

## **The COVID-19 pandemic and ethics through gender lens in Mexico<sup>1</sup>**

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This year's International Women's Day was a historic occurrence in Mexico<sup>5</sup>. Tens of thousands of women took to the streets on the eighth and then chose to vanish on the ninth<sup>6</sup>. Each day in its own way, the so-called 8M and 9M were meant to raise awareness about femicides, and the foundation of structural violence against women on which they stand<sup>7</sup>. Women all across the country sought to generate a widespread debate at different levels in society, and called for active commitment from key stakeholders and decision-makers. But while they marched through the streets in Mexico, the rest of the world was beginning to become paralyzed by a virus which has claimed over 60,000 lives, confining individuals and families to their homes, and overwhelming already fragile health systems<sup>8</sup>. And in this unprecedented situation, girls and women find themselves caught between a rock and a hard place of two public health crises – the pandemic and gender-based violence – in a country where misogyny seems part of our cultural heritage<sup>9</sup>.

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<sup>5</sup> El UNIVERSAL in English, 'Women's Day 2020: Thousands of Women took over Mexico to Demand Justice and Equality through Massive Protests', 09 March 2020, online: <https://www.eluniversal.com.mx/english/womens-day-2020-thousands-women-took-over-mexico-demand-justice-and-equality-through-massive#imagen-1>

<sup>6</sup> Averbuch, Maya, 'We'll Disappear': Thousands of Mexican Women Strike to Protest Femicide', *The Guardian*, 9 March 2020, online: <https://www.theguardian.com/world/2020/mar/09/thousands-mexican-women-protest-violence-murders-femicide-government-inaction>

<sup>7</sup> See 'La revolución de las Jacarandas', *Nexos*, April 01 2020, online: <https://www.nexos.com.mx/?p=47492>

<sup>8</sup> See <https://who.sprinklr.com>, last accessed April 6, 2020.

<sup>9</sup> See Htun, Mala, and Francesca Jensenius. "Aspirational laws as weak institutions: Legislation to combat violence against women in Mexico." *Weak Institutions in Latin America*. Cambridge University Press, 2020.

In the Mexican context, structural violence against women is normalized and spans every level of society<sup>10</sup>. That is why a gender perspective should be included when analyzing issues, in order to find solutions that do not reproduce or exacerbate inequality. During this pandemic, a lot of significant ethical and social issues have been raised, spanning from the preparations before the first confirmed case to the implementation of measures to contain the spread. Some of the most pressing issues that have been discussed include: the extent of restrictive measures, the reciprocal duties to healthcare workers, the allocation of scarce resources, and the need for research<sup>11</sup>. However, while policy and ethical frameworks are being developed to face these problems, the gender perspective has been largely overlooked. Understanding the realities of women is essential to understand the true effects of this pandemic. Similarly, we believe including feminist approaches to the many ethical and social issues would allow decision-makers to reach more optimal solutions. This is because traditional approaches tend to be abstract and based on universal absolutes, which ignore the diverse realities of women's experiences. Further, they tend to focus on individualistic principles like autonomy, ignoring other ethical principles like solidarity, compassion and communitarian values which are essential at this time.

The first topic that we'll discuss is the deployment of restrictive public health measures<sup>12</sup>. Social distancing measures, such as shelter-in-place orders, have become essential to counteract the rapid spread of SARS-CoV-2. However, besides seeming incompatible with the socioeconomic reality in Mexico because many people live day-to-day, isolation and confinement at home are extremely concerning for women's

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<sup>10</sup> The Mexican written press has played a role in the normalization of violence towards women, in particular, when addressing cases of femicide, see: Tiscareño-García, Elizabeth, and Oscar-Mario Miranda-Villanueva. "Victims and perpetrators of femicide in the language of the Mexican written press." *Comunicar* 28.63 (2020): 51

<sup>11</sup> Palacios González, César, 'Coronavirus: los escenarios para México', *Animal Político*, March 21, 2020, online: <https://www.animalpolitico.com/blog-invitado/coronavirus-los-escenarios-para-mexico/>

<sup>12</sup> Medina Arellano, María de Jesús, 'Principios bioéticos y biojurídicos en tiempos de COVID-19: pacientes como vectores y víctimas', González Martín, Nuria (Coord.) *Emergencia Sanitaria del COVID-19: desde el derecho (I)*, No 14, Instituto de Investigaciones Jurídicas, UNAM, pp. 19-24, Online: <https://www.juridicas.unam.mx/publicaciones/detalle-publicacion/151>

safety<sup>13</sup>. In our country, domestic violence is the most prevalent form of violence against women, and a considerable number of femicides are perpetuated in family, couple or friendship environments<sup>14</sup>. Further, these situations of at-home violence can be exacerbated during a pandemic: stress and economic uncertainty are triggers for abuse, and confinement pulls women away from their existing support networks or makes it difficult for them to find any. Ideally, public programs would have been set in place to respond to these issues before the general population was asked to stay at home. There are indeed existing programs, like hotlines for gender violence with 24/7 service. However, we need to realize that those measures are not sufficient in the current context, and ask questions like: How can I call for help if there is constant forced coexistence with my aggressor? Where should I go to find shelter without being exposed to contagion? How can I file a lawsuit, or follow-up on one, while staying at home? Who ensures that I can have access to justice when the government workforce is not at full capacity? These are all questions that need urgent and effective solutions. For example, a good idea might be to habilitate mobile to serve as panic buttons or as a means to directly file reports and complaints. However, we must always remember that violence against women is an intersectional issue<sup>15</sup>. Socioeconomic status is a contributing factor to domestic violence, and the women who need the most help might be the same women who have less access to technology.

Another consequence of confinement is that it highlights the existing inequality, based on misogynistic stereotypes, in the distribution of unpaid labor (i.e. household chores

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<sup>13</sup> See Padrón Innamorato, Mauricio, Gandini, Luciana y Navarrete, Emma Liliana, *No todo el trabajo es empleo. Avances y desafíos en la conceptualización y medición del trabajo en México*, El Colegio Mexiquense, A.C. & Instituto de Investigaciones Jurídicas, UNAM, México, 2017.

<sup>14</sup> Domestic violence not only put at risks women's life, but also impacts dramatically the quality of children's life, see: Scolese, Anna, et al. "Intimate partner violence against low-income women in Mexico City and associations with child school attendance: a latent class analysis using cross-sectional data." *Maternal and child health journal* (2020): 1-9.

<sup>15</sup> Similar measures are in place in other Latin American countries, for example, Argentina. Indeed, the assert of those policies is that tools are accompanied by effective legal actions, since there is an interinstitutional cooperation among relevant agencies, see: Ministerio de las Mujeres, Géneros y Diversidad, 'Medidas en Materia de Género y Diversidad en el Marco de la Emergencia Sanitaria', online: <https://www.argentina.gob.ar/generos/medidas-en-materia-de-genero-y-diversidad-en-el-marco-de-la-emergencia-sanitaria>

and care<sup>16</sup>). This inequality is normalized to such an extent that the Mexican president, López Obrador, publicly stated that women at home would have no issue looking after the health of elders, affirming that men tend to be “more detached”<sup>17</sup>. During quarantine, most women will be responsible for: increased household chores; caring for children, including aid in schoolwork and education due to schools closing down; tending to family members with any physical or mental disability; caring for the elderly; and, in some cases, looking after family sick with COVID-19. On top of the difficult situation at home, a lot of women will also take on professional responsibilities. This is made harder in a labor market where already they have to deal with increased job insecurity – including lack of access to health insurance – and lower salaries. Additionally, women make up the majority in other positions deemed essential (e.g. cleaning staff, cashiers at supermarkets and drugstores), where they face increased exposure to contagion. All of this can generate anxiety, chronic fatigue and mental exhaustion, which in the long run can permanently affect women’s emotional, mental and physical health<sup>18</sup>.

Importantly, we should also be thinking about how this unequal distribution will affect young girls and teenagers during confinement. It’s likely that having to do school from home will force them to put their education aside, since they will be expected to help with chores or care for their siblings, for example. Girls have less access to education and less academic opportunities than boys as it is, and we need to start thinking about ways to avoid this reality being exacerbated in our country post-pandemic. In that sense, we think it is also important that more women who work in the pandemic relief are showcased, especially those in top positions, to serve as role models. It’s sadly

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<sup>16</sup> This is part of the informal economy in Mexico, that not only perpetuates gender stereotypes but also illuminates the abuse towards indigenous and poor women, see: Rojas-García, Georgina, and Mónica Patricia Toledo González. "Paid domestic work: Gender and the informal economy in Mexico." *Latin American Perspectives* 45.1 (2018): 146-162.

<sup>17</sup> Morales Alberto, Miranda Perla and Pedro Villa y Caña, ‘Pide AMLO a mujeres y familias cuidar a los abuelitos ante coronavirus’, *El Universal*, March 24, 2020, online: <https://www.eluniversal.com.mx/nacion/politica/coronavirus-en-mexico-pide-amlo-mujeres-cuidar-abuelitos>

<sup>18</sup> It has been measured how the implementation of direct reports and access to mental health support has reduced the number of suicides of women facing domestic violence, see: Beleche, Trinidad. "Domestic violence laws and suicide in Mexico." *Review of Economics of the Household* 17.1 (2019): 229-248.

unsurprising, but very illustrative of the inequality in our country, that most of the spearheads giving press conferences and shown on media are male<sup>19</sup>.

Regarding healthcare workers, an important ethical issue is the scope and limitations of their duties during the pandemic. They will unavoidably face increased risk of contracting COVID-19, but this is only acceptable when there are reciprocal obligations from the state. This includes providing sufficient resources like face masks and other protective gear, prevention of burnout syndrome and mental health services, and ensuring adequate and even preferential care in case of illness<sup>20</sup>. It must be stressed that women make up most of the healthcare workforce at the frontlines; therefore, the government is also obligated to tend to their special needs<sup>21</sup>. For example, ensuring access to care facilities and school aids for their children, as well as services to aid in the care of any other dependents. Similarly, even though it is expected that the health system will be overwhelmed, female health workers who are in special situations, such as maternity leave or those who are breastfeeding, should not be, under any circumstance, expected to risk exposure, and should not face any penalties. Finally, the public debate should avoid using hierarchical language based on sexist stereotypes when speaking about the healthcare workforce; constantly speaking about *médicos* (male doctors) and *enfermeras* (female nurses) contributes to existing power structures.

Another ethical issue relates to the distribution of scarce resources. The fair allocation of ventilators is a particularly hot topic at this time, but there are many ways in which

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<sup>19</sup> This also can be explained by the persistence of male Directors and executives at the National Institutes of Health in Mexico, see Rivera-Romano, Lucero Soledad, et al. "Gender imbalance in executive management positions at the Mexican National Institutes of Health." *Human Resources for Health* 18.1 (2020): 1-12.

<sup>20</sup> For example, studies have shown how women who are medical students suffer the most from burnout syndrome, see: Miranda-Ackerman, Roberto Carlos, et al. "Burnout syndrome prevalence during internship in public and private hospitals: a survey study in Mexico." *Medical education online* 24.1 (2019): 1593785.

<sup>21</sup> It has been stated by WHO that "women account for 70% of the health and social care force". World Health Organization. (2019). Delivered by women, led by men: a gender and equity analysis of the global health and social workforce. World Health Organization. <https://apps.who.int/iris/handle/10665/311322>.

women's right to health can be compromised by distributive decisions made without a gender perspective. For example, some media outlets in Mexico have made irresponsible and inaccurate statements about the usefulness of some drugs like hydroxychloroquine, and government officials have not been sufficiently emphatic in disproving them. Some of these drugs are essential to maintain the health and lives of thousands of women, who are more susceptible to develop chronic diseases such as rheumatoid arthritis and lupus<sup>22</sup>. Panic-buying prompted by misinformation has left a lot of women without health-sustaining drugs, women who are already part of an at-risk group for COVID-19 due to their preexisting conditions and who, as we have mentioned, many times lack health insurance. We must ask ourselves if media and government are responsible for this shortage and, if it turns out that these drugs *are* a viable treatment for COVID-19 – we hope they are – how decisions will be made to distribute these scarce resources in a just and ethical manner, taking into account the differential effect of the lack of access on women with chronic conditions<sup>23</sup>.

Medical resources and health staff being diverted to face the crisis will also affect women's sexual and reproductive health. This is concerning partly because rates of obstetric violence in Mexico are already high<sup>24</sup>. Currently, no special protocols have been defined to tend to pregnant women, which should include measures to protect them against COVID-19 while seeing to their usual needs before, during and after childbirth; such an oversight could lead to increased maternal mortality rates. Similarly, nothing has been said about access to emergency services for victims of sexual violence, such as safe means to interrupt a pregnancy resulting from rape. To clarify, there's a federal norm which ensures women's right to abortion when they've suffered sexual assault (NOM046). Additionally, each state in Mexico has its own legislation of

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<sup>22</sup> Additionally, arthritis, lupus and neurological disorder has been linked to low-income populations in Mexico, see Salgado-Galicia, N.A., Hernández-Doño, S., Ruiz-Gómez, D. *et al.* The role of socioeconomic status in the susceptibility to develop systemic lupus erythematosus in Mexican patients. *Clin Rheumatol* (2020). <https://doi.org/10.1007/s10067-020-04928-5>

<sup>23</sup> Ídem.

<sup>24</sup> No policy or law in Mexican states have work in reducing the rate of obstetric violence, not even has improved the provision of healthcare, see Aguilar, Omar Calvo, Marta Torres Falcón, and Rosario Valdez Santiago. "Obstetric violence criminalised in Mexico: a comparative analysis of hospital complaints filed with the Medical Arbitration Commission." *BMJ sexual & reproductive health* 46.1 (2020): 38-45.

permitted abortion causes, for example when the woman's life is endangered, the presence of congenital abnormalities or, in the case of Mexico City and the state of Oaxaca, abortion on request during the first trimester. Following each legislation, the provision of abortion services must be ensured in a timely manner, given that these procedures cannot be postponed and should be considered urgent. Beyond any moral opposition to abortion, these services are at risk of being set aside because they are sometimes thought to only pertain to women, and women's interests are considered secondary. However, women's right to health is linked to their rights to life, free development of personality, human dignity, and sexual and reproductive freedom. All of these constitute undisputed human rights which cannot be discarded by any measure of exceptionality, even in the face of scarcity in the health sector. Women's independence is inextricably linked to control over their bodies and reproduction, and any argument to justify taking away that right is undeniably a form of discrimination against women.

One final issue raised by the pandemic is the need for research. Generally speaking, research is meant to optimize the response by finding ways to improve the health system, as well as basic science research to understand the mechanisms of the pathogen and develop treatments. Additionally, research can be done about the social and economic impacts of the pandemic. However, we argue that focused research must be done with a gender perspective. This includes: biomedical research about any differential responses to treatment; public health research to look at the effects of resource deviation on women's physical health, and of confinement on women's mental health; economic research to look at the impact on the female informal workforce; and even social research to see whether more girls are made to drop out of school, and how rates of violence respond to social distancing. These approaches to research will prove invaluable not only to face this pandemic, but to have real-life data in place to inform decision-makers in the future.

Among everything that has happened, this pandemic has managed to highlight and exacerbate the existing inequalities and flaws in our social structure<sup>25</sup>. Even though the 8th of March and the women's march seem like another lifetime, the demands remain current, now more than ever. The topics we have discussed about women's access to health, justice and a life free of violence must be fundamental issues in any and every plan to face this pandemic. Yes, we are all worried about the pandemic and what's to come, but we must remember that the structural violence women face every day remains in itself a public health crisis, unattended for a very long time. Indeed, while social distance to reduce transmission, women are stuck at home with their aggressors. While the health system struggles to provide life-sustaining services, eleven women are still dying every day in this country just for being women<sup>26</sup>. The government must not consider this a secondary issue, because women in Mexico sure don't have the option of forgetting.

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<sup>25</sup> Also see Papp, Susan and Marcy Hersh, 'A Gender Lens for COVID 19', *Project Syndicate*, March 27, 2020, online: <https://www.project-syndicate.org/commentary/covid19-response-requires-a-gender-lens-by-susan-papp-and-marcy-hersh-2020-03>

<sup>26</sup> According to the Mexico officer of UN Women, Nira Cardenas, the rising of deaths of women is significant from 2017 to 2019 (from 7 deaths to 11, daily). In this line, the UN Deputy Secretary-General has call to adopt global action to fight this violence in the times of COVID19 pandemic, see 'UN backs global action to end violence against women and girls amid COVID-19 crisis, see <https://news.un.org/en/story/2020/04/1061132>, last accessed: April 6, 2020.