The COVID-19 pandemic is having a devastating global impact. It has become increasingly clear that women have experienced disproportionately negative social, economical, and physical impacts from the pandemic. As the world recovers from this crisis, an opportunity arises to address the causes of this gender disparity. This paper sets out to find the causes behind the gendered impact of COVID-19, and how these causes can be addressed using public policy to ensure a gender-sensitive recovery. Women healthcare workers in the US who have care-dependents such as children, were selected as the target group of focus. An examination of a wide variety of literature regarding COVID-19 and other recent previous pandemics was conducted, focusing on the impacts on men and women in terms of employment, domestic and care responsibilities, health, and representation in decision making. The prevalent gender-gap in society, a lack of female representation in decision making, and the absence of appropriate gendered data were identified to be the main causes for the gendered impact of COVID-19. An analysis of the COVID-19 response of three countries was conducted: New Zealand, Vietnam, and Taiwan. The three countries' cases suggested that women leadership may be advantageous in times of crisis. A variety of reports centering on a gender-focused recovery were studied. The prevalent notion is that the COVID-19 recovery must have a gendered lens, and governments must ensure equal representation in both policy development and purpose. To rectify the gendered impact of COVID, it is necessary to adopt policies that fully account for

This paper set out to discover the gendered impacts of the COVID-19 pandemic, the causes behind them, and the solutions that can assist

The research questions were:

in rectifying the situation.

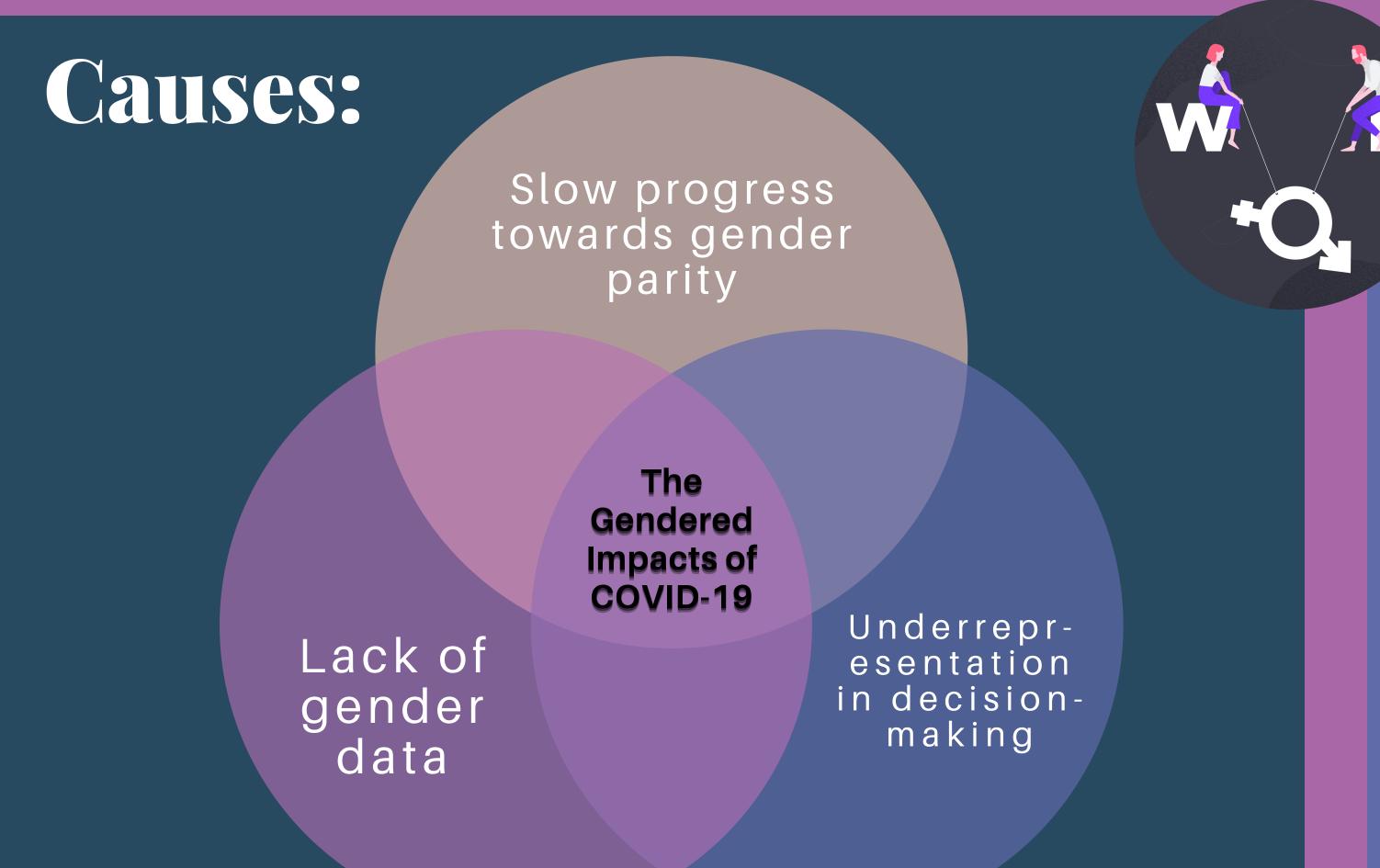
- 1. In what manner has the COVID-19 pandemic impacted female and male working in the healthcare industry in the USA with care dependents differently, and why?
- 2. What actions and policies can individuals, organizations and governments in the USA implement to ensure an equitable distribution of the burdens brought about due to a global pandemic, across both female and male populations?

The gendered impacts of COVID-19 can be categorized into 5 groups:

- Impact on Employment for Women
- Impact on Women's Employment in Health/Social Care
- Impact on Domestic Responsibilities (housework), Child/Dependent Care
- Impact on Women's Health
- Implications for Women Healthcare Workers

When evaluating the causes for the gendered impact of COVID-19, the following 3 causes emerged as the core drivers:

- Slow progress towards gender parity
- Gender data
- Decision Making



# The Gendered Impacts of COVID-19: Evidence, Causes, and Rectifying Policies

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## Impacts: Unemployment Women's The Domestic Gendered Health Responsibilities Impacts of COVID-19 Women's Child/ Employment in Health/Social Dependent Care Care

### POLICY RECOMMENDATIONS

To address the gaps that led to the gendered impact of COVID-19, several key policy recommendations were identified. These were grouped into 5 areas:

#### General gender parity

- Long-term funding and prioritizing of programs and organizations that are aimed at reducing the gender gap
- Gathering and use of sex-disaggregated data

### Representation

- Setting up of a gender advisory panel to aid policy development
- Setting targets for women representation in decision-making

#### <u>Unpaid care work</u>

- Funding and legislation to assist employers in supporting employees with care duties
- Dedicating more funding to childcare programs

#### <u>Health</u>

- Classifying sexual and reproductive health as an essential service
- Investing in proper PPE availability

#### **Employment**

- Prioritizing women-dominant sectors
- Revising monetary and fiscal policies to address employment and pay gender gaps

## REFERENCES

Alon, T. M., Doepke, M., Olmstead-Rumsey, J., & Tertilt, M. (2020). The impact of COVID-19 on gender equality (No. w26947). National Bureau of Economic Research.

Becker's Hospital Review. (2015). Gender ratio of nurses across 50 states. Chicago: Becker's Hospital Review.

Berlin, G., Darino, L., Greenfield, M., & Starikova, I. (2019). Women in the healthcare industry. Washington D.C.: McKinsey & Company.

Berlin, G., Singhal, S., Lapointe, M., & Schulz, J. (2020). Challenges emerge for the US healthcare system as COVID-19 cases rise. Washington, DC: McKinsey & Company.

International Labour Organization. (2020). The COVID-19 response: Getting gender equality right for a better future for women at work. Geneva: International Labour Organization.

The Organisation for Economic Co-operation and Development (OECD). (2020). Women at the core of the fight against COVID-19 crisis. Paris: OECD.

Solomon, A., Hawkins, K., & Morgan, R. (2020). Hawaii and Canada: Lessons for feminist economic recovery from COVID-19. Retrieved from The Gender and COVID-19 Working Group: https://www.genderandcovid-19.org/resources/hawaii-andcanada-lessons-for-feminist-economic-recovery-from-covid-19/

The Institute for Gender and the Economy. (2020). A Feminist Economic Recovery Plan for Canada: making the recovery work for everyone. Toronto: The Institute for Gender and the Economy and YWCA Canada.

UN Women. (2020). Whose Time To Care? Unpaid Care and Domestic Work During COVID-19. New York: UN Women.

World Health Organization. (2020). Coronavirus disease (COVID-19) and Sexual and Reproductive Health. Geneva: World Health Organization.

# WOMEN HEALTHCARE WORKERS IN THE US

In order to further explore the gendered impact of COVID-19, a test case group was identified: Women healthcare workers in the US who have care dependents.

During COVID-19, the healthcare industry and its predominantly female workers have been faced with a tough reality. The US government's inability to properly respond to the spread of COVID-19 early in the pandemic meant that the country's healthcare system faced catastrophic increases in patient intake.

Similar to the global trend, women represent the majority of healthcare workers in the US. 63% of entry-level employees in healthcare in the US are women, while women account for more than 80% of nurses in the country. Approximately 90% of long-term care workers in the US are female.

#### Impacts:

- Women treat the most patients, experience the greatest shortage in PPE, and place themselves in harms way daily
- Women are sick more
- Women survive their male counterparts (personal and professional) Causes:

#### Occupational segregation in the healthcare industry Gendered roles in the households

- Gender-blind policies/governmental responses
- Lack of gender representation in decision-making



