Women and Gender EQUITY Strategy
La Stratégie sur la condition féminine et l'ÉQUITÉ des genres

Technical Note
Gendered Impact of COVID19

SUMMARY

Pandemics impact women and girls disproportionately. Evidence shows that epidemics such as COVID19 exacerbate existing gender gaps in access to social services and put women at a higher risk of isolation, food insecurity, loss of income and livelihood and gender-based violence.

Due to specific gender roles and dynamics, it is women who carry the responsibility of care for children, elderly and sick or disabled persons in the household. If the women, themselves are disabled or elderly, these responsibilities are compounded. In addition, women constitute the majority of frontline workers and health responders. This increases their exposure to infection and in the same time limit their access to needed services.

Women from equity seeking groups such as living on low-income, Indigenous, immigrant women and women living with disabilities are at a higher risk of abuse and violence and are more difficult to be reached effectively through standard communication and engagement approaches. They are also at a higher risk of experiencing loss of income.

If the response to COVID-19 is to be effective and not reproduce or perpetuate gender and health inequities, it is important that gender norms, roles, and relations that influence vulnerability to infection and exposure to virus, and access to treatment and health messages are considered and addressed.

The disproportionate impacts of the COVID-19 epidemic on women include:

1. Greater exposure to infection and increased health burden among women
2. High risk of violence against women, gender-based violence and higher protection needs and community support.
3. Increased risk of food insecurity and loss of livelihood and income in women-led households
4. Lack of women and gender sensitive data on COVID19
5. Women and girls may not all be reached though current communication strategies

Specific **Recommendations** to address the Impact of COVID19 epidemic on Women are:

1. Ground COVID19 preparedness and response strategies and policies on gender analysis
2. Support female frontline Workers and address their specific gender needs
3. Ensure continuity of violence against women and gender-based community services for Women and Girls
4. Ensure that gender sensitive data
5. Use a gender lens in resource allocation and emergency funding
6. Use a targeted gender approach in community outreach and communication on COVID19

Resources on applying a gender lens to COVID19 response, can be accessed here.

Background

In late 2019, a new strain of influenza emerged in China, now known as COVID-19, and its spread has grown rapidly around the world. The World Health Organization declared a pandemic on March 11, 2020. As of March 25, 2020, 617 cases in Ontario have tested positive, 25 confirmed cases of which are in Ottawa. With community spread now being in consideration, Ottawa Public Health suspects there is upwards of 4000 people with the virus in the community.

This note explains why gender matters in the response to COVID19 epidemic and provides recommendations on how to lead a gender sensitive response.

Disproportionate Impact of COVID19 Epidemic on Women

It may be early to have a clear picture on the gender impact of COVID19 epidemic, but such outbreaks are evidenced to have negative physical and socially constructed consequences on vulnerable populations. Although men, the elderly, and persons with compromised immune systems may at be greatest risk of fatality from COVID-19, gender roles and relations that determine the care-taking roles will exasperate the amount of burden and level of risk for women.

If the response to COVID-19 is to be effective and not perpetuate gender and health inequities, it is important that gender norms, roles, and relations that influence vulnerability to infection and exposure to virus, and access to diagnosis and treatment are considered and addressed. For example, without gender analysis of the impact of COVID19 on female health and other frontline workers, City systems and budgets may face a greater pressure on the medium and long run to treat or retain its female workforce.

1. Greater exposure to infection and increased health burden among women

Likelihood that women are more exposed to COVID19 infection is high due to the following:

- Experts find that pandemics make existing gender health inequalities for women and girls worse, and can impact their treatment and care.
- The majority of care giver inside homes for children, elderly and sick persons including COVID19 positive cases are women and girls.
- Women comprise the majority of health care workforce which increases the likelihood that they will be exposed to COVID19.
- Outside the health sector, front-line professionals and workers (such as shelter workers, long term facilities, and community housing staff) who are most exposed to infection are women.
- Before recent emergency measures were announced by the Province, women may have been and continue to be heavily exposed to infection through their jobs as doctors, nurses, nurse aides, teachers, child-care workers, aged-care workers, and cleaners.
- Due to poverty and care responsibilities, women are more likely to face difficulties following recommendations to prevent transmission of COVID-19. Isolation, voluntary and mandatory quarantine may not be feasible for single women with children who continue to go for work in fear of unemployment or food insecurity.
- Women especially those that are homeless in great risk of infection. Women in temporary shelters including those residing in hotels/motels who reside in crowded shelters area also at in risk.
- Closure of schools has been an additional care burden, primarily for women. This exacerbated source of stress and increases the risk of developing longer-term mental health problems such as depression or anxiety disorders.
- Indigenous women bear responsibilities in the home as care-takers in communities that are already under-resourced, isolated and lack infrastructure and support.
- Vulnerable women and girls may not have equitable access to necessary preventive hygiene products such as hand soap sanitizers, as well as other hygiene products.

2. High risk of violence against women, gender-based violence and higher need for community services

- Evidence from other epidemics show that the resulting differences in power between men and women meant that women did not have autonomy over their sexual and reproductive lives.
- Some COVID19- affected countries have already reported as many as triple the number of domestic violence cases reports to the local police. In Ottawa, community organizations have already warned from potential increase in violence against women and children due to isolation.
- The necessity to adhere to COVID19 safety measures through maintaining social distance and self-isolating may place vulnerable women at further risk. Women who are already isolated by their abusers, will no longer have access to community support.
- Life-saving care and support to violence against women and gender-based violence survivors (i.e. clinical management of rape, mental health and psycho-social support) may be reduced or suspended when health service providers are overburdened and preoccupied with handling COVID-19 cases.
- Homeless women are at increased risk of abuse and violence. As some beds and rooms in shelters may be used as spaces for self-isolation, more women will be at risk of not accessing shelters.
- Indigenous women at are higher risk of exposure as they are overrepresented in women shelters, shared housing and incarceration. Mental health issues and addictions may predispose them to infection more than others.
- Women with disabilities are at increased risk of negative outcomes because of their limited access to support, increased isolation and vulnerability or due to the fact that information such as sign language interpretation, and other communication or expected available support is no longer accessible to them.
- Transgender women who also face issues of abuse, economic instability etc, must be included and viewed as a vulnerable sector.
- Home isolation may increase the incidence of internet sexual exploitation of women and girls.

3. Increased risk of food insecurity and loss of livelihood and income in women-led households

There is evidence that epidemics have a greater impact on the livelihoods and purchasing power of single, poor and rural women. Market and private business closures lead to higher levels of food insecurity female-headed households. Additional factors that cause disproportionate impact on women include the following:

- More women than men live on low income in Ottawa. Therefore, they are more likely to suffer food insecurity due to loss of income.

- More women than men work part-time and are in temporary positions. They are most likely to be laid off or given shorter hours during the emergency period. They are also more likely to be without sick leave entitlement or other entitlements during this time.
- Many small businesses are owned by women (such as small cafes, restaurants and beauty care shops). Closure of these businesses will impact women and the persons in their care.

4. Lack of women and gender- sensitive data on COVID19

Data on COVID19 should examine impacts of epidemics on women and other gender groups. A gender sensitive approach goes beyond the binary sex segregated data collection to identifying the patterns and incidences of infection. Data on who is benefitting from current health interventions and health promotion and who is being left behind is crucial for policy formulation not only in the health sector but also in other social services such as housing, ling-term care and transit.

The absence of a gender lens in risk assessments or policies related to COVID19 can make some health measures more disruptive to the lives of women and may exacerbate the existing gender gap in accessing City services.

Qualitative and quantitative examination of different roles of women and other gender groups in responding to COVID19 can include the following:

- How different gender groups practice self-isolation or caring for COVID cases in the home or co-living settings (including university dormitories, shelters, communal living facilities)
- Different gender roles and responsibilities that include performing the recommended public health prevention measures such as hand hygiene, and environmental cleaning in the home and workplace.
- Access of different gender groups to necessary preventive hygiene products such as hand soap sanitizers, as well as other hygiene products such as toothpaste, and sanitary pads/tampons for women and girls.

5. Women and girls may not all be reached though current communication strategies

Community mobilization through advocacy and information campaigns require a gender lens so that prevention messages take into consideration the distinct needs of women, men, girls and boys.

Women are primarily responsible for keeping clean environments at homes, and care facilities. They are highly influential in hygienic habits and health behaviors of children, youth and elderly. For that, women can be considered the primary audience of health promotion messages and context sensitive messages that are tailored to address the needs of intersectional groups of women are important. The following are some caveats related to COVID19 messaging:

- Not all women have access to internet where most COVID19 prevention messages are available. Locations where internet access was available such as public libraries, cafes and City recreation facilities are now all closed.
- Now all women in Ottawa are fluent in English or French. Translation services provided by immigration and settlement service organizations has been hugely impacted by COVID19 crisis.
- Public events, workshops, trainings, and resident engagement activities have been suspended. This has limited the sources from which Indigenous, immigrant and Francophone women usually receive awareness messages.
- Women networks and organizations are facing huge communication difficulties with their members and communities. This will have a long-term impact on the relationship between these organizations and their constituencies and will limit the flow of communication on COVID19 to communities difficult to reach by the City.

Recommendations

1. **Ground COVID19 preparedness and response strategies and policies on gender analysis** and ensure that containment and mitigation measures also address the burden of unpaid care work and heightened gender-based violence risks that affect women and girls.

2. **Support female frontline workers** so that their contribution at work does not impact their or their families' health and well-being. This includes provision of needed support like childcare, timely COVID19 testing for them and their families, and ensuring they are not double burdened with care responsibilities at home and in the workplace.

3. **Ensure continuity of violence against women and gender-based violence community services** in anticipation of a rise in cases of abuse and violence against women and girls. Changes to Violence against Women referral pathway due to changes in availability of care must be communicated to key communities and service providers. Also, ensure that public hotlines and other communication means are available for women and children to report abuse

4. **Ensure that gender sensitive data** on the impact of pandemic and its response policies is collected, analyzed and disseminated. Also, standardize collection and analysis of sex and gender disaggregate data related to COVID19 to understand the gendered differences in exposure and treatment and to design differential preventive measures according to the needs of the intersectional groups of women.

5. **Use a gender lens in resource allocation**: Apply a gender lens to temporary emergency assistance and prioritize women in services such as housing and

childcare. Also, prioritize resource allocation to community organizations that serve equity seeking women and children and frontline organizations working with violence against women survivors and women shelters to mitigate the impact of the outbreak and its containment measures and ensuring that resources are not diverted away from essential health services that are needed mainly by women and girls to COVID19 response. Resources are also needed to ensure access of vulnerable women and girls to hygiene products

6. **Use a targeted gender approach in community outreach on COVID19** in order to reach vulnerable and marginalized women. Communication strategies should take other factors such as age, disability, education, language and migration status, sexual orientation and gender identity into account when developing communication massages. Recognition of the different needs of Indigenous, immigrant, disabled women and 2SLGBTIQ+ persons is key to inclusive community engagement.

For more information, please contact:

Sawsan Al-Refaei, Specialist, Women and Gender Equity
sawsan.al-refaei@ottawa.ca
613-580-2400 x21207