

Gender and Mental Health: COVID-19 shock-related factors

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MESSAGE

At the time of the COVID-19 pandemic, the self-reported mental well-being of women in certain Middle East and North African (MENA) countries was significantly worse compared to that of men. New analysis has found that certain household and employment-related factors, such as food insecurity and labor market participation, are associated with the difference in the self-reported mental well-being between women and men, within the context of the COVID-19 pandemic in Egypt and Morocco.

Addressing the gender inequality in access to food resources in crisis settings, such as the COVID-19 pandemic, could potentially reduce the inequality in mental well-being observed between the two groups.

CONTEXT AND MOTIVATION

The COVID-19 pandemic has had significant direct and indirect impacts on mental health. The pandemic has heightened anxiety disorders, mental distress, post-traumatic stress

symptoms, and loneliness, particularly amongst females.

Prior to COVID-19, women from the MENA region already faced pre-existing disadvantages that have disproportionately affected their livelihoods and affected the quality of their mental health. Mental health services and care in the region remain limited, inadequate, and there is no specific targeting of underserved groups, such as women and adolescent girls.

Although there is some research on the adverse effects of the pandemic on women in the countries of the study, little is known about how factors related to the pandemic may affect the mental health of men and women differently.

This study¹ examines the extent of the association between factors affecting the household (such as food insecurity or labor market) which are likely exacerbated due to the pandemic and the difference in mental health between men and women in the MENA region.

METHODS

The authors apply the Oaxaca-Blinder decomposition method to identify and quantify the factors correlated with the difference in mental wellbeing outcomes during the pandemic between women and men. The survey data, which includes questions on the WHO-5 Well-Being index measuring mental well-being, was collected by ERF COVID-19 MENA Monitor Survey in October 2020 for Tunisia and Morocco (Wave 1), and in February 2021 for Egypt, Jordan, Tunisia, and Morocco (Wave 2). The explanatory variables inspected are the food insecurity scale, shifts in labor market status, income decrease, number of coping strategies, baseline labor market status and socio-economic controls (e.g., age, urbanity, household size and child ration). While the study used the data for Wave 2 for all countries, it focuses on the results for Egypt and Morocco where mental well-being gap between men and women was found to be statistically significant.

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Geography: Egypt, Morocco, Jordan, Tunisia

Themes: Mental Health; Gender; Food Insecurity; Economics.

Find out more at: <https://www.afd.fr/en/carte-des-projets/impact-covid-19-households-and-firms-mena-region>

¹ Spinardi, A., Isamididnova, N., Clavijo, I. and Henkens, K. (2022). Mental health and gender inequality in the MENA region: an analysis of shock

related factors within the context of the COVID-19 pandemic AFD Research papers no. 248.

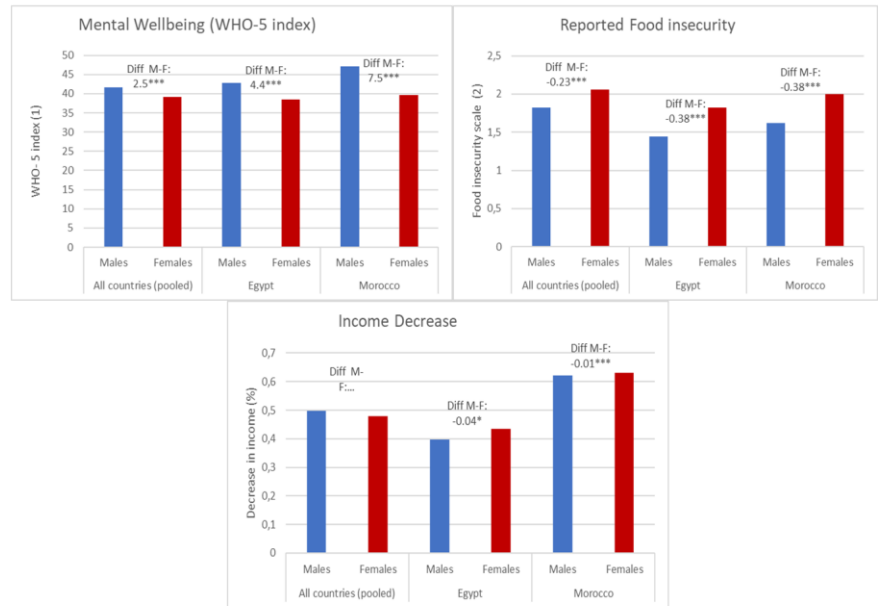
RESULTS

The study confirms the existence of a gender gap in mental well-being between women and men in Egypt and Morocco and finds that women report higher anxiety and worry levels over the COVID-19 pandemic, the economic situation as well as higher levels of food insecurity in their households, during the COVID-19 pandemic.

The difference in the self-reported mental well-being between men and women was on average 4.3 percentage points (ppt) lower or worse for women in Egypt, 7.5 ppt lower in Morocco and up to 2.5 ppt lower in the pooled samples of all four countries (see Figure 1). Nearly half of the mental health gap (49 percent) is explained or associated with the existing differences in means of the included explanatory variables (food insecurity scale and baseline pre-pandemic labor market participation) for Wave 2. The gap in the food security levels is 0.38 in Egypt and Morocco, and 0.2 in the pooled sample, indicating that women reported higher food insecurity levels. The differences in the income decrease are comparatively much lower.

The remaining variables (shifts in labor market status, decrease in income and

Figure 1. Gender gaps in mental wellbeing and the main variables of interest.



Note: Data from Wave 2. The bars indicate the gender gap in mental wellbeing (Male minus Female), and other main variables of interest. The asterisks indicate the level of statistical significance.

number of coping strategies) did not yield significant results in terms of contribution to gendered mental wellbeing.

A possible explanation for this difference is that women in Egypt and Morocco may tend to be more involved in the management of household resources and food availability; hence, food scarcity is likely to tax their mental health more highly than men's.

A more in-depth exploration and study of the various determinants of mental health and well-being between genders in the MENA region should be undertaken to further substantiate our findings as well as to deepen the understanding of the relation between food security, labor market participation and mental wellbeing.

RECOMMENDATIONS

- To collect more gender-disaggregated data to better monitor the issue of food insecurity from a gender perspective, specifically limited access to nutrition and health service by children in female-headed households.
- To design and invest in public policies that allow domestic work to be redistributed equally among family members (e.g., paid maternity leave of at least 18 weeks, equal amounts of maternity and paternity leave), as well as assistance and care services for young children, particularly those from female-headed households.
- Governments are advised to increase the number and improve access to mental health and psychosocial services for women, such as the creation of mental health crisis support hotlines to offer counseling and to share information regarding the various social aid options that are available to them.
- Governments and development partners are advised to invest in food assistance programs in the form of in-kind food or cash transfers to vulnerable households, as well as vouchers for food purchase, since they have the potential to alleviate immediate food insecurity.
- It is vital to reinforce international dialogue and receive the support of the international aid community to expand existing social safety net programs, especially those that improve female-headed households' access to healthy and nutritious food.