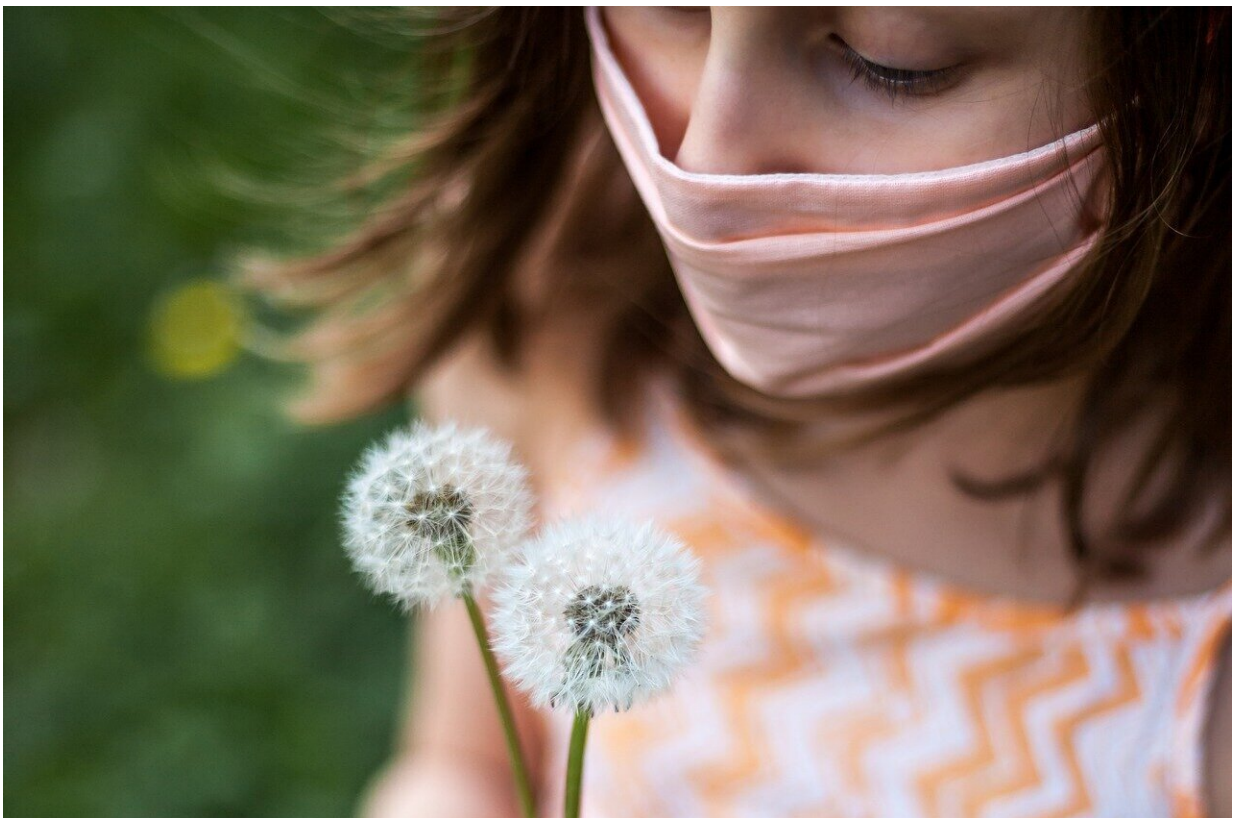


Social and economic effects of the COVID-19 pandemic threaten to reverse progress towards gender equality: study

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As COVID-19 has caused major disruptions in all aspects of life, women have experienced negative social and economic impacts to a greater

extent than men, according to new research.

In a new study, published in *The Lancet*, women reported higher rates of employment loss (26% of women compared to 20% of men), school dropouts (women 1.21 times more likely to leave education than men), and perception of gender-based violence increase (women 1.23 times more likely to report an increase than men) by September 2021 compared to men, as an indirect result of the COVID-19 pandemic.

As research on previous public health and [economic crises](#) has shown, the socio-economic effects on women often persist long after the initial disruption. The authors of the study therefore call for urgent intervention to prevent a reversal in progress towards gender equality.

Most existing gender disparity studies have focussed on the direct health impacts of the COVID-19 pandemic—it is well documented that, across the globe, men have higher rates of COVID-19 incidence, hospitalization, and death. However few studies have examined how gender inequalities have been affected by the indirect health, social, and economic effects of the COVID-19 pandemic systematically and in detail across geographies.

"This study provides the first comprehensive global evidence on gender disparities for a wide range of health-related, social, and economic indicators throughout the pandemic. The evidence suggests that COVID-19 has tended to exacerbate previously existing social and economic disparities rather than create new inequalities," says senior author Professor Emmanuela Gakidou.

"Society is at a pivotal moment where investment in the empowerment of women and girls is critically needed to ensure that progress towards gender equality does not get stalled or reversed because of the COVID-19 pandemic. We cannot let the social and economic fallouts

from the pandemic continue into the post-COVID era. Action must be taken now to not only reverse the current disparities, but to further close the gaps present before the pandemic began."

The authors analyzed publicly available data sets from 193 countries using surveys taken from March 2020 to September 2021 that reported on health and well-being during the COVID-19 pandemic. Gender inequalities were analyzed for five categories: economic and work-related concerns, education, safety at home and in the community, vaccine hesitancy and uptake, and healthcare services.

Higher rates of unemployment and unpaid labor reported among women

In all regions, women reported higher rates of employment loss than men since the start of the pandemic, although this trend has decreased over time. By September 2021, 26% of women and 20% of men reported employment loss during the pandemic. Income loss was also prevalent globally and was reported by 58% of respondents with overall rates similar for men and women (although gender gaps varied across regions).

"Economic impacts have affected women more than men in some countries because they tend to be employed disproportionately in sectors harder-hit by COVID-19, such as the hospitality industry or as domestic workers," says Dr. Luisa Flor, co-lead author of the study. "Minority ethnic groups, immigrants, and women experiencing poverty are likely among the most severely impacted by the pandemic. Moreover, gendered [social norms](#) in many countries attribute household and childcare responsibilities preferentially to women and reduce their time and ability to engage in paid labor."

Women in every region were more likely than men to report forgoing paid employment to care for others with the gender gap widening over time—in March 2020 the ratio for women to men was 1.8 but by September 2021 this had increased to almost 2.4. Over half of respondents reported an increase in unpaid labor such as domestic work and caring for others during the pandemic, with women significantly more likely to report such increases in all regions except North Africa and the Middle East. The largest gender gaps were observed in high-income countries, with women 1.10 times more likely to report caring for others, and in Central Europe, Eastern Europe, and Central Asia where women were 1.22 times more likely to report an increase in domestic work.

Education gaps widened for women and girls

Respondents, typically a parent, reported that globally 6% of learners dropped out of school during the COVID-19 pandemic (not including absence due to school closures during lockdowns). Globally, women and girl learners were 1.21 times more likely to reportedly drop out of school than men and boys, with the largest gender gaps seen in Central Europe, Eastern Europe, and Central Asia where four times more women than men dropped out of education. Individuals with more than 12 years of schooling in high-income countries, and in sub-Saharan Africa were less likely to report that their children had dropped out of school.

Among online learners, only 50% of respondents reported having adequate access to online learning technologies. Globally women and girl learners were 1.11 times more likely to report good access than male learners. Again, highly educated, and urban respondents were more likely to report that learners in their household had adequate access to online learning resources.

Gender-based violence on the rise

Overall, 54% of women and 44% of men reported that they perceived that gender-based violence had increased in their community during the pandemic. The highest rates were reported by women in Latin America and the Caribbean (62%), High-income countries (60%), and sub-Saharan Africa (57%).

Women and men were equally likely to report feeling unsafe at home (34% of both male and female respondents) in descriptive results, however at regional levels wider gaps were observed.

"Even though there are multiple indications that COVID-19 has potentially exacerbated levels of gender-based violence and reduced access to support networks for those experiencing violence, it is worth emphasizing that challenges in addressing gender-based violence and inadequate service provision long predate the current crisis. The critical need for better evidence and sufficient resources allocated to this critical health, societal and humanitarian problem, has always been urgent, and has now become even more so," says Dr. Flor.

Vaccine hesitancy and access to health services varied by region

By September 2021, there was no significant difference in reported vaccine hesitancy between men and women globally, although regional variations did exist, particularly between high- and low-income countries. A similar pattern was seen for self-reported rates of disruptions in preventative care and barriers to medications. In both cases, urban-residing, older and highly educated individuals were less likely to report these health barriers as a result of COVID-19.

Overall, COVID-19 indirect impacts varied greatly between different regions. Sub-Saharan Africa stands out as the region with the most pronounced differences compared to global totals, suggesting disproportionate impacts. In high-income regions the least harmful effects of COVID-19 were observed across the five categories of the study, with perceptions of increased gender-based violence being the notable exception.

The authors acknowledge some limitations with the study. Firstly, publicly available gender-disaggregated data are still limited for multiple aspects of health and well-being. Geographic coverage was highest in North Africa and the Middle East, and South Asia, and lowest in Southeast Asia, East Asia and Oceania. Information was more readily available for work-related impacts of COVID-19 and the vaccine-related indicators, with less data available for the other categories. In addition, data collection relied on self-reported surveys distributed via smartphone apps and online platforms, excluding those without access to technology. There were limited response options in most surveys, often conflating gender and sex, meaning that the study was only able to explore differences between respondents self-identifying as [women](#) and men. Finally, due to data sparsity, researchers were unable to further explore the intersection of gender and other categories known to be disproportionately impacted by the pandemic, including race, socio-economic and migration status.

Writing in a linked Comment, Rosemary Morgan of Johns Hopkins Bloomberg School of Public Health, U.S., and colleagues who were not involved in the study, write: "The further we progress in this pandemic the more we feel that the inequities being exacerbated are only going to worsen, and that any pre-pandemic progress towards gender equality will be reversed. Hopefully this data will reenforce the need for decision-makers to act before it is too late. But we know that data itself is not enough, as political will is also needed. This is not the first or the last

[pandemic](#) we are likely to experience, and it is critical that global health communities move towards solidarity and accountability at global, regional, and national levels."

More information: Luisa S Flor et al, Quantifying the effects of the COVID-19 pandemic on gender equality on health, social, and economic indicators: a comprehensive review of data from March, 2020, to September, 2021, *The Lancet* (2022). [DOI: 10.1016/S0140-6736\(22\)00008-3](#)

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