

Implementing a gendered pandemic response.

A German case study



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Author notes

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Germany's gender-blind pandemic response.

During the COVID-19 pandemic, women and girls all over the world were hardest hit by the direct and indirect effects of measures taken to slow down the spread of the virus. This case study shows how a gender matrix can be used to examine Germany's pandemic response and suggest how this response could have increased gender inequality and its negative effects on women and girls.

Women and girls have been hardest hit by the global COVID-19 pandemic response. Their emotional and physical health, employment situation, economic stability and education have been negatively affected as wave after wave of lockdowns are rolled out. Basic actions needed by governments to ensure their physical and economic security have been repeatedly neglected, despite warnings by [international bodies](#) that a gendered approach is vital to any pandemic response. Even in so-called "developed countries" such as Germany, the consequences of a pandemic response with little focus on gendered effects are far reaching.

The direct economic effects are the most obvious: restaurants, hotels, teaching institutions and commerce, which hire up to [56% women](#), were closed for most of 2020. The exposure to the virus for women was also greater due to the concentration of women in hospitals and care homes. The Robert Koch Institute estimated a far higher risk of exposure for employees in care facilities and hospitals, of which [73% are women](#). The indirect negative effects of the pandemic response on gender equality, and especially on women, could also be seen as the pandemic evolved. Reduced access to reproductive health services meant especially drastic consequences for [women giving birth](#), and due to the emotional effects of isolation and quarantine women and girls were more exposed to [gender-based violence](#).

Gender and Care Work

What would a [gendered pandemic response](#) look like? A pandemic response puts in place national, regional or local measures to slow the spread of the virus while considering the needs of the population for health and well-being. The need for a gendered response was essential with this pandemic because of the increased consequences on women.

A gendered response would recognize unpaid care work as being fundamental to economic stability and would calculate the effects of increased care work through school closures and lockdowns on the female population. In addition, such an approach would recognize that the majority of people in unpaid or underpaid care positions are women and create ways of increasing worker protection and safety nets in the formal and informal sector. [The British medical journal](#) states that the first requirement to progressing towards gender equality is "equally valuing" unpaid care work and paid economic work, and [some](#) even say that the "paid economy (during COVID-19) has slowed not only because people are physically not allowed into workplaces, but also because many families currently need to raise and educate their children without institutional support".

While [some countries](#) attempted to consider the different effects of their pandemic response plans on men and women, most did not. Germany's national government, for example, had practically no consideration of the gendered effects of the measures it introduced to reduce the spread of the virus, depending almost entirely on the unpaid or underpaid work of females to stem the brunt of kindergarten and school closures, overflowing emergency wards and plague-like scenes in rest homes and care facilities.

Figure 1: Gender analysis framework developed by JHPIEGO

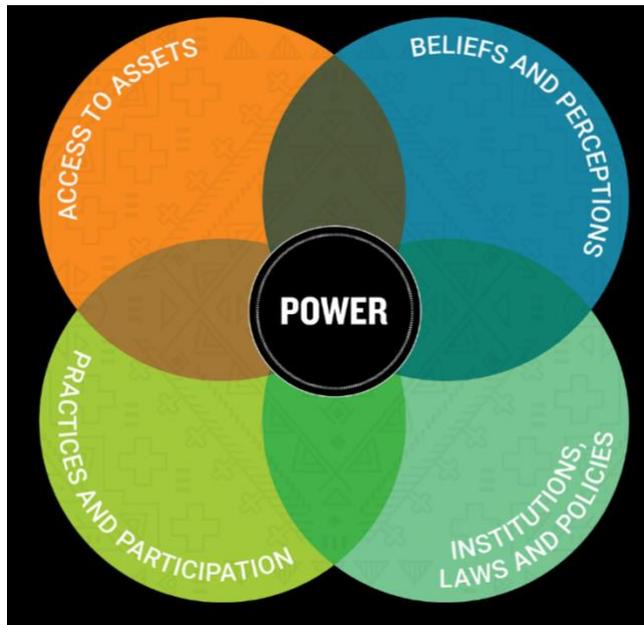


Image: <https://gender.jhpiego.org/analysistoolkit/gender-analysis-framework/>

This framework of power relations works as a guideline to create health interventions in a more gender responsive way. For example, if looking at health interventions that may have a financial threshold, questions surrounding access to assets (“do women have the financial assets to access the health intervention?”) may offer the basis for a range of questions that need to be answered before delving into the development of a health intervention to ensure that women will be able to access that intervention.

Using the framework to explore the gendered effects of school closures on women in formal employment with child dependents during the COVID-19 pandemic

One of the main measures taken by the German government in the COVID-19 response was to close the schools and child-care centers for extended periods of time. This was intended to prevent the spread of the Coronavirus by restricting contact between children, as well as reducing the risk of exposure to school- and childcare employees. The gender framework mentioned above provides us with a structure to further look at how this intervention may have had negative effects on women in formal employment with child dependents.

The focus here is gender specific, i.e. the considerations at the time of the creation on a certain gender (women) and not a comparison between genders (women and men). Looking at the area of “access to assets” which can further be divided into social networks, information and income, we can analyze if the pandemic response considered the possibility of creating new or increasing existing gender inequality through the intervention measures. At this stage we are not considering yet the effects of the response, but rather if certain considerations were made while developing the response. So did the pandemic response consider, for example, any negative effects on women’s

How to “do” gender when creating health interventions

While the impacts of not addressing gender in Germany’s pandemic response have been the focus of a wider discourse in the German press, the question remains as to how to “do” gender when creating health interventions, such as measures to control the spread of a deadly virus. “Doing” gender means to consider [how power relations supported by gender norms within a society are played out](#), including who has access to resources such as time, money and transport (access to assets); how paid and unpaid labor is divided and how this influences everyday practices (Practices and participation), the social norms guiding these divisions (Beliefs and perceptions) and who creates the rules and makes the decisions (institutions, laws and policies).

income through the school closing. The assumption is that if this effect (i.e. on women’s income) was considered there could be balancing measures.

The development of the following gender matrix allows us to more clearly [analyze how power relations](#) arising from the questions “who has what, who does what, how are values defined and who decides”. At this level of consideration, it is also imperative to consider what sex-disaggregated data may be necessary to investigate these questions – and does this exist.

Figure 2: Example of a gender matrix as applied to pandemic response

Topic Domains	Gender analysis domains		
	Access to assets		
	Social Networks	Information	Income
Employment	<p>Were recommendations made at a national level to offer flexible work hours specifically to women with child dependents?</p> <p>Were guidelines created to adapt work regulations to account for children’s presence during work hours?</p> <p>Did the pandemic response allow for individual, network-based solutions (close relatives, neighborhoods etc.) for child-care?</p>	<p>Was information made at a national or state level available about alternative or emergency care for children?</p> <p>Were home schooling concepts organized to be accessible and feasible without extra support through caregivers?</p>	<p>Were negative effects on women’s income due to school closures considered in the response design?</p> <p>Were emergency funds made available to cover additional costs that may have arisen through kindergarten and school closures?</p>

Intersectional considerations – levels of vulnerability

Gender offers us only one level of social stratification and in no way are the experiences of “women” homogenous. In the case of the experience of gendered effects of school closures, for instance, the well-being of single mothers, women employed in the informal work sector or with irregular legal status, or any other social stratifiers that create a precarious living situation, could be more vulnerable with school closings. When implementing a gender matrix, certain intersectional considerations help explore how people might be more or less vulnerable based on their lived experiences.

One negative example in the German context is the period of time it took for the government to recognize single parents as eligible for emergency care. In the first Lockdown (March – May 2020), single parents were not eligible for emergency care. Since almost 90% of single parents are mothers, this meant that for this group of women the loss of childcare was a threat to their economic stability. In fact, despite emergency care [eventually being allowed](#) for single parents, [lobby groups](#) predict that the coronavirus will drive many single mothers and their children into poverty.

Gender blind to gender transformative: How health interventions can do harm

Health interventions should aim to improve the general health of the population or, if the circumstances do not permit it, at least aim to not worsen the current situation. “Health” in this context is a slippery concept, encompassing [not only the absence of disease but also the presence of wellbeing](#). In this discussion the gendered effects of health interventions should play a central part in considerations around wide-reaching programs that may – while preventing suffering and death – inevitably subject certain groups in a population to violence, poverty and exploitation.

Ignoring gendered effects of the pandemic response, as was the case in Germany, cements the impression that, despite all claims towards gender equality, the government in fact was not committed to improving the situation of women and girls and was willing to sacrifice the few gains that have been made for a more comfortable, gender blind pandemic response. A response that not only reinforced gender inequalities and stereotypes, but also harmed those it claimed to protect. In addition, despite the evidence gathered since the outbreak of the pandemic of the crippling effects of school closures on women – not to mention the damaging effects it has on children - the government has announced recently that the summer months will be able to be fully enjoyed by all, and that the predicted fourth wave in October 2021 will be combated once again by closing the schools.

Figure 3. A continuum of approaches to action on gender and health shows how different approaches can reinforce, tolerate, or transform gender norms and existing inequalities.

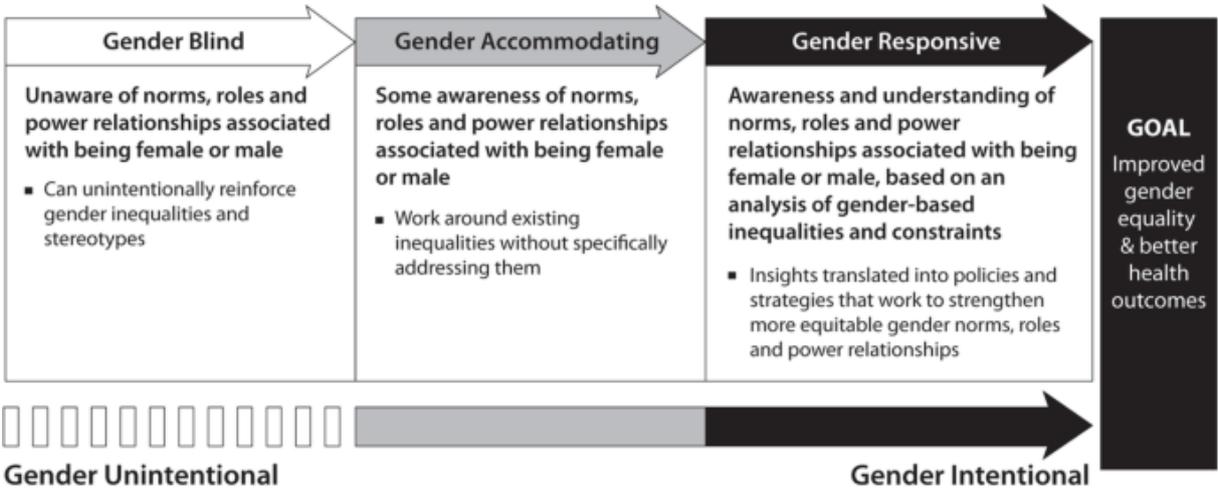


Image source: equityhealthj.biomedcentral.com/articles/10.1186/s12939-021-01427-0

***Due to Germany’s federal organization, for the majority of the 2020-2021 pandemic, the national government regularly consulted with the federal states in the “Ministerpräsidentenkonferenz” (MPK) on what measures were to be taken to reduce the spread of the virus and prevent a triage situation in emergency wards. Each federal state had a certain freedom to the extent of their interpretations of the recommendations done by the MPK and was left responsible for implementing the measures, leading to different responses in different states. On the 23rd of April 2021, a national “emergency hand-break” was implemented by law, making all further measures suggested by the national government binding. By then, the vaccination campaign was up and running and the number of daily*

infections was decreasing, so that by June of 2021 the government removed the restrictions made possible through the “emergency break”, despite the spread of the Delta variant.