



National
Resilience
Programme

POLICY BRIEF

MITIGATING EMERGING GENDERED RISKS FROM COVID-19 AND RECENT NATURAL DISASTERS IN BANGLADESH



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BACKGROUND

Bangladesh is ranked 65 (out of 156 countries) in the World Economic Forum's (WEF) Gender Gap Index 2021¹ and retained its position as the best performing South Asian country for the seventh consecutive year. Bangladesh's achievement is laudable given that it comes in the midst of the COVID-19 pandemic which has had a disproportionate impact on people, especially because of their gender and socio-economic status.² Bangladesh's achievement also comes against the backdrop of several natural disasters in 2020. While the Gender Gap Index provides a positive picture of Bangladesh, it does not explain the country's gender gap caused by COVID-19 and the recent disasters. Alternatively, it might be asked whether Bangladesh could do better had it not been for the COVID-19 pandemic and the recent natural disasters.

To answer this question, it is imperative to undertake a comprehensive review of the impact of COVID-19 and natural disasters on gender equality issues. Even though international and local organizations in Bangladesh have undertaken several such studies about the impact of COVID-19 on women, those studies looked at parts of the issues (for example, GBV, education, child marriage etc.) and fall short of a comprehensive assessment of the impact of the pandemic and the recent natural disasters on widening gender gaps and amplifying gender concerns.

The Department of Women's Affairs (DWA), Ministry of Women and Children's Affairs Bangladesh (MoWCA), as an implementing partner of the National Resilience Programme (NRP), commissioned a mixed-method study to address this knowledge gap. The study titled 'Gender Analysis of COVID-19 and recent natural disasters in Bangladesh' was undertaken to understand the impact of the pandemic and natural disasters on women and vulnerable groups which includes - adolescent girls, married women, marginalized women, married women from low-income households, sex workers and

the transgender persons. Data was also collected from men and boys in the communities for a comparative analysis.

This policy brief builds on both secondary literature and primary findings of the study. It provides an insight into the impact of pandemic and natural disasters on (i) unpaid care work (ii) women's livelihood, income and food security (iii) women's leadership and decision-making authority (iv) mobility (v) gender-based violence (GBV) (vi) access to health services (vii) WASH and (viii) access to education. The policy brief highlights emerging issues and provides recommendations to mitigate these challenges and keep Bangladesh on track in achieving its targets related to women's empowerment.

REVIEW OF EMERGING GENDERED RISKS

Unpaid Care Work

Unpaid care work refers to all unpaid services provided within a household, which includes care of people, housework like fetching water and other voluntary community work. According to Time Use Survey in 2021 by Bangladesh Bureau of Statistics (BBS), the average number of hours spent on unpaid domestic and care work by women is 5.9 hours, which is more than 7 times higher than a man (0.8 hours). Findings revealed that the burden of this unpaid care work increased during the lockdown by 41% for married women, 40% for adolescent girls and 27% for marginalized women. The contributing factors stated by the respondents in focus group discussions (FGDs) and in-depth interviews (IDIs) were school closures, husbands not having jobs and staying at home. The burden of work for sex workers and the transgender community has not been reflected in the quantitative data, as their family structure and living standard differs

greatly from other groups. However, the qualitative assessment found that there has been no significant change in their unpaid care work burden during the lockdown compared to before. Findings show that 74% of the women respondents had the sole responsibility in the family to fetch drinking water while only 18% of the men had that responsibility. Also, 62% of married women said it was solely their job to clean the latrine during disasters, while 21% of married men reported it to be their sole responsibility. The respondents said latrine maintenance is especially challenging during floods as water seeps into the latrine pits which then overflow. Though the COVID-19 lockdown has altered daily living in such a way that may re-entrench gender roles, while also offering an opportunity to shift them, unfortunately, findings show that men in our societies still don't feel the need to help women in household works due to patriarchal social structure of Bangladesh. During FGDs, they acknowledged that they did not actually help the women members in household chores (cooking, cleaning, childcare, elderly care) except fetching water due to women's restricted mobility during lockdown.

Women's livelihood, income and food security

Household income of the married women respondents dropped by 70% during the pandemic. Monthly income of marginalized women's families decreased by 54% during the lockdown and by 35% during the post-disaster period. Transgender people experienced a 69% reduction in income during the lockdown and a 45% reduction during disasters. Sex workers reported a 73% drop in income during lockdowns and 58% drop after disasters. The situation is worse for floating sex workers compared to those working in brothels.

According to 34% respondents, men in the house were prioritised in the allotment of nutritious food or protein as they work and earn for the family. This is followed by boy child (30%) and elders (13%). Only 13% of the respondents

reported they prioritize the girl child. Food scarcity was an acute problem during and after a flood, which affected the marginalized women (64%) the most. This is followed by transgender communities (49%), married women (38%), sex workers (31%) and adolescent girls (30%). Food scarcity was also severe during lockdown where protein (meat, fish, eggs) intake of the women and girls reduced to once (rarely) every 15 days because of loss of income.

Women's voice, leadership, and decision-making ability

Primary findings show women have very low input in making household decisions regarding health and expenditure, although most of the women believe that they should have a say regarding matters of their health. During the lockdown, women's voices and decision-making authority within the household were further diminished due to increased tension and challenging relationships among family members. In addition, findings show that married women do not have authority over their savings like marginalized women have. This can be attributed to the fact that the marginalized women who were sampled were not dependent on men for income. It can be ascertained that marginalized women have more power and agency on their income than do married woman.

The findings from the FGDs with the married women and adolescent girls show that the men in the family got frequently distressed as many of them lost their jobs because of the COVID-19 lockdown and they vented their frustration through violence against their wives and children. Findings revealed that 43% of the surveyed men didn't behave well (became angry at small issues out of their frustration and stress, didn't talk properly or discuss anything) with their wives during the lockdown because of their frustration. Also, 33% of the men reported being violent because of minor issues. They attributed it to their frustration and depression. The trend was similar during the recent natural disasters. Around 55% of the marginalized women, 31% of

the married women and 30% of the adolescent girls reported that conflict among family members increased during natural disasters.

Mobility

Women face more restrictions in case of mobility compared to men, even when accessing health services. COVID-19 induced lockdown affected mobility for people of all classes and genders. Mobility of the general population also gets restricted during and after disasters. However, some are impacted more than the rest and mobility restriction may result in other harmful impacts.

The findings from the study show that the marginalized women had more agency on their mobility than did married women and adolescent girls. Around 36% of the married women and 30% of the adolescent girls reported they were mentally upset because of their lack of mobility, while 14% of the marginalized women reported the same. The data shows that there might have been some positive effects of restricted mobility, as men reported during FGDs that they used the time to fetch water during the lockdown as women could not go outdoors.

Gender-Based Violence

Violence against women is a frequent and insidious occurrence in Bangladesh, with the prevalence of domestic violence being higher in rural areas.⁷ Dowry and financial problems are some of the major causes of domestic violence.⁸ Bangladesh reported 26,695 rapes in the five years preceding 2020.⁹ These assessments are consistent with the primary findings of the study. Around 15% of the women and girls surveyed said they were victims of physical mistreatment (beaten by husbands, physically abused), 12% were subject to sexual coercion/mistreated by their husband and close relatives during the lockdown. During disasters, 52% of the respondent women and girls had heard of someone in their community who was sexually/physically harassed while staying at the

cyclone shelters. Young women (71%) suffered more compared to other women while staying in cyclone shelters during disasters. Around 54% of floating sex workers and 40% of transgender persons experienced sexual and physical violence from their limited clients during the lockdown.

Health services, sexual and reproductive care

Women and men in poverty resort to informal providers to address common sexual and reproductive health problems.¹⁰ The providers range from village doctors with no formal training to private practitioners. There is a high prevalence of gender gap in health sector of Bangladesh, which affects women's likelihood of receiving maternal healthcare services, and indicates discrimination in accessing health care.¹¹ Findings revealed that most female respondents took health advice from family members during the pandemic induced lockdown. While married women mostly relied on their husbands for health information, marginalized women depended on their adult children for such aid. Adolescents mainly depended on their parents for health advice. Sixty-one percent of the adolescent girls could not visit the local health centre or go to a doctor for treatment during the lockdown. Also, 60% of the married women and 39% of the marginalized women reported the same. As an impact of disaster, 54% respondents reported health diseases such as diarrhoea, cholera, typhoid, and skin diseases, 41% reported poor sanitation and hygiene issues, 24% reported physical injury, 21% reported lack of access to health services and doctors and 13% reported a lack of access to proper treatment due to lack of money. The already stigmatized sex workers (33%) and transgender communities (30%) couldn't find doctors for their medical treatment during the lockdown. During disasters, around 27% transgenders and 17% sex workers had no access to healthcare.

WASH

Low-income women, children, elderly, pregnant women, people with disability, third gender, minorities, slum dwellers and people in hard-to-reach areas who belong to excluded groups suffer the most when WASH services are not inclusive.¹² According to the Multiple Indicator Cluster Surveys (MICS) 2019, only 74.8% households had basic handwashing facilities. Access to hygienic sanitary latrine is even more insufficient for disaster-struck areas, and access to WASH facilities decreased further during the lockdown. Most of the latrines are ring latrines¹³ and shared among neighbours. While there was a wide coverage of hygienic sanitary latrines, around half of the respondents reported that the latrines were located outside. Of the women and adolescent girls surveyed, 52% reported facing problems when getting water for latrines during natural disasters compared to 38% of men and adolescent boys. Around 39% of the female respondents had to resort to open defecation during a disaster. During the lockdown, around 45% of the married women, 41% marginalized women and 38% adolescent girls couldn't buy hygiene kits because of loss of income.

Access to Education

Primary findings show that while there is less disparity between adolescent girls and boys in terms of educational attainment, high disparity prevailed between marginalized women and married women respondents. Fifty-nine percent of the marginalized women never attended schools, while this was the case for 29% of married women and 36% of married men. Child marriage rates increased during the COVID-19 pandemic. School dropouts were common during the disasters and pandemic. Adolescents and children mainly depend on their parents' income and decisions for their education. During COVID-19, 32% women were forced to stop their children's education due to financial vulnerability. Data shows 89% of adolescent girls and 75% of adolescent boys missed school during disasters as the schools are used as shelters.

COPING STRATEGIES

Findings show that women and girls were forced to liquidate savings, take loans and cut down on nutritional intake. Of the women respondents, 36% reported that they relied on their savings and 26% reported that they took loans from banks, MFIs and different informal sources (family or relatives) to cope with the pandemic induced shock. Seventy-four percent of the women respondents said they had no savings in hand before the second wave of COVID-19 started in mid-2021 as they were still struggling to repay their previous loan taken during the first lockdown in 2020. Over 85% of the surveyed women and girls reported facing an acute shortage of food since the beginning of the pandemic (since March 2020). Women respondents from different study locations reported they had to limit daily meal intake to 1-2 times to allow children to eat. The impact of disasters was similar. Around 49% of the surveyed women from the study locations reported they liquidated their savings to cope with disaster-induced shocks. Disasters also trigger other harmful practices such as gender-based violence, withdrawing girl child from school. Instances of child marriage and forced marriage were reported by women and girl respondents because parents saw marriage as protection for the child.

KEY MESSAGES

COVID-19 and the recent disasters have deepened the crisis for the most vulnerable segments: Marginalized women suffered more from loss of income but less from the issues arising from lack of mobility or lack of agency in household decision making. Married women, on the other hand, suffered more from issues arising out of lack of mobility or lack of agency in household decision making. Sex workers and the transgender community were severely affected as they were stigmatized and their sources of income were depleted.

Depletion of savings and increased exposure to loans might increase vulnerability of marginalized women, transgender community and sex workers: The depletion of savings coupled with increased exposure to loans could push the marginalized women into extreme poverty. Sex workers and transgender people could not pay rent and accumulated debts.

Health and nutritional crisis which needs to be tackled urgently: To cope with the shock, women from vulnerable communities cut down on their nutritional food intake and reduced health expenditure. There is a looming threat of a long-term health crisis among the vulnerable women in Bangladesh.

Poor economic condition of parents during disasters and the pandemic might have a long-term impact on children's education: Even though there are reports of dropouts, the gendered impact of the pandemic on school drop-outs and enrolment is expected to be clearer once the schools resume physical classes. The findings show poor economic conditions might influence more dropouts and reduce household expenditure on education. This needs to be analysed further once physical classes resume.

Burden of unpaid care and domestic work increases for women during post-disaster; women suffer more than men from lack of access to WASH during and after disaster: Women have to bear the primary responsibility for cleaning, cooking and taking care of children and elders during and after disasters. Also, the WASH facilities in the shelters are not adequate and are not designed to accommodate the needs of adolescent girls, elderly women, pregnant and lactating mothers. While gender norms need to be tackled to address these challenges, innovations and improvements in WASH facilities are essential to mitigate the challenges faced by women.

Women are more exposed to gender-based violence at the cyclone shelters during disasters: Men and boys also reported that they know of violence and harassment against women at the shelters. The harassers involve not only other men of the community but also staff members of agencies working in evacuation, relief distribution and shelter management. There is no system in place to report or take rapid action as regards reported cases.

RECOMMENDATION

Emphasize economic interventions for poor households to address early marriage of adolescent girls: Education and prevention of child marriage related interventions should be strongly integrated into economic interventions for the poor households to curb child marriage and improve educational attainment. Aspirational mapping exercises in schools can help define the adolescent girls' vision about their careers. The inputs can be used to design skills development programme that will help girls remain on track to realizing their aspirations.

Repurposing and strengthening the delivery of social safety nets for marginalized women, sex workers and transgender community: The government should consider strengthening the delivery of social safety nets in the form of cash transfer, especially targeting transgender community, and sex workers, to prevent economic vulnerability and gender-based violence. National and international agencies, non-governmental organizations (NGOs) and the government should collaborate to ensure health safety nets for most vulnerable group of people. The government should consult with NGOs to make sure the NGOs are responsive in targeting the most vulnerable group in this regard. Social safety nets that are specially targeted towards the use of health coupons through health camps are also effective in this context. The government may try to scale these health camps through the union information centres (UIC), which are managed by the Aspire to Innovate (azi) programme.

Provision of soft loans and economic rehabilitation support for sex workers and transgender community: The study provides several critical insights into socio-economic fractures resulting in a disproportionate impact on transgender community and sex workers. Sex workers and transgender community were severely affected as they are stigmatized, and their sources of income were depleted. Affected by COVID-19 and recent natural disasters, these two groups require immediate economic rehabilitation and health support. The Ministry of Women and Children Affairs (MoWCA) might leverage on its training and stipend programmes for income generation to address the emerging vulnerability of the marginalized women, the sex workers and the transgender people. Department of Women Affairs (DWA) can also consider providing them soft loans under the government's economic stimulus packages to support women and vulnerable groups withstand the economic shock arising out of depleted savings and increased exposure to informal loans. Specific interventions to develop the skills of the transgender communities can be developed. These interventions can be done together with forward-thinking private sector firms. In this way, transgender persons can be engaged in informal jobs to provide them with a fixed income source.

Addressing the social stigma faced by the transgenders and the sex workers: COVID-19 and the recent disasters have further aggravated the vulnerability of sex workers and the transgender with economic as well as social shocks. The transgender people have received legal status as third gender, but the societal norms attached to the transgender people have not changed. This means their crisis has worsened as the informal work like collecting alms on streets, which was previously accepted on humanitarian grounds, are no longer accepted as people expect them to work in the formal sector while the formal sector is not yet ready to embrace them. Moreover, sensitization at society and family level to accept transgenders as part of the society is highly recommended.

Institutional development to address GBV in communities and shelter centres during and after disaster: Safety and privacy need to be in place to address the concerns of harassment and gender-based violence. There should be awareness sessions at schools and communities so that children and adults are aware of issues like good touch and bad touch. A harassment and violence reporting and mitigation system needs to be put in place and made operational by relevant government entities. Community-led teams need to be put in place by the Department of Disaster Management (DDM) to raise awareness on gender-based violence during and after disaster. NGOs and government agencies that handle evacuation, relief distribution and manage shelters need to have stronger policies to train and monitor their staff against GBV. This requires strong community-led intervention and interagency collaboration.

Partnership with the private sector to improve women's resilience during emergencies: The private sector should be engaged in different disaster responsive initiatives for women and the vulnerable populations. The government of Bangladesh (GoB) can liaise with private sector entities to provide WASH facilities and health services for women and vulnerable population. The shelters should have improved and dedicated facilities for pregnant and lactating mothers. The government can explore partnerships with the private sector under their Corporate Social Responsibility (CSR) initiative, which may allow provision of sanitary pads and waste bins at the shelters. During and after disasters, the private sector should be engaged to address lack of water and sanitation facilities. The private sector should also be engaged to undertake innovations on water and toilet facilities so that these are responsive to the needs during and after disaster. To address health issues, community health care workers from the local community clinics can be assigned to local shelters. Also, to ensure resilient livelihood and business opportunities for women and vulnerable groups during emergencies, relevant government entities can collaborate with private sector firms. For instance, during the

post-disaster period, government and private sector can collaborate to undertake different skills development interventions targeting vulnerable women groups. In this regard, the government can ensure infrastructure, favourable legislation, and technical assistance, while the private sector can provide funding and resource support.

Revitalize local NGOs for essential health, education, nutrition, sanitation, and hygiene interventions: The NGOs in Bangladesh play a critical role in frontline service delivery for the

poor. The government agencies also rely on their capacity to organize demonstrations and campaigns. COVID-19 has seriously affected the capacities of the local NGOs as funding streams were impacted. The essential service delivery targeting women has been severely affected. To strengthen Government and NGO partnerships, international agencies can work with the government, which can revitalize the NGOs to re-engage in critical interventions that would help progress towards the Sustainable Development Goals (SDGs).



<https://landportal.org/es/node/79247>

ENDNOTES

- 1 World Economic Forum, 2021. Global Gender Gap Report, s.l.: s.n.
- 2 Nanthini, S. & Nair, T., 2020. COVID-19 and the Impacts on Women, s.l.: s.n.
- 3 OECD Development Center, 2014. Unpaid Care Work: The missing link in the analysis of gender gaps in labour outcomes.
- 4 BBS, 2021. Time Use Survey
- 5 Women who are (i) divorced (ii) widowed (iii) physically disabled (iv) abandoned (v) separated.
- 6 As the respondents might feel hesitant to record violence, we undertook a positive enquiry among our respondents to understand the prevalence of gender-based violence within their family and community. In this method, instead of asking a negative question, for instance, 'Do your partner/parents' fight?' we asked whether the statement 'I have never seen a fight between my parents or between husband and wife.' This gave a safe space for the respondents to report the conditions that they are exposed to.
- 7 MP Moon, M. K. F. B. M. I., 2019. Gender Violence: A Case in Rural Northwestern Region of Bangladesh, s.l.: s.n.
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- 11 Sabina Faiz Rashid, O. A. H. S., 2011. The sexual and reproductive health care market in Bangladesh: where do poor women go?, s.l.: s.n.
- 12 Akter, K., 2018. Gender Responsive and Socially Inclusive WASH, s.l.: s.n.
- 13 Water seal slab latrine

DISCLAIMER

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