GENDERED IMPACTS OF COVID-19 (WORKING JSJ5-WPS DRAFT)

The following information reflects open source reporting on the gendered impacts of COVID-19 as of 2 April 2020.

Bottom Line. Though women globally appear less likely to die from COVID-19 than men,[1] they face other negative and disproportionate impacts associated with the global pandemic due to intersecting socio-economic factors. This includes higher rates of exposure due to their roles as primary caregivers[2] and healthcare workers,[3] loss of income and economic stability,[4] and increased likelihood of experiencing intimate partner violence and sexual exploitation[5] as their family and economic conditions make them more vulnerable and isolated from systems of support. However, their front-line interaction with families and communities make them critical to global health security surveillance, detection, and prevention mechanisms. Women's socially prescribed care roles place them in a prime position to identify trends at the local level that might signal the start of an outbreak and thus improve local, and ultimately global, health security.[i]

Key Takeaway. Each population within a context is different; their needs and capabilities will vary as a result of circumstance and their unique, intersecting identity characteristics.[ii] Collecting demographic data[1] - including sex and age - is vital to understand intersecting identity characteristics that increase a person's vulnerability to contracting and/or dying from COVID-19. This not only identifies biological vulnerabilities (i.e. sex, age, health history); this data is also necessary for detecting the gender-based and socio-economic vulnerability of populations unable to withstand the destabilizing effects of a global pandemic on the economy and healthcare system.

Populations most at risk are those that depend heavily on the informal economy; occupy areas prone to shocks; have inadequate access to social services or political influence; have limited capacities and opportunities to cope and adapt and; limited or no access to technologies.[iii] Near term public preparedness and response plans should collect demographic information, including gender-based and socio-economic risk factors associated with COVID-19, to better understand differences in exposure and treatment and tailor preventive measures to curb the spread of the virus.[iv]

Including gender-sensitive analysis and methods in the fields of technology, crisis economics, public health, engineering, and risk communications is crucial, since they are all vital for the holistic response to the global pandemic.[v]

1) Demographic data, particularly age and sex, matter when assessing high risk populations for contracting and dying from COVID-19. Across countries for which there was sex disaggregated data collected on COVID-19, analysts found that men were 50% more likely than women to die after being diagnosed with the virus.[vi] Following the early results from China,[vii] mortality statistics from Italy (via WHO Europe[viii]) and Denmark, the UK suggests that around 70% of deaths from COVID-19 are male – at a younger average age – despite men being a minority of the older age group most at risk.[ix] This pattern, if confirmed over a longer time period, would be consistent with what epidemiologists observed during the in the 2003 SARS outbreak in Hong Kong and the MERS infections between 2017 and 2018 - more infected men died than infected women.[x] Both SARS and MERS were corona viruses.[xi] Age also plays a critical factor - a *Lancet Infectious Diseases* paper found the COVID-19 fatality rate jumps to 4.5% for people over 60

[1] Demographic data includes sex, age, marital status, family status income level, education level, locality, health status, race, ethnicity, etc.

compared to a 1.4% fatality rate for those under 60.[xii] For those 80 and over, COVID-19 appears to have a 13.4 percent fatality rate.[xiii]

Though there are biological factors at play (men are more susceptible to respiratory diseases[xiv]), social and behavioral differences may also account for some of this variation in fatality - historically, men have smoked more than women and are less likely to seek help or wash hands,[xv] which may make men more vulnerable. Social attitudes including traditional 'strong and silent' ideas about masculinity and attitudes to 'man flu' may also be stigmatizing male help-seeking.[xvi] Differences in men's and women's attitudes towards preventative care were highlighted in a 5-day coronavirus poll conducted in the U.S. by the Kaiser Family Foundation between March 11 and 15, 2020. It showed that larger shares of women compared to men say they decided not to travel or changed travel plans (47% women vs. 37% men); reported canceling plans to attend large gatherings such as concerts or sporting events (43% vs. 36%); say they stocked up on items such as food, household supplies, or prescription medications (39% vs. 30%); and say they stayed home instead of going to work, school, or other regular activities (30% vs. 22%).[xvii]

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2) Primary caregiving often falls upon women for children and extended family members. Women around the world are more likely to take on the burden of care at home, particularly if someone in their family is sick.[xviii] Women still bear most of the responsibility of child-rearing, and when schools are suspended, that risk may be compounded. Data from China suggests that the virus is most easily spread between family members who are in frequent contact with one another.[xix] There will additionally be increased tension as female healthcare workers are expected to work longer hours to respond to the pandemic while simultaneously serving as the primary care giver for children no longer able to go to school or childcare.[xx]

Previous Case Studies. Past health emergencies demonstrate that women's traditional role as caregivers for sick family members often increases their exposure to infectious diseases through person-to-person contact.[xxi] This occurred during the 2014-16 Ebola outbreak, the 2002-03 SARS epidemic, and India's 2018 fight against Nipah virus in Kerala. In all these cases, large numbers of caregiving girls and women were infected.[xxii] Specifically, transmission rates were higher in households than in hospitals during the Ebola outbreak despite no evidence of a biological vulnerability gender gap for the disease and more cases were recorded among women than men during the 2014 outbreak, attributed in large part to their roles as caregivers for families. [xxiii] One factor explaining the higher rate of transmission among women was their traditional responsibility for preparing bodies for burial, which increased their vulnerability to the disease.[xxiv]

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3) Healthcare workers are predominantly female, placing them at a higher risk of contracting COVID-19. Around the world, women make up the majority of health care workers, almost 70% according to some estimates.[xxv] Most of them occupy nursing roles on the front lines of efforts to combat and contain outbreaks of disease and are more often involved in the intimate care of patients than doctors.[xxvi] This also includes nurse aides, teachers, child care workers, aged-care workers, and cleaners are mostly women.[xxvii] Related, the face of the healthcare response - and the risk and hard work inherent in that – is a female one.[xxviii] There is a tension between the need to ensure the health workforce is at peak capacity and the considerations around school closures because caring for kids and caring for the community comes back to women.[xxix]

Previous Case Studies. Of the more than 8,000 probable SARS cases around the world in the early 2000s, more than half were female and about 21 percent of total cases occurred among health care workers, according to the World Health Organization.[xxx]

4) Women comprise a large percentage of informal, casual, and part-time workers,[xxxi] most likely to be laid off or given shorter hours during the crisis and post-crisis economic uncertainty. Women make up 57.7% of all retail workers, and 72% of those working in schools and 95.6 % of childcare workers,[xxxii] which due to social distancing constraints are no longer operational. Alternatively, during outbreaks, women must often give up work and income to stay home, especially when school and childcare are no longer available, and in the current environment, when the co-parent is considered mission essential for the COVID-19 response effort. Women often find it harder to spring back after the crisis[xxxiii] and experience a longer recovery to pre-pandemic income than men.[xxxiv] Low income families, and particularly those with single female heads of household are also less likely to have appropriate shelter, [xxxv] savings, or extra income necessary for stockpiling food and other items needed to shelter in place and social distance effectively.[xxxvi] Stockpiling also has the potential to make low income families more vulnerable as poverty makes it harder to search for supplies when they run out locally, or to pay more if there is a price surge.[xxxvii] The combination of insecure employment and exposure to economic shock will hit women hard.[xxxviii]

Previous Case Studies. Though everyone's income was affected by the Ebola outbreak in West Africa, men's income returned to what they made pre-outbreak faster than women's income.[xxxix]

5) Gender based violence increases in the wake of crisis and can be exacerbated by quarantine. Increases in *intimate partner violence*, particularly against women and other vulnerable populations such as LGBTQIA individuals, are often linked to crisis and disaster. Women, who experience intimate partner violence at a higher rate than men, find themselves further isolated with their abusive partners with little connection to family, friends, and other resources that previously served as protection mechanisms. Women may also find themselves increasingly dependent on their abusive partner for access to food, healthcare, and sources of income. In areas where *human trafficking* is already prevalent, traffickers exploit crisis-conditions to target vulnerable populations, often women and children. *Sexual exploitation* often increases in situations where women's employment options are diminished and is exacerbated by the need to provide food and shelter for family members.[xl] *Child abuse* may also increase due to exacerbated conditions associated with social distancing, no school or childcare, and quarantine.[xli]

Previous Case Studies. Previous studies of emergency situations, including infectious disease outbreaks such as the Ebola outbreak in West Africa in 2014–2015, revealed that women and girls experienced high rates of sexual violence and abuse.[xlii] It was the "silent epidemic" experienced by women and girls who often had few options but to seek shelter in environments that they knew were dangerous.[xliii] New Zealand police reported a 53 per cent rise in domestic violence after the Canterbury earthquake in 2010.[xliv] In the US, studies documented a four-fold increase following two disasters and an astounding 98% increase in physical victimization of women after Hurricane Katrina.

6.) Crisis tend to limit women's access to maternal, sexual, and reproductive healthcare. As healthcare systems become overwhelmed responding to the global pandemic, options for accessing women's health concerns, particularly for sexual and reproductive health, become increasingly challenged. Health care providers are being diverted to help address the epidemic while also being most at risk of acquiring the disease. [xlv] This may create a shortage of clinicians who can provide sexual and reproductive health services and increase wait times for patients in need. In places that already have a limited number of providers, this will put an extreme strain on capacity to serve patients, especially for non-emergency care.[xlvi] For pregnant people in particular, there are

still many uncertainties and unknowns about coronavirus and pregnancy. The realities of social distancing are changing everything about pregnancy, childbirth, and the postpartum period, from how doctors test blood pressure to what role family members play during delivery.[xlvii]

Previous Case Studies. Gang violence in El Salvador and Brazil directly impacted women's access to sexual and reproductive health services during the Zika crisis, with informal networks controlling who has access to provision and who does not.[xlviii] In the Ebola outbreak in the Democratic Republic of Congo, it was difficult to deliver specific sexual and reproductive health services, including care for survivors of family violence.[xlix] The West African Ebola outbreak showed that containment efforts can divert staff and supplies from other services women need.[l] This can have disastrous consequences: maternal mortality in the region increased by 75% during the epidemic, and the number of women giving birth in hospitals and health clinics dropped by 30%.[li]

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[i] COVID-19: the gendered impacts of the outbreak, The Lancet, 6 March 2020, https://doi.org/10.1016/S0140-6736(20)30526-2

[ii] Gender Implications of COVID-19 Outbreak in Development and Humanitarian Settings, CARE, 16 March 2020, https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf

[iii] *COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement,* ReliefWeb, 15 March 2020 https://reliefweb.int/report/world/covid-19-how-include-marginalized-and-vulnerable-people-risk-communication-and

[iv] Gender Implications of COVID-19 Outbreak in Development and Humanitarian Settings, CARE, 16 March 2020, https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf

[v] "Why gender matters in the impact and recovery from Covid-19," S. Daveis et al, The Interpreter, 20 March 2020 https://www.lowyinstitute.org/the-interpreter/why-gender-matters-impact-and-recovery-covid-19

[vi] "Here's why the coronavirus may be killing more men than women. The US should take note," K. Polglase and G. Mezzofiore, & M. Foster, CNN, 24 March 2020 https://www.cnn.com/2020/03/24/health/coronavirus-gender-mortality-intl/index.html

[vii] "Coronavirus Strikes Men, Older People the Hardest," D. Thompson, 28 February 2020, https://www.medicinenet.com/script/main/art.asp?articlekey=228505&ecd=mnl_spc_022820

[viii] *COVID-19 Weekly Surveillance Report 23-29 March 2020*, World Health Organization, http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/weekly-surveillance-report

[ix] "We Need a Gender Sensitive Approach to COVID-19," 10 March 2020, https://www.menshealthforum.org.uk/news/we-need-gender-sensitive-approach-covid-19

[x] "Call for Global Evidence on Gender and COVID-19, 18 March 2020, https://www.menshealthforum.org.uk/news/call-global-evidence-gender-and-covid-19

[xi] Ibid. https://www.menshealthforum.org.uk/news/call-global-evidence-gender-and-covid-19

[xii] "12 things everyone needs to know about the coronavirus pandemic," B. Resnick, Vox, 2 April 2020, https://www.vox.com/science-and-health/2020/4/2/21197617/coronavirus-pandemic-covid-19-death-rate-transmission-risk-factors-lockdowns-social-distancing

[xiii] Ibid. https://www.vox.com/science-and-health/2020/4/2/21197617/coronavirus-pandemic-covid-19-death-rate-transmission-risk-factors-lockdowns-social-distancing

[xiv]"We Need a Gender Sensitive Approach to COVID-19," 10 March 2020, https://www.menshealthforum.org.uk/news/we-need-gender-sensitive-approach-covid-19

[xv] Ibid. https://www.menshealthforum.org.uk/news/we-need-gender-sensitive-approach-covid-19

[xvi] Ibid. https://www.menshealthforum.org.uk/news/we-need-gender-sensitive-approach-covid-19

[xvii] Coronavirus Poll, Kaiser Family Foundation, March 2020, https://www.kff.org/global-health-policy/poll-finding/kff-coronavirus-poll-march-2020/

[xviii] "Why Women May Face a Greater Risk of Catching Coronavirus," A. Haridasani Gupta, 12 March 2020, https://www.nytimes.com/2020/03/12/us/women-coronavirus-greater-risk.html?mc_cid=719f7558b4&mc_eid=f57060452a

[xix] *A family cluster of SARS-CoV-2 infection involving 11 patients in Nanjing, China*, R. Huang, et al, The Lancet Journal on Infectious Diseases, 28 February, 2020, https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(20)30147-X/fulltext
[xx] Coronavirus Australia: Why women will feel the impact more than men, K. Burke, 7News Australia, 16 March 2020, https://7news.com.au/lifestyle/health-wellbeing/coronavirus-australia-why-women-will-feel-the-impact-more-than-men-c-748823?utm_campaign=share-icons&utm_source=facebook&utm_medium=social&tid=1584431328469&mc_cid=719f7558b4&mc_eid=f57060452a
[xxi] Addressing sex and gender in epidemic-prone infectious diseases, World Health Organization, 2007, https://www.who.int/csr/resources/publications/SexGenderInfectDis.pdf
[xxii] A Gender Lens for COVID-19, S. Papp and M. Hersh, Project Syndicate, 27 March 2020, https://www.project-syndicate.org/commentary/covid19-response-requires-a-gender-lens-by-susan-papp-and-marcy-hersh-2020-03
[xxiii] The perspective of gender on the Ebola virus using a risk management and population health framework: a scoping review, I,M. Nkangu et al, Infectious Diseases of Poverty. 2017; 6: 135., 11 Oct 2017, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5635524/
[xxiv] The perspective of gender on the Ebola virus using a risk management and population health framework: a scoping review, I,M. Nkangu et al, Infectious Diseases of Poverty. 2017; 6: 135., 11 Oct 2017, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5635524/
[xxv] *Gender equity in the health workforce: Analysis of 104 countries*, Health Workforce Working paper 1, M. Boniol, et al, Marc 2019, https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?sequence=1&isAllowed=y
[xxvi] Ibid. https://apps.who.int/iris/bitstream/handle/10665/311314/WHO-HIS-HWF-Gender-WP1-2019.1-eng.pdf?sequence=1&isAllowed=y
[xxvii] "Why gender matters in the impact and recovery from Covid-19," S. Daveis et al, The Interpreter, 20 March 2020 https://www.lowyinstitute.org/the-interpreter/why-gender-matters-impact-and-recovery-covid-19
[xxviii] COVID-19 is not gender neutral, A. Haddad, The Broad Agenda, 17 March 2020, http://www.broadagenda.com.au/home/covid-19-is-not-gender-neutral/
[xxix] COVID-19 is not gender neutral, A. Haddad, The Broad Agenda, 17 March 2020, http://www.broadagenda.com.au/home/covid-19-is-not-gender-neutral/
[xxx] Addressing sex and gender in epidemic-prone infectious diseases, World Health Organization, 2007, https://www.who.int/csr/resources/publications/SexGenderInfectDis.pdf
[xxxi] "Women still less likely to be active in the labour market than men in most of the world," International Labor Organization, 8 Marc 2018, https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_619119/lang--en/index.htm
[xxxii] Worplace Gender Equality Data Exporter, https://data.wgea.gov.au/industries/76
[xxxiii] "Why Women May Face a Greater Risk of Catching Coronavirus," A. Haridasani Gupta, 12 March 2020, https://www.nytimes.com/2020/03/12/us/women-coronavirus-greater-risk.html?mc_cid=719f7558b4&mc_eid=f57060452a
[xxxiv] "How Will COVID-19 Affect Women and Girls in Low- and Middle-Income Countries?" D. Evans Center for Global Development, 16 March 2020, https://www.cgdev.org/blog/how-will-covid-19-affect-women-and-girls-low-and-middle-income-countries
[xxxv] Gender Implications of COVID-19 Outbreak in Development and Humanitarian Settings, CARE, 16 March 2020, https://www.care.org/sites/default/files/gendered_implications_of_covid-19_-_full_paper.pdf
[xxxvi] Coronavirus May Disproportionately Hurt the Poor—And That's Bad for Everyone, A. Vesoulis, Time, 11 March 2020, https://time.com/5800930/how-coronavirus-will-hurt-the-poor/
[xxxvii] COVID-19 is not gender neutral, A. Haddad, The Broad Agenda, 17 March 2020, http://www.broadagenda.com.au/home/covid-19-is-not-gender-neutral/
[xxxviii] COVID-19 is not gender neutral, A. Haddad, The Broad Agenda, 17 March 2020, http://www.broadagenda.com.au/home/covid-19-is-not-gender-neutral/
[xxxix] "Why Women May Face a Greater Risk of Catching Coronavirus," A. Haridasani Gupta, 12 March 2020, https://www.nytimes.com/2020/03/12/us/women-coronavirus-greater-risk.html?mc_cid=719f7558b4&mc_eid=f57060452a

[xl] Violence & Disasters, World Health Organization, 2005, https://www.who.int/violence_injury_prevention/publications/violence/violence_disasters.pdf
[xli] Ibid. https://www.who.int/violence_injury_prevention/publications/violence/violence_disasters.pdf
[xlii] "Why gender matters in the impact and recovery from Covid-19," S. Daveis et al, The Interpreter, 20 March 2020 https://www.lowyinstitute.org/the-interpreter/why-gender-matters-impact-and-recovery-covid-19
[xliii] "Why gender matters in the impact and recovery from Covid-19," S. Daveis et al, The Interpreter, 20 March 2020 https://www.lowyinstitute.org/the-interpreter/why-gender-matters-impact-and-recovery-covid-19
[xliv] The hidden disaster: Domestic violence in the aftermath of natural disaster, D. Parkinson & C. Zara, The Australian Journal of Emergency Management, Volume 28 Issue 2, April 2013, https://search.informit.com.au/documentSummary;dn=364519372739042;res=ielhss
[xlv] The COVID-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights, Z. Ahmed & A. Sonfield, The Guttmacher Institute, 11 March 2020, https://www.guttmacher.org/article/2020/03/covid-19-outbreak-potential-fallout-sexual-and-reproductive-health-and-rights
[xlvi] The COVID-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights, Z. Ahmed & A. Sonfield, The Guttmacher Institute, 11 March 2020, https://www.guttmacher.org/article/2020/03/covid-19-outbreak-potential-fallout-sexual-and-reproductive-health-and-rights
[xlvii] "The babies keep coming": What the coronavirus pandemic means for people giving birth, A. North, Vox, 25 March 2020, https://www.vox.com/2020/3/19/21183224/pregnancy-and-coronavirus-birth-covid-19-pregnant
[xlviii] "Why gender matters in the impact and recovery from Covid-19," S. Daveis et al, The Interpreter, 20 March 2020 https://www.lowyinstitute.org/the-interpreter/why-gender-matters-impact-and-recovery-covid-19
[xlix] Not All That Bleeds is Ebola – how the DRC outbreak impacts reproductive health, International Rescue Committee, 3 February 2020, https://www.rescue.org/report/not-all-bleeds-ebola-how-drc-outbreak-impacts-reproductive-health?mc_cid=7b71601e62&mc_eid=58e9de3d6e
[l] A Gender Lens for COVID-19, S. Papp and M. Hersh, Project Syndicate, 27 March 2020, https://www.project-syndicate.org/commentary/covid19-response-requires-a-gender-lens-by-susan-papp-and-marcy-hersh-2020-03
[li] Overcoming the 'tyranny of the urgent': integrating gender into disease outbreak preparedness and response, J. Smith, Gender & Development, Volume 27, 2019 - Issue 2: Humanitarian Action and Crisis Response, pgs 355-369, 28 June 2019, https://doi.org/10.1080/13552074.2019.1615288