

What Do We Know About the Impact of Gender on the COVID-19 Pandemic?

Serie | COVID-19 & response strategy

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“Clearly, we must fight the virus for all of humanity, with a focus on people, especially the most affected: women, older people, youth, low-wage workers, small and medium enterprises, the informal sector and vulnerable groups”

António Guterres, Secretary-General of the United Nations

[This is the sixteenth document in a series of discussion notes addressing fundamental questions about the COVID-19 crisis and response strategies. These documents are based on the best scientific information available and may be updated as new information comes to light.]

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According to a report by the United Nations Population Fund (UNFPA), **disease outbreaks affect women and men differently and often worsen existing inequalities for women and girls**. In countries with weaker social protection and health systems, where the informal sector accounts for a larger share of the overall economy, these situations of vulnerability are exacerbated. For example, during the recent Ebola virus outbreak in West Africa (2014-2016), the predominant role of women as caregivers within the family and as frontline health care workers disproportionately exposed them to the virus¹. Women also suffered indirect consequences of the epidemic, including increased maternal

and neonatal mortality². During the 2015-2017 Zika epidemic in Latin America, the direct relationship between the virus and congenital malformations and other pregnancy-related problems was compounded by neglect of women’s sexual and reproductive health needs³.

In general, health and humanitarian crises disproportionately affect the most vulnerable groups: ethnic minorities, migrants, older adults, people with functional diversity or reduced mobility, homeless people and sex workers, among others. Moreover, these crises **exacerbate existing gender inequalities** and intersect with the vulnerabilities of the

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¹ Nkangu MN, Olatunde OA, Yaya S. The perspective of gender on the Ebola virus using a risk management and population health framework: a scoping review. *Infectious Diseases of Poverty*. 2017;6(1):135. doi:10.1186/s40249-017-0346-7.

² Jones SA, Gopalakrishnan S, Ameh CA, White S, van den Broek NR. ‘Women and babies are dying but not of Ebola’: the effect of the Ebola virus epidemic on the availability, uptake and outcomes of maternal and newborn health services in Sierra Leone. *BMJ Global Health*. 2016;1(3):e000065. doi:10.1136/bmjgh-2016-000065.

³ Diniz SG, Andrezza HF. Zika virus – the glamour of a new illness, the practical abandonment of the mothers and new evidence on uncertain causality. *Reproductive Health Matters*, 25:49, 21-25. doi: 10.1080/09688080.2017.1397442.

forementioned groups⁴. The negative gender impact of this type of emergency is especially notable, recurrent and complex, and therefore demands a specific analysis. In addition to epidemiological monitoring, it is essential to analyse the economic, psychological and social factors associat-

ed with the infection^{5,6}. The consequences of COVID-19 require a multidisciplinary analysis that takes into account the diversity of the consequences of the pandemic and considers long-term sequelae ●

1. What Impact Is COVID-19 Having on Women?

“Probably the most devastating consequence of the COVID-19 lockdown has been the increase in cases of sexual, physical and psychological violence—reported or not—and the intensity of these incidents.”

Although the data analysed to date appear to show a higher mortality rate in men, COVID-19 is believed to have a larger economic and social impact on women. First, since women account for more than 70% of health care and social workers, they **more exposed to infection**⁷. Moreover, according to a report by the International Labour Organisation

(ILO), women tend to work in a segregated, lower-quality and more precarious labour market, so they have fewer economic resources to help them cope with the crisis. **Job insecurity** increases dramatically during crises, leading to loss of employment and social protection. Consequently, women working in more precarious sectors are especially vulnerable.

Figure 1. Health sector personnel infected by COVID-19 in Spain.



Source: Informe sobre la situación de COVID-19 en personal sanitario en España. National Epidemiological Surveillance Network (RENAVE), Spanish Ministry of Health. 7 May 2020.

Second, since gender roles dictate that caregiving is almost exclusively a woman’s task, women bear **most of the burden of the care system**. In formal employment (health care, cleaning, social work, service industry, etc.) as well as in informal jobs (housework, caregiving, etc.), this respon-

sibility falls mainly on women. Overall, it is estimated that women spend three times as much time as men on household activities and care. COVID-19 lockdown measures have intensified this burden, leading to a decrease in self-care and an increase in mental health problems⁸. These

⁴ Enguita Fernández C, Marbán-Castro E, Manders O, Maxwell L, Matta GC. The COVID 19 epidemic through a gender lens: what if a gender approach had been applied to inform public health measures to fight the COVID 19 pandemic? *Social Anthropology*. doi:10.1111/1469-8676.12803.

⁵ Suso-Ribera C, Martín-Brufau R. How Much Support Is There for the Recommendations Made to the General Population During Confinement? A Study During the First Three Days of the COVID-19 Quarantine in Spain. *International Journal of Environmental Research and Public Health*. 2020;17(12):E4382. doi:10.3390/ijerph17124382.

⁶ Wang C, Pan R, Wan X, et al. Immediate Psychological Responses and Associated Factors During the Initial Stage of the 2019 Coronavirus Disease (COVID-19) Epidemic Among the General Population in China. *International Journal of Environmental Research and Public Health*. 2020;17(5):1729. doi:10.3390/ijerph17051729.

⁷ Wenham C, Smith J, Morgan R. Gender and COVID-19 Working Group. COVID-19: the gendered impacts of the outbreak. *The Lancet*. 2020;395(10227):846-848. doi:10.1016/S0140-6736(20)30526-2.

measures have also limited women's professional development and increased their risk of exclusion from work. For example, school closures and public neglect of care and education have led to a decrease in women's formal working hours and, in many cases, an overload of unpaid work. It is therefore not surprising that early data from socioeconomic assessments show that women have endured a greater loss of income and employment, as well as greater job insecurity in the informal economy.

Third, probably the most devastating consequence of the COVID-19 lockdown has been the increase in cases of **sexual, physical and psychological violence**—reported or not—and the intensity of these incidents⁹. Isolation during confinement has made it more difficult for women to report assaults and, consequently, to receive protection. This difficulty is heightened by the reduced frequency of contact with relatives and other outside contacts, an increase in the amount of time spent with the abuser, and tensions in the household arising from socioeconomic pressures, which in turn could lead to greater abuse of alcohol and other drugs. During the state of alarm in Spain, victims of gender violence submitted 29,700 requests for assistance—57.9% more than the entire previous year. During the same period, the number of calls to 016, Spain's domestic violence helpline, rose by 41.4% and online consultations increased by 457.9% from 2019 levels.

Finally, there has been a **clear imbalance of leadership roles in the response to the pandemic**. Despite working on the frontlines of the care system, women are underrepresented in decision-making positions. One example is the emergency committee for COVID-19 assembled by the World Health Organisation (WHO), where women account for just 24% of members. The same is true in the political arena. According to the Inter-Parliamentary Union and the United Nations, only 10 of the 152 elected heads of state worldwide are women. Meanwhile, men make up 75% of members of parliament and account for 76% of appearances in mainstream media outlets. Even more evident is the unequal visibility given by the media to male and female experts. According to Women in Global Health, as of February 2020, for every three men quoted in media coverage of the coronavirus, only one woman had been quoted ●

⁸ Liu N, Zhang F, Wei C, et al. Prevalence and predictors of PTSS during COVID-19 outbreak in China hardest-hit areas: Gender differences matter. *Psychiatry Research*. 2020;287:112921. doi:10.1016/j.psychres.2020.112921.

⁹ Roesch E, Amin A, Gupta J, García-Moreno C. Violence against women during covid-19 pandemic restrictions. *The BMJ*. 2020;369:m1712. doi:10.1136/bmj.m1712.

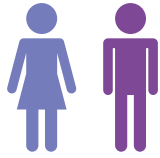


Figure 2. Representation of women vs. men during the COVID-19 pandemic.

Frontline health care workers

Women

70%

Men

30%



Members of the World Health Organisation (WHO) Emergency Committee for COVID-19

Women

24%

Men

76%



Members of parliament worldwide

Women

25%

Men

75%



Heads of state

Women

7%

Men

93%



Mainstream media appearances to discuss COVID-19

Women

24%

Men

76%



Sources: UN Women, World Health Organisation (WHO), Women in Global Health.

2. Proposals to Close the Gender Gap

“Measures taken to reopen society, transition to a ‘new normal’ and prevent future crises must acknowledge the existence of a gender gap and attempt to reduce it and mitigate its impact.”

Women’s vulnerability and inequality are exacerbated not only by pandemics but by some of the drastic measures taken to control the spread of disease. At the international level, the WHO, UN Women and other global health institutions such as Women in Global Health have published guides and reports to **facilitate the adoption of social, health and economic measures with a feminist perspective**. Measures taken to reopen society, transition to a “new normal” and prevent future crises must acknowledge the existence of a gender gap and attempt to reduce it and mitigate its impact¹⁰.

Measures that could be considered include the following:

Analysis and research

- **Draw on lessons learned.** Actively seek out and critically read policy statements, impact studies, opinion articles and guides on this and other pandemics that include a gender perspective. Incorporate the lessons learned into policy responses to future outbreaks or other crises.
- **Disaggregate all data by sex and gender** in crisis situations to avoid drawing partial or biased conclusions.
- **Systematically incorporate a gender perspective into all research projects**, including mechanisms for monitoring and assessing the integration of sex and gender analysis into all stages of the research process.
- **Analyse a wide range of social variables to assess the “invisible” consequences of health crises** (e.g. burden of care for dependent persons, episodes of gender violence and sexual abuse) as well as various economic indicators to better assess all the effects of the crisis and recovery trends.

Positive action measures and public policies

- **Further incorporate the gender perspective into the design of policies**

that address COVID-19 and future health crises and avoid taking steps that exacerbate existing inequalities. To do this, the various technical advisory and decision-making groups involved in the process must incorporate knowledge and experience of gender.

- **Guarantee that women are proportionally represented** in both technical advisory and decision-making areas.
- **Actively create venues for debate and opinion-sharing with women who are experts** in areas affected by the crisis.

Employment, work-life balance and social protection

Incorporate a gender perspective into the measures taken during the transition to the new normal and future policies to address socioeconomic crises, including positive action measures to reduce inequalities and specific mitigation strategies to address effects in all areas (health, social and economic). For this to be possible, economic policies and social protection programmes that support, empower and boost the independence of women must be implemented. Examples include the following:

- **Introduce measures to compensate for the dysfunctions of public services such as education and care**, including corrective and compensatory measures in remote-work models that encourage co-responsibility for work-life balance and reduce the impact on women’s professional development.
- **Facilitate the regularisation, recognition and professionalisation of the dependent care system**, to improve working conditions in this sector.
- **Take steps to close the gender pay gap** and reduce occupational segregation.
- **Ensure that plans for women’s economic empowerment** are included in government stimulus packages for various

¹⁰ John N, Casey SE, Carino G, McGovern T. Lessons Never Learned: Crisis and gender-based violence. *Developing World Bioethics*. 2020;10.1111/dewb.12261. doi:10.1111/dewb.12261.

sectors. Social protection benefits, welfare payments, and fiscal, social and employment promotion measures must take into account the specific vulnerabilities and difficulties that women face in gaining access to these forms of assistance.

- **Build alliances with the private sector to close the digital gap** and provide women and young people with access to communication technologies to support academic continuity and educational advancement through distance learning.

Education in equality, awareness and gender violence

- **Introduce public policies and awareness campaigns** like the United Nations HeForShe campaign, which aims to eliminate gender roles and stereotypes from all areas of society: education, politics, media, advertising, etc.

- **Establish special protocols for reporting, detecting and protecting women against gender-based violence** in these contexts.

- **Strengthen programmes aimed at raising awareness and eradicating gender-based violence** on the grounds that any aggression against women for being women is unjust, avoidable and worthy of condemnation. The United Nations Secretary-General has urged governments to make the prevention of violence against women a key part of their national response plans for COVID-19.

- **Promote and strengthen gender equality education programmes** at all levels of society—schools, universities, working groups and associations—to encourage debate and spread knowledge regarding power dynamics within families and foster a more balanced appreciation of the importance of different jobs and roles ●

3. Inspiring Practices

“The policy transformation that we aspire to is not a utopian fantasy. These initiatives are already underway and could be replicated elsewhere.”

The policy transformation that we aspire to is not a utopian fantasy. The following initiatives are already underway and could be replicated elsewhere:

a) On gender-based violence

- Canada, Quebec and Ontario. Shelters for women fleeing from sexual and/or physical violence have been added to the list of essential services.
- China. The hashtag #AntiDomesticViolenceDuringEpidemic had a large impact and helped raise awareness about violence during the COVID-19 lockdown.
- El Alto, Bolivia. As a part of the UN Women global initiative “Safe Cities and Safe Public Spaces”, communication materials are being developed in a simple, easy-to-use format to illustrate the harmful impact of violence against women and girls and explain how to report it during COVID-19.
- Mexico. The United Nations Development Programme (UNDP) is working with UN Women and other partners to support the LUNA centres (safe spaces for women and girls) with the aim of developing new protocols and providing support via telephone and a virtual platform.
- Belgium and France. Hotels are being used to accommodate women fleeing domestic violence.
- Spain. The Ministry of Equality has developed a [special contingency plan](#) for women facing gender-based violence. The plan includes a new resource: a service that allows victims to contact law enforcement by sending a text message with geolocation in the event of an emergency.

b) On equality education and awareness

- Georgia. After closing schools during lockdown, the country partnered with the UNFPA to launch [MenCare](#). As a part of this campaign, prominent men have shared videos on social media showing themselves taking part in raising their children. The goal is to encourage other

men to play a more active role in their families.


- Ethiopia. In collaboration with UNWomen, the Ministry of Women, Children and Youth is providing shelter, food and first-aid supplies to homeless women, children and young people during the emergency.
- Paraguay. Crisis helplines are being strengthened by the addition of key teams that have specific training in COVID-19 and are equipped to handle cases of children whose caregivers are sick or quarantined elsewhere, among other situations.
- Fiji. Through the Global Programme on Strengthening the Rule of Law and Human Rights, the UNDP is supporting civil society organisations that are responding to the crisis and have set up 24/7 counselling helplines.
- Provincial Council of Granada. A gender perspective [has been incorporated](#) into the province’s plans for recovery and the new normal.
- Women in Science and Engineering. Twenty organisations from the STEM fields—science, technology, engineering and mathematics—have joined this [awareness-raising campaign](#) to protect and promote women in the sector during the pandemic ●

PARA SABER MÁS

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- [Gender impacts on health](#), European Institute for Gender Equality. Print
- [La perspectiva de género, esencial en la respuesta a la COVID-19](#), Institute of Women, Spanish Ministry of Equality.
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- [The impact of sex and gender in the COVID-19 pandemic](#), European Commission (May 2020).
- [Gender equality in the time of COVID-19](#), United Nations.
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