



**WGH** | WOMEN IN  
GLOBAL HEALTH

# COVID-19 and women in the Arab world: The case of Egypt

Women in Global Health Egypt Chapter

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# ABOUT US



# WHO IS WOMEN IN GLOBAL HEALTH?

**Tagline: Challenging power and privilege for gender equity in health**

**About Us:** As a registered 501(c)(3), we are the largest network of women and allies working to challenge power and privilege for gender equity in health. Since our founding in 2015, WGH has grown to include:



# Objectives and Overview

1. Provide a regional overview of the impact of COVID-19 on the health outcomes for women, and examine the case study of Egypt.
2. Examine in-depth three thematic areas manifesting the impact of COVID-19 on gender.

## Health Workforce:

poor mental health outcomes & violence against female frontline health providers

## Service Delivery

Disruptions in Sexual and Reproductive health services

## COVID-19 Response

Accessibility to COVID testing and medical care

3. Providing recommendations for an inclusive response for all by all

# Overview: Covid-19 and Gender Inequalities

Emergencies, Outbreaks including COVID-19 intensify existing gender inequalities and can impact how women receive treatment and care.

Women are less likely than men to have power in decision-making around the outbreak, and therefore, their general health and sexual and reproductive health needs may go largely unmet.

Global maternal and fetal health outcomes worsened during the COVID-19 pandemic. A meta-analysis of 40 studies from different countries concludes that increase in maternal deaths, and stillbirths by 28%.

# Overview: Covid-19 and Gender Inequalities

Despite the existing data collection and monitoring challenges, since the outbreak of COVID-19, reports of violence against women, particularly intimate partner violence, have increased in several countries.

Women who comprise 70% of healthcare workers- particularly nurses and physician assistants - are highly exposed to multiple risks to their health, well-being, and safety. Including reported attacks, and injuries by family members of patients, verbal abuse, and backlash from patients and their families due to the lack of hospital beds

# Gender Lens on COVID in MENA: Health Workforce

In the MENA region, the majority of health workers are women. Most of them are nurses, with low representation in senior or leadership positions in the health sector.

In Egypt and Lebanon, women make up respectively 90% and 80% of the total nursing staff

This overexposure of women among front-line health workers considerably increases their risk of infection with COVID-19

The crisis risks exacerbating the existing gender pay gaps in the healthcare sector, estimated at 28% in the MENA region.

Nursing staff in some countries such as Lebanon already reported working longer hours and with reduced salaries

# Gender Lens on COVID in MENA: Accessibility to Health Care

- ❑ Given the burden taken on by health systems in the region during the crisis, resources have been diverted toward the COVID response.
- ❑ Sexual and reproductive health services were particularly disrupted.
- ❑ According to the United Nations Population Fund (UNFPA), on average there are around 8 million pregnant women in the region and 15.5 million women of reproductive age for whom pre-existing risks are heightened by COVID-19
- ❑ Pre-COVID-19 indicators show that many girls and women in the region did not have the autonomy to make decisions about their own health, including sexual and reproductive health.  
25% of women in Jordan, 15% in Egypt, and 9% in Yemen indicated that they were the main decision maker when it came to their health.



# Egypt: Women Healthcare workers experiences during COVID-19

## Violence against female physicians

- Violence was more statistically significant against females (60.5% of the exposed healthcare workers)

## Challenges experienced by female nurses

- Female frontline providers could not effectively communicate in ICUs, causing conflict with patients which affected service delivery

Key  
issues

## Females witness more anxiety and depression

- Due to internal factors (Health systems)
- Due to external factors (outside of the health system i.e., not getting enough emotional support)

## Lack of awareness of frontline providers to adopt PPE measures

- Low intention to receive COVID-19 vaccines particularly between females, senior staff, and those who had a low self-perceived risk

# Egypt: COVID-19 caused interruption of Sexual Reproductive health commodities

## Main challenges

- Fear of contracting the virus, closure of health facilities, changing service hours, FP method or drug stock-outs, and/or financial constraints due to job losses or increased costs of services. Women
- Poorer women and those in remote rural areas were more likely to suffer a disproportionate impact on access to family planning and associated unintended pregnancies



## Untapped opportunities

- 75 000 community pharmacies serve patients 24 hours a day, 7 days a week (24/7). To easy access to these different choices of SRH medicines and devices helps individuals, especially youth, in their sexual health decisions. (considering that their needs to be capacity building for female pharmacists to deliver such counseling/services to easy communication with women)



## Egypt: Low health-seeking behaviors and infodemic worsened access to care for women

Worse consequences for pregnant women was documented that they refused to take the vaccine

Women feared to take the vaccine due to many rumors and misconceptions (Especially among pregnant/breast feeding)

Marital status is one of the main factors of vaccine unacceptance. Results show that (76%) of the married women in the sample indicated that they didn't take the vaccine compared to (53%).





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# Limitations

Gender-disaggregated data are scarce in the Arab region and not systematically available, nor is gender analysis. Shortage of data constrains understanding not only of the impact of COVID-19 on women and girls but also of the progress made in addressing gender equality in general through various policies and strategies



# Recommendations

- Incorporate gender mainstreaming and analysis into preparedness and response efforts to improve the effectiveness of health interventions and promote gender equality and health equity
- Build capacities of female nurses/ physicians to be able to work under stress and endure emergency situations such as COVID-19, and build leadership capacities among female staff to influence peers to adopt protective policies, or as deemed appropriate in other situations
- Ensure continuity of care in sexual reproductive health services and find untapped opportunities for innovative care/ integrated health service delivery. i.e., the inclusion of pharmacists in counseling and providing SRH services during emergencies.
- Design risk communication and community engagement structures that combat infodemic and ensure women have the knowledge to be empowered to seek care.
- Accurate and complete sex-disaggregated data is needed for informed gender-sensitive decisions to be made







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