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THE EMERGENCE OF COVID-19 PRESENTS THE NEED TO ADDRESS THE EXACERBATED STRUCTURAL GENDER INEQUALITIES BEYOND THE PANDEMIC

The emergence of the COVID-19 pandemic provided the world with the platform to address gender inequalities. Yet during pandemic, people were kept on lockdown at home and critical everyday activities were halted as part of efforts to curb its spread. This study found that over 1 billion children and youth were out of school, resulting in learning impairments for kids, particularly those from low-income families. Approximately 94% of the world's employees live in nations that have work closures. With the global economy plummeting by 5% in 2020, and without steps to protect the most vulnerable, the number of people living in severe poverty rose by 96 million in 2021. The pandemic and its economic ramifications have had a regressive influence on gender equality. This study argues for the continuing need to address structural gender inequalities and women's issues.

Keywords: COVID-19 pandemic, Gender, Inequalities, marginalization, women's issues.

1. INTRODUCTION

The emergence of the COVID-19 epidemic was a major shock to various communities and economies, highlighting society's reliance on women both on the front lines and at home. This reveals the systemic disparities in many areas. According to the UN Women (2020a), "responding to the pandemic is not just about rectifying long-standing inequalities, but also about building a resilient world in the interest of everyone with women at the centre of recovery". As the COVID-19 pandemic launched and wreaked havoc on people's lives and livelihoods, throughout the world, its economic ramifications are having a regressive influence on gender equality. The emergence of the global pandemic of COVID-19 in early 2020 arose with more than 25 million verified cases of infection and more than 846,000 deaths as of August 2020 (United Nations, 2021). As a measure to curb the spread of the virus during COVID-19, people were kept on lockdown at home and critical everyday activities were halted as part of the efforts made by the governments.

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Over 1 billion children and youth are out of school (UN Women, 2020b), resulting in learning impairments for kids, particularly those from low-income families. Approximately 94% of the world's employees live in nations that have work closures (UN Women, 2020a). With the global economy anticipated to collapse by 5% in 2020, and without steps to protect the most vulnerable, the number of people living in severe poverty is expected to rise by 96 million in 2021 (Enaifoghe, 2021a). The virus is spreading at an alarming rate over the world, and the worst may be yet to come unless immediate action is made to identify and combat its widespread impact. The issue of gender inequity does not just affect women alone. It is a predisposition, whether explicit or inherent, to obstacles that could hinder both education and employment, and wage disparities hurt communities and cripple the economic landscape.

This study believes that one of the pathways to success provides a unique way to address long-standing difficulties by training young men and women with functional skills and competencies while using a gender-sensitive viewpoint. The study is qualitative in nature which primarily relies on secondary sources for data collection and thematically analysed the data based on content. The study is divided into the five following sections that are derived from the thematic analysis of the available data; women's predicament amid the COVID-19 pandemic; the emergence of COVID-19 pandemic; the immediate health impacts; the effect of the COVID-19 pandemic; need to address structural gender inequalities; conclusion and recommendation.

2. WOMEN'S PREDICAMENT AND THE FIGHT AGAINST THE COVID-19 PANDEMIC

Since the first reported case of a novel corona COVID-19 outbreak in Hubei province, China, in December 2019 (Ikwegbue, Enaifoghe, Maduku, Agwuna, 2021), infection cases have since then escalated in China and distributed to all the continents, placing serious health burden and economic challenges to the global world leading to the World Health Organisation (WHO) declaring it as a global pandemic on the 11th of March 2020 (Mahler, Laknerr, Aguilar, Wu, 2020). Consequently, South Africa on the 23rd of March 2020 implemented a nationwide lockdown that was effective from the 26th of March 2020 till the 16th of April 2020, which was subsequently extended to curb the spread of the virus (Ikwegbue et al., 2021). Due to strict measures that restricted human movements and economic activities, this, however, possess serious economic challenges because most of the local businesses were closed down which greatly reduced the GDP contribution of the local market as a shock.

No doubt the current global pandemic (COVID-19) has been a tremendous shock to all human societies and economies, highlighting society's reliance on women both from the front lines and at home, while also revealing systemic inequities in the health sector to the economy, security to social protection. The COVID-19 epidemic is causing widespread consternation, with varied consequences for men and women. as stated by (OECD, 2020a). Women are fighting COVID-19 on the front lines, and the crisis is having a significant impact on women. Women confront additional burdens (Enaifoghe, 2021a). The epidemic has had and continues to have a significant impact on the health and well-being of many vulnerable populations (Enaifoghe, Idowu, 2021; OECD, 2020b), and women are disproportionately affected. Men who have caught COVID-19 have a 60–80% greater mortality rate than women, as the pandemic spreads over the world (OECD, 2020a).

Women are at the frontline of the fight against the pandemic because they make up over 70% of the healthcare workers, putting them at a higher risk of infection (Ikwegbue et al, 2020). While they are under-represented in the healthcare sector's leadership and decision-making processes. Furthermore, because of the ongoing gender inequities in many aspects, "women's employment, businesses, wages, and overall living standards may be more vulnerable than men's to the anticipated widespread economic fallout from the crisis" (Enaifoghe, 2021b). Globally, more older women live alone on low salaries, putting them at a larger risk of economic instability (UN Women, 2020c). According to the OECD Development Centre's Social Institutions and Gender Index, women do up to 10 times as many household tasks as males throughout the world (SIGI).

The study highlights some of the major issues that women are facing as a result of the ongoing COVID-19 epidemic, and it suggests early initiatives that governments may take to limit negative implications for women and society as a whole. Many of these policies affect both men and women, but special consideration must be given to decreasing rather than increasing existing gender inequities (Enaifoghe, Maramura, Ndlovu, 2021).

3. COVID-19 – RELATED ECONOMIC EFFECTS AND GENDER INEQUALITIES

The existence of gender inequalities can make women vulnerable to COVID-19 – related economic effects. Even though the crisis has had a detrimental impact on most people's lives and careers, data demonstrate that women's jobs and livelihoods are particularly vulnerable to the COVID-19 epidemic. The size of the disparity is startling as estimated in this study with several female job loss rates owing to COVID-19 being roughly 1.8 times higher than male job loss rates internationally, at 5.7 percent against 3.1 percent. Based on statistics and trends from unemployment surveys in the United States and India, where gender-disaggregated data are available. However, the statistics on unemployment show that women make up about 54% compared to men of the overall loss of employment to date. Similarly, before COVID-19, women made up 20% of the workforce in India; their share of job losses due to industry mix alone is estimated to be 17%, while unemployment surveys indicate that they account for 23% of overall job losses (Gorlick, 2020).

The nature of labour remains largely gender-specific: in both mature and emerging economies, men and women tend to concentrate on distinct occupations (Hensvik, Barbanchon, Rathelot, 2020). This, in turn, alters the pandemic's gender implications, as this study suggests that female jobs are 12% more likely to be affected by the epidemic. Statistically, an estimated 4.5 percent of work and employment of women is at risk globally due to the pandemic, compared to 3.8 percent of men's employment, based only on the industries in which men and women engage (Enaifoghe, 2021a). The reason for this is that women outnumber males in three of the four most impacted industries, as assessed by worldwide employment reductions. Women hold 54 percent of worldwide positions in lodgings and food service, which are among the worst-affected sectors by the crisis. About 43 percent of jobs in retail and wholesale commerce (Enaifoghe, 2021a), these jobs include about 46 percent of jobs in other services, including the arts, entertainment, and public administration (Enaifoghe, 2019).

Examining labour-market impacts and other characteristics of six countries – France, India, Indonesia, Kenya, Nigeria, and the United States – we discover that this labour market. Enaifoghe and Maramura (2019), indicated that women, for example, are

disproportionately represented in industries that are more affected by COVID-19 than males in Nigeria, but the converse is true in France. In the United States, the gender difference is less pronounced. As previously stated, industry mix and labour-market details account for just one-quarter of the gender disparity insensitivity to job losses during the epidemic. What causes motivate the remaining three-quarters? One significant cause is the burden of unpaid care, the need for which has increased significantly throughout the epidemic. Women are on the front lines here; women perform an average of 75% of all unpaid care work around the globe, including childcare, elderly care, cooking, and cleaning. In certain places, such as South Asia and the Middle East and North Africa (MENA), women perform 80 to 90 per cent of unpaid care work.

According to the findings of this study, the proportion of women engaged in unpaid care work has a high and negative correlation with female labour-force participation rates (Ewinyu, Shedi, 2022). The effect also has a moderately negative correlation with women's chances of working in professional and technical jobs (Enaifoghe, 2018), or assuming leadership positions. Similar findings have been discovered in other studies (Enaifoghe, Khoalenyane, 2018). It is not surprising that women have dropped out of the workforce at a higher rate than can be explained by labour-market dynamics alone (Basset, 2020). Earlier research on the influence of long-term automation trends on employment showed that automation affects the nature of work (Enaifoghe et al., 2021).

4. THE PANDEMIC WIDENED GENDER AND SOCIO-ECONOMIC INEQUALITIES

The impacts of the emergence of the COVID-19 pandemic have widened the gender gap and expanded the socio-economic inequalities. The crisis repercussions are seldom gender-neutral, and COVID-19 is no exception. While men are said to have a greater mortality rate, the economic and social consequences disproportionately affect women and girls (Enaifoghe, 2021a; Yu, 2018). Women are losing their jobs at a quicker rate than males because they are more exposed to hard-hit economic sectors. According to a new study commissioned by UN Women and UNDP, by 2021, about 435 million women and girls would be living on less than \$1.90 per day, with 47 million falling into poverty as a result of COVID-19 (UNPD, 2020).

It is crucial to remember that the consequences are not just economic. The diversion in funding to pandemic response is impeding women's access to sexual and reproductive health services. Reports of violence against women have surged over the world as prevalent stay-at-home mandates force women to remain with their abusers, often with deadly results (Enaifoghe, Dlelana, Durokifa, Dlamini, 2021). With more people at home, the strain of unpaid care and household work on women and girls has risen, literally pushing some to the breaking point. Women and girls are more vulnerable in areas already afflicted by systemic poverty, racism, and other types of discrimination (Enaifoghe, Idowu, 2021; Enaifoghe, 2021a; Jalnapurkar, Allen, Pigott, 2018).

Further information is required to fully comprehend the implications of COVID-19. As the COVID-19 epidemic exposes gender and other long-standing inequalities, the scarcity of data leaves many concerns unresolved. The breakdown of statistics on cases, fatalities, and economic and social effects by gender, age, and other relevant variables – such as ethnicity and race, migratory status, handicap, and wealth – is critical to comprehending the pandemic's disparities.

5. THE HEALTH IMPACTS OF COVID-19 ON THE PRE-EXISTING GENDER INEQUALITIES

According to the statistics, men account for a small majority of confirmed cases (53%), a pattern found across all age categories except the oldest (85+), while women account for 63% of reported cases (APTA/EBP, 2020). This gap may be explained in part by social norms around masculinity, which make men more inclined to participate in dangerous behaviour and less likely to seek health treatment. Ladies' longer life expectancy and proclivity to marry or cohabit with older males implies that many elderly women live alone. Others reside in long-term care institutions, which may increase their infection risk.

The social isolation and loneliness that come with incarceration are likely to damage physical and mental health in both cases. Many questions, like the global distribution of verified deaths by sex and age, remain unsolved (Australia Department of Health, 2020). Case records in many nations are not complete, and other countries only test and report on severe instances. According to the scant statistics available, men have a greater case fatality ratio than women (Enaifoghe, 2021; Basset, 2020). However, as more disaggregated data becomes available and testing grows, it is critical to reassess the gendered implications of COVID-19, especially by analysing sex-disaggregated fatality statistics.

Other research¹ developing evidence suggests that disadvantaged and marginalised groups are particularly prone to COVID-19. In the United States, data from New York City suggest that Black and Latinx persons had much higher COVID-19 mortality rates than white and Asian people (Chernick, Copeland and Reschovsky, 2020). Data from England and Wales in the United Kingdom indicate comparable differences in gender, race, and ethnicity (CDC, 2022, Federation of Canadian Municipalities, 2020; UK Government, 2020). These discrepancies in infection and fatality risks mirror pre-pandemic economic and social inequities, such as inequalities in living circumstances, such as poor quality and overcrowded housing, and a higher probability of working in insecure and low-paying occupations. Inequalities in access to health care, as well as a higher proclivity for underlying health issues, exacerbate these disadvantages.

5.1. Prioritizing Sexual and Reproductive Health Services

The increase in COVID-19 cases is putting a burden on even the most modern and well-resourced healthcare systems. Europe and North America have an average of five hospital beds per 1,000 inhabitants, while Sub-Saharan Africa has an average of just 0.8 hospital beds per 1,000 people (CNN Brazil, 2021). With resources dedicated to combating the epidemic, and individuals frightened of obtaining normal medical treatment due to financial constraints, many people are ignoring other health-related problems. According to UN Women's fast gender assessment surveys, at least half of women in need of family planning services in four out of ten European and Central Asian countries have had significant difficulties accessing them since the epidemic began (Deloitte, 2020).

The UN on policy brief on women noted that in Asia and the Pacific, 60% of women say the epidemic has made it more difficult for them to visit a doctor (United Nations, 2020). Although data and research are scarce, preliminary evidence suggests that COVID-19 has both direct and indirect impacts on maternal mortality, with some estimates putting the figure as high as 56,700 more maternal deaths (Federation of Canadian Municipalities, 2020). Despite the burden placed on healthcare systems by the epidemic, governments must guarantee that healthcare services remain safe and that regulations are in place to protect the sexual and reproductive health of women, girls, and their babies. To bring these

challenges to the forefront, it is critical to include women's voices and leadership in global health and emergency response decision-making.

6. THE EFFECT OF COVID-19 PANDEMIC IS LEADING TO EXTREME POVERTY

A faltering economy, job losses, and a lack of social protection are likely to force an extra 71 million to 135 million people into extreme poverty, reversing years of a steady drop in poverty rates. New economic estimates by gender and age, commissioned by UN Women and UNDP and developed by the Pardee Centre at the University of Denver, put the amount at over 96 million individuals, 47 million of whom are women and girls (Hantoushzadeh, Shamshirsaz, Aleyasin, Seferovic, 2020). The effect, which takes into account negative revisions in global economic growth, will be substantially bigger if the crisis is not brought under control in time for regular economic operations to resume.

The increased care costs, a delayed recovery, or reduced public and private investment in services – such as education or childcare – may exacerbate the effects for women, forcing them to exit the labour market permanently. The consequences will exacerbate severe poverty in places such as Central and Southern Asia, and by extension, Sub-Saharan Africa (home to 87% of the world's extreme poor) would suffer the greatest rise in extreme poverty. As a result of the pandemic, an extra 54 million and 24 million individuals are living below the international poverty line (Iacobucci, 2020).

The anticipated rise in poverty in South Asia as a result of the pandemic's economic ramifications highlights the vulnerability of women and girls living in homes that have only recently been able to escape poverty. The pre-pandemic female poverty rate in this region was forecast to be 10% in 2021, but it is now likely to rise to 13% (HM Treasury, 2021). Furthermore, before the pandemic, forecasts for the area predicted that by 2030, South Asia will be home to just 15.8 percent of the world's impoverished women and girls. According to updated forecasts, that percentage is now 18.6 percent (World Bank, 2020). The effect of a pandemic is also seen to be broadening the existing gender poverty gaps against women. The pandemic's revival of poverty also threatens to widen gender poverty gaps, particularly among adults aged 25 to 34, a critical product and family formation time for both men and women.

In 2021, it is anticipated that there would be 118 poor women for every 100 poor males worldwide, with this ratio rising to 121 poor women for every 100 poor men by 2030 (UNDP, 2020). Not all regions are projected to follow the same path (World Bank, 2021). While Sub-Saharan Africa and South Asia will be the most affected, women will be affected far more than males in South Asia (UN Women, 2020b). There will be 118 poor women for every 100 poor males in the 25-34 age bracket, and that ratio will rise to 118 poor women for every 100 poor men in that age range "in the region and that ratio will increase to 129 women for every 100 men by 2030" (UNDP, 2020).

6.1. Eradicate extreme poverty through investments and policies

Women outnumber men in poverty, and addressing the gender poverty gap must be a critical component of a larger poverty-eradication plan. According to a policy simulation analysis based on the International Futures Model (Enaifoghe et al., 2021). Governments could lift over 100 million women and girls out of poverty if they implement a comprehensive strategy aimed at improving access to education and family planning, fair

and equal wages, and expanding access to health care and social transfer. The use of a gender lens in the creation of economic stimulus packages and social assistance programmes is critical for creating a more successful, egalitarian, inclusive, and resilient society (Enaifoghe, 2018). Aside from the fact that tackling structural inequalities goes beyond lost employment and lower wages, the epidemic has worsened 'time poverty' for many women (Enaifoghe et al., 2021).

Before COVID-19, women performed roughly three times as much unpaid care and household labour as males throughout the world (Enaifoghe, 2021b). As schools, nurseries and childcare centres closed, families, particularly women, began making drastic adjustments in how they spent their time. More bodies at home mean more people to feed and care for, frequently without the assistance of others, heightening tensions and straining household resources. Many women have found themselves balancing additional unpaid care labour while dealing with lower income and, in some circumstances, attempting to conduct full-time paid employment in overcrowded families. Single moms experience considerably greater stress since they have no one to share the care load and are more likely to work in low-paying, vulnerable jobs. According to cross-country statistics from UN Women's quick assessment surveys, both men and women report an increase in unpaid care and household labour as a result of the epidemic (UN Women, 2020a).

While males report doing more, women continue to perform the lion's share of this labour – with serious consequences for their "physical and mental health", as well as their ability to work for a living. Research shows in Asia and the Pacific region, about 66% of women experienced mental health impacts because of COVID-19, compared to 58% of males (UN Women, 2020b). Care responsibilities are exacerbated by gaps in fundamental services. Safe drinking water, sanitation, and hygiene are critical for safeguarding human health during a pandemic. Approximately 4 billion people worldwide do not have access to proper sanitation facilities, and 3 billion do not have access to clean water and soap at home. The lack of these fundamental services increases women's unpaid obligations, especially if they must care for ailing family members.

Women are compelled to gather water from crowded communal pumps in slums and slum-like environments with high population density, increasing their exposure to the virus. This is particularly true in rural areas, where women are typically in charge of fetching water and fuel. As the situation worsens in developing nations. Millions of people are abandoning cities (which are viewed as epicentres for COVID-19) and returning to rural regions, adding to women's unpaid care and domestic workload (UN Women, 2020b). The emergency response plans must consider the issues that populations without access to water and sanitation confront in both rural and urban contexts.

7. THE NEED TO ADDRESS STRUCTURAL GENDER INEQUALITIES

In crises, when resources are stretched and institutional capacity is restricted, women and girls bear enormous burdens with far-reaching repercussions, which are exacerbated in circumstances of vulnerability, conflict, and emergency. Hard-won victories for women's rights are also jeopardised. It is no secret that COVID-19 has had and continues to have disastrous effects on every aspect of life in communities across the world, with women and girls bearing a disproportionate share of the burden. Certainly, reports show that across Africa, women and girls have faced the weight of the pandemic, as the virus has worsened

pre-existing gender disparities, exposing significant flaws in safety, physical and mental health, education, family obligations, and employment possibilities.

Despite COVID-19 number of deaths in Africa having indeed been unexpectedly low, the virus has severely disturbed the lives of women as decades of progress toward women's rights and gender equality in Africa have begun to unravel. Simultaneously, African women and girls play crucial roles in addressing COVID-19, including those of primary health care professionals, carers at work and home, and community workers and the local community. Women should be at the centre of COVID-19 reconstruction and development because of their susceptibility and leading positions amid the current global pandemic. Due to various existing social conventions, African women and girls have traditionally undertaken the brunt of family care tasks, such as childcare, household chores, and caring for the poor, sick, and frail in their families and community at large.

Indeed, well before the global outbreak, women and girls held enormous obligations for their families and communities, having to bear four times the number of unpaid jobs like caregiving services and domestic labour as males. Statistics show that in Kenya, women spend approximately 11.1 hours a day on any care job, as opposed to 2.9 hours for men. There was indeed a need to relieve women's burdens from unpaid work by modifying gendered power standards in the homecare sector, as well as establishing flexible work arrangements and higher remuneration for women. Improved social service supply would relieve women having care duties and provide them ample time for paid professions and personal life.

Despite massive employment and wage losses because of COVID-related financial constraints, women and girls remain the most disadvantaged. Similarly, about 92 percent of employed African women work in the informal sector, where they lack job stability and benefits. Amid lockdown conditions and in the availability of social welfare, informal employees have been forced to choose between breaking the lockdown and jeopardizing both their safety and legal ramifications or going without pay. However, while the COVID-19 virus caused millions of African children and women to lose their employment, food, and health care, the truth is that this was a pre-existing situation long before the epidemic. Developing an integrated public transformation and providing support to disadvantaged individuals well after the crisis would also go a long path toward safeguarding and protecting individuals and families, especially women. Simultaneously, supporting women in both small and large enterprises will improve the economic and financial well-being of families and their household economies.

7.1. The outbreak of coronavirus has exacerbated the epidemic of issues of gender violence

The outbreak of coronavirus has exacerbated the epidemic of issues of gender violence, there is an increase in rape in Nigeria and South Africa child sexual assaults and forced prostitution in Kenya (Enaifoghe, 2021). This section presents the author's assumptions and findings and conclusions from other studies, where the author's viewpoint is emphasized throughout. Even before the emergence of the COVID-19 outbreak, one in every three women in the world had suffered physical and emotional abuse, mostly at the hands of an intimate partner (Enaifoghe and Idowu, 2021). Africa wasn't any different. Now, the outbreak of coronavirus and attendant lockdowns have led to economic stress and instability, the difficulty to flee abuse, social exclusion, overcrowding, and a reduction in support systems.

The data emanating from developing sources reveal an upsurge in calls to victims of domestic violence hotlines in various African countries since the beginning of the pandemic. For example, in Kenya, demands for aid against domestic abuse spiked by 34% within the first three months of the lockdown (Enaifoghe, 2019). South Africa and other parts of the continent have experienced similar developments. African governments must accelerate policy and non-policy initiatives to eradicate gender- and sexual-based violence (Enaifoghe et al., 2021). This is surely not a women's issue; but rather a global problem that requires immediate action, and men must be included in the conversation about ending such violence.

Governments and communities must also reconsider societal and cultural norms and behaviours that sustain violence. Perhaps more importantly, as laws and policies are enacted, it is critical to ensure that the reaction to violence is prompt and comprehensive. Furthermore, as COVID-19 swept the globe, everything altered. Countries, societies, and communities have been changed, political and social structures have been reformed, and new social systems have emerged all at breakneck speed (Enaifoghe, 2021b). The epidemic served as a huge revealer and amplifier of existing inequalities and injustices around the world.

Regrettably, despite the significant international research cooperation, geopolitical engagement in the COVID-19 dilemma has been desperately missing (OECD, 2021). Nevertheless, most African countries, as well as regional institutions (such as the African Union, Africa CDC, African Export-Import Bank, African Development Bank, and UNECA), moved quickly and with unity. Many projected that the very first wave of the COVID-19 pandemic would have a catastrophic effect in Africa as a result of the region's frail health systems and massively disadvantaged demographics with a high frequency of poverty level, anaemia, malaria, HIV/AIDS, and other diseases such as tuberculosis (TB), and, more recently, Ebola.

However, unified governance, swift implementation and adherence to countermeasures (including social distancing, isolation, and quarantine), nationwide lockdowns, and travel bans all culminated in infection cases incidence and fatalities being significantly lower than projected (OECD, 2021; Enaifoghe, 2021a). Rapid COVID interventions were premised on earlier experience in dealing with other epidemics in the past (Ikwegbue et al., 2020). Such as HIV and Ebola, in which communities played a critical role in strengthening frail health systems and ensuring that supplies and treatment reached those in the greatest need.

However, a concerning second phase of the pandemic has emerged in the region, with new variations and an increase in COVID-19 cases and deaths. South Africa now has the greatest number of COVID-19 infections in Africa. Despite having some of the worst HIV and TB rates in the world (Mabilo, 2018). Importantly, the pandemic is not only a health disaster; it also has significant societal and economic consequences. Indeed, the pandemic has the potential to push up to 40 million people into extreme poverty across Sub-Saharan Africa, with African women and girls bearing the brunt of the burden. Violence against women and girls is on the rise.

More than 70% of women are unemployed because they work in the informal sector as market sellers, street vendors, domestic workers, subsistence farmers, or in the service and hospitality industries (Mabilo, 2018). Across many countries, there were school closures, job loss, and supply shortages that force women to maintain their homes and communities together, often at their own expense (Enaifoghe, 2021b). Several African nations are now taking advantage of this situation for a "grand reset". However, such a shift necessitates

sophisticated managing of the complexity, vulnerability, and intensity across numerous fronts, notably emergency services, contingency planning, and long-term strategies for maintaining this change.

Nevertheless, the exacerbating structural gender inequalities around the world amid COVID-19. The current pandemic seems to be creating opportunities for individual governments to boost women's position and empowerment by allowing their involvement in politics, and public life. As the advent of COVID-19 has revealed and aggravated systemic inequities that disproportionately affect women, innovative ways are equally turning the epidemic into a great opportunity for the government to increase women's participation in their political affairs and public life.

7.2. Policy Implication for Government to deal with the pandemic's uneven impact on women

The question is how can governments effectively deal with the pandemic's uneven impact on women. Many researchers recognised the heightened awareness of the need for women's participation in all aspects of life, from the outbreak of coronavirus response preparations to Government, and emphasised the need to do more than that to promote universal gender equality. According to other findings, "COVID-19 has demonstrated how interrelated health, economic, and social issues are in our society," stated Jan Tinetti, New Zealand's Minister for Women. New Zealand, for its part, has reduced the gender leadership gap as women's leadership and engagement in public life have increased.

A 2020 modification to the Equal Pay Act would make it easier for women in male-dominated fields to be appropriately compensated for their work. Ethiopia's Minister for Women, Children, and Youth, Filson Abdulahi, stated that the government has responded to a pandemic-caused increase in incidents of child marriage and gender-based violence with efforts aimed at bringing perpetrators to justice and promoting gender equality and providing support services to victims.

A countrywide poll is currently being conducted to determine the present perceptions of women in decision-making and political leadership to establish measures to support women in the upcoming parliamentary elections. He emphasised increasing collaboration between the Ministry of Internal Affairs and the Women's and Gender Equality Division, stating that their efforts acknowledge the need of engaging their voices, skills, and experience in climate change action, disaster risk preparation, and response operations. Moving forward, an equivalent commitment must be made to reform regional and national political culture, social norms, and behaviours. Gender equality should indeed be pushed across both laws and policies.

8. CONCLUDING REMARKS AND RECOMMENDATION

Conclusively, the study shows that the impact of the COVID-19 epidemic remains a major shock to various communities and economies, as it highlights the society's reliance on women both on the front lines and at home, while also revealing systemic disparities in many areas. Given the cases of COVID-19 around the world, have since then escalated in China and distributed to all five continents, this, therefore, places a serious health burden and economic challenges on the global world, leading to the World Health Organisation (WHO) declaring it a global pandemic on the 11th of March 2020. To address women's

issues with gender and structural inequalities amid COVID-19, the study indicated the need for government to limit current and future income insecurity should be treated as a priority.

It is recommended that governments should consider broadening compensation to marginalized people and the unemployed, making on-time payments to affected workers, financially assisting insecure workers and families in staying in their homes, and ensuring that small business owners have adequate financial support to survive the crisis. Governments should give childcare choices to working parents in vital sectors such as health care to enable them to manage both job and caring duties. It should provide direct financial assistance to employees who need to take leave to care for children (or support companies that provide paid leave for this purpose) and alter telework and flexible work standards to allow workers to mix paid and unpaid work.

To assist women, victims of violent crime, who may face far more violent behaviour when confined at home with their abusers, it is recommended that the government agencies also must ensure that service providers collaborate, share information, and consider how to support victims when their means of communication may be closely monitored by the abuser with whom they live. Fundamentally, all of these economic and social policy solutions must be integrated into wider attempts to integrate gender in government responses to the crisis. In the near term, it entails applying a gender lens to emergency policy measures wherever possible.

In the long term, it implies that governments have a well-functioning gender mainstreaming framework in place, depending on quick access to gender-disaggregated evidence in all sectors and capabilities. To address the structural inequalities, policymakers must guarantee that all policy and structural changes intended for recovery are subjected to rigorous gender and intersectional analysis so that the disparities in impacts on men and women can be identified – and prepared for. This study assists governments and other key stakeholders in considering the pandemic's critical gender consequences and adopting policy initiatives.

To address women's issues with gender and structural inequalities, the study indicated the need for government to limit current and future income insecurity should be treated as a priority. It is recommended that governments should consider broadening compensation to marginalized people and the unemployed, making on-time payments to affected workers, financially assisting insecure workers and families in staying in their homes, and ensuring that small business owners have adequate financial support to survive the crisis

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