

Gendered impacts of COVID-19

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Summary

Health crises can exacerbate existing gender inequalities. As the global health pandemic caused by COVID-19 is ongoing, the impacts and effects are still being assessed and understood. However, preliminary research and emerging data show that women are likely to be affected in particular ways by this global pandemic.

Women are likely to increase time spent on caring responsibilities. They comprise the majority of the healthcare workforce, and are more likely to care for sick family members at home and take on education-related responsibilities while children are home from school. Men are also likely to increase time spent on caring and domestic responsibilities as more people are accessing flexible work arrangements, working from home, or under-employed and unemployed.

The increase in caring responsibilities can heighten feelings of stress and limit women's economic opportunities. Early evidence related to job loss and the economic impacts of COVID-19 suggest that women are facing increased economic insecurity. Financial hardship coupled with more time spent at home due to social distancing and isolation measures is placing individuals at risk of domestic violence.

Key findings

- a predominantly female healthcare workforce has placed women on the frontlines of the crisis
- the increase in caring responsibilities during the COVID-19 crisis is likely to be shouldered by women
- as more people work from home, are underemployed or unemployed, men may take on more care and domestic work, which would affect the gendered division of labour and social norms
- the need for workplace flexibility during the crisis may have a continuing effect on workplace policies and practices
- while the economic impact of COVID-19 will affect all workers, it may have a particular impact on women
- increased time at home due to social distancing and isolation measures is placing individuals at risk of violence.

Evaluation and assessment of the impact and effect of the global COVID-19 pandemic is ongoing. Preliminary research on the gendered impacts of COVID-19 is showing particular effects on women and highlights areas for continued research as we move through and beyond the crisis. The Workplace Gender Equality Agency (WGEA) is monitoring the emerging data and noting areas where more research may be required to understand more fully the impact of COVID-19 on issues related to workplace gender equality in Australia and across the world.

While data so far does not show a clear pattern as to whether women or men are more likely to be infected by COVID-19, data from official government sources as of 29 April 2020 shows that men are more likely to die from COVID-19.¹ In Australia, data is showing that generally equal numbers of women and men are confirmed to have contracted COVID-19.² Beyond these immediate effects of the virus, health crises can exacerbate existing gender inequalities.³ Among other potential gendered impacts and effects of COVID-19 are issues related to women's employment in the healthcare sector and responsibility for care work, the gendered division of labour, financial security, and domestic violence.

Women are providing care in the workplace and at home

Globally, 70% of workers in the health and social sector are female.⁴ Women also make up the majority of service staff at healthcare facilities, such as cleaners, caterers and laundry workers.⁵ In Australia, 75.4% of health professionals, which includes pharmacists, medical practitioners, midwives, nurses, social and welfare professionals, and medical laboratory scientists, are women.⁶ Women are also 88.4% of midwifery and nursing professionals in Australia,⁷ which reflects the global figure of about 85% across 104 countries.⁸ There is an underrepresentation of women in leadership roles and senior positions in the healthcare sector despite the fact that the workforce is predominantly female.⁹ Similarly, female leaders are underrepresented in the COVID-19 response, with women only 20% of the World Health Organisation (WHO) Emergency Committee on COVID-19, 16% of the WHO-China joint mission on COVID-19, and 10% of the U.S. Coronavirus Taskforce.¹⁰

A predominantly feminised healthcare workforce means that women are on the frontline of the COVID-19 crisis, increasing their exposure and potentially their family members to the virus. Emerging data analysed by UN Women finds that, in some countries, infection rates amongst women healthcare workers are higher than that of male healthcare workers. For instance, in Spain 71.8% of infected healthcare workers are women and 28.2% are men; and in Italy 66% are women and 34% are men.¹¹ Anecdotally, healthcare workers have expressed concern about spreading the virus to their families at home.¹²

In addition to women providing care through their formal employment in the healthcare sector, women are also more likely to care for sick family and community members.¹³ This includes caring for those affected by COVID-19 as well as increasing support to those suffering from non-COVID-19-related illness who may now have less access to formal health and social services due to the pandemic.¹⁴ Learning from past crises, such as the Zika virus, shows that care work continues to increase following a crisis, and women primarily take this on.¹⁵

Women's increased care work responsibilities during a health crisis is reflective of gender roles and norms that see women do the majority of care work.¹⁶ Globally, women perform 76.2% of the hours of unpaid care work, and men perform less than a quarter of the hours of unpaid care work. In Australia, women spend 64.4% of their average working hours each week on unpaid work compared to 36.1% for men.¹⁷

Teaching responsibilities may also add to women's care work responsibilities as more children are home from school. In some contexts, schools and childcare centres are closed, and in others, parents are choosing to keep their children at home. Based on the evidence that women take on more childcare responsibilities even among dual earning couples, Alon et al. hypothesise that women are also more likely to take on the increased child care needs during the COVID-19 crisis.¹⁸

With more children at home, parents may be balancing work commitments with childcare and teaching responsibilities. Women have expressed feeling increased personal and professional pressure since COVID-19.¹⁹ Newgate Research's national poll has found that women remain one of the groups most concerned about COVID-19 in Australia.²⁰ It has been commented that women are carrying a 'triple load' during the crisis, which includes paid work, care work, and the mental labour of worrying.²¹

Taking on educational responsibilities may also limit women's work opportunities.²² Women who cannot work from home, such as those with service sector jobs, or who do not have paid leave, may be particularly stretched,²³ as are those in the informal sector, where the majority of women work, because they are without access to formal financial assistance.²⁴ There may be particular stress for single-parent households, the majority of whom are single-mother households. With schools closed and other childcare arrangements, such as assistance from family and friends, discouraged due to social distancing measures, single mothers will have less ability to work and are at greater risk of poverty.²⁵

There is an opportunity to change gender and workplace norms

During the COVID-19 crisis, some employers are encouraging or requiring employees to work from home. Given this, increased workplace flexibility and greater involvement of men in care and domestic work are hypothesised to be among the potential effects of the COVID-19 crisis.²⁶ These effects would have important impacts on gender equality. Flexible work practices can contribute to more sharing of care and domestic work and further support women's increased labour force participation.²⁷

As employees balance childcare and work commitments during the COVID-19 pandemic, employers may become more aware of the need for flexible working arrangements.²⁸ Dr. Ashlee Borgkvist from the Centre for Workplace Excellence at the University of South Australia has commented that the increased use of working from home arrangements during COVID-19 may see more uptake of such flexible work arrangements by fathers and support from employers following the crisis.²⁹ This would be a shift from current norms. Even though men, particularly in younger demographics, wish to better balance work and home commitments,³⁰ they are less likely to request flexible working arrangements and, when they do, are more likely to have such requests refused.³¹ Data from the American Time Use Survey supports this. Among those individuals with children, married women spend more time telecommuting than married men, and married women more often cite personal reasons including childcare as the reason for telecommuting.³²

Although women may be taking up more of the added childcare responsibilities during COVID-19, fathers who are working from home will also likely increase their caring responsibilities. In particular, men may increase time spent on care work in households where only the mother is considered a critical or essential worker.³³ The hypothesis is that this could have a continuing effect.³⁴ At the household level, this could affect the division of labour, resulting in outcomes similar to those from the research on men and parental leave. Men who take parental leave are more likely to continue their involvement in childcare and unpaid domestic work following the parental leave period.³⁵ It could also have broader effects on changing gender norms. Alon et al. support this conjecture by drawing on the example of how working women during World War II shifted social norms and encouraged women's labour force participation from the 1960s to 1990s.³⁶

Recent commentary and opinion pieces in the media debate the impact of COVID-19 on the division of labour within households.³⁷ For instance, an opinion piece by Virginia Haussegger in *The Canberra Times* expects the increased caring and teaching responsibilities, coupled with the fact that most women earn less than their male partners in heterosexual dual-earner couples, will see women leave or reduce their participation in the labour force. The functioning of the health system, which has a predominantly female workforce, will see particular consequences from this.³⁸ Others have also provided commentary, which considers how the gender pay gap³⁹ and the undervaluing of predominantly female industries⁴⁰ may add to women's stress and economic insecurity during the current crisis.

The economic impact of COVID-19 may have more of an effect on women's financial security

Early evidence related to job loss and impacts on certain sectors of the economy suggest that women may be more affected and face economic insecurity due to COVID-19. Gender segregation in certain sectors and positions of employment, women's over-representation in more precarious employment, and the under-representation of women in positions of leadership may be contributing factors.⁴¹ There are several other compounding factors including that women are more likely to live in poverty, they account for the majority of single-parent households, they have less access to social protections, and they have less earnings and savings.⁴²

In Australia, the national gender pay gap currently stands at 13.9%.⁴³ The gender pay gap is the difference between women's and men's average weekly full-time earnings, expressed as a percentage of men's earnings. It is not the difference between two people being paid differently for work of the same or comparable value which refers to equal pay. The fact that women earn less than men over their working lives contributes to women having less savings in their superannuation accounts than men. Analysis of 2016-17 figures from the Australian Taxation Office (ATO) shows a gender superannuation gap across all age groups.⁴⁴ Therefore, women who draw on their superannuation savings now may face greater economic insecurity in retirement.

In the short-term, the sectors of the economy that are most impacted by COVID-19 are those that require travel and interaction with customers, such as air travel, tourism, retail, accommodation, food and beverage, and garment and manufacturing.⁴⁵ Many of these industries have a significant female workforce.⁴⁶ Evidence from the Ebola crisis shows that prevention measures, including travel restrictions, severely affected women's livelihoods and economic security.⁴⁷ There is also uncertainty because of travel restrictions for domestic workers who depend on travel for their income.⁴⁸ Results from two surveys conducted by the National Domestic Workers Alliance in the US, one involving over 12,000 domestic workers and the other over 16,000 domestic workers, has found that 72% of respondents reported having no jobs beginning the week of 6 April 2020. This was an increase of nine percentage points from the previous week. Since many of the workers are their family's primary breadwinner, this unemployment and underemployment has increased their risk of housing and food insecurity.⁴⁹

In Australia, researchers from Macquarie University point out that women's overrepresentation in more precarious employment, including casual work without access to paid leave, makes them particularly vulnerable during this current crisis.⁵⁰ The sectors thought to be immediately affected by COVID-19, which includes hospitality, entertainment, travel, and personal care work, employ slightly more women (56%).⁵¹ While the JobKeeper Payment allows businesses to access a subsidy to continue to pay eligible employees,⁵² an analysis from the Bankwest Curtin Economics Centre (using various data sources from the Australian Bureau of Statistics (ABS)) estimates that 950,000 casual workers may not be eligible for the JobKeeper payment. These workers are mostly employed in the accommodation and food services, retail trade, and health care and social assistance sectors, where more casual workers are women.⁵³ In addition, before the Government announced that childcare would be fee-free for a period during the pandemic, families were withdrawing their children due to concerns about COVID-19, placing the childcare sector at risk of collapse.⁵⁴ This would have had implications for women's jobs as 94.2% of child carers are women.⁵⁵

Data released on 5 May 2020 by the ABS shows that the accommodation and food sector has been most impacted, with about one third of jobs in the sector lost between mid-March and mid-April 2020.⁵⁶ This was followed by the arts and recreation services sector with a decrease of 27% in employee jobs. Across sectors, jobs decreased by 7.5% and wages decreased by 8.2% between mid-March and mid-April 2020.⁵⁷ Over this same period, jobs held by women saw a larger decrease than jobs held by men, while wages paid to men decreased more. Jobs held by women decreased by 8.1% and wages paid to women decreased by 7.0%; whereas, jobs held by men decreased by 6.2% and men's wages decreased by 8.9%.⁵⁸

In the US between February and March 2020, women experienced more job loss than men in most sectors of the economy. Men and women of colour experienced higher rates of unemployment than white men and women, and unemployment for part-time workers increased. Women experienced the greatest job losses in the leisure and hospitality sector.⁵⁹

There is also some evidence to suggest that women-led small and medium enterprises may be more impacted during COVID-19. This is because women-owned businesses are generally operating with less capital and relying more on self-financing.⁶⁰ Decline in incomes and financial insecurity have ongoing effects for household members.⁶¹ Loss or reduction of women's incomes affects families because women often invest their earnings into the household.⁶²

More time at home is placing individuals at risk of domestic violence

Due to social distancing measures or forced isolation, more people are required to stay at home. In addition, working from home arrangements means that, for many, the home is now the workplace. This increase in time spent at home is placing individuals at risk of domestic violence. Monitoring potential increases in online bullying, with more people at home and online, is also important.⁶³

Globally, 243 million women and girls (aged 15–49) have experienced sexual or physical violence by an intimate partner in the last 12 months.⁶⁴ Emerging data is showing an increase in rates of violence against women and girls, particularly domestic violence, since the onset of COVID-19.⁶⁵ Women's Safety NSW is seeing the impact of COVID-19 through an increase in violence, an increase in the number of clients and an increase in the complexity of cases, among other issues,⁶⁶ and data from Google shows a 75% increase in searches about family and domestic violence.⁶⁷ There is concern that victims of domestic violence may not receive much-needed support during COVID-19 with essential services disrupted,⁶⁸ and individuals unable to make calls to helplines while in the same space as an abusive partner.⁶⁹

The ongoing economic impact of COVID-19 may be another link to increased domestic violence. There is often an increase in domestic violence during times of economic hardship.⁷⁰ In addition, the economic impacts of COVID-19 will affect the capacity of local women's organisations, which typically provide support at the individual and institutional level to survivors of violence.⁷¹

Relatedly, Peterman et al. reviewed the existing literature and identified several ways that pandemics link to violence against women and children, including through economic insecurity issues, quarantines and social isolation, reduced health services, and violence against healthcare workers, among others.⁷²

What is a gendered response to COVID-19?

To mitigate and understand the gendered impacts of the COVID-19 crisis, both immediately and over the long-term, the following measures have been proposed:

- collect gender disaggregated data during the pandemic⁷³
- clearly communicate and strengthen resources, frameworks and laws related to assisting victims of violence⁷⁴
- ensure that women and vulnerable groups have access to necessary health resources⁷⁵
- make visible the responsibilities of care work⁷⁶ and provide support for childcare⁷⁷
- support women in pursuing economic opportunities⁷⁸ and small and medium enterprise⁷⁹
- consult women on the response and ensure their representation in planning and responding to the pandemic⁸⁰
- ensure the support of girls' access to education⁸¹
- promote flexible working⁸² and family-friendly policies in the workplace⁸³
- promote a more gender-balanced healthcare workforce.⁸⁴

Since the gendered impacts of COVID-19 are still being assessed and understood, WGEA aims to regularly update this document. In particular, WGEA is monitoring the emerging data that has consequences for gender equality and the workplace, both in Australia and globally, and is noting areas where more research is needed to fully understand the impact of COVID-19 on workplace gender equality.

Footnotes

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