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"A Saga of Vulnerability"-The Impact of COVID-19 on Yeminis Women



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Introduction

The World Health Organization (WHO) announced the COVID-19 virus a global pandemic on 11 March, 2020. The first Coronavirus case was confirmed on April 10th, 2020, in Yemen. As of March 2021, there have been 2067 cases and 602 deaths. Despite these seemingly low numbers compared to the rest of the world, the statistics and scale of the pandemic-spread in reality, have been in question due to limited testing and data analytics, and disparate health resources. Additionally, Yemen's geo-political location also brings in country-specific vulnerabilities including weak infrastructure, a collapsed health system, political conflict, and ongoing humanitarian crises leading to mass displacement-which have impacted the country's current situation drastically. Political divisions in the country have led to competing power centers, escalated military intervention, and violence. The war and political strife, among the other factors mentioned have particularly made Yemen increasingly vulnerable to disease outbreaks. In the last five years, the country has dealt with widespread malnutrition and starvation and one of the world's worst cholera outbreaks in

history. The ongoing Yemeni Civil War, beginning in 2014, has left an incapacitated healthcare system and 80% of the country's population in need of humanitarian assistance or protection. The emergence of COVID-19 in Yemen is particularly alarming because of these factors [1-5].

Within a patriarchal social canvas, agency of women and girls over their decisions, bodies and lives have been increasingly subjugated. The historical unrest and war-torn circumstances have further deepened gender inequities, also aggravating to high rates of gender-based violence. Since the passage of the United Nations Security Council Resolutions (UNSCR) on Women, Peace, and Security (2000), an interagency political and social resolution focused on improving women's role and influence in conflict resolution and peace processes, there have been increased international efforts towards more equal gender representation and participation in country-wide peace and security efforts. Literature suggests that peace negotiations are more likely to be sustainable and productive where women are involved in the

dialogue and implementation. Increased gender diplomacy and negotiations seems to not only bring about improved negotiations, but also gender parity overall, counterbalancing previously accepted masculinized norms, hegemonic masculinity, and the gendered divisions of Labor [6,7].

In spite of continuing attempts for sustainable peacebuilding, Yemeni women and girls are more vulnerable than ever. This paper dwells on the context of Yemen and uses a gender lens to discuss the impact of the COVID-19 pandemic on women in the country across four cross-cutting domains: decision-making agency, livelihood, health and gender-based violence [8-10].

Women's Decision-Making Agency

The Gender and COVID-19 Academic Working Group - a global research group made up of researchers, health experts, and policy implementers who work on issues of gender, human rights and COVID-19 claim that greater female representation in decision making and policy regulation will also enhance health protections and rights overall. While this seems to be true in many cases, While also calls into question how female ambassadors and representatives will be received and regarded by those they are attempting to appeal to; Will their efforts be impeded by undermining efforts? Will patriarchal norms reject women in these positions, creating push-back and the opposite effect?

Despite these efforts, since the beginning of the 2015 crisis, Yemeni women have not been directly or officially engaged in peace-making efforts, minus a handful of unstructured and low-level exceptions. Global instability, due to the COVID-19 pandemic, has created a unique opening for peace negotiations in Yemen. In early April, 2020, as COVID risks became heightened, opposing parties in Yemen agreed to and declared a ceasefire, offering an opportunity to cultivate country stability while halting the spread of COVID-19 in Yemen. COVID-19 imposed movement restrictions as well as online communications and e-capacities among Yemeni women's organizations and female networks are likely to threaten Yemeni women's involvement in critical decision-making, thus further pushing them away from claiming their agency and space to claim their voice and agency. It is probable that, subsequently, this will result in negative impacts on women's ability to benefit from mentoring, support and advocacy [11,12].

Livelihood Impacts

Overall, in Yemen, women have less stable employment, make less wages and are more likely to work in the informal sector. In addition, responsibilities of women and girls are skewed towards unpaid labor, governed by patriarchal social norms that underpins their role to primarily domestic chores and childcare. Women working outside their homes are considered an anomaly and often highly stigmatized. In circumstances of violence or war where public health resources and social assistance are weak or absent, women constitute the frontline care providers at the household and community level. However, the Yemeni workforce has one

of the world's lowest concentrations of female participation. Within the formal economy, women have been disproportionately impacted by the conflict-driven economic collapse. Under these conditions, they are faced with extreme job insecurities: job lay-offs, lower wages, and are often compelled to switch to informal labor including domestic work. According to data on the likely effects of the COVID-19 pandemic, women's economic conditions will be impacted differently than men's, where the pressure for women and girls to work unpaid jobs will be exacerbated. The current gender pay gap, the marginalization of women in the labor market, and the over-representation of women in the informal and care sectors will culminate in an overwhelming impediment to women working and participating in income-generating activities in Yemen [13,14].

Wellbeing and Health of Women During COVID-19 Pandemic in Conflict Settings

The UN Women, Peace and Security (WPS) agenda, in attempting to attain more equitable and sustainable peace efforts, asserts that female participation and contribution in formal peace efforts is crucial for peace-building. Despite efforts like these, women are continually and frequently removed from efforts to address conflicts and restore peace. And paradoxically, while women and girls are left out of these discussions, policy-making, and solutions, they are significantly and disproportionately affected by conflict situations. Disadvantaged female groups, such as survivors of sexual abuse or trafficking, the displaced, victims of domestic violence, the elderly, those in jail, or those with disabilities face added risks. As mentioned above, with women making up the majority of frontline care provider role in Yemen, they are disproportionately exposed to the sick. This also extends to the frontline management of patients with COVID-19 As Yemeni women take on the onus of caring for those with COVID-19 and bereft of adequately available Personal Protective Equipment (PPE), they face high risk of COVID-19 exposure. In addition, Yemeni women also face other health access and outcome concerns. The ongoing war and political strife in Yemen have disrupted the health system extensively; under these circumstances, social services have rapidly declined and female specific health needs have been neglected. With about half of the country's health facilities functioning at full capacity, access to essential health knowledge and teaching has declined, primary care has been limited, basic supplies and medicine are in shortage, and sexual and reproductive health needs have been ranked as least priority. With only 20 percent of health facilities having maternal and child health services, Yemeni women and girls face grave reproductive health This pandemic has made an already precarious public health situation even more vulnerable and volatile. Without careful considerations and interventions directed at these health system weaknesses, the inequalities facing women and children will continue to increase, and the rights of Yemeni women and girls will significantly and rapidly decrease even further.

Gender-Based Violence (GBV)

Globally, the pandemic has called for restricted mobility and social isolation, resulting in increased family stress and higher rates of domestic abuse. Women and girls, many of whom are living in extremely small and congested spaces, have had reduced access to outside information and community facilities, increasing their vulnerability and the risk of abuse. In these gender-based violence cases, the majority of the women lack the necessary agency, power, or financial independence needed to remove themselves from the unsafe situation or to seek help. Prior to the Yemeni war, women and girls' access to education, livelihoods and healthcare was limited. The conflict has further decimated the access, leaving them out of the ambit of social security and protection as well. Gender inequality has been a persistent historical problem in Yemen where women and girls have continually faced numerous forms of GBV. Women and girls have faced increased exposure to GBV due to their role as caregivers and the primary household member responsible for providing food and collecting water. The start of the war resulted in a humanitarian crisis with increased migration and displacement, destruction of livelihoods, and food, healthcare, and protection facility shortages. In recent years the prevalence of GBV in Yemen - sexual attacks and abuses, domestic abuse and child marriage - has increased by 63% [14]. Lockdowns and restriction of movement due to COVID-19 have confined them to their homes which is the site of abuse and violence. Similarly travel restrictions owing to the pandemic have restricted female trafficking victims from seeking refuge, relocation, repatriation, or escape. Additionally, access to GBV survivor support programs (such as health and psycho-social assistance, legal aid and security) has been substantially limited to the epidemic; most current protection facilities including shelters and safe houses for survivors of civil society-managed abuse (CPVs) have been forced to provisionally suspend their services.

Conclusion

While the COVID-19 pandemic has impacted systems and societies globally, it is disproportionately higher in countries and societies that are already affected by ongoing humanitarian crisis. Yemen presents an example of how the COVID-19 pandemic has led to additional setbacks in the conflict-torn country with disrupted public system. Within this context, pre-existing gender inequities have amplified making Yemeni women and girls the ultra-vulnerable and worst affected. The minimal Labor-force participation in the lowest fringe of the health system pyramid with low payments, the Yemeni women's frontline role also makes them vulnerable to the COVID-19 transmission. Similarly, restricted movements due to the pandemic has magnified their pre-existing vulnerabilities to violence and abuse and distanced them from the previous limited access to security and protection.

Globally gender inequities are gaining visibility as the COVID-19 pandemic brings out and widens the existing fissures and inequities. However, a uniform assumption of gendered impact glosses over experiences of marginalized and vulnerable communities such as populations in conflict-torn areas, migrants, rural and remote populations. The differential impact of the pandemic is evident and rigorous, ground-up research is needed in the present-day context to bring in this intersectional perspective of highlighting the worst-impacted among the vulnerable. Yemen's example also demonstrates the need for coherence and integrated response to the crisis that has evolved from an ongoing political strife, disrupted systems, existing gender discrimination and amplified by a pandemic. Therefore humanitarian assistance and response to the pandemic will have to tailor in the multi-faceted nature of the crisis and also work on systems strengthening as well as on structural aspects of reducing gender inequities, formal workforce participation, improving access and availability for women and girls.

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