

The Gender Gap in Digital Health

COVID-19 has accelerated the use of digital technologies for immediate outbreak responses and impact mitigation measures.

There are gendered differences in the way that people access, use and benefit from digital technologies.

Yet gender is often not considered in the design, usability and information accuracy of these technologies. This means that relying on digital technologies to mitigate the indirect health effects of the pandemic response can **exacerbate existing gender inequities** and further constrain access to essential health services.

Accessing digital technologies: the digital gender divide

Globally, less educated and rural women remain **disproportionately unconnected**.

In LMICs, women are **8% less likely** than men to **own a mobile phone**, and **20% less likely** to own a **smartphone**.

300 million fewer women than men use mobile Internet, with the gender gap being widest in **South Asia (51%)**, followed by **sub-Saharan Africa (37%)** although it has been **closing in recent years**.

South Asia
51%

sub-Saharan Africa
37%

The digital gender divide lies at the intersection of multiple inequalities.

In **Uganda**, **women with disabilities** are 10% less likely than men with disabilities to own a mobile phone and **26% less likely** to own a **smartphone**.

The gender gap widens with usage of Internet. A **study** across nine countries in Africa, Asia and South America, showed that once online, **women are 30-50% less likely** than men to **use the Internet to participate in public life** and **20% less likely** than men to use the Internet to find **health or legal information**.

Gender differences persist in agency for usage.

According to a **survey** in 25 countries, **52% of girls** versus 28% of boys **borrowed a phone**. 47% of female respondents also reported **asking for permission from a parent** to use a phone compared to 36% of male respondents.

Who benefits from digital technologies?

Overlooking gendered patterns in the design of health-based apps could **lead to under-representation of women in big datasets and gender-biased outcomes**.

Mobility data has been one of the most popular big datasets during COVID-19, but has overlooked women. **Women are tracked less often** through COVID-19 tracing apps due to gendered mobility patterns. A **study** showed that women's daily movements are more localized and they **tend to visit 30% fewer locations** than men.

Facial recognition has been used in quarantine control and contact tracing systems in several countries such as Russia, Poland and China. However, facial recognition systems, in general, **perform worse on women**, particularly if they are **darker-skinned**.

A **study** with large tech companies found that **gender was misidentified** in less than **1% of lighter-skinned males** but up to **35% in darker-skinned females**.

Bridging the digital gender divide: how do we do it?

Moving forward, it is crucial to address the digital gender divide(s) by:

- > addressing the **structural factors** that cause it such as affordability, literacy digital skills, and safety/security concerns;
- > utilising **design interventions** that **remove cultural & practical barriers** and make technology useful for women;
- > and **involving women in the design**, development, roll out, and management of digital health products and services.

1 Remove financial barriers to accessing public health information via digital services

In resource-limited settings, some countries have **lowered the costs for devices and data** and lifted data caps as part of their COVID response. **Other countries** have placed COVID-19 information on national websites combined with text messages to reach populations who do not have Internet access.

Thailand has provided **10 GB of data per month** for residents. **Malaysia** provided **unlimited access to the government's websites** and the monitoring app (MySejahtera). **South Africa** has provided **data-free access** to its COVID-19 website.

Limited access to digital public health information disproportionately affects women.

In **Uganda**, the **social media tax** means that women are less exposed to public health information.

2 Make non-digital solutions available for contact tracing

When contact tracing apps are mandatory, **access, privacy and mobility issues** arise.

In **Qatar**, citizens who don't have the app need to pay a **\$55,000 fine** or face **3 years in prison**.

OR

3 YEARS IN PRISON

\$55,000 FINE

In **Singapore**, TraceTogether provides people with a **wearable Bluetooth device** complete with personalised QR code as an **alternative** to the smartphone apps.

3 Provide accessible telemedicine services

Telemedicine reduces gendered barriers related to travel restrictions, treatment expenses, and apprehension regarding sexual and reproductive health consultations.

Several countries have introduced or **expanded telehealth services** for sexual and reproductive health to ensure continuity of services during COVID-19.

The **Philippines** has made a reproductive health assistant for **smart family planning** remotely available through multiple channels: an app, helpline, and Facebook page.

Telemedicine services can be used as a new channel for women facing discrimination in the workplace to **get ahead**.

In **Pakistan**, eDoctor enabled 400 married women to **rejoin the health system** to monitor and assist patients in home isolation.

Access to health services can be improved for women, when **gendered differences are considered** in telemedicine.

In **India**, over 1.4 million female Anganwadi workers (rural childcare workers) have been given **free access to data** on government-provided handsets in order to provide **healthcare advice to young parents** via WhatsApp and IVR.

4 Consider risks & barriers for women accessing digital services

In **Mexico**, while there was a **drop in calls** to 'Linea Mujeres' (the national domestic violence hotline) during lockdown—there was an **increase of almost 71% in direct requests** to the RNR (National Shelters Network).

Survivors' **limited or monitored access** to technology-enabled support networks must be considered.