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Introduction

The COVID-19 pandemic has gendered effects. Women, especially women of colour, Indigenous women, and low-income women, are particularly susceptible to contracting the disease, as well as to economic instability and curtailed access to services and resources. Trans and gender diverse peoples also face heightened risks due to widespread discrimination and stigma. However, men are more likely than women to be seriously ill and die from COVID-19.

This primer provides a summary of how gender impacts the ways the COVID-19 crisis is experienced, including key resources for further reading, and the implications for policy and action during and after the pandemic.

1. Women are more likely than men to be frontline workers

Women are more likely than men to be healthcare workers, on the frontline of the pandemic. According to the World Health Organization, across 104 countries, women comprise 70% of health and social care sector workers.¹ In Canada, they are even more represented, at 81% of health care and social assistance workers.² This makes women more vulnerable to the disease. However, with the underrepresentation of women in leadership, women also do not often have their voices heard in decision and policymaking.³

2. Women are more likely than men to do high-contact, economically insecure, and unprotected work

Women, and particularly women of colour, are also concentrated in jobs in the services and hospitality industries. These jobs involve high contact with people, and often do not offer paid sick leave.⁴ This increases women’s risk of contracting COVID-19, and puts their families at higher risk as well. These jobs are also likely to be precarious, low-paid, and part-time or temporary work, increasing women’s susceptibility to layoffs and economic insecurity.⁵ This latter point means women may be more severely affected by the economic recession caused by the coronavirus. For example, evidence from the Ebola outbreak showed that men were able to return to their jobs and previous income levels faster than women were.⁶ ⁷
3. Women’s domestic and caregiving burden will increase, but gendered norms around care may shift

As countries go into lockdown, women’s domestic work burden increases. When schools and daycares close and social distancing measures are put in place, caregiving is moved back into the home, and grandparents or other relatives cannot provide care. Further, sick and/or self-isolating people also need caregiving. Research on disease outbreak and gender suggest that women are doing the majority of this unpaid labour. In heterosexual relationships, women tend to be lower earners or working part-time, so it seems rational to take on caregiving also. For single mothers, balancing caregiving and work is a norm, but during a pandemic is an even heavier load. And, if single mothers become ill and must isolate, the consequences for their children may be dire. The pandemic brings to the fore the importance of public support for childcare.

On the other hand, considering that a majority of healthcare workers are women, it is possible that men who are in partnerships with these women, and who are able to work from home, may become caregivers out of necessity. Further, flexible work arrangements have suddenly become a norm for a large portion of the workforce. Thus, in the long-term, the pandemic may contribute to changing gendered norms that burden women. The outcome of this crisis on gender equality in caregiving is yet to be determined.

Resources

Research and policy


Media


4. Men face a higher risk of serious illness or death from COVID-19

Evidence from countries like Italy, Spain and China suggests men are experiencing more serious illness from COVID-19 than women. For instance, in Italy, 71% of deaths from the virus are men.10 While doctors are still unsure why, it is possible that gender norms play a role. Men’s higher rates of drinking and smoking may be one cause; another potential reason is that men are less likely to practice frequent personal hygiene practices like handwashing. However, it is also possible that hormonal differences have an effect.11 Uncertainty around the cause means that it is vital that COVID-19 data disaggregated by sex and gender is made available. Another implication is that if men get sicker from COVID-19, the care burden for women may be compounded.

Resources

Research and policy


Media

• Polglase, K., Mezzofiore, G. and Foster, M. (March 24, 2020). Here’s why the coronavirus may be killing more men than women. The US should take note. CNN.

5. Vulnerability to domestic abuse increases

Self-isolation and social distancing pose increased danger to victims of abusive relationships, who tend to be women. During a lockdown, victims are not able to be away from their abuser at any time, or to reach out to friends and family. Further, there may be limited access to domestic violence services like shelters.
due to social distancing measures. At the height of the COVID-19 pandemic in China, data indicate the number of reported domestic violence cases tripled.¹²

Resources

Research and policy


Media


6. Access to sexual and reproductive healthcare is curtailed

With a pandemic, barriers to sexual and reproductive healthcare arise globally. Access to contraception and women’s sanitary products may be curtailed due to supply chain interruptions, there may be a shortage of doctors providing maternal and reproductive health services, and resources are often taken away from reproductive and sexual health programs.¹³ Some states and politicians in the United States are using the pandemic to restrict abortion rights, despite experts saying these are essential to women’s health and well-being.

Resources

Research and policy


Media

- Beggin, R. (March 22, 2020). Ohio’s attorney general told providers to stop abortions during the coronavirus pandemic, Vox.
7. Indigenous racialized, low-income, LGBTQ+ and other vulnerable groups are worse affected

Indigenous, racialized, low-income, LGBTQ+ and other marginalized groups are typically worse affected by disease outbreaks, considering they are more likely to be in economically insecure and high-risk health circumstances to begin with.

For example, the resources linked below point to situations of heightened risk:

- Indigenous communities were more vulnerable to the H1N1 pandemic in 2009 due to overcrowded housing, unsafe water, and poor access to healthcare, and the same is true for COVID-19.
- Low-income groups face difficulties buying groceries for a week, much less stocking up for long-term isolation periods, and are more likely to be facing unpaid quarantine.
- LGBTQ+ people are more likely to be impacted by COVID-19 because they have a 50% higher smoking rate than the general population. LGBTQ+ elders are also more likely to be isolated or living alone.
- Trans and gender diverse populations continue to face high levels of discrimination and stigma in healthcare settings and in bathrooms (where handwashing is done).
- Data suggest only 16% of Hispanic and 20% of Black Americans can work from home, compared to 30% of Whites and 37% of Asian Americans.
- The pandemic has resulted in palpable racism and xenophobia against Asian populations.

Resources

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Policy considerations

Considering the above perspectives, the following actions are recommended for policymaking and decision-making during and after the COVID-19 pandemic.

1. Ensure women and women’s groups have a voice in decision-making around pandemic response. Pay specific attention to the needs and perspectives of Indigenous, low-income, racialized, LGBTQ+, and other high-risk groups.

2. Conduct a gender analysis on all pandemic policy responses, both economic- and health-related. Analysis should be intersectional and consider race, socio-economic status, sexual identity, Indigeneity, and so on. Gender analysis should be considered essential.

3. Establish a universal or targeted basic income to ensure that a livable income is not tied to access to work, and that unpaid labour is valued.

4. Prioritize ensuring that everyone has paid sick leave, affordable health care, and affordable childcare. Lack of paid sick leave and affordable access to care puts an entire population at risk during pandemics.

5. Fund and provide extra support for essential reproductive and sexual health services during the pandemic, especially for vulnerable populations. This includes access to maternal and child services, abortion, and women’s hygiene products.

6. Fund and provide extra support for shelters and assistance for domestic violence victims, and ensure that assistance services are available digitally.

7. Promote and campaign for equal domestic work sharing among genders to concretize the importance of reducing women’s burdens.

8. Ensure gender and sex-disaggregated data on the pandemic and its outcomes are made available.
Further reading

The following links provide more helpful resources on gender and COVID-19.

- Action Canada for Sexual and Health Rights: SRHR and COVID-19
- Centre for Feminist Foreign Policy: Feminist Resources on the Pandemic
- Partnership for Maternal, Newborn and Child Health: Compendium of COVID-19 related partner resources on women’s, children’s, and adolescents’ health
- UN Women: COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement
- Women Entrepreneurship Knowledge Hub: COVID-19 Resources for Women Entrepreneurs in Canada
- XY Online: Gender and the COVID-19 pandemic

References

2 Statistics Canada (2019). Employment by class of worker, annual (x 1,000). Retrieved on March 25, 2020 from https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410002701&pickMembers%5B0%5D=1.1&pickMembers%5B1%5D=3.15&pickMembers%5B2%5D=4.3


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