

## Only 1 in 3 COVID-19 research authors are women and even fewer are senior authors

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Women make up only a third of all authors who have published research on COVID-19 since the beginning of the pandemic in January this year, and even fewer of them are senior authors on these papers, suggests an



analysis in BMJ Global Health.

Lockdown measures may have further widened existing inequalities by restricting their capacity to commit to research, because of competing demands from home-schooling, parenting, and other caring duties, suggest the researchers.

Women are already underrepresented in other areas of scientific research, which means that issues of relevance to <u>women</u> are often similarly underrepresented, they say.

To find out if a similar pattern is being played out in COVID-19 research, they searched the research database PubMed for relevant studies that had been published since January 2020.

They found 1445 papers on COVID-19, of which 1370 with a total of 6722 authors were suitable for inclusion.

After excluding those papers in which the <u>gender</u> of the authors was unclear (group authorship or initials only), 1235 papers were included for first authorship, and 1216 for last authorship analysis. These indicate senior/lead author status.

In all, women made up a third of all the authors (34%) on the included COVID-19 research papers, irrespective of seniority. But when first or last authorship was analysed, these proportions were even lower: 29% and 26%, respectively.

The percentage of female first authors was higher in high profile journals (impact factor above 7) compared with those journals with lower profile (impact factor below 2). But there was no difference in the percentage of female last authors. Nor was there any difference in the percentage of women authors by article type.



But there were regional differences: the lowest percentage of women authors were from Africa and the highest from Oceania.

The researchers cite other studies looking at the <u>gender imbalance</u> in research authorship, which indicate higher proportions of senior female authors than they found.

"This shows that raising awareness on gender inequalities in research in general, and in <u>authorship</u> of papers in particular, has not led to substantial improvements," they suggest.

"It is possible that the current restrictions imposed during the COVID-19 pandemic have contributed further to this decline," they add.

Various factors may be fuelling the gender imbalance in COVID-19 research, they suggest. These include the following:

- 1. The research agenda may be shaped by those in leadership positions, who more often than not are men.
- 2. COVID-19 is a high profile topic for which men might want/need all the recognition.
- 3. Caring, parenting, and home-schooling responsibilities during the pandemic- roles that are still predominantly taken on by women—may have left them with too little time to commit to research.
- 4. COVID-19 research papers are just as likely to be subject to gender bias in peer review as those in other areas of science.
- 5. Many early COVID-19 publications were commissioned articles, which, in general, are more likely to be written by men.



There is a "pressing need" to narrow these gender inequalities because of how it might affect global understanding of COVID-19, and the ability to respond to it quickly and effectively, they emphasise.

"This is especially true as evidence continues to accrue regarding sex and gender differences in mortality rates and in the long term economic and societal impacts of COVID-19, making a balanced gender perspective ever more important," they write.

And they conclude: "Gender equality and inclusiveness in COVID-19 research are key to succeed in the global fight against the pandemic. The disproportionate contribution of women to COVID-19 research reflects a broader gender bias in science that should be addressed for the benefit of men and women alike."

**More information:** Where are the women? Gender inequalities in COVID-19 research authorship, *BMJ Global Health*, <u>DOI:</u> 10.1136/bmjgh-2020-002922

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