

# CORONAVIRUS OUTBREAK IN CAMEROON GENDER IS **NOT** A SIDE ISSUE!



Taking a gender perspective of the COVID-19 outbreak affecting Cameroon is not a luxury – it's essential to a safe public health response for all. Disease outbreaks affect women and men, girls and boys differently, due to sex but also to pre-existing gender inequalities. Girls, boys, women and men are all exposed to different risks given the different roles they play in families and communities. The gender inequalities that existed before the coronavirus crisis also mean that they will have different coping capacities and distinct abilities to recover. Understanding these differences is essential for creating effective and equitable interventions for everyone.



**Women are eventually more likely to be infected by the virus**, as they predominantly care for children, the elderly and sick members of the family<sup>1</sup>. Similarly, girls, who are drafted into care duties, are more likely to be exposed than boys. In the case of COVID-19 with the elderly being particularly at-risk and schools temporarily closing, this places additional pressure on women's workloads as well as their health.

As most of the workers in the health and social sector are women<sup>2</sup>, they will be placed at particular risk due to their contact with, and care for, persons with COVID-19.

## What humanitarian actors should do

- ❖ Pay attention to social, cultural and gender norms: Power dynamics and gender roles within the family and the community influence women's and men's vulnerability to infection, exposure, care seeking and risk-taking behavior, and possibility of accessing treatment. Consider also how multiple forms of discrimination, such as poverty, disability, ethnicity or sexual orientation, can create different forms of vulnerability among groups of women and men. This will help you tailor messaging that target those at risk.
- ❖ Develop communication tools that are understandable to all, translated into local languages and suitable for people with low literacy levels. Communication products should be adapted for people with disabilities and for older people.
- ❖ Provide specific advice and support to those who won't be able to isolate due to the necessity of maintaining their livelihood. Also, women may not be able to avoid close contact with those they care for. Such support includes the provision of cash, water and soap, etc.
- ❖ Provide specific advice for men on how to support as care takers and the necessity of doing so for the entire family and community's health.

## What health actors should do

- ❖ Collect and use sex and age-disaggregated data to understand how COVID-19 impacts individuals differently. This information will allow developing adequate prevention measures as well as care and treatment protocols.
- ❖ Provide priority support to female health workers on the frontlines of the response, ensuring they equally access protective equipment. They should benefit of flexible working arrangements for those with a burden of care or of support for child and elderly care.



**The coronavirus crisis will have economic effects on women's and men's lives, with all people experiencing unemployment, underemployment, and loss of income; though with men and women experiencing it differently.** Quarantine measures, by reducing livelihood activities, will increase poverty rates and exacerbate food insecurity. As women do most of the informal and unpaid care at home, this will limit their work and economic opportunities. Women are also primarily employed in informal, low-wage activities that are highly prone to disruption during public health emergencies<sup>3</sup>.

## What food security actors should do

- ❖ Understand how the outbreak has differential effects on women and men in terms of economic impacts, food security and nutrition.
- ❖ Develop responses, such as economic empowerment interventions and/or cash transfers, that will mitigate the economic impact of COVID-19. Provide targeted economic support to women. Ensure they have a meaningful voice in shaping the socio-economic decisions taken locally.



Violence against women and girls is a preoccupying reality in Cameroon<sup>4</sup>. **Rates and severity of domestic violence, including sexual violence, will likely surge as tension, in relation to the pandemic, rises**<sup>5</sup>. Stress, alcohol consumption, and financial difficulties are all considered triggers for violence in the home, and the quarantine measures likely to be imposed will increase all three<sup>6</sup>. Economic hardship won't allow women to fulfill their responsibilities for procuring and cooking food for the family, causing household tensions and increasing risks of violence. Mobility restrictions (social distance, self-isolation, extreme lockdown, or quarantine) will also increase survivors vulnerability to abuse and need for protection services. Escape will be more difficult as the abusive partner and/or parent will be at home all the time. Accessibility of protection services will decline if extreme lockdown is imposed or if public resources are diverted.

Increased poverty may also force families to take their children, particularly their daughters, out of school to work, potentially leading to increases in transactional sex or to child marriages.

## What humanitarian actors should do

- ❖ Recognize that the home may not be a safe place for some girls and women. It may, indeed, increase exposure to domestic violence. Sexual violence, survival sex and sexual exploitation and abuse may also be on the rise;
- ❖ Circulate protection from sexual exploitation and abuse Codes of Conduct and remind staff of the need to comply with them.

## What protection actors should do

- ❖ Liaise with GBV service providers in affected areas to update referral pathways and reflect changes in available services. Strengthen and fill gaps in the provision of local survivor-centered referral systems and services.
- ❖ Explore possible options to provide support to those who can no longer access services (e.g. combine public health education or health outreach initiatives with GBV prevention and response activities, hotline, etc).
- ❖ Disseminate information about the GBV resources and services that are available
- ❖ Monitor how the crisis is affecting children, particularly adolescent girls, in terms of workload, education and protection risks, including survival sex, early pregnancies and child marriage. Develop responses helping to mitigate such risks.

<sup>1</sup> Globally, women perform 76.2% of the total hours of unpaid care work, more than three times as much as men. In Cameroon, women spend an average of 8.2 hours more per week than men on unpaid household tasks (UN Women).

<sup>2</sup> Data from across 104 countries, WHO. <https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WPI-2019.1-eng.pdf?ua=1>

<sup>3</sup> [https://www.care.org/sites/default/files/gendered\\_implications\\_of\\_covid-19\\_-\\_full\\_paper.pdf](https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf)

<sup>4</sup> In the country, 43.2% of women in union are confronted with domestic violence. 39.8% and 14.5% respectively face emotional and sexual violence. Overall, 56.4% of women in union experienced at least one of these forms of violence (Annuaire Statistique MINPROF; CARE & PLAN International).

<sup>5</sup> Rights activists in China, reported that domestic violence cases have risen dramatically as people across much of the country have been quarantined during the Coronavirus outbreak

<sup>6</sup> <https://www.theatlantic.com/international/archive/2020/03/feminism-womens-rights-coronavirus-covid19/608302/>



While women's socially prescribed care roles typically place them in a prime position to identify local outbreak trends, and solutions, there is a genuine risk they will remain **excluded from community-level decision-making processes**, and governance structures that shape the COVID 19 response strategies. Being disproportionately called to care for the ill -and thus putting themselves at risk - their exclusion from decision spheres also comes at the risk of leaving their needs largely unmet.

#### What humanitarian actors should do

- ❖ Prioritize women's participation and ensure they are in a decision-making position for outbreak preparedness and response: Given their care giving and nursing role, women are well placed to exercise local surveillance, helping signal the start of an outbreak. Incorporating women's voices and knowledge at all stages of the outbreak preparedness and response will allow understanding how different categories of the population are affected. It will also ensure their specific needs are taken into consideration.
- ❖ As social norms and gender roles often restrict women's ability to participate in decision-making processes, explain to the female and male community members why women's meaningful participation and representation is critical to an efficient response.



As a result of existing crises, Cameroon is confronted with a high maternal mortality rate and an increasing number of adolescent pregnancies<sup>7</sup>. With the COVID-19 outbreak, **access to sexual and reproductive health services and products will eventually become increasingly challenging**: Scarce resources may be diverted to the outbreak response, with a shortage of health professionals, contraceptive products and financial resources to support SRHR services<sup>8</sup>. Quarantine and lack of financial means may further enhance barriers to accessing contraception, increase the risk of unplanned pregnancies, particularly among adolescents. Reduced access to maternal health services would have a detrimental effect on maternal mortality<sup>9</sup>.

#### What health actors should do

- ❖ Ensure there is a continuity for the provision of life-saving sexual and reproductive health and rights services during the crisis. In line with the Minimum Initial Service Package for SRH in Crisis-settings<sup>10</sup>, this includes but is not limited to access to contraception, emergency obstetric and newborn care, clinical management of rape, syndromic management of STIs including continued access to ARVs for people living with HIV.



While the government is advising that people regularly wash hands and self-isolate, there are limitations for the people living in IDP sites, refugee camps as well as informal settlements. **Overcrowded shelter conditions and lack of access to water supply and sanitation facilities can greatly increase the spread of coronavirus**. Meeting the recommended hygiene measures will bear a cost on displaced and refugee girls' and women's workload, who are in charge of water provision and hygiene maintenance. This will combine with increased nursing responsibilities of sick family members, due to a morbidity on the rise.

#### What humanitarian actors should do

- ❖ Adapt your messages to IDPs and refugees, who may not be able to fully follow recommended measures, due to their overcrowded living conditions and to the fact they have limited access to water and soap.
- ❖ Ensure that community engagement teams are gender balanced.

#### What WASH actors should do

- ❖ Ensure that girls, boys, women, and men, including older people and those with disabilities have access to appropriate and safe WASH services;
- ❖ Give priority to girls (particularly adolescents) and women's participation in the consultation process, ensuring that they have a predominant voice about the location and the design of water and sanitation facilities.
- ❖ Conduct campaigns targeting men, boys and girls about the role they should play in hygiene maintenance and hygiene promotion to limit the spread of the virus.



<sup>7</sup> 596 death per 100,000 live births in 2016 (<https://data.worldbank.org/indicator/SH.STA.MMRT>). The birth rate among adolescent girls, aged 15 to 19, is 105.8 births per 1,000 girls. <http://hdr.undp.org/en/composite/GII>

<sup>8</sup> <https://www.guttmacher.org/article/2020/03/covid-19-outbreak-potential-fallout-sexual-and-reproductive-health-and-rights#>

Depletion of SRHR services can be deadly; During the Ebola outbreak in Sierra Leone, more women died of obstetric complications than the infectious disease itself: <https://www.theatlantic.com/international/archive/2020/03/feminism-womens-rights-coronavirus-covid19/608302/>

<sup>9</sup> <https://www.tandfonline.com/doi/full/10.1080/13552074.2019.1615288>

<sup>10</sup> <https://www.unfpa.org/resources/what-minimum-initial-service-package>