE DISRUPTED

Most of the medical resources could be diverted to emergency responses.

LIMITED

obstetric care services, support to GBV survivors

HEALTH CARE



70%

of front-line health care and social workers are women. longer working hours, shortage of equipments makes them vulnerable to catching and transmitting COVID-19,

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PEOPLE WITH DISABILITIES

Containment measures, such as social distancing and self-isolation, may be impossible for those who rely on the support of others to eat, dress and bathe

OUTSIDE OF HOME

Many people with disabilities depend on services that have been suspended and may not have enough money to stockpile food and medicine, or afford the extra cost of home deliveries

ACCESS TO HEALTH SERVICES



People who use a wheelchair, explained that health care access is already difficult for some people with disabilities, even in high-income locations. Other barriers include physical obstacles, discriminatory laws and existing stigma.

LEFT BEHIND

People with disabilities experienced increase risk of contracting COVID-19. Also, most of the information available is not accessible for people with disabilities.

DIFFICULTIES

Some may have difficulties in implementing basic hygiene measures to keep the virus at bay. Others may not be able to practice social distancing because they require care or other support.

PEOPLE WITH DISABILITIES



15%

of the world's population – live with some form of disability, according to WHO

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LGBTQ PEOPLE

LGBTQ people have higher rates of HIV and cancer, and therefore may have a compromised immune system. According to NCTE's 2015 US Trans Survey, trans people are five times more likely to be living with HIV compared to the general population.

SEX WORKERS

Sex workers and Transpeople in most countries have always been at the margins ignored and ostracized by society. Today, during this crisis they find it even harder to make ends meet and provide for those who are dependent on them.

ACCESS TO HEALTH SERVICES



Stigma and discrimination makes transgender people reluctant to get help. Access to health care barriers, such as lack of insurance, leaves transpeople less likely to get medical care. Existing health conditions mean more of transpeople live in a state of compromised health.

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Emergency response of COVID-19 outbreak also means that resources for sexual and reproductive health services may be diverted to deal with the outbreak, contributing to a rise in maternal and newborn mortality, increased unmet need for contraception, and increased number of unsafe abortions and sexually transmitted infections.

CONTRACEPTIVES

Due to lockdowns the global health community now expects delays in production and shipping schedules of contraceptives.

LGBTQ PEOPLE



also use tobacco at a rate of 50% higher than the general population. The coronavirus is a respiratory illness that could be especially harmful to smokers. Trans adults are also more likely to score their health as poor or fair compare to the general population. More than 1 out 5 transgender adults have at least one or more chronic condition, such as diabetes, arthritis, or asthma. Fear of discrimination keeps many of them from going to the doctor.