



GENDER EQUALITY & COVID-19



Theme GENDER EQUALITY

Save the Children surveyed programme participants in 46 countries:

- **10,554** female parents/caregivers
- **6,055** male parents/caregivers
- **4,336** girls
- **3,619** boys

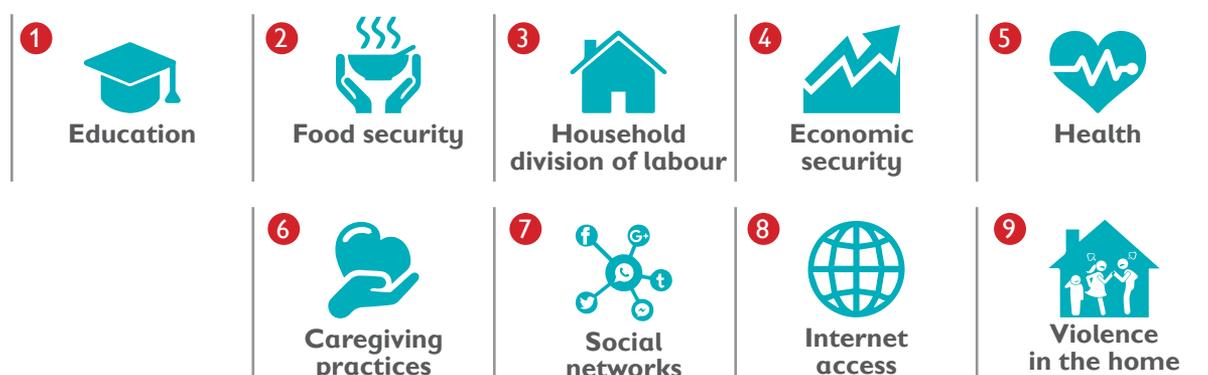
Summary of Data

- Two-thirds (63%) of the girls reported an increase in household chores, compared to less than half (43%) the boys. Girls were twice as likely as boys to say they had too many chores to be able to learn.
- Learning was affected due to school closures for both girls and boys, but with poorer learning outcomes among girls in certain countries.
- Girls were twice as likely to need lunch that they previously received from school, compared to boys. Twenty-three of girls said they need sanitary products they would normally receive at school.
- Girls with disabilities were the most likely to report reduced access to health services and worse sleep.
- Female caregivers were less likely than male caregivers to report needing information on COVID-19 and more likely than men to use positive parenting practices.
- Social networks between children were more easily maintained for boys than for girls.
- While self-reports of violence in the home did not differ significantly based on respondents' gender, the intersection of gender and disability highlighted higher risk of violence among households with girls and boys with disabilities compared to children without disabilities, and access to domestic violence services was lower for households with girls with disabilities.

About the Study

As COVID-19 has spread rapidly across the globe, governments have implemented measures to contain the spread of the pandemic, including school closures, home isolation/quarantine and community lockdowns. These measures have exacerbated gender inequalities, impacting the lives of children and households. Existing research highlights that girls face increased caregiving and household responsibilities during virus outbreaks such as Ebola.¹ Girls face significant barriers to learning at home during school closures owing to these gendered responsibilities and limited access to digital technologies.² As gendered power hierarchies between caregivers and girls and boys worsen while children spend more time in the home during school closures³, and as caregivers face increasing economic pressure due to being unable to work,⁴ the risk of violence against women and children may increase. Services for Gender-based violence (GBV) survivors and sexual and reproductive health services may be disrupted as resources are diverted towards the pandemic, as has occurred in previous epidemic outbreaks.⁵ In communities, leadership during virus outbreaks is often male dominated, limiting women's and girls' influence in decision-making and governance.⁶ Save the Children launched a global research study to generate rigorous evidence on how the COVID-19 pandemic impacts children's health, nutrition, learning, well-being, protection, family finances, and poverty – and to identify children's and their family's needs. The primary research captures children's perspectives, centring our analysis in their experiences and voices.

The research⁷ was implemented in 46 countries and represents the largest and most comprehensive survey of children and families during the COVID-19 crisis to date. This brief presents data from a representative sample of Save the Children programme participants⁸. There are more women and girls than men and boys in the sample, with 63% of the parent/caregiver respondents being female and 37% male, and 55% of the child respondents being girls and 45% boys. This sample also includes answers from children with disabilities (3% of all children surveyed). This brief explores sex-disaggregated data pertaining to research questions across the following areas:



In alignment with best practice recommendations at the time of data collection to not collect primary data on gender-based violence (GBV) in the context of COVID-19 lockdown, this survey did not ask specific questions related to GBV. Rather, based on existing evidence, it is essential to assume GBV is widespread and prioritise preventing and responding to GBV across interventions, ensuring gender-transformative child and adolescent-friendly approaches.

1 Kapur, N. (2020), Gender Analysis: Prevention and Response to Ebola Virus Disease in the Democratic Republic of Congo, CARE International.

2 UNESCO (2020), Addressing the Gender Dimensions of COVID-Related School Closures, Issue Note No. 3.1, UNESCO COVID-19 Education Response.

3 UNICEF (2020), Moving Beyond the Numbers: What the COVID-19 Pandemic Means for the Safety of Women and Girls.

4 Bhatia, A. et al., (2020), 'COVID-19 Response Measures and Violence Against Children', Bulletin of the World Health Organisation, 98: 583-583A.

5 McKay, G. et al., (2019), Not All That Bleeds is Ebola: How Has the DRC Ebola Outbreak Impacted Sexual and Reproductive Health in North-Kivu? The International Rescue Committee.

6 Kapur, N. (2020), Gender Analysis: Prevention and Response to Ebola Virus Disease in the Democratic Republic of Congo, CARE International.

7 Full details of the survey methodology are included in our detailed methods paper. The survey was administered remotely by phone or internet. Violence in the home was measured by parents/caregivers reporting that they were resorting to yelling and/or physical punishment and by children reporting that someone in the household was hit or verbally abused. Findings on violence are likely underreported, and the gender of those perpetrating violence or against whom violence was perpetrated was not always clear.

8 These are weighted percentages. Probability weighting was used to weight the programme participant sample against the total programme participant population when the sample was aggregated at the regional and global level.

This research highlights gendered differences in several areas related to children and COVID-19, with an emphasis on how gender inequalities intersect with disability and displacement status. The following recommendations are based on Save the Children's COVID-19 research, lessons from ongoing programming, and existing studies. We base our responses on intersectional gender analysis, because pandemics affect girls, boys, women, men and people with non-binary gender identities differently. Recognising factors that can marginalise individuals and acting on this recognition, leads to a more effective and equitable response.

EDUCATION

Key findings

- During COVID-19 related school closures, caregivers and children globally reported similar levels of learning between girls and boys. However, in some African countries (i.e. Sierra Leone, Malawi, Ethiopia, Uganda, Senegal), Asian countries (India, Pakistan, Myanmar, Cambodia), Middle Eastern countries (Egypt, Lebanon) and Brazil, a higher proportion of girls reported learning a little or nothing at all during the school closure, as compared to boys.
- During COVID-19 related school closures more than half of the girls (55%) reported that they needed learning materials, compared to less than half the boys (45%). Girls and boys did however report having similar access to educational books, TV programmes, phone/tablet applications and the internet for learning.
- Double the proportion of girls (20%) reported that household chores were an obstacle to learning compared to boys (10%).



- Paid work was an obstacle to learning for an equal, but overall small, proportion of girls (2%) and boys (2%). Overall, 11% of girls with disabilities and 2% of girls without disabilities found paid work to be an obstacle. The difference among boys with and without disabilities was minimal.
- The unequal burden of domestic chores and unpaid care work could suggest a higher risk for girls to not return to school. At the time of data collection, there was no significant difference between girls' and boys' own expectation to return to school after the pandemic. However, comparatively fewer boys with disabilities (86%) than girls with disabilities (96%) expect to return to school.
- Among caregivers, differences in expectations that their child would return to school did not differ based on whether the child was male or female. However there was lower expectation that girls would return back to school after COVID-19 compared to boys in Niger, Albania and Philippines. A higher proportion of boys (compared to girls) in Bolivia, El Salvador, Paraguay and United States were expected by caregivers to not return to school after COVID-19 is over



Implications for policy and practice

- Ensure that girls have equitable access to virtual and printed learning materials during COVID-19, recognising that learning resources like phones may be shared between multiple children/parents, and that girls face additional barriers to digital literacy and a disproportionate burden of unpaid care work which negatively affects their learning
- Ensure barriers affecting access to education for girls and boys with disabilities are not worsened during COVID-19, by:
 - o Ensuring a variety of accessible virtual and printed learning materials are available.
 - o Supporting schools to implement regular phone check-ins with families who have a child with a disability to encourage their support of education; and,
 - o Taking steps to address the root causes of school exclusion that existed before COVID-19.⁹
- Address the root causes of paid work being an obstacle to learning through evidence-based gender-transformative behaviour and social norm change approaches to challenge negative or discriminatory parental perceptions about the importance of education. For girls with disabilities, this may also include approaches that are already known to increase girls' enrolment generally, such as conditional cash transfers or other in-kind benefits and incentives like school feeding or take-home items to help girls with disabilities to continue learning after schools reopen.¹⁰ The household division of labour section below outlines recommendations regarding household chores being an obstacle to learning.

1. GLAD Network (2020), 'General Statement of the GLAD Inclusive Education Working Group in Response to the COVID-19 Crisis', <https://gladnetwork.net/search/resources/general-statement-glad-inclusive-education-working-group-response-covid-19-crisis>

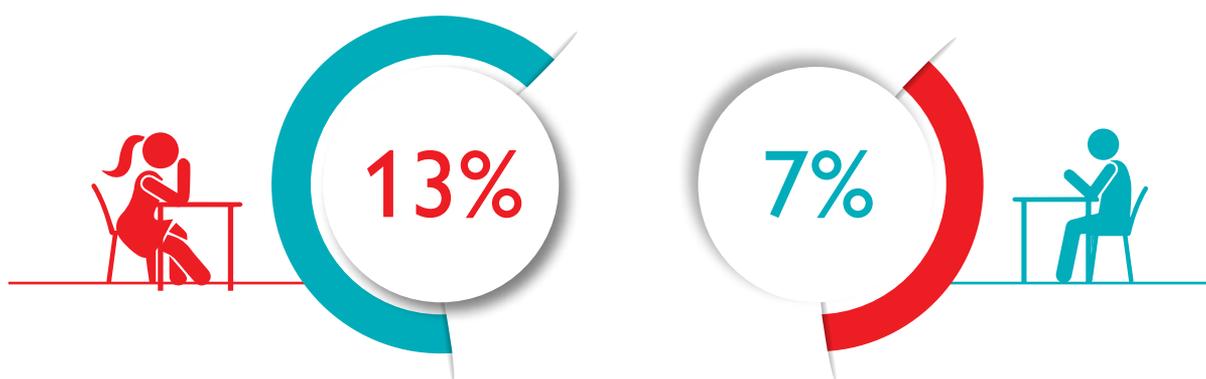
10. Sperling, G. and Winthrop, R. (2016), What Works in Girls' Education: Evidence for the World's Best Investment, Brookings Institution.



FOOD SECURITY

Key findings

- Girls (37%) were more likely than boys (32%) to report eating food less since the pandemic.
- Girls were nearly twice as likely as boys (13% vs. 7%) to report needing lunch that they usually received from their school but were no longer getting. Girls with disabilities (22%) were more likely to report needing lunch compared to girls without disabilities (14%). This gap was bigger among boys, with 25% of boys with disabilities reporting that they needed lunch compared to 5% of boys without disabilities.



GIRLS were twice as likely than **BOYS** to need **lunch** that they usually received at **school** but were **not longer getting 13% vs 7%**

- A higher proportion of households with only male adults were more likely to report facing food insecurity crisis (66%) according to the Reduced Coping Strategies Index. This was lower for households with only female adults (44%) and households with both female and male adults of both genders (43%).

Implications for policy and practice

- Ensure families whose children (especially girls) received school meals before schools closed have other ways of accessing food, for example through vouchers for local shops, in-kind items, take-home rations, centralised socially-distanced food distributions or cash transfers.¹¹

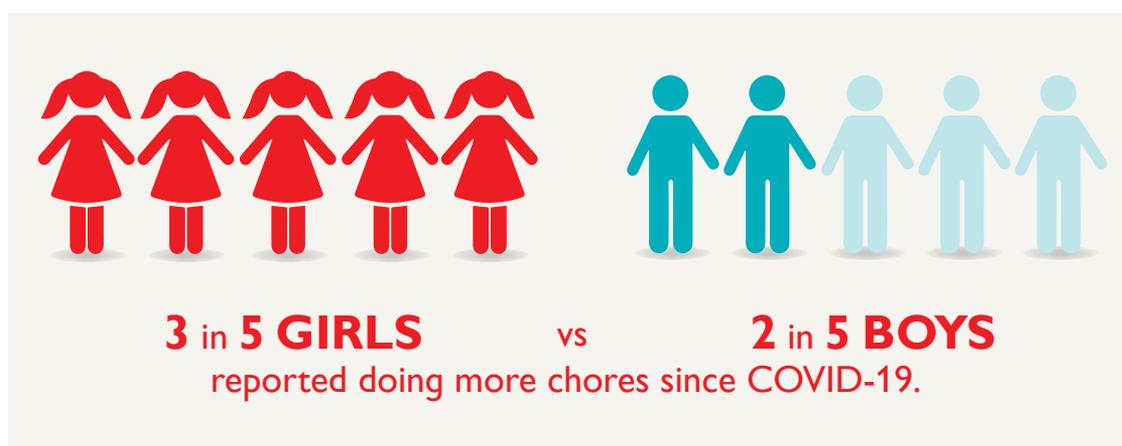
11. WFP (2020), 'WFP and UNICEF Joint Response to COVID-19'. <https://www.wfp.org/school-health-and-nutrition>.



HOUSEHOLD DIVISION OF LABOUR

Key findings

- More than 3 in 5 girls (63%), compared to 2 in 5 boys (43%), reported that they spend more time on chores than they did before COVID-19. This gender-based gap is widespread by country and particularly pronounced in countries such as Dominican Republic, Sierra Leone, Lebanon, Ethiopia, Egypt and Albania.



- Just over half (52%) of girls versus 42% of boys reported increased caring duties for siblings and others since the start of the COVID-19 pandemic.
- Girls were twice as likely (20%) as boys (10%) to report household chores as an obstacle to learning.

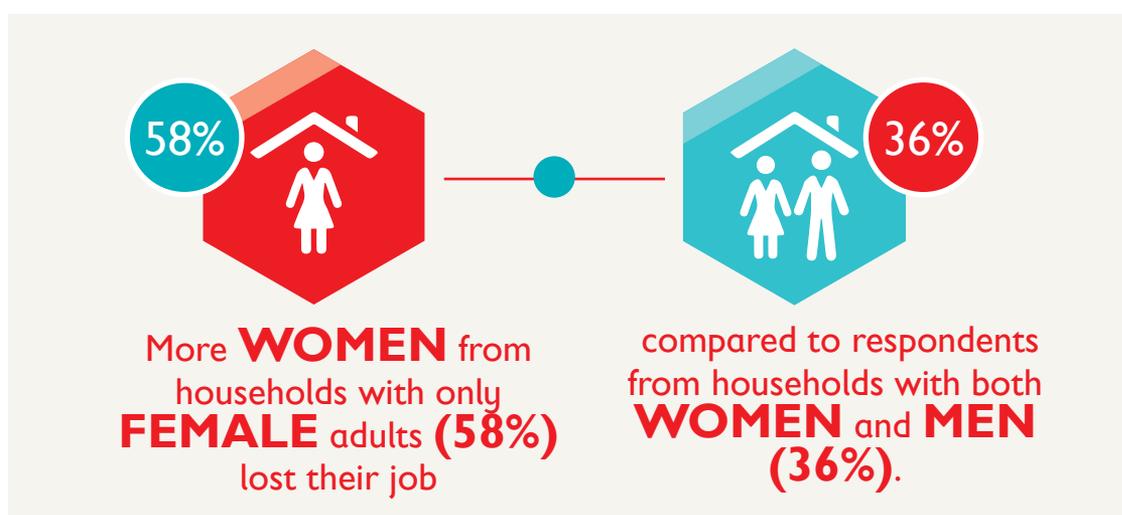
Implications for policy and practice

- Work with families through proven behaviour change and social norms change approaches to promote gender equality and encourage more equitable distribution of household labour during and after COVID-19, including promoting task-sharing between girls and boys and involving men in household unpaid work and as equitable caregivers. This may also mean incentivising education through cash transfers, school feeding and take-home items.¹²

ECONOMIC SECURITY

Key findings

- A higher percentage of female caregivers (55%) compared to male caregivers (46%) reported losing more than half of their household income and a higher percentage of female caregivers (68%) compared to male caregivers (61%) reported needing money or vouchers.
- Among households that lost income, a higher proportion of respondents from households with only female adults reported losing their job (58%), compared to those from households with both female and male adults (36%).



- A higher proportion of female caregivers (40%) reported needing job/employment support, compared to male caregivers (35%). This was most pronounced in urban areas, where 53% of female caregivers, compared to 47% of male caregivers reported needing job/employment support.

Implications for policy and practice

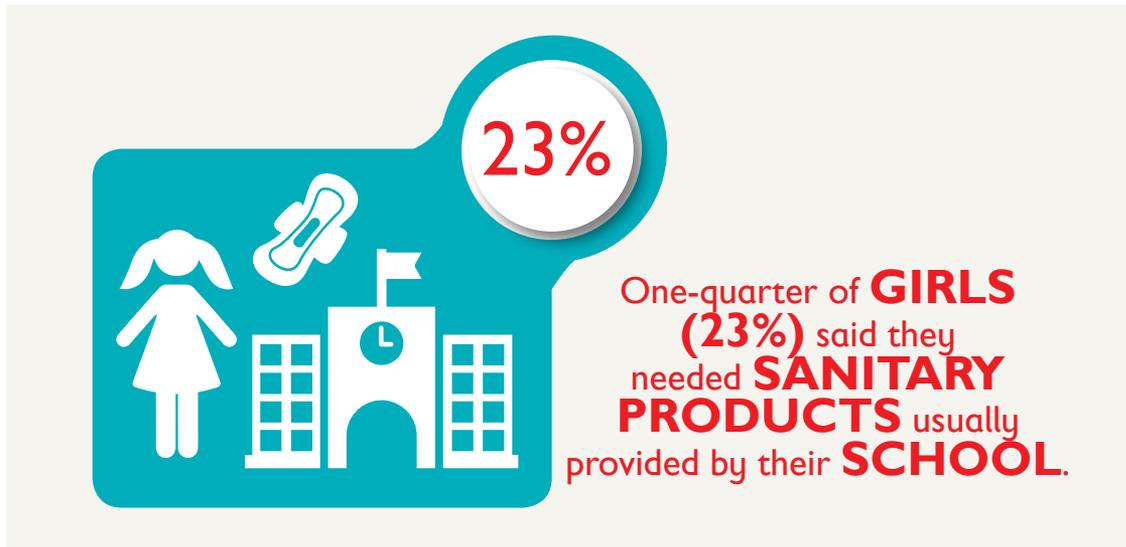
- Address household economic insecurity through gender transformative social safety nets, such as Universal Child Benefits or, where markets are not functioning or where social safety nets are not effective, equitably providing in-kind items and food for the poorest households, redirecting funds from delayed/cancelled programme activities towards cash transfers working with local governments and businesses to develop plans for returning to work, and linking poorer families to COVID-19 response activities through paid opportunities (e.g. food deliveries, making phone calls, etc.).

12. Sperling, G. and Winthrop, R. (2016), What Works in Girls' Education: Evidence for the World's Best Investment, Brookings Institution.



Key findings

- Overall 23% of girls said they need sanitary products they would normally receive at school.



- Caregivers in households with only male adults (68%) were twice as likely to report needing sanitisers and soap than those in households with only female adults (32%) and households with both female and male adults (42%).
- Less than half the number of caregivers in households with only female adults (44%), compared to only male adults (88%), reported being able to provide their child with chronic health condition or disability with their regular healthcare since COVID-19.
- A higher proportion of caregivers of girls with disabilities (38%) needed yet could not access in-person healthcare compared to those of girls without disabilities (23%).
- A higher percentage of caregivers of girls with disabilities (13%) needed yet could not access mental health services, proportion to those of girls without reported disabilities (8%).

Implications for policy and practice

- Ensure continuity of health services in communities, including sexual and reproductive health services, recognising that diverting resources towards COVID-19 may have disproportionate negative consequences for girls, especially girls with disabilities who may have particular health needs.¹³ This may include promoting phone-delivered health services, ensuring clear communication to girls about where health services can be accessed during COVID-19, and implementing phone outreach to girls needing regular health treatment/support.
- Develop alternate delivery approaches to ensure girls who receive sanitary pads at school can still access these during school closures, through providing larger quantities of sanitary pads in socially-distanced distributions, providing vouchers or including sanitary pads in existing deliveries to households.¹⁴

13. Smith (2019) 'Overcoming the 'Tyranny of the Urgent': Integrating Gender into Disease Outbreak Preparedness and Response', Gender & Development, 27(2): 355-369.

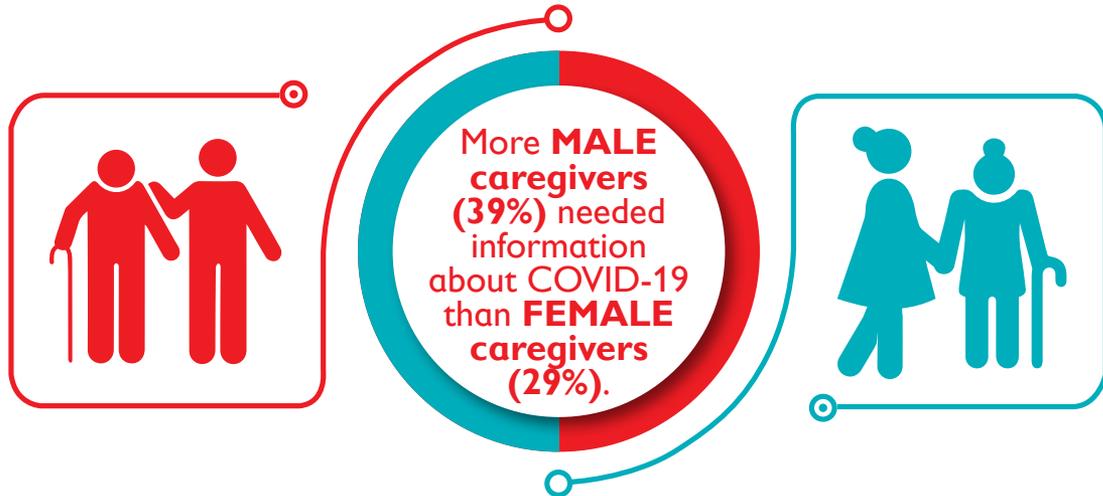
14. UNICEF (2020), Mitigating the Impacts of COVID-19 and Menstrual Health and Hygiene.



CAREGIVING PRACTICES

Key findings

- Male caregivers were more likely to report needing information about COVID-19 (39%) compared to female caregivers (29%). The difference is slightly higher in rural areas, with 42% of men needing COVID-19 information compared to 29% of women. This may reflect gender roles, particularly women's responsibility for maintaining hygiene and care.



- Female caregivers reported higher rates of positive parenting compared to male caregivers (80% vs 74%). They were more likely to report being involved in their children's everyday activities (35% vs 25%), especially female caregivers with disabilities (38% of women compared to 18% of men with disabilities) and female caregivers in urban settings (37% of women compared to 15% of men).

Implications for policy and practice

- Intentionally engage men on COVID-19 hygiene and positive parenting to address gender norms that relegate hygiene and caregiving to women. This may include running separate sessions on COVID-19 and positive parenting for men, implementing gender transformative parenting curricula with social distancing and sharing COVID-19 and parenting messages with men by phone/SMS.





SOCIAL NETWORKS

Key findings

- Girls report more frequently that they are not in touch with their friends at all (55%) compared to boys (45%).



**55% of GIRLS Vs
45% of BOYS** were
not in touch with their
FRIENDS at all.



- Disability status affected children's interactions with friends during the COVID-19 outbreak, although the gender gap between girls and boys remain: only 25% of girls with disabilities were reported by caregivers to keep in touch with friends compared to 41% of girls without disabilities, while 31% of boys with disabilities keep in touch with friends compared to 50% of boys without disabilities.



Implications for policy and practice

- Address gender division of labour in the households, which results in girls being more responsible for unpaid care work and having less time for relaxation, time with friends, and play. This may mean using gender transformative behaviour change and social norms change approaches to encourage more equitable distribution of household labour during and after COVID-19, and intentionally addressing social norms and stigma that limits the ability of girls and boys with disabilities to engage in play activities.

INTERNET ACCESS

Key findings

- A similar proportion of boys (79%) and girls (76%) report knowing how to stay safe online.
- Among households who had internet access, a significantly lower proportion with only a male caregiver (27%) were aware of the risks and knew how to keep children safe online, compared to households with only a female caregiver (76%) and households with both female and male caregivers (71%).



One-quarter of **MALE caregivers** from households with only **male adults** Vs three-quarters of **FEMALE caregivers** from households with only **female adults** knew how to keep their **children safe online**.

- Female caregivers with disabilities reported the highest rates of needing internet access for children's home learning (14% compared to 7% of male caregivers with disabilities, and 9% for parents/caregivers who did not report having a disability).

Implications for policy and practice

- Support the use of digital technology at home (including for learning). This means addressing the 'gender digital divide' by supporting girls' access to mobile devices and helping them improve their digital literacy.¹⁵

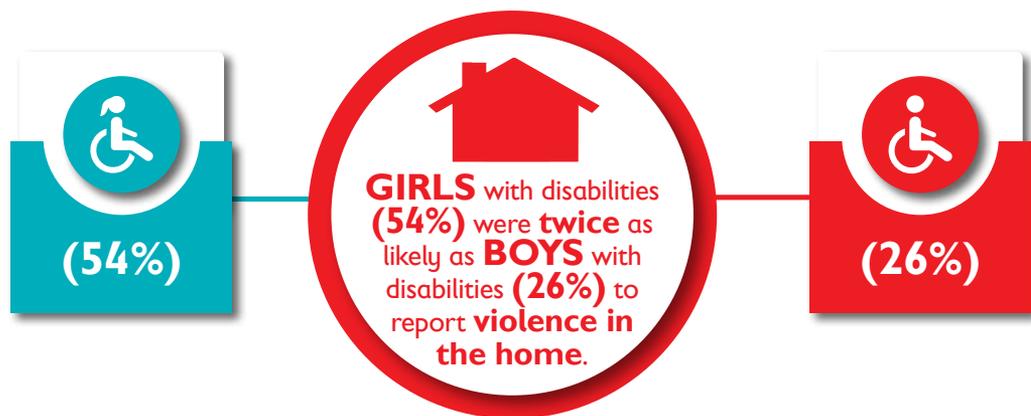
15. EQUALS and GSMA (2018), 10 Lessons Learnt: Closing the Gender Gap in Internet Access and Use.



VIOLENCE

Key findings

- Surprisingly, a similar proportion of girls (17%) and boys (16%) and female (20%) and male (17%) caregivers reported violence in the home (against adults or children). However, it should be noted that the survey did not reveal who in the household the violence was directed against or who perpetrated it.
- The intersection with other factors highlighted gender differences: child-reported witnessing/experiencing violence was significantly higher among girls with disabilities (54%) compared to girls without disabilities (15%), and higher among boys with disabilities (26%) compared to boys without disabilities (15%).



- 10% of caregivers of girls with disabilities reported needing but not having access to domestic violence services compared to 5% of caregivers of girls without disabilities.

Implications for policy and practice

- Advocate for the continuation of domestic violence response services during COVID-19 (including specialist services for child survivors), instead of resources being diverted towards the pandemic as has already occurred in previous disease outbreaks. This means implementing remote case management for survivors of violence, ensuring trained healthcare workers continue screening for violence during routine appointments and manage disclosures (including clinical management of rape) and referrals – even if by phone. The role of healthcare workers in screening for girls and boys with disabilities is particularly important as these children may already be receiving regular health assistance due to their disability. Shelters or safe houses should ensure children can be accompanied by a trusted adult. Helplines for violence survivors should continue to operate; in settings where web-based helplines or smartphone apps are used, these should be able to be accessed inconspicuously.¹⁶ In the longer-term, working with families, community leaders and religious leaders can be a strategy of ensuring community-based responses if further lockdowns and quarantines occur. Working with parents of children with and without disabilities to promote positive parenting strategies is also vital.¹⁷
- Ensure clear communication with communities – especially subsets of communities who might not usually get information about violence, such as children – about services available for survivors of violence during COVID-19. This may involve using SMS and communicating through virtual/printed materials from schools and conducting direct outreach by phone to girls and boys with disabilities so that they are aware of services.

16. Inter-Agency Standing Committee (2020), Identifying and Mitigating Gender-based Violence Risks within the COVID-19 Response.

17. Bhatia, A. et al., (2020), 'COVID-19 Response Measures and Violence Against Children', Bulletin of the World Health Organisation, 98: 583-583A.



MORE INFORMATION

This Evidence to Action Brief provides a summary of key gender-related findings from Save the Children's Global Research Series on The Hidden Impact of COVID-19 on children, available at: <https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series>.



ADDITIONAL RESOURCES

Burgess, M., Qaiser, M.H., Thiyagarajah, S., Arlini, S.M., and Sulaiman, M. (2020), The Hidden Impact of COVID-19 on Children: Research Design and Methods. Save the Children International, London. <https://resourcecentre.savethechildren.net/library/hidden-impact-covid-19-children-global-research-series>.

COVID-19: Gender Equality Matters, Save the Children. <https://resourcecentre.savethechildren.net/library/covid-19-and-gender-equality>

Five Actions for Gender Equality in the COVID-19 Response: UNICEF Technical note <https://www.unicef.org/sites/default/files/2020-03/Five-Actions-for-Gender-Equality-in-the-COVID-19-Response-Technical-Note-2020.pdf>

COVID-19 Resources: Gender Data, Gender, and Data, Data2X. <https://data2x.org/resource-center/gender-and-data-resources-related-to-covid-19/>





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