

The gendered impact of COVID-19 in the Philippines: a call for gender-responsive public health policies

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The COVID-19 pandemic exposed and deepened gender-related inequalities in Philippine society, particularly in access to health care, economic security and caregiving responsibilities. Women bore the brunt of the crisis, disproportionately working on the front lines while maintaining unpaid caregiving duties. They also comprised the majority of workers in the sectors hit hardest by unemployment. The absence of a gender-responsive framework in the national pandemic response, compounded by traditional gender norms, denied women institutional support and exacerbated their economic and social struggles. While men also faced challenges, the pandemic disproportionately impacted women, necessitating targeted intervention strategies.^{1,2}

HEALTH-CARE ACCESS AND CHALLENGES

At critical moments, health-care providers overlooked essential medical care specifically designed for women. The health-care services dedicated to maternal care and birth became less important than the government's urgent COVID-19 emergency work. Pregnant women became more exposed to health dangers because hospital shutdowns combined with travel restrictions compelled them to deliver their babies in risky locations without medical support. A 2020 rapid assessment projected a 26% increase in maternal deaths and a 42% rise in unintended pregnancies in the Philippines because of service disruptions.³ Many women from marginalized communities struggled to access health care because social norms often prioritized their caregiving responsibilities over their own health needs.

Female health-care workers experienced substantial psychological effects, burnout and stress due to their dual responsibilities at work and at home.⁴

In the Philippines, most front-line medical workers during the COVID-19 pandemic were female health-care professionals, and many experienced elevated stress levels. This was largely due to both managing unpaid responsibilities, such as household and caregiving tasks, and continuing to fulfil professional duties. The combined burden of working prolonged shifts in high-risk settings while also maintaining their domestic roles contributed to increased psychological strain, which disproportionately affected women compared with their male colleagues.^{4,5} The absence of job-related protections for support for their mental health, hazard pay and programmes to ensure work-life balance increased their psychological challenges. Filipino nurses and caregivers reported high levels of anxiety, burnout and fatigue, driven by patient overload, insufficient personal protective equipment and extended exposure to stress.⁴⁻⁶ Female health-care workers bore the burden of inadequate workplace policies because their institutions did not support them to manage their dual roles effectively.

ECONOMIC IMPACT

The economic effects were most devastating for women in manual labour and service industries, as these sectors – including retail, domestic work and tourism – experienced mass job terminations. The lockdown measures caused severe financial instability to industries that employed mostly women.⁷ The Philippine workforce of employed

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domestic staff, comprised primarily of women, suffered when employers cancelled contracts due to pandemic-induced financial hardship. Wage subsidies and unemployment benefits helped those working in formal industries, which are often male dominated, while informal workers – the majority of whom are women – were largely excluded from economic support mechanisms.^{7,8}

The small amount of financial aid that reached informal workers was insufficient to offset prolonged economic disruptions, delaying the country's recovery and deepening gendered economic disparities. For example, a 2021 study in Quezon City found that female informal workers faced a loss of their total income, food insecurity and psychological distress due to closed businesses and disruptions to school schedules.⁹ Moreover, the shift to remote work, school closures and suspended childcare services further increased women's unpaid caregiving responsibilities, limiting their ability to seek or maintain employment and participate in the country's economic recovery.¹⁰

THE ROLE OF GENDER IN HEALTH CARE AND PANDEMIC RESPONSE

Pandemics worsen the gender-based inequalities that persist within health-care facilities and medical systems because of structural biases and insufficiently inclusive public health responses. In the Philippines, although women play vital roles as front-line clinical staff, unpaid caregivers and community health leaders, they often lack equitable access to essential health services, including comprehensive sexual and reproductive health and rights.¹¹ During the COVID-19 pandemic, services addressing sexual and reproductive health and rights were frequently deprioritized, reinforcing a narrow focus on maternal health while neglecting broader physical, mental and reproductive health needs.¹² A gender-sensitive pandemic response strategy recognizes that men and women experience health emergencies differently due to their differing social, economic and caregiving roles. Adjusting health-care delivery to fit specific needs by using the perspective of gender leads to improved patient outcomes, such as by creating maternal health programmes, and providing mental health support for female caregivers and financial assistance programmes for employed women in vulnerable situations.

Evidence from previous health crises, such as the Ebola virus outbreak in West Africa, has shown that overlooking women's caregiving responsibilities and economic vulnerabilities can slow social and economic recovery and deepen gender inequalities. In contrast, countries that adopted gender-responsive strategies – including supporting women-led community efforts, access to reproductive health services and inclusive health communication – saw more equitable and effective outcomes.¹³ During the COVID-19 pandemic, nations that prioritized maternal health and implemented support targeted to women were better positioned to recover fairly. In the Philippines, the absence of such gender-specific measures left many women in rural and low-income communities facing prolonged economic hardship and reduced access to essential health care.¹ Addressing gender disparities is not only a matter of social justice but also a critical factor in building stronger, more resilient health systems and sustaining economic recovery.

RECOMMENDATIONS FOR GENDER-RESPONSIVE POLICIES DURING PUBLIC HEALTH EMERGENCIES

Gender-responsive actions are essential during public health emergencies to address structural inequalities and support equitable recovery. Incorporating gender analysis into disaster preparedness and response enables authorities to identify the specific risks and vulnerabilities that women face and to design interventions that meet those distinct needs. Governments and policy-makers must collect and use data disaggregated by sex and gender to inform policies that promote access to health care, financial stability and psychosocial support for women.¹

Health systems should ensure continuing access to sexual and reproductive health services, especially for women in low-resource settings where barriers to care are often highest. While it is not always feasible for such services to remain entirely uninterrupted during large-scale crises, investing in telemedicine and mobile health units can help maintain service delivery even during restrictions on travel.¹³

To support female health-care workers and caregivers – groups that are often overlooked in pandemic

planning – mental health programmes tailored to their specific stressors must be integrated into emergency response frameworks. These services should be available to all women experiencing heightened psychological distress during health emergencies, regardless of whether they have caregiving roles.

Economic relief programmes should explicitly include informal workers and low-wage earners, many of whom are women. Providing cash assistance, subsidized childcare and reskilling programmes that align with women's capacities can help reduce their economic vulnerability in the long-term. In addition, workplace policies that recognize caregiving burdens – such as paid family leave and flexible work arrangements – can reduce the pressure women face to choose between paid employment and caregiving. While such policies cannot eliminate these responsibilities, they can offer more equitable support for women's dual roles at home and in the labour force.

The proactive inclusion of women in planning and decision-making processes for pandemic responses will ensure that their needs are adequately represented and addressed. However, global analyses of pandemic governance have shown significant gender gaps in COVID-19 leadership bodies, often resulting in policies that fail to consider the specific experiences and needs of women.¹⁴ Addressing these gaps is critical to designing more equitable and effective health responses. Recovery strategies should also be guided by gender-responsive budgeting, an approach that integrates gender considerations into resource allocation and prioritization.¹⁵ In the Philippines, Quezon City implemented gender-responsive budgeting measures during the pandemic, enabling targeted delivery of social services and reproductive health support to women and girls in vulnerable communities.¹⁶

These recommendations also align with broader frameworks such as the Sustainable Development Goals (SDGs), particularly SDG3 (good health and well-being), SDG5 (gender equality) and SDG8 (decent work and economic growth). Adopting a systems-thinking lens – which recognizes the linkages between health systems, gender norms, economic structures and policy environments – is essential for creating adaptive, inclusive and resilient pandemic responses.¹⁷

The World Health Organization's inclusion of gender equality indicators in the Joint External Evaluation process reflects a growing global commitment to gender-responsive approaches to pandemic prevention, and preparedness and response activities. Standardized practices in disaster management increasingly emphasize the integration of gender analysis, enabling authorities to identify the specific vulnerabilities that women face, and to design targeted, effective interventions. Governments and policy-makers must prioritize the collection and use of data disaggregated by sex and gender to guide strategies that address women's health-care needs, economic security and access to social support systems.¹

Ultimately, recognizing and addressing gender disparities is not only a matter of social equity: it is a strategic necessity for strengthening public health systems, protecting livelihoods and ensuring inclusive recovery.

Conflicts of interest

The author has no conflicts of interest to declare.

Ethics statement

This paper did not require formal ethical approval as it involved no human participants, animals or sensitive data. However, it adheres to ethical guidelines for integrity, transparency and accuracy, ensuring responsible research conduct.

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