L&RS Note

Anticipating the gendered impacts of COVID-19

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Abstract

It is important to understand the extent to which COVID-19 and responses to it affect women and men differently if we are to anticipate gendered outcomes from the outbreak and produce effective policies to address them. To date, research and policy responses to COVID-19 have tended to overlook this issue and there is a prevailing underlying assumption that women and men experience the impacts of COVID-19 more or less equally. However, emerging research and anecdotal evidence suggests that this is not the case, and research on past pandemics, epidemics and emergency situations shines a light on the variable nature of the gendered impacts. Drawing on this existing evidence base, this L&RS note considers how gender and sex might shape COVID-19 in Ireland.
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Key Messages from this L&RS Note

- Research shows that disease outbreaks and emergency situations often affect women and men differently. Some evidence already exists which shows that COVID-19 and the measures introduced to suppress it have differential outcomes for women and men.
- Early information on death and infection rates suggest that more men are dying from COVID-19 but more women are becoming infected.
- Studies on SARS, which is also a coronavirus, found that it had a more severe outcome in pregnant women than non-pregnant women of childbearing age.
- Studies show that women spend significantly more time on childcare and housework than men in ordinary times. This may negatively impact women’s capacity to work from home and deepen existing economic gender inequalities.
- Research suggests that domestic violence has increased since the onset of the COVID-19 outbreak, although few measures have been taken to address this.
- Women are poorly represented in global decision-making on COVID-19, although the Irish National Public Health Emergency Team (NPHET) is more gender balanced.

Introduction

Research shows that while epidemics and other emergency situations such as armed conflict negatively affect both men and women, they do so in different ways that are shaped by sex and gender. By and large, sex refers to biological differences between males and females and gender refers to differences in the socially constructed roles and identities associated with being a man or a woman. While we do not know much about if and how COVID-19 affects women differently from men, research on past epidemics/pandemics and emergency situations can inform us. This research shows that gender and sex influence a person’s exposure to an illness and whether and how they seek medical help for it. It also shows that inequalities that already exist in society, in this case between men and women but likewise between members of different class, ethnic and racial groups (among others) can be deepened by emergency situations. This is because members of under advantaged groups often have fewer resources (e.g. money, power) to cope with negative outcomes of emergency situations and because these groups and their needs are often excluded from decision-making. Finally, research shows that violence against women often increases during and after emergency situations.

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On this basis, it is useful to examine potential outcomes of COVID-19 from the perspective of sex and gender. Indeed, [UN Women](https://www.unwomen.org) have called for such an analysis, stressing that paying attention, in particular, to women’s needs and leadership will strengthen the COVID-19 response\(^5\). Since research shows it is women’s needs and experiences that are often overlooked in crisis responses and because existing gender inequalities are often worsened by crises, this Note will focus mainly on the outcomes of COVID-19 for women. Just as with the other areas of COVID-19, knowledge is limited and moving quickly and most of the outcomes are currently unknown. As such, the issues discussed here are neither complete nor certain. With that in mind, Table 1 below gives a summary of some potential gendered outcomes from the COVID-19 virus itself, and the measures introduced by government to supress the pandemic. These are discussed in turn in the sections that follow.

Table 1: Potential gendered outcomes of COVID-19

<table>
<thead>
<tr>
<th>Feature of COVID-19</th>
<th>Potential gender specific outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death rate</td>
<td>Higher death rate among men from COVID-19</td>
</tr>
<tr>
<td></td>
<td>Potentially more negative outcomes from COVID-19 for pregnant women than non-pregnant women of childbearing age</td>
</tr>
<tr>
<td>Number of cases</td>
<td>More cases of COVID-19 among women</td>
</tr>
<tr>
<td>School/childcare facility closures and remote working</td>
<td>Women spend more time caring for children and/or doing housework which may limit time for paid employment</td>
</tr>
<tr>
<td></td>
<td>Result of this might be lower job productivity among women and fewer future economic opportunities</td>
</tr>
<tr>
<td>Stay at home measures</td>
<td>Increase in domestic violence and/or less support available for victims as a result of stay at home measures</td>
</tr>
<tr>
<td></td>
<td>Most victims of domestic violence are women</td>
</tr>
<tr>
<td>Decision-making</td>
<td>Although women not well represented in COVID-19 decision-making globally, they are well represented on Ireland’s National Public Health Emergency Team (NPHET)</td>
</tr>
<tr>
<td></td>
<td>Higher visibility of male decision-makers in media</td>
</tr>
</tbody>
</table>

Source: Oireachtas L&RS

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Mortality (death) rates

To date, there have been 165,273 deaths attributable to COVID-19 across the globe (April 20, 2020). While not all countries affected have gathered separate information for death rates among men and women, those that have mostly record higher death rates among men. One study found that (as of March 20, 2020) 64% of deaths in China were men, 58% in France, 62% in Germany, 59% in Iran, 71% in Italy and 54% in South Korea. This trend is mirrored in Ireland, where 346 men compared to 264 women have died at the time of writing (April 19, 2020). The exact reasons for this are unknown and interestingly the same trend has been observed for other coronaviruses including SARS and MERS.

Possible explanations for this tend to include a combination of the different responses to COVID-19 for male and female immune systems, higher levels of risky behaviours and co-morbidities among men and lower levels of health-seeking behaviour among men. While little is known about how male and female immune systems react to COVID-19, we do have some information on risk factors and health-seeking behaviour among men. For risk factors, the HSE identifies high risk individuals for COVID-19 as individuals from the following groups: aged 60 years and over; with a long-term medical condition (e.g. heart disease, diabetes, cancer or high blood pressure); with a weak immune system; with a chronic lung condition; and who smoke. Although more women than men are aged 60 years or over in Ireland, studies show that men make up more of most other categories. For example, the 2019 Healthy Ireland survey found that more men than women have diabetes, have high blood pressure and smoke Table 2).

### Table 2: Prevalence of certain risk factors for COVID-19 among men and women in Ireland

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>6%</td>
<td>3%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Smoking</td>
<td>19%</td>
<td>16%</td>
</tr>
</tbody>
</table>

For health seeking behaviours, studies on pandemic and seasonal influenza have found that men are less likely to seek medical help when they become ill and tend to seek it later than women.

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10 Department of Health and Healthy Ireland, April 5, 2019, Healthy Ireland Survey: Summary report, [https://assets.gov.ie/41141/e5d6fbae3a59a4720b081893e11fe299e.pdf](https://assets.gov.ie/41141/e5d6fbae3a59a4720b081893e11fe299e.pdf) (Accessed April 3, 2020).
often when they have become very ill\(^\text{11}\). Although these studies are not specific to Ireland, the Irish Health survey\(^\text{12}\) did find that 13% more women than men had visited their family doctor in the previous year which may indicate higher levels of health seeking behaviour among women.

Finally, it is worth mentioning that while the early information points toward higher death rates for men from COVID-19, it also shows higher case rates for women\(^\text{13}\). The most recent available figures (April 14, 2020) show 8,060 cases of COVID-19 among women and 6,397 cases among men in Ireland\(^\text{14}\). One possible aspect of is that women are more likely to care for the ill and this may increase their exposure. Women represent the vast majority (80%) of healthcare workers in Ireland\(^\text{15}\) and government figures (April 17, 2020) show that 25% of all cases of COVID-19 in Ireland have occurred among healthcare workers\(^\text{16}\). In addition to this, the Caring and Unpaid Work in Ireland study\(^\text{17}\) found that women are more likely to care for sick and elderly relatives in a personal capacity than men, which may also increase their exposure to illness. Another aspect is that significantly more women than men live in nursing homes in Ireland\(^\text{18}\) and nursing homes have accounted for a high number of COVID-19 infection clusters.

Overall, while it is still too early to say whether the pattern of more male deaths and more female infections from COVID-19 will remain and why exactly that might be so, the initial evidence at least shows the importance of gender awareness in this regard. On this basis, the World Health Organization (WHO) and others have stressed the importance of collecting and publicly reporting the number of diagnosed infections, tests conducted and deaths for both men and women.


This information can help us to understand why more men are dying from COVID-19 and inform targeted, effective policies to prevent and treat COVID-19. As it stands currently, Ireland collects and publicly reports separate data for diagnosed infections and deaths but not for testing.

**Pregnancy**

Based on quarterly data of births registered in Ireland we can deduce that a minimum of around 46,000 women are pregnant in Ireland at any given time. There is currently limited information on the outcome of COVID-19 in pregnancy for women or foetuses and there is little research even on past, similar epidemics such as SARS. However, a few studies on the outcomes of SARS (also a coronavirus) in pregnancy do exist and these mostly found that SARS had a worse course and outcome in pregnant women. Specifically, studies found that pregnant women displayed worse symptoms and were more likely to die from SARS than non-pregnant women of childbearing age and that pregnant women often reported experiencing psychological problems as a result of the stress of being pregnant and having a dangerous virus. Studies have also linked pneumonia, a common outcome of COVID-19, to increased complications and higher death rates for pregnant women and in some cases to hazards to the foetus. While the consequences of infection with COVID-19 for pregnancies are uncertain, with no evidence so far of severe outcomes for mothers and infants, the evidence on SARS suggests that this possibility should be considered. Possibly considering this, Interim Guidelines on the management of suspected COVID-19/SARS-CoV-2 in the pregnant and post-partum period have been introduced by the HSE.

Research also suggests that pregnant women may be at a higher risk of contracting or transmitting COVID-19 due to their increased contact with healthcare settings. For example, both SARS and Ebola viruses were transmitted in maternity settings.

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20 The Department of Health, Statement from the National Public Health Emergency Team - Tuesday 14 April, states how many tests have been carried out but does not break these tests down by gender.

21 In the last five years at least 45,000 births have been registered in Ireland across three statistical quarters (e.g. nine months of the year). See CSO, Vital Statistics, https://www.cso.ie/en/statistics/birthsdeathsandmarriages/vitalstatistics/ (Accessed April 15, 2020)


as common settings for virus transmission, attention to mild symptoms in this context may also be lower than in regular hospital settings. However, strict infection control measures were introduced for SARS which limited transmission in maternity settings\textsuperscript{27}. Some, but not all these measures have been incorporated into the HSE guidelines mentioned above.

**Gendered impacts of remote working**

In most countries women bear most of the responsibility for childcare and housework. The Caring and Unpaid Work in Ireland study\textsuperscript{28} found that 40% of women compared to 26% of men reported daily involvement in childcare. It also found that 81% of women compared to 44% of men reported doing daily housework and that women spent more total weekly hours on housework than men (20 hours compared to 9). As part of measures to suppress COVID-19, the government in Ireland, as elsewhere, has closed schools and childcare facilities and requires ‘non-essential’ workers to work from home. If women continue to bear most of the domestic burden in this context, which it is reasonable to assume they will, it is likely they will have less time available to work from home than men in the same position. A likely immediate consequence of this is that women’s productivity in employment will suffer more than men’s; a longer-term consequence is potentially fewer economic opportunities for women (e.g. merit-based promotion) and a wider gender renumeration gap. In addition to this, women disproportionately make up the sectors (e.g. retail and hospitality) that have been shut down entirely in response to COVID-19 and are therefore likely to bear the brunt of the shutdown in terms of earnings. One analysis by the Institute of Fiscal Studies\textsuperscript{29} found that at the time of shutdown, 17% of female employees were in a sector that is now shut down compared to 13% of male employees. In Ireland, there is already a considerable gender gap between women and men in employment; fewer women are employed than men, women earn less than men for the same jobs\textsuperscript{30}, and women are significantly under-represented in leadership positions (Figure 1).

*Figure 1: Gender inequality in the Irish workforce*

\begin{figure}[h!]
\centering
\includegraphics[width=\textwidth]{gender_inequality.png}
\caption{Gender inequality in the Irish workforce}
\end{figure}

\begin{itemize}
    \item 8\% more men than women in the labour force
    \item 12\% of CEOs and 7\% of chairpersons are women
    \item 14.4\% gender pay gap
\end{itemize}

Source: CSO, Eurostat, Oireachtas L&RS\textsuperscript{31}

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\textsuperscript{27} Some of these control mechanisms are described here: Robertson et al. "SARS and pregnancy: a case report." Emerging infectious diseases 10, no. 2 (2004): 345; Ng et al. "Infection control for SARS in a tertiary neonatal centre." Archives of Disease in Childhood-Fetal and Neonatal Edition 88, no. 5 (2003): F405-F409


\textsuperscript{29} IFS, Sector shutdowns during the coronavirus crisis: which workers are most exposed?, April 6, 2020, https://www.ifs.org.uk/publications/14791 (Accessed April 15, 2020).

\textsuperscript{30} The gender pay gap refers to the difference between the average gross earnings of female and male employees.

Experts and advocates warn that COVID-19 could increase this gender gap if strategies are not taken to address it. To this end, UN Women has called on governments and businesses to support policies which promote an equal sharing of the burden of care between women and men, implement/support family-friendly working arrangements and ensure long-term impact planning for COVID-19 is sensitive to the potentially greater domestic burden carried by women and supports them in this. UN Women also highlight the value of collecting sex-disaggregated data on the differential care burden and economic impacts of COVID-19 for women, which can be used to inform policies and planning.

**Domestic violence**

Domestic violence refers to all acts of physical, sexual, psychological or economic violence that occur within the domestic unit or between former or current spouses or partners. Overall, more women than men experience domestic violence, around 15% of women compared to 6% of men according to the National Study of Domestic Abuse and women are far more likely to experience serious injury and/or be killed by a male partner. A large volume of research shows that domestic violence and other forms of violence against women increase during emergency situations, such as humanitarian emergencies and armed conflicts. One reason for this is that risk factors for violence.

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34 UN Women, Paying attention to women’s needs and leadership will strengthen COVID-19 response.


violence are exacerbated by emergency situations. Some known risk factors for domestic violence that might be exacerbated by COVID-19 include low socio-economic status/unemployment, relationship conflict and the isolation of women and family. These are summarised in Figure 2 and explored in detail below.

Figure 2: Known risk factors for domestic violence and COVID-19

- **Low socio-economic status/unemployment**: Businesses shut and increase in unemployment might decrease household income.
- **Relationship conflict**: More household stressors (e.g., unemployment, illness, quarantine, childcare) might increase relationship conflict.
- **Isolation of woman and family**: Stay at home policies may leave women and their children isolated from family and friend networks.

Source: Oireachtas L&RS

For low socio-economic status and employment (Figure 2), evidence suggests that domestic violence increases as the economic situation of a family decreases. In the wake of COVID-19 it is predicted that up to 350,000 people may become unemployed. If this results in significant drops in household income, we might expect domestic violence to increase. For relationship conflict, research has also found that frequency of verbal disagreement is strongly related to likelihood of physical violence and that relationship conflict is fuelled by household stress. It is possible that an increase in household stress as a result of illness, the confinement of ‘lockdown’, school closures and unemployment/job uncertainty among other aspects of COVID-19 might increase relationship conflict and therefore domestic violence. For isolation of woman and family, research shows that women who have strong family and friend networks experience lower rates of domestic violence and that family and friendship networks protect against the negative effects of domestic violence on mental health. Stay at home measures, although seemingly effective in supressing COVID-19 potentially leave victims of violence isolated from support networks (including women’s refuges).

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and may limit their opportunities to seek help. These are just some ways in which aspects of COVID-19 might influence risk factors for domestic violence.

While these are predictions and we do not know exactly why domestic violence might increase in response to COVID-19, reports from leading organisations working on domestic violence in Ireland suggest that it is having an impact. Specifically, these organisations have recorded both an increase in the number of calls to their domestic violence hotline and that almost all these calls relate to COVID-19\(^42\). Similar patterns are being seen across the world in China, Italy, Spain, the USA, Greece and Brazil\(^43\). For example, in Hubei, China reports of domestic violence to the police more than tripled during lockdown in February 2020 compared to February 2019\(^44\). A leading domestic violence hotline in the USA reported both a doubling of calls and also that violent abusers were using COVID-19 to further control and isolate their partners, for instance by threatening to put them out on the street during times of quarantine and/or and stopping them from seeking medical help if they became ill with COVID-19\(^45\).

In response to this rise in domestic violence, UN Secretary General Antonio Guterres has urged governments "to make the prevention and redress of violence against women a key part of their national response plans for Covid-19" and the UN has issued a set of recommended measures (Box 1).

**Box 1: UN domestic violence reduction recommendations**

- Increase investment in online services and civil society organizations,
- Make sure judicial systems continue to prosecute abusers,
- Set up emergency warning systems in pharmacies and groceries,
- Declare shelters as essential services,
- Create safe ways for women to seek support, without alerting their abusers,
- Avoid releasing prisoners convicted of violence against women in any form,
- Scale up public awareness campaigns, particularly those targeted at men and boys.

Source UN Women\(^46\)

In Ireland, leading organisations working on domestic violence have voiced concern that domestic violence is being overlooked in the national response to COVID-19 and that key government

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agencies have been slow to respond to the increased needs of victims of domestic violence. Specifically, these organisations voiced concern that they had not received emergency funding to adapt their services to COVID-19; moving women and children out of communal refuges, ensuring personal protective equipment and providing for adequate professional staff to respond to the increased need for their services. They point out that emergency funding was prioritised to domestic violence services in the UK and Scotland as a government response to COVID-19. However, responses have recently begun to emerge in the Irish context. A major national awareness campaign on domestic violence was launched across TV, radio and social media on April, 15, 2020 and the Department of Justice and Equality announced the allocation of over €160,000 to community and voluntary groups to support their services to victims of domestic violence. State agencies too have begun to adapt and priorities services to victims of domestic violence. For instance An Garda Síochána have launched a proactive operation to reach out to victims of domestic violence, the Court service have said it is prioritising domestic violence and childcare cases and the Legal Aid Board have set up a helpline to provide advice and legal representation to (among others) victims of domestic violence.

**Decision making**

The inclusion of women in political and policy decision-making is important not only because it is central to gender equality and women’s rights, but also because it has benefits for society. For example, research shows that when women are meaningfully represented and engaged in leadership bodies, decisions are more likely to be inclusive, representative and take diverse views into account. Despite this, women have been notably absent in global COVID-19 policy spaces and in media coverage of the issue. Figures from Women in Global Health, a leading NGO that tracks gender equality in global health leadership show this, report that only 20% of the WHO Emergency committee on COVID-19 and 10% of the US Coronavirus task force are women.

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50 Merrion Street, Ministers Flanagan and Stanton announce campaign to reassure victims of domestic abuse that support is still available despite COVID-19.
They also found that only one woman is quoted for every three men in media coverage of COVID-19. For Ireland, the National Public Health Emergency Team (NPHET) charged with managing the response to COVID-19 at a national level is comprised of more women than men⁵³, indicating gender balance at that level. However, at the same time the Taoiseach, Minister for Health, Chief Medical Officer and HSE Chief Clinical Officer are all men, meaning that most statements on COVID-19 and consequently media coverage has focused on men. Whether the equal gender balance of NPHET makes any difference in terms of identifying and addressing women’s experiences and needs in decision-making has yet to be seen. At any rate, UN Women has highlighted that the inclusion of women in decision-making needs to be multi-level, incorporating women at the local, municipal and national level, and long-term, extending from response to recovery⁵⁴.

Conclusion and potential implications

This L&RS Note has sought to highlight some potential outcomes of COVID-19 from the perspective of sex and gender based on the evidence available. This evidence shows that disease outbreaks and emergency situations affect women and men differently and can increase existing inequalities for women and girls. On this basis, leading UN bodies have recommended that governments adopt a gender perspective when responding to COVID-19. Broadly speaking, the main policy responses cited by these bodies to governments focus on the following areas⁵⁵:

- **The availability of sex-disaggregated (separated) data, including on** differing rates of infection, testing and mortality and on the differential economic impacts, care burden and incidence of domestic violence for women and men
- **The inclusion of a gender perspective and gender experts in planning and decision-making** which considers how experiences may differ for different groups and ensure policies and interventions speak to their needs. This includes women and men but also other groups such as those living in poverty, persons with disabilities, minority groups, displace persons and refuges and LGBTIQ individuals
- **Ensuring an equal voice for women in decision-making in the response to COVID-19 and in long-term impact planning**
- **The development of strategies to address the potential added economic impacts of the outbreak for women**
- **The prioritisation of services for prevention and response to domestic violence and other forms of gender-based violence**
- **Ensuring that high attention is given to sexual and reproductive health and rights,** including by adhering to strict guidance for infection prevention for safe pregnancies and childbirth.

⁵⁵ Among others see UN Women, Paying attention to women’s needs and leadership will strengthen COVID-19 response, March 19, 2020; UNFPA, COVID-19: A Gender Lens Protecting sexual and reproductive health and rights, and promoting gender equality, March 2020.