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**Advancing Learning and Innovation on Gender Norms**

**Annotated bibliography**

# Gender norms and crisis

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*June 2020*

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**Permalink**: https://www.alignplatform.org/resources/gender-norms-and-crisis

**Cover photo**: A woman wears a facemask in Mali during the Covid-19 (coronavirus) outbreak. © World Bank / Ousmane Traore

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# Introduction and overview of findings

This annotated bibliography brings together key resources on crises and gender norms to shed light on the potential outcomes of the Covid-19 pandemic. It outlines studies that explore the effects – positive and negative – on gender norms of different types of crisis to suggest patterns that may be brought about or amplified by the pandemic. As well as the initial impacts of an outbreak of infectious disease, these patterns include 'second round impacts', such as economic recession and displacement and the importance of gendered roles in responding and adapting to these challenges.

Each of the three sections of the bibliography deal with a different type (or types) of crisis, beginning with global studies, evidence reviews and other more general pieces of literature, before moving on to more detailed studies of specific country contexts, events and/or programmes. The bibliography focuses on recent open-access literature (produced mostly in the last decade) identified in a rapid search for both academic and 'grey' literature, and, in particular, for studies that discuss gender norms specifically. Recognising that much of the relevant literature focuses on gender equality and women's rights or empowerment more broadly, rather than on gender-norm change, the bibliography includes key materials that contain norms-related content but that do not use 'norms' terminology.

The bibliography also focuses on evidence-driven analysis and, therefore, includes few documents related directly to the Covid-19 pandemic. While the literature suggests effects on gender norms that may prove to be similar, it cannot predict the outcomes of the pandemic with any certainty.

Most of the studies use explicit norms framing, with the exception of a few that refer to issues that relate directly to gendered norms – particularly gendered dynamics in household and community divisions of labour, mobility, health-seeking behaviour and gender-based violence – without using norms framing. These were usually studies exploring outbreaks of specific diseases or economic crises (with the global financial crisis that began in 2008 cited most frequently).

Methodologically, the studies that provide the most useful insights into processes of norm reinforcement or change were qualitative, with one or two notable exceptions, such as Kapur's 2020 analysis of (secondary) quantitative datasets to examine the gender-differentiated impacts of Ebola in the Democratic Republic of Congo (DRC) (see entry 7).

Overall, these studies suggest that pre-existing gender norms affect the roles, patterns of behaviour and levels of risk and vulnerability experienced by women and men when crises hit. Studies of outbreaks of Ebola, Severe acute respiratory syndrome (SARS), dengue fever, tuberculosis and Zika all show that gendered roles in households and communities affect disease transmission, including the relative levels of exposure for women and men, and the settings and stages of outbreaks that put them at the greatest risk (see, for example: entry 2, WHO, 2007; entry 6, Abramowitz et al., 2015).

Women tend to face higher levels of exposure as a result of occupational sex-segregation – particularly their disproportionate representation amongst frontline health workers – as well as their responsibility for unpaid care work (see entry 8, Ministry of Social Welfare, Gender and Children's Affairs and UN Women, 2014). In the case of Ebola, however, men may be at greater risk of infection during the onset of an outbreak, with the index cases often having handled or butchered animals

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found dead in the forest, a task usually undertaken by men (see entry 9, Nkangu et al., 2017). There is very little evidence on gender-differentiated levels of risk for children and adolescents.

Pre-existing gender norms may be reinforced during a crisis in ways that do not challenge or contradict traditional roles. During disease outbreaks, this can include the extension of women's caregiving roles to include caring for sick household members and/or palliative care (see entry 11, Wenham et al., 2020).

During economic crises, most literature indicates that women are more vulnerable to job losses than men because they are over-represented in more precarious (often informal or part-time) jobs, and because of the persistence, and even resurgence, of patriarchal 'male breadwinner' norms that influence employers to keep male over female employees (see entry 14, Pearson and Sweetman, 2011; entry 15, Seguino, 2007). There is, however, contradictory evidence to show that women may sometimes have greater job security because they are paid less than their male counterparts (see entry 17, UNAIDS, 2012). Women's access to credit may also be curtailed during economic downturns by the exacerbation of norms around lending to women, with lenders seeing it as more risky to provide credit to women-owned businesses (see entry 17, UNAIDS 2012). These dynamics can reduce the time women spend on paid work, relative to unpaid domestic and care work (see entry 13, Alon et al., 2012; entry 19, Moura et al., 2015).

Existing norms and broader cultural beliefs may also interact with the characteristics of specific crises to create new dangers for women or exacerbate those that already exist. Societies tend to stigmatise diseases associated with poverty, contagion, frightening symptoms and physical disfigurement or impairment. Stigma may be especially acute for women, limiting their marital prospects, constraining their participation in community, household and family roles, and diminishing their quality of life and mental health (see entry 3, Jones et al., 2004; entry 8, Ministry of Social Welfare, Gender and Children's Affairs and UN Women, 2014).

Household tensions and limitations on mobility during outbreaks of disease have been shown to increase levels of domestic violence (see entry 16, Munoz Boudet et al., 2012; entry 26, CARE et al., 2016). Women and girls may become more vulnerable to sexual exploitation and engagement in risky sexual behaviours – for instance, when they carry out domestic roles such as fetching water and firewood in areas affected by conflict or where quarantine is monitored by military personnel (see entry 8, Ministry of Social Welfare, Gender and Children's Affairs and UN Women, 2014). Early marriage may increase as parents try to reduce household needs and protect girl children from violence (see entry 24, Girls Not Brides, 2016). It is possible for such practices to become normalised if they remain unchallenged (see entry 29, Winstons Muhwezi et al., 2011).

At the same time, however, the evidence suggests that crises can open up space where prevailing gender norms can be contested. In times of financial difficulty, women often try to pick up the slack for their families, beginning new economic initiatives or intensifying existing ones (see entry 16, Munoz Boudet et al., 2012; entry 17, UNAIDS, 2012). Their increased ability to contribute to family finances and exert control over assets can help them gain more voice at home and in public spheres (a change that may be more marked in rural settings) (see entry 16, Munoz Boudet et al., 2012; entry 25, CARE, 2020).

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It appears that women's empowerment can occur regardless of the type of economy in place, while the maintenance of men's identities as breadwinners depends on economic conditions (see entry 16, Munoz Boudet et al., 2012). Indeed, where men are unable to fulfil traditional notions of masculinity, they may find that societal expectations curtail the extent to which they can substitute formal productive work with other home-based activities. Their self-esteem may be eroded and they may resort to negative coping, including despondency, alcohol and drug abuse (see entry 18, Kelbert and Hossain, 2014; entry 19, Moura et al., 2015).

Relatively few studies address issues of intersectionality. One notable exception is the study by Coutinho et al. of the interaction between gender and socioeconomic status in responses to the Zika outbreak in Brazil (see entry 12, Coutinho et al. n.d.). This finds that differences in gender ideologies across levels of socioeconomic status led women from different socioeconomic backgrounds to adopt different strategies to protect themselves, with women from poorer socioeconomic backgrounds who possessed more traditional views reporting lower levels of power in condom negotiation than women who were better off.

Buvinic et al. (entry 21, 2013) find that aggregate economic shocks yield 'added worker' effects for women in low-income countries and low-income households during violent conflict, while women in high-income countries and high-income households are more likely to be discouraged from working. Examining the intersection between gender and age, women's increased economic activity in some contexts has been shown to bring about other changes in household divisions of labour, with domestic tasks reallocated: primarily to adolescent girls, but also to boys (see entry 18, Kelbert and Hossain, 2014).

As noted, for some women, the grip of various gender norms – particularly those around economic activity and mobility – can relax in certain circumstances. There is limited evidence, however, that women's increased economic activity alone can accelerate changes to inequitable gender norms or make local markets more welcoming of their initiatives in the longer-term (see entry 20, Petesch, 2013). Where only a few women – rather than a critical mass – manage to break with established norms, this is not likely to generate a lasting shift in gendered norms or the overall climate for women's economic and other public participation (see entry 16, Munoz Boudet et al., 2012; entry 22, GSDRC, 2015). Household-level changes in equity of decision-making may persist, for example, while gendered divisions of labour are re-established in the wider community once a crisis is over – particularly after violent conflict (see entry 27, Luna et al., 2017; entry 28, International Alert, 2014).

'New' and 'old' norms may coexist within communities, which shapes the degree of agency women are able to exercise in different contexts and can result in backlash (see entry 16, Munoz Boudet et al., 2012; entry 25, CARE, 2020). The agency of women and men is also interdependent, in that 'both need to feel in control of their destinies to realise their potential and for sustained changes in gender norms to be brought about' (see entry 20, Petesch, 2013, p. 27).

There is little evidence on how policy and programming can help to drive positive shifts in gender norms or sustain gains already achieved in women's empowerment during crises. One notable exception is the evaluation of BRAC's programming in Sierra Leone (see entry 5, Bandiera et al., 2019) which found that, following the Ebola outbreak, support to young women's economic empowerment

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and sexual and reproductive health through girls' clubs improved girls' enrolment rates when schools reopened and reduced their engagement in risky sexual behaviours.

What does emerge strongly from the literature is that policy responses to crises are often gender-blind, or treat women as a homogenous group (see entry 11, Wenham et al., 2020). Responses that do not take into account gendered norms may prove ineffective or may inadvertently reinforce inequalities (see entry 4, Harman, 2016). During the Zika outbreak in South America, for example, official advice that women avoid or delay pregnancy assumed that women in affected regions had more reproductive freedom and self-determination than was the case in reality, both in terms of decision-making within couples and national legislation on abortion (see entry 10, Davies and Bennett 2016).

The findings gathered from this bibliography suggest three key areas for further research to inform responses to the Covid-19 pandemic:

- how gendered roles shape transmission and levels of risk for women, men, girls and boys
- how responses to the pandemic extend and reinforce pre-existing gender norms, including women's domestic work and unpaid care burdens
- and how to harness opportunities presented by the crisis to drive positive shifts in gender norms.

# Health crises

## 1. World Bank Group (2020) Gender dimensions of the Covid-19 pandemic. Washington DC: World Bank Group

This note summarises key gender-differentiated transmission channels and impacts on outcomes across endowments, economic conditions and agency, based on evidence from previous pandemics and emerging trends from the data on Covid-19. It finds that women and girls can be active actors for change, but that they also experience the effects of crises in different (and often more negative) ways. Lessons from the existing literature are synthesised using the analytical framework shown in figure 1. The note also sets out recommendations to improve the effectiveness of containment efforts and minimise the potential negative impacts for women and girls. This is a 'living document' that will be updated as more data and analysis are made available.

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*Figure 1: Analytical framework for gender differentiated transmission mechanisms and implications of COVID-19*
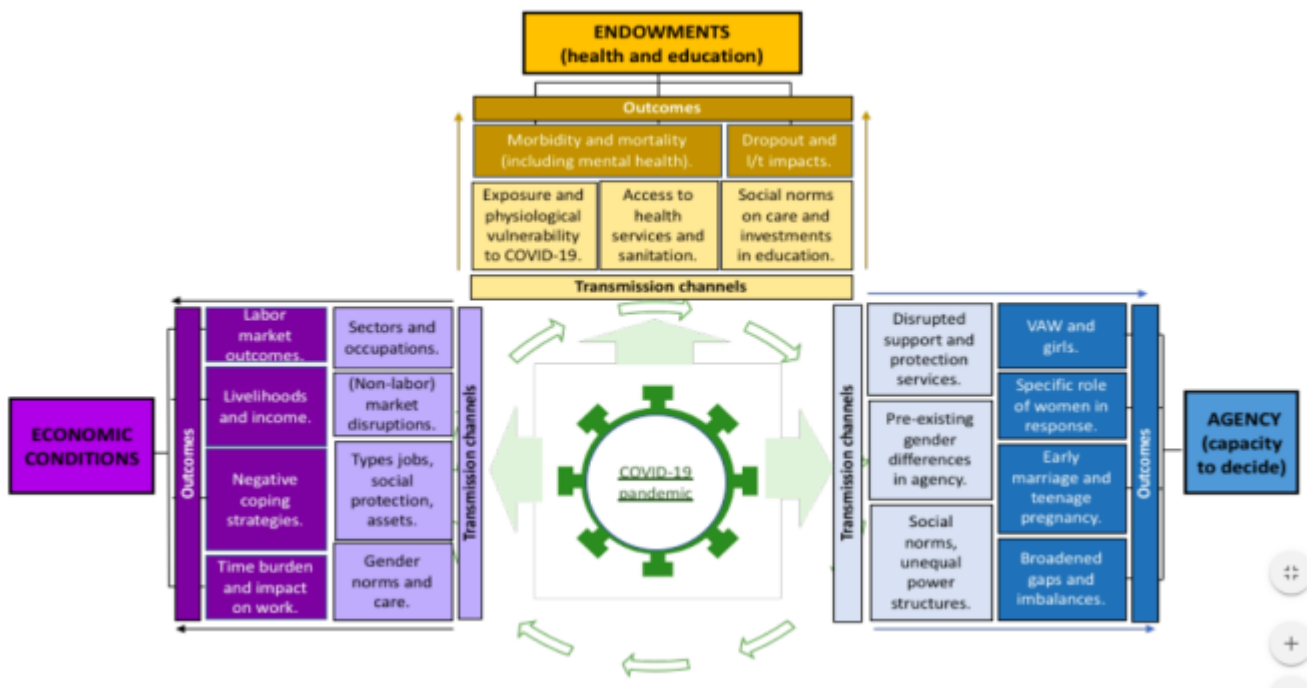


The note draws the following key messages from the existing literature.

*Gender implications and recommendations for health*

- Health vulnerabilities relate, in particular, to disease exposure in the short-term. Women account for a larger share of those working in the health sector and as home and family caregivers, and are more exposed to contagion as a result. Occupational sex-segregation might also affect levels of exposure. In many contexts, for example, women are more present in client-facing roles while men tend to be clustered in logistics or security. Providing personal protective equipment and materials and Covid-19 testing to those at higher-risk, including women, is crucial to prevent their contagion.

- Men, however, seem to be over-represented among those dying as a result of Covid-19, which could be connected to gender differences in the incidence of chronic conditions, risky and preventive behaviours or in immune systems. This trend may also have gendered implications, particularly for the women and girls left behind when men die, who may face further difficulties.

- Shifts in resources to address a public health emergency can disrupt key health services for women and girls, such as reproductive and sexual health services. There is, for example, evidence of increases in both teenage pregnancy among out-of-school girls and maternal mortality caused by a lack of critical resources in similar crises. Pregnant women can be particularly vulnerable in this context.

- A minimum package of reproductive and sexual health services should be maintained during confinement, virtual programmes for adolescents should be considered, and pregnant women and maternity wards should receive particular attention during the containment phase. In the longer term, programmes to decrease teenage pregnancy and encourage girls to go back to

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school are necessary, especially in contexts where the pressures on them to drop out are higher.

*Gender implications for education*

- Social and gender norms play a role in decisions about educational investment. Intra-household allocation of resources for home schooling and/or at the community level might prioritise boys over girls. These dynamics need to be considered when offering home-schooling and in related social messaging. Targeted measures for the most vulnerable girls, such as those with no access to information and communication technologies (ICTs) are also necessary.
- The disruption caused by school closures can increase the burden of care-related tasks, which is likely to have a greater impact on girls than boys in many contexts and could affect their ability to stay in education in the longer term. Boys, however, may feel more pressure to contribute to the family income because of the tightening economic conditions, leading to permanent school dropout. Financial incentive programmes can encourage families to send children back to school when the confinement phase is over. Adolescent empowerment programmes have also proved effective in keeping girls in education.

*Gender implications for economic conditions*

- Women worldwide are likely to experience significant burdens on their time, as school closures and confinement measures come into force, given their multiple care responsibilities, and these could cut the time they have available for work, leading to their permanent exit from the labour market. In some contexts, and as a result of food insecurity, girls and women reduce their calorie intake in favour of men and boys. Social messaging can contribute to a more balanced distribution of household responsibilities and resources as part of the emergency response.
- In lower-income countries, women are largely engaged in informal work and other vulnerable forms of employment (e.g. self-employment in small subsistence businesses or domestic work), which often excludes them from formal social protection measures targeted to workers. Female cross-border traders and small-holder farmers, in particular, suffer the consequences of declines in food and crop production, increases in food prices and closed borders.
- Sex segregation in sectors and occupations also leads to differential impacts depending on whether the jobs can be sustained, as in the case of those that allow telecommuting (working from home or e-commuting) or that are in counter-cyclical areas, such as government and education, or whether the jobs are at a higher risk of being lost. Women are over-represented in some occupations that are hardest hit, such as retail, travel, leisure and hospitality, while men are over-represented in construction and manufacturing.
- The effectiveness of social protection responses to the crisis will improve if these gender dimensions are considered. Cash transfer programmes to the most vulnerable groups that include women-only households (e.g., single mothers with children, widows or female farmers) are necessary, both as part of the emergency response and in the longer term. Specific programmes to support women´s return to economic activity also play a central role (such as public works, access to training and credit, and the direct provision of productive

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inputs to female farmers). It is also essential to ensure access to care support when work outside the house is resumed.

*Implications for gender-based violence*

▪ An increase in gender-based violence (and its severity and frequency) can be seen across countries, linked to increased tension, stress and confinement conditions in households.

▪ The stretched capacity of response services might reduce the protection and support available, contributing to a heightened perception of impunity among perpetrators. Some forms of violence are of particular concern in conflict-affected or fragile countries, such as sexual exploitation by public officials, community members in charge of enforcing quarantine measures or by outsiders transporting goods.

▪ Protection and support services need to be in place and increased capacity may be required. Innovative solutions to provide reporting mechanisms for women victims and to accommodate them and their children are also necessary. Social awareness is crucial, as well as the engagement of informal support networks and health workers.

## 2. World Health Organization (2007) *Addressing sex and gender in epidemic-prone infectious diseases.* Geneva: WHO

This paper explores the evidence on differences in transmission of infectious diseases by gender, arguing that differences between men and women arise as a result of biological differences, as well as gender-based roles, behaviours and power. It aims to show how, by taking gender differences into account, it is possible to improve understanding of the epidemiology, clinical course and outcome of diseases, aid in their detection and treatment, and increase public participation in (and the effectiveness of) prevention and control activities.

The paper has two main sections. The first provides a general overview of the interrelationships between sex, gender and infectious disease at each stage of the lifecycle including, for women, pregnancy. The second analyses gender-related determinants of exposure to and infection by dengue, SARS and Ebola. This summary focuses on the second section, which deals more directly with differences that stem from gendered norms, roles and behaviours (rather than biological differences).

> *Dengue:* There is considerable evidence that men and women have different roles and responsibilities in relation to vector control activities for dengue.[1] Women are usually responsible for the maintenance of containers that hold household drinking water and water vessels for laundry (both prime breeding sites for Aedes mosquitoes). In some cultures, however, men may be responsible for the maintenance of other potential vector breeding areas, such as large water vessels stored outside the immediate living area, or for the disposal of discarded solid wastes. An understanding of gender-related roles is, therefore, particularly

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[1] Vector-borne diseases are human illnesses caused by parasites, viruses and bacteria that are transmitted by vectors. Vectors are living organisms that can transmit infectious pathogens between humans, or from animals to humans, including blood-sucking insects.

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important in enlisting community support for vector control and the elimination of mosquito breeding sites in and around the home. In relation to outbreaks, there are few data on differences by gender in health-seeking behaviour specifically for dengue.

*SARS:* The considerable transmission of SARS that took place in health-care settings meant that health workers bore a disproportionate burden of this disease. The proportion of cases among them ranged from 8% in countries with relatively few cases to 57% in Viet Nam, with an overall average of 21%. Health workers tend to be female, which contributed to higher infection rates for females than males in most countries.

*Ebola:* The index cases in several outbreaks have had contact with forest animals, including through the handling and butchering of animals found dead in the forest. This suggests that men, who are more likely to undertake these roles, may be at greater risk of infection at the beginning of an outbreak. As outbreaks progress, however, infection rates among women are often higher than those for males, which may be because transmission of the Ebola virus often occurs while someone is caring for the sick: a role more likely to be played by women than men.

Notable exceptions include the Ebola outbreaks in Sudan, where the large outbreak of 1976 saw a higher proportion of men infected, reportedly because 75% of the medical staff in the main hospital were male. In the smaller 1979 outbreak in Nzara and Yambio, however, 69% of those infected were women, because transmission took place, almost exclusively, while caring for sick relatives. There is anecdotal evidence that this risk has been well understood by some populations. During an outbreak in the DRC in October 2003, for example, a group of men reported that they had deliberately made sure that only women cared for the sick in order to protect themselves from the disease. In this context, health education meetings that targeted women on how to protect themselves while caring for the sick were found to be extremely useful in halting transmission.

The preparation of bodies for burial also plays a role in Ebola transmission. In Gulu, Uganda, the paternal aunt of the deceased or another female relative on the father's side is responsible for washing the body, a practice that is likely to have contributed to the high proportion of female cases in the 2000–2001 outbreak. Evidence from the outbreak in Gulu indicates that elderly women, in particular, play a traditional and crucial role in caring for the sick and in preparing bodies for burial, which increases their risk of illness.

Because of the fear caused by outbreaks of Ebola, many survivors find it difficult to reintegrate into their families and communities after recovery. An anthropological study in Gulu, Uganda, identified a wide range of problems of this nature, including not being able to return home and abandonment by spouses (wives, for example, were told to go back to their home villages). Women reported stigmatisation more often than men (although the sample size was small and the differences were not statistically significant). This stigmatisation included being feared when they returned to their communities, and experiencing rejection in locations around the village (such as markets, wells and boreholes) and when walking through their neighbourhoods.

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### 3. Wanda Jones, Diana Coreil and Bronwyn Shoush (2004) 'Stigma: Lessons from Women'. *Emerging Infectious Diseases*. November, 10(11): e19

The starting point of this article by Jones et al. is that societies worldwide tend to stigmatise diseases associated with poverty, behaviours that seen as unacceptable, contagion, frightening or unusual symptoms, and physical disfigurement or impairment. Stigma may be especially acute for women, limiting their marital prospects, constraining their participation in community, household and family roles, and diminishing their quality of life. For communities that are already stigmatised, the added impact of infectious diseases can hinder their economic and human development still further. The article explores whether new strategies to expand care can reduce stigma, with reference to tuberculosis and lymphatic filariasis.

*Tuberculosis (TB):* At the time of publication, gender-specific research on TB was limited, but studies suggested that men are less likely to complete treatment than women. Women, however, are more likely to seek treatment later for a disease that is already advanced. Malnutrition, HIV, civil and economic crises, and urbanisation are likely to increase women's risk of exposure and disease. Evidence from South Asia, Africa, and Viet Nam suggests that the potential for stigmatisation affects the likelihood of women seeking help more than for men and is linked to fears of contagion and social isolation. A global-scale effort to control TB had begun in 180 countries based on a directly observed treatment short course (DOTS), with slow improvements in TB case detection. Measures to improve access to care may help to alleviate stigma and enable women's engagement. However, few national TB programmes – including community-based care, social mobilisation and communication – had the gender-specific components that are needed in areas where stigma is severe.

*Lymphatic Filariasis:* This is well known as a disfiguring infectious disease, with odour and sores from bacterial infections, as well as skin folding that results in disfigurement. Filarial blockage of lymphatic ducts causes lymphedema, or elephantiasis in its most extreme form. The lymphatic system anywhere in the body can be involved, although women have a 5–10 times higher risk than men of their legs being affected. In Haiti, before a national lymphatic filariasis programme was established, women already suffering from the disease asked for the creation of support groups to help educate other women about it, enable self-care, enhance self-esteem and coping, and promote community awareness and acceptance. Support groups met regularly and were connected to clinical services for the women. Those participating in the groups reported better adherence to home-care practices, improved understanding of the vector cause, fewer acute attacks, less physical difficulty in living with the disease (including standing, wearing shoes and being able to work). They also reported reduced experiences of depression, shame and embarrassment. Programme results suggest that integrating social support groups into clinical treatment or eradication programmes can improve outcomes for women.

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## 4. Sophie Harman (2016) 'Ebola, gender and conspicuously invisible women in global health governance'. Third World Quarterly, Volume 37, Issue 3

In this article, Harman argues that the differing impacts of outbreaks of infectious disease on women and men, the gendered role of women as carers, and the role of women in health systems in West Africa have all been overlooked. Further, she maintains that Ebola offers a case study that provides insight into the 'conspicuous invisibility' of women and gendered care roles in both emergency and long-term global health policy. People working in global health are well aware that women occupy care roles that underpin health systems, but fail to consider these roles explicitly in global health strategies, policies or practice.

With the exception of a handful of high-profile women who lead global institutions, women are only made visible through motherhood. As Harman puts it: 'The problem here is not only the conspicuous invisibility of women but that of gender, as global health policy and practice ignores and subsequently reinforces gendered norms of care and social reproduction.'

The article addresses the invisibility of both gender and women at each of four stages of the international response to the Ebola outbreak. First, in terms of data on the number of males and females contracting and dying from the disease. Second, in relation to the lack of discussion on gender as an analytical lens in the emergency and long-term response. Third, in the lack of critical engagement on gender and Ebola in wider academic debate on the response. And finally, in the absence of discussion on the role of social reproduction and women in the care economy in strategies to strengthen health systems.

Harman concludes with three recommendations.

- Gender affects health crises as they happen and needs to be addressed as a health crisis unfolds. It is important, therefore, to build gender-awareness and planning into operational responses to complex health emergencies from the outset, including the disaggregation of epidemiological data. Community mobilisers should be both male and female. Frameworks for action should incorporate understanding of the formal and informal roles of men and women in local care economies.
- Those who deliver responses to public health emergencies of international concern – the health sector, humanitarian agencies and, where relevant, domestic and foreign military forces – should be aware of the effect of gender on health outcomes and crisis management and know how to ask questions that make women and their needs visible in response planning. Security sector actors, in particular, have a tendency not only to overlook gender differences in experience of disease, but also to reproduce gender norms in masculinised decision making and implementation processes.
- Gender and the informal economy should be at the forefront of debates on health-system strengthening. A first step here is to ask where the men and women are situated in health systems (in both the formal and informal delivery of healthcare). The second step is to identify how these systems can be adapted to meet the different needs of men and women, particularly in resource-poor settings. The third is to ensure that consideration of gender is

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not isolated to the areas of reproductive, maternal and newborn child health, but addressed systematically across the health sector, throughout all policy processes and by all types of personnel.

## 5. Oriana Bandiera, Niklas Buehren, Markus Goldstein, Imran Rasul and Andrea Smurra (2019) The Economic Lives of Young Women: lessons from an empowerment programme. Washington D.C.: World Bank.

This paper evaluates the Empowerment and Livelihood for Adolescents (ELA) intervention, delivered by the NGO BRAC, to improve young women's economic empowerment and sexual and reproductive health in Sierra Leone. The intervention provided a protective space (a club) where they could find support, receive information on health and reproductive issues, and vocational training.

Unexpectedly, the post-baseline period coincided with the 2014 Ebola outbreak. An evaluation documented the impact of the Ebola outbreak on the economic lives of 4,700 women tracked over the crisis, and any ameliorating role played by the intervention, leveraging quasi-random, across-village variations in the severity of Ebola-related disruption, and the random assignment of villages to the intervention itself. The analysis also identified the mechanisms through which the severity of the aggregate shock had an impact on the educational and economic lives of young women.

The evaluation found that living in a high-disruption village led younger girls to stay out of school after the crisis, suggesting that the impacts of the shock made it harder for them to re-enrol, even long after the school closures ended. Enrolment rates fell by 16 percentage points in more disrupted villages (or 32% of the baseline mean). This accelerated the school-to-work transition, with most out-of-school girls shifting their activities towards engagement in income generation, which rose by 19.1 percentage points (or 238% of the baseline mean).

In high-disruption villages which were assigned randomly to the ELA intervention, the 16 percentage point fall in full-time school enrolment seen elsewhere was halved (to 8.1 percentage points). In those locations, ELA clubs also enabled girls to engage in school and work activities simultaneously. There were some limited improvements in both high- and low-disruption villages, in girls' business skills, attitudes towards gender norms and roles, and health-related knowledge, which form part of the life-skills component of ELA.

In relation to sexual and reproductive health, living in a high-disruption village where ELA did *not* operate increased the time young women spent with men by 1.27 hours per week or nearly 48% compared to the baseline mean. Moving from a low- to a high-disruption village is associated with a 10.7 percentage point increase in the likelihood of becoming pregnant, which is double the baseline and is driven almost entirely by out-of-wedlock pregnancies. These impacts occurred at a time when health service provision was significantly curtailed, and the risks during childbirth to girls were likely to be even more severe than usual.

Women in villages participating in ELA (whether they were low- or high-disruption villages) spent far less time with men or alone. The impact on out-of-wedlock births was completely reversed in the high-disruption villages where the fall in out-of-wedlock pregnancies (down by 7.5 percentage points)

almost mirrored the rise in school enrolment (up by 8.5 percentage points), which is attributed to a ban that was put in place post-crisis on the school attendance of girls who were visibly pregnant. In ELA villages, some older girls used transactional sex as a coping strategy, but increased contraceptive use generated by the intervention meant that this did not translate into higher fertility.

### 6. Sharon Alane Abramowitz, Kristen E. McLean and Patricia A. Omidian (2015) 'Community-Centered Responses to Ebola in Urban Liberia: The View from Below'. *PLoS Neglected Tropical Diseases*, 9(5)

This study was conducted in September 2014 in 15 communities in Monrovia and Montserrado County, Liberia – an epicentre of the Ebola outbreak. Findings from 15 focus group discussions with 386 community leaders identified strategies that were being used and recommendations for a community-based response to Ebola under the conditions at that time. Data were collected on: prevention, surveillance, care-giving, community-based treatment and support, networks and hotlines, response teams, Ebola treatment units and hospitals, the management of corpses, quarantine and isolation, orphans, memorialisation, and the need for community-based training and education. There were findings related to the gendered distribution of labour in the following areas.

> *Community surveillance:* Key findings include that the division of labour suggested in community surveillance was implicitly, and sometimes explicitly, gendered. Women and men were both included in community leadership focus groups, and their reports and ethnographic evidence suggest that men were expected to serve on community task force teams, block-watch teams, or community action teams to keep strangers out and engage in reporting and whistle blowing. There was some concern about remilitarisation, violence and destabilisation as a result of this trend, and this concern was borne out during the West Point riots in Monrovia, as well as in armed confrontations between male youth and police and Ebola response teams in Sierra Leone. The mobilisation of young men, particularly in communities that have experienced conflict, often involves a range of martial and surveillance-like behaviours that can turn into the swift remilitarisation of social organisation.

> *Domestic surveillance:* Women, however, were expected to engage in domestic surveillance; monitor the physical wellness or illness of family members while they washed, clothed, and fed children, spouses, siblings and the elderly; and care for the sick. As a counterpoint, the domestication of surveillance among women caring for the bodies of others within households might have put women at a greater risk of infection at home, particularly during quarantine and isolation, while men were more likely to be infected outside the household (e.g. through their involvement in transportation and porterage activities).

> *Caregiving:* Childcare, care for the elderly, home-based healthcare and the graduated triage approach were gendered activities. Home-based care, for example, constituted a zone of risk for predominantly female caregivers and for their dependents, in contrast to the community-based surveillance, education and transport roles that presented a zone of risk for men. This may also have had unrecognised repercussions on infant and child mortality, and on the explosive chains of Ebola transmission within kinship networks and families during the crisis.

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The reported deaths of young children under quarantine present a challenge to the descriptions of communities providing care (food and water) to local families and children throughout the quarantine period. It also reinforced the impression that women's greater involvement in the direct support of children's diet and healthcare and in traditional burial practices was resulting in gender differences in levels of exposure, although this has not been confirmed by the official data. A community-based approach lends itself to the interpretation that, while male and female case incidences and fatalities were similar, women's risk of mortality may have been impacted by their greater reluctance to seek early treatment for Ebola. This reluctance may have been rooted in their fear for their children's lives, and their concerns for the well-being of children and other dependents under the quarantine that would follow their hospitalisation at an Ebola treatment unit or temporary quarantine at a community-care centre.

The authors conclude that the gendered distribution of morbidity and mortality in the outbreak had a strong association with existing caregiving roles and with the distribution of labour in community surveillance and response. Women do not abdicate the role of primary caregivers; indeed, the study offered insight into their advanced planning as they considered how to respond if and when Ebola arrived in their households, families and social networks. The authors argue that resources must be provided to support both men and women in their community-allocated surveillance roles and women in their caregiving roles, to connect the Ebola response effort to the lived experiences of local people.

### 7. Nidhi Kapur (2020) *Gender Analysis: Prevention and Response to Ebola Virus Disease in the Democratic Republic of Congo.* CARE

Understanding that 'socially prescribed cultural norms, attitudes and practices in relation to gender and age dictate how individual women, men, girls and boys are differentially impacted by the Ebola crisis', CARE International in DRC commissioned a Gender Analysis of the Ebola crisis in North Kivu to provide information about the different needs, capacities and coping strategies of women, men, girls and boys during the crisis. Kapur employs a mixed-methods approach, including analysis of existing quantitative data sets from secondary sources, and collection and analysis of primary qualitative data at field level.

The key findings are as follows.

*Division of domestic labour:* One space where gender norms, attitudes and expectations are most apparent is the household, with large gender-driven disparities in how domestic chores are divided between men and women, as well as between boys and girls. These socio-cultural determinants and drivers often mean that women and girls are more pre-disposed to infection.

*Mobility analysis:* Gender-driven differences in the division of labour are reflected in mobility patterns of different segments of the population. Day-to-day tasks – such as fetching water, cultivating fields and going to the market – mean that many women are more likely to have

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wider 'environmental ranges' and are exposed to many more people in public settings within their communities each day, including those who may be unknowingly infected with Ebola.

*Changes in health-seeking behaviours:* Men and women, boys and girls all reported changes in health-seeking behaviours since the start of the crisis. Many research respondents explained that fear of contracting Ebola – in addition to the possibility of quarantine – kept them from seeking medical attention for other health needs. This has had a particular impact on the sexual and reproductive health of women and girls.

*Unequal access to vaccinations:* Vaccinations played a significant role in curtailing the outbreak, not least because this was the first time an effective vaccine had been developed and deployed as part of an overarching Ebola response strategy. However, conditions for vaccination have, historically, been unfavourable to women and children.

*Increased exposure to economic or sexual exploitation and abuse:* Ebola has been accompanied by specific employment opportunities. While some women have been successful in finding employment, some point to exploitative practices when it comes to hiring and retention for such openings. In addition, the influx of Ebola responders and associated cash flow may have inadvertently created conditions for economic or sexual exploitation and abuse. The visibility and rise of such problems is likely to be correlated with parallel increases in community resistance to Ebola response efforts.

A slightly earlier qualitative assessment by the International Rescue Committee (IRC) in Beni, DRC, in December 2018 found that that women and girls carry primary responsibility for caring for the sick and for managing household prevention. This means that women and girls, and particularly adolescent girls, must increase the number of times they travel long distances by foot each day to fetch water. This heightens their risks of sexual violence and harassment. Community members perceive an increase in violence against women and girls during the crisis, with the highest risks seen as sexual and domestic violence. They also report commercial sexual exploitation of women and girls to meet basic personal and household needs.

*A gender gap in communication:* Ebola-related key messaging and content were perceived as confusing. It is likely that a gender gap in levels of understanding correlates with existing gendered inequalities in access to education during childhood years and in adult literacy levels. Not only are women sometimes disadvantaged when it comes to accessibility and comprehension of key messages, but they often find themselves hampered in their ability to respect recommendations because of their gender.

*Gender bias in research and resourcing:* The scientific underpinnings of Ebola-related policy and practice are subject to gender biases in both research and resourcing – with different consequences for women, men, girls and boys. One key example relates to transmission trends, particularly those that have a disproportionate impact on women and young children. The continued presence of the virus in seminal and maternal fluids among male and female Ebola survivors has been identified, but little is known about exactly how long the virus can persist after a patient has 'recovered'. Similarly, a parallel de-prioritisation was evident in

research on the safe use of anti-Ebola vaccines for pregnant and lactating women, as well as children.

## 8. Ministry of Social Welfare, Gender and Children's Affairs / UN Women (2014) Report of the multi-sector impact assessment of gender dimensions of the Ebola virus disease (EVD) in Sierra Leone. Freetown: Ministry of Social Welfare, Gender and Children's Affairs

In collaboration with UN Women, Sierra Leone's Ministry of Social Welfare, Gender and Children's Affairs carried out a comprehensive national Multi-Sectoral Study to examine the gender differential impact of Ebola on women, men, boys and girls. Its key findings were as follows.

*Ebola infection rate by gender:* Women have been infected by Ebola more than men, with an incidence status of 56.7% for females and 43.3% for males. The difference in impact can be traced to socially prescribed gender norms and behaviours that perpetuate gender inequality; the gendered division of labour (particularly women's caregiving roles in households and communities); and gender-related differences in access to and control over productive resources (including access to information on Ebola prevention). Little attention has been given, traditionally, to gender differences in infection prevention and control – a view reflected by study respondents, who revealed a gap in understanding of the socio-behavioural contexts of the causes and origins of disease. In all, 99% of informants did not associate high infection rates of Ebola among women and girls with their social roles (which include caring for sick family members, washing and treating the dead for burial, sourcing food, water and firewood, and acting as traditional healers). Respondents attributed Ebola transmission to curses and believed that men and women, boys and girls had died in equal numbers.

*Economic coping:* Agriculture was the major source of livelihood, followed by informal employment, for both male and female-headed households before the Ebola outbreak. The proportion of females in the non-formal employment sector was higher than that for males. Following the outbreak, and with limited household resources, girls engaged in income-generating activities that included petty-trading without relevant skills. The consequences of this coping strategy included school drop-out.

*Stigma and discrimination:* Women survivors, and sometimes health workers, experienced being called names and treated as 'bad omens', as if they were responsible for bringing Ebola to their families. Many were violently abused before being chased from their homes as 'witches'. Others were afraid to go back to their families on being discharged from hospital or had to hide from their communities. In about four districts, interim care facilities offered temporary shelter and food for women and children who had been chased from their homes by family members. Only 20% of respondents said that they would accept Ebola survivors back into their communities.

*Water and Sanitation:* The non-availability of water in homes and the distance to water points had implications for women and girls whose role includes fetching water. During their

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quarantine period, women and girls had to find ways to get water and had to negotiate with the guards who were stationed in their communities to ensure that people did not leave their houses. This often resulted in their manipulation and sexual exploitation by these guards.

## 9.  Miriam N. Nkangu, Oluwasayo A. Olatunde and Sanni Yaya (2017) 'The perspective of gender on the Ebola virus using a risk management and population health framework: a scoping review'. *Infectious Diseases of Poverty*, volume 6, article number 135

In the three decades since the first reported case of Ebola virus, most known index cases have been traced consistently to the hunting of 'bush meat', and women have recorded relatively high fatality rates in most catastrophic outbreaks. This review draws on evidence from outbreaks since 1976 to 2014, including gender-disaggregated data on cases and fatality rates and sources of known index cases, to explore the interaction between Ebola-related risk factors and gendered cultural values.

Nkangu et al. find that, in total, approximately 1,530 people died in all previous Ebola outbreaks from 1976 to 2012 compared with over 11,310 deaths in the 2014 outbreak alone. Women's increased exposure can be attributed to time spent at home and their responsibility for caring for the sick, while men's increased vulnerability to the virus can be attributed to their responsibility for caring for livestock and to time spent away from home, as most known sources of the index cases have been infected in the process of hunting.

The transmission of Ebola virus has been found to be higher in homes than in hospitals. It is important to note that direct transmission of the virus occurs through contact with the bodily fluids of infected patients or with dead bodies. Both men and women also have specific cultural roles to perform during funeral services. Indirect transmission may occur when sharing meals, washing clothes, sharing clothing, sleeping in the same bed, shaking hands or hugging. All these risk factors and related exposures interact with cultural values and practices to create a circle of interacting risk factors. Based on these observations, the authors present a conceptual model of this circle in the African context, which takes into account socially constructed gender roles (see figure 2).

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*Figure 2: Gender roles as risk factors and cultural values – a circle of interacting risk factors*



Nkangu et al. conclude that there is no evidence at present on biological differences in the female or male sex that increase Ebola virus transmission and vulnerability; rather, there are differences in the level of exposure between men and women. Gender, therefore, and particularly informal caregiving roles, is an important risk factor to consider in the design of health programmes.

## 10. Sara Davies and Belinda Bennett (2016) 'A gendered human rights analysis of Ebola and Zika: locating gender in global health emergencies'. *International Affairs,* Volume 92, Issue 5, September 2016, pp. 1041–1060.

This article by Davies and Bennett explores the extent to which criticism about the gender blindness of global health governance applies to public health emergencies. Specifically, they ask 'to what extent do international advisories during health emergencies acknowledge the impact of gender inequalities existing within these health emergencies?'

The authors begin by arguing that intersecting gendered inequalities and gender norms determine the health of both men and women and that 'attempt[s] to address the gendered dimensions of health face complex challenges that go beyond sex-specific health needs based on biological difference to understandings of health as socially and economically determined'.

Building on Harman's 2016 study on women's 'conspicuous invisibility' in the policy response to the Ebola crisis (see entry 4 of this bibliography), Davies and Bennett compare the international emergency responses to the outbreaks of Ebola in West Africa and Zika in South America. They find that the lessons learned from the Ebola experience were not applied in the Zika outbreak and identify 'a disconnect between the international public health advice being issued and the experience of pervasive structural gender inequalities among those experiencing the crises'.

In the case of both Ebola and Zika, what Watson and Mason (2015) call the 'tyranny of the urgent' meant that official responses put important structural issues aside for 'later' – in this instance,

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whether women actually have any socio-economic or regulatory options that would enable them to exercise the autonomy presumed in international advice. In both outbreaks, leaving structural gender inequalities out of the crisis response compounded those inequalities still further.

Women were affected disproportionately by both outbreaks. A dramatic drop in primary healthcare services during the Ebola outbreak bore down heavily on women and children. Both outbreaks have shown that – as in other complex emergencies – women were more likely to experience social and economic deprivation, as well as limited access to resources.

Addressing gender inequality in health programming, including in emergency settings, requires an understanding of how the social status of women within their society affects their ability to respond to challenges linked to the crisis. However, in both outbreaks – and even though information was available to indicate that these health emergencies would be gendered and affect different communities in different ways – international public health advice rarely engaged with rights language that recognised these challenges.

In the case of Zika, for example, recommendations that women avoid or delay pregnancy, practise safe sex or abstain from sex during pregnancy all assumed that women in the affected regions have high levels of reproductive freedom and self-determination. Yet the high rate of unintended pregnancies in these regions suggests that the opposite is true, signaling a lack of official understanding of prevailing norms around sexuality and reproductive practices.

For women who do become pregnant, the interim guidance from the World Health Organization (WHO) on 'pregnancy management in the context of Zika' states that: 'women who wish to discontinue their pregnancy should receive accurate information about their options to the full extent of the law, including harm reduction where the care desired is not readily available.' However, restrictive abortion laws in many countries in Latin America leave women who wish to end their pregnancies with little access to safe, legal termination and expose them to the risks of unsafe abortions.

### 11. Clare Wenham, João Nunes, Gustavo Correa Matta, Carolina de Oliveira Nogueira, Polyana Aparecida Valente, Denise Nacif Piment (2020) 'Gender mainstreaming as a pathway for sustainable arbovirus control in Latin America'. *PLOS Neglected Tropical Diseases*, Volume 14, Issue 2.

Examining the 2015-17 Zika outbreak, Wenham et al. explore whether a gender-mainstreamed vector control programme could offer a more sustainable approach to infectious disease management. They also explore whether women's meaningful involvement in arbovirus control could contribute to broader gender equality across society.[2]

The article begins by observing that gender norms determine disease exposure and vulnerability. Traditionally, women are responsible for care and work in the household and water collection and storage, in addition to a significant portion of agricultural work – all activities that put them in closer

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[2] 'Arbovirus' refers to any of a group of viruses that are transmitted by mosquitoes, ticks, or other arthropods.

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contact with mosquito breeding sites and at greater risk of contracting arboviral diseases. Zika also deepened gender-based vulnerabilities, adding to the burden faced by many women whose traditional care responsibilities extended to palliative support for children with congenital Zika syndrome (CZS), compounded by the fact that women were often abandoned by their partner after a CZS diagnosis.

In addition, the roles played by women in vector control programmes reflect broader dynamics in the distribution of labour in global healthcare, with women dominating low or un-paid roles in frontline implementation. The authors cite Nading's (2014) work on Nicaragua, which demonstrates that 'in practice, if not by design' women have primary responsibility for delivering vector control strategies but are under-represented in policy and decision-making processes. Policies have failed to account for the increased burden of vector control activities on female health workers, for whom the Zika epidemic has meant longer working hours without any reduction in their other responsibilities or any increase in their incentives or salaries.

The involvement of women in the implementation of vector control also reflects wider societal perceptions of gender roles. In Brazil, for example, community health workers are overwhelmingly women and are tasked with disease prevention and health promotion activities. In the case of Zika, these activities focused on altering individual behaviours and identifying mosquito hot spots. Vector control agents, however, are predominantly male and are tasked with surveillance and control activities, such as reducing vector breeding sites and the mechanical or chemical control of mosquitoes. This gendered division of labour envisages primary healthcare as being stereotypically 'feminine' and household visits by community health workers as 'maternal' interventions that rely on skills traditionally associated with women (empathy and persuasion, for example). This contrasts with more stereotypically 'masculine' interventions that rely on technological and pharmacological instruments and on physical strength (including the ability to climb on to people's roofs to put larvicide into water tanks).

Vector control programmes tend to perceive women, particularly from low- or middle-income countries, as a homogeneous 'target group', regardless of their class, race, social status, age, locality and other social markers. However, recognition of diversity is essential for the design of policies that cater for the interlocking vulnerabilities that so often shape women's lives and choices. As well as benefiting the effectiveness and sustainability of these programmes, greater awareness of heterogeneity can help programming to avoid the inadvertent replication of existing inequalities.

The authors conclude by calling for more research on the various gender aspects of arbovirus control. These include the nature of women's participation in arbovirus control programmes, and the extent to which this might improve outcomes; the division of labour in the design and implementation of policies and their underlying assumptions about gender roles and women's place in society; the heterogeneity of women's experiences and the intersection of gender with other dimensions of vulnerability including class or race; and the potential for broader transformation towards gender equity through gender mainstreaming in health policy.

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## 12. Raquel Zanatta Coutinho, Letícia Marteleto, Abigail Weitzman and Caitlin Canfield (n.d.) Zika is a "Women's Problem": Gender Ideology and Infectious Disease in Brazil. Federal University of Minas Gerais / University of Texas at Austin.

This paper explores the interaction of gender ideology in two dimensions of the Brazilian Zika epidemic: first, public health messaging; and, second, women's negotiation of Zika and pregnancy prevention with partners. Addressing the intersection between gender and socio-economic status, Coutinho et al. propose three hypotheses as follows.

- The emphasis in public health campaigns on women's role in fighting the Zika outbreak reinforces gender stereotypes, encouraging acceptance of men's unimpeded sexual prowess during the epidemic while encouraging women to be chaste and to take responsibility for pregnancy and disease prevention.
- Women who adhere to traditional gender ideologies are more ready to accept the idea that pregnancy and disease prevention are their responsibility, which reduces the likelihood that they will engage their male partners in efforts to avoid Zika infection.
- Socio-economic differences in gender ideologies, with women of low socio-economic status having more traditional ideologies than other women, mean that women from different backgrounds adopt different strategies to protect themselves against Zika.

These hypotheses were tested through 16 focus groups with women of reproductive age (aged 18 to 40) in Belo Horizonte, the sixth largest city in Brazil. Participants came from two areas that were selected on the basis of three criteria: differing proximities to fresh bodies of water; contrasting physical infrastructures (high-rise apartments versus single storey homes); and the presence of segregated but adjacent high and low socio-economic status housing.

The study found, first, that public health campaigns reinforce the role of women as the main protagonists in Zika prevention efforts. Most respondents said that the alarming news about Zika causes greater concern among women than among men, arguing that gender differences in levels of concern are caused by fears of the in-utero consequences of infection. Whilst calling attention to microcephaly as a symptom is effective in heightening awareness of the Zika epidemic, it also hurts prevention efforts by honing in on one sub-set of the population – pregnant women – and leaving men out of the conversation. Some women complained that public health campaigns excluded men by emphasising mosquito transmission alone, and not sexual transmission. No pregnant women reported using condoms during intercourse.

Second, most participants agreed that, traditionally, mothers are expected to take care of children and that even when men participate, their contribution is far smaller. However, women differed in how they viewed their husbands' involvement in caretaking, with some describing it as good and others describing it as very limited. Women who saw their husband's involvement as 'limited' said that the men in their lives were not accustomed to worrying about child-related matters, so they did not worry about prenatal health. Traditional gender ideologies may also shape dynamics around Zika and pregnancy prevention through men's need to demonstrate masculine traits; for example, the desire to

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be perceived as strong may mean that some men avoid talking about health issues such as Zika, if doing so would be a source of vulnerability.

Third, women in low socio-economic status households reported both limited power in condom negotiation while also reporting consistent engagement in unprotected sex. By contrast, women with high socio-economic status said that while they also experienced low levels of male involvement in reproductive decision-making and caregiving, their partners did express concern for pregnancy prevention. Even when their partners did not want to use condoms, these women still asked their partners to use them. Some even suggested that their sexual negotiation was enabled by their financial independence.

In sum, these findings suggest that traditional gender ideologies, which inform much of public health messaging, place women in a double bind by expecting them to prevent both pregnancy and Zika without challenging the normative gendered power dynamics that prevent them from doing so. Without challenging the status quo, public health campaigns may actually reinforce women's vulnerability to infection and unwanted pregnancy, especially among couples with a low socio-economic status.

# Economic crises

### 13. Titan Alon, Matthias Doepke, Jane Olmstead-Rumsey and Michele Tertilt (2020) 'The Impact of Covid-19 on Gender Equality', Working Paper 26947. Cambridge, Massachusetts: National Bureau of Economic Research.

This working paper recognises that the economic downturn caused by the current outbreak of Covid-19 will have substantial implications for gender equality, both during the downturn and the subsequent recovery. Focusing on the United States, Alon et al. combine insights from existing literature with data on the distribution of women, men, and couples across occupations, as well as time-use data on the division of labour in households to shed light on the economic channels through which the pandemic is likely to affect gender inequality.

The authors find that the effects of the current crisis are likely to be sharply distinct in terms of gender from those of other economic downturns. In comparison to 'regular' recessions, which may affect men's employment more severely than women's, the recent and ongoing fall in employment related to social distancing measures has a large impact on sectors with a high share of female employment. For example, 28% of male workers but only 22% of female workers work in highly telecommutable occupations (defined as occupations where at least 50% of workers state that they are able to telecommute).

The authors also classify occupations by whether they are considered 'critical' during the current emergency, especially health workers. According to this (rough) classification, only 17% of employed

women work in critical occupations that are unaffected by stay-at-home orders, compared to 24% of all employed men. Similarly, data from the US Department of Labor show that 60% of the 700,000 jobs lost in March 2020 were women's jobs (BLS, 2020).

In addition, closures of schools and childcare centres have led to a huge increase in childcare needs. Single parents (most of whom are women) will be affected most severely, with little potential for them to access other sources of childcare under social isolation orders, and little chance of continuing to work during the crisis.

Even among couples raising their children together, there are clear indications that women will be affected far more by rising childcare requirements. Married women far outnumber men among stay-at-home parents and are likely to pick up most of the increase in the workload. Among the many couples with children who both work full time (44% of the total), women provide about 60% of childcare hours. In times of high childcare needs (i.e. when children are young), women's share is even higher. It is likely that much of this division of labour will persist.

The authors argue, however, that there are opposing forces that may promote gender equality in the labour market beyond the immediate crisis. First, businesses are rapidly adopting flexible work arrangements, which are likely to persist. Second, many fathers are now having to take primary responsibility for childcare, which may erode the current social norms that skew the division of labour in childcare and housework.

The paper concludes by suggesting four policy options, as follows.

1. Government subsidies should replace pay for workers who need to provide childcare during the crisis as a result of school and childcare closures and who are, therefore, unable to work, conditional on a continued employment relationship (i.e. workers can return to work immediately after the crisis).
2. Work requirements for government assistance programmes such as Temporary Assistance for Needy Families and Medicaid (health insurance) should be suspended until school and childcare centres re-open.
3. The requirement to be actively seeking work to be eligible for unemployment insurance over the same period should be removed.
4. Unemployment benefits to workers voluntarily separating from employment to provide childcare should be extended.

## 14. Ruth Pearson and Caroline Sweetman (eds.) (2011) *Gender and the economic crisis.* Oxfam GB / Practical Action Publishing.

This book explores the effects of the global economic crisis that began in 2008, which have been profoundly different for women and men. It finds that existing gender inequalities and power imbalances allowed the additional challenges arising from the crisis to fall disproportionately on those who were already structurally disempowered and marginalised.

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Pearson and Sweetman argue that 'the economic crisis is the latest element in a complex web of shocks and longer-term traumas affecting women, men and their families in developing countries'. These include food and fuel shocks, climate change, and the HIV pandemic. For many people living in poverty, these crises are experienced as one multi-faceted crisis, which has accentuated underlying chronic concerns that already exist in both the productive and the reproductive (care) economies of the world. While these issues remain largely invisible to mainstream economists and policymakers, they are critical to the development of effective and sustainable responses to the crisis.

Contributors to the book include key figures in the research field as well as policymakers and development practitioners, who analyse, with first-hand experience, the initial impacts of the economic crisis in South and East Asia, Africa, Latin America and the Middle East. All chapters first appeared in volume 18, issue 2 of *Gender and Development* in July 2010. Here, we will summarise the chapters that deal most directly with the effects of the economic crisis on (changes to) gendered norms.

In her chapter, Diane Elson provides a framework for exploring the gender dimensions of the global economic crisis. This considers the likely impact of the crisis, as well as responses to it, by both individuals and groups, in three spheres of the economy. First, finance, including profit-oriented banks, insurance companies, hedge funds and their regulators. Second, production, in which goods and services are produced for sale though activities such as farming, construction and manufacturing, including both formal and informal paid work. And third, reproduction, defined 'as a nonmarket sphere of social provisioning, supplying services directly concerned with the daily and intergenerational reproduction of people as human beings, especially through their care, socialisation, and education', including unpaid care work.

In each of these spheres the framework explores, first, the processes through which the financial crisis was transmitted to developing countries, originating in dysfunctional financial innovations in the 'north', primarily Wall Street and the City of London, which were immensely profitable in the short-run but created more and more risk in the long-run. Second, the framework explores the immediate impact of the crisis, following its transmission; and third, the responses of governments, firms and people. Elson distinguishes between quantitative and qualitative aspects of gender: what she terms 'gender numbers' (the numbers of men and women carrying out different activities, as measured by sex-disaggregated statistics) and 'gender norms' ('the social practices and ideas that shape the behaviour of people and institutions').

She finds that some gender norms are very similar across all countries, while some differ considerably. While men and women work in all three sectors, women's work time is concentrated disproportionately in the reproduction sphere. In production, women and men tend to be concentrated in different occupations in different industries, but the occupations and activities seen as 'women's work' and 'men's work' vary considerably. Norms around 'male breadwinners' (or 'rice-winners') and 'female carers' tend to be strong in many countries, even if women's earnings are, in practice, vital to keeping families out of poverty. The responsibility to try to ensure families get enough to eat tends to fall on women in most countries, with women using whatever means possible to ensure that there is food on the table.

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Gender norms are not, however, set in stone. They may be reinforced in times of crisis, but they may also start to decompose as individuals transgress norms under the pressures of a crisis (with individual men taking on roles normally associated with women, for example). They may also be transformed through deliberate collective action by civil society groups or by governments.

The chapter by Jackie Pollock and Soe Lin Aung explores the gendered impacts of the economic downturn for migrant workers from Myanmar in Thailand, drawing on the grassroots experiences and research of the MAP Foundation. The chapter uses a gender lens to examine wages, working conditions, family relations and safety and security issues.

It finds that migrant women have experienced decreases in wages, lay-offs, increased restrictions on reproductive rights and increased risks of harassment and extortion as a result of the economic downturn. It also finds that normally resilient migrant communities are being stretched beyond their limits and need urgent protection. Looking at employment, the chapter finds that the economic crisis is creating conditions in which women workers, who are already undervalued and underpaid because of gender stereotypes about the sectors in which they work, find their wages affected more than the wages of men in 'masculine' employment sectors. The sector-specific economic effects of the crisis – on export-dependent textile factories in particular – map on to gender-specific impacts with troubling clarity.

In relation to girls' education, the economic crisis has put further strain on migrant families who have children in school. Migrant families on agricultural and construction sites reported to the Rights for All project of the MAP Foundation that, as a result of falling salaries, they could only keep one child in school. When the families had one son and one daughter, they reported that they were more likely to take the daughter out of school, reasoning that she could help the family at home.

Zoe Elena Horn examines the effects of the global economic crisis on women in the informal economy. She cites findings from a study on the impact of the economic crisis on informal workers in Asia, Latin America and sub-Saharan Africa, which reveal that the transmission of the crisis to the informal economy is hitting poor women hard.

Women constitute the majority of the informal workforce in most developing countries and pre-dominate in its poorest and most vulnerable ranks. Evidence from four informal sectors suggests that income and employment trends during the crisis – falling demand and wages aggravated by rising competition – are strongest in the poorest-paying and lowest barrier-to-entry informal sectors and sub-sectors where women are concentrated. The crisis is also compounding the burden of women's paid and unpaid informal work. As a result, the relative socio-economic vulnerability of poor working women and their families is deteriorating during the crisis.

Jessica Espey, Caroline Harper and Nicola Jones look at the impact of economic crisis on care work in poor households in the developing world. Caring for children and other dependents, they argue, is crucial to human well-being, and to social and economic development. Yet, most national and international policymakers appear persistently blind to this fact, as highlighted by the global economic crisis. They need to recognize and value care work if they are to protect vulnerable families from the impact of economic downturn.

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The 2008–2009 global economic crisis underscored the potential effects of inadequate attention on the dynamics of the care economy, with serious risks to children's education, development, health and protection already evident. Nevertheless, economic recovery measures continue to provide little space or funding for protective or remedial measures.

The authors argue that gender and care-sensitive social protection measures are good ways to support carers and to make them more visible within policy circles, while also generating considerable returns for human well-being and broader long-term economic development. These returns are evident in pre-existing social protection programmes, from which it is vital to learn lessons. Including care-sensitive social protection in economic recovery packages could also improve the visibility and importance of care in a transformative and sustainable way.

### 15. Stephanie Seguino (2007) 'Plus Ça Change? Evidence on Global Trends in Gender Norms and Stereotypes'. *Feminist Economics* 13(2): 1–28

Seguino's paper begins by identifying two main targets in the struggle for gender equality: the gender division of labour that structures control over material resources; and the psychological and social systems that create gendered personalities and behaviour, based on ideologies and norms that legitimate the status quo. She argues that women's access to paid employment and equal pay are key strategies for change in relation to material resources, which contribute, in turn, to greater gender income equality.

If social and psychological aspects of gender inequality are to change, gender ideologies and norms must also change – a shift that is likely to be facilitated by women's entry into leadership positions in different parts of society. However, strategies that increase women's control of resources, Seguino argues, are likely to provide a faster route to gender equality than relying solely on women who act as role models through leadership positions and use their power to try to change gender norms.

Seguino then reviews macro-level literature on the relationship between economic change and a shift in gender norms. She finds that, overall, economic development is associated with a shift towards more egalitarian gender norms, with some exceptions (as in high-income Gulf states). Periods of economic growth can result in increased income to fund social spending and safety nets, and permit women to enlarge their share of employment, including in managerial roles. Such conditions can also promote gender equity without a frontal assault on norms and stereotypes that might provoke male resistance and backlash. In contrast, periods of economic crisis may exacerbate gender tensions by limiting men's income-generating possibilities and undermining masculine norms around 'male breadwinners'.

In the second part of the paper, Seguino examines three rounds of data up to 2001 from the World Values Survey on the degree of adherence to norms and stereotypes in three areas: the gender division of labour, gendered power, and the relative rights of men and women to access resources and opportunities. She finds that men hold more gender-inequitable views than women in most contexts (with a statistically significant gap in attitudes).

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Over time, the proportion of men and women who hold more gender-equitable attitudes has increased, although this varies by indicator and region. At a global level, for example, there has been a fall in the proportion of men who responded that men have more right to jobs than women where jobs are scarce.

Two regions of slow growth and economic crisis diverge from this trend. In sub-Saharan Africa, the proportion of men who believed men had a greater right to scarce jobs increased by 10 percentage points between 1990 and 2000, while the proportion of women who held this view declined. Responses in Asia in 2000 also showed an increase in the proportion of women who believed men had a greater right to scarce jobs compared with a decade earlier. This may reflect women's disproportionate vulnerability to job loss during the economic crisis and a resurgence and re-acceptance of patriarchal norms by both men and women.

Finally, Seguino reports on an econometric analysis of factors that affect trends in the World Values Survey indicators, which finds that gross domestic product (GDP) per capita and the extent of women's involvement in economic activity have the strongest influence on the gender equity attitudes measured. She also finds discriminatory attitudes to be more common among the richest and poorest socioeconomic groups and less common among the middle classes.

### 16. Ana Maria Munoz Boudet, Patti Petesch, and Carolyn Turk with Angelica Thumala (2012) *On Norms and Agency: Conversations about Gender Equality with Women and Men in 20 Countries.* Washington DC: International Bank for Reconstruction and Development and the World Bank.

This report presents the findings of a research project initiated and supported by the team responsible for developing the *World Development Report 2012*. Its premise is that social norms, gender roles, assets and beliefs about one's own capacity, as well as communities and countries, determine the opportunities available to women and men – and their ability to take advantage of them. The study engaged over 4,000 women and men in remote and traditional villages and dense urban neighbourhoods, across 20 countries spanning all world regions. In focus groups, the participants discussed the effects of gender differences and inequalities on their lives. Overall, the report finds that gender disparities persist, despite significant progress in many areas.

Across diverse social and cultural settings, traits and expectations of the ideal 'good' woman and 'good' man were remarkably similar in all sample urban and rural communities. Participants acknowledged that women are active in seeking equal power and freedom, but must constantly negotiate and resist traditional expectations about 'what they are to do and who they are to be'. When women achieve the freedom to get more education or to work for pay, they must still accommodate their gains to these expectations, particularly in relation to household responsibilities.

The study identifies three main pathways for women to gain agency: education, employment and decreased risk of domestic violence. Safer spaces encourage women to negotiate for more

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participation and equality in household discussions and decisions. Their ability to contribute to family finances and control major or minor assets (even partially) helps them to gain more voice at home and in public spheres. Women's aspirations and their empowerment to break gender barriers occur regardless of the type of economy in which they live (whether dynamic or poor), while men's perceived gains in agency – and their identity as breadwinners – depends largely on economic conditions.

In its specific examination of the impact of economic and other crises, the study finds that when households face financial difficulty, men may perceive any discussion of money as pointing to their failures and that this increases the risk of domestic violence. At the same time, women – who are usually responsible for household spending on basic needs such as food, schooling and medicine – cannot easily avoid such discussions.

Household gender roles may also be affected by both economic crisis and/or violent conflict. With the deterioration of economic opportunities, men struggle with identity issues as they strive to make ends meets and provide for their households, often having to undertake economic activities that may damage their status or erode self-esteem.

Some become passive and opt for unemployment until better times, and resort to coping strategies that involve drinking, gambling, drugs, affairs with other women and marital conflict. Meanwhile, women in struggling economies do their best to pick up the slack for their families, beginning new economic initiatives or intensifying those that already exist. For some of these women, the grip of various gender norms is relaxed by the exigencies of these stressful periods. However, this does not necessarily lead to a significant change in the overall climate for women's economic, political and civic participation.

When only a few women – rather than a critical mass – manage to break with traditional norms, those norms are not contested and may even be reinforced. The process of gender norm change is, therefore, uneven and lags behind topical conditions. The easy coexistence of new and old norms means that households in the same community can vary markedly in how much agency women are able to exercise. In general, however, women feel less empowered when the opinions and values of their families and communities remain aligned with traditional norms.

### 17. UNAIDS (2012) Impact of the global economic crisis on women, girls and gender equality. Geneva: UNAIDS.

This paper from UNAIDS outlines the impacts of the global economic crisis on women, girls and gender equality in the areas of economic activity, health and wellbeing, summarising evidence from high-, middle- and low-income countries, with a focus on those with a high prevalence of human immunodeficiency virus (HIV).[3]

The key finding on women's access to credit is that austerity measures that tighten financial lending also have a disproportionate impact on women and girls. Existing gender norms influence the

[3] All Joint United Nations Programme on HIV/AIDS (UNAIDS) priority countries were considered in the review: Brazil, Cambodia, Cameroon, China, Democratic Republic of the Congo, Ethiopia, India, Kenya, Malawi, Mozambique, Myanmar, Nigeria, Russian Federation, South Africa, Thailand, Uganda, Ukraine, United Republic of Tanzania, Zambia and Zimbabwe.

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decisions made by commercial lenders, with providing credit to female-owned business believed to be more risky. Women account for the majority of clients for microfinance institutions, but there is an expectation that such credit will decline as a result of liquidity problems in the financial sector globally. In addition, the impact of economic crisis on the cash flow of the informal sector affects the ability of women to meet the obligations of existing credits, reinforcing the view that they are too risky for lenders. As a result, the combination of gender norms that already disadvantage women in business and the reduced availability of credit make it more difficult for women in both high- and low-income countries to gain access to financial support during economic crises.

On women's employment, the paper finds that the global gap in pay between men and women puts women at greater risk of severe poverty. Women may sometimes have greater job security because they are paid less than their male counterparts (the implication being that high-cost roles are more likely to be cut). However, they are often more vulnerable during economic recessions because of their disproportionate representation in more precarious (often informal or part-time) jobs, as well as the dominance of 'male breadwinner' norms that lead employers to keep male rather than female employees. Women are, therefore, often the first to lose their jobs or see a reduction in their salaries.

Economic crises can also accentuate gender inequalities within households, with implications for women's health. There is evidence that women are often the first to stop eating to ensure a supply of food for their family, despite the serious consequences for their own health, including the increased risk of poor pregnancy outcomes and of maternal death. Related gender norms and expectations around women's self-sacrifice also reduce the health-seeking behaviour of women, meaning that they may forgo essential medicines and put their own lives at risk when experiencing economic hardship.

There may, however, be new opportunities in contexts of economic crises where existing gender norms are being challenged and reshaped. This could be the case, for example, in double-income households where a man has lost his job but a woman has not, or when a woman is required to work to support a family. Shifts in gender norms may also increase opportunities for entrepreneurialism, as women are presented with more opportunities to set up small businesses, network with other women and gain new skills.

## 18. Alexandra Kelbert and Naomi Hossain (2014) 'Poor Man's Patriarchy: Gender Roles and Global Crises'. *IDS Bulletin* Volume 45, Number 1

In this article, Kelbert and Hossain argue that rapid recent global economic shocks have resulted in a 'poor man's patriarchy', which they define as 'a washed-out version of ancient male privileges, but yoked to responsibilities poor men can rarely meet'. At the same time, norms that helped to keep women at home in unpaid care roles have weakened and paid work is an ambition for more and more of them. Drawing on qualitative primary research into experiences of food price volatility in 10 developing countries in 2012,[4] this article argues that there may be 'some emancipatory potential' in

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[4]The article draws on primary research carried out in 2012 as part of the Life in a Time of Food Price Volatility project, a four-year initiative (2012–15) to study the social impacts of and responses to volatile and rising food prices in poor communities in 10 developing countries: Bolivia and Guatemala in Latin America, Burkina Faso, Ethiopia, Kenya and Zambia in sub-Saharan Africa, and Bangladesh, Indonesia, Pakistan and Viet Nam in South and Southeast Asia.

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this de-stabilising of old gender roles, which can open up scope for cross-gender coalitions that have more progressive, redistributive political agendas.

In the context of high food prices, participants across countries believed that not having enough to feed the family properly would, inevitably, cause problems. Cases of divorce, wives going back to their natal homes, or of men leaving – often ostensibly to migrate for work – were mentioned in many communities, as were, more commonly, arguments and physical violence. In densely populated communities, where people know – or think they know – the cause of their neighbours' conflicts, this was attributed to failures by men to provide, particularly where they were using drink or gambling to cope, or when they were not seen to be working hard enough.

Kelbert and Hossain also found that women were doing more paid and cost-saving work than before, which meant that others, particularly grandparents and older daughters, were taking on more of the essential care work. Examples from poorer countries cited include Burkina Faso, where women were involved more in trading or working as domestic helpers than they had been in the recent past, and Addis Ababa in Ethiopia, where women traders noted more interest among women in obtaining micro-credit for small businesses (perhaps because the jobs available to them were very low paid).

In Nairobi, Kenya, more women were looking for laundry work than in previous years, while more women (and men) were reported to be going to bars to look for sex work when prices were high. In Lango Baya, also in Kenya, more women were taking up wage labour and burning charcoal for sale. In Lusaka, Zambia, women employed as teachers and nurses were moonlighting as traders to help manage rising household costs. And in Guatemala, women had recently taken on work for additional income, specifically to feed their children.

In middle-income countries with less acute food security concerns, women were still found to be seeking paid work wherever possible. In Viet Nam, for example, the rising cost of living meant that, more so than before, only those women who considered themselves too elderly or ill, or who had infants, were not in paid work.

This recent trend of increased participation of women in paid work as a result of price rises has had a clear impact on childcare. In Guatemala, when women left the home to wash clothes or sell goods at the market, their young children were cared for by grandmothers or older sisters. Interestingly, boys also learned to do housework, and young women there said that work was based on age rather than on gender. In Viet Nam, in many cases, grandmothers were cooking and caring for both their daughters' and their own families.

At a global level, women in paid work reported being 'exhausted' by the effort of reconciling work with domestic responsibilities, although this was equally the case for several men who were working longer hours to provide for their families. Two groups were taking on more care responsibilities: first, grandparents, or the older parents of adult children, and second, older daughters (and, in a small number of cases, older sons), who were helping out at home more than in the past.

Kelbert and Hossain conclude that the 'apparently solid ground of economic power and privilege that underpins everyday patriarchy may be shifting with economic change'. The de-stabilisation of men's roles as providers and the entrance of more women into paid work depletes resources for social reproduction, creating concerns about the quality of care. However, there is also emancipatory

potential, most obviously for women, but also for poor men who have less invested in 'old school patriarchy' than before (and, of course, than richer men). There may, therefore, be some basis for cross-gender collaboration to prioritise the protection of care or social reproduction without forcing women into the roles of unpaid, unacknowledged carers.

## 19. Tatiana Moura, Esther Spindler and Alice Taylor (2015) *Portugal's masculinities crisis: gender equality in the era of flagging economies.* Brazil: Instituto Promundo

Europe's financial crisis brought about economic disruption, with serious effects on social and family cohesion. The rapid impoverishment of already vulnerable populations has led to an increase in social inequalities, while shifting relations between men and women in both public and private spaces. Using existing literature and data from Portugal, this article attempts to understand the impact of the economic crisis on masculinities and gender relations.

Moura et al. find that the impact of the financial crisis is two-fold: both challenging and reinforcing traditional norms of masculinities and femininities in Portuguese society. First, social norms around dominant masculinities are being challenged by rising male unemployment, especially as men are being forced to question and rethink their roles as 'breadwinners'. Second, austerity cuts, particularly in the public sector, are undermining and reinforcing women's traditional roles as caregivers at home, having a much longer-term effect on the role of women in the labour force.

> *Challenging dominant norms around masculinities, and the implications for gender-based violence:* Moura et al. point to the masculinisation of flexible and part-time work and the visible under-employment of men (Ferreira, 2013), and a consequent gender shift in occupations that has psychological consequences for families. A 2014 study by the World Health Organization (WHO) and the European Observatory on Health Systems and Policies showed that the financial crisis and austerity measures in Portugal led to increases in depression and other mental health problems among the general population (Sakellarides et al., 2014). There have also been increases in youth violence and domestic violence. The number of reported cases of juvenile delinquency among children between 12 and 16 years-old increased by 23.4% from 2013 to 2014, while 31 more cases of domestic violence were recorded in 2014 than in 2013 (Sistema de Segurança Interna, 2014). Men's difficulties in fulfilling gender and social expectations of being 'breadwinners' at home have been associated with a growth of cases of domestic violence. Although there is a gap in formal research between the relationship of the economic crisis and escalations in domestic violence, there is evidence of a growing number of linkages.

While not linked to gender-based violence, several other studies identified during the compilation of this annotated bibliography report similar findings on the challenges posed by worklessness to norms around masculinity. A 2019 global study of wellbeing and workforce participation identifies a decline in the status and wages of low-skilled labour in the US and Europe and an increasing percentage of working aged men who are simply dropping out of the

labour force. It finds that these men have significantly lower life satisfaction than those in full-time employment and may resort to negative coping, including drug and alcohol abuse (Graham and Pinto, 2019). And a 2013 study of 1992 household data from Russia found that worklessness reduces men's time in productive activities far more than women's, attributing this to stigma faced by men when engaging in some non-market activities – stigma that constrains their ability to shift towards working at home. As a result, the impact of worklessness on life satisfaction is much larger for men than it is for women (Grogan and Koka, 2013).

*Women's job losses and reinforcement of 'traditional' domestic roles:* Another key impact of the economic crisis has been the reinforcement of the traditional roles of men and women at home. In Portugal as elsewhere, jobs in a number of employment sectors that have been traditionally held by women suffered heavy losses, affecting women's financial autonomy and their caregiving roles at home. For the most part, women lost jobs in more independent and informal categories, such as jobs in self-employment. From 2008 to 2010 for example, the self-employed sector had net job losses of 13.1% among women, compared to a drop of just 5.4% among men (Ferreira, 2013).

Fiscal austerity policies led to large employment cuts and hiring freezes in the public administration sector, an area where many women are employed. At the same time, a study had stressed the importance of the public sector for women's financial empowerment: women's income autonomy in dual-earner households is not only increased among those with higher levels of education, but also among those employed in the public sector (Ferreira, 2013). Women's job losses in the public sector could, potentially, place women back into traditional roles at home, decreasing their financial autonomy and increasing their share and burden of domestic and care work (Ferreira, 2013).

The Portuguese case demonstrates that the context of economic crisis may have produced changes in the traditional roles performed by men and women. Intimate relations are marked by an apparent relocation of men within the standards of hegemonic masculinity, a situation that could lead to conflicts and violence in the private sphere (Wall et al., 2010). However, the full extent of these gendered aspects of the crisis is still unknown and more research is needed to explore the relationship between masculinities during times of financial crisis and impacts such as domestic violence. What we do know, as Moura et al. argue, is that issues such as domestic violence have long-term, inter-generational consequences that can be prevented. For example, analysis of the findings of Promundo's International Men and Gender Equality Survey (IMAGES) in six countries showed that adults who engaged in violent behaviour as adults had also experienced or witnessed violence as children (ICRW and Instituto Promundo, 2011). There is, therefore, a need for preventive programmes that can help men and women question social norms and expectations around gender roles, and help them cope with economic crises and stressors.

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# Conflict and displacement

## 20. Patti Petesch (2013) 'The Clash of Violent Conflict, Good Jobs, and Gender Norms in Four Economies'. Background paper for the World Development Report 2013

This study draws on a large qualitative dataset from 16 non-conflict and 4 conflict countries – Afghanistan, Liberia, Sudan and the West Bank and Gaza – to explore the effects of violent armed conflict on gender norms, men's and women's perceptions of agency and empowerment, and the strong normative frameworks that surround economic participation. It sought to inform the *2013 World Development Report on Jobs* and focuses primarily on areas of the dataset that address issues of economic agency.

The findings reaffirm the sharply differentiated effects of conflict on women and men found in the wider literature. Men tend to report feeling emasculated as their economic opportunities deteriorate as a result of conflict. In contrast, women report that a stressful conflict environment seems to weaken some confining norms and structures, opening up space for them to exercise more authority in their households and gain more economic independence. Overall, conflict-affected women registered a strong sense of being more empowered to shape their lives, while men widely reported themselves to be losing control and authority.

'Men-only' jobs that are low-paying, dangerous and illicit flourish during and after conflict, which men reportedly find to be deeply emasculating. Conflict pushes women into the economy in larger numbers, although they may face even greater hazards than men to their safety and reputations. Job creation and, in conflict-affected environments that pose security risks, local policing strategies are needed that recognise the different opportunities and risks faced by men and women. To reduce barriers for women, creative programmes are needed to change mindsets about the acceptable treatment of working women, and investments must be made to strengthen local law enforcement and provide women with meaningful recourse for both workplace and intimate partner harassment and sexual violence.

The study finds limited evidence, however, that women's increased empowerment, on its own, can accelerate change in inequitable gender norms in such harsh circumstances, or make local markets and other community institutions more welcoming of their initiatives. Conflict weakens the norms and power hierarchies that shape how institutions function in a society. But this weakening does not necessarily leave women, or men who are not part of an elite, with much scope to reshape these norms and hierarchies in a way that better serves their interests. Many men struggling to secure 'good' work point openly to women's gains in power as challenges to their authority, if not the cause of their loss of power. Women, meanwhile, often voice frustration at men's inability to adapt to women's new roles or to the changing economic environment in their communities.

Men's and women's agency appear to be interdependent, and together shape the prospects for gender norm change and inclusive post-conflict recovery processes. Ideally, both women and men need to feel in control of their destinies if they are to realise their potential. Gender equality and

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development goals that aim narrowly at transforming women's lives are likely to miss their targets. The findings point to the challenge for community interventions that can support both men and women in tandem; in countries affected by conflict this often means helping men to recover their provider and authority roles while also supporting women to gain more strength in these same roles.

## 21. Mayra Buvinic, Monica Das Gupta, Ursula Casabonne and Philip Verwimp (2013) 'Violent Conflict and Gender Inequality: An Overview'. Policy Research Working Paper 6371. Washington DC: World Bank

The starting point of the evidence review by Buvinic et al. is that 'violent conflict…has lasting impacts on human capital, and these impacts are seldom gender neutral. Death and destruction alter the structure and dynamics of households, including their demographic profiles and traditional gender roles.'

The authors argue that attention to the gender impacts of conflict has focused almost exclusively on sexual and gender-based violence, and that a far wider set of gender issues must be considered to better document the human consequences of war and to design effective post-conflict policies. They organise emerging empirical evidence using a framework that identifies both the differential impacts of violent conflict on males and females (first-round impacts) and the role of gender inequality in framing adaptive responses to conflict (second-round impacts).

Overall, they find that the impacts of conflict are heterogeneous and can either increase or decrease the gender inequalities that already exist (although they do not comment on whether one direction appears to predominate). Describing these gender differential effects is a first step toward the development of evidence-based conflict prevention and post-conflict policy.

The main findings by theme are as follows.

*Sexual and gender-based violence:* Sexual and other forms of gender-based violence have become distressingly common features associated with violent conflict, although it is extremely difficult to obtain reliable estimates of their incidence and prevalence. These types of violence can be a direct weapon of war used for ethnic cleansing and to punish opponents, although carefully collected evidence questions the extent to which such violence has occurred. More commonly, this type of violence may be a crime of opportunity that is facilitated by the general breakdown of social order, a climate of impunity and the contagion effect of violence during conflict. Such violence has been widely reported, for example, in the former Yugoslavia in the mid-1990s, where an estimated 20,000 women were raped; the Rwandan genocide in 1994, with estimates that around 300,000 to 400,000 women suffered rape; Somalia in the early 1990s; the conflict in Kashmir; the 15-year-long civil war in Peru; and the recent civil war in Sudan. A 2011 World Bank global review of 50 countries found significant increases in gender-based violence following major wars.

A population-based random cluster survey of adults in Liberia (conducted in 2008) is one of the few quantitative studies on the legacy of sexual violence in conflict situations. The study showed that both female and male combatants who experienced sexual violence (42% of all female

combatants and 33% of all male combatants) had worse mental health outcomes than non-combatants and former combatants who did not suffer such violence (Johnson et al., 2008). This study made the important observation that men are also victims of sexual violence in conflict situations, but that their victimisation is particularly under-reported. Sexual and gender-based violence triggered by conflict may result in lower productivity and earnings for victims.

*Marriage and fertility:* People in conflict zones alter marriage and childbearing patterns to minimise the disruptive effects of conflict on their household economy. Households that experience a decrease in income often defer marriage expenditures and childbearing until times are better. For example, Jayaraman et al. (2009) found that women living in parts of Rwanda that were more exposed to violent conflict during the 1994 genocide were more likely to marry and have children later. Conflict-related excess male mortality can also create shortages of potential grooms.

This situation may increase the search and dowry costs incurred by women's families, as Shemyakina (2009) found in Tajikistan, where women of marriageable age who lived in conflict-affected areas were one-third less likely to be married than women in areas that had been less affected. In Cambodia, a rebound in marriage occurred after the war but could not be sustained because of a shortage of young men of marriageable age (Heuveline and Poch, 2007). A shortage of grooms may lead to changes in marriage practices, such as an increase in polygamous marriages and informal unions.

Fertility can be depressed as couples are separated by male out-migration and male combat duties, and as poor nutritional status and stress lower fecundity and increase spontaneous abortions (Blanc, 2004). Fertility is, however, often found to rebound once a crisis recedes.

In Cambodia, fertility fell by 30% during the Khmer Rouge period, but nearly doubled two years after the fall of the regime and remained above pre-war levels for several years (Heuveline and Poch, 2007). In Angola, Agadjanian and Prata (2001) found that fertility dropped when hostilities peaked but rebounded in periods of peace (suggesting that norms around sex and reproduction had not changed), and that these fluctuations were stronger in regions that were more affected by the fighting.

Conflict may, however, lead to increased fertility when besieged ethnic or religious groups feel the need to increase their numbers. Among the Palestinian population, for example, fertility is substantially higher than would be expected from their level of socio-economic development (DellaPergola 2001). Families may also seek to replace children lost during conflict. Some years after the conflict in Rwanda, the number of surviving children among displaced populations was similar to that of the populations that had not been displaced (Verwimp and van Bavel, 2004).

*Schooling:* Studies in many settings have found that violent conflict has a limited impact on child schooling, even under difficult conditions. It seems that households attempt to keep their children in school. Blattman and Annan (2010) reported that the conflict in Northern Uganda had little impact on schooling for children who had not been abducted, despite the violence experienced by communities. However, abducted male youths lost nearly a year of schooling on average, were less likely to be functionally literate, and obtained lower-skilled work with lower

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earnings after the war. In Rwanda, Akresh and de Walque (2008) found that school-age boys and girls exposed to genocide have 0.5 and 0.3 fewer years of schooling, respectively, and are 15% less likely to complete third or fourth grade. The authors argued that the impact of genocide could be characterised as a negative shock that damages schooling outcomes and that has a disproportionate impact on boys and non-poor children who had previously enjoyed an educational advantage.

Traditional gender roles can work against both boys and girls. Boys' schooling may be more affected by conflict than the schooling of girls because there is less expectation that the latter will participate in the labour force. In Colombia, Angrist and Kugler (2008) and Rodriguez and Sanchez (2012) found that conflict had a negative effect on teenage boys' school enrolment as a result of their increased labour supply. In contrast, the expectation of higher economic returns from boys' schooling may tilt the balance of resource allocation to boys in conflict-stressed conditions. In Guatemala, Chamarbagwala and Moran (2011) found that girls were far more likely than boys to suffer the loss of their schooling in rural areas that experienced a higher intensity of conflict. After the war, the Government's girl scholarship programme helped to reduce this gap. These findings suggest that gender-differentiated responses to child schooling are highly conflict- and country-specific.

_Labour reallocation:_ The loss of men in conflict and falling household incomes trigger changes in household allocation of labour. These include women's increased participation in the labour market, and the so-called 'added worker' effect in which women join the workforce to help families weather income shocks and compensate for the absence of an earning spouse or partner. Evidence suggests that aggregate economic shocks yield added worker effects for women in low-income countries and low-income households, while women in high-income countries and high-income households were more likely to be discouraged from working (Sabarwal et al., 2010).

Bhalotra and Umana (2009), for example, analysed DHS data for 66 countries over 21 years (1985–2006), and found that women with more education often reduce their labour force participation in response to income shocks, while women with less education increase their participation. In line with the above findings on economic shocks, a study in Rwanda (Schindler, 2010) observed increased labour intensity among teenage girls and adult women in districts with low sex ratios, indicating the absence of males as result of the war.

Similarly, Fernandez et al. (2011) found that better-off agricultural households that are targets of violence in Colombia expand their labour market supply and shift to off-farm employment to compensate for the decline in household income. Men in these wealthier Colombian households are more likely to participate in off-farm non-agricultural work, while women attempt to find off-farm work (with little apparent success). A related study of civilian displacement as result of violent conflict in Colombia found increased labour-force participation among females who had been forcibly displaced than among rural women who remain in rural areas, as well as reduced participation among displaced males, although the study did not test for added worker effects (Calderon et al., 2011).

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*Political and civic participation:* Evidence suggests that violent conflict can trigger unexpectedly positive civic and political behaviours by women and other groups in the population who tend to be excluded from participation in civic and political life during peacetime. Experiences of war violence are highly correlated with greater levels of social capital, community engagement and peaceful political engagement.

In Sierra Leone, Bellows and Miguel (2006, 2009) found that individuals living in households that experienced mortality, injury or displacement as a result of war are more likely to be politically active and to participate in local collective action, as shown by voting, attending community meetings, being more politically knowledgeable and engaging in community maintenance projects. These findings extend to ex-combatants. Employing survey data from northern Uganda, where rebel recruitment generated quasi-experimental variation in people who were conscripted, Blattman (2009) found that abduction leads to greater postwar political participation, with a 27% increase in the likelihood of voting and a doubling of the likelihood of being a community leader among former abductees.

Another positive outcome of peace processes and political transitions has been women's increased participation in civil and political life. The expansion of women's roles in post-conflict reconstruction often leads to the emergence of women's organisations and networks that mobilise to integrate a gendered perspective into peace negotiations and throughout the post-conflict period (World Bank, 2011). In Haiti, Liberia, Nicaragua and Sierra Leone, for example, transitional governments introduced female staffing and gender-specific service in the police force (World Bank, 2011). In Timor-Leste, the transitional administration supported by the United Nations engaged women in rebuilding public institutions (UNIFEM, 2009). The most recent constitutions in Burundi, the Democratic Republic of the Congo, Nepal and Uganda had adopted affirmative action mechanisms, especially quotas and cooptation[5] systems, to help empower women both economically and politically.

## 22. GSDRC (2015) Gender and Conflict. Birmingham: University of Birmingham

This topic guide responds to the need for deeper understanding of both the ways in which gender and conflict interrelate in fragile and conflict-affected situations (FCAS), and of gender-sensitive approaches in such contexts. Drawing on a literature review, it summarises the evidence on the role of gender inequality in producing or exacerbating the structural causes of different forms of violence and conflict, and on the multi-layered effects of violence and conflict on gender relations. The topic guide also signposts evidence on the effects of interventions to support gender equality in FCAS, as well as emerging lessons.

Some experts argue that certain laws generalise women as victims and focus excessively on their protection (Barrow, 2010). There is also a critique that the focus of the Women, Peace and Security (WPS) agenda on engaging with and supporting women, more generally, undermines the adoption of a

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[5] The selection of a new member (usually by a vote of the existing membership).

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gender-relational approach – one that defines masculinities and femininities in relation to one another, and acknowledges men as gendered subjects (Myrttinen et al., 2014; Sudhakar and Kuehnast, 2011). Others argue that exclusive attention to women is necessary to counter the male point of view that has, traditionally, dominated conflict and security discourse (Myrttinen et al., 2014).

The relationship between conflict and gender is widely discussed. There are assertions that while women and girls are more likely to be victims of sexual and gender-based violence (SGBV), SGBV against men and boys and against sexual and gender minorities is also prevalent and should be acknowledged and addressed (Sivakumaran, 2010). The relative neglect of SGBV against men and boys is often attributed to stereotypes of women and girls as victims and men and boys as perpetrators (Linos, 2009).

Much of the conflict literature emphasises that while gender roles may be altered during conflict, with women taking on increased responsibilities and gaining economic independence, these changes are short-lived and do not translate into lasting economic and political gains (Domingo et al., 2013; Justino et al., 2012).

There is also growing exploration of the persistence of high levels of SGBV in the aftermath of armed conflict. Some experts argue that this is tied to issues of masculinities and identity: former male combatants feel emasculated by disarmament, the lack of economic opportunities and the alteration of gender roles during conflict, and seek to reassert male domination through violence (Schäfer, 2013; Specht, 2013; Sudhakar and Kuehnast, 2011). Addressing issues of masculinity in post-conflict programming has the potential to contribute to changes in individual attitudes and behaviours (Sudhakar and Kuehnast, 2011).

### 23. Virginie Le Masson, Sheri Lim, Mirianna Budimir and Jasna Selih Podboj (2016) 'Disasters and violence against women and girls: Can disasters shake social norms and power relations?' London: Overseas Development Institute

Based on a desk review of academic and grey literatures on disasters, social vulnerability and gender-based violence, and data from development and humanitarian projects, as well as accounts from practitioners involved in resilience programming, this paper by Le Masson et al. seeks to answer three questions.

1. What are the impacts of disasters on gender relations, equality and gendered norms?
2. Why should transformative resilience tackle unequal gendered norms?
3. What do these findings mean for resilience programming?

Despite the 'window of opportunity' created by disasters to change societal structures, the current literature suggests that people's traditional roles are often reinforced and gender inequalities increased after an emergency.

A combination of disaster impacts and the failure of protective systems (which are often unavailable in the first place) aggravate gender inequalities, such as violence against women and girls.

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While there is wide recognition that gender-based violence (GBV) is under-reported, research shows that violence increases after a disaster. Pre- and post-disaster vulnerability and capacity assessments should consider the many dimensions of violence systematically – not only sexual and physical violence, but verbal and emotional abuse, intimate-partner violence, trafficking, child marriage and female genital mutilation, so that emergency responses can support those most affected.

Disaster-induced displacement and migration are likely to impact those left behind in terms of their roles, network support and opportunities. The authors conclude that the implications of migration for potential shifts in power structures in places of origin need further attention, as does the overall resilience of households and communities. Further, more qualitative, comparative and longitudinal research is needed to document how the adaptive risk strategies already used by households and communities could transform gender relations and social norms, in which contexts and under which circumstances.

## 24. Girls Not Brides (2016) 'Child Marriage in Humanitarian Crises'. London: Girls Not Brides

This brief outlines what we know about child marriage in humanitarian crises, highlights a number of initiatives to address it, and includes recommendations for action, based on the experiences of Girls Not Brides members working on this issue. It highlights four key messages.

- Nine of the ten countries with the highest child marriage rates are considered fragile states.
- Child marriage rates have increased in some crisis situations. While gender inequality is a root cause of child marriage in both stable and fragile contexts, families see child marriage as a way to cope with economic hardship exacerbated by crisis and protect girls from increased violence. In reality, however, it has a range of harmful consequences.
- Child marriage is not being addressed adequately in crisis situations. It is a cross-cutting issue that requires coordinated action across all sectors from the earliest stage of any crisis.
- More research is needed to understand how different types of crises affect child marriage, how programmes to tackle child marriage can be adapted for these settings, and how child marriage can be integrated into humanitarian response efforts. Research must support interventions to address child marriage, however, and the need for more research should not be used as an excuse for inaction.

Humanitarian crises exacerbate poverty, insecurity, and lack of access to education – all factors that drive child marriage. For poor families who have lost livelihoods, land and homes because of a crisis, the marriage of their daughter may seem like the only option to alleviate economic hardship by reducing the number of mouths to feed or, in some places, receiving a bride price. Families living in crisis-affected contexts often anticipate a rise in violence and see marriage as a way to protect girls from sexual violence, even though married girls face increased sexual violence within their marriages. In many communities, female sexuality and virginity are associated with family honour and parents marry their daughters off while they are still young to guarantee their virginity at marriage. In some conflict-affected areas, child marriage may also happen forcibly and against the wishes of the

parents. Because the reasons for child marriage in such different contexts are so varied, solutions cannot be generalised.

Girls Not Brides members are implementing a range of approaches to tackle early marriage, as follows.

- *Identify the risks and needs of girls, and integrate them into disaster risk-reduction (DRR) strategies.* For example, the Girls in Risk Reduction Leadership (GIRRL) programme piloted by CARE and the African Center for Disaster Studies (ACDS) in Southern Africa in 2012-13 used a participatory approach to encourage girls to identify issues they face and link with community leaders and DRR planning structures to share their input. The Women's Refugee Commission has also been piloting a mobile tool in South Sudan – the Girls' Roster – to produce profiles of girls living in the camps to better reach them and address their needs.
- *Offer alternatives to marriage by providing safe spaces and services to girls.* The Protecting and Empowering Displaced Adolescent Girls Initiative, for example, implemented by the Women's Refugee Commission in Ethiopia, Tanzania and Uganda and the Non-Formal Education Centres set up by Plan International in Pakistan in 2010, both offered alternatives to child marriage in post-conflict and post-disaster settings. Services included safe spaces, access to non-formal education (including life skills and discussion of gender-related issues), health services and financial literacy courses for married girls and out-of-school girls living in refugee camps.
- *Run awareness sessions on child marriage with community members in refugee populations.* Save the Children and CARE have adopted this approach with Syrian refugee communities in Jordan and Turkey.

## 25. CARE (2020) Syrian Refugee Women's Roles: How the conflict has affected the role of women within their families and communities (positively and negatively) within refugee hosting communities in Lebanon, Jordan and Turkey. London: CARE

This research was an extension of CARE's 2018-2019 Syria Resilience Research Project, which examined resilience among Syrian men and women. This particular study explored 'transformative resilience and gender norms' among 54 Syrian women in Jordan, Lebanon, and Turkey, asking 'how has the Syrian conflict affected the role of Syrian women within their families and communities (positively and negatively) within refugee hosting communities?'. The study found that the most fundamental and dramatic shift was that women felt more empowered – that is, more able to make decisions for themselves and follow through with them – than they had before the conflict.

In relation to livelihoods, women had profoundly different roles as the primary breadwinners in their families, with most describing how they had to work to support their families either all the time or often. Of those who worked, the majority indicated that they were mostly happy to have the opportunity to work and earn income for themselves. Many also expressed confidence that they would continue working – even if their family no longer needed the income – because it provided them

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with a new-found sense of purpose. Where the host country had more progressive gender norms related to women's livelihoods and education, some women indicated that they found it easier to move past the norms with which they had grown up and that disapproved of women working.

Continuing barriers to the engagement of Syrian refugee women in economic activity included: lack of support from family members who subscribe to more traditional gender norms; the mental burden of needing to provide for their families; their lack of the skills needed to engage in more lucrative forms of work (or, among the better educated, an inability to access jobs that are in line with their skill levels outside Syria); a lack of support and accommodation for women with disabilities; lack of access to finance; and exploitation in the workplace (e.g. working without a contract, being expected to work longer hours, lower wages and poor treatment).

Perceptions around marriage have also shifted as a result of the conflict, displacement, and women's new roles outside the home. Many women cited the important role that a man plays in a marriage, both in terms of offering emotional support to his wife and children, but also critically in terms of providing an income, even if this is difficult as a refugee. However, some women stated that they do not necessarily need a husband in order to survive or thrive, and are choosing to live independently instead. Nevertheless, divorce, or being a single woman through any circumstance, remains socially unacceptable in Syrian culture. Further, despite new livelihoods opportunities for women, life as a refugee in a host country is difficult: having two household incomes is a distinct advantage and eases financial stress.

One consequence of the conflict is that many Syrians have been physically separated from tightly woven family circles, which is a profound shock. Arrival in, and adjustment to, the host country was difficult because of the absence of familiar social networks that could be relied on in times of need. However, refugee women are forming new social networks based on their own choices and relationships, and relying less on networks that had been largely chosen for them at birth or by marriage, with many seeing this as advantageous. Nevertheless, some, having lost their former communities, were living in isolated circumstances. For some, there is still strong pressure to remain close to, and to financially support, extended family and in-laws.

The authors note that, because wartime change is so swift and drastic, there may a lack of buy-in from some members of society and backlash may follow. Many Syrian women now live in circumstances where they are independent from husbands, in-laws and extended family members. While this may be a choice for some, it is often a result of war and displacement. Questions remain as to what this rapid breakdown in traditional family and social units will mean for wider society over time, particularly in light of traditional Syrian norms of the family as central.

## 26. CARE, GenCap and Oxfam (2016) From the ground up: gender and conflict analysis in Yemen. Oxford: Oxfam

This study, funded by Oxfam, CARE and GenCap, explores changes in gendered roles, relationships and socio-economic inequalities that have occurred at household and community levels since the onset of conflict in Yemen in March 2015.

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Focus group participants report that the conflict has reduced the impact of restrictive cultural norms and traditions around women's participation in community life and employment. There is also increased openness to women engaging in professions that used to be considered 'shameful' (such as butchers, barbers or chicken sellers) and that were once associated entirely with marginalised groups.

Other positive changes include an improved sense of how gender roles are mutually reliant (including increased appreciation of the importance of women's unpaid domestic and care work), with more men now taking on roles that were once solely for women. Nevertheless, household interviews showed persistent differences in the involvement of female and male household members in daily tasks, with women, on average, spending 8.7 hours on household tasks compared to only 2.8 hours for men.

The increased contribution of women to household income has also resulted in shifts in views held by women about joint ownership of household assets. Female respondents reported more 'joint ownership' with their spouse when it comes to livestock (17% for women, compared to 8% for men), valuable furniture (34% and 15% respectively) or their house (40% and 16% respectively). Women were more likely to see themselves as owning assets jointly with their spouses in rural settings than in urban areas.

The enhanced role for women in earning income and managing households was reported to have increased conflict between husbands and wives, as men often see themselves as being forced to take on women's roles in the household, including collecting water, cooking and childcare. Participants in the focus group discussions reported that forms of violence by men at household level often include verbal abuse of women and physical abuse of children. They also reported that the experience of the prolonged conflict had led to an increase in the number of men who are married to more than one woman.

### 27.  K.C. Luna, Gemma Van Der Haar, Dorothea Hilhorst (2017) 'Changing Gender Role: Women's Livelihoods, Conflict and Post-conflict Security in Nepal'. *Journal of Asian Security and International Affairs*, Volume 4, Issue 2, pp. 175–195

This ethnographic study examines how the Maoist conflict in Nepal affected women ex-combatants and non-combatants, looking at shifts in gender roles during and after the conflict particularly from the standpoint of livelihood challenges.

Luna et al. conducted interviews with 25 female ex-combatant and 20 female non-combatant heads of households (i.e. those in charge of socio-economic chores in the absence of the men during the war, including war widows) in Padampur and Judpani villages in Chitwan district, which were highly impacted by Maoist conflict and whose people spanned diverse caste and ethnic groups. They also conducted interviews with 10 male ex-combatants and 5 non-combatants to assess their everyday experience of gender roles and relationships during and after the war.

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The authors find that changes in gender roles depended largely upon the everyday gender division of labour and power as it evolved during and after the conflict. The Maoist conflict in Nepal also had different and contradictory effects: both categories of women experienced a shift in gender roles, with women taking on tasks once reserved for men, but this shift was most marked among ex-combatants during conflict. In the aftermath of conflict, these changes were partly reversed, and ex-combatant women, in particular, faced severe livelihood challenges and a return to traditional gender roles.

The authors also found that, during the conflict, women ex-combatants had been empowered to take on new military roles that were traditionally reserved for men. This was unprecedented in the Nepalese context. Women ex-combatants found that they had room to stretch their gender roles and a higher degree of gender equality during the war. As a result, some internalised the idea that women can or should contribute to the public domain.

Women non-combatants who did not join the Maoist movement also experienced shifts in gender roles. In the villages, they had to cope without their husbands and fathers, many of whom were killed or who migrated to find economic opportunities or escape from the war. In addition to their domestic roles, these women started to take on the tasks previously performed by men, both in agricultural production as well as in more public roles related to trade and local politics.

After the conflict, women ex-combatants mostly performed household jobs, but the practice of gender equality within the household and in family decision making continued (such as decisions about buying or selling land or livestock, lending money, participating in training or going to a marriage ceremony). Outside the household, however, women had to confront more traditional ideas on the gendered division of labour. The majority of the women interviewed, for example, felt that men still dominated the village and the market, and men still hesitated to offer women stereotypically masculine jobs (e.g. construction work, running motorbike workshops, driving and electronics repair).

Women whose husbands came back after the war found that the men rarely found jobs immediately in the current market because they had been away for a long time and because they lacked the necessary skills and education. Most of these men helped to run their wive's business and, in marked contrast to the situation before the conflict, also took on kitchen and other household chores.

With the Maoist movement claiming to erase ethnic and caste discrimination, the study also explored changes in norms at the intersection of class and gender. The authors found that all of the women ex-combatants interviewed had married out of their caste. In some cases, if a Dalit man was married to a woman from a higher caste group such as Magar or Gurung, the woman is easily accepted by the man's family. But if the woman happened to be Dalit and is married to a man from a higher caste group, she may well be rejected.

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### 28. International Alert (2014) *Re-assessing gender norms after conflict: Gender in peacebuilding in Nepal.* London: International Alert

This report is part of a series of four country case studies (Burundi, Colombia, Nepal and Uganda) that aim to improve understanding of gender in peacebuilding through in-country field research, as well as the review of available secondary literature. This case study examines the role of gender in peacebuilding in Nepal, which in 2006 emerged from a 10-year civil war waged by the Communist Party of Nepal – Maoist (CPN-M) and its armed wing, the People's Liberation Army (PLA) against the Kingdom of Nepal.

The insurgency was fuelled by widespread social, economic and political exclusion and discrimination that affected women but also ethnic minorities and those from lower castes. The peace settlement saw the end of the monarchy, the demobilisation of the PLA and a long process of redefining the constitutional framework of the new Republic to make it more equitable. However, the end of the insurgency has also led to a gendered 'roll-back' in some areas, where discriminatory practices and patriarchal structures have re-emerged.

The report examines two key post-conflict processes from a gender perspective: the reintegration of former combatants and migration. It finds that the Maoist rhetoric embraced gender and caste equality, attracting significant numbers of women cadres, with women estimated to have made up between 30% and 40% of the PLA forces. Female Maoists valued their sense of liberation and empowerment, stemming from a mixture of indoctrination, equal treatment among cadres and the very real power provided by guns. Nonetheless, they remained under-represented in leadership positions in the central committees and politburo of the CPN-M, and were not represented in the 2003 negotiating team.

More cynical observers argue that the high percentage of women stemmed less from emancipatory ideals than from the pressure of 'One house, one Maoist' recruitment drives, where families would send daughters rather than the 'more valuable' sons. It has also been attributed, in part, to the fact that girls had fewer options to migrate from conflict areas.

Female members of the PLA felt empowered and fulfilled roles equal to those of male members. On returning home, however, they faced the same social structures in their villages as before, and their subservience was expected. There are accounts of communities rejecting female ex-combatants because they were seen as masculinised and violent and were assumed to have been promiscuous. As a result, they were not considered suitable as wives, as wives would be expected to be docile, 'good' and obedient. Female ex-combatants also encountered family pressures (whether from their parents and wider family, or at times from their Maoist husbands) not to join the army even when this was their first choice, but to instead take the voluntary retirement payment and return to more peaceful 'female' ways by looking after the family.

### 29. Wilson Winstons Muhwezi, Eugene Kinyanda, Margaret Mungherera, Patrick Onyango, Emmanuel Ngabirano, Julius Muron, Johnson Kagugube, and Rehema Kajungu (2011) 'Vulnerability to high risk sexual behaviour (HRSB) following exposure to war trauma as seen in post-conflict communities in eastern Uganda: a qualitative study'. *Conflict and Health*, Volume 5, Issue 22

This study responds to a lack of research on the relationship between conflict-related trauma and high-risk sexual behaviour for people who are displaced within their own country by armed conflict (rather than refugees). Using a cross-sectional qualitative study of three sub-counties in Katakwi district and one in Amuria, Uganda, in 2009, Winstons Muhwezi et al. explore the socio-cultural factors and practices (and the social interactions, norms and networks) that underpin war trauma and vulnerability to high-risk sexual behaviour in a post-conflict population to inform the design of HIV/AIDS prevention interventions.

Common high-risk sexual behaviours identified by the study include: transactional sex, sexual predation, multiple partners, early marriages and forced marriages. The destruction of means of livelihood associated with conflict had pushed some women into risky behaviours to support themselves and their families.

Vulnerability to risky behaviours during war appeared to have been closely related to the expected roles of men, women and children within households. Women were reported to have persevered in their primary care-giving roles for 'a decent survival' during war, even where life opportunities had diminished. While pursuing these roles, some women and girls were reported to have engaged in high-risk behaviours to acquire resources to support either their families or themselves, in the absence of any alternative way to meet basic needs. Some women and girls in the study population were reported to have engaged in risk behaviours in exchange for food, money, clothes and other survival requirements. Men and women also believed that morally unacceptable sexual practices like incest had crept into current society as a result of alterations in the socio-cultural context.

As well as adults who engage in transactional sex because of economic hardship, orphans, particularly girls, engaged in prostitution and or entered early marriages because of societal neglect. High-risk behaviours were also associated with concentration of people in camps where idleness and unemployment were the norm, with many reports of girls and women becoming victims of rape by men with guns. Many people were known to have started to display persistent worries, hopelessness and suicidal ideas, as well as alcohol abuse.

The authors conclude that conflicts disrupt the socio-cultural set up of communities and destroy people's livelihoods. HIV/AIDS prevention programming in post-conflict communities should, therefore, address the socio-cultural disruptions caused by conflicts and that continue to fuel high-risk sexual behaviours – some of which, if not addressed, could become normalised. Socio-economic vulnerability as a consequence of conflict seemed to be associated with risky behaviours through alterations in sexual morality. To pursue safer choices about sexual health, people in post-conflict communities need life skills.

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# Annex 1: Methodology

This annotated bibliography focuses on recent open-access[6] literature (predominantly materials produced in the last decade) identified in a rapid literature search, carried out primarily through web searches (google and google scholar, for example).

Searches were carried out in April and May 2020 and used search strings comprised of key terms. While the annotated bibliography focuses mainly on studies that use norms framing, search terms included proxies for 'gender norms' (e.g. gender roles) to enable the identification of relevant studies that are not framed explicitly in terms of gender norms and norm change.

Relevant documents (including academic studies and 'grey literature' including white papers, policy briefings and programme evaluations) identified through searches were compiled, and publication information logged and contents analysed in an excel matrix. Documents were prioritised for inclusion based on that analysis, paying particular attention to coverage of key themes, geographical coverage (i.e. ensuring a mixture of global and national studies) and methodological robustness.

The search terms used in web searches were as follows.

Gender norms AND crisis OR crises
Gender equality AND crisis OR crises
Norm change AND crisis OR crises
Gender roles AND crisis OR crises
Gender norms AND economic crisis OR economic crises
Gender equality AND economic crisis OR economic crises
Norm change AND economic crisis OR economic crises
Gender roles AND economic crisis OR economic crises
Gender AND economic crisis OR economic crises
Gender norms AND financial crisis OR financial crises
Gender equality AND financial crisis OR financial crises
Norms change AND financial crisis OR financial crises
Gender roles AND financial crisis OR financial crises
Gender AND financial crisis OR financial crises
Gender norms AND infectious disease
Gender equality AND infectious disease
Norm change AND infectious disease
Gender roles AND infectious disease
Gender AND infectious disease
Gender norms AND SARS
Gender equality AND SARS
Gender roles AND SARS
Gender AND SARS
Gender norms AND Mers
Gender equality AND Mers

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[6] A few significant studies are included that are not available via open access.

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Gender roles AND Mers
Gender AND Mers
Gender norms AND Ebola
Gender equality AND Ebola
Gender roles AND Ebola
Gender AND Ebola
Gender norms AND Zika
Gender equality AND Zika
Gender roles AND Zika
Gender AND Zika
Gender norms AND conflict
Gender equality AND conflict
Norms change AND conflict
Gender roles AND conflict
Gender AND conflict
Gender norms AND humanitarian
Gender equality AND humanitarian
Gender roles AND humanitarian
Gender AND humanitarian
Gender norms AND disasters
Gender equality AND disasters
Gender roles AND disasters
Gender AND disasters
Gender norms AND displacement
Gender equality AND displacement
Gender roles AND displacement
Gender AND displacement
Gender norms AND positive AND conflict
Gender role AND peacebuilding
Gender role AND covid
Gender equality AND covid
Gender equality AND coronavirus
Gender norms AND coronavirus
Gender roles AND coronavirus
Gender norms AND empowerment AND conflict
Gender norms AND politics AND conflict
Gender norms AND politics AND crises
Gender norms AND politics AND crisis
Gender norms AND Economic empowerment AND conflict
Gender norms AND education AND conflict
Gender norms AND SRH AND conflict
Gender norms AND SRH AND war
Gender norms AND Sexual health AND Ebola