



Equity and socioeconomic effects of COVID-19:

what is happening and
what is still needed

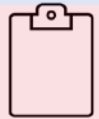
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OVERVIEW

Initial findings from examining experiences and responses to the COVID-19 pandemic:

CAMBODIA



Household surveys
(n=423)
(KHANA/UNFPA)

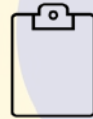


Semi-structured
interviews with
health-workers (n=21)



(KHANA/UNFPA)

MALAYSIA



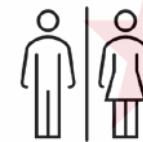
Household
surveys (n=500)

DM Analytics
(UNICEF/UNFPA)

SYRIA



Key informant
interviews with
men and women
(n=40)



SyRG/NUS
(MRC-UK)

CAMBODIA

survey findings



- Rural households had over twice the odds (**OR = 2.49****; CI: 1.32-4.91) of reporting that changing contraceptive methods during the pandemic was possible.
- Lower-income households had significantly lower odds, compared with middle-income households of:

REPORTING	OR (CI)
Reductions in income	0.36* (0.15-0.84)
Reductions in working hours	0.48* (0.26-0.91)
Maintaining a single income source	0.28 (0.08=0.99)



Suggests that income
was initially maintained
by taking on more
lower-paid jobs

COVID-19 CHANGES



VS



Higher-income households had significantly lower odds than poorer households of:

REPORTING	OR (CI)
Aggressive physical behaviours towards their families	0.13* (0.01-0.64)
Depressive symptoms	0.52* (0.29-0.91)



VS



Women had significantly higher odds than adolescents of:

REPORTING	OR (CI)
Much worse physical health	5.73* (2.05-16.0)
Much worse mental health	3.69* (1.46-9.31)
Much worse quality of life	1.96* (1.27-3.04)
Tensions towards their children	3.20* (1.50-7.43)

QUALITATIVE FINDINGS

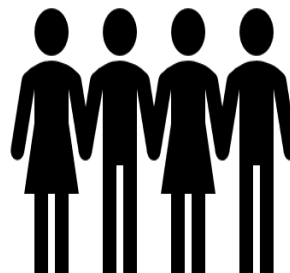


SRH and other health services continued normally during the pandemic

*"We have **all services**, prescription services, health check-ups, and vaccinations available. We offer vaccination in the village and everyday at the centre. We offer other services such as **delivery, postpartum check-up, birth control methods...**" (KII_HC_Krouch)*

Lack of PPE and health-worker safety concerns

"Firstly we are so scared [to] get that disease from clients, because most of them who come here, we do not know if they have that disease or not..." (KII-RH Mondolkiri; KII_HC_Krouch)



Precautionary measures were taken to ensure the safety of both staff and patients.

*"... we are **more careful**. When clients come, all staff wear **masks** and wash **hands** with **alcohol**. Keep hygiene all the time. We wear **gloves**. Everything we need to be more careful than before... We tell them [clients] to wear **masks**, and observe social distancing of **1 meter...**" (KII-HC Dak Dam; KII_HC_Krouch)*

Insufficient staff and slow service

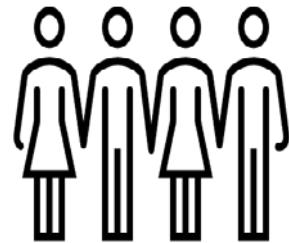
"Lack of staff... because of the epidemic, we send two staff to the border. So when there are many patients, we face difficulties. We are so busy... we provide service to everyone, but it is a bit slow." (KII-HC Dak Dam)

gender-based violence (GBV)



Client numbers decreased because workplaces closed, reducing finances.

*“Most of the women who come here complained about **their financial crisis**. High **unemployment**. Many women who work at karaoke used to come here before, but now they seem to have no income...” (KII-HC SMChey PP)*

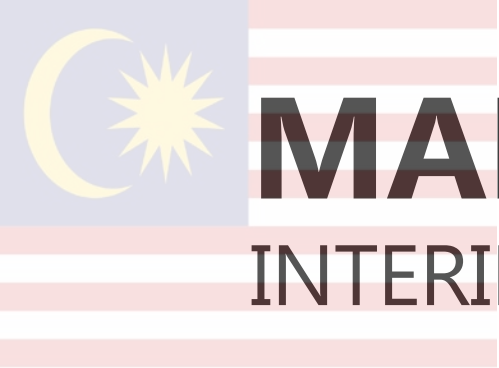


GBV is exacerbated by reduced income and alcohol/drug use
*“... if they have GBV problem, it is mostly because of **money**, lack of knowledge, **drug use**, and **alcohol consumption**. These cause domestic violence...” (KII_HC Dak Dam, KII-HC Kilo9, KII_HC_Krouch)*

*“Based on the report of **more than 20 violent cases**, physical and sexual violence were mostly happening and mostly happened among women and children. Women of **childbearing age**.” (KII_PHD_Kompong Cham)*

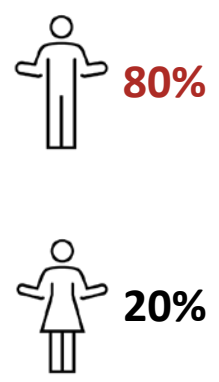
Support to GBV victims

*“... if they faced domestic violence, we offer counselling. If they get injured, health centre staff **treat** them immediately. ... we also have **cooperation with commune police office and the department of women’s affairs**. They help with mental health education or offer safe shelter...” (KII_PHD_Kompong Cham, KII-HC Dak Dam)*



MALAYSIA

INTERIM FINDINGS



500
participants

70% **Malay**
20% **Indian**
5% **Chinese**

HH

During MCO
57% **worsening earnings**
37% **no change**
6% **better**

in
Experienced **reduced working hours**

Around **1/2** reported **reduced income** from **May-Sep 2020**,
 HoH **66%**
 HoH **50%**

5 It is not surprising that many of the respondents are pessimistic for the future



Only 14% of the heads of households expect their financial status to be better in the next 6 months.




Head of Household (HoH) with disabilities are the most pessimistic; 1 in 2 (54%) expects their financial situation to worsen over the next six months.




1 in 3 (34%) of female HoH expect their financial situation to be worse.

Socioeconomic effects

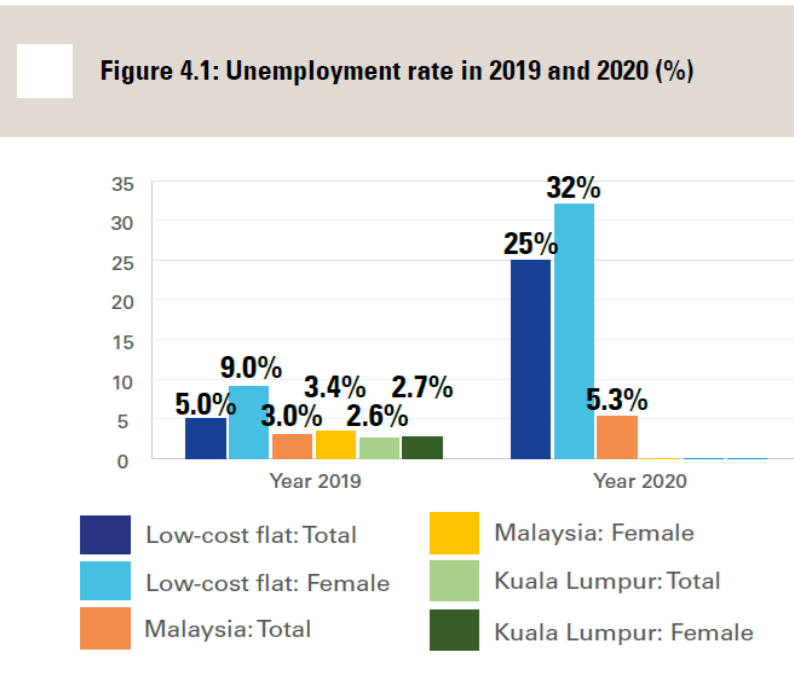
8 It is clear that negative psychosocial impacts of COVID-19 remains a major concern. The families expressed feeling fear, worry, anxiety, anger and stress about uncertain economic and financial conditions, the wellbeing of their children and their parents.

 Almost 1 in 5 (22%) of head of households and roughly 1 in 3 (29%) of female-headed households reported feeling depressed and experienced unstable emotions.

 40% of HoH and 50% of female HoH are worried, mainly due to financial conditions (Not enough money to buy food and no savings for the future).

 1 in 2 (49%) of female HoH and roughly 1 in 3 HoH (32%) are worried about not having enough money to buy food for their children and their children's education.

Unemployment rate during MCO jumped to 25% from 5% in 2019, five times higher than the national average.



Despite the MCO, households still have access to antenatal and postnatal care. Most accessed the services at public hospitals/clinics*.

Figure 9.4: Location for antenatal and postnatal care, December 2019 (%)

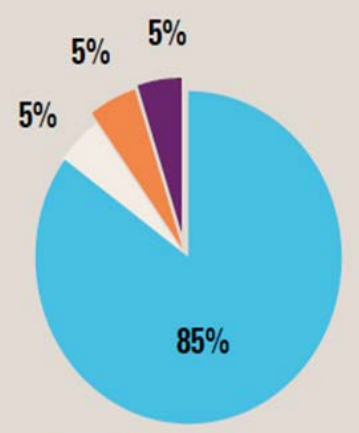
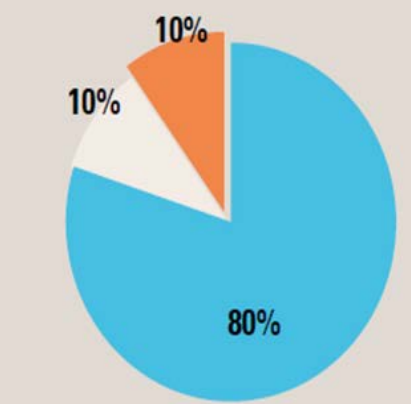


Figure 9.5: Location for antenatal and postnatal care, June 2020 (%)



- Public hospital/clinic
- Own house
- Public hospital/clinic and own house
- Did not realise at the time I was pregnant
- Public hospital/clinic
- Own house
- Haven't started any treatment

*All households with pregnant women have access to ANC/PNC services. No HH answered "No access".

★ ★ SYRIA

ONGOING RESEARCH

1

Qualitative study of initial perceptions and responses to the COVID-19 pandemic amongst displaced communities in Northwest Syria:

20 semi-structured interviews in 6 camps, conducted Apr-May 2020

- 9 face-to-face
- 11 remote



35%



65%

2

Qualitative study of Syrian women's experiences of the COVID-19 response:

20 semi-structured remote interviews, with women from varied backgrounds across Syria, conducted in Arabic by a female Syrian researcher

3

Qualitative study of perceptions of GBV-affected women in Syria:

10 in-depth remote interviews with women in Syria



SYRIA

INTERIM FINDINGS

Main concerns were increased prices and loss of already limited income and food aid in lockdown. Work could not be done remotely; food required queuing; storage, handwashing, safe-distancing were largely impossible

“Two or three members of each household go out to work daily to provide for their families. How would you impose curfew? It would be a crime!” (Study 1, CR13)

“If we sit at home, we will starve to death,” (Study 1, CR10)

Pragmatic risk prioritisation was common, particularly in camps.

“Ten years of war! You expect people to fear a germ?” (Study 1, CR14)

Men could access more accurate and comprehensive COVID-19 information. Awareness campaigns were directed to men, due to social norms. Some reported emotional distress, including increased worry, insomnia, nightmares, sadness or violence.

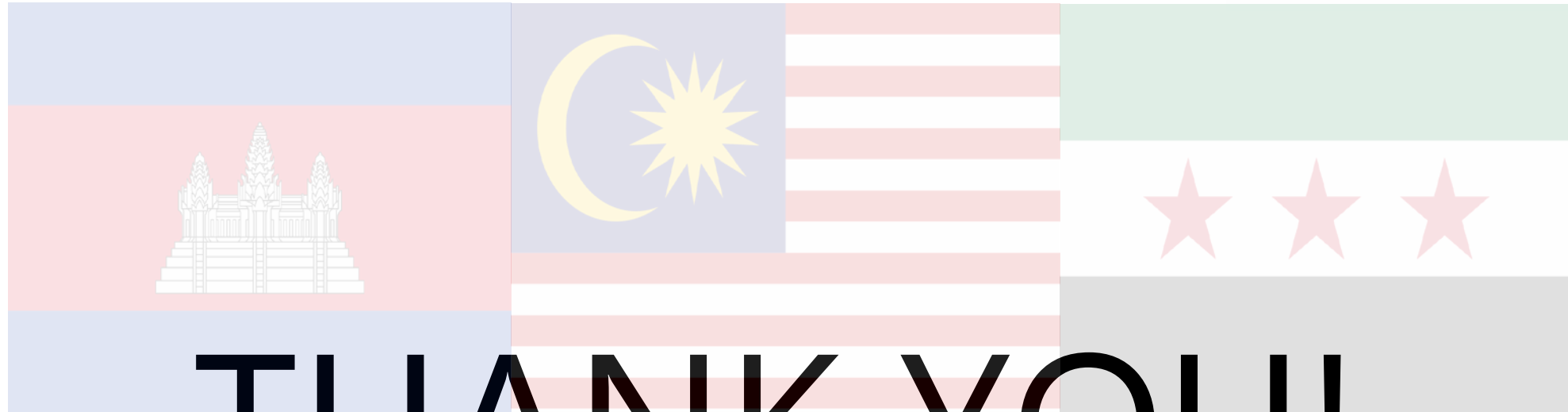
“When someone stays a long time at home [due to lockdown], their mental health will get affected. Along with COVID news, the economic crisis and the news in general, they [men] can't help but get mad so they beat their children, perhaps their wives as well” (Study 2; P7)

“If a woman opens up about an incident that happened to her, whether it was a physical or verbal assault [...], a discussion would be initiated [by employers...]. They try to walk her through her reaction to the assault. If it was correct or she should have reacted differently...” (Study 2, P3)

CONCLUSIONS

1. In addition to necessary public health measures to control the virus, responses must address:
 - increased mental distress and harmful coping mechanisms;
 - increased socioeconomic hardship among those already living precariously.
2. Women household heads and in controlling/abusive relationships face particular hardships and may need additional support.

We will come through the COVID-19 pandemic, so must ensure that global efforts to improve equity and socioeconomic wellbeing are not lost in the process.



THANK YOU!

