

Gender-Wise - Addressing Gender Gap in COVID-19 Vaccination Coverage

Even after a decade of the introduction of the Gender Inequality Index (GII) featuring the persistent inequalities in the field of health, empowerment and labour market, the reality of achieving the same has a long way to go. The COVID -19 pandemic has laid bare the already existing gender gap and other inequalities existing across globe and India has been no exception to this trend. People across the board have been hit hard by the pandemic but women and the LGBTQI+ community has had adverse effect of the same. Evidence from the past pandemics have suggested that women are at a greater/ increased risk of exploitation. The same can be witnessed in the present pandemic that has left many women jobless, and has seen an increase in the cases of domestic violence, sexual and mental abuse.

Further, in the area of health, women are not the key beneficiaries, leave aside other genders. Several case studies have highlighted the gap that exists in terms of receiving health benefits. A similar kind of scenario is being witnessed with respect to the vaccination drive in different countries. Initially the figures were not in such a bad shape as women constituted a high percentage of frontline workers who got vaccinated in the first phase. It was with the second phase of vaccine that things started going downhill. As of June 3, 2021, 90 women received vaccine doses for every 100 men, which is even lower than India's sex ratio. The number of trans people who have been administered at least one shot of the COVID vaccine is as low as 26,793. However, the trends are not the same across different regions. On the one hand where regions like Delhi, Uttar Pradesh, and Punjab depict a gloomy picture, on the other side, Chhattisgarh, Kerala, and Himachal Pradesh are the three best performing states where women have been vaccinated much more in

numbers than men. In contrast, the picture is different at the global level, where the number of women being vaccinated is more than the men. Mention worthy is the fact that despite the existing gender differences, still many nations have not revealed their data gender- wise for the last few months.

Unfortunately, the situation doesn't seem to get better in near future. In the absence of a gendered policy directing the distribution of vaccines, it is the women and other gender minorities that will be suffering more than their male counterparts. The patriarchal ecosystem that persists in rural areas further amplifies this gap. Due to the lack of decision-making capacity and lower mobility in rural areas, approaching health centers and getting vaccinated would become a challenge. Also, the socio-cultural factors that are deeply entrenched in the rural landscape will make it worse.

Additionally, COVID-19 has already brought to limelight the deep digital divide that exists within the country. As the percentage of women using smart phones and having digital access is low, they may not know how to register themselves for the vaccination on the CoWIN platform, thus increasing their dependency.

With union government taking full charge of the vaccination drive, it should also take into consideration the structural inequalities that have become evident over the last couple of months, recognising the specific challenges that they impose, and find solutions to circumvent them. The need is to introduce new or amend social protection measures targeting women and the other genders in society leaving no one behind, thus, succeeding in the vaccination program.

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