

Women locked in care cycle as COVID-19 diverts funds

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Health inequalities facing women and girls, already stark before the onset of COVID-19, have widened glaringly during the pandemic. Lockdowns restricted access to sexual and reproductive health services,

increased violence against women, and interrupted girls' education.

This threatens to push 47 million [women](#) and girls into extreme poverty, according to the UN.

Added to this, says Aïssatou Diawara, technical advisor for the Global Institute for Disease Elimination (GLIDE), funding for neglected [tropical diseases](#) (NTDs) has been cut and access to malaria treatment stalled, with particular implications for women and girls.

Diawara says policymakers and researchers must put [gender](#) at the center of efforts to tackle these diseases in the COVID-19 era.

What are some of the challenges in achieving gender equity when it comes to global health goals?

Gender inequity remains one of the most pervasive challenges in global health and development. With gender equality now an explicit goal of the 2030 Agenda for Sustainable Development, recent years have witnessed a surge in efforts to ensure equal opportunities for men and women. But huge gender inequities still exist in the countries where diseases of poverty, including NTDs and malaria, are endemic.

NTDs affect more than 1 billion people globally. Women and girls are disproportionately affected. Young girls, for example, often have to drop out of school to look after [sick] family members, limiting their long-term educational opportunities and job prospects.

Similarly, recent analysis by researchers from the Swiss Tropical Health Institute and Columbia University found that women spent four times the number of days compared to men doing unpaid childcare due to malaria cases in the household.

What do you mean by a gender equity approach to disease elimination?

A [gender equity](#) approach to disease elimination means fairness in addressing the different health needs of people according to their gender. But more than that, [it] recognizes that there are differences between the sexes and that resources must be allocated differentially to address unfair disparities.

For example, women face particular disadvantages compared to men when it comes to neglected tropical diseases (NTDs), including the impacts of hookworm and schistosomiasis infection on women's reproductive health outcomes. Prevention and treatment of these diseases must be designed with these considerations in mind if we are to tackle gender inequities.

How much do you think COVID-19 has set back progress on this?

Disruption from the COVID-19 pandemic has exacerbated gender inequities in health.

[Research](#) [published in 2020] shows that since the start of the pandemic, more diagnostic tests have been developed for COVID-19 than for all 20 NTDs in the last 100 years. NTD funding is being cut due to shrinking economies and reductions in international assistance or the diversion of existing funding toward control of the pandemic.

This means there is less funding being channeled into NTD prevention and control programs. Without [this], women and girls remain locked in a cycle of caring for affected [family members](#) and relatives, stifling their socioeconomic prospects.

The pandemic also impacted access to malaria treatment. The World

Health Organization's recent Malaria Report recorded an estimated 241 million malaria cases and 627,000 malaria deaths worldwide in 2020—14 million more cases in 2020 compared to 2019, and 69,000 more deaths.

While this data has not been disaggregated by gender, [pregnant women](#) are three times more likely to suffer from severe disease as a result of malarial infection compared with their nonpregnant counterparts and have a mortality rate from severe disease of almost 50 percent.

How can policymakers and researchers build gender equity into their processes?

Policymakers and researchers must apply a gender equity lens to disease design and delivery to help improve service delivery for women and girls. To do this effectively, the global health community must develop integrated approaches to disease elimination.

NTD programs must engage with other health programs related to maternal and child [health](#) services that can provide information to girls and women about disease prevention and treatment. We're already seeing evidence of this integrated approach being rolled out. Kenyan scientists, for example, have introduced locally made testing kits for COVID-19 and malaria.

We also need to explore different treatment methods. For example, several NTDs, including onchocerciasis and lymphatic filariasis, are treated through mass drug administration with ivermectin and diethylcarbamazine citrate. But these drugs are not considered safe for pregnant women to take (for ivermectin, there is insufficient evidence on the safety profile of the drug during pregnancy). So, we must explore different treatment methods so that pregnant women can access safe and effective treatment.

Researchers must prioritize low- and [middle-income countries](#); apply a gender and intersectionality lens; include sex- and gender-disaggregated data, and include the social care workforce. Research must go beyond describing the gender inequities to also evaluate the impact of interventions that take gender into account.

What has been your experience of working as a woman in global health and what advice would you give others going down this path?

During my graduate studies and early career as a scientist in genetics I never felt any discrimination as a woman. In fact, female doctoral students made up the majority in the lab where I did my Ph.D. at McGill University. I found it very much inspiring to be surrounded by passionate, dedicated, and brilliant young women. Similarly, when I started as an early career researcher, I also observed the same trend.

However, I quickly realized that gender parity was achieved at junior positions but gradually decreased as you advance in your career. Working in the field of science and development is highly competitive and to be very successful you may have to compromise with your personal life. Yet women often choose to balance their career and personal life. It could be challenging but it is still possible to reconcile both especially if working and personal environments are supportive.

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