The gendered impact of COVID-19

How the COVID-19 pandemic has disproportionately impacted women

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INTRODUCTION

COVID-19 has undoubtedly been one of the most devastating crises in modern history. Early on, the pandemic was labelled as ‘the great equalizer’, however ongoing research has illustrated that COVID-19 is in fact bringing to light the underlying inequalities in our world.[1] These inequalities are vast and complex, and this piece will not be able to fully explore the disproportionate impacts on racial and ethnic minorities and low-income populations.

A publication by the ‘Gender and COVID-19 Working Group’ in the Lancet in March explored the unequal impact of the global pandemic between men and women.[2] Despite worldwide discussion of these impacts, by organisations such as the WHO and UN Women, representation of women in leadership positions pertaining to decisions about COVID-19 continues to be low.[3]

HEALTH CARE WORKERS

Up to 70% of the world’s healthcare workers (HCWs) are female. This is placing women at high risk of contracting COVID-19.[3] In the Hubei province of China, where the outbreak started, more than 90% of HCWs are women.[1] This has been exemplified in outbreaks in many other countries, including in Italy, where 66% of HCWs infected with COVID-19 were female.[4]

CASUAL WORKERS

Women are known to be over-represented in the casual workforce, due to unequal opportunity for full time work worldwide. This places women in a more vulnerable position during an economic fallout.[5] For those women who do have stable work, their pay is on average 11% less than their male counterparts, again putting them at risk of economic hardship during the COVID-19 crisis. Alongside this, women’s economic vulnerability means they have reduced ability to build up supplies against shortages, or for periods of quarantine, a pattern that has been exacerbated by panic buying worldwide.[5]

DOMESTIC DUTIES

It is well known that the majority of domestic duties and unpaid care work worldwide is done by women. [6] Infectious disease outbreaks and their containment measures are shown to further increase this burden. In particular, the closure of schools exacerbates caregiving duties on women, who are often expected to limit their work and economic opportunities to undertake home schooling requirements. Women are also frequently left with the role to care for ill elderly family members.[6] Alongside this, women are predominantly left with the responsibility to take on increased cleaning duties expected during an infectious disease outbreak.[1]

DOMESTIC VIOLENCE AND FAMILY VIOLENCE

The exacerbation of violence against women and girls during COVID-19 has been termed a ‘Shadow Pandemic’ by UN Women.

Stay-at-home orders, although necessary to decrease the spread of COVID-19, are likely to increase domestic and family violence, and reduce women’s access to healthcare and social supports.[7] Travel restrictions may limit women’s ability to stay with loved ones, and fear of contracting COVID-19 is stopping some women from seeking medical care after experiencing abuse.[8] Women’s shelters worldwide have reported increased demand and overcrowding, and some have had to shut their doors for fear of an outbreak within the facility. As early as February, China saw a threefold increase in domestic violence cases reported to the local police compared with the previous year.[8] In Kazakhstan, where domestic violence is not a criminal offence, helplines have registered an increase in calls by more than 30%.[9]

REPRODUCTIVE HEALTH

Past infectious diseases outbreaks have seen expenditure and investment in sexual and reproductive health decrease, reducing women’s reproductive autonomy and access to family planning and obstetric care. In the 2014 Ebola outbreak in West Africa, resources were continually diverted from obstetric care, and led to avoidable morbidity and mortality.[1] Marie Stopes International has predicted that travel restrictions and lockdowns as a result of COVID-19 could result in as many as 3 million additional unintended pregnancies, 2.7 million unsafe abortions and 11,000 pregnancy related deaths.[10] These statistics take into account reduced access to healthcare, interruptions to family planning services, reduced access to contraceptives and abortion, alongside reduced government expenditure on reproductive services.

REPRESENTATION

Despite the clear unequal impacts COVID-19 is having, and will continue to have on women, there is a clear inequality in representation of women globally in decisions pertaining to the pandemic. Despite being the majority of HCWs on the frontline, and despite being the most negatively impacted by the economic and social fallout of the pandemic, only 25% of global leaders are female.[3] This lack of women at the table, and the lack of power in decision making,
is further exacerbating inequalities and resulting in women's needs going largely unmet.

The discussions presented in this article are merely a starting point that should prompt further research. As COVID-19 continues to highlight inequalities, in gender or otherwise, it provides an opportunity for those of us with a voice and a platform to speak up, and use this moment to strive for change.

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