



Conditions of Palestinian Women in Light of the Spread of COVID-19 Pandemic

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Women in the societies of the Third World countries usually bear the consequences of all crises that afflict their peoples.

The Palestinian society, which has been under Israeli occupation for more than seven decades, and suffers a lot because of the colonial occupation that is working in various and most atrocious ways to displace Palestinians and kick them out of their homeland, suffers not only from the occupation but also from an internal division that came to shake any remaining power Palestinians have to cling to their land, especially in Gaza Strip where a majority of the population suffers from poverty and unemployment, and have their movement restricted by two gates that are locked most of the time.

The COVID-19 or Corona pandemic crisis added to the matter, and placed a heavy burden on women in Palestine in general, and in the Gaza Strip in particular.

In spite of the fact that the crisis of COVID-19 has plagued almost the entire world, and did not leave a country it has not affected, the impact of the crisis in occupied and divided Palestine is characterized by a very special character that distinguishes it from other countries of the region and the world.

The Palestinian National Authority was proactive and quickly imposed precautionary measures to avoid the spread of the pandemic in a manner that would be difficult to control. It called for closing educational institutions from nurseries to universities, closing places of worship including mosques and churches in front of worshippers, preventing the holding of events and large funeral gatherings, and closing restaurants and public facilities, closing companies and factories, preventing workers from going to work inside the Green Line and isolating the northern governorates from each other, especially the governorates where the virus has spread in large numbers. It also imposed restrictions on the movement of people and required them to stay home, and finally it imposed a total lockdown and closure of crossings.

These measures contributed greatly to curbing the spread of the pandemic, especially in the Gaza Strip, where quarantine was imposed on all comers to the Gaza Strip from its two gates, the northern Beit Hanoun crossing of Erez, and the southern gate of the Rafah crossing.

But these precautionary measures related to the pandemic have had a profound and significant impact on the conditions of women in Palestine. We will present this impact in relationship to a group of economic, social and cultural contexts, and others as follows:

First: the increasing rates of poverty and unemployment among women

The lockdown measures imposed on the private sector in several areas constituted one of the reasons for the exposure of poor families, especially families headed by women which are about 10 percent of families, the majority of whom are poor, especially in the Gaza Strip, as 54 percent of these families are among the poor even prior to the COVID19 pandemic.

With the spread of the pandemic, this segment is expected to face higher levels of poverty and exposure within the context of lockdown and the general austerity situation entrenched in the Gaza Strip, where salaries and wages are very low and they get further deductions by the governments of the National Authority in Ramallah and Hamas in the Gaza Strip.

Damage caused by the closure of private sector institutions has affected the livelihood of a large segment of working women and their families, especially since there are 38,600 women in the West Bank working in

the private sector and 25,300 women from the Gaza Strip working in the same field, and 35 percent of these women receiving wages that are below the minimum wage of 1,450 NIS (per month) even before the pandemic.

The situation becomes even more difficult for women working in unregistered private sector areas, with an estimated number of 32,200 women who can lose their sources of income at any time due to these measures¹.

Also, women depending on daily wages, such as those working at tutoring centers, house maids, and even some teachers working at governmental and UNRWA schools under the daily system, and other workers, are considered the most affected by ongoing situation imposed by the corona pandemic.

Second: Increased rates of gender-based violence

Data and information received from official and unofficial institutions concerned with women and the family, indicate a noticeable increase in the prevalence of gender-based violence, as closure of workplaces, restrictions on movement and imposing quarantine, have shed a dark light on the lives, safety and health of women, who were forced to stay all the time with family members committing violence against them, unable to escape. This has been the case for working women who had to stay home and non-working ones whose husbands had to stay home all the time.

This situation presented a great opportunity for disputes and quarrels, which resulted in increased cases of violence against women, sometimes reaching the point of killing, and at other times women were forced to flee their homes to seek protection from the concerned authorities.

¹ <http://www.wclac.org/News/304/>

In a lengthy interview with the local newspaper, Al-Hayat Al-Jadidah² on May 2020 ,4 , Minister of Women Affairs Amal Hamad said, «The Ministry has received 887 complaints and requests for assistance from women who have experienced violence since the beginning of the crisis until the beginning of May.» There are also 70 other women who have sought protection from the concerned authorities. «

The Minister explained in the same interview that the forms of gender-based violence that emerged during the «COVID19-» crisis were, respectively, «economic violence, bullying and verbal abuse, physical violence, and psychological violence.»

Information and data reported by Hamad are consistent with the results revealed by a recent survey conducted during the crisis period, in the month of April 2020 by Aisha Association for the Protection of Women and Children, to study the impact of the « COVID19-» crisis on women in the Gaza Strip.

The data of this study indicate a noticeable increase in the rate of gender-based violence against women, which hit 47 percent, and that two-thirds of these battered women approached their families with complaints and requests for assistance, indicating the prominent role led by the family and the (tribal solution) in the Gaza Strip in dealing with cases of gender-based violence, as opposed to the formal role of police and judicial institutions, as well as the role of civil society institutions concerned with women and the family.

The study showed that the most important form of gender-based violence was economic violence, whose rate among other forms of violence was 61 percent, followed by psychological violence at 52 percent.

The governorates of North Gaza and Rafah have the highest rates of gender-based violence.

The increase in gender-based violence rates during the COVID19- crisis was linked to the cessation of the police to receive complaints, and also cessation of implementing rulings of Sharia courts, before altogether stopping to work and consider cases brought before them by women. This in turn has resulted in severe suffering for women with children custody, who have been deprived of the right to custody, or the right to see their children, despite rulings being in their favor.

Third: Increased domestic and work burdens on women during the quarantine

The precautionary measures taken to avoid the spread of COVID19- were found to increase the burdens placed on working and non-working women, who committed to staying at home and working remotely while caring for their children who are students of different levels of school, who also had to stay at home due to the closure of schools and universities.

A survey conducted for UN Women on the situation of women in light of the COVID19- crisis indicates that 68 percent of the women surveyed reported that their household burdens increased during the home quarantine, and that 52 percent of them indicated an increase in their burdens related to childcare.

And if we take into account the difficult economic and living conditions, especially in the Gaza Strip, we can understand the difficulties suffered by women in helping children to continue their education through lessons offered via the Internet, which required

2 http://www.alhayat-j.com/ar_page.hp?id=4e75ed9y82271961Y4e75ed9

availability of electricity during certain hours, owning a computer and an Internet line .

All of these requirements are rarely available all at the same time in the Gaza Strip, where power outages are experienced daily in all areas of Gaza, without exception, and the internet, if available, is connected to the availability of power, not to mention the high cost of having an internet line, with a large percentage of families unable to afford it or afford owning a computer.

And if all of the factors mentioned are available, there are mothers who cannot deal with children's lessons during the regular situation, so matters get worse in the case of dealing with the curricula via the Internet.

A mother of three children in primary school says: "Corona afflicted us on top of our calamity. My work at the beauty salon stopped and I lost my income, my kids requests of food and drinks increased since they're staying home, and above all, their school is expecting us to teach them through the internet. We don't have a computer or an internet line, and we cannot help our children, so what can we do? "

Fourth: increased women's psychological and health suffering and their suffering in quarantine centers

In the aforementioned interview, the Minister of Women Affairs said: «Women are affected by the Corona virus by approximately 35 percent, compared to 65 percent among men, while the mortality rate among women is 75 percent, compared to 25 percent among men.»

In our opinion, this may be an indication of the limited attention and care that is given to women's health in general, and during the COVID19- pandemic crisis in particular.

Among the precautionary measures to avoid the pandemic, access to hospitals and health centers was limited, and it was greatly reduced, sometimes for no clear reasons.

It became no longer easy to reach health centers to seek treatment for chronic and emergency health conditions, and there were difficulties for women to reach health centers to give birth.

We mention here the woman whose child died in a village in Bethlehem while on the way to the hospital due to the numerous checkpoints between cities and governorates (Israeli military checkpoints and Palestinian ones that separated the cities from each other to limit the spread of the virus). Another case was that of a recent birth that took place during the lockdown imposed on the cities and villages of the West Bank, where the husband had to help his wife give birth in the middle of the street as they could not get to the hospital on time because of the checkpoints.

The latest data from the Palestinian Ministry of Health published on the 4th of July 2020 indicates that the percentage of COVID19-cases among women reached 52 percent of the total number of those infected, while the percentage of infected men reached 48 percent.

Given the lower level of care about women's health in normal conditions before the crisis, which is less than care given to men and other family members, and being at the lowest level of attention, we can expect the limited attention paid to women's health during the current COVID19- crisis.

On the other hand, the official authorities in the Gaza Strip imposed a mandatory health quarantine on all citizens, both sexes, coming from outside the Gaza Strip, whether coming

through the Beit Hanoun Erez crossing, or the Rafah crossing.

Accordingly, thousands of women and men of all ages have been placed in government-controlled quarantine centers in the Gaza Strip with security services in charge of guarding them, for a period of no less than 21 days. Quarantine is extended in the presence of infected cases amongst those quarantined. Quarantined women, especially those sent to governmental school quarantine centers, suffered a number of issues, summarized by a journalist who was part of the first group quarantined by force at a school in central Gaza Strip. She says: «We had no privacy as women, with regard to the use of toilets or showering. We had to go to the school yard where the bathrooms are located. Some of the women with me were ill and had come from a treatment trip outside the Strip. It was difficult for them to keep going up and down the stairs just to use the bathroom.»

She added: “quarantined men shared the same bathrooms with us at the beginning, but we complained to those in charge, who agreed to allocate bathrooms on each floor, but we suffered from crowding and standing in long lines waiting to use the bathroom. It was very difficult.»

She explained, «in addition, there were five to seven women in a single classroom, and sometimes there were kids with some of them, from different age groups and different regions, and this caused great psychological harm to me, since I was the youngest in the room, and those with me kept interfering in my affairs, and I could not sleep because of the noise of their children.”

Another woman, who was also in quarantine³, talked about the health services provided: «We had sick women, who needed daily

treatment for chronic diseases, and some of them were cancer patients. They did not have timely treatment, and their families had to provide the treatment and other needs for them. We suffered from severe psychological stress as a result of quarantine, concerns about contracting the disease, crowding in schools and lack of privacy. We did not receive any psychological support from any party during our quarantine period.»

Fifth: Excluding women from decision-making circles to confront the crisis:

Despite the emergence of the role of female Minister of Health, Mai Al-Kila, female Minister of Women's Affairs Amal Hamad, and female Governor of Ramallah, Leila Ghannam, during the crisis, field committees at the governorates level charged with monitoring the pandemic spread and mechanisms to confront and mitigate it, did not include women, and did not involve them in decision-making processes, as indicated by the survey conducted by UN Women. The presence of women was very limited in these committees, unlike the main role that women play at the household level and the protection of their families from the pandemic during the crisis.

Conclusion:

Data coming from the Palestinian Ministry of Health indicates a steady increase in the number of cases of «COVID19-» during the month of June 2020, and officials expect an increase in the number of infected people in the coming period to the level of a health disaster in the West Bank and Jerusalem. As for Gaza Strip, it is expected that a large number of those infected with «COVID19-» will return to the Gaza Strip through the Rafah

3 An interview with one of the women who were quarantined

and Beit Hanoun (Erez) crossings, whether from those returning from Egypt or from other countries of the world, which threatens of the possibility of a widespread of the virus in the Gaza Strip.

Accordingly, the conditions described in this paper are likely to continue during the next stage, and perhaps in a more difficult form for women.

Recommendations:

- There is a need to work on the capacity building of authorities responsible for the issue, from all sides including their policies, procedures and mechanisms used in dealing with the pandemic including quarantine, so as to reduce the difficulties and problems reflected on women.
- At the field level, working to improve and develop equipment in official quarantine places in a manner that preserves the dignity, rights and privacy of women, and providing necessary needs and health care,

especially for sick women.

- With regard to policy development and decision-making in the face of the «COVID19-» pandemic, there is a need to involve women in the working and emergency committees, and to benefit from their experience in managing crises from their practical experience with the crisis.
- NGOs should intensify the coordination process among them, with the aim to integrate the services provided to women and distributing roles and regions among themselves, to ensure quality and non-repetition, and try to cover all material needs, psychological support and health care.
- Disseminating information about NGOs providing telephone services to receive complaints and provide necessary support and guidance that will protect women from gender-based violence.
- NGOs intensifying their work to raise women-targeted awareness, which would spare family members the risk of contracting the disease and to protect them from it.

This paper was prepared as part of the project
“Palestinian Civil Society Organisations Perspectives to
Face Socio-Political Challenges”

Implemented by: Palestinian NGO's Network.

In Partnership with: Friedrich-Ebert-Stiftung, Palestine.



The information and views set out in this paper do not necessarily reflect the official opinion of the Palestinian NGOs Network and the Friedrich-Ebert-Stiftung.