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THE AMERICAN UNIVERSITY IN CAIRO
الجامعة الأمريكية بالقاهرة

The Impact of Global Crises on Women: The Case of Covid-19 in Egypt

A Thesis Submitted by

Nour Ahmed Labib Dokhan

to the

**International Development Studies- Political Science
Graduate Program**

1st June 2021

In partial fulfillment of the requirements for the degree of

Masters of Arts

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Introduction

The year 2020 marked a milestone for gender equality, it is the 25th anniversary of the Beijing Declaration and Platform for Action for Gender Equality. Globally it was supposed to be a year for highlighting the achievements in gender equality since 1995, evaluating progress, and identifying major challenges. However, 2020 was hit by the Covid-19 Pandemic, which resulted instead in detrimental effects on women. The decline in global GDP growth is projected to be between 3% and 5.2% due to Covid-19, which is unparalleled (Cuesta and Pico, 2020). This pandemic is estimated to shrink the global economy by \$7.5 trillion, which is larger than the GDPs of the Middle East and Northern Africa (MENA), Latin America and the Caribbean (LAC) regions combined. It is also projected that 4 out of 5 people in global workforce are out of work due to the pandemic and 71 to 100 million people will fall into extreme poverty (World Bank, 2020).

Any global crisis is expected to affect every human being, but for women it is always twice as hard. In the case of Covid-19, women are more affected across every domain, from social protection to health, simply by the virtue of their sex (United Nations Policy Brief, 2020). Women are more likely to suffer more than men due to compounded economic impacts, especially in least-developed and developing economies. This is due to the fact that women are more likely to be employed in informal jobs that are insecure, not to mention working in jobs that are less likely to be undertaken remotely (WTO, 2020). For instance, women constitute 61.8% of informal workers in the Arab region, which will in turn result in unequal suffering (ESCWA Policy Brief, 2020). Globally, women and girls already take on disproportionate burden of unpaid work and caring for their families amounting to 76.2% of the total hours of unpaid work, which equates to more than three times as much as men (Global Gender Gap report, 2018). During a public health crisis such as the Covid-19, most women's

care burdens dramatically increase, as they now have to care for their elderly family members, the sick, and take on the responsibility of home schooling the children.

In addition to the deepened economic and social stress, gender based violence across the globe has drastically increased. At normal times, 1 in 3 women/girls are subject to gender-based violence, according to UN Women. Due to Lockdowns, the increment in gender-based violence is evident and largely reported around the world, where there is a 25% increase in some countries, while in others; reported cases have doubled. In France for instance, domestic violence reports have increased by 30% from the time of the lockdown on 17th of March (UN Policy Brief, 2020), while the percentage of reported violence in Egypt has increased by 19%, according to BASEERA (2020). These numbers only reflect the *reported* cases, and one can only assume the numbers are much larger as many women will struggle to report their partners/parents or seek help. In fact, only fewer than 40% of women who report experiencing violence or even seek any help, and only less than 10% of the women who gain the courage to seek help go to the police (UN Women, 2020).

The negative impact of this crisis is not surprising, as previous global crises have showed us. During the Global financial crisis of 2008-2009, women were much more affected by the economic constraints than men were, again because they are much more concentrated in the informal job sector (Horn, 2010). While in natural disasters, women are more vulnerable to the devastating impacts of these disasters as there are inequalities in access to resources, opportunities, and capabilities (Neumayer and Plumper, 2007).

This research explores the impact of Covid-19 on women, both economically and socially, with the focus on the case of Egypt. Egypt was selected as a case study as it has one of the largest populations of the Middle East experiencing economic hardships, and gender inequality is very persistent across all domains. Moreover, after the IMF restructuring plans

and the flotation of the Egyptian pound, the population were hit hard and many Egyptians fell even deeper under poverty line. In fact, According to CAPMAS, 33% of Egyptians live under poverty line increasing from 27.8% in 2015 and 16.7% in 2000, not to mention that 6.2% of Egyptians live in extreme poverty (CAPMAS, 2019). Moreover, this research comes at a time when half of population of 100 million Egyptians (women) are already marginalized economically, politically, and socially. Given the aforementioned facts, this research aims to investigate to what extent did Covid-19 impact women economically and socially in Egypt?

This thesis explores the systematic gender inequalities in the economic, social, and health spheres, and how this gender inequality and vulnerability has resulted in much worse consequences of Covid-19 than that of men. The primary research will focus on women in upper/middle classes, and will also aim to answer, as we emerge from this pandemic, how can we prevent it from excavating the existing gender inequalities? The research will be divided into six sections, the first section will highlight the effect of previous crises on women, while the second section will focus specifically on the effect of Covid-19 on women both economically and socially, the third section will examine the case of Egypt, and the fourth section will discuss the methodology, the fifth will highlight the data analysis of this research, and lastly, the sixth section will explore whether this pandemic can bring about gender equality by studying the Egyptian government's response plan to the pandemic.

Literature Review

This research comes at a time when women are already experiencing imbedded inequalities then came Covid-19, which exacerbated these inequalities. This section will be classified into 3 sections; first it will offer an overview of previous financial crises, specifically the financial crisis of 2008-2009, natural disaster, and health crises, and their effect on women both economically and socially. In the second section, it will examine the *global* social and

economic impact of Covid-19 pandemic on women. The third section, it will exhibit the case of Egypt to explore and understand more how Covid-19 affected Egyptian women.

Chapter I. Effect of Previous Crises on Women

From a financial crisis to a natural disaster, women and men experience crises in different ways. Generally, women are more likely to be disproportionately affected by crises due to the imbedded gender inequalities, which aggravate the shock (Walby, 2009). In the coming part, I will discuss two big events that took place in the last century, both financial and environmental.

1. Financial Crises

During financial crises, there is an apparent deepening of poverty to those who are already vulnerable. Financial crises are predominantly destructive to female employment due to the shaky status of women in formal employment, which is seen as less “essential” (Blanton, Blanton, and Peksen, 2019). Women can be more affected than men in areas ranging from employment, health, education, food, access to credit, housing, to other welfare aspects (Walby, 2009). Certainly, countries tend to reduce its spending during times of crisis and this is usually a plight to women’s health and education, not to mention negatively affecting their political participation as financial crises restrict women’s participation in politics (Blanton, Blanton, and Peksen, 2019). Even in best case scenarios, “women hold fewer assets, earn less, own a fraction of the world’s enterprises and are often denied more opportunities than men, even when they have the same or higher level of education” as Calardo (2017) eloquently stated. Furthermore, as an expected consequence of an economic recession, the loss of employment around the world lasts for several years even after the crisis. The financial crises

of 2008-2009 lead to a turbulence in women's work in three key areas: paid work, informal work, and unpaid work (Antonopoulos, 2009).

In the world of work, men tend to be dominant in sectors and occupations with higher wages, while women are predominantly present in services and lower-paid occupations. The financial crisis of 2008-2009 has reduced the global flows in products and services, consequently industries that were dependent on trade suffered tremendously. The gendered structure of the world of work in the developing countries has created two different worlds that receive financial shocks and deal with it differently. In developing countries, women constitute the larger share of agriculture, textiles and other export-oriented industries, and low-end manufacturing (Antonopoulos, 2009). This gendered segregation of employment results in women being more susceptible to economic shocks. In fact, there is a close connection between "vulnerable employment" and poverty, as vulnerable workers do not have any social and legal protection against economic downturns (Antonopoulos, 2009). While this affected both women and men according to their contribution in these industries, the majority of export-oriented industries consisted of women in developing countries (Walby, 2009). For instance, women comprise 78% of workers in Malaysia in the garment industry, in Bangladesh it climbs to 85%. In the Philippines women compose more than 50% of workers in electronics manufacturing (Buviniv, 2009). Accordingly, women's income was deeply hit by the crisis due to their concentration in export-oriented industries (Walby, 2009).

Moreover, the perceptions of employers to female labor aggravates the structured inequalities as many employers see women as secondary income earners, and in fact cited these misconceptions when they dismissed them (Blanton, Blanon, and Peksen, 2019). In the time of financial crises, employers are forced into eliminating worker or reducing their benefits. The majority of the layoffs are usually women as revealed by numerous research on financial crises in Europe, Southeast Asia, Latin America, and the Caribbean (Blanton,

Blanton, and Peksen, 2019). Female labor is likely to be the last hired as well, especially in traditionally male-dominated job occupations. In summary, they are the ones who lose their jobs first, and the ones hired at the very end, in most cases. This is linked to the socially enforced ideal positioning of women in the household, as a “social safety net. This is why many expect men to be the official breadwinner in the family, while women should care for the house and children (Detraz and Peksen, 2016).

On the other hand, women comprise the larger share of informal workers, especially in developing countries. Opposing to some assumptions, the informal economy does not act as a “cushion” in economic recessions (Horn, 2010). In fact, women are more likely to be sub-contracted workers and less likely to be a paid employee of informal enterprises in comparison to male informal labor force. This is due to the fact that women tend to accept lower paying and less regular/insecure jobs when employment opportunities are rare (Horn, 2010). Furthermore, the negative impact is also evident in women’s access to micro-credit financing, which is a main source to credit for women who operate small businesses. Which ultimately lead to a decline in small businesswomen’s income, and results in a greater impact on the wellbeing of families. It is argued that the well-being of a family is more affected when women’s income decrease much more than that of men, as women tend to spend their income on children and distributes her resources on the household (Ravallion, 2008).

The lingering effects financial crises is highlighted in Blanton, Blanton, and Peksen study “The Gendered Consequences of Financial Crises” (2019), that analysed the persistent effects of financial crises on women using 68 countries. Traditional macroeconomic theories predict that economic shocks, financial crises for example, are usually followed by a period of recovery, in which the output returns to normal. However, the financial crisis of 2008-2009 has proved otherwise. Many studies have showed that the developed world economies have not reached the potential level that was expected; in fact it is far below it (Blanton, Blanton,

and Peksen, 2019). The gendered impact of financial crises on women are also expected to persevere, and this can be attributed to the common maltreatment of female labor force and the low priority they are given in the world of work. The findings of the conducted found that financial crises are linked to lower female employment rates within countries, which supports that hypothesis stating the negative effects of financial crises. The higher the number of financial crises, the lower the number of female labor.

Additionally, the study also highlighted the impact of the financial crisis on women's education. The results from across 68 countries reveal that there is a connection between financial crises and women's educational achievements compared to men. Which supports the hypothesis that unfavourable socio-economic outcomes related to financial crises affect females more than males levels of education. In conclusion, the majority of research focusing on gendered impact of the financial crises, especially the financial crisis of 2008-2009, highlights the unequal effects women face compared to men.

Financial crises are not the only type of crisis that has disproportionate effects on women. Our environment has suffered tremendously in the last century; in the next part I will highlight some environmental disasters and their impact on women, with the focus on Hurricane Katrina in the US and The 2004 Tsunami.

2. Natural Disasters

Generally, the consequences of natural disasters are felt differently and disproportionately across countries and population. Indeed, gender and disasters literature suggest that women and men experience disasters differently. This is due to the fact that natural disasters have gendered impacts, as they tend to bring unequal suffering to women (Fisher, 2010). Several studies and reports shed the light on the effect of natural disasters on women. This has been manifested in ample of examples: in Bangladesh, women amounted to 91% of casualties

during the 1991 Cyclone (World Bank, 2012). After the fatal Indian Ocean tsunami in 2004, Indonesia and Sri Lanka recorded a high number of casualties. While in 2008, Myanmar recorded a 61% female casualty after the cyclone hit the country (Alagan and Seela, 2015). Murillo and Tan (2017) explain: “this high mortality rate is linked to systematic socioeconomic, cultural, and political marginalization of women during the onset of the catastrophic event”. Not to mention that these cultural and social norms prohibits women from practicing life-saving activities like swimming, which is critical during disasters. However, they are still expected to care for the children, elderly, and family properties like livestock (Murillo and Tan, 2010).

Additionally, women continue to experience other challenges that put their health and wellbeing at risk, such as domestic violence, rape, sexual harassment, and discrimination in hiring and promotion (Bradshaw, 2014). A number of factors can explain why disasters contribute to violence against women. Some argue that men frequently let out their anger, stress, and frustration by domestic violence and alcohol consumption. This applies not just in the case Tsunami, but also following Hurricane Mitch in Nicaragua and Honduras, increases violence and alcohol consumption were indeed recognized as coping mechanisms for men (Delaney and Shrader, 2000).

Several studies of various disasters across the developed world, mostly in the United States and Canada, expose the strong correlation between the increase of violence against women and natural disasters (Fisher, 2017). In 1997, the Red River floods in the US resulted in a spike in calls reporting violence against women and requests for protection, while their resources were reduced. Another study documented that following Hurricane Andrew domestic violence surged, the same goes for an earthquake in California, and a flood in Australia (Fisher, 2017). Not to mention that following Hurricane Mitch in Nicaragua and Honduras, domestic and sexual violence noticeable increased (Delaney and Shrader, 2000). Episodes of sexual

violence were also reported after the Cyclone in Bangladesh and domestic violence significantly rose as well after a volcano erupted in the Philippines (Fisher, 2017).

Fisher (2017) studies the case of Sri Lanka, following the 2004 Tsunami, where women and girls were subject to rape, physical, and sexual abuse. He mentions reports of a young woman who was raped by her “rescuer” after he saved her from the waves. Following the aftermath of the Tsunami, domestic violence reports amplified tremendously. Fisher explains: “the economic marginalization and lack of access to resources left women reliant on men and vulnerable to manipulation and sexual exploitation” (2017). Indeed, there were noticeable increases of child marriage (as young as 13 years old) after the tsunami, as men sought to replace their lost wives (Oxfam, 2005).

In conclusion, women’s increased vulnerability in disasters is a demonstration of the reality of our social system. Disasters hit the more vulnerable harder, and the individual’s vulnerability is embedded in social/unequal power relationships and is indeed determined by a lot of factors like gender, ethnicity, class, age, and disability (Fisher, 2017).

After discussing previous disasters and how women were affected, the next section will discuss the global pandemic of Covid-19 that we are still suffering from.

3. Health Crises

Global health emergencies are not a very widespread phenomena, but when it occurs it has devastating effects. On August 8th 2014, the Ebola Virus was declared as a global public health emergency, and women were on the frontlines of this disease. Female nurses represent the majority of the medical staff fatalities, not to mention that 75% of Ebola fatalities in Liberia were women, and in Sierra Leone they represented 59% (UN Women, 2014). The trend during this recent health crisis followed the same pattern of other health crises and even other types of crises like the aforementioned. Definitely, women were

disproportionately affected by the social and economic impacts of Ebola (Oxfam and UN Women report, 2015).

The Ebola virus had serious side effects on the whole population of infected countries -especially African countries- however these effects were multiplied when it came to women. This outbreak had affected basic important livelihoods and agriculture activities of most people in Africa, and the unemployment soared tremendously. In Liberia, unemployment rates went up from 18.8% to 56.2%, which led to a huge plight on many households (Oxfam and UN Women report, 2015). According to a World Bank survey that was conducted February 2015, 41% of household heads that were employed at the beginning of the outbreak have lost their jobs by the time of the research. The majority of them were women, due to the fact that the majority of women were self-employed due to lower levels of education and limited moneymaking skills. Women reportedly constituted most of employment in food businesses and selling of fruits and vegetables (42.6% of petty trade and 19.3% of food processing), which was highly affected, as people were afraid to eat in the streets as they can “contract the virus” (The Lancet, 2015). On the other hand, men were involved in businesses that mainly dealt with non-perishable goods such as currency exchange and managing shops and this enabled them to resume businesses activities and reopen immediately when it was permitted (Oxfam and UN Women, 2015).

Household savings were deeply affected, in fact proportion of household savings took a deep hit and diminished from 61.5% to 27.1%, as people used up their savings to support their families when they lost their jobs. While more men used up their savings (39.3%) than women (29.6%), more women have depleted their business capital and savings in order to cope with the economic hardships of Ebola and exhausted their future economic capacity and savings that managed their small enterprises (World Bank, 2015).

Furthermore, travel restrictions in Liberia for example, limited access to traders in key

markets which affected women tremendously as they constituted 70% of small-scale traders (Oxfam and UN Women). Men had access to financing in the midst of the outbreak through families (30.1%) or friends (40.9%), on the other hand, women often resorted to savings clubs (48.5%) or community based lending facilities- i.e. susu lending clubs- (23.4%). This resulted in men having more advantage in negotiating loans as family and friends are much more considerate about interest rates and ease up repayment plans, unlike savings and susu clubs that were deeply affected by the outbreak to begin with and constrained their access to financing (Oxfam and UN Women, 2015).

The effect of Ebola was not exclusively economic, but social as well, in fact gender based violence rates soared during the outbreak. The *reported* increase in violence constituted 32% in urban areas and 24% in rural areas, and different forms of violence like domestic, mental, and sexual violence, and rape took place. Moreover, in Liberia, there was a noticeable increase in child marriage during the outbreak (UN Women, 2015). Additionally, the care burden fell almost exclusively on women as the “feminized unpaid reproductive care economy” acts as a shock absorber in times of crises. This was/is the case in all crises as women indeed absorb the burden of care by depleting their energy, which often leads to direct, and indirect health impact on women (Harmen, 2016). Indeed, women absorb the households burden, in addition to performing their own jobs by “self exploiting” themselves, in order to cushion the blow of the crisis for their family members (Harmen, 2016).

The outbreak has also affected women’s health disproportionately and it was not just about the fatalities numbers, it affected maternal health as well. First, the access to reproductive and maternal health care had drastically worsened (The Lancet, 2015). During the outbreak, there were more than 1.3 million pregnancies estimated annually in Liberia, Sierra Leone, and Guinea (UNFPA, 2014) and under normal circumstances many

did not have access to maternal health and only 50% of deliveries were attended by professionals, during the outbreak these numbers have significantly increased (WHO, 2015). Second, women (as the primary caregivers) take care of infected individuals, which highly increase their risk of infection and contracting the virus. Liberian women for example suffered from psychological traumas due to the fear of passing on the virus to their families, as they are the sole carers of the infected. Additionally, women and girls were more exposed to infection in West Africa not just because they are caregivers, but also because of their role in burial rituals (World Bank, 2020).

Furthermore, women comprise the larger share of nurses globally, between 65% in Africa and 86% in the Americas, while doctors are disproportionately male, except in some European countries (World Bank, 2020). In turn, there is a hierarchal relationship between male doctors and female nurses that undermined the perspective of nurses, and even jeopardized their safety. In Nigeria, during the Ebola outbreak, nurses, birth attendants, cleaners in health facilities who are predominately females, were not provided the same protection equipment and gear as male doctors and other high-ranking officials in the hospitals (World Bank, 2020).

Examining previous types of crises reiterates the fact that in times of crises be it economic, natural, or outbreaks, women are the most affected as crises exacerbated problems that have existed all long, and the Covid-19 outbreak is no exception.

Chapter II. Global Impact of Covid-19 on Women

The current pandemic has lead to devastating effects around the globe. In this section, I will demonstrate the various economic and social effects on women, and I will also shed the light on the argument that covid-19 can actually lead to gender equality.

Economic Impact

The coronavirus has deeply transformed our everyday life, across the world. While there are devastating health implications on millions of people, the economic consequences that affected billions and ravaged economies are no less devastating. Unemployment rates have soared, whole industries have shut down, and schools and day cares are closed. As Clare Wenham, Assistant Professor of Global Health Policy, London School of Economics and Political Science has stated; “when you are thinking about a pandemic, you have to differentiate between what comes from being infected and what comes from being affected”.

The economic shock that resulted from the Lockdown and stagnation in economic activity will not affect everyone equally. These unequal consequences are not solely due to the shock of a new pandemic; it is a reflection of deeply imbedded inequalities and policy challenges, which were present even before the pandemic. The challenges include those that resulted from the last major economic crises in 2008-2009 (Blundel et al, 2020). Indeed, this pandemic is deepening pre-existing gender inequalities and exposed the vulnerabilities in social, economic, and political systems, in turn; magnifying the effects (UN Policy brief, 2020). According to McKinsey Global Institute in the report “COVID-19 and gender equality: Countering the regressive effects”, women constitute almost two-fifths of the global labor force, yet, they have experienced more than half of the total job losses resultant from the crisis. This means that women are 1.8 times more susceptible to the pandemic’s effect than men (2020). Furthermore, their analysis demonstrates that women-concentrated jobs have a 19% higher risk than men do, because women are excessively concentrated in sectors that are negatively disturbed by the pandemic. In the report, Mckinsey Global Institute estimates that 4.5% of global women’s employment is in jeopardy from impact of the pandemic; in comparison to 3.8% of men’s employment (2020).

For instance, in the United States, the data suggest 46% of workers were females before Covid-19. After factoring “industry-mix effects”, it was estimated that women would constitute 43% of job losses. However, the unemployment data obtained shows that women comprised 54% of overall job losses till July 2020. One can only assume this number has gotten worse as the pandemic continues to worsen. The same case goes to India, where 20% of the labor force were women before Covid-19. Women’s job loss was estimated at 17%, but unemployment rates show that they accounted for 23% of total job losses (Mckinsey Global Institute, 2020).

There many reasons why the economic impact of Covid-19 is mostly substantial for women- even more than men- can be attributed to the following:- 1. Women constitute the larger share of informal jobs, 2. They are more concentrated in sectors that are deeply affected by the pandemic like manufacturing, tourism, and travel, and 3. Women will more likely bear household responsibilities including caring for the children and the elderly (i.e. unpaid work) and 4. Women comprise a larger percentage of frontline workers such as doctors, nurses and grocery store clerks.

1. Women Constitute the larger share of informal jobs

Globally, 740 million women work in informal jobs, in developing nations, the informal economy comprises of more than two-thirds of female employment (Burki, 2020). The ILO projects that 42% of women engaging in informal work are actually concentrated in “non-essential” sectors like hospitality, wholesale, and food services which makes them extremely vulnerable to the economic shocks resulting from the pandemic. In fact, in Kenya for example, more than half of workingwomen were out of jobs due to Covid-19, according to a household survey (Mukhatrova, 2020). Furthermore, women working informally are more inclined than men to be forced into low-quality informally jobs, and the probability gets even higher for

indigenous women in rural areas (OECD, 2020). Actually, there is a “hierarchy of poverty” between various kinds of informal workers. For instance, employers and waged workers are more likely to have a better job quality and pay, in contrast to domestic and family workers who typically have it worse. Unsurprisingly, women tend to fall in the second group (ILO, 2019), as seen in the figure (1) below, highlighting the gendered hierarchy of informal work.



Figure: (1)

Source: Report on Implications of Covid-19 on Women informal workers by the UK Government (2020)

Based on an ILO national household survey, including 129 countries (which represents 90% of global employment), in low-income countries women informal labor constituted 11% more than men in high-risk sectors. In lower- income and upper-middle income countries, the percentage rose to 17%.

These informal women workers are heavily affected by the resultant economic crisis, as they are most likely to lose their jobs and sole income without the possibility of benefiting from the social and legal protection that some workers in formal economies that cushioned the blow.

In Mexico, for example, 99% of the country's domestic workers, who are mainly women, are not even registered in social security (OECD, 2020). In fact, only 15% of women, aged 15 to 65 have social security, and 83% of domestic workers (mainly migrant women), face the painful conditions of informality (UNDP, 2020). Not to mention that informal jobs are low-income jobs to begin with, and provide women with limited resources which do not cushion the blow from the crisis (ILO, 2020). In many countries, low-wage sectors that disproportionately employ women (informally) were unable to benefit from governmental financial support that is accessible to formal employees (McQuaid and Rand, 2020).

These facts existed way before the pandemic, and these pre-existing disparities explain why the pandemic hit women harder than men. For example, 56% of countries have higher rates of women working in the informal economy than men. Further, in Sub Saharan Africa and South Asia, an overwhelming majority of 70% of female labor work in non-agriculture informal sector (Mukhatrova, 2020). After the pandemic hit, and nearly all governments in the world have ordered lockdowns and stay-at-home orders, this informal sector was hit hard. The declining demand for the local and export markets are projected to shrink this sector's incomes, only in the first month of the lockdown, by 60% globally (Mukhatrova, 2020). One can only assume that it got even worse and will continue to worsen after the second wave of lockdowns currently taking place. This economic instability affecting millions of women who are concentrated in informal sectors as seen below in the table below, and their families, who already are living in poverty, and affects their access to basic and necessary needs like food and medicine.

TABLE 1
The share and number of women working informally in developing countries by region

REGION	SHARE	NUMBER (MILLIONS)
East Asia & Pacific	61%	223
Europe & Central Asia	25%	17
Latin America & Caribbean	64%	68
Middle East & North Africa	41%	5.8
South Asia	72%	46
Sub-Saharan Africa	79%	73

Figure (2)

Source: Georgetown Institute for Women, Peace, and Security Policy brief on Covid-19 and Informal Sector
(2020)

The table (figure 2) shows the official numbers reported of informal employment of women across regions, and even as the real numbers are expected to be higher, there are 432.8 million women working in informal jobs. The pandemic hit each sector of the informal economy in its own way. First, the street vendors and informal market traders selling non-food products could no longer continue operating, and even if they did they faced a high risk of exposure to Covid-19. Street vendors are considered as an integral part of urban economies all over the world, and they represent a large segment of the informal sector (24% in Togo, 19% in Benin, 13% in Senegal, for example). Globally, the majority of these street vendors comprise of women, amounting to 88% in Ghana, 68% in South Africa, and 63% in Kenya (Mukhatrova, 2020). After the Covid-19 pandemic, these women's incomes were hit. In India for example, 90% of street vendors were prevented from working as the government banned them from operating, while leaving food carts to operate. In Peru, the challenge was different. They

considered produce vendors to be essential workers and let them operate, but they did not provide them with the necessary protective gear or equipment that they provided to other essential workers. Consequently, a sizable number fell ill, others did not return home and slept in the streets as they feared they will infect their family members, while some vendors did not operate to begin with in fear of getting infected by the virus (Georgetown Policy Brief, 2020).

Secondly, domestic workers were vastly laid off at massive numbers, without any compensation. Around the world, there are more than 60 million domestic workers, and 80% of them are women. Millions have lost their jobs, or do not receive wages, and are abused by their employers (Mukhatrova, 2020). In Latin America for example, 19 million domestic workers -80% of which do not have formal contracts- have lost their jobs in the first month of the pandemic (ITC, 2020). Migrants domestic workers have it even worse as their work permits and visas are tied to their employers, they are unable to leave them and or even change employers without their employer's permission. These abuses are due to the fact that many countries do not have laws to govern domestic workers' working conditions and they are considered as informal jobs. In fact, only 30 countries in 2019 ratified the 2011 International Labor Organization's Domestic Workers Convention, which recognizes the rights of these workers to have decent working conditions (Georgetown Policy Brief, 2020).

Third, home-based workers have been hit hard as well as the demand for their products have declined. These home-based workers provide local markets and international markets with goods and/or services they produce from their homes. These workers comprise a large part of the global value chains ranging from in high-end modern industries like assembling electronics and packaging pharmaceuticals to traditional industries like textiles, footwear, and artisanal production (Mukhatrova, 2020). The majority of the home-workers are women, for instance, in Brazil and Ghana women constitute 70% of homeworkers. In India, 58% of factories outsource the work to home-workers according to a conducted survey of 380 garment

factories (Mukhatrova, 2020). These workers are not covered by any social or labor laws and have no control over the working conditions or unfair treatment as they have no guaranteed rights. During the lockdown, all the products these workers produced were not sold and they did not receive any payment for their work as the market for many handicraft products has frozen (Georgetown Policy Brief, 2020). Furthermore, in Bangladesh, more than 1 million garment workers have lost their jobs or did not receive any wage by April 2020 (Kelly, 2020).

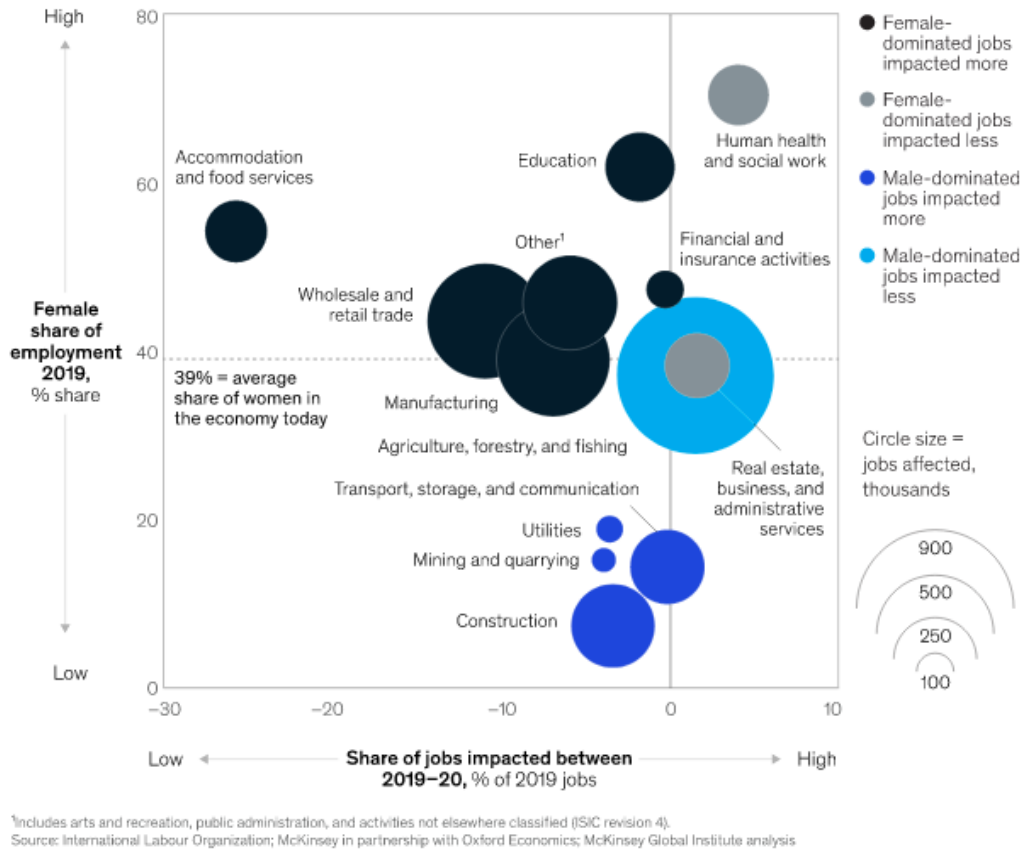
As women tend to hold less secure jobs, this results in them earning less and saving less. The International Labor Organization (ILO) predicts that 195 million jobs could be eliminated globally, with the majority of jobs in sectors predominated by women (2020). In fact, many reference this economic fallout from Covid-19 a “Shecession” (Gupta, 2020).

2. Women employment is deeply concentrated in sectors hit hard by Covid-19

This “Shecession” is predominately due to concentration of women employment in certain sectors that were deeply hit by the Covid-19. Indeed, globally, women constitute 54% of jobs in hospitality and food service, which are amongst the sectors that were the deeply hit by the crisis. Moreover, women occupy 43% of jobs in retail and wholesale trade, in addition to 46% of services sectors, comprising arts, recreation, and public administration (McKinsey Global Institute, 2020). Furthermore, numerous women represented in these “high-risk” sectors are self-employed or own micro or small business enterprises. Together with the sectors above, they represent a whopping 70% of employment in retail and 60% of food services and accommodations sector, globally (ILO, 2020). This can only show who will be hit harder due to Covid-19.

Women are disproportionately represented in industries that are expected to decline the most in 2020 due to COVID-19.

World employment impact in 2020 by industry



McKinsey & Company

Figure (3)

Source: Mckinsey Global Institute Report: “COVID-19 and gender equality: Countering the regressive effects”

Nonetheless, women make up the larger share of the manufacturing sector labor force such a textiles, footwear, apparel, and telecommunication products (WTO, 2020). The manufacturing sector faced one of the largest losses and falls in export growth throughout the first few months of the pandemic as lockdowns were put in order. In Bangladesh, 80% of the workforce in garment manufacturing sector are women, where industry order declined by 45.8% in the first couple of months of 2020, and decreased by 81% in April alone (WTO,

2020). In the Arab region alone, ESCWA (2020) estimates that 700,000 women lost their jobs in 2020. Not to mention that women also comprise a large share of workers in services sector like tourism and travel, which was deeply affected by travel restrictions and lockdowns.

Another important factor to consider is women's access to microfinance. Covid-19 has unequally affected female entrepreneurship, especially in developing countries, where female microenterprises account for a big percentage of female workforce. The pandemic have put strains in families' economic resources, which in many cases, acted as a financial capital for the small businesses. Women constitute the majority of microfinance loans amounting to 56% of all borrowers in 2018 (Microfinance Barometer, 2019), after the shrinking of international resources, women are expected to suffer more from the shrinking of available financial sources, that their livelihood depends on. The pandemic will undoubtedly disproportionately affect women entrepreneurs across the globe. According to estimates by International Trade Center (ITC) in its June 2020 survey, 1 in 5 small firms is estimated to go bankrupt with three months. The survey included firms in various sectors in accommodation, retail, food and wholesale. Women-led surveyed firms reported that they were immediately affected by the economic shock of the pandemic than med led firms (ITC Report COVID-19: The Great Lockdown and its Impact on Small Business, 2020). Additionally, informal micro, small, and medium enterprises (MSMEs) owned by women are at a much higher risk of becoming bankrupt and suffering from the economic shock of the pandemic than the ones owned by men. This is primarily due to the lack of access to proper financing. Indeed, women business owners are more likely to depend on self-funding in comparison to men, as they have inferior levels of capitalization. This is particularly the case for women in informal economy, as they do not have access to easy or proper credit line (UN Women, 2020). According to the World Bank (2017), women farmers and vendors are not eligible to apply for low-interest loans or small businesses grants that are always available, because they are labeled as "high risk".

Furthermore, women are less likely to receive information about support grants or low interest loans for informal MSMEs than men. Accordingly, women farmers and vendors find themselves in need of cash and resort to payday lenders and other high interest financing, leaving them in a very vulnerable position with substantial interest rates on their shoulders (UN Women, 2020).

3. Women are more likely to bear household responsibilities including caring for the children and the elderly (i.e. unpaid work)

Due to socially embedded norms, women already complete 76.2% of the total hours of unpaid care work, equalling up to ten times as much as men, according to OECD Development Centre's Social Institutions and Gender Index (SIGI) 2020. Pre- Covid 19, women spent an average of 4.1 hours/day on unpaid care and domestic work contrasting to 1.7 hours/day for men (UN Policy Brief, 2020). With travel restrictions, closure of schools, day care services and other childcare facilities, and increased risks of infection faced by elderly relatives, most women are left with the sole burden of juggling their jobs (if they still have it) and their children/domestic responsibilities *fulltime*. This is even if both women and their partners are in isolation and both work from home (OECD, 2020).

All these hours which are calculated to an average of 76.2% of the world's total unpaid care work, includes caring for children, cooking, cleaning, and taking care of the elderly. This rate is even higher in regions such as MENA and South Asia, where women's unpaid care work amounts to 80-90% (Mckinsey Global Institute, 2020). Moreover, according to a research conducted by Power of Parity, the share of unpaid work performed by women has a high negative correlation with their participation in the work force, and a moderately negative correlation with them assuming leadership positions or even participating in professional and technical jobs. Another research findings support this, as it estimated that covid-19 has put a

disproportionate burden of family responsibilities on women. In India, this increase amounted to 30%, while in the United States; a daily increase of 1.5-2 hours was recorded (Mckinsey Global Institute, 2020). Even young couples who followed the notion of “we can both do it” as long as their children are being cared for in day cares and schools, were deeply affected by the closures of child care institutions. This led many women to leave their jobs, according to the United Nations (2020). Even those who decided to remain at their jobs, struggled with the additional care responsibilities, and this resulted in less productivity in their actual paying job. This means that women will be more likely to be passed over for promotions (Power, 2020). This is a deep-rooted pattern, which expects women to do all the unpaid care work at home, and then seem careless or not as serious as their male colleagues, and consequently they are penalized.

These findings support the notion that women drop out of the labor force, not just because of workplace discrimination, but also because of the socially embedded norms that put the care burden solely on women’s shoulders. The pandemic’s gendered consequences intersect with existing engrained inequalities (Power, 2020). In a recent study in the United States, it was found that 33% of women either lost their jobs or received pay cuts compared to 27% of men. Moreover, women were two times more likely than men to be unable to afford basic supplies and necessities for more than 1 month after losing their jobs, and this number triples to women of color (Power, 2020). Studies also show that recovery from Covid-19 will be more difficult for women than men. In previous epidemic like SARS, Swine Flu, Ebola, and bird flu, the detrimental effects on women lasted for years, while men’s earnings returned to their previous standing. Furthermore, during these outbreaks, children did not receive their scheduled vaccinations, as parents feared the infection, later on when these children needed care as they contracted an preventable disease, women had to stay from work to care for them, (Lewis, 2020). The Covid-19 pandemic will likely follow this trend, as reports show many

parents are reluctant to vaccinate their children as well. This could lead to detrimental effects on children's illness rates, that will increase unnecessary care burden on women. In turn, some women's lifetime earnings will never recover (Power, 2020).

Feminist economists refer to this as the "third shift", as it is undervalued and unpaid emotional labor, and women are responsible for the mental load of worrying about the family and safeguarding the emotional wellbeing of their children, spouse, and family (Power, 2020). These unpaid care responsibilities negatively affect the labor force participation of women. According to the ILO (2018), 606 million women amounting to 41% of unemployed women are outside the labor market due to their care responsibilities that are unpaid. On the other hand, the working mothers are faced with unprecedented pressures of multitasking their job, caring for the children and home schooling, and the household chores. In the United Kingdom, working mothers with two children were found to be 40% even more anxious than an average person, in a large biological study of 11 key indicators of chronic stress levels (Power, 2020). Moreover, in the United States, research have found that 32% of fathers experienced more stress compared to 57% of mothers, suggesting women indeed carry the heavier load of the household care (Power, 2020).

The closure of schools and day cares have also been detrimental women's active participation in the workforce.

A recent study by Andrew et al (2020) found that this crisis, unlike previous recessions, exposed mothers more than fathers to the risk of job loss. This is due to either their jobs are affected by the lockdown or their incapability, as mothers, to combine the new added huge household responsibilities with the demands of their actually paid jobs. This "inequitable division of paid and unpaid labor aligns with the pervasive and entrenched gender norms that define women as caregivers, nurturing, self-sacrificing, and caring- and men as breadwinners"

(King et al, 2020). This rhetoric of stereotyping gender roles risks intensifying the “inequitable division” and the noticed value of paid and unpaid work during the pandemic. In fact, this has happened before in previous economic crises, in which the idea that entitles the jobs to men more than women was widespread (Kushi and McManus, 2018). According to the Mckinsey Global Institute (2020) analysis of the current situation, “the gendered nature of work across industries explains one-fourth of the difference between job-loss rates for men and women. The lack of systemic progress to resolve other societal barriers for women explains the rest”.

4. Women comprise a larger percentage of frontline workers (such as doctors, nurses and grocery store clerks).

Occupational gender segregation produces certain vulnerabilities for women because of covid-19. Women are front liners in essential sectors such as sales of food and disproportionately represented in sectors that require face-to-face interactions like retail or grocery store clerks, which prevents them from telecommuting and more exposure to the Virus.

Two thirds of health and social care workers are women, globally (Boniol et al, 2019). Women are especially at risk of exposure and infection due to gender segregation in occupations as they constitute 70% of global health workers (WTO, 2020). In fact, 9 out of 10 professional nurses are women (UNDP, 2020) who are front and center in dealing with pandemic, be it exposure or stigma, or harassment. They also constitute the majority of health facility service-staff, such as cleaners, laundry, catering, thus having a much higher viral exposure. Furthermore, in many areas in the world, women have less access to protective gears or even the correctly sized equipment. Additionally, the aging of the medical workforce is of concern, as more than one third of all doctors in OECD countries, for example were over 55 years in 2019, which intensifies the risks that health workers are already facing. In France, the

majority of reported deaths of doctors due to Covid-19 infection have been mainly doctors in their late years of service. The health status of this female predominate care workforce also is concerning due to the higher risks faced by the 50+ age group, and those with underlying medical conditions. Those care workers have an essential role through out this pandemic and the crisis it brought about. Nonetheless, more than 60% of those care workers bare physical risk factors, and 44% of them suffer from mental problems (OECD, 2020). Hence, after the pandemic's additional risk factors and incredible stress- both physical and mental- it will amplify the challenges and pressures falling on care workers (OECD, 2020). In Sub Saharan Africa, 68% of the community health workers are unpaid, with women constituting the majority of them. Not to mention that they are not provided with protective gear unlike their male counterpart, which hikes their risk of infection (ILO, 2020). In spite of these risks and challenges, women are overwhelmingly under represented or even not reflected in national or global response plans and decisions in fighting Covid-19 (UN Policy Brief, 2020).

Additionally, all these health and social care workers are left with overwhelming demands as they are still expected to carry on their jobs and still care for their homes. It is established that school and day care closures have amounted an extra huge burden on women, but it is even more profound on women who are in the social and health sectors. This is due to the fact that many of many social and health workers are required to isolate when they are out for work in order to prevent any risk of infecting other family members. In turn, this makes it extremely difficult, if not impossible for healthcare workers to fulfill both “duties” and juggle their professional and unpaid responsibilities at home (OECD, 2020).

Despite all this, there is a gender pay gap in the global health system with women being paid less by 11% (WTO, 2020). In fact, according to new data from the British Think Tank, women constitute 77% of high-risk jobs; 1 million of these essential workers are paid beneath poverty line. 98% of these workers are women (Norman, 2020). Not to mention that they have even

less decision-making capacity within the health sector and less protective gear and equipment than male health workers during crises (World Bank, 2020).

Social Implications of Covid-19 on Women

The public safety measures taken by almost the whole world to maintain physical distance, self-quarantine, and the “stay safe: stay home” or “safer at home” mandates aimed to control the spread of the Covid-19. It is projected that 3 billion people around the world have stayed home, and 142 countries enforced some level of home quarantine (Hale et al, 2020). While these efforts were to protect mass public health, it exposed at risk population to more harm than good. “Safer at home” is an ironic slogan to victims of domestic violence, where the lockdown has drastically increased their abuse, resulting in what is called now “The shadow pandemic”.

Worldwide, 243 million women and girls in the ages of 15-49 have been subject to violence (physical/sexual) by an intimate partner (UN Women, 2019). During quarantine, women are exposed fulltime to their abuser. Early on in May 2020 the United Nations Population Fund (UNFPA) has alerted the world that the outcome of an extra 6 months in lockdown will add an additional 31 million cases of gender-based violence, on the global. Previous research showed that violence against women has indeed increased during previous disasters, for instance, after Hurricane Katrina in the United states, studies reported a four times increase in rates of gender based violence in Mississippi. While another study documented a shocking 98% in “physical victimization of women” from pre-to post Hurricane Katrina in the same State (Kofman and Garfin, 2020). The same applies to past epidemics (Durevall and Linkskog, 2015) but with the economic recession that the Coronavirus brought about, this could be even magnified.

In fact, within 1 week of lockdown in France, reports of domestic violence increased by 30% (Burki, 2020). The guardian reported very high and alarming figures from several countries, for instance, the violence rose by 50% in Brazil, in one region in Spain the government stated that it rose by 20% in the first few days of quarantine, Cyprus and Singapore reached an increase of 30%, and 33% respectively in violence reporting in the first week of lockdown (UN Policy brief, 2020). The UK followed the trend, with an increase of 25% of reports during the first week of lockdown, and during that same time, there was a 150% increase in visits to Refuge website (BBC, 2020). In Peru, a country where 60% of women were subject to violence before the lockdown, calls of reporting violence increased by 48% between April and July 2020 (Aguero, 2020). Meanwhile, there was a 60% increase in reporting calls from women abused by their partners reported in the European Union, and compared to April last year, calls have increased by five times (Burki, 2020). In South Africa, the national hotline designated to receive reports of sexual violence has seen a three times call hikes after the lockdown was applies. And while there was an upsurge in sexual violence reports, there was a decline in clinic visits due to lockdown measures, as many callers could not leave their home with the presence of their partner, or even access transportation (Medecins Sans Frontier, 2020).

According to the UN, in Argentina, the number to the 144 Helpline for Gender-Based Violence surged by 39% in the period between 20 and 31 March 2020. Emergency calls related to violence against women and girls in Mexico rose by 53% in the same period. Furthermore, during the two months of March and April 2020, there was a 77% increase in the number of women utilizing the National Network of Refuges services, compared to the same time back in 2019 (United Nations, 2020). This increase can be attributed to the rise of unemployment, economic uncertainty and stress, that could lead offenders, who already feel powerless, to exercise their power over their partners even at a more frequent rate. Moreover,

the nature of the pandemic and its social distancing guidelines acts as a barrier to women and girls in accessing safe shelters, counseling, legal advice, or other health care. In this context, as Maria Vaeza, Regional Director of UN Women for the Americas and the Caribbean stated, “as victim-survivors are further isolated from assistance and social support networks, the negative health and well-being impacts worsen, and the risks of more lethal and extreme violence increase. As the world is distracted by the pandemic, many perpetrators take on an ever-greater sense of impunity, assuming that they have the freedom to act without restriction”. Additionally, the increase in reported numbers of violence against women is nowhere near the actual number of women actually abused. The rigid restrictions on movements that took place almost in every country has shut off venues of escape, help seeking, or support groups. Indeed, the Lockdown measures -unintentionally- have contributed in granting abusers more powers and freedom to act without consequences. That is why gender experts referred to the lockdown measures as gender-blind. The juncture between the COVID-19 pandemic and the pandemic of violence against women are at crossroads, and this has helped in uncovering and aggravating pre-existing gaps and deficiencies in the prevention mechanisms of violence against women (OHCHR, 2020).

Physical and sexual violence against women and girls are not the only types of abuse, but also marrying off young girls. As the pandemic increases financial hardships on already poor households, the probability of marrying off their daughters are likely to increase. In fact, Covid-19 disrupted the efforts made in ending child marriage, and according to Save the Children estimates, 12.5 million girls were coerced into marriage in 2020 due to the pandemic. Over and above, 1 million girls were expected to get pregnant during this year alone. Their analysis also estimates a year-over- Egyptian women represent a big percentage of front-line health workers. They make 42.2% of medical doctors, 91.1% of nursing year increase of 4% and 3% respectively, Save the Children (STC) Reveals. Moreover, in their Global Girlhood

Report (2020), they highlighted key figures of the crisis that is child marriage. Due to Covid-19, 2.5 million girls are expected to get married over the next 5 years, this is in addition to the already 58.4 million marriages that take place every 5 years. Dreadfully, this will result in 61 million girls being forced into marriage by 2025, 10 million of which are under 15 years old. Noting that STC believes that these estimates fall on the lower side and expects the numbers to be even larger. The pandemic's effects resulting in these staggering surges of child marriage cases have reversed 25 years of gains (STC, 2020).

Furthermore, girls are affected differently depending on their geographical location, hence they are disproportionately affected by the risk of increase in rates of child marriages. For example, in South Asia, has the highest rate of increase in child marriages amounting to 191,000 girls. While in West Africa, it is 90,000 closely followed by Latin America and the Caribbean reaching 73,400 marriages. Moreover, the same trend is expected to prevail in East Asia and the Pacific, and Europe and Central Asia with an estimation of 61,000 and 37,200 child marriages respectively. Lastly, the Middle East and North Africa is estimated to record the lowest estimates of 14,400 marriages (STC, 2020).

COVID-19 IS EXPOSING AND EXACERBATING THE IMPACTS OF GENDER INEQUALITY

A dramatic surge in child marriage and adolescent pregnancy is anticipated, with up to an additional 2.5 million girls at risk of child marriage over five years and adolescent pregnancies expected to rise by up to 1 million in 2020, as a result of the economic impacts of the COVID-19 crisis.* The greatest number of child

marriages is expected in South Asia, followed by West and Central Africa and Latin America and the Caribbean. The highest number of girls affected by the increasing risk of adolescent pregnancy are likely to be in East and Southern Africa, followed by West and Central Africa, and Latin America and the Caribbean.

Region†	Additional girls at risk of child marriage		Additional girls at risk of adolescent pregnancy
	1 year	5 years	1 year
East Asia and the Pacific	61,000	305,000	118,000
East and Southern Africa	31,600	158,000	282,000
Europe and Central Asia	37,200	186,000	53,000
Latin America and the Caribbean	73,400	367,000	181,000
Middle East and North Africa	14,400	72,000	7,000
South Asia	191,200	956,000	138,000
West and Central Africa	90,000	450,000	260,000
World	498,000	2,490,000	1,041,000

Note: Estimates are the upper limits of a range. They are, nevertheless, likely to be underestimates.

Figure (4)

Source: Save The Children's Global Girlhood Report 2020

Other estimates from the World Bank reveals that there will be 13 million more forced child marriages that girls are forced into between 2020 and 2030. This pandemic has intensified the main drivers of child marriage, which are economic hardships, early pregnancies, deepening poverty and less access to education. In fact, Covid-19 has interrupted 1.6 billion child from attending schools, and if history serves us a lesson, during the Ebola outbreak the longer the girls stayed out of school, the more the probability of them returning demolishes (World Bank, 2020). Consequently, this results in an increase in girls being pushed to work, higher risks of

child marriages as shown above, preventing pregnant girls from attending schools, and these risks intensifies for girls who live far from schools (STC, 2020).

Additionally, the lockdown period of six months led 47 million women and girls to lose access to contraception, which in turn led to 7 million unintended pregnancies. High-risk pregnancies among adolescent girls will comprise a large share of this figure; noting that childbirth is the leading cause of death among girls aged 15–19 years. This number is magnified especially that governmental funds are redirected elsewhere, and lockdown measures restrict access to sexual and reproductive health services. The Pandemic has interrupted 25 years of excessive efforts since the Beijing Platform of Action in 1995 to decrease gender-based violence and access to shelters and helplines and other services to women. These disturbances are estimated to result in one-third reduction in progress by 2030, according to the STC Global Girlhood Report 2020.

Projections show that 90–117 million more children fell into poverty in 2020, which in turn forced many children to work to help their parents. Likewise, girls are more likely to be responsible for caring for their siblings, their schooling, and sick family members than boys. Even before the pandemic, girls were more likely to face sexual exploitation and after Covid-19 struck, many reports highlighted incidents of sexual exploitation of girls to meet basic needs due to the resultant economic hardships (STC Global Girlhood Report, 2020).

Pre-Covid-19, 1 in 10 girls faced sexual violence and/or rape globally. The pandemic has exacerbated those rates with numerous reports from around the world. Moreover, a further 2 million cases of Female Genital Mutilation (FGM) is expected to occur within the next 10 years as a result of the pandemic, and girls under 14 years are the ones who are mostly affected, according to the United Nations.

The violence women and girls go through is not only inhumane and does not only affect their physical and mental health, it also adds a burden on the economy. It is important to note that global cost of violence against women was formerly projected to reach \$US 1.5 trillion (UN Women, 2019), and that figure can only be rising as the violence increases due to the pandemic.

After discussing global impact of Covid-19 on women, , the next section will highlight the conceptual framework guiding this thesis.

Conceptual Framework

This thesis attempts to understand the reason why Covid-19 had a more severe impact on women globally, with the special focus on the Case of Egypt. It did so by using gender and development (GAD) as a guiding theory. But first, it is important to highlight the evolution of the three main feminist theoretical frameworks in development: women in development (WID), women and development (WAD), and gender and development (GAD), to get a better understanding of the approach used.

The history of gender and development theories is rooted in the history of interventional policies in developing countries in addition to women's movement around the world (Connelly and Barriteau, 1996). The feminist movement, including the Middle East and Africa, was triggered early by the anticolonial struggle. In the early twentieth century, women became very vocal in their struggle against colonial powers occupying the Middle East. In Egypt, women were an important pillar in the national revolution against British colonialists in 1919, which resulted in a limited independence to Egypt in 1922, however they did not gain any political rights (Camiscioli, 2004). This resulted in a spark in feminism in Egypt and the creation of informal "networks" of feminist activism, such as the Egyptian Feminist Union (EFU) in 1923 by Huda Shaa'rawi, or the Daughters of the Nile Union (Bint Al Nil) by Doria

Shafiq in 1948 (Sorbera, 2014). Women in Syria and Lebanon were also a part of the struggle against French colonialism, and Lebanese women activists created the group “pioneers” (Raa’edat) in the 1920 due to struggles of colonialism in the Middle East (Stephen, 2014). Nonetheless, as colonialism ended in the world, interventionist development policies had replaced it, and theories of development started to emerge.

The first theory approaching development was manifested in modernization theory, which barely discussed women’s inclusion in the process (Sarker, 2006). It recognized that in order to move from a traditional to a modern society, some traditional values were still needed in the modern society and these “values” were held by women in the family. However, in general it was believed that modernization would bring about liberation for women as there are more industrialization, technology, and “modern values” that could challenge the patriarchy (Connelly and Barriteau, 1996). Nevertheless, this was not that case and modernization theory was deeply criticized in the late 1960s when the UN marked 1960-1970 a decade of development and had absolutely no reference to women (Sarker, 2006).

Worldwide, feminist movements gained momentum between the 1960s and 1970s, and research performed by women scholars highlighted that modernization theory of development pushed by developmental agencies did not benefit women at all. In fact, all theory predications were not realized as women were not given new productive opportunities, the technology did not liberate them from household duties, and despite forces of “modernization”, the preconceptions and gender stereotypes was still enshrined (Sarker, 2006). This frustration led to the birth of a new developmental theory that purely focused on women, namely the women in development theory (WID).

The term “women in development” came into being after Ester Boserup published the book “Women in Development” in 1970. This was the first time someone highlighted the division

of labor by gender, and it underlined how little women had benefited from modernization and moving from an agrarian into an industrial economy (Rathergeber, 1991). The WID approach was widely accepted as it stemmed from the traditional modernization theory. In fact, it picked up from modernization theory without examining why it failed women. WID mainly focused on how to integrate women in the already established dynamics and how to include women in the on-going developmental initiatives (Bailey et al, 1996). Furthermore, WID also disregarded the impact of class, race, and culture and only focused on women as one unit with no differences. WID theorists offered no defence to the aforementioned concerns and followed the assumption that gender relations will change when women become an active partner in economic development (Connelly and Barriteau, 2000).

In the second half of 1970s, women and development (WAD) theory came about in order to fill the gap of WID. The aim of WAD was to challenge the gaps of modernization theory and began from the position that women were always present in the developmental process and did not just appear after scholars and developmental agencies started their research and programs in the early 1970s (Rathergeber, 1991). Moreover, WAD also focused on the relationship dynamics between women and economic development, unlike WID, which purely focused on how to incorporate women in development (Bailey et al, 1996). It believed that women are constantly integrated within their societies, and their work (both inside and outside their homes) is what upholds the society and sustains the status quo, but still keeps them at a disadvantage (Sarker, 2006). While WAD suggests a more critical approach to women's positions than WID does, it still failed to analyse the relationship between patriarchy and differing "modes of production", and women's subordination and repression (Rathergeber, 1991). Likewise, both WID and WAD mainly focus on development of income-generating activities, with no regards to the time load that puts on women, as they both do not discuss the

burden of household work (i.e. unpaid work) and the societal expectations/norms (Bailey et al, 1996).

Hoping to fill the gap- yet again- gender and development (GAD) theory was developed, with a completely new perspective. GAD started from a holistic perspective in order to understand the shaping of our society. Indeed, it views the entirety of social organizations in addition to the economic and political life (Rathergeber, 1991). Not to mention that GAD is not concerned with women specifically, it emphasizes the social construction of gender roles and the assignment of precise responsibilities and anticipations to women and men. The key here is the transition from “women” to “gender”. As Rathergeber (1991) pointed out, one of the primary explanations of the term 'gender' was put forth in 1978 by Whitehead:

“No study of women and development can start from the viewpoint that the problem is women, but rather men and women, and more specifically the relations between them. The relations between men and women are socially constituted and not derived from biology... In this connection sex is the province of biology, i.e. fixed and unchangeable qualities, while gender is the province of social science, i.e. qualities which are shaped through the history of social relations and interactions” (Whitehead, 1992)

Furthermore, GAD also focuses on both productive and “reproductive” aspects of both women’s and men’s lives. Which means that it studies the non-commodity production (household work), and refuses the common dichotomy of public/private as it undervalues the amount of work women actually do (Sarker, 2006). More importantly, GAD sees women as *agents* of change, not passive receivers of development, and explores the connections/contradictions between gender, race, class and development (Connelly and Barriteau, 1996). Lastly, the GAD model goes further than WID and WAD in actually questioning the fundamental givens of the present social, economic, and political structures.

In turn, this can eventually lead to interventions and strategies that actually challenge the root cause behind gender inequalities and produce useful action plans and strategies.

Using the GAD theory will enable the understanding of how gender relations have a close connection with the socio-economic and political distribution of power, in addition to the distribution of resources, work, and wealth (Sarker, 2006). This research will apply GAD theory in exploring how Egyptian women were impacted by Covid-19 and assessing the response actions Egypt took. It also aims to explore why Covid-19 affected women more than men economically and socially by exploring how the established the socially enforced roles/norms played a role. GAD looks at gender relations from a holistic overview, and this will help in understanding how that resulted in uneven distribution of work (household work), which put women at a more vulnerable position in the workforce. Additionally, this model sees women as an active participant in the development process and believes that gender equality will only exist if both men and women re-establish their relationship and take on equal responsibilities. The GAD model also uses the concept of “mainstreaming” gender, which is looking at all developmental strategies, policies, and programs from a gender perspective.

The next chapter will use the case of Egypt to try to understand how Covid-19 actually affected Egyptian women, on the economic and social level, after highlighting the global effects, and previous crises on women.

Chapter III. The Case of Egypt

Egypt is one of the largest and the most populated country in the Middle East, with a troubled economy, and women’s issues are gaining more momentum across all sectors. Moreover, most Egyptian women follow the model of taking part in economic activities, whether it is paid or

informal work, while upholding the social norm of taking on the household responsibility (NCW, 2020). When Covid-19 was officially declared as a pandemic, and lockdown measures were enforced, it affected every Egyptian woman in a different way. Before examining the effect of the pandemic on women in Egypt, looking back at another crisis and how it affected them will allow a more in depth analysis of the current situation.

The last event that created an economic shock of a large magnitude on the Egyptian economy was the 25th of January Revolution in 2011. Women had a huge role and incredible contributions to the revolution in Egypt, not to mention that they resumed these contributions even during the transitional period, which was difficult on all Egyptians. The revolution had contrasting outcomes on women in different backgrounds. Women of low education and living in poverty (or even under poverty line) have actually benefited more than women in middle classes who have attained secondary or university level education. During this time the economic participation of women was low, in fact, Egypt was ranked as the 130th out of 135 countries in female labor participation, while ranking 126 out of 135 in Gender Gap Index (Economic Forum's Gender Gap Report, 2012). Furthermore, the female labor participation in 2012 amounted to 24% in comparison to the male labor participation of 79%, this made the female to male ratio as 0.3 (Hendy, 2015).

The 2011 Revolution brought about a significant slowdown in the Egyptian economy, adding huge burdens on all Egyptians. However, an "Added worker effect" was observed during this time, just like it was seen in the 2008 financial crisis. The added worker effect shows the increase of married women in the labor force supply when their husbands lose their jobs (Hendy, 2015). A study conducted by El-Mallak et al in 2015 tried to highlight the effect of the 2011 revolution on female labor participation, and the results were interesting. Their estimates show that the differences between the intra-household labor participation have been reduced between women and men. This was due to the increase in female employment while

the male employment had decreased. The adjustment in the labor market was mainly attributed to the increase of women's labor in informal jobs compared to men. Moreover, the difference between women and men's hourly wage has also decreased, as men's wages became more volatile due to their concentration in the private sector that was deeply hit. The study also showed that the Revolution did in fact reduce the intra-household differences in labor force participation, but only to "households belonging to the three lowest quartiles of the pre-revolution income distribution" (El-Mallakh et al., 2015). Indeed, a great number of women in subsistence level households and reported to have low education, entered the labor force after the revolution in order to cover for their husbands' volatile jobs (El-Mallakh *et al*, 2015). However, this was not the case for younger women with secondary and university education. They were in fact let go and discouraged from entering the labor market due to scarcity of jobs at the time, with the belief that the priority of jobs should go to men (Hendy, 2015). Many research has referenced this to Egypt being a traditional society that encourages women to stay at home, while this may be a factor, this phenomenon of women losing their jobs in times of crisis to make way for men is common all over the world. As discussed before, a lot of research showed that employers (regardless of their geographical location) and even women themselves believed that men have a priority to work in times of crisis.

The economic crisis brought about by the revolution had different effects on women in different classes. It brought positive changes to the women of lower classes that reported very low education, and decreased the wage differences in comparison to their husbands. In turn could bring them some economic independence and help them. However, it is worth noting that their labor participation was mainly concentrated in informal jobs that are not protected and very susceptible to shocks. On the other hand, women in the middle class that had secondary or university education were pushed out of jobs and could not enter the job market easily, despite their educational attainment. Nevertheless, after the shock has been absorbed

to some extent, the female labor participation rates has increased from 22.47% in 2011 (compared to 77.53% male participation), to 23.4% (compared to 76.6% male participation) in 2013, and an all time high of 23.844% in 2014 compared to a slight increase in male participation to reach 76.16%, then fluctuating within the 23 percentage points steadily (International Labor Organization Index, 2020), up until the Covid-19 pandemic hit in 2020.

Egyptian women represent a big percentage of front-line health workers. They make 42.2% of medical doctors, 91.1% of nursing staff (who officially work for the Ministry of Health) and 73.1% of nursing staff in private hospitals and therapeutic centers (CAPMAS, 2018). Women in the health sector are at more risk of Virus exposure and still juggle their paid and unpaid work roles. In the midst of the outbreak-as a public health safety procedure, doctors and nurses were taking shifts of 14 days to stay in the quarantine hospitals before they are able to return to their homes. This imposed a huge challenge on women doctors/nurses as their children and household are still considered their responsibility, and also posed a massive challenge on pregnant healthcare workers. This was recognized and resulted in the Ministry of Health's decision to grant pregnant women over 28 weeks a paid leave until their deliveries, but this decision was taken almost a year later (Al Watan News in January 2021).

On March 2020, early on in the Pandemic, the Egyptian government announced a health spending increase to reach EGP 95.7 billion, their biggest health care budget to date (The Egyptian Cabinet, 2020). However, Egyptian women have a very limited access to health insurance that is vital during the Covid-19 crisis. In 2018, 70% of Egyptians- constituting the majority of the population- did not have a healthcare coverage (ERF, 2018). The gender gap in health coverage is evident, as 80% of women compared to 63% of men do not have access to health care insurance in 2018. According to ELMPS (2018) only 15% of women aged 18-64 report having health insurance, and only 46% of employed women and 66% of wage workers have it (UN Women Egypt, 2020). The gender gap is mainly due to the fact that

women's labor force participation is lower, which makes them unlikely to be covered by health insurance. In fact, research suggests that healthcare spending is biased in favour of men and urban areas due to the close correlation between health insurance and the formal employment (UN Women Egypt, 2020).

I. Economic Impact

Covid-19 has hit the Global economy hard, and its effects are here to stay until we see an end to the current pandemic and start the recovery process. This impact is will have a disproportionate effect on women's employment given the gendered gap that already exists and their marginalization in the labor force. According to ESCWA (2020) estimates, the Arab region will have a \$42 billion decline in GDP as a result of Covid-19, and 1.7 million job losses.

Women are more often than not encouraged to leave paid work in order to carry on the unpaid care work in the household, as their jobs are more likely to be vulnerable to cuts and lay offs (UN Women Egypt brief, 2020). In a survey conducted by IMAGES, 98% of men and 88% of women believed that men should have a priority in jobs when work opportunities are scarce (The Lancet, 2020). This extremely jeopardizes the already fragile status of women in the labor force participation, which is 23.8% in Egypt, and limiting women's ability to have a steady income to sustain themselves and their families (World Bank, 2019).

The unequal burden on unpaid care fell almost exclusively on women in Egypt during the lockdown. The unprecedented school closures for months at a time imposed a huge challenge on Egyptian women across the country. The imbedded patriarchal norms meant that all the responsibility of the household work fell on women's shoulders in most households. These responsibilities including home-schooling the children, caring for the elderly and sick, and performing house chores, which leaves women either unable to perform their jobs so they

quit, or juggle between both and depleting their health. These responsibilities are left to women due to socially enforced gender stereotypes that shaped the set gender expectations. In fact, research shows that 98% of Egyptian men surveyed believe that taking care of the children is solely a mother's responsibility and less than a quarter of ever married men have ever cooked or cleaned (UN Women and Promundo, 2017). Moreover, this cycle of gender stereotyping is likely to reproduce during the lockdown as more girls are likely to be asked to contribute in household chores than boys, missing out on their home schooling assignments (UN Women Egypt, 2020).

Furthermore, women are more likely to be working in less paid and less regular jobs that do not offer secure social insurance, pension, and health care schemes which makes them more vulnerable to economic downturns (NCW, 2020). The female formal employment is majorly concentrated in the paid care sector (teachers, health and social workers) as they represent 70% of it (NCW, 2020), in fact the paid sector in Egypt represents 28-31% of overall female employment compared to only 7-8% of total male employment (Labor Force Survey, 2020). In addition, 56.8% of services sector employment are women, and 36.4% of the agriculture sector (NCW, 2020). This unequal representation of women in the care sector is a true reflection of Egyptian society that dictates that women are the main caretakers of the household. In fact, according to the Ministry of Planning and Economic Development, women's unpaid care work in the household amounts to 167 billion Egyptian Pound yearly. Nevertheless, in normal times women struggle to maintain both "jobs", but doing so after Covid-19, with school closures, made it even more challenging across all classes.

On the other hand, the female labor who constitute the larger share of the informal economy, as 40.9% of women's work is informal employment (not taking into account the agricultural work), and 33.9% of women's employment is "vulnerable employment". The informality is tied to lack of social protection and health insurances, which means that most of Egyptian

Female employment is not covered in case of sickness, old age, maternity and overwhelmingly vulnerable to poverty.

II. Violence Against Women

Violence against women is a globally widespread practice and tens of thousands of women are at risk daily. Violence could be anything from physical, sexual, mental, or verbal to female genital mutilation (FGM) and child marriage. In Egypt, these practices are commonly normalized and is one of the countries with a very high rate of violent crimes against women and girls (EFDE, 2020). In fact, according to a large survey conducted by UN Women in 2017 on the concept of masculinity, it was found that 90% of the men in Egypt believed that women *must* to tolerate violence in order to reserve the family.

The quarantine and social distancing policies are protecting the population from Covid-19, but they are risking women who are vulnerable to domestic violence as they are in isolation with their abuser 24/7. In addition to the isolation, economic hardships are likely to aggravate their partners who let out their frustrations of women and girls in their household. In Egypt, before the pandemic, 1 in 4 women/girls experience domestic violence, and that number exponentially increased. The National Council for Women created a Hotline to receive complaints and inquiries by women and girls back in 2017. In the first wave of the pandemic, which undeniably surged violence against women, the Council's Complaints Office has received 34,000 complaints during the period from 14 March to 4 June 2020 (EFDE, 2020). On average the number of complaints ranged from 1,000 to 2,000 per month, since the activation of the Hotline. However, only 5% of the complaints related violence and the remaining 95% related to social and economic needs, according to the director of the Complaints Office (Daily news in June 2020). It is important to highlight that these 5% are the ones who came forward and reported the cases to the National Council for Women in the

right time, and it was not clear in the statement whether this 5% represent an increase or not since 2017. Nevertheless, other women were not so lucky, as there were 40 *reported* murder cases resulting from domestic violence in the first wave of Covid-19 (March-June 2020), with 17 murders in Lower Egypt Governorates, 16 in Upper Egypt, 4 in Cairo, 1 in border governorates and 2 in one of the Canal Governorates (EFDE, 2020). These cases included many forms of violence, such as domestic violence that got out of hand and led to murder (the majority), “honor crimes”, forced suicide and deaths resulting from Female Genital Mutilation procedures. On the other hand, for the first time, sexual harassment during the same period shrunk due to the lockdown measures and social distancing. Outside the home, the impact of Covid-19’s economic downturn is likely to increase other forms of violence like child marriage, sexual exploitation, and human trafficking (UN Women Egypt Brief, 2020).

Chapter IV: Methodology

This chapter will explain the methodology used to study to what extent did Covid-19 impact women economically and socially in Egypt? It will also highlight the targeted sample. The research focuses on the case of Egypt to find out the economic and social effects of Covid-19 on Egyptian women. This research adopts a mixed methods approach, in which it utilized qualitative and quantitative research, using both primary and secondary data.

The aim of the research was to gather data on two levels: On the population level and also on the policy level. On the other hand, the quantitative research (secondary data) was obtained from published reports from the National Council for Women (*“Policy tracker on responsive policies and programs during the new COVID-19 Pandemic”*), World Health Organization (*“Covid-19 and Violence Against Women”*), UN Women Egypt (*“Women and COVID-19 Pandemic”*) and *“Report on the policy measures adopted by the Egyptian Government to*

ensure a gender-sensitive national response to the COVID-19 crisis”), UNFPA Egypt (“Covid-19: A Gender Lens”), and Egyptian official reports and statistics.

The primary research was planned to be a mix of online surveys and interviews to highlight different social fabrics. While noting that the presence of lower socioeconomic class representation would have enriched the research and portrayed the wider reality, as this class comprises the majority of the Egyptian population. Unfortunately, this was not made possible due to the start of the second wave of Covid-19 and social distancing guidelines. Originally the plan was to conduct 20-25 face-to-face interviews targeting the lower socioeconomic class who do not have Internet access nor speak English, and work at low-wage jobs. A couple of interviews were made before the second wave kicked in, however, having such a small sample representing the larger segment of the Egyptian society would not do it justice, and conducting virtual interviews with the targeted demographic was simply not an option. So the decision to eliminate this section was made. The primary research, therefore, focuses only on studying the impact of Covid-19 on women in middle/upper socioeconomic class.

The survey explored the economic and social impact of Covid-19 through a comprehensive set of multiple-choice questions (see Annex 1). The survey was conducted online reaching 226 women and men, targeting middle/upper socioeconomic class. To ensure reaching this target group, the survey was posted on Facebook groups of the American University in Cairo alumni, a popular mothers’ group with more than 100,000 mothers, residential groups of gated communities and compounds in neighborhoods like 6th of October, Sheikh Zayed, and fifth settlement, which are usually inhabited by upper middle class. Not to mention that the survey was posted in English. The indicators used were the employment/unemployment, income, violence reports, and divorce rates to measure the economic and social impact.

Chapter V: Data Analysis

Online Surveys

This section will set out the results of the data gathered under three themes: first it will display age, gender, and backgrounds of the sample, second it will reveal the social and economic standing, and third it will display the impact of Covid-19 on this sample.

Age: Being an online survey may have posed some challenges to the older generation, however, the main target group that may have been affected the most is the age group between 18-55 years.

Q1 What is your age?

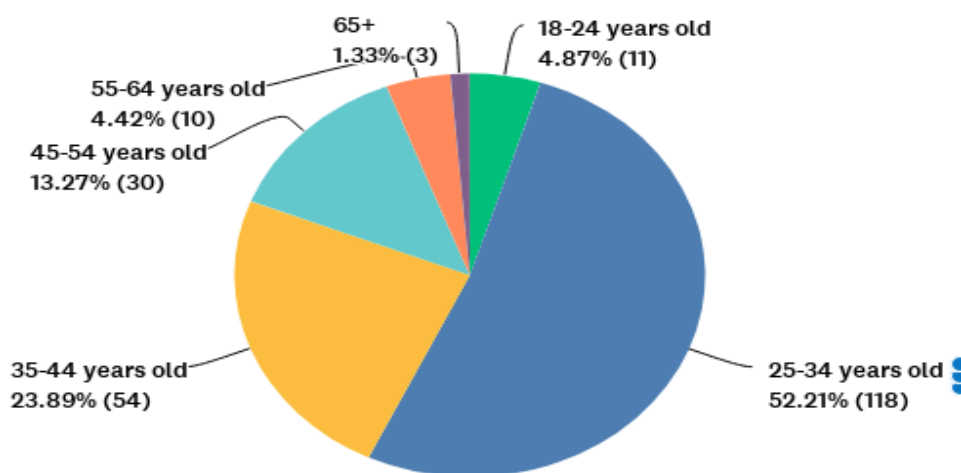


Table 1: Age Distribution

As shown in Table 1, the majority (52.1%) of the sample are aged from 25-34 years old, followed by the age group 35-44 years (23.89%), the 45-54 age group follows (13.27%), then 18-24 years, 55-64 years and 65+, at 4.8%, 4.4%, and 1.3% respectively.

Gender: Ideally, the research aimed at splitting the sample equally across both genders, however, this was hard to control as it was an online survey, noting that the caption

encouraged the participation of both genders. Nevertheless, the survey gender distribution amounted to 76.55% female and 23.45% male, which equates to 173 females and 53 males.

Highest Level of Education: The majority of the sample had received an undergraduate degree amounting to 58.4%, while 40.2% reported receiving a post-graduate degree, and 1.3% of the respondents have stopped at secondary education.

Marital Status: This is an important aspect in order to understand more about the impact of Covid-19 on married or divorced women, who may have children, have to carry the household burden, and may have experienced violence from their partners.

Q4 What is your marital status?

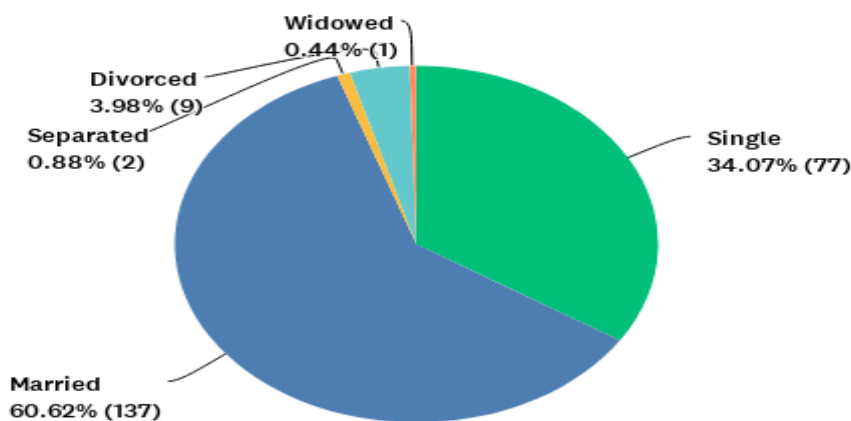


Table 2: Marital Status

The majority of the sample was divided into married and single, 60.62% of the sample was married which amounts to 137 respondents, followed by 34.07% singles (77 respondents). 9 respondents (3.98%) were divorced, 2 were separated (0.88%), and 1 widowed (0.44%). Of the 137 married respondents, 107 reported having children with the majority of 2 or more.

The next set of questions aimed to understand more the social and economic status of the sample. 78.32% of the sample (177 respondents) are employed, 11.50% (26 respondents) are self-employed, 2.65% (6 respondents) were out of work but seeking employment while 1.44% (4 respondents) were out of work but *not* seeking employment. Lastly, among the sample there were 8 homemakers (3.54%). While 89% of the respondents are employed, only 73.89% have social security and health insurance. When asked if their employment status has changed 42 respondents (18.5%) answered yes, while 81.4% remained in their jobs.

The survey also asked the respondents to choose their monthly income bracket, in order to identify clearly their economic status, as shown below in table 3 there was a clear variation in income. Noting that 23.8% of the sample fell in the EGP 5,000 to 10,000 bracket, which represents 54 respondents.

Q9 If you are currently working, what is your monthly income?

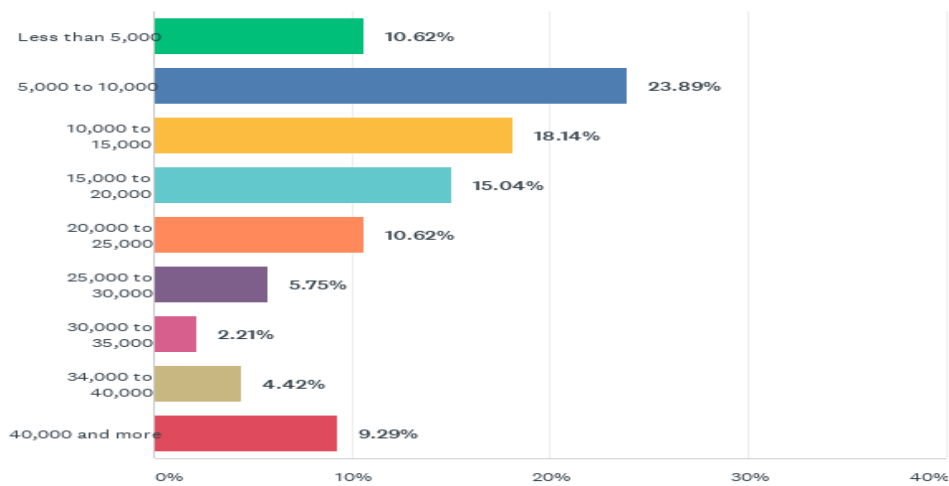


Table 3: Income Distribution

However, it is widely common in Egypt in the class the sample targeted to have other sources of income, like private businesses or even bank certificates with monthly interest

rates. Hence, the survey asked if they have other sources of income, and 37.17% (84 respondents) confirmed.

After understanding the demographic more through the previous question, the next section of the survey focused on the effects of Covid-19. 194 respondents, an overwhelming majority of 85.84%, stated that in the midst of the pandemic, their work offered flexible hours and work from home options. When asked if it was difficult to juggle work and children during the lockdown, 32 respondents declared that they have managed, 27 respondents say that it was difficult but they did it, 4 said that it was “fun”, while 7 said they got help from their spouse and another 4 said they had a family member help them. This shows that only 6.5% out of the 107 people with children got help from their husbands. Which demonstrates that even on this sample scale, the research mentioned before is indeed reflected in reality. As the OECD calculated, 76.2% of the total hours of unpaid care work is conducted by women, 10 times as much as men, and in the MENA region it hikes to 90%, according to Mckinsey Global Institute. In this sample 95.3% of women have been left solely with the unpaid care responsibility.

Q12 How difficult was work with children in the house during the lockdown?

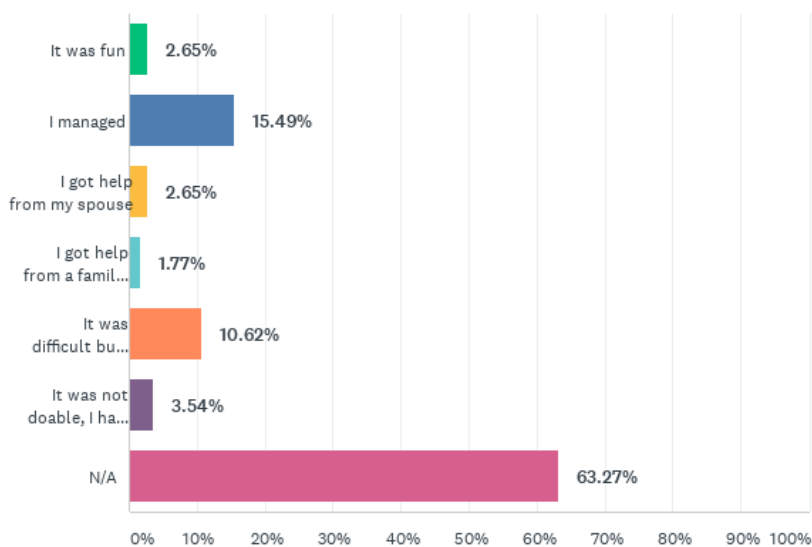


Table 4: Working with children during lockdown

Moreover, when asked if the lockdown has changed the household dynamics like cooking, cleaning and home schooling, 136 respondents amounting to 60.18% said it remained the same. This shows that there is in fact a positive change occurring from lockdown measures, as 39.82% reported getting help from their spouses, which is a sizeable percentage moving the right direction. This could be attributed to the fact the men now spend more time at home so they are able to contribute, or simply they saw the efforts of unpaid care work women conduct, that may have been invisible to them.

Q13 Did the dynamics in your household change (cooking, cleaning, home schooling)?

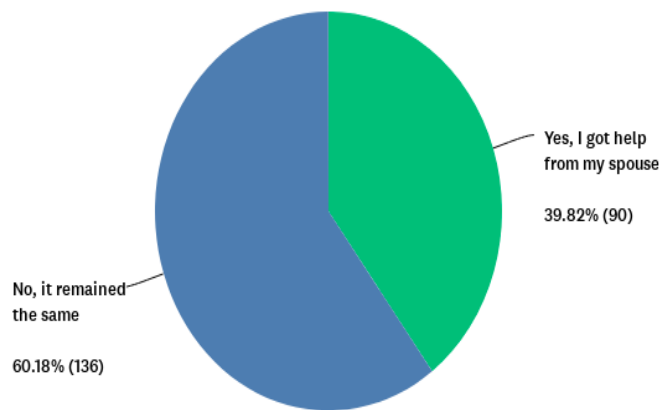


Table 5: Household dynamics

When asked how they managing work and home schooling as Egypt opened up, 18.58% stated that they still have flexible hours/work from home, while 6.64% leave their children with a family member, 3.10% stated that their spouse still works from home and 1.7% said that their spouse does not work. Lastly, only 0.88% declared that they had to quit their job. Globally, women are more likely to lose or quit their jobs in times of crisis in order to care for their families, as research showed before. However, despite international trends, women in Egypt have a lot of family support (especially grandmothers) in raising

children. This could be traced back to Egypt being a collectivist society with families sharing responsibilities, while many others countries have individualistic societies. This maybe a factor as to why a very small percentage of Egyptian women reported quitting their jobs in this sample, or simply they have other forms of support systems like nannies and housekeepers, given their socioeconomic stance.

The next theme of questions aimed to find out the impact of the lockdown measures on mental health and household tensions that could arise. In an introductory question to ease into the theme, the sample was asked if the lockdown measures affected their mental health. An overwhelming majority of 156 respondents (69.03%) answered yes, as shown in the table below.

Q15 Did the Corona virus and lockdown measures affect your mental health?

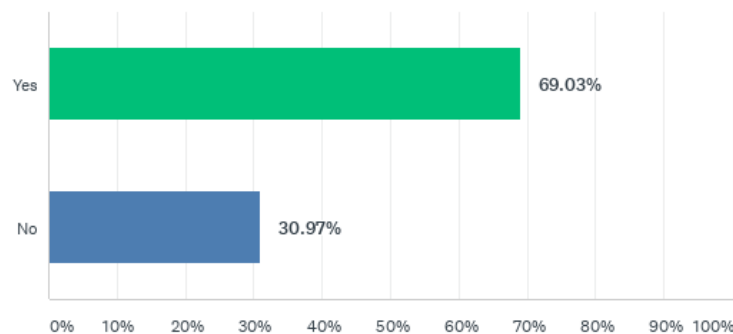


Table 6: Lockdown and mental health

Furthermore, 142 respondents stated that the lockdown has created tensions in the household amounting to 62.8%.

Q16 Did the lockdown measure cause tensions in the household?

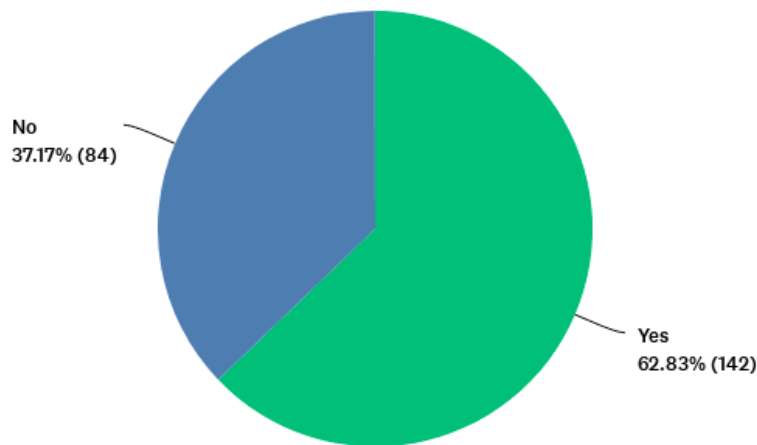


Table 7: Lockdown and household tensions

After easing into the theme of tensions and violence, the survey asked the respondents to mark the types of violence that they are aware of in order to understand if they actually believe there is sexual violence in marriage and mental and emotional abuse. The responses were as follows in Table 7.

Q17 Which of the following types of domestic abuse are you aware of?

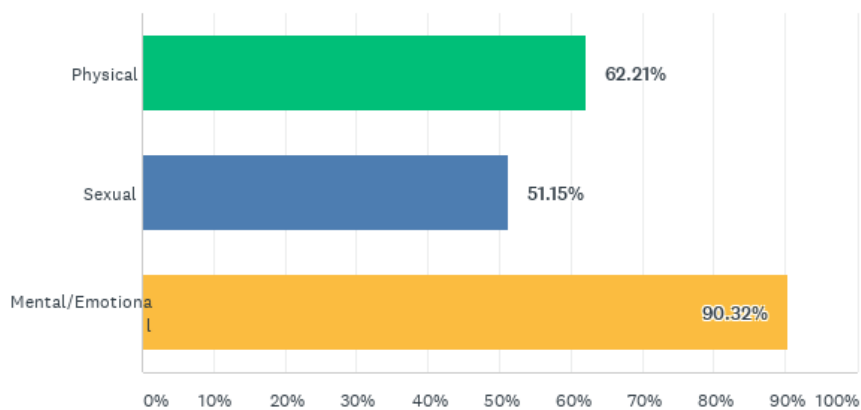


Table 8: Types of Domestic Abuse

It is interesting that only 111 respondents believed that sexual violence can be a type of domestic abuse, and only 135 respondents acknowledged that domestic abuse could be physical. The surprising result was that the overwhelming majority, namely 196 respondents acknowledged the mental and emotional abuse. This is a bit baffling as the majority of respondents chose the least acknowledged type of abuse (mental/emotional), which reflects a positive change in societal understanding of the definition of abuse. However, a lot ignored physical and sexual abuse, and this could be linked to religious beliefs or perceptions of marriage “duties” expected from the wives.

The next question asked if they have experienced domestic violence of *any* kind from their partners or even their parents during the lockdown. 14 respondents, amounting to 6.19%, experienced violence in the lockdown. Furthermore, when asked in the next question if this violence have affected their marital status only 4 respondents said yes, while this question had the option of Yes, No, and not applicable for those who did not experience violence, the results showed that 65 respondents declared that the violence experienced did not affect their marital status. This means that it is a possibility that 54 respondents did not disclose experiencing violence in the previous question. This could be attributed to either respondents did not want to disclose this information or even acknowledge it (even though its completely anonymous), or there it is quite possible that they misunderstood the question. On the sample level, only 14 respondents experienced violence, and while this number is 14 too many, it is a small number in comparison to reality. Worldwide, as shown in the research aforementioned, reports of violence against women have dramatically surged in developed, developing, and less-developed countries since the start of lockdown measures. In fact, this is a phenomenon that occurs after every kind of disaster as history has shown us. In Egypt, the numbers of complaints of domestic violence to the NCW have reached a 1000% increase. This sample represents a small

segment of a specific socio-economic class that does not reflect the majority of Egyptians. Hence, the percentage of violence reported in the survey may be small due to the norms in this class and domestic violence is not widely accepted as in other segments of Egyptian society. Moreover, some respondents may have not simply disclosed the truth as mentioned before.

Q19 Did the domestic violence experienced affect your marital status?

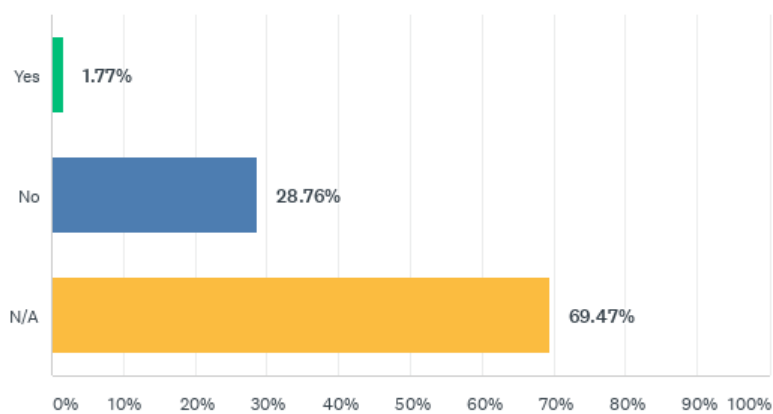


Table 9: Violence and Marital Status

Lastly, the survey asked a clear and straightforward question to see if they actually believe that the social and economic impact of Covid-19 hit women harder than men. The results were almost split, with 46.02% agreeing and 53.98% disagreeing.

Q20 Do you believe that social and economic effect of the coronavirus hit women harder than men?

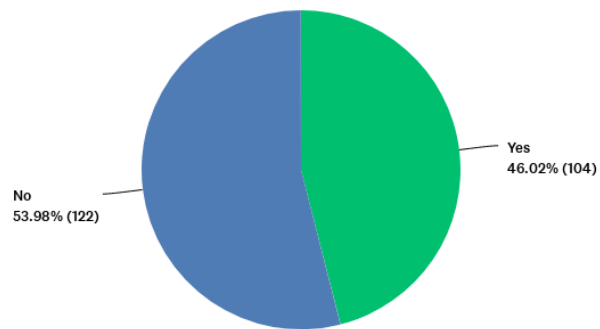


Table 10: Effect of Covid-19

The almost split result would have been expected if the sample was split (or even close) by gender, however, the overwhelming majority of the respondents (173) are in fact women. However, in the context of questions, many respondents reported difficulties in dealing with children during the lockdown, and many did not receive a lot of help from their spouses, which contradicts the responses in the final question. Which goes back to the issue of gender stereotyping that women (even if it is a huge burden) have a duty to care for the family, while expecting no help from their spouses. In the several research mentioned in this thesis, women themselves think that priority of jobs should go to men, and they should care for their children. As previously discussed, in many research and surveys, an alarming number of both women and men still believe that in times of crisis, women should leave their jobs and men should have the priority to work. Moreover, even if both continue to work, women believe that it is their responsibility to juggle both, as she feels societal guilt that she left her house and pursued her career. These imbedded stereotypes are not related to social or economic class, they are deep rooted in society and will only change, if the younger generation change those ideals and recognize the role of women as an active agent in the development process of the society. This brings the issue how societal and cultural norms are key in combating gender inequality. The survey displayed that the pandemic's impact was felt and added a strain women, however it is also important to point out that the responses portrayed some positive changes especially in household dynamics. In fact, some research suggests that this pandemic may have forced us to shed the light on this particular issue, and may be the first step in combating gender inequality.

Chapter VI: Can Covid-19 actually lead to improved gender equality?

Several literatures are trying to understand the effects of Covid-19 in all aspects of our lives, be it mental/physical health, economic consequences, changes in social patterns, and gender inequality. Some preliminary research suggests that Covid-19 has “delivered a shock to existing gender systems that could recalibrate gender roles, with beneficial effects on population health” (King et al, 2020).

Moreover, it is argued that there are many factors that could contribute to gender equality in the labor market on the long term. Today, a significant reason behind the gender inequality in the labor force is due to the “unequal division of labor in the household”. Even in developed and industrialized countries, where women are now “close or even equal” to men, women continue to provide unequal share of household duties like cooking and cleaning (Alon et al, 2020). Moreover, recent studies in labor economics suggest that the gender pay gap has a strong correlation to childbirth. From this viewpoint, the progress to gender equality has to come from changing social norms and stereotypes that could lead to a more equal division of household labor.

Alon et al (2020) believe that there are two channels in which the pandemic will likely accelerate changing those social norms. They argue that the first channel is that many businesses are now mindful of the childcare needs of their employees and more flexible hours and telecommuting options are now available to them. This will in turn provide both mothers and fathers the flexibility of having a career and maintaining the family. The second channel is through role models in individual families, while in many families the mother will still take up the larger portion of the domestic work, other families will have the roles reversed. That is in part because many medical workers are women, and other critical sectors will continue to

operate like grocery stores and pharmacies, that both constitute a large female labor force. Another argument suggests that more fathers now are participating in household activities and childcare as they now realized the amount of work women actually do in the household. At the beginning of the lockdown, people were experiencing a new model that never happened before, and some studies estimated that this could work for the benefit of gender equality. However, in this moment as we now opened our economies, and more people are going back to work, women are at the exact same position where they started.

The Egyptian government can play an important role in changing these views, if they gender mainstreamed their policies and laws and actually enforced it. The Egyptian vision 2030 has gender equality at the core of it (theoretically) and after the pandemic, their response plan strategy addressed the issue extensively.

Egyptian Government Response Strategy

The Egyptian government and the National Council for Women (NCW) have declared a number of decisions and plans in order to curb and deal with the effects of Covid-19. The National Council for Women has published an immediate and medium term recovery response as early as 30th March 2020. The strategy covers health, social and economic protection.

The National Council for Women is the mandated national women's machinery in Egypt according to Law no.30 year 2018. Its role is to propose responsive policies to women's needs, legislations, action plans, and conduct training programs and awareness mechanisms for women in Egypt (NCW, 2020). The response plan by NCW has stated that the immediate response measures will utilize *already existing* support programs and acknowledged that women and girls may not be a top priority for countries as they (re)direct their resources towards fighting the pandemic. This could leave women and girls with no access to needed healthcare services and reproductive care (safe delivery, contraceptives and pre/post natal

healthcare). In this regard, the *suggested* response measures include ensuring a sufficient stock of hygiene kits and necessary medical supplies, a clear communication strategy to raise awareness for women and girls on precautionary and prevention methods. This will be done in a simple and informative way to target women from all backgrounds and it will include step by step programs on how to care for suspected Covid-19 patients at home. In addition to nutrition and educational programs on how to increase immunity with affordable natural ingredients. It also paid attention to mental health, and suggested psychosocial and therapy packages by developing an online-recorded psychological sessions to raise awareness on the impact of Covid-19, and how to manage stress among families.

Inclusive social protection response measures were also on top of the agenda. It stressed the need for immediate increased social protection programs such as cash transfers, and subsidizing of basic goods and needs for women who are affected by the pandemic, especially those in female-headed households. Moreover, it suggested scaling up Takaful and Karama program (a conditional cash transfer program implemented by the Ministry of Social Solidarity) to include more families, especially female-headed ones. Also offering a one-time-off cash transfer to women who have irregular jobs and may suffer economic hardships due to the pandemic. These women should also be registered in an irregular women workers database of the Ministry of Social Solidarity to be included in economic emergency measures such as cash transfers, and awareness campaign on how to register should be implemented.

As schools have shutdown due to social distancing measures in the first wave of the pandemic, many girls face the risk of not returning. Parents could pressure girls to drop out and help in doing unpaid domestic work more than ever now, due to economic hardships, and the educational priority may go to her male siblings. An even worse scenario could be marrying her off wither to ease the financial burden or even taking money from her husband beforehand. The pandemic will likely increase these chances if there are no proper actions

taken by the government. The NCW has indeed mentioned these concerns and urged the need to accelerate the drafting of laws criminalizing child marriage to ensure its application. This legislative measure will increasingly help in ensuring that there are no child marriages due to closure of schools. It also stressed that efforts needed to incentivize parents to allow their children to go back to school, and encourage online-learning as the Ministry of Education has provided Tablets to most students in governmental schools.

As aforementioned, with any crisis, violence against women soars. The NCW stated that psychological, legal, and counselling support must be accessible to women. That is why they will promote for NCW's Complaints Office hotline and upgrade its capacities using related Covid-19 guidelines, sanitizing women shelters and preparing for dealing with increased violence against women incidents. This will be done through the Complaints Office, which offers free legal consultations and lawyers services for women in case of violence or discrimination, and the 8 shelters for women under the supervision of the Ministry of Social Solidarity.

These immediate response strategies covered a number of important issues pertaining to women, and whether they were properly -or even implemented at all or not will be discussed later. However, one must note that in some instances, the NCW has reinforced gender stereotypes. In the first response strategy, they directed all their focus on raising awareness to women **as caregivers** on how to care for suspected covid-19 cases, and how to properly immunize the family, and sanitize the house. This simply reinforces the fact that care burden is solely on women's shoulders, while they could have done these awareness campaigns for both women and men, and how to protect and care for their family as a **shared** responsibility. Instead, they directed all their campaigns to women only. Moreover, although the idea of holding online awareness campaigns is important, it should not be the sole media tool as this

reaches a certain social class that may not even need these campaigns. The campaigns should include billboards on the street, metro stations, and bus stops to reach all classes.

Nonetheless, the NCW has also suggested medium term interventions that mainly mitigate the impact of Covid-19 on economic opportunities. The strategy will utilize already existing programs and creating new ones. The Pandemic has determinately affected the labor market due to health concerns, travel bans, and social distancing measures. Given these circumstances, thousands of workers have been affected, and this response plan takes into account the need to support women workers who are impacted by the pandemic and are unable to work due to quarantine, sickness/health concerns, they are self-employed, or their workplace has closed or downsized working hours. Additionally, the need to support these businesses is highlighted, in order help them survive the shock and be able to meet payroll and recover when the economy starts to pick up. This will be done by the relocation and directing of donor funds towards developing technological infrastructure, especially in remote areas, and creating projects to improve the IT sector and encouraging women to engage in the technological sector. Moreover, a market assessment, income-generating activities assessment and economic analysis will be conducted in order to identify the types of start-ups that have the potential to grow and has been affected. These start-ups can be a part of the women's economic empowerment program, and developing such programs and packages for women is a priority, in order to revive Egypt's gender accelerator of the Ministry of International Cooperation and NCW in partnership with the World Economic Forum. Moreover, enhancing financial inclusion of women through upgrading and the Village Savings & Loans Association (VLSA) program and promote the use of E-wallets for women.

Enhancing financial and non-financial assistance to female SMEs was also a priority in the response plan to help women cope with the changes in the entrepreneurship ecosystem and business disruptions. Partnering with technology companies to provide women led SMEs, and

those who are self-employed, with free/discounted Internet, will help in softening the blow. The NCW will also collaborate with the Women Business Development Center to use their social media platforms to highlight and support women in the microbusinesses sector to support them in networking, and even linking with the female led SMEs. This will indeed act as a win-win situation, while also maintaining social distancing. The government will also revive the “cash for work” program through labor-intensive public work that helps in addressing temporary women unemployment. It will serve as platform for job seekers in both agriculture and urban setting in working during times of crisis and receiving cash for their work, which can help low-income job seekers for the current time. Furthermore, the NCW in partnership with the International Labor Organization and the Ministry of Social Solidarity will financial education trainings in order to build women’s capacity, with the priority given to women in agriculture sector. Lastly, the government will invest in digitalizing female-run businesses and developing their online platforms in order to ensure their services (especially handicrafts services) to continue to operate but online.

This rapid response plan on both immediate and medium term level, is very comprehensive and all inclusive. Despite concerns regarding directing the burden of care to women, it is commendable in theory and the next section will examine the actual outcome of the response plan.

Governmental Actions taken

This section will highlight the gender responsive policies and programs actually implemented during the first wave of the pandemic, from March to July 2020. In September 2020, Egypt was recognized as the top country in the Middle East and Northern Africa Region in supporting women during the Covid-19 pandemic by the United Nations. According to the

“Covid-19 Global Gender Response Tracker” (2020) published by UNDP and UN Women, Egypt recorded 21 out of 38 measures as gender sensitive. This included 11 measures in response to violence against women, 7 measures aiming at women’s economic security, and 3 measures tackling unpaid care work.

One of the first actions taken after school closures was taken on 16th March when the Prime Minister issued a decree which included that pregnant women or those who are looking after children aged 12 or less are to be granted a paid leave (NCW Policy tracker, 2020). In support of women’s economic security during the pandemic, the Egyptian government has increased the monthly income for women leaders in rural areas from EGP 300 to EGP 900 per month, hence increasing support to rural women on the field. The Ministry of Social Solidarity has also enlarged the beneficiaries of soft loans with minor interest rates to guarantee economic prospects to women in need of microfinance loans. The Ministry also plans to add 60,000 families to Takaful and Karama Cash transfers program, growing its budget from EGP 18.5 billion to EGP 19.3 billion, which will add up to 3.6 million household by 2021. This program mainly targets female-headed households, and approximately 1 million beneficiary (200,000 households) will collect a cash payment of EGP 450-500 for three months and also in kind benefits in forms of food and poultry (UNDP and UN Women Tracker, 2020). Furthermore, the Ministry of Man Power registered irregular workers to receive an exceptional EGP 500 for three consecutive months, as a part of government protection plan to mitigate the economic impact of Covid-19 on irregular workers, with women amounting to total of 40% (NCW, 2020). However, it is unclear how many women have actually received this relief money. Additionally, the government also enhanced the disbursements to rural women community leaders from EGP 350 to EGP 900 per month (OECD, 2020).

Moreover, the Financial Regulatory Authority (FRA) reduced and postponed instalments by 50% to ease the financial burden to microfinance clients, these decisions are set to benefit 3.1

million citizen, which will in turn benefit women economically, most of the microfinance loans recipients, according to the NCW tracker. In fact, 51% of microfinance loans were granted to women, and 69% of supported small projects were provided to women in 2019 (NCW, 2020). The micro, small, and medium enterprise development agency (MSMEDA) announced in April that it will offer loans with exceptional interest rates to help small projects survive the shock of the pandemic. MSMEDA's total financing portfolio amounted to EGP 5.4 billion to finance women's projects with a special preference to women in border and upper governorates. These will estimateably amount to 216,000 micro-projects that will be take place over the next 5 years, in turn creating 250,000 jobs. These projects will be funded from banks, civil society and donor organizations in collaboration the MSMEDA (UNDP and UN Women Tracker, 2020). Later in May 2020, the President directed MSMEDA, the Ministry of Trade and Industry, and the Bank of Cairo to increase the microfinance loans directed to women and youth worth EGP 620 million. In June 2020, the FRA launched a mobile application entitled "Women Empowerment" to act as a data base for women who are qualifies for decision making and leadership roles after conducting the first training "Certificates of the Board Member" that was designed to build women's capacity for memberships to boards of directors (NCW tracker, 2020).

Women constitute a large percentage of health workers amounting to 42.2% of human doctors, more than 91% of nurses in governmental hospitals, and 73.1% of nurses in private hospitals. Accordingly, the Ministry of health has announced a monthly bonus of EGP 2,200 instead of EGP 400 to doctors and provided all needs, medical care, and psychological support to medical teams. The Ministry also paid special attention to ensure safe deliveries of pregnant women who tested Covid-19 positive (NCW, 2020).

The National Council for Women has also conducted phone surveys in collaboration with CAPMAS and BASEERA in order to find out the effect of Covid-19 on Egyptian households.

The findings in fact confirm that covid-19 had detrimental effects on women on both social and economic levels. From the period 4-14th of April, the survey included 1518 women aged above 18 years old. The results showed that 150 women experienced violence for the first time from their husbands during the week of the survey, 33% reported increased problems within the family and 19% increase of violence between family members. 72% have declared that their income has been deeply affected by the pandemic and that their time performing household tasks has increased.

Additionally, the Ministry of International Cooperation, the NCW, and the World Economic Forum have announced the launch of the Closing Gender Gap Accelerator. This is a model that enables governments and businesses to take significant actions to close economic gender gaps, and it will act as a support to public and private leaders. Egypt is the first country in the MENA region to launch the model, which focuses on 4 key objectives: “preparing women for the post covid-19 world of work, including closing the gender gaps in remuneration between and within sectors, enabling women’s participation in the labor force and advancing more women into management and leadership roles”, according to the Ministry’s statement.

Finally, the Egyptian Government has drafted a resolution on “strengthening national and international rapid response to the impact of the coronavirus disease (Covid-19) on women and girls”. Through Egypt’s Permanent Mission to the United Nations in New York, it succeeded to mobilize support with the UN General Assembly to unanimously adopt it during the Third Committee of the Assembly General of the United Nations concerned with human rights, social, humanitarian and cultural issues in November 2020. The now adopted UN resolution includes issues of violence against women and girls during Covid-19, as it states:

“Deeply concerned by the increase in cases of gender-based violence, including domestic violence, as a result of lockdown measures, the lack of availability of protection services and

the increased challenges to holding perpetrators accountable, which also affect front-line health workers and community health volunteers,”

“Urges Member States to take effective measures to prevent and respond to the increase of violence against women and girls amid the COVID-19 pandemic by integrating evidence-based prevention, response and protection measures, including by designating and expanding the capacity of domestic violence shelters as essential services and supporting them, as well as increasing resources, in collaboration with civil society on the front line of response, ensuring access to justice for women and girls who are victims of violence and stepping up advocacy and awareness-raising campaigns to address all forms of violence and discrimination against women and girls, particularly during confinement;”

The Egyptian governments efforts have been praised regionally and internationally, and the above-mentioned measures are indeed commendable. Egypt was one of the 25 countries (12% of the world) to introduce gender sensitive measures that covered economic, political, and social measures (UN Women, 2020). The issue here is whether all these measures will be applied or not, and studying its long-term effect will need time. However, the immediate response measures has indeed helped especially the less fortunate class and those who are living in impoverished governorates in the time of crisis. The instant cash relief programs, micro financing loans, and Takaful and Karama expansion programs have helped women to some extent deal with Covid-19. While noting that these programs no matter how inclusive they are will not reach all women due to inaccessibility of many to technology, or financial institutions due to not being registered nor having a national ID. Nevertheless, the fact remains that despite all these efforts, women currently carry more burden from this pandemic. For instance, unemployment rate reached a two-year high with men’s unemployment rate reached 8.5% while women’s increased almost the double at 16.2% (CAPMAS, 2020). According to various surveys, many women had to leave their jobs due to household pressures and caring for the children with school closures and online learning. Moreover, many struggled after the

Prime Minister announced that need to co-exist with Covid-19, and were forced to return to work with no flexible hours. In fact, 95% of complaints in the National Council for Women's Complaints office were in regards to workplace problems and inflexibility according to the Director of the Office. In fact, a 1000% increase in complaints received since March 2020, from 1,000 - 2,000 complaint per month, to a striking 34,000 complaints (NCW, 2020). However, the NCW claimed that almost all work related complaints were solved through the NCW's lawyers, according to the Director of the Complaints Office.

Nonetheless, Egypt was one of the top countries in addressing economic security for women; it had one of the best relief programs with similarities in scaling up cash and in kind programs of Argentina, Rwanda, Morocco, and Pakistan. The response plan, in some parts, also looked at women as *partners* in the development process, which is a relatively new approach in Egyptian policies. For example, it offered more microfinance loans to women entrepreneurs and rural women and offered capacity building programs to women leaders in order to resume policy-making posts. In this aspect, Egypt was also one of the top Countries, but some countries went a step forward like Peru and Ecuador in which they changed labor legislations to include the rights of domestic workers, while Colombia, Mexico and Nigeria have offered training for women on digital entrepreneurship in order to help them sell their products online during lockdowns (UNDP Covid-19 Gender Response Tracker, 2020).

A number of countries (11 to be specific), which take into account gender and development, have addressed the issue of unpaid care work. Egypt was one of them and addressed this issue when it granted women with children less than 12 years a paid leave in order to take care of the children. While this is a good step in recognizing the care work, it however solely put it on the shoulders of women. Other countries like Poland and Uzbekistan granted a similar leave but left it up to the parents to decide who will stay with the children (UNDP Covid-19 Policy Tracker, 2020). It is also important to note that women in the health care systems did

not enjoy this care leave, and even pregnant women continued working in this dire environment, however, the government recently granted this paid leave to pregnant women in the healthcare system.

Although the Egyptian government's combating violence against women (VAW) strategy addressed the importance of providing 8 shelters for women and offering legal support through the NCW, however, it will not reach women across all governorates. Even if the government resources are diversified across a lot of domains to mitigate the impact of Covid 19, other governments simply outsourced and reached out to civil society organizations in order to help in addressing VAW and using their channel into reaching women across all the country. In Bosnia and Herzegovina, the government provided civil society organizations with funds in order to run shelters as a fundamental part of the Ministry of Human Rights and Refugee's response plan. On the other hand, in Colombia, the government transferred funds and resources to survivors of domestic violence as a response and protective measure (UNDP Covid-19 Gender Response Tracker, 2020).

Overall, the Egyptian response plan reflected a new gender-sensitive strategy that is very apparent in almost all the policies. Since the UN Sustainable Development Goals were announced in 2015, with gender mainstreaming policies at the heart of it, a lot of countries started to be mindful on the issue of "gender" as a social construction and a main factor in development. Egypt has committed in gender mainstreaming the SDGs and is actually doing a good job according to their voluntary reports and UNDP's prediction models. Of course Covid-19 may have deterred the efforts, but it is a chance to unveil the enshrined gender inequalities and stereotypes that would not have been addressed otherwise. In the response plan, Egypt addressed issues like unpaid care work, and increasing in cash benefits to female-headed households, and micro financing to women entrepreneurs, which was not the case for

many countries. The response plan of course did not. On paper, it is indeed commendable as the UN had praised it, however, only time will tell if it is well executed as it is written.

Conclusion

The Covid-19 crisis has hit the entire globe and took all countries by surprise. Like all aforementioned crises, whether financial, natural disasters, or even previous health crises, women were always the most impacted and could not absorb the economic shocks resulting from them. This is a consequence of already embedded gender inequalities that always put women at a disadvantage.

In the Financial crisis of 2008-2009, women were more susceptible to economic shocks due to the gendered segregation of employment as there is a close connection between “vulnerable employment” and poverty, and vulnerable workers lack social and legal protection against economic downturns (Antonopoulos, 2009). Not to mention that countries tend to reduce their spending during times of crises, and this puts a huge plight to women’s health and education. In Natural disasters, women and disasters literature indeed suggests that this is due to the fact that natural disasters have gendered impacts, as they tend to bring unequal suffering to women. Moreover, women continue to experience additional challenges that put their health and wellbeing at risk, such as domestic violence, rape, sexual harassment, and discrimination in hiring and promotion. And this is not only in the developing world, as several studies of multiple disasters revealed the strong correlation.

The existing pandemic followed the same pattern of previous crises, but as Covid-19 hit world economies at unprecedented rates, the gendered impacts were also exacerbated. Economic shocks from lockdowns and stagnation in world economies have lead to

detrimental effects on women. The informal sector was hit hard by Covid-19 lockdown measures, and women's incomes were slashed. Needless to say, many women also represented in these high-risk sectors are either self-employed or own micro or small business enterprises. In the Arab region alone, 700,000 women are estimated to have lost their jobs in 2020, according to ESCWA.

Furthermore, due to socially embedded gender norms even before Covid-19 pandemic, women spent ten times as much as men performing unpaid household work. With travel restrictions, closure of schools, day care services and other childcare facilities, and increased risks of infection faced by elderly relatives, most women are left with the sole burden of juggling their jobs and their children/domestic responsibilities *fulltime*. According research and studies, this share of unpaid work performed by women has a high negative correlation with their participation in the work force. Further, the closure of schools and daycares led many women to leave their jobs, and even those who decided to remain at their jobs, struggled with the additional care responsibilities, resulting in less productivity in their actual paying job.

The occupational gender segregation also produced evident vulnerabilities for women because of Covid-19 as women are on the front lines, working in essential sectors such as sales of food. The gendered impact of Covid-19 is not just economic, it is social as well. During quarantine, women were exposed fulltime to their abuser. The reports of violence against women have soared all over the world, with shocking numbers.

In the case of Egypt, women represent a large proportion of front-line health workers, and many others do not have access to health or social security. Moreover, the burden of unpaid work fell almost exclusively on Egyptian women due to the predominant patriarchal societal norms. Indeed, research showed that 98% of Egyptian men surveyed believe that taking care

of the children is solely a mother's responsibility. As per the global trend, Egyptian women workers also comprise the larger share of sectors that were hit the hardest by Covid-19, and unprecedented rates of violence against women was reported.

Egypt's response plan served as a good model in gender-sensitive policies in dealing with the effect of Covid-19, as Egypt recorded 21 out of 38 measures as gender sensitive. This included 11 measures in response to violence against women, 7 measures aiming at women's economic security, and 3 measures tackling unpaid care work according to the "Covid-19 Global Gender Response Tracker" published by UNDP and UN Women.

The plan included inclusive social protection response measures and stressed the need for immediate increased social protection programs such as cash transfers, and subsidizing of basic goods and needs for women who are affected by the pandemic, especially those in female-headed households. In tackling the issue of increased violence against women and girls, the NCW also offered psychological, legal, and counseling support to women. Not to mention free legal consultations and lawyers services for women in case of violence or discrimination, and 8 new shelters for women under the supervision of the Ministry of Social Solidarity. While time will only tell whether these policies will indeed be implemented and their effect on women, the government's gender sensitive policies serves as a good indicator that they acknowledge the core problem of the pre-existing gender disparities.

In conclusion, the research highlighted how women were indeed disproportionately affected by the impacts of Covid-19. In Egypt, it is apparent that the pre-existing gender inequalities that resulted from its patriarchal society have played a great role. These gender stereotypes were majorly evident in all classes, the online surveys, which represented the upper-middle class, showed that women were indeed more affected by the pandemic even if they did not realize. The results of the survey demonstrated that women

held the responsibility of the household, home schooling children, and caring for the family members on their own, while many of the respondents were also working. Moreover, a number of violence against women was reported, although not in huge sums which may be attributable to the social class. After their answers indicating the exact opposite, the majority of the respondents believed that women were not affected more than men by the pandemic.

Policy Implications

I. Policy Recommendations

While the Egyptian government's Covid-19 response plan is gender sensitive, and has women at the very core of it, it lacks an enforcement and evaluation plan. Writing all-inclusive and gender responsive policies is easy, but enforcing it is actually the tricky part. The Egyptian government should specify a special task force to monitor the implementation process of these policies, with a specific timeline plan, and also offering recommendations that should be taken into account. If the policies are properly enforced, a large portion of Egyptian women will be able to pass through the economic hardships, at least with minimal losses. Only then will the Egyptian government be rightly called as one of the top gender sensitive governments that is indeed on track with the United Nations Sustainable Development Goals.

II. Research Recommendations

In order to further understand the impact of Covid-19 on Egyptian women, more research should be done using a wider sample, especially, of the lower classes. This can only be done after the pandemic has ended, or at least is under control with vaccinations rollouts,

as mass interviews are considered a risk due to Covid-19 guidelines. Moreover, as Covid-19 is an on-going crisis, this research only focused of the first wave of the pandemic, and presently the world is in the midst of a new wave. Adding the new wave's statistics and researching it further will incredibly enrich the present research, acting as a building stone, and complete the picture on the pandemic's impact on women in Egypt. Moreover, this will also allow the future research to include the actual effect of the governmental response policies, and if they really aided women in overcoming the economic and social hardships brought about by the pandemic.

References

- Aguero, J. M. (2020). COVID-19 and The Rise of Intimate Partner Violence. *World Development*.
- Alon, T., Doepke, M., Olmstead-Rumsey, J., & Tetilt, M. (2020). The Impact of Covid-19 on Gender Equality. *National Bureau of Economic Research*.
- Antonopoulos, R. (2009). The Current Economic and Financial Crisis: A Gender Perspective. *The Levy Economics Institute of Bard College*.
- Baroni, N., Dokmanovic, M., Tisheva, G., & Sikazwe, E. (2009). Gender Equality and the Financial Crisis. *Social Watch*.
- BASEERA, UN Women, & National Council for Women. (2020). *Women and Covid-19 Pandemic* (Tech.).
- BBC. (2020). Coronavirus: Domestic Abuse Calls up 25% Since Lockdown.
- Blanton, R., Blanton, S., & Peksen, D. (2019). The Gendered Consequences of Financial Crises: A Cross National Analysis. *Politics and Gender, 15*, 941-970.
- Blundell, R., Dias, M. C., Joyce, R., & Xu, X. (2020). COVID-19 and Inequalities. *FISCAL STUDIES, 41*(2), 291-319.
- Boniell, M., Mclisac, M., Xu, L., Wuliji, T., Diallo, K., & Campbell, J. (2019). Gender equity in the health workforce: Analysis of 104 countries. *World Health Organization*.
- Bradbury-Jones, C., & Isham, L. (2020). The Pandemic Paradox: The consequences of Covid-19 on domestic violence [Editorial]. *Journal of Clinical Nursing*.
- Burki, T. (2020, August). The indirect impact of Covid-19 on Women. *The Lancet*.

- Buvinic, M. (2009). Impact of Financial Crisis on Women and Families. *Gender and Development*.
- Delaney, P., & Shrader, E. (2000). Gender and Post-Disaster Reconstruction: The Case of Hurricane Mitch in Honduras and Nicaragua. *World Bank*.
- Detraz, N., & Peksen, D. (2016). The Effect of IMF Programs on Women's Economic and Political Rights. *International Interactions*, 42(1), 81-105. doi:10.1080/03050629.2015.1056343
- ESCWA. (2020). *The Impact of Covid-19 on Gender Equality in the Arab Region* (Rep.).
- Fisher, S. (2010). Violence Against Women and Natural Disasters: Findings From Post-Tsunami Sri Lanka. *Violence Against Women*, 16(8), 902-918. doi:10.1177/1077801210377649
- Horn, Z. E. (2010). The effects of the global economic crisis on women in the informal economy: Research findings from WIEGO and the Inclusive Cities partners. *Gender & Development*, 18(2), 263-276. doi:10.1080/13552074.2010.491339
- Kofman, Y. B., & Garfin, D. R. (2020). Home is Not Always a Haven: The Domestic Violence Crisis Amid Covid-19 Pandemic. *American Psychological Association*, 12(S1).
- Kushi, S., & Mcmanus, I. P. (2018). Gender, crisis and the welfare state: Female labor market outcomes across OECD countries. *Comparative European Politics*, 16(3), 434-463. doi:10.1057/cep.2016.21
- Lahey, K. A., & Villota, P. D. (2013). Economic Crisis, Gender Equality, and Policy Responses in Spain and Canada. *Feminist Economics*, 19(3), 82-107. doi:10.1080/13545701.2013.812267

- Landivar, L. C., Ruppner, L., Scarborough, W., & Collins, C. (2020). Early Signs Indicate that COVID-19 Is Exacerbating Gender Inequality in the Labor Force. *Social Research for Dynamic World*, 6.
- Mckinsey Global Institute, M. (2020). *COVID-19 and gender equality: Countering the regressive effects* (Rep.).
- Murillo, M. Q., & Tan, S. (2017). Discovering the differential and gendered consequences of natural disasters on the gender gap in life expectancy in Southeast Asia. *Natural Hazards and Earth System Sciences*.
- National Council for Women, Egypt. (2020). *Egypt's Rapid Response to Women's Situation During Covid-19 Outbreak* (Rep.).
- Neumayer, E., & Plumper, T. (2007). The Gendered Nature of Natural Disasters: The Impact of Catastrophic Events on the Gender Gap in Life Expectancy, 1981–2002. *Annals of the Association of American Geographers*, 97(3), 551-566. doi:10.1111/j.1467-8306.2007.00563.x
- Parpart, J. L., Connelly, M. P., & Barriteau, E. (2000). *Theoretical perspectives on gender and development*. Ottawa: IRDC.
- Rathgeber, E. M. (1991). WID, WAD, GAD: Trends in Research and Practice. *International Development Research Center*.
- Sarker, D. (2006). Development Theory and Gendered Approach to Development: A Review in the Third World Perspective. *Sociological Bulletin*, 55(1), 45-66. doi:10.1177/0038022920060103
- Sarker, D. (2006). Development Theory and Gendered Approach to Development: Some Theoretical Issues in the Third World's Perspective. *Center for Economic Studies*.

Stavern, I. V. (2010). Gender Trends in Developing Countries during Financial Crises. *International Institute of Social Studies.*

UNDP. (2020). *The Economic Impacts of Covid-19 and Gender Inequality Recommendations For Policymakers (Rep.).*

United Nations. (2020). *Policy Brief: The Impact of Covid-19 on Women (Rep.).*

Walby, S. (2009). Gender and the Financial Crisis. *Lancaster University, UK.*

Women's Economic Empowerment and Covid-19 (Rep.). (2020). UN Women.

World Trade Organization. (2020). *The Economic Impact of Covid-19 on Women in Vulnerable Sectors and Economies (Rep.).*

Annex 1: Sample of questions in the survey

1. What is your age?
 - 18-24 years old
 - 25-34 years old
 - 35-44 years old
 - 45-54 years old
 - 55-64 years old
2. What is your gender?
 - Female
 - Male
3. What is your highest achieved level of education?
 - Secondary
 - University
 - Post-graduate (Diploma, masters, Ph.D., MBA...etc)
4. Marital Status
 - Single
 - Married
 - Separated
 - Divorced
 - Widowed
5. Do you have children?
 - If yes, please mention how many
 - No

6. Employment Status

- Employed
- Self-employed
- Out of work but seeking employment
- Out of work and not seeking
- Homemaker
- Student
- Retired

7. Do you have social security and health insurance?

- Yes
- No

8. Did your employment status change after 29 February 2020 (after the spread of Coronavirus in Egypt)

- Yes
- No

9. If you are currently working, what is your monthly income?

- Less than 5,000
- 5,000 to 10,000
- 10,000 to 15,000
- 15,000 to 20,000
- 25,000 to 30,000
- 30,000 to 35,000
- 35,000 to 40,000
- 40,000 or more

10. Do you have income from any sources other than salary?

- Yes
- No

11. In the midst of the pandemic, did your work offer flexible hours or work from home options?

- Yes
- No

12. How difficult was work with children in the house during the lockdown?

- It was fun
- I managed
- I got help from my spouse
- I got help from a family member
- It was difficult but I did it
- It was not doable, I had to take days off

13. Did the dynamics in your household change (cooking, cleaning, home schooling)?

- Yes, I got help from
- No, it increased

14. As Egypt opened up, and most workplaces have return to normal, how are you managing the rotational/ home schooling of children?

- I can still work from home/flexible hours
- My spouse can still work from home/flexible hours
- My spouse does not work
- I leave the children with a family member
- I had to quit work/ take a leave
- N/A

15. Did the Coronavirus and lockdown measures affect your mental health?

- Yes
- No

16. Did the lockdown measure cause tensions in the household?

- Yes
- No

17. Which of the following types of domestic abuse are you aware of?

- Physical
- Sexual
- Mental / Emotional

18. Have you experienced domestic violence of any kind from your partner or your parent during the lockdown?

- If yes... is it the first time?
- No

19. Did the domestic violence experienced affect your marital status?

- Yes
- No

20. Do you believe that social and economic effect of the coronavirus hit women harder than men?

- Yes
- No