Gendering the Ebola Outbreak: Connecting the Missing Dots

Ebola is indeed a great scare. News coverage of the outbreak, which has included sensational and heartbreaking stories of bodies of Ebola patients left to rot in the streets, clashes brought about by resisting quarantine, and narratives that have bluntly declared that there is "no end in sight" to the outbreak have indeed painted a picture of impending doom. As of 4 September, the virus has resulted in 1841 deaths in the three worst Ebola-hit West African countries of Liberia, Sierra Leone and Guinea since its outbreak in March, according to the latest update from the WHO issued that day. On 29 August, 2014, Senegal confirmed its first case of Ebola while Nigeria has reported 21 cases and 7 deaths. Despite advice from the World Health Organization against travel bans, in an apparent scramble to fight the seemingly unstoppable outbreak, the list of countries that have issued travel bans from the three Ebola-hit countries is growing, currently including Kenya, Botswana, Zambia, and South Africa. The travel restrictions and other related business consequences directly linked to the outbreak provokes the rhetorical question of exactly what impact the outbreak has had on the livelihoods, psychological, physical and economic well-being of the impacted individuals and communities. Others are wondering about the socio-political and economic stability of the West African community as a whole.

The outbreak has brought to the fore discussions about the ethics of experimental therapies and the inequalities of access to them; the investment required to control the outbreak, and measures the public should take to avoid contracting the virus. Missing from the discussions were the disproportionate effects the outbreak has on women in Liberia, Sierra Leone and Guinea. Why should there be a special focus on women, some might ask? It is fundamentally important to think about all the interconnections and knock on effects for the region-and particularly for women! The much needed discussion entails analysis of several situations, facts, including the invisible and undervalued realm of the care economy and the realities of the lives of female headed households.

The care economy is the notion that women of all ages perform unpaid reproductive chores for husbands, brothers, sons and the broader family that is critical to household members' ability to sustain basic daily consumption. Congruous with cultural expectations of female altruism, care work, which tends to be time and drudgery-intensive, is not necessarily associated with increased entitlements. While economists who analyzed the notion of care work focused on the effect it has on women's choice of compatible income earning opportunities, social exchanges, and their possibilities for acknowledging their own needs for rest and

leisure, the Ebola outbreak has shifted this discourse. Care work, in this context, does not only have implications on women's economic opportunities, but on their very survival. In a recently published piece covering the Ebola outbreak in Liberia, a Ministry of Health official stated that women constitute a whopping 75% of Ebola deaths in the country; gender disaggregated data is nonexistent in the case of Guinea and Sierra Leone, although it would not be surprising if the percentages are similar or worse to that of Liberia.

Women's greater susceptibility to the Ebola virus is not a new finding. In fact, research conducted by the World Health Organization (WHO) in 2007 reported that:

> In the 2001–2002 [Ebola] outbreak that occurred in the Congo and Gabon, more men than women were infected during the early stages of the outbreak, a situation that was reversed during the later stages of the outbreak. In contrast, the number of female cases exceeded the number of male cases for the duration of the outbreak of 2000–2001 in Gulu, Uganda.

The report does not offer explanations for these differences in the disease's epidemic curves, however, admitting that the reasons for these differences "are not well understood". The lack of understanding as to why women are predominantly affected by the outbreak outline the need for research that interrogates female and male behavior during outbreaks of deadly diseases. The aforementioned article which broke the news that women constitute 75% of Ebola deaths rightly emphasized that Ebola's weakest link is the human need to show compassion and care-love. Given that health infrastructure is stretched to its limits in the three aforementioned countries- two of which have gone through protracted conflict thereby impacting on their health care capacities. In these three countries it is the social expectation that women compassionately become the safety net for much-needed healthcare, putting their very lives at risk to care for ailing family members. There is anecdotal evidence in the WHO study mentioned above that men in Congo have deliberately used the social expectation that women care for the sick to their favor, explaining that they avoided contacting Ebola, during the 2003 outbreak of the disease in the country, by "making sure" that women took care of the sick (page 29).

Women's roles as economic providers for their families also place them at a great risk for contracting the virus. According to the often difficult to find statistics on female headed households, 30% of households in Liberia are headed by women (2009); 22% in Sierra Leone (2008), and 17% in Guinea (2012), according to World Bank statistics. According to the Liberian Demographic Health Survey (2007), Liberian women are disproportionately clustered in the least productive sectors with 90% employed in the informal sector or in agriculture, compared to 75% of working men. Research in Guinea has shown that the load of family and professional activities on women translates to 15 to 17 work hours a day. In addition, women's work is made more onerous by the lack of tools, the low degree of processing of food products, and the

distances to water points and sources of firewood.

The latter statistics converge to point to the phenomenon of the ghettoization of female labor into "feminized" professions, where they tend to remain in lower job categories than men. Typically, because these functions are carried out by women, they are the lowest paid, in addition to offering limited or no opportunity for advancement. Concentrated in the informal sector, in economic activities that do not provide health insurance or the resources that enable them to take precautions against the virus might also be another factor behind the outbreak's disproportionate effect on women.

The Ebola outbreak has also underlined the traditional focus on humanitarian responses, and the oversight to incorporate a human rights perspective in the context of "natural" disasters. The latter perspective has been significantly missing in the response of the three West African countries to the outbreak, which has largely featured bringing the military to the fore in responding to the crisis. In Sierra Leone, for example, President Ernest Bai Koroma sent soldiers to screen people entering Freetown for Ebola symptoms, stirring up memories of the military presence during the civil war. In Liberia, armed forces have reportedly been given orders to shoot anyone trying to illegally cross the border from neighboring Sierra Leone. The country's police has reportedly fired live rounds and tear gas to disperse crowds that tried to break an Ebola quarantine imposed on their neighborhood. The Peace and Security Council of the African Union has also decided to deploy a joint AU-led military and civilian humanitarian mission to curb the spread of Ebola. As the disease spreads in three countries that have witnessed complicated and protracted armed conflicts, there is little discussion of the effect that militarizing the response to the disease is having on the imaginations and psyche of the citizens due to issues regarding the trust that citizens of those countries have towards their militaries, and thus to their responsiveness to disease control measures.

Distrust of the military (the outsiders) has been illustrated in the attack on a health Center in Liberia by young men chanting, "No Ebola in West Point!" who, among other things, attacked the center to "free" patients who were receiving care at the center. In an interview with Mustapha Turay, an administrative assistant at Sierra Leone's Tonkolili District College of Health Sciences, he opined that,

> *"The presence of the military and police needs to be scaled down in order not to give the impression that Ebola victims are criminals".* - Mustapha Turay

In Guinea, residents of Nzerekore, the country's second-largest city, rioted after the market was sprayed with disinfectant in a bid to halt the spread of the virus, health workers and the hospital in Nzerekore attacked by a crowd shouting, "Ebola is a lie".

If the effect that militarization is having on the general population is rarely discussed, the effect that militarization is having on the women in the three West African countries is nonexistent.

Relatively nothing is known of the treatment the women are receiving at military checkpoints, for example, which often serve as hubs for sexual harassment and violence.

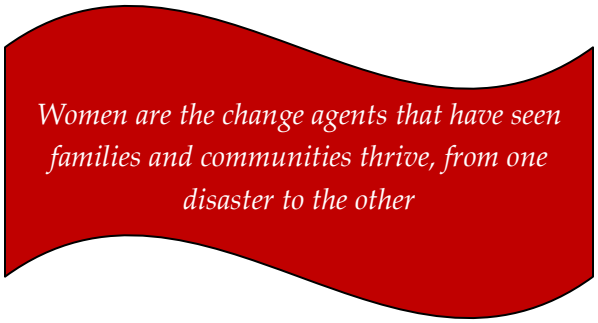
UAF-Africa is conscious of the glaring lack of gendered responses to disasters on the African continent. As we have never encountered a situation that requires individuals to literally lock themselves in for protection; in which women's care taking responsibilities and economic disparities are becoming lethal, our responses must urgently be innovative. These must start with speaking up on the issue; through ensuring women's voices are elevated, that women are not seen as victims but as first and rapid responders and women's rights defenders and leaders lending their expertise and experiential knowledge on the situation. It is imperative that women's rights and gender perspectives need to be urgently integrated into national and international policies and multidisciplinary responses are being drawn up from across the board to counter the spread of the disease. As humanitarian organizations are taking the time to speak with actors (who are not authorities nor experts), including traditional healers, and raise their awareness on how they are susceptible to an infection, the same focus must be placed on women, as they are in close proximity with patients in every household. Messages must be tailored to mothers, sisters, wives, and partners on how to approach family members who contracted the virus in a manner that helps them protect themselves.

UAF-Africa is reaching out to our sisters and known women's rights defenders across West Africa, who are implementing initiatives that will be of vital importance to curbing the spread of the disease, including women's groups that are forming informal coalitions in Sierra Leone and Liberia to reach out to populations among the hardest hit cities and rural areas to carry out sensitization campaigns. Most importantly, UAF-Africa realizes that the epidemic constitutes new territory for feminist action in the three most affected West African countries. Indeed according to UAF-Africa partner Councilor Yvette Chesson-Wureh, of Liberia's Angie Brooks International Centre (ABIC) For Women's Empowerment,

> *"We did not know how to respond and had to quickly improvise and set up our own disaster management system. We have a learning curve and will make mistakes, but we are doing the best that we can with our extremely limited resources both human and financial."*- Yvette Chesson- Wureh

Recognizing the importance of learning from the experiences of women across the continent, and helping in the sharing of this learning, we are also working to share the good practices introduced in the Congo, in October 2003, in which health education meetings which targeted women on how to protect themselves while caring for the sick were very useful in halting transmission. Seeing that research into the economics of outbreaks is almost nonexistent, UAF-Africa will support feminist oriented research initiatives that will further enrich our understanding of the care economy and the characteristics and challenges facing female headed households when experiencing life

altering emergencies. In reaching out to women's rights groups in the West African countries, we also came across great initiatives by individual women to help the worst-struck cities. Among these are Munje Foh and Jo Dunlap. Jo visited Kenema, one of the hardest Ebola-hit cities in Sierra Leone, and documented the challenges facing health care workers in supporting the communities in Kenema. Jo relays the stories of handshakes that have been replaced by a brush of the elbows, health care workers who witnessed the death of their co-workers and their attempts to make the best out of a crumpling healthcare infrastructure. After publishing her account on her personal blog, it was seen by Munje Foh, a Sierra Leonean-American, who launched a crowd sourcing campaign that raised $3580 in less than 50 hours. Continents apart, Munje and Jo successfully cooperated to coordinate the delivery of much-needed supplies to Kenema Hospital. It is stories such as that of Munje and Jo that UAF-Africa is interested to draw attention to, as they showcase the critical leadership roles that many invisible women who are agents of change are playing to to support the containment of the outbreak. UAF-Africa stands ready to support women implement alternative solutions that they believe are needed in their localities. At UAF-Africa, we believe women know the solution to their challenges-they have the natural instinct to lead, networks, the indigenous knowledge to cope with disasters and therefore with the resources they need; women are the change agents that have seen families and communities thrive, from one disaster to the other.



We must also take the time to express solidarity to our sisters in Sierra Leone, Guinea, and Liberia whose everyday work and activism encountered great hindrances that we know virtually nothing about. In so doing, we will start by acknowledging that they are, not just facing a "natural" disaster, but a disaster to women. We salute their bravery in the face of illness and death; we applaud their sense of leadership to restore hope and human dignity in situations of untold heartbreak and distress.

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