

Impact of the twin crises on women

Assessment of the impact of COVID-19 and the 1 February 2021 military takeover on women in Myanmar



Impact of COVID-19 and the 1 February 2021 military takeover on women

November/December 2021

6 April 2022

Background

Methodology

Analysis

- Impact of conflict
- Impact on economy
- Impact on health

Conclusion and
Recommendations

Background

Women suffer from multidimensional inequalities in business-as-usual settings. They tend to suffer even more in crisis situations.

Assessment of the impact of the two crises - COVID-19 and military takeover on the condition of women in Myanmar in relation to their security, economy and health.



Background

Results are compared to previous surveys:

Household survey covering all of Myanmar	Data collection period	Sample size	Conducted by
1. Demographic and Health Survey 2015/16	December 2015, to July 2016	13,260	Ministry of Health and Sports (MoHS) and ICF
2. Myanmar Living Conditions Survey	December 2016 to December 2017	13,730	CSO/UNDP & World Bank
3. High Frequency Household Surveys	May, June, August & October 2020 (4 rounds)	Approximately 1,000 for each Round	World Bank/Central Statistical Organisation
4. Household Vulnerability Survey	October 2020	2,016	Central Statistical Organisation/UNDP
5. People’s Pulse Survey 2021	May/June 2021	1,200	UNDP

The surveys have differing methodologies and in trying to tell a comparative story the limitations are noted in the report.

An early piece of work under the **Myanmar Development Observatory**. Informs the international community, development partners and Myanmar civil society with insights on Myanmar’s socio-economic situation.

Constructed around 3 pillars:

- 1. **Economy**, to track the economic impact of the military takeover and pandemic, including relating to poverty.
- 2. **SDGs**, to assess regressions on key development indicators especially for vulnerable and marginalised populations.
- 3. **Conflict**, to monitor evolving dynamics with a particular focus on the nexus between conflict, poverty, and the SDGs.

Methodology

Methodology

Telephone survey of 2,200 women.
Interviewed in November/December 2021.

Response rate = 50.3 percent.

Union level, **all States combined vs. all Regions** combined, and urban vs. rural areas



Limitations of CATI:

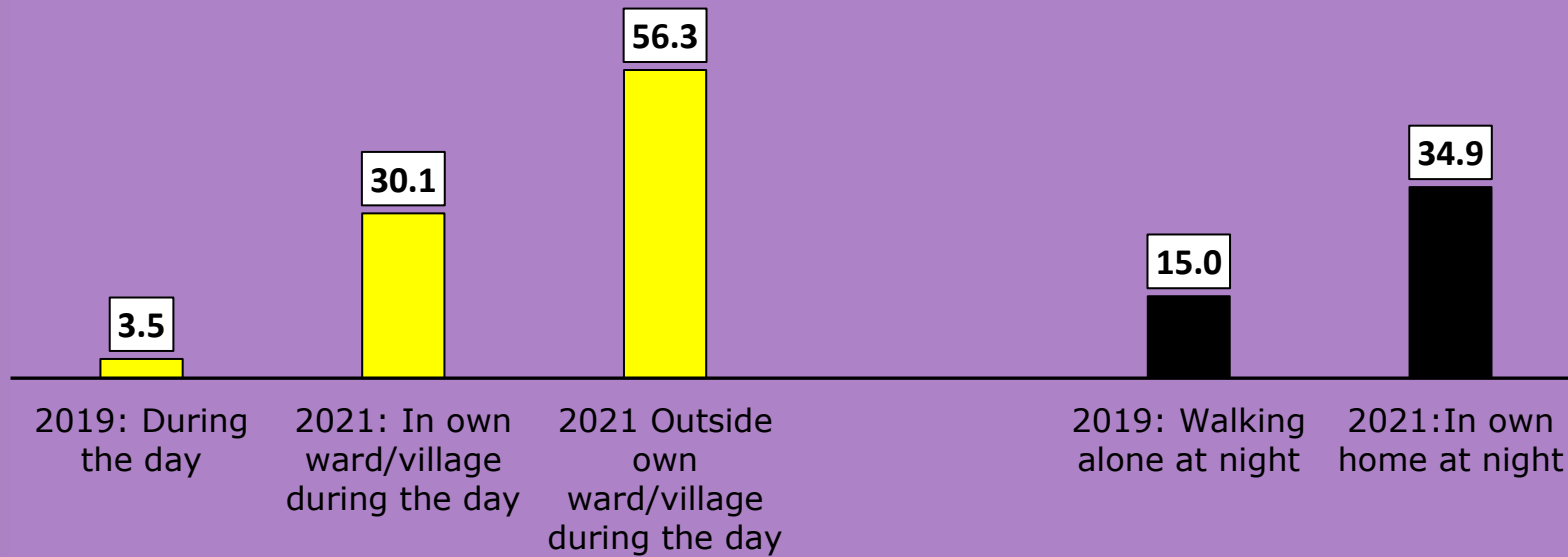
- People living in areas where mobile coverage is non-existent or weak are excluded.
- Sensitive questions, such as experiences of Gender Based Violence, would not yield reliable data. Some topics cannot be covered adequately in CATI interviews.
- Questions need to be concise. When doing face-to-face interviewing questions can be longer to ensure more reliable responses.

People without phones cannot be interviewed. Telephone interviews exclude the poorest parts of Myanmar society.

Since the military takeover the **perceived risks of providing data** for the respondent and gathering it for the interviewer made data collection challenging.

Impact of conflict on women

Fig 1: Women report feeling UNSAFE, by survey year and time of day (%)



"It's unsafe now to travel alone from one place to another. Due to the current situation, there are many cases of physical abuse and rape of girls, which can lead to shame and risk to their lives".

58-year-old woman from Magway.

"In Kachin state, due to the political unrest, it is not safe for a woman to live indoors or outdoors, alone or in groups".

26-year-old woman from Kachin.

Vulnerability to Conflict Index

Women living in the top 100 conflict affected townships are more likely to:

FEEL UNSAFE

- in their own ward/village – 36.6% compared to 23.4% for those living in less conflict-affected townships.
- during the day outside their own ward/village – 63.4% compared to 48.9%.
- at night in their own home – 38.5% compared to 31.2%.

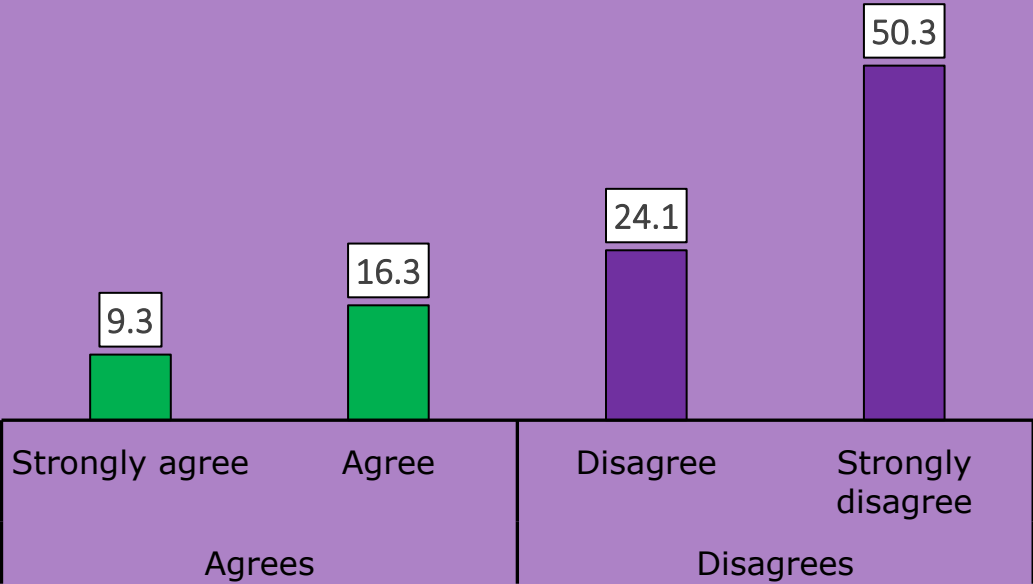
HEALTH

- have experienced COVID-19 symptoms since March 2020 – 46.2% compared to 34.4%.
- say that getting to health services has been more difficult in the last one month – 58.2% compared to 48.8%.
- not have had a second COVID-19 vaccination – 56.0% compared to 49.8%.
- get information about COVID-19 from family or friends - 50.7% compared to 44.2%.

VIOLENCE AGAINST WOMEN

December 2020, UN Secretary-General António Guterres warned of a “**shadow pandemic**” of **violence against women**, a by-product of COVID-19 lockdown measures.

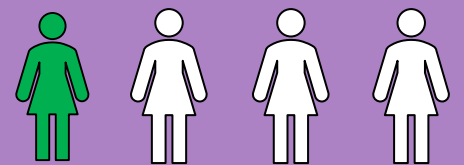
Fig 2: Opinion on statement that “there has been more beating, slapping or punching between family members since COVID-19 began in March 2020” (%).



Noticed violence against women by family members in neighbourhood since COVID-19 began in March 2020 (%)

	Yes	No	Total
Union	20.4	79.6	100%
18-30	21.1	78.9	100%
31-39	26.1	73.9	100%
40 and above	17.3	82.7	100%
Married	22.1	77.9	100%
Not married	16.1	83.9	100%

1 out of 4 women in their thirties noticed violence against women in their neighbourhood.



VIOLENCE AGAINST WOMEN

6.3% knew a woman who had experienced domestic violence since March 2020. The majority had sought assistance from the elderly in the community (38.1%).

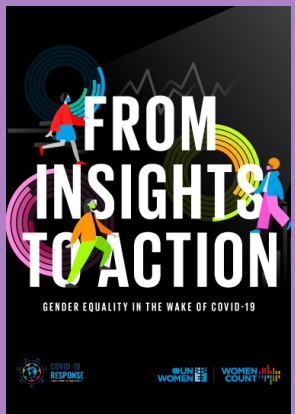
Women were four times more likely to use an “informal” source of support than a formal one such as the Myanmar Women’s Affairs Federation or the Police.

“If you experienced physical violence from a household member, where would you go for help?” 31.2 % would talk to a relative outside the home. A fifth said they would report their experiences of physical violence to a Ward Administrator.

“Because of COVID, there are shortage of jobs and marital problems.” **38-year-old woman from Shan**

“There is no place to complain when women are abused. I did not receive support for mother and child. No treatment for obstetrics and gynaecology.” **29-year-old woman from Chin.**

Economic impact of COVID-19 and the military takeover on women



"The pandemic-induced poverty surge will also widen the gender poverty gap. This means that more women will be pushed into extreme poverty than men".

The military takeover has compounded economic woes.

Could you tell me in your own words about life for women in Myanmar over the last few months" (%)

"Jobs are not good and so women have no income."	14.1
"It is difficult for women to find a job."	13.5
"Women face many difficulties as they lost their jobs."	12.5
"The social affairs and economics of women have become increasingly difficult because of the current political situation and COVID-19".	8.1
"As factories are closed there are more and more jobless women."	7.1

Fig 3: Women's personal income has fallen since the takeover (%)

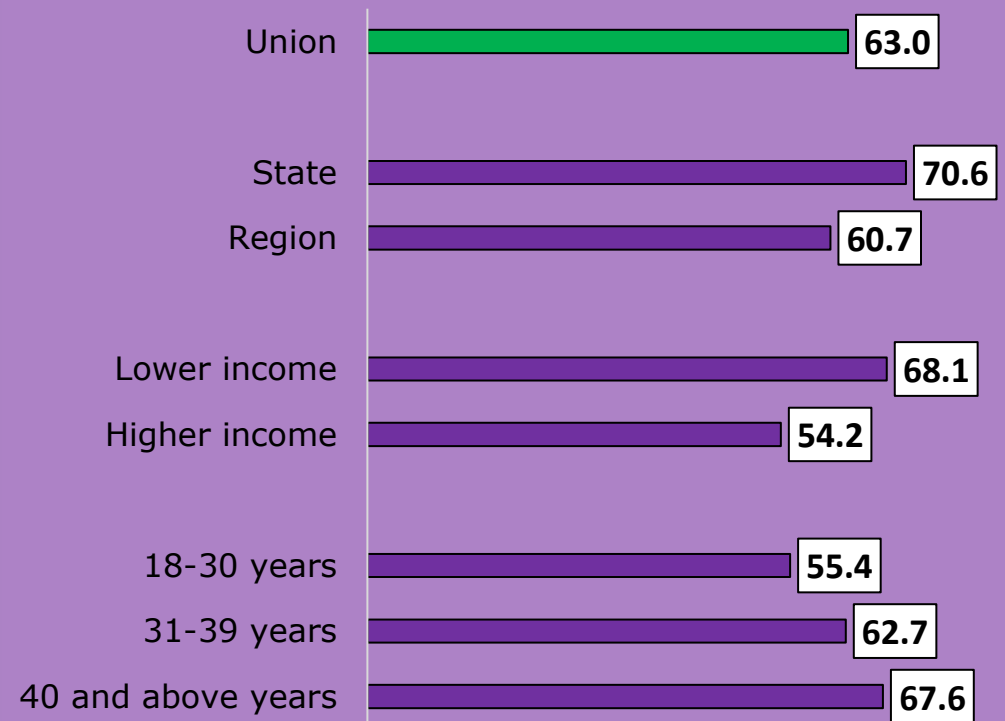
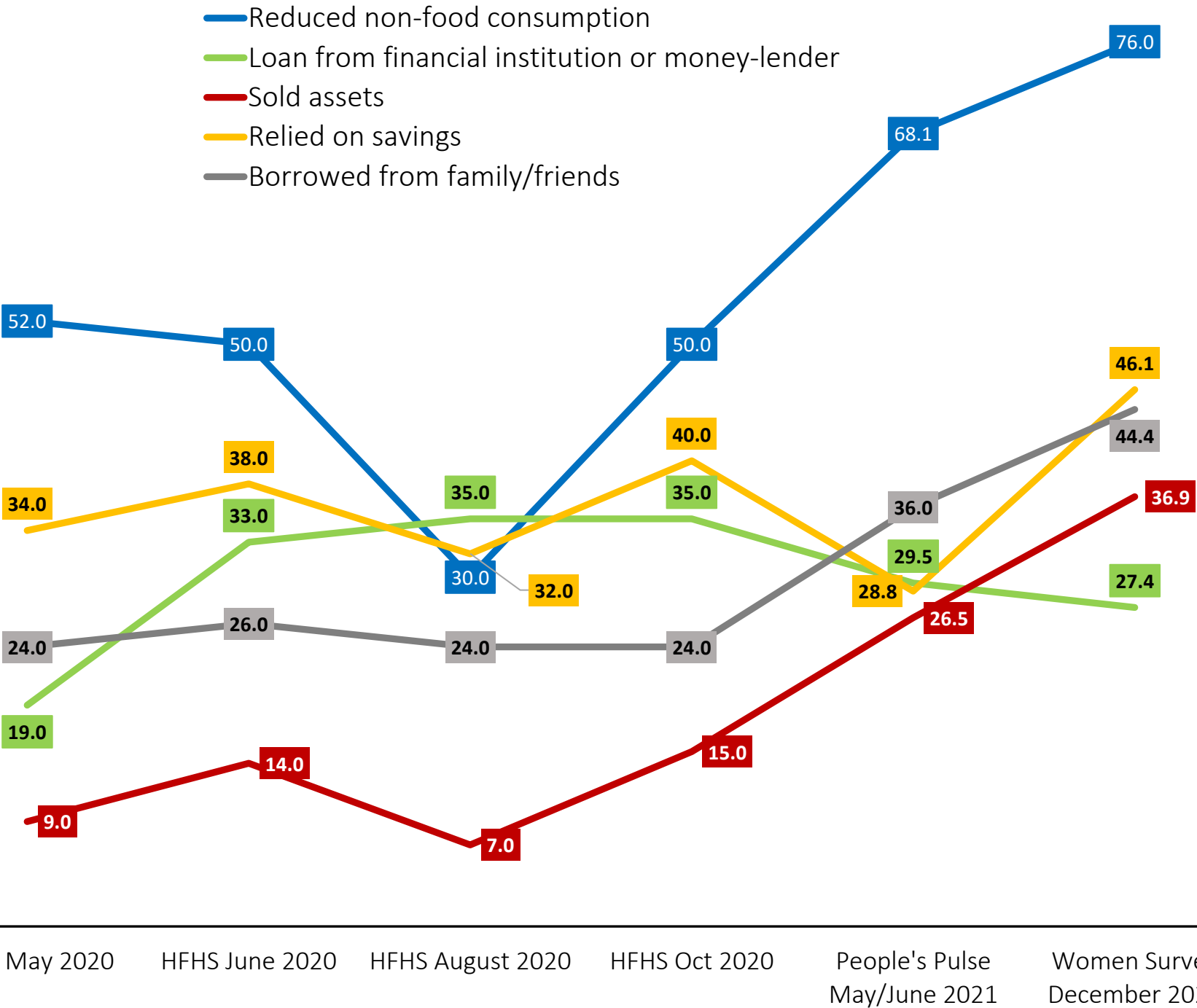


Fig 4: Coping strategies over time (%)

Since the summer of 2020 there has been no respite in people’s struggles to try and make ends meet.

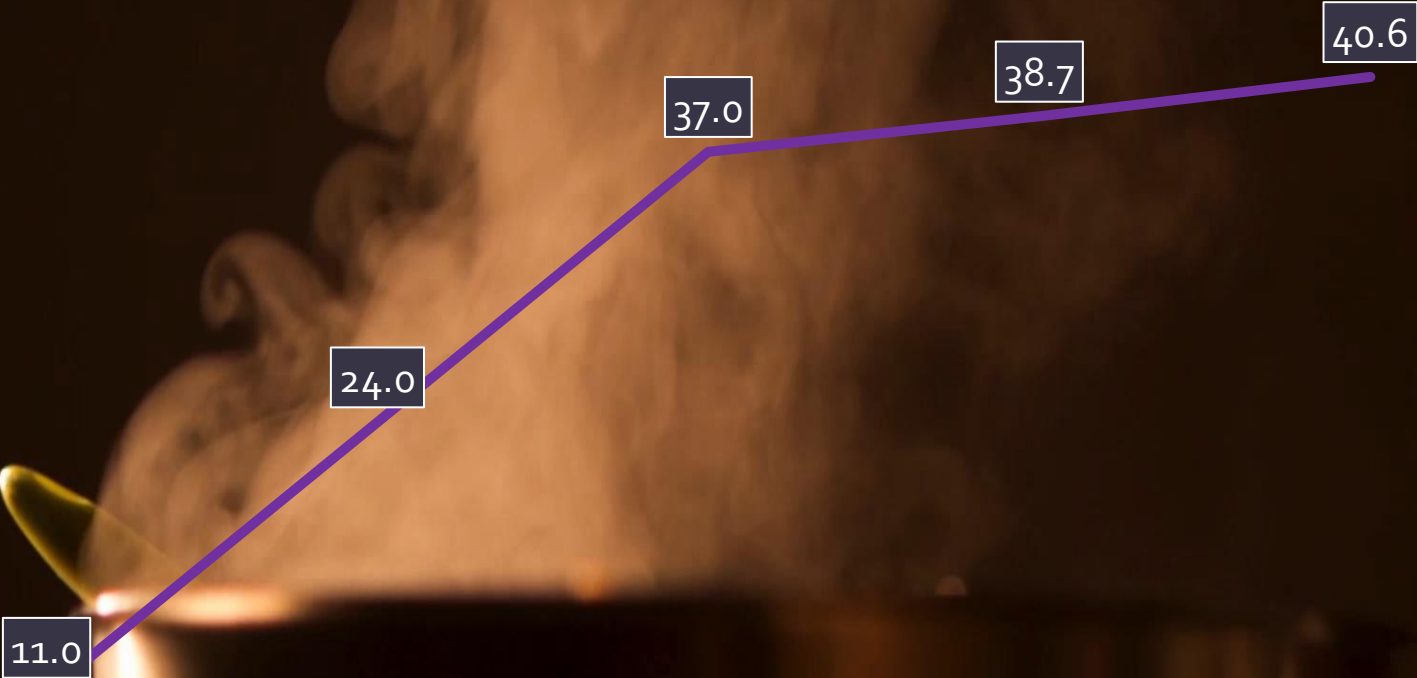


Women suffer from multidimensional inequalities in business-as-usual settings. They are suffering disproportionately more during the twin crises.

Coping strategies within the household (%)

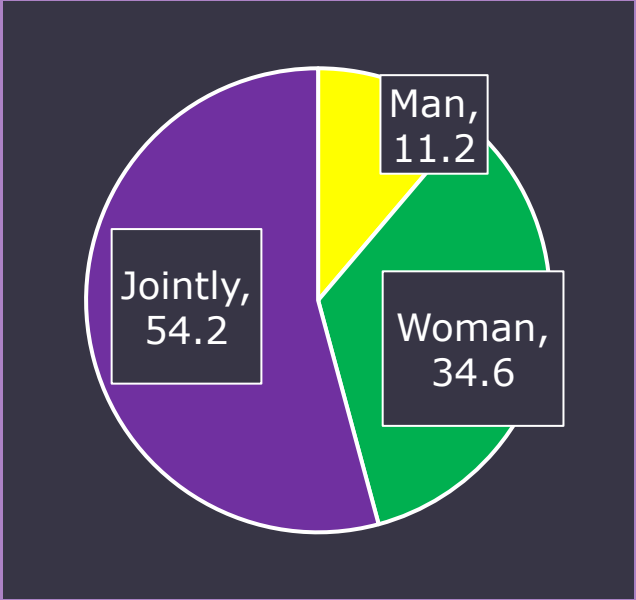
	Female	Jointly	Male
Took loan from financial institution or money lender	63.2	24.4	12.4
Reduced non-food purchases	39.1	46.8	14.1
Sold assets	27.3	62.9	9.8
Used savings	23.4	66.2	10.4

Fig 5: Eating less due to a lack of resources (%)



World Bank High Frequency August 2020 World Bank High Frequency October 2020 Household Vulnerability Survey October 2020 (CSO&UNDP) People's Pulse May/June 2021 Women Survey December 2021

Who has reduced more what you eat?



Housework & Caring

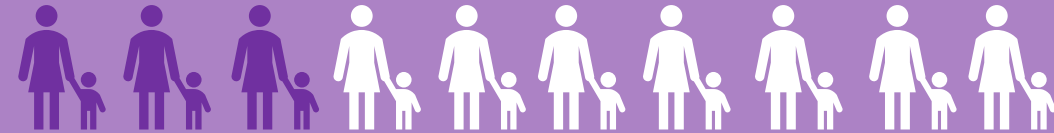
- 48.3% of women state that housework has increased since March 2020, 51.1% in households with children.
- 50.2% women have taken on the burden of the extra housework, especially those living in urban areas and those living in the regions.
- 61.8% of women state that caring responsibilities have increased. More in the regions, in households with children and for women aged between 31-39.



The cost of caring

For women, whose caring responsibilities for children, the elderly, or others in the household has gone up since March 2020....

3 out of 10 no longer able to do paid work.



5 out of 10 their earnings dropped by more than a half



Health impacts of COVID-19 and the military takeover on women

Health impacts of COVID-19 and the military takeover on pregnant women

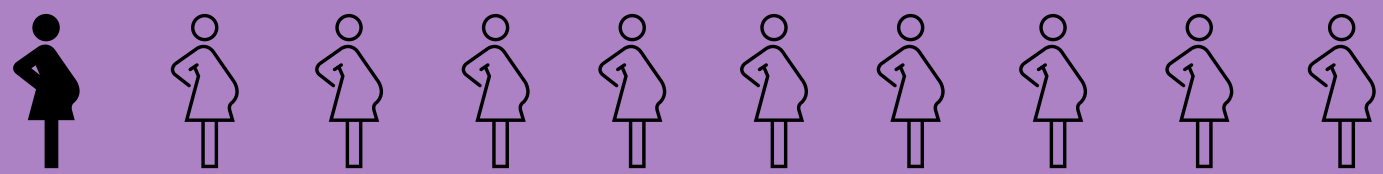
"It is more difficult for pregnant women in the refugee camps because there are no clinics or hospitals." **53-year-old woman from Kayah.**

"Pregnant women are not vaccinated. It is also difficult to go to the hospital when giving birth. No longer safe to go anywhere." **47-year-old woman from Sagaing.**

UNFPA, January 2022 *"688,422 women are currently pregnant in Myanmar, and it is estimated that nearly 248 preventable maternal deaths may occur in the next month if they are not able to access appropriate emergency obstetric care".*

Delays and fear of travelling to reach emergency care are contributing to the problem.

1 out of 10 currently pregnant or breast-feeding women had a pregnancy or childbirth issue, since March 2020, for which public or private health services could not be accessed.



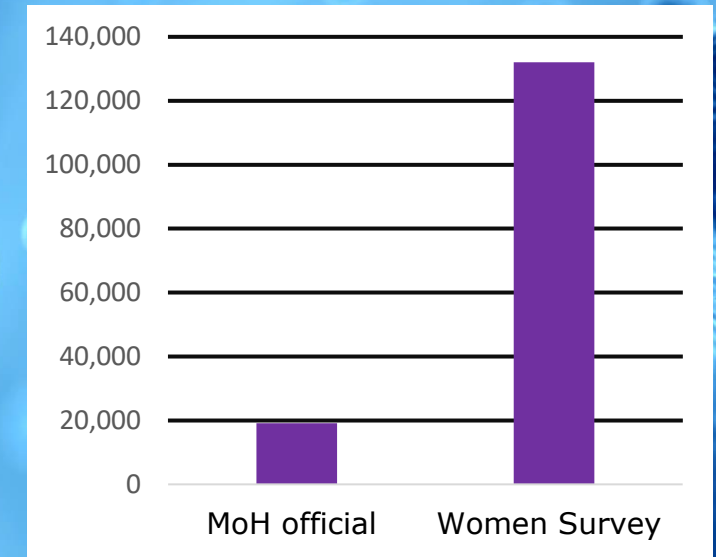
Health impacts of COVID-19

Deaths from COVID-19

1.2% of women reported that at least one person in their household had died from COVID-19.

Only people who die at medical facilities are included in figures from the Ministry of Health or those that had been tested for COVID-19 prior to their death.

Fig 6: Number of COVID-19 deaths in Dec 2021, official data and women survey



Vaccination

52.9% of the women had not received a second dose of a COVID-19 vaccination. Lower income, less educated and women living in regions the least likely to have received second vaccination.

Health impacts of COVID-19 and the military takeover on women

Fig 7: Main reason for not receiving second dose of COVID-19 vaccine

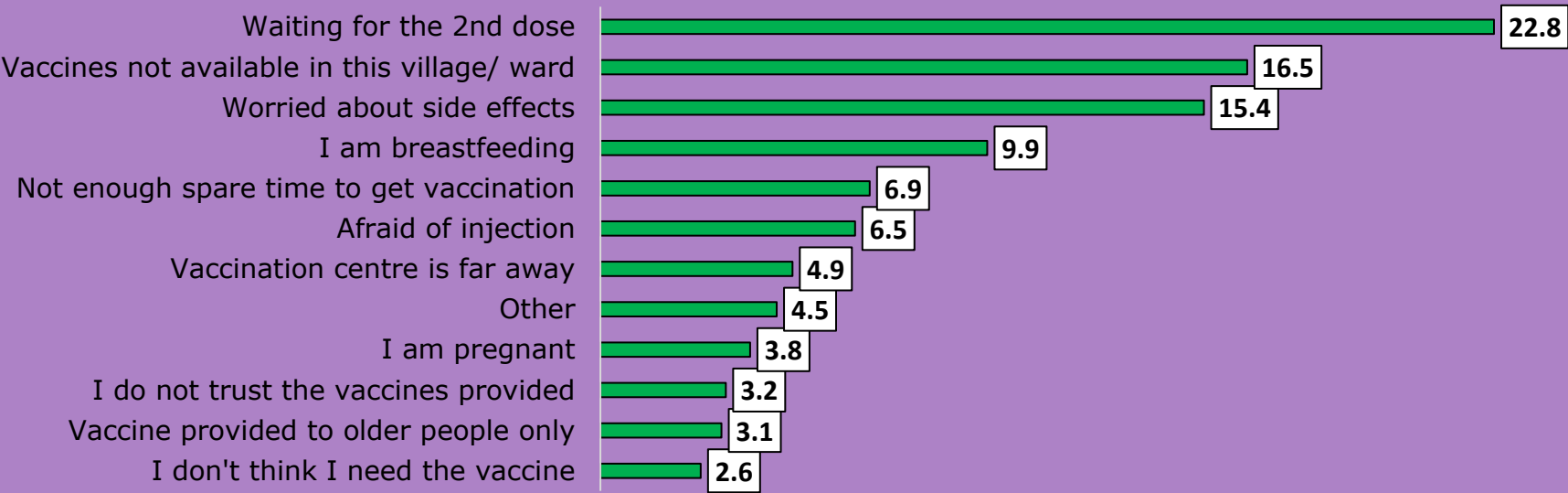


Fig 8: Women’s sources of information on COVID-19, 2020 and 2021 (%)

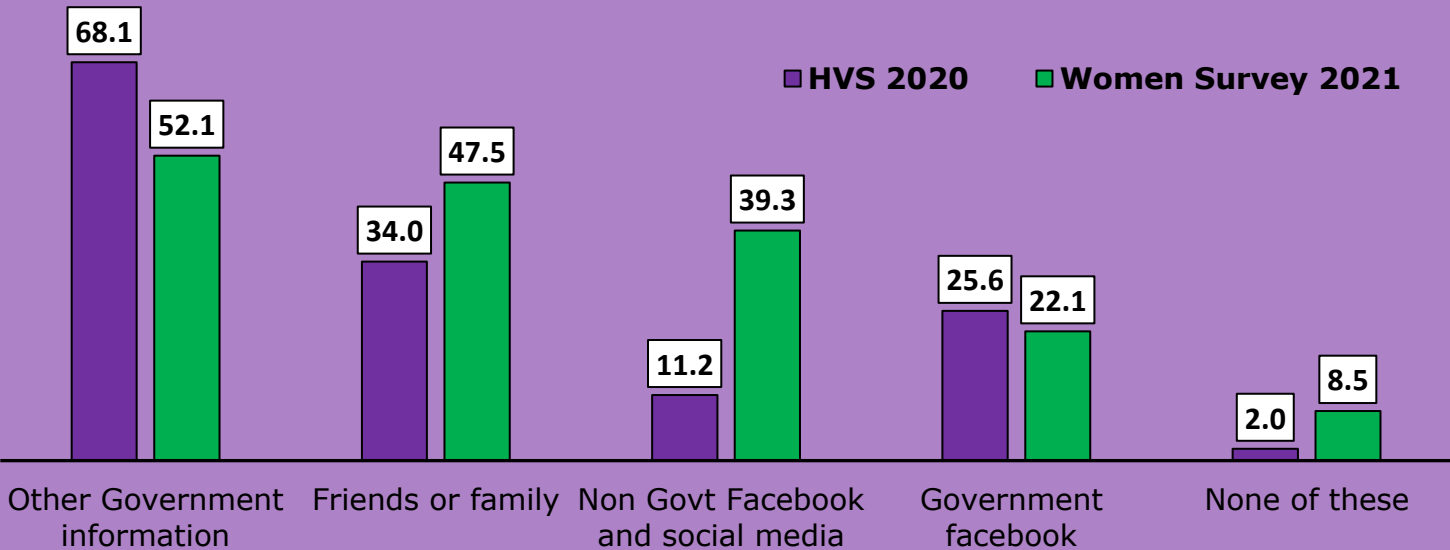
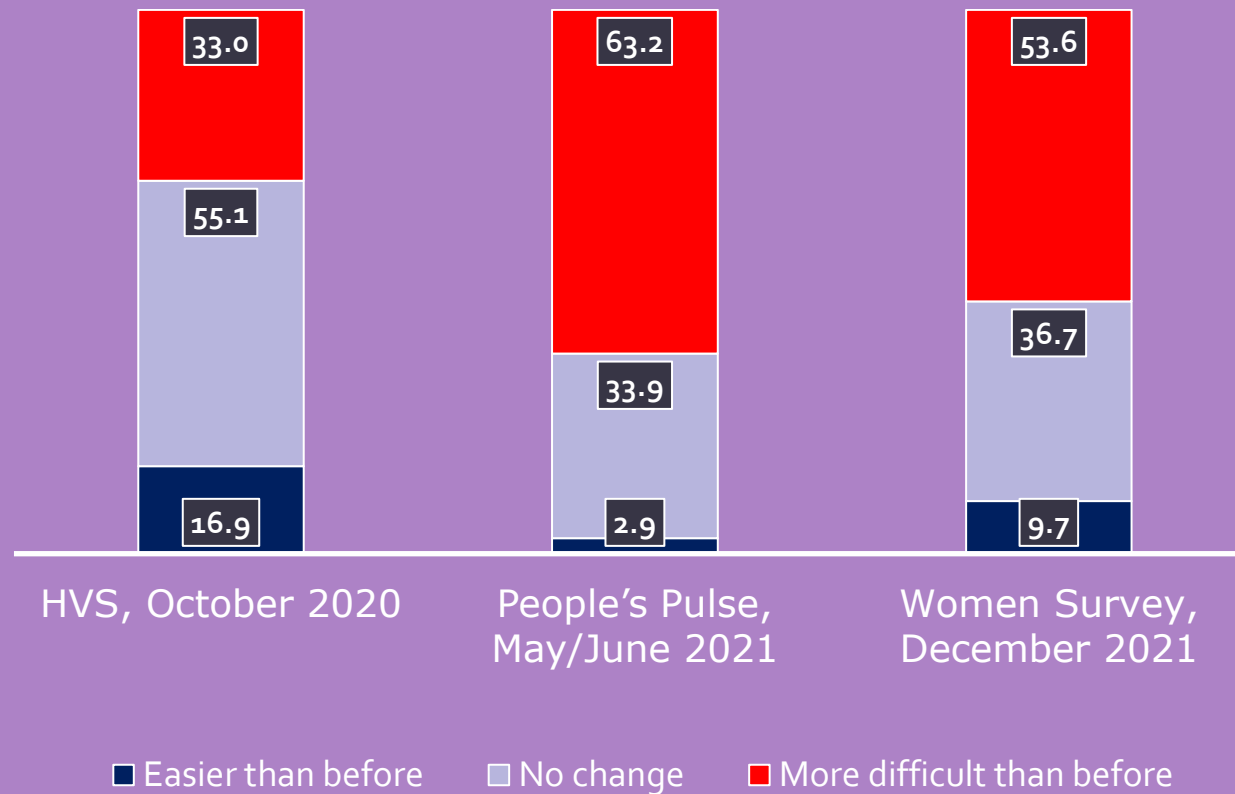


Fig 9: Women's opinion about accessing health services in the last month (%)



Bringing it together

Age counts

Women in their thirties: At the time of this survey 84.6 percent of the **31 to 39-year-old** women have children at home. This age group are the main carers, for both children and parents. Their current situation is perhaps one of the most depressing and stressful.

31-to 39-year-old Myanmar women are the most likely to:

- Say that access to health services has become more difficult.
- Agree with the statement that violence within the home has increased since COVID-19 began.
- Noticed domestic violence take place in their neighbourhood.
- Be in households that have either cut down on food consumption, reduced non-food purchases or sold assets.
- Had their caring responsibilities increase since COVID-19 and not be able to work any longer because of these increased responsibilities.



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Concluding comments

The consequences of COVID-19 and the military takeover will not disappear quickly. **Women are likely to experience long-term setbacks in work force participation and income.** Impacts on assets and savings will have implications for women's economic security far down the road. Economic insecurity has a snowball effect on the lives of women and girls for years to come. What is known from previous crises is:

- Generally, increased unemployment tends to encourage people to go back to traditional gender roles: unemployed men are favoured in the hiring process when jobs are scarce, while unemployed women take on more household and care work.
- During the Ebola outbreak, quarantines significantly reduced women's economic activity, driving a spike in poverty and food insecurity. While men's economic activity rebounded quickly, women's did not.

In a situation of continuing violence, the destructive impact on the social and economic infrastructure of Myanmar means that both humanitarian and developmental assistance will be required for the near future.

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Recommendations

SECURITY

- Undertake community level initiatives for prevention of domestic violence such as awareness programs, information on referral services. Longer term gender norms change activities are much needed.
- Local radio stations could develop an awareness section on protection of women's rights, aired in various local languages.
- Strengthen the support system for women survivors of domestic violence. Again, community level mechanisms and systems can be established for referral and support to the survivors.

ECONOMIC

- **Direct income support to women:** Economic support packages, including direct cash-transfers to women who lack income. Encourage women to produce local products to strengthen the business.
- **Support for women-owned and women-led businesses:** Source food, personal protection equipment, and other essential supplies from women-led businesses. Financial services are not reaching low-income and rural areas (70% unbanked population according to Finscope). Women-led businesses could be encouraged to open bank accounts and seek loans for the development of their projects.
- **Economic relief** targeting sectors and industries where women are a sizeable proportion of workers.

In armed conflict areas, due to instability and displacement, direct cash transfer programs would be more practical. Other sustainable support such as support for women led business, and income generation programs would be suitable for areas where there is more stability.

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Recommendations

HEALTH

Ensure continued maternity and reproductive health services: One of the most impacted area of service in the compounded crisis has been the health service. This study reveals the growing difficulty in access to maternity and childbirth services. Investing in community level services for women and community health workers is needed to fill this gap.



Thank you, and we welcome your questions