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"Gender inequality begets gender inequality, and this process is only exacerbated in times of crisis or in the face of major shocks such as the outbreak of COVID-19."

- World Bank Group

**COVID-19 & Gender Equality.**

The economic downturn caused by the current COVID-19 pandemic has substantial implications for gender equality. Unlike the regular economic slowdown, which affects sectors like manufacturing and residential construction making a direct impact on men's employment, in the present "recession" [women's employment got affected more severely](#). A drop in the employment rate related to social distancing measures has a large impact on sectors with high female employment shares. Besides, closure of schools and day-care centres have massively increased child care needs, which has a particularly large impact on working mothers, which further poses a severe challenge for single mothers. Effects of the crisis on working females are expected to remain for a longer period. Moreover, the closure of schools as part of the containment efforts may lead many girls that already experience pressure to drop-out to stay out of education permanently. This was [often the case after the Ebola crisis](#) in Western Africa.

**Consequences of the COVID-19 Pandemic on Research, and Women in Research.**

Women are more likely than men to cut back on working hours in light of rising demands at home, whether it's supervising children's remote learning, cleaning, or preparing family meals. To test this hypothesis, a [study](#) looked at submitted manuscripts and peer review activities for all Elsevier journals between February and May 2018-2020. Results show that women submitted proportionally fewer manuscripts than men during the COVID-19 lockdown months. An initial analysis found a significant negative effect for women in three research areas: health and medicine, physical sciences and engineering, and social science and economics.

Gender biases seem to be affecting COVID-19 research. There are [fewer women as first and last authors](#) in COVID-19 research publications. This may have implications for the availability and interrogation of gender and sex-disaggregated data, which in turn affect our understanding of COVID-19. Women have a crucial role to play in the response to the crisis, especially in the prevention and containment phase, but also during follow up. Thus, to understand the impacts of and designing policy responses to the pandemic, it is important to emphasize gender equality and inclusiveness in COVID-19 research. A [survey](#) of principal investigators indicates that female scientists and scientists with young dependents experienced a substantial decline in time devoted to research, and these effects appear additive: the impact is most pronounced for female scientists with young dependents.

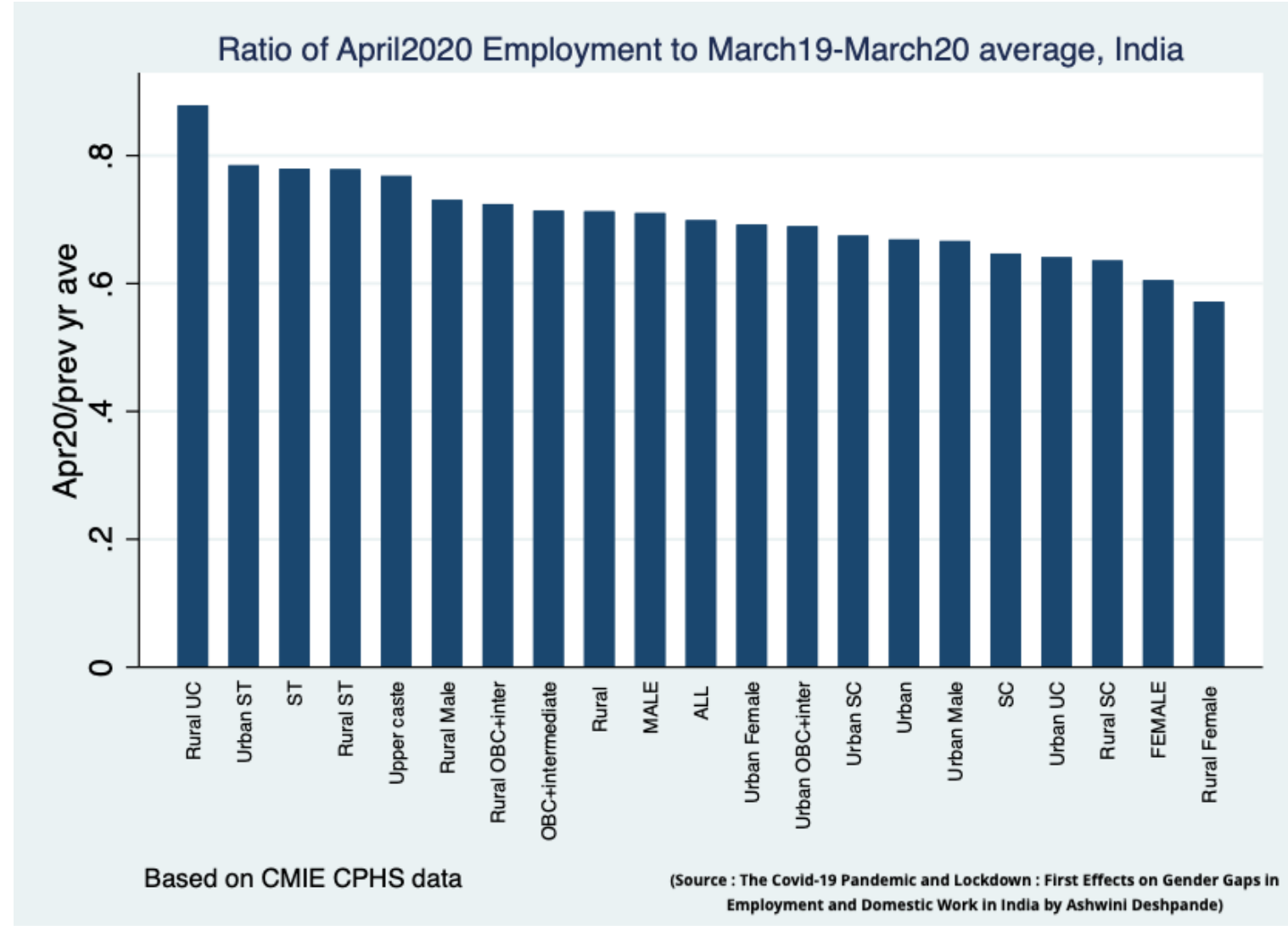
**The Effects on Working Women.**

Alicia S. Modestino, associate professor of public policy and urban affairs and economics at Northeastern University, surveyed 2,500 working parents across different sectors in the U.S. and [found](#) that 13% of working parents lost a job or reduced hours solely because of childcare during the pandemic. Also, 25% of women who became unemployed said it was because of childcare.

Women in the Workplace is the largest comprehensive study of the state of women in corporate America. In 2015, McKinsey & Company, and Lean In Foundation launched the study to help companies promote diversity in the workplace. In their [study](#) of 317 companies, and more than 40,000 employees, they found that one in four women are considering downsizing their careers or leaving the workforce as a result of the damage wrought by COVID-19. According to The 19th, a news website about women and politics, USA's "first female recession" deepened last month, with more women leaving the labor force than the country added jobs. [About 865,000 women dropped out of the workforce](#), compared to 216,000 men.

**First Effects on Gender Gaps in Employment and Domestic Work in India.**

A [study](#) by Ashwini Deshpande shows that COVID-19 has had a differential impact on the job losses between relatively well-off groups vis-a-vis vulnerable groups. The gendered dimension of job losses has to be assessed in the context of pre-existing gaps. One simple way to do this would be to take the ratio of April 2020 employment (absolute numbers) to the average employment in the preceding year (between March 2019 and March 2020). The figure below shows this ratio for different groups. This ratio is 0.61 for women and 0.71 for men, i.e. female employment in April 2020 was at 61 percent of the pre-lockdown yearly average, whereas for men, it was 71 percent. This means that the fall in employment was greater for women (relative to their pre-lockdown level).



**Gender Differences in COVID-19 related Attitudes and Behaviour.**

A study conducted in eight OECD countries involving 21,649 respondents in two waves, showed that women are more likely to see COVID-19 as a very serious health problem. The first phase of the survey was administered between 16 to 30<sup>th</sup> March and the second phase of the survey was conducted between 15<sup>th</sup> to 20<sup>th</sup> April. Data from the first phase of the survey showed 59% of female respondents considered COVID-19 to be a very serious health problem against 48.7% of men. During the second phase, these proportions had decreased by more than 15 percentage points among both men and women, however, a sizeable and significant gender difference remained. Stronger worry about COVID-19 induced women to be in favor of restraining public policy measures such as closing schools and non-essential shops, postponing elections, prohibiting non-essential travels, etc., in both the phases of the survey. Gender differences in attitudes and behavior are substantial in all countries and are not affected by sociodemographic characteristics such as religious practices, economic activities, type and size of the respondent's house, etc. Gender inequality is also not driven by differential social desirability bias, however, having direct exposure to COVID-19 is the only factor that seems to have a partial mitigating effect on COVID-19 related gender inequality.

**The Shadow Pandemic: Violence against Women during COVID-19.**

The National Commission for Women [received over 13,000 complaints](#) of domestic violence during the Covid-induced lockdown (March to September 2020). Of these, 53% of cases were from Uttar Pradesh and Delhi. The number of complaints has increased since June, recording a peak in July with 2,914 cases, as economic distress and job losses could have led to more domestic violence. The cases reported during lockdown are just the tip of the iceberg as many women, especially in rural India have no reporting mechanism as such. Since the outbreak of COVID-19, emerging data and reports have shown that all types of violence against women and girls, particularly domestic violence, has intensified. This is the [Shadow Pandemic](#) growing amidst the COVID-19 crisis.

**The Story of ASHA Workers.**

[ASHA workers](#) offer a much-needed recourse to the public healthcare system in India, which is in itself an exposed flank characterised by lack of funds and staff. For every [1,800 people](#) in India, there is one doctor and roughly two nurses. They have been entrusted with bridging the knowledge gap between people in rural areas and urban slums. Since the COVID-19 outbreak, ASHA workers [are at the frontline](#) conducting door to door surveys, tracing their communities for COVID-19 symptoms, and spreading awareness amongst people for precautions. They are doing this without proper training, PPE kits, and a lack in supply of gloves, masks, and hand sanitizer. In addition to that, they are not eligible for a minimum wage - mere praise and a paltry sum of money are not enough as they risk their own lives to fight the virus. As shadow workers, ASHAs have emerged to be India's pride.



**Women Leaders' Response to the Crisis.**

KK Shailaja, the minister for health, social justice, and women and child development in Kerala, was one of the few people [honoured](#) by the UN for effective management of the COVID-19 pandemic. The WHO has also [recognized](#) Kerala's health ministry for their quick response to the crisis. Her focus remained on the strategy of "trace, test and contain" with extensive screening and isolating of all the incoming travelers. Though the fight is far from over, Kerala's model of controlling epidemic has its roots in the strong health system that Shailja has invested in over the years.

Tina Dabi, the sub-divisional magistrate of Bhillwara in Rajasthan, led the stringent Bhillwara model (aggressive screening, testing, and lockdown) that stopped COVID-19 in its tracks. One of the first things that Dabi and her team did was to isolate the district. Dabi's [swift response](#) in Bhillwara has been widely praised, both nationally and internationally.

New Zealand Prime Minister Jacinda Ardern has been hailed around the world for her government's quick action on COVID-19, which has helped New Zealand avoid the mass infections and deaths that have devastated the US and Europe. Ardern's effectiveness in handling the pandemic has re-envisioned what leadership can look like. Tsai Ing-wen, the President of Taiwan, led a rapid and effective response to the pandemic, resulting in just 400 confirmed cases, despite Taiwan's proximity to mainland China.

Looking at the low death rates and slow spread of the virus in [countries led by women](#), the response seems to have been effective. However, caring for the population during a pandemic requires more than just having low death rates. These women leaders have not only shown compassion in their communications but also proved to be kind in their actions by walking the talk. Ardern took a 20% pay cut during the coronavirus pandemic. Ing-wen donated huge quantities of face masks and medical equipment to other countries. Many have also [commended](#) Angela Merkel for her science-based approach to Germany's COVID-19 response.

**What do these women leaders have in common?**



**Low death rates due to COVID-19 in their country.**  
(Female leaders around the globe, from left: Taiwan's president, Tsai Ing-wen; New Zealand's prime minister, Jacinda Ardern; the German chancellor, Angela Merkel; Denmark's prime minister, Mette Frederiksen; and Sanna Marin, the Finnish prime minister. Composite: Reuters/Getty/Reuters/Outstock ; Source: <https://www.theguardian.com/news/2020/apr/23/why-do-female-leaders-seem-to-be-more-successful-at-managing-the-coronavirus-crisis>)

**UN Women's response to COVID-19 crisis.**

UN Women has recently launched a new [COVID-19 Global Gender Response Tracker](#), co-created with the United Nations Development Programme (UNDP), to analyse government responses to COVID-19 from a gender perspective. At the global level, the tracker records 206 countries and territories that have taken 2,517 measures in response to the pandemic. The tracker includes details of the kinds of measures being taken, including things like hotlines for survivors, additional funding for shelters, and awareness-raising campaigns. The gender response to the COVID-19 crisis varies widely across countries and regions, signaling differences in political commitment as well as fiscal and administrative capacity. While Europe, North America, Australia, and New Zealand are leading the response on Violence Against Women and Girls (VAWG) and unpaid care – accounting for 32 per cent of all VAWG measures and almost half of all unpaid care measures globally - Latin America and the Caribbean has the largest number of measures aimed at strengthening women's economic security, followed by sub-Saharan Africa.

**Drivers of Gender Gap in COVID-Fatalities.**

As per the current [global trend](#), men are more likely to die after contracting COVID-19 than women. Various [studies](#) have cited the biological factors as the main driver of this gender divide. However, [recent](#) and more detailed studies coupled with the [historical evidence](#) from the past pandemics insinuate that this fatality wedge across genders is stemming from a host of different social and demographic factors like [age, occupation, and pre-existing conditions](#). In other words, when scientists accounted for all these factors, then the erstwhile huge fatality gap disappears, thereby assigning the same chances of fatality to both genders. To attribute the apparent fatality divide between genders to wrong factors could cause serious confusion, and distract researchers, clinicians, and policymakers from the likely culprit driving the gap beneath the surface.

"Mothers remain the fallback plan."

With schools and child care centers closed because of COVID-19, families across the country saw a pattern emerge: Women leaving the workforce to take on additional caregiving responsibilities. Our economy is built on women's unpaid labor. The first step to changing that fact is to name it and give caregivers the recognition and respect they deserve. - Melinda Gates

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