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How COVID-19 Worsens Gender Inequality in Nepal

The pandemic will worsen existing gaps in women's education, income, and employment prospects.

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A Nepali woman along with her children takes her goats for grazing during nationwide lockdown to stop the spread of COVID-19 in Bhaktapur, Nepal, May 18, 2020.

Credit: AP Photo/Niranjan Shrestha

The COVID-19 pandemic is having tremendous effects on the world's economy and social fabric of every society. [Data suggest](#) that women and girls in particular are facing a greater risk from this pandemic, as they are systematically disadvantaged and often suppressed by poverty, violence, inequality, and marginalization. Nepal is no different.

To prevent the spread of coronavirus, the country was under a nationwide full lockdown from March 24 to June 15, 2020. After three months [Nepal has eased](#) the lockdown, though the reopening is limited to basic facilities such as health care services, waste management, fire services, banks, and a few others. As of June 23, Nepal has 10,099 confirmed COVID-19 cases and 24 deaths. The [government's response to the pandemic](#) has been very discouraging.

Quarantine centers are poorly managed; they are often overcrowded, with no basic services like food, water, or toilets, including medical care. We are already seeing the profound effects

caused by COVID-19, which may have substantial implications for gender inequality in Nepal, both during and after the pandemic.

Rise in Gender-Based Violence

UN Women warns that [globally 243 million women](#) and girls aged 15-49 have been subjected to sexual or physical violence in the previous 12 months. The existing crisis of gender-based violence is likely to worsen in the context of COVID-19. Growing data demonstrates that since the outbreak, reports of violence against women and girls, mostly domestic violence, have increased in many countries. As the [WHO reports](#), “Emergency services across Europe have seen a sharp rise in domestic abuse calls under sweeping lockdowns imposed across the continent.” Developing countries like [India](#), [Brazil](#), and [Bangladesh](#) have also reported a rise in domestic violence cases. [UNFPA](#) estimates there will be up to 31 million new cases of gender-based violence if the lockdown continues for six months.

Gender violence was already a [growing problem in Nepal](#) prior to COVID-19. [UNFPA](#) suggests that 48 percent of women in Nepal had experienced violence at some point in their lives, with 27 percent of them experiencing physical violence. In addition, 61 percent of them had never told anyone about the abuse.

Since Nepal’s lockdown began there has been a rise in the reporting of gender-based violence (GBV). Recently, [a woman](#) who was staying at a quarantine facility in Lamki Chuha Municipality-1, Kailali was allegedly gang-raped. This is just the “tip of the iceberg” of GBV occurrences in Nepal. With physical distancing and isolation measures, many women are forced to stay with [their domestic abusers](#) and

that has exacerbated cases of gender-based violence. The [Women's Rehabilitation Center](#) in Nepal, reported 465 cases of GBV between March 24 and May 29, 2020. The number is likely to grow after more organizations make their GBV data public. A study published in the [Kathmandu Post](#) writes: "Every ten minutes, a woman somewhere in Nepal dials 1145, the helpline operated by the National Women Commission (NWC), seeking assistance. The majority of these calls are made by survivors of domestic violence who are either looking to report incidents of abuse or calling to inquire about the support services offered by the group."

Despite limited resources, local organizations are [already taking steps to deliver support to GBV survivors](#). The NWC is offering 24-hour toll-free helpline services for counseling and therapy sessions. Asha Crisis Center is also operating a 24-hour helpline (dial 9801193088) and Child Workers in Nepal (CWIN) is providing another 24/7 helpline (dial 1098) focusing on children.

Getting real data on GBV is a major challenge in a country like Nepal, as few victims report the abuse. The core cause for this is the stigma associated with being a GBV victim, a tendency to blame women and girls for their own assaults, and the importance of family honor – all of which prevent victims and families from reporting. [Previous research](#) has shown that GBV has long-term effects on women and girls such as fear, social stigma, post-traumatic stress disorder (PTSD), mental stress, etc. This might limit their everyday performances and further deteriorate gender inequality in the time of COVID-19 and after.

Heavy Unpaid Care Duties and Domestic Work

[Women and girls around the world spend a total of 12.5 billion hours on unpaid care](#) every day. [In Nepal, women spend 268 minutes every day on unpaid work.](#) Deeply rooted patriarchal social norms that pressure women to take on domestic roles have put the burden of caring for children and the elderly, including the bulk of household chores, on Nepali women's shoulders. Now with the coronavirus [school closure leaving millions of children stuck at home](#), Nepali women and girls' care duties are skyrocketing. This might prevent them from spending time and resources on education, training, and skill development. Many women work in the service sector and their jobs cannot be done from home. Women and girls living in poverty, from disadvantaged caste groups, or in rural, isolated locations are even more vulnerable and likely to face extreme consequences.

Although Nepal's new 2015 constitution guarantees gender equality in education, work, wages, etc, [gender disparity](#) largely exists even today. The [Nepal Labor Force Survey 2017-18 reports](#) that for every 100 employed males there were only 59 employed females; the [literacy rate](#) for women is 57.4 percent compared to 75.1 percent for men; and the average monthly income for women is 5,834 Nepali rupees less than what men earn. The unequal gender division of labor has long been identified as a factor causing inequality with direct links to lower income, education, and access to medical services for women. A heavy domestic workload aggravated by the COVID-19 crisis could leave women and girls further behind in Nepal. Also, [evidence from earlier epidemics](#) suggests that

girls are at particular risk of dropping out and not returning to school in the aftermath of the pandemic.

The World Bank is already warning of [South Asia being hit hard by COVID-19](#), with [women suffering the most](#). Women in Nepal might face worse economic insecurity in the aftermath of the crisis, as for women finding work is already more challenging than for men. As COVID-19 has taken away many [women's jobs](#), it is uncertain whether or not women will regain those lost jobs once normality returns. It is also highly likely that women who had entered nontraditional roles prior to the pandemic may roll back to traditional roles in the post-COVID-19 era.

Pre-existing [gender inequality](#) is a fundamental cause of the reproduction of gender-related vulnerability during crises. The patriarchal system is still prevalent and is reflected in the Nepali marriage system, caste system, inheritance system, and some discriminatory legal frameworks, all of which limit gender equality. Also, [other social factors](#) places women and girls in fragile situations, such as low education, low employment, income insecurity, challenges in entering politics, and unequal citizenship rights.

There is [growing evidence](#) showing that the women and girls are severely affected by COVID-19 in Nepal. However, to date there are no specific gender policy measures in place to address women and girls' urgent needs.

What Is To Be Done?

A record of gender-disaggregated data on COVID-19 must be created and maintained. It must detail not only infection rates but also the distribution of care and domestic duties, both

unpaid and paid; incidents of gender-based violence; gendered impacts on education as well as economy; and gender employment status, as well as other social impacts. This data will allow for the creation of more gender-responsive policies and improve gender equality. Also, this will compel the state and society to value the extraordinary work of health workers, domestic workers, and the unpaid care of women, who have worked at the frontlines in this pandemic and saved lives while the whole world was under lockdown.

Not all women face the outbreak in a similar way. Due to the differences among women and diverse gender categories, an intersectional feminist lens must be applied while formulating gender policy and programs amid the COVID-19 crisis to ensure that everyone gets the support and services they require.

To respond to women and girls' urgent needs both during and after the pandemic, there must be more women and girls involved in the policymaking of the COVID-19 era, for example, in agenda-setting, formulating policy options, budgeting, decision making, and policy implementing. This time, women must not only be at the table but serve as a leader of the table.

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TAGS

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