

# THE WILSON CENTER'S MATERNAL HEALTH INITIATIVE

WHITE PAPER



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## The Lasting Effects of the COVID-19 Pandemic on Women's Work, Health, and Safety

Women's health is essential to building and sustaining healthy economies.<sup>1</sup> Even before the pandemic, women's health, safety, and economic security were under threat. Maternal and other critical health services have often been stigmatized, under researched, and underfunded;<sup>2</sup> 1 in 3 women experience physical or sexual violence in their lifetime; and women were already less likely than men to work, to be employed full-time, and to hold higher level and managerial roles.<sup>3</sup> Healthy, safe, and empowered women lead to healthy economies. Estimates indicate that empowering women to participate in paid work to the same extent as men could increase global gross domestic product (GDP) by as much as 26 percent – adding \$28 trillion to the global economy each year.<sup>4</sup>

COVID-19 has added to these pre-existing challenges. Women were more likely to be employed as frontline “essential” workers than men, placing them at elevated risk for exposure; gender-based violence (GBV) and mental health issues, both of which disproportionately impact women, have risen at alarming rates; and economic sectors dominated by women have been hardest hit by pandemic-related job losses. At the same time, demands for unpaid caregiving and domestic work have drastically increased. The growing tension between women's paid and unpaid work hampers women's ability to participate and succeed in the workplace and has pushed millions out of the labor force entirely.

Despite these clearly gendered impacts, policy makers have largely failed to take the specific needs of women into account and women are largely excluded from COVID-19 governance. Data show that women are significantly underrepresented in COVID-19 task forces, making up only 24 percent of members.<sup>5</sup> Subsequently, only 28 percent of recovery measures across 196 countries and territories address the specific risks and challenges faced by women and girls as a result of the pandemic: GBV, economic security, and unpaid care work.<sup>6</sup> Without action, COVID-19 is poised to have devastating and long-term impacts on women's health and economic standing and, by extension, on the health of societies and economies as a whole. Because of intersecting axes of oppression, marginalized populations will disproportionately bear the burdens of these negative effects. Gender proactive policy responses are needed to stave off the worst of these effects, safeguard decades of progress toward gender equality, and lay the foundation for a healthier, more equitable, and more prosperous future.

An intersectional approach must be applied during recovery from the pandemic as we look at the contributions of women. It is not just about health, paid work, or being safe at home and at work, but the culmination of these priorities where policy makers, researchers, and practitioners must focus. The purpose of this whitepaper is to look at the lasting effects of COVID-19 on women by looking at women's health, safety, and work. We include an overview of the devastating effects of the pandemic, examples of recovery progress that include women's full contributions, and provide recommendations.



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## COVID-19's Impact on Women's Health

The COVID-19 pandemic has negatively impacted women's health through a variety of pathways. Women are more likely to be exposed to the disease, due to their high representation in “essential” front-line occupations like the health, care, education, and service sectors.<sup>7</sup> In the United States, women of color are highly represented in these “essential” sectors<sup>8</sup> and due to the lasting effects of past and present systemic racism, communities of color are disproportionately likely to become sick with and die from COVID-19.<sup>9</sup>

Pregnant people are also at increased risk for experiencing severe cases of COVID-19. Studies have found higher rates of hospitalization, intensive care unit admission, and death among this population due to COVID-19 infection.<sup>10</sup> The relationship between COVID-19 and pregnancy is bidirectional – COVID-19 has similarly been linked to increased rates of pregnancy complications and maternal and neonatal disease, disability, and death.

Stress associated with the pandemic has led to increases in depression and anxiety and declines in overall mental health,<sup>11</sup> particularly among women.<sup>12,13</sup> In one survey of individuals in Australia, the United Kingdom, and the United States, 44 percent of respondents reported that their mental health had declined since the start of the pandemic, with women being most likely to report negative mental health effects.<sup>14</sup> While disaggregated data are limited, early studies indicate that women of color, low-income women, members of the LGBTQ+ community, and other marginalized groups are also more likely to experience pandemic-related mental health challenges.<sup>15,16</sup> Despite this higher risk, these communities are also less likely to have access to culturally competent mental health treatment, further magnifying these disparities.

Mental health challenges in the COVID-19 era have been particularly acute for pregnant and postpartum people. The perinatal period is already

a vulnerable time for mental health, and stressors associated with the pandemic have further exacerbated this crisis.<sup>18</sup> To date, studies from different country contexts consistently show that COVID-19 has had a significant adverse effect on the mental health of pregnant and post-partum people.<sup>19</sup> One analysis of pregnant women in Canada found that women recruited after the onset of the pandemic were nearly twice as likely to meet diagnostic criteria for depression, anxiety, or a substance use disorder as those recruited pre-pandemic.<sup>20</sup>

Finally, COVID-19 has reduced access to and investment in sexual and reproductive health care, maternal health care, and other services not considered “essential” during the pandemic. In South Asia, disruptions caused by COVID-19 reduced maternal and child health services – including nutrition assistance, immunization programs, family planning services, and antenatal care – by more than 50 percent in the second quarter of 2020. These disruptions may have contributed to an additional 239,000 maternal and child deaths.<sup>21</sup> Meanwhile, in the United States, preventative screenings for breast and cervical cancer dropped 94 percent following the declaration of COVID-19 as a national emergency in March 2020. Although screening rates have slowly rebounded, they remain significantly below pre-pandemic levels.<sup>22</sup>

## COVID-19's Impact on Women's Safety

The pandemic has had significant effects on women's health beyond the disease itself. Since the start of the pandemic, reports of GBV have increased significantly worldwide, with calls to domestic violence hotlines increasing five-fold in some countries.<sup>23</sup> In the United States, domestic violence incidents increased 8.1 percent after the institution of pandemic-related lockdowns.<sup>24</sup> These trends not only harm women and violate individual human rights but also threaten the health of economies and societies as a whole. GBV costs the global economy an estimated \$12 trillion each year. For individual countries, these



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costs range from 1.2 to 3.7 percent of their GDP.<sup>25</sup> There are a number of reasons for such increases in GBV cases, including high rates of economic dependence<sup>26</sup> and less flexibility to accommodate remote work and telecommuting in women-dominated sectors,<sup>27</sup> making it difficult for survivors to leave the perpetrators. During quarantine, as more women were in informal jobs and got laid off, they also experienced a greater impact as they became economically dependent on their male counterparts. Pandemics also increase economic vulnerabilities because of the rise in unemployment, or, in the risk of unemployment, and economic insecurity has been found to be linked to adopting poor coping strategies, including substance abuse.<sup>28</sup> These poor coping strategies, in turn, have been found to be associated with various forms of gender-based violence.<sup>29</sup>

## COVID-19's Impact on Women's Paid and Unpaid Work

Women have borne the brunt of the pandemic's economic fallout. Sectors that women dominate, including services and hospitality, have experienced the most overall job loss.<sup>30</sup> Additionally, in almost every sector, women experienced more job losses than men.<sup>31</sup> Not only are women losing their jobs; many are leaving the workforce entirely. From February 2020 to February 2021, a total of 2.4 million women left the US workforce, compared to 1.8 million men. Since then, the total has increased to more than 3 million. Globally, some 54 million women left the workforce due to the pandemic.<sup>32</sup>

Young women (15-24 years old) have been hit hard by the pandemic. Employment for young women fell by 11.8 percent in high-income countries and by 15.8 percent in middle-income countries—roughly twice as many young women lost their jobs as young men.<sup>33</sup> Women of color have been disproportionately affected by pandemic-related job loss and workplace attrition.<sup>34</sup>

COVID-19 has created a uniquely precarious situation for women working in the informal sector.

In total, an estimated 61 percent of the world's workers are informally employed. Informal workers who maintain their employment also face significant risks. They are more likely to work in overcrowded and unsanitary conditions and less likely to be covered by workplace health and safety protections (e.g. mask mandates, social distancing requirements), leaving them at increased risk of exposure to COVID-19.<sup>36</sup>

Although men make up the absolute majority of the informal workforce, women are more likely to occupy the most vulnerable informal work arrangements (including roles as domestic workers, home-based workers, and contributing family workers) than their male counterparts.<sup>37</sup> Migrant women and women from other historically marginalized groups are particularly likely to work in the informal sector.<sup>38</sup> In addition, as women face reduced opportunities and protections in paid employment, the pandemic has significantly increased women's unpaid and informal work, largely through increases in domestic and caregiving responsibilities associated with school and child care closures.

The net effect of these trends is potentially disastrous for women's present and future economic standing. In 2020, women worldwide lost an estimated \$800 billion in income due to the pandemic.<sup>39</sup> As this estimate does not include wages lost by those working in the informal sector, the true number is likely much higher. In addition to these monetary costs, gaps in employment could lead to long-term reductions in women's human capital (actual or perceived), diminishing their future job prospects, opportunities for promotion, and potential earnings.

These knock-on effects are expected to widen the gender poverty gap in the long-term<sup>40</sup> and could potentially unravel decades of progress for women in the workforce. Nevertheless, many governments have failed to enact sufficient policies to mitigate these effects. In 2020, only 18 percent of social and labor market protections adopted by governments specifically addressed women's economic security or the needs of unpaid care workers.<sup>41</sup>



## ***A Closer Look – Caregiving and Care Workers***

The pandemic has dramatically heightened the demand for unpaid caregivers and increased child and elder caregiving responsibilities due to lockdowns, school closures, and changes to in-person and home health services. The average caregiver provided 16.6 hours of unpaid care per week prior to the pandemic; that amount rose to 23.4 hours in fall 2020.<sup>42</sup> These increases have been disproportionately shouldered by women. In July 2020, 1 in 3 mothers aged 25-44 in the United States were not working due to childcare issues – three times more than fathers.<sup>43</sup> Women of color have seen especially large increases in family caregiving responsibilities during the pandemic.<sup>44</sup>

Unpaid care work imposes significant financial costs on women. Some estimates show that women lose up to 51 percent of their income due to caregiving responsibilities.<sup>45</sup> In the United States, caretaking responsibilities result in \$64.5 billion in lost wages and economic activity each year.<sup>46</sup> In addition, because care work often takes place in the informal sector, in part-time capacities, or within the family unit, even paid care workers are often ineligible for government assistance programs to mitigate the effects of financial hardship.<sup>47</sup>

The pandemic has shown how essential paid and unpaid care work is to the functioning of our society and yet, care workers are still not recognized for their contributions or given adequate support.<sup>48</sup> Care workers are experiencing unprecedented levels of stress and exhaustion, with 76 percent reporting that they feel “more burnt out than ever.” Sixty-one percent of caregivers say that the pandemic has worsened their overall emotional health, with female care workers reporting more severe emotional impacts.

Burnout is especially prevalent among low-income women and women of color, who are statistically more likely to be their family’s primary source of income<sup>49</sup> and less likely to be able to work from home<sup>50</sup> than their white counterparts. Despite its importance, support for care workers in light of the COVID-19 pandemic has been lacking. Out of 1,700 social protection measures, only 11 percent address unpaid care. 86 percent of these measures are considered “gender-blind.”



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## ***A Closer Look – Healthcare Workers***

Women in the healthcare workforce face unique challenges to their physical, mental, and economic well-being. These issues are exacerbated by the fact that women's needs and perspectives are often not taken into account by global health systems. Although women comprise 70 percent of the global healthcare workforce, they hold only 25 percent of leadership positions.<sup>52</sup>

The healthcare workforce includes practitioners – nurses, midwives, and doctors – as well as health care support workers (including orderlies and medical assistants), direct care workers (including home health workers and personal care aids), and health care service workers (including janitors and food service workers). These individuals, who are disproportionately women and people of color, are essential to the functioning of health care systems. However, throughout the pandemic, they have struggled to get the recognition and protection that they deserve, often being left out of distribution plans for personal protective equipment and excluded from hazard pay schemes.<sup>53</sup>

Because women make up the vast majority of the health workforce, they also bear a majority of the health burden from increased exposure. Indeed, in the United States, women accounted for 79 percent of COVID-19 cases and 62 percent of COVID-19 mortalities among healthcare workers. In addition, personal protective equipment is not designed to fit female bodies, leaving female healthcare workers even more vulnerable to COVID-19 exposure.

Mental health challenges are also a prevalent concern among healthcare workers. One survey found that a staggering 55 percent of physicians know a physician who has thought about, attempted, or completed suicide at some point during their career.<sup>54</sup> The increased physical and emotional demands associated with the pandemic have intensified these struggles and increased mental strain among healthcare workers.

An additional challenge for many female healthcare workers is balancing professional demands with domestic responsibilities. Before the pandemic, women physicians reported spending 8.5 more hours a week on domestic and family work than men. Given the general trends seen in the gender distribution of care work during COVID-19, this gap has likely widened.<sup>56</sup> Without the proper support, this dual role can lead to high rates of burnout and attrition among women healthcare workers.



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## **PANDEMIC RECOVERY POLICIES AND PROGRAMS**

### **United States Federal Government Actions**

The Biden Administration's Gender Policy Council released the first-ever National Strategy on Gender Equity and Equality in October 2021.<sup>57</sup> The Strategy calls for a whole-of-government effort to advance gender equity and equality in both foreign and domestic affairs. It calls for action across ten strategic priorities, including economic security, health care (including sexual and reproductive health care), humanitarian relief, and leadership.

### **United States Commitments at the Generation Equality Forum<sup>58</sup>**

- Prevent and respond to gender-based violence (GBV).
- Strengthen women's economic security.
- Protect and advance sexual and reproductive health and rights (SRHR).

### **American Rescue Plan<sup>59</sup>**

- Expands Child Tax Credit, invests \$40 billion in child care and early learning.
- Creates "safe leave" for GBV survivors, women fleeing domestic/intimate partner violence, etc.
- Allocates \$450 million to prevent and respond to sexual assault and domestic violence.
- Directs \$50 million in funding to Title X, the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services.
- Expands Medicaid to one year postpartum to better protect women's maternal health.

### **Build Back Better Act<sup>60</sup> (as of publication)**

- Provides 4 weeks of paid leave for workers for illness, the birth of a new child, or to take care of a sick family member. (See text box on page 7)
- Expands universal pre-K access for 3 and 4 year olds for the next 6 years.
- Increases the child tax credit to \$300 per child under 6; \$250 per child between 6 and 17.
- Limits childcare funding to no more than 7 percent of household income.
- Targets investments in areas including maternal health.

### **The Pregnant Workers Fairness Act<sup>61</sup>**

- Aims to prohibit discriminatory practices against employees who request or are in need of reasonable accommodations for pregnancy, childbirth, or related medical conditions.
- Would require employers to undertake an interactive process with pregnant workers to determine what accommodations are needed, similar to the Americans with Disabilities Act.

## **State Policy Level Actions**

### **Hawaii's Feminist Recovery Plan<sup>72</sup>**

- Builds the state's social infrastructure (invests in caregiving and the care economy).
- Provides economic assistance, specifically to marginalized women.
- Raises the minimum wage to a living wage specifically for single mothers.
- Incorporates GBV response and prevention.



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## **Paid Leave Policies**

The United States is one of six countries in the world with no national paid leave policy for its workers.<sup>62</sup> Evidence shows that paid leave policies improve children's health outcomes, reduce intimate partner violence, and improve women's economic empowerment and job prospects.<sup>63</sup> Paid sick leave is meant for short-term health needs and preventive care, whereas paid family and medical leave refers to long-term absence to care for ill loved ones or the birth or placement of a child.<sup>64</sup>

Research shows that 24 percent of the U.S. workforce, or approximately 33.6 million people, do not have access to paid sick leave.<sup>65</sup> In addition, 54 percent of Latinx workers, 47 percent of Indigenous workers, and 38 percent of Black workers have no paid sick leave.<sup>66</sup> Every high-income country excluding the United States provides paid sick leave regardless of a workplace's number of employees and nearly all countries with paid sick leave policies guarantee leave regardless of hours worked.<sup>67</sup>

The United States is the only high-income country offering no guarantee of paid family and medical leave.<sup>68</sup> Currently, California has one of the most robust paid leave policies in the United States, offering eight weeks of partial pay to take time off work to care for a family member or welcome a child.<sup>69</sup> Globally, the average amount of paid parental leave is 29 weeks for mothers and 16 weeks for fathers,<sup>70</sup> and some countries, like Estonia, offer 82 weeks or more of paid leave after the birth or adoption of a child.<sup>71</sup> However, even in countries with friendlier paid leave policies, the caregiving burden falls on women when men are not given the same amount of paid leave or when cultural stigmas around family and medical leave create barriers that prevent men from taking on caregiving responsibility – thus increasing the gendered caregiving burden for women.

## **Global Recovery Plans and Policies**

### **Canada's Feminist Economic Recovery Plan<sup>73</sup>**

- Green-lit by Prime Minister Justin Trudeau and spearheaded and informed by women.
- Takes an intersectional lens to examine how people of marginalized identities have been impacted by COVID-19 to inform inclusive recovery measures.
- Priorities include:
  1. Investing in care work.
  2. Strengthening worker protections.
  3. Combatting gender-based violence.
  4. Supporting small businesses led by women and gender-diverse people.
  5. Boosting public infrastructure.
  6. Ensuring diversity in government leadership and decision-making.
  7. Centering communities most impacted by the COVID-19 pandemic.
  8. Addressing root causes of anti-Indigenous and anti-Black discrimination.



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## **African Union's Gender-Responsive Interventions to COVID-19 on the Continent<sup>74</sup>**

- In June 2020, the African Union released guidelines on Gender-Responsive responses to COVID-19 to assist African Union member states in addressing, responding to, and recovering from the impacts of COVID-19, especially on women and girls.
- The guidelines detail the priorities of COVID-19 response that empower and uplift women and girls, including that they should be rooted in sound gender analysis and evidence-based best practices, and must:
  1. Address the unique needs of women and girls.
  2. Enforce existing protections on women's rights.
  3. Include partnerships with key stakeholders.
  4. Engage women in the decision-making process.

## **UN Women's Feminist Roadmap for Economic Recovery and Transformation<sup>75</sup>**

- Flagship report based on the latest data, analysis, and input from over 100 global experts.
- Details a vision for sustainability and social justice that tackles the intersecting issues of global development priorities, including:
  1. The care economy.
  2. Environmental sustainability.
  3. Gender equality and enhanced gender budgeting.
  4. Social justice.

## **Healthy Women, Healthy Economies Toolkit<sup>76</sup>**

- Identifies strategies and best practices for policy makers, companies, and non-profit organizations seeking to improve women's labor force participation through better health.
- Identifies issues and barriers to women's health that impact women's ability to join, remain in, and advance in the paid workforce, prioritizing:
  1. Workplace health and safety.
  2. Health access and awareness.
  3. Sexual and reproductive health.
  4. Gender-based violence.
  5. Work/life balance.

## **Women's Policy Group Northern Ireland's Feminist Recovery Plan<sup>77</sup>**

- Meant to inform elected representatives and decision-makers and advocate for them to take a "gender-sensitive response" in pandemic recovery plans.
- Plan provides recommendations and best practices to address the gendered impact of COVID-19, including:
  1. Economic justice and gender discrimination in employment.
  2. Health implications of the pandemic, including mental health, maternal and reproductive health, women with disabilities, and LGBTQ+ persons.
  3. Gender-based violence.
  4. Social justice and racial discrimination.
  5. Human rights and the impacts of Brexit.



# The Lasting Effects of COVID-19 on Women

## STRATEGIES AND RECOMMENDATIONS

### Strategy 1—Create Gender Proactive Recovery Plans

Global recovery plans must include gender-responsive employment policies to address the gender-specific effects of COVID-19 on women's work, health, and safety.

*Recommendations:*

- Ensure that women are included in leadership and decision-making processes.
- Prevent and respond to gender-based violence.
- Invest in women's economic security.
- Create pipelines to quality, sustainable jobs.
- Consider targeted economic assistance to women (especially marginalized women).
- Include informal, part-time workers in assistance and planning.
- Protect and advance sexual and reproductive health and rights.

### Strategy 2—Protect All Women Workers

COVID-19 recovery plans must include policies and practices that are gender-inclusive and include women in informal, vulnerable, and/or unregulated employment, migrant women, women with disabilities, and pregnant and lactating women. Recovery plans must also prioritize healthcare workers' health, safety, and support.

*Recommendations:*

- Invest in and make available personal protective equipment that fits women's bodies.
- Increase support for healthcare workers to improve mental health and job retention.
- Invest in nursing and midwifery – financial financial assistance for schooling, improved salaries, and benefits.
- Expand access to unemployment benefits, especially for women who lost their jobs due to the pandemic.
- Enact protections for migrant workers, especially those working in the informal economy, such as health insurance and benefits, protection from violence, and access to health services.
- Incorporate policies that support women's work safety and job security.

### Strategy 3—Support and Recognize Caregivers

The care sector, both paid and unpaid, must be central to any recovery plan. Women left the workforce due to the high demand for caregiving caused by school closures, home elder care, and limited resources for both COVID-19 and non-COVID-19 related illnesses.

*Recommendations:*

- Invest in the care economy and care infrastructure: an investment of 2 percent of GDP in the caring industries could generate 13 million jobs in the United States.<sup>78</sup>
- Implement flexible work arrangements (including accommodations for pregnant and lactating individuals, continued access to remote work, etc.).
- Enact policies to mandate paid sick leave and parental leave policies in the United States and globally.
- Create re-entry programs to make it easier for women to return to work after a gap in their employment.
- Focus on redistributing care work equally by helping both parents reconcile work and childcare responsibilities:
  1. Make policies related to caregiving inclusive of all genders.
  2. Encourage men to take paternity leave and remove negative repercussions for doing so.



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**HIGHLIGHTS FROM COVID-19 RECOVERY: RECOGNIZING WOMEN'S PAID AND UNPAID WORK**, a public event hosted by the Wilson Center's Maternal Health Initiative, in collaboration with EMD Serono, the healthcare business of Merck KGaA, Darmstadt, Germany. Global experts identified several recovery priorities, including paid sick leave policies, recognition and support of the vital role of caregiving to global economies and societies, prioritization of women workers' return to the workforce, and public-private partnerships.

“At the beginning of 2020 we [hit] a significant milestone, women were more than 50 percent of the workforce. By March of that same year all of those gains had been wiped out. What the pandemic did was bring into focus not only women's disproportionate concentration in the hardest hit sectors, but the role of care work and women's unpaid and invisible labor and contribution not only to the economy but to families. It also served to highlight our broken care infrastructure.” **(C. Nicole Mason, President and CEO, Institute for Women's Policy Research)**

“We really strongly believe in public-private partnerships--that they're an essential form and a collaboration between the sectors and bringing together resources and expertise that would otherwise be missing if we're working just in silos. While the governments need the buy in of the private sector to enact these sweeping changes we need, I think conversely governments need to think about policies that incentivize the private sector to actively support women and family caregivers.” **(Jasmine Greenamyre, Head, Global Strategic Partnerships, Global Healthcare Government & Public Affairs, EMD Serono)**

“The economic value of unpaid care work is substantial and important for every economy in the world to address.” **(Katrina Fotovat, Senior Official, Office of Global Women's Issues, Department of State)**

“As we are all familiar and as this global pandemic showed, these structural barriers [to keeping women in the workforce] still include lack of daycares, access to safe public transportation, and unequal pay.” **(Lara Ayoub, Co-founder of civil society organization SADAQA, Jordan; Communications Specialist for Arab States, United Nations Development Coordination Office)**

“You can't have pandemic recovery if you don't have paid sick leave... It makes sense and is the most effective way not only to deal with the economy, but also to create stability and recover from a global pandemic. I think across the globe we have seen how vital this is just to make sure that people can take that opportunity to heal.” **(Katrina Fotovat, Senior Official, Office of Global Women's Issues, Department of State)**



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