

COVID-19: 4 ways to keep gender in focus

COVID-19 affects people differently depending on their gender and can increase their vulnerability to HIV and AIDS, as well as other sexual reproductive health and rights issues. Women also typically shoulder most of the caregiving both informally in the home and community, as well as in the formal care economy as health workers. This briefing sets out four different areas where gender, HIV and COVID-19 intersect and how communities can respond.

1. Provide support for domestic and intimate partner violence

There have been many reports of increased incidents of domestic or intimate partner violence linked to social distancing/isolation or 'stay at home' restrictions. There is a strong evidence base showing how intimate partner violence (especially against women and girls) increases individuals' vulnerability to HIV.

What you can do

- Share information about local and national domestic violence emergency response mechanisms, such as police, refuges/safe houses and hotlines
- Share information about helplines, online forums, and other services for advice, and psycho-social support for survivors of violence
- Provide digital services for people in your community experiencing or at risk of domestic or intimate partner violence
- Advocate for domestic violence services to be included in an essential service package
- Conduct public awareness and media campaigns about the risk of domestic and intimate partner violence in the context of COVID-19 and the links to HIV
- Provide legal aid for survivors of domestic or intimate partner violence

2. Provide support for other forms of gender-based violence

The restrictions on movement imposed by COVID-19 responses have heightened the risk of other forms of gender-based violence. This increases the vulnerability to HIV among marginalised communities and impedes access to services for those living with HIV. Types of violence may include: persecution (including by the police) of LGBT communities, greater risk for sex workers of violence from clients as safety networks have been eroded by social distancing and the emptying of public spaces may increase vulnerability to violence, when making necessary excursions (to shops, market, collecting water, etc.).

What you can do

- Expand/strengthen community-based human rights monitoring and response mechanisms
- Advocate for equitable access to services for most marginalised populations
- Maintain access to PrEP for adolescent girls and young women, people in HIV-discordant relationships, sex workers, and men who have sex with men
- Provide digital services for people in your community experiencing or at risk of gender-based violence, and/or link them to online services and forums for advice, counselling and peer support
- Advocate for social protection including for sex workers of all genders to counter the loss of income resulting from social distancing/stay at home measures
- Provide legal aid services or partner with legal aid and grassroots organizations providing support services

3. Provide support for sexual and reproductive health and rights

During the COVID-19 emergency response, we are likely to see spikes in unintended pregnancies, unsafe abortion, HIV and maternal mortality/morbidity due to lack of access to contraceptives and condoms, safe abortion care, post abortion care, and maternal/obstetric care.

What you can do

- Recognise and maintain SRHR services as essential life-saving services
- Advocate for or provide emergency transport to maternal health services for pregnant women, and comprehensive post-rape care
- Advocate for provision of larger refills of ARVs, and family planning commodities (e.g. 6-month refills rather than 1 or 3 months)
- Provide comprehensive sexuality education through digital platforms
- Support use of self-care SRHR options (e.g. home HIV and STI tests, medical abortion pills, self-administered contraception including emergency contraception)
- Maintain peer support for ARV adherence, SRHR counselling, and psychosocial support through online or socially distanced visits (ensuring safety of volunteers is paramount)
- Support and promote existing online platforms for SRHR information (e.g. [‘Love Matters’](#) Facebook group)

4. Provide support for care giving

In normal circumstances women and girls shoulder a disproportionate burden of care and this is exacerbated during health crises, such as COVID-19. Globally, 70% of the formal healthcare workforce are women, so they are at greater risk of contracting COVID-19 through their work. Informally, women also do more housework and caregiving in the family setting than men. This could become doubly burdensome with lockdowns, children home from school and in trying to implement hygiene practices. In turn this could have implications for women’s own mental and physical health and their ability to protect themselves from COVID-19 and prevent or manage HIV.

What you can do

- Encourage equitable childcare and domestic division of labour among all household members
- Provide and advocate for flexible working arrangements for employees working from home, especially single parents