

Clara Albrecht, Victoria Endl-Geyer and Tanja Stitteneder\*

# Covid-19: Reinforcing Gender Gaps?

## ABSTRACT

The pandemic has had a major impact on our society and reinforces gender gaps in many areas. Looking at unemployment figures, these have been affected, but not always to the high degree one would have expected. One reason for this may have been appropriate policy measures in some countries, especially within the EU. However, women tend to work in sectors that are badly hit by the crisis, putting them at risk of job and income losses. While gender differences are rarely clearly visible in general, they become more apparent among parents. A holistic view, however, shows that the total workload of paid and unpaid work has increased significantly more for women than for men across countries. This is reflected in the fact that women are increasingly taking on care and housework tasks, making greater use of remote work options and shifting their paid working hours into the evening. The extent to which working from home and changes in availability influence career opportunities still needs to be clarified. However, other consequences can already be observed, such as higher susceptibility to psychological problems among women. Also, preliminary data show that women face more prolonged health consequences, due to missed checkups for example, and are more likely to be victims of domestic violence during a lockdown.

The outbreak of Covid-19 brought significant changes not only to the economy, but also to social life and families. Restrictions imposed by governments were a significant disruption to everyday life. These were imposed to curb social contact and to prevent or slow the further spread of the disease. There is no doubt that this was an important step in reducing the infection and mortality rates associated with Covid-19. However, curfews and lockdowns during the Covid-19 pandemic may have imposed unintended social, health, and economic costs that did not always affect women and men equally.

In the following, we explore how the crisis has hit women particularly hard. The first section presents data on the economic impact on men and women around the globe. In addition, the pandemic-induced changes in the distribution of unpaid work and the role of remote work from a gender perspective are

examined. The final section addresses the impact on mental and physical health, and domestic violence.

## ECONOMIC IMPACT

The coronavirus crisis has affected the lives of many people in unprecedented ways. Apart from health-related consequences (see section below), the pandemic has also changed if and the way we work. In addition, it put an enormous strain on many people's livelihood, as hours worked decrease and the risk of job loss and care time increase.

### Hours Worked

Figure 1 shows the change in working time between the second quarter of 2019 and the second quarter of 2020. Overall, people in Europe worked fewer hours, with the impact varying by gender and country. In many countries (15 of 26), women increased their working hours in their main job slightly in the second quarter of 2020 compared with the previous year. This could indicate that some professions (such as nurses) were needed even more during the crisis. Women's working hours decreased in 9 countries (Bulgaria, Cyprus, Hungary, Italy, Luxembourg, the Netherlands, Poland, Romania, and Slovakia) and remained the same in two (Greece and Sweden). On the other hand, men's working hours decreased in most countries, except Cyprus, Denmark, France, Lithuania, and Spain. However, it should be noted that all shown changes in working time are fairly small and it cannot be observed how many hours people actually worked from home. Furthermore, it is likely that women spent more overall time working to accommodate both their job as well as increased household and childcare responsibilities (UN Women 2021).

In addition, ILOSTAT (2021) reports the percentage of hours lost to the Covid-19 crisis compared to the fourth quarter of 2019. The data confirm that the impact in the US (9.2 percent) and Canada (9.3 percent) was greater than the 8.3 percent loss in the EU and the world (8.8 percent).

### Sectoral Employment

Alon et al. (2020) state that previous crises have affected men more than women. One reason for this is the different sectoral composition of men's and women's employment. According to Coskun and Dalgic (2020), men tend to work in more volatile and procyclical sectors (e.g., transportation, construction,

\* ifo Institute. The authors thank Jessica Wiest for her very valuable contribution to this article.

manufacturing), while women are more likely to work in more stable and countercyclical sectors (e.g., health care, education, and government).

The current crisis is expected to affect women more than men for two reasons (Alon et al. 2020 and 2021): first, the pandemic has a huge impact on sectors where many women work and which were largely spared in previous downturns, such as education. Other women-dominated sectors, like tourism or hospitality, require social contact, which was not or only with limitations possible, especially during lockdowns where most of such businesses were shut down entirely. Second, the social distancing measures led to the closure of schools and childcare facilities. Both are activities that women typically engage more in than men, even in normal times (UN Women 2021).

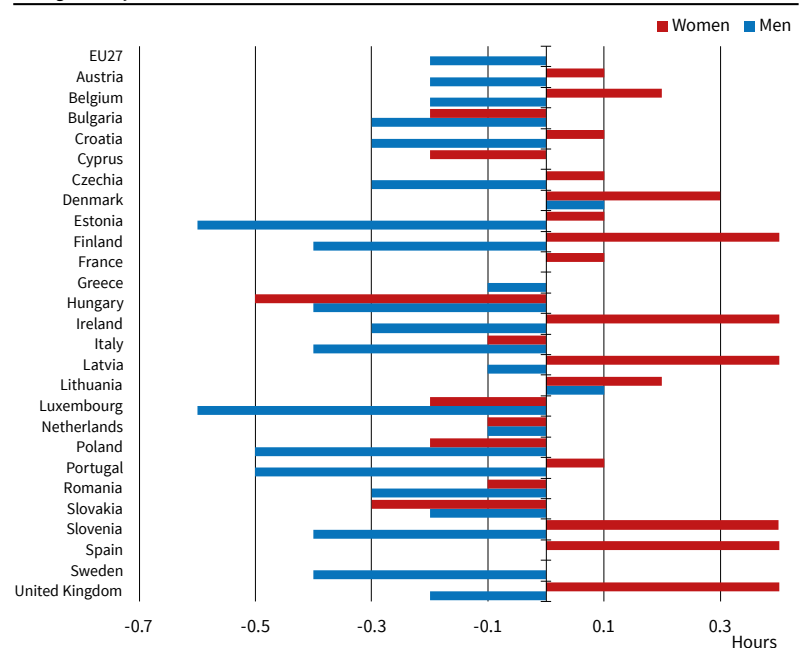
In general, women are overrepresented in many service sectors. The sectoral employment of women as a percentage of total women’s employment accounts for 54 percent in accommodation and food services, 42.1 percent in wholesale and retail trade (compared to 38.7 percent of total workers), and 61 percent in other services, which include, for example, arts and entertainment, and domestic work (households as employers) (ILO 2020). Moreover, there are significant regional differences in female employment. For example, women dominate employment in accommodation and food services in Eastern Europe, while they are overrepresented in other services in Southern Europe.

Some of these women-dominated sectors were particularly hard hit during the pandemic, resulting in a high or medium-high risk of income or job losses for workers. Figure 2 shows female employment in high or medium-high risk sectors as a percentage of total women’s employment. Globally, nearly 50 percent of employed women are in sectors where the risk of income or job loss due to the pandemic is medium-high to high (ILO 2020).

**Unemployment**

Overall, the pandemic has also led to higher unemployment among women and men. According to UN Women and ILOSTAT data from 55 high- and middle-income countries, 29.4 million women aged 25 or older lost their employment between the fourth quarter of 2019 and the second quarter of 2020 (compared to 29.2 million men) (ILO 2021a). Since fewer women than men were employed to begin with, the proportionate loss is higher for women, resulting in 1.7 times as many women as men outside the labor force in these 55 countries at the end of the second quarter of 2020. Alon et al. (2020) found that two months after the start of the pandemic, the decline in employment among women without children was mild, but the employment decline among women with children was more than 5 percentage points, compared with men

**Figure 1**  
Change in Hours Worked between Q2 2019 and Q2 2020<sup>a</sup>  
Average Weekly Hours Worked in Main Job



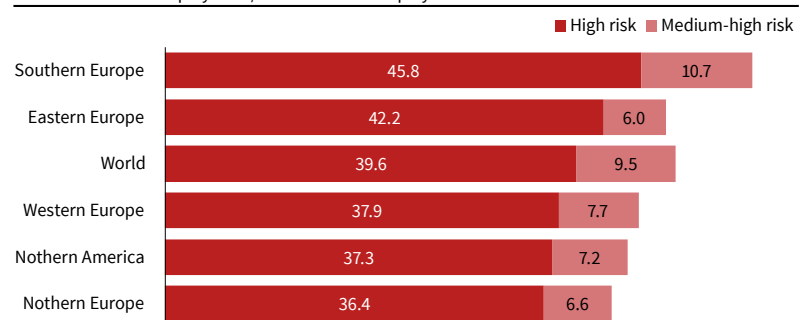
<sup>a</sup> No 2020 data available for Germany.  
Source: Eurostat (2021).

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with children. Figure 3a shows that unemployment increased for both genders during the pandemic in the EU27 and the US. However, the impact varied across countries. Not only the increase but also the gender gap was much more significant in the US, while both were limited in the EU.

Figure 3b shows that the US had the strongest change in women’s unemployment, peaking at 16 percent around early 2020. Although women’s unemployment recovered over the course of the year, it remains at a higher level than before the crisis. In general, the female unemployment rate in the European countries increased later and more weakly than in the US. This might be an indication for the strong employee protection and well-placed policies in Europe (Alon et al. 2021). In comparison with the other countries presented, it remained relatively low and stable in Germany and the Netherlands.

**Figure 2**  
Share of Women Working in High Risk and Medium-High Risk Sectors<sup>a</sup>  
Sectoral Women’s Employment/Total Women’s Employment



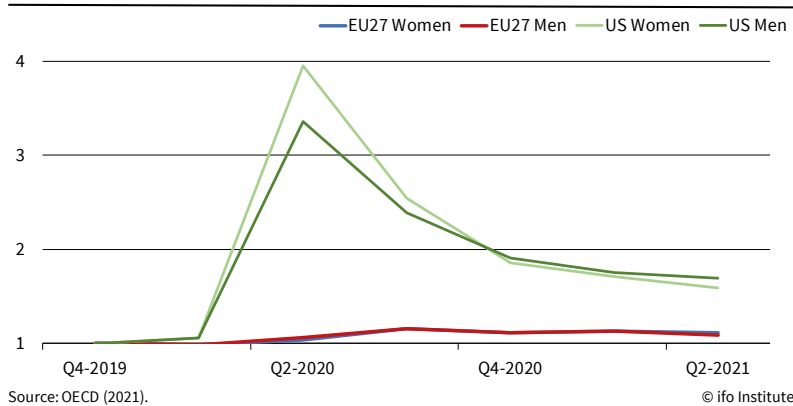
<sup>a</sup> Hard-hit sectors are accommodation and food services; wholesale and retail trade; real estate, business and administrative activities; manufacturing. Medium-high risk sector is other services.  
Source: ILO (2020).

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Figure 3a

**Unemployment in the EU27 and the US**

% of Labour Force; Baseline = Q4 2019



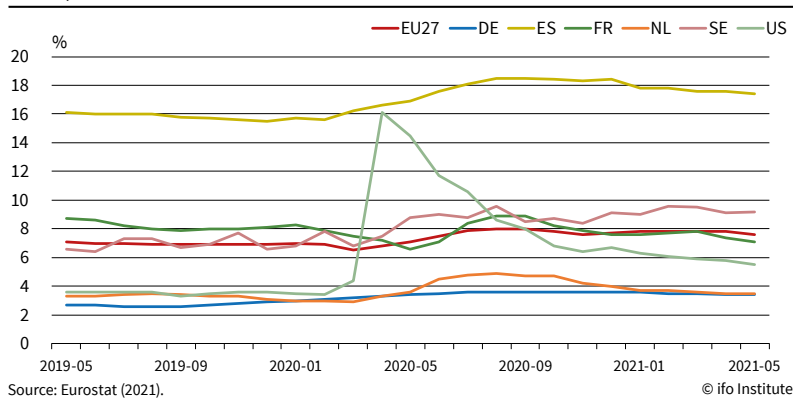
Source: OECD (2021).

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Figure 3b

**Unemployment Rate of Women**

% of Population in Labor Force

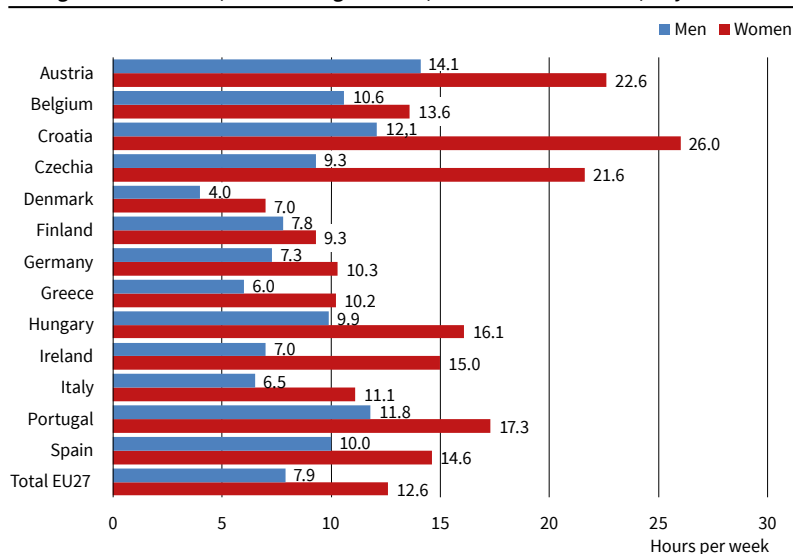


Source: Eurostat (2021).

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Figure 4

**Caring for Children and/or Educating Children/Grandchildren in June/July 2020**



Source: Eurofound (2020).

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**Gendered Division of Work within the Household**

It is widely known and confirmed by data that in pre-Covid-19 times women on average had spent far more

time on domestic and care work than men did. The gender divide is particularly pronounced among parents. Despite progresses in the direction of a more gender equal division of unpaid work, in almost half of EU countries mothers have reported spending almost twice as much time on childcare than fathers (Blasko et al. 2020).

Policy measures to contain the spread of the virus—such as school and childcare facility closures—were implemented by governments around the globe and some of them led to an immediate and unprecedented increase of the demand for care and household related tasks. Comparative data to quantify the magnitude of the effect is scarce so far, but urgently needed. A survey conducted in October 2020 in 16 countries commissioned by UN Women reveals that both women and men have increased the time they spend on childcare activities in comparison to pre-pandemic times. Before the outbreak of the virus men on average dedicated approximately 20 hours to unpaid childcare, while it was 26 hours for women. The pandemic led to an increase of 5.2 hours for women and 3.5 hours for men, resulting in a further increase of the gender childcare gap by 1.7 hours (UN Women 2021).

Eurofound also conducted an e-survey in order to quickly gather information on people’s situation during the pandemic. In terms of time spent on childcare, the survey reveals that women on average and especially mothers, bear the highest burden. With 12.6 hours per week compared to 7.9 for men, women spent 37 percent more on childcare than men.<sup>1</sup> The variation across European countries is as follows: women in Denmark spent 7 hours per week on childcare, whereas in Austria women invested more than three times more. Also, gender gaps in childcare time show broad differences across countries: In Croatia, Czechia, and Ireland women invested more than twice as much time for childcare than men, in Finland the gender care gap was smallest with 16 percent or 1.5 hours difference per week. In no country did men spend as much time on childcare as women did (Figure 4) (Eurofound 2020).

Research on the topic, using representative survey data collected during the pandemic, also provides evidence for this finding. Adams-Prassl et al. (2020) show for the US, the UK, and Germany that women spent about one hour per day more on childcare and home schooling than men, even among those who could work from home. Hupkau and Petrongolo (2020) found for cohabiting couples with children below the age of 15 in the UK that due to the pandemic mothers increased their time spent on childcare by 9.5 hours per week, while fathers dedicated an extra of 6.9 weekly hours to the tasks, resulting in a widened gender care gap of 11.7 hours,

<sup>1</sup> All women and men over the age of 18 are included, meaning also those who did not engage in childcare tasks at all. Thus, weekly hours for mothers are at higher levels.

compared to 9.1 hours in pre-pandemic times. In summary, both mothers and fathers have increased their childcare hours during the pandemic, with the increase being more pronounced for mothers.

### Telecommuting and Its Implications for Work-life-Balance and Gender Equality

Telework was implemented by policymakers and employers as an effective means to contain the spread of the coronavirus whenever possible. Before the crisis, working from home accounted for a very small proportion of paid labor in the EU and has typically been practiced in a hybrid way, part-time and as a voluntary work arrangement by both workers and employers (ILO 2021b). In 2018, only 13 percent of women and 14 percent of men were working from home at least occasionally (Eurofound 2020). In contrast, the pandemic made teleworking a mandatory and full-time arrangement in most cases and will most probably be a far more prevalent phenomenon in the future than it used to be before the crisis.

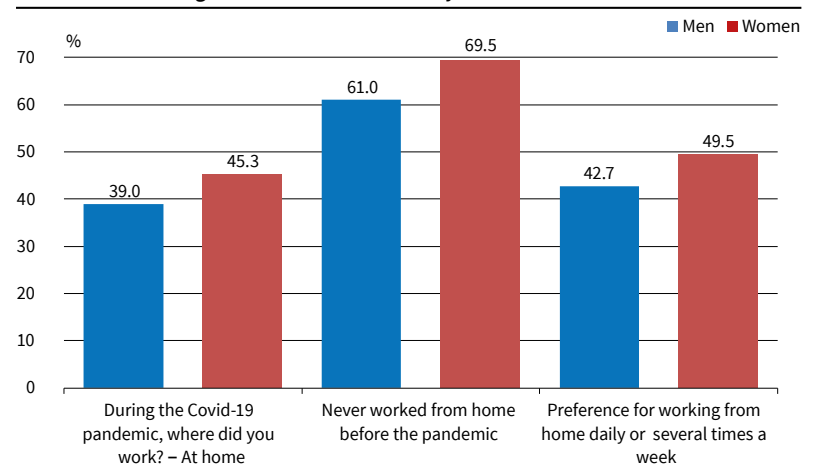
Recent e-survey data by Eurofound (2020) shows different patterns for women and men regarding home-based paid work. Men were more likely to have worked from home before the pandemic, whereas now more women than men actually do telework. Women also show a more pronounced preference for telecommuting than men for post-pandemic times (Figure 5).

Being able to do home-based paid work undoubtedly allowed many parents with childcare responsibilities to keep their jobs during lockdowns and the subsequent closure of schools and childcare institutions. The ability to telework and work flexibility in general are associated with narrowing the gender gap in the labor supply. At the same time, teleworking mothers were more likely to combine paid work with childcare, home schooling support, and household tasks. In the Netherlands, mothers with school-aged children between 6 and 14 spend 76.0 percent of their work hours simultaneously on childcare. The same is true for only 49.5 percent of fathers (Alon et al. 2021). Mothers in the UK are interrupted during 57 percent more of their hours spent on paid work than fathers. Before the pandemic no difference in the amount of interruption was observed (Andrew et al. 2020).

Unsurprisingly and supporting the findings above, mothers disproportionately report struggling with combining work and private life. The Eurofound e-survey (2020) found that 29 percent of mothers in the EU with children under 12 years find it “hard to concentrate on the job because of family,” whereas the same is reported by only 11 percent of fathers. A German survey among the working population also has found that working mothers have constantly reported higher levels of perceived burden with regards to the family, work, and the general situation since the onset of the pandemic (Hövermann 2021).

Figure 5

#### Remote Work Arrangements and Preferences by Gender in the EU27



Source: Eurofound (2020).

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### EFFECTS ON WELLBEING

Preliminary evidence suggests that the pandemic and the associated lockdowns have led to higher rates of mental ill health, a reduced healthcare access, and an increase in incidents of intimate partner violence. The gender and health effects of the Covid-19 pandemic may be experienced quite differently by citizens across the world due to variations in national policies and the welfare systems. However, a comparison of countries shows a largely uniform picture: women are particularly affected.

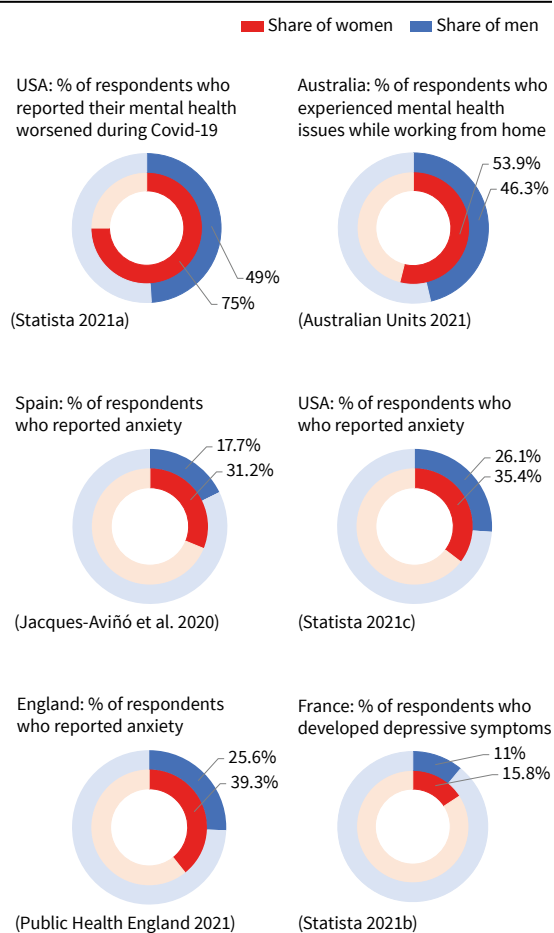
#### Gaps in Mental Health

The past has shown that recessions lead to increases in psychological disorders (Frasquilho et al. 2015). One reason is that unemployment increases during recessions and is strongly associated with mental health problems, such as anxiety, depression, and suicide (Cygan-Rehm et al. 2017). Financial insecurity and poverty is likely to disproportionately affect women, as they have lower incomes on average. These problems are also likely coming to the fore in the recession caused by Covid-19. However, during the pandemic, the lockdown has also proved particularly difficult for mental health due to extended isolation and lack of social contact (Gunnell et al. 2020). This is a challenge especially for citizens who already have a tendency toward mental illnesses and is also likely to be more pronounced for women, since (as described above) they seem to bear the greatest burden of caregiving work.

In the US, for example, 49 percent of men report that their mental health deteriorated during the pandemic, while 75 percent of women report the same problem. Depression and anxiety are among the most common mental health problems and are widespread across countries while being more prevalent among women (see a selective overview in Figure 6).

Figure 6

## Mental Health



Source: Authors' compilation of different sources. © ifo Institute

## Gaps in Health Care

The pandemic has had an impact not only on the mental health of the population, but also on the—perhaps more obvious—physical health. Gender differences are also evident in this area. Decades of international research show that generally, women have longer life expectancies and lower mortality rates than men, and yet they have higher morbidity—or, put more simply, “women get sicker, men die faster” (Macintyre et al. 1996). Explanations for the “gender health paradox” are multiple but it is thought that biological, social, economic, and public policy play important—and interacting—roles. Differences in the immune systems of men and women, different responses to stress, and differences in mitochondrial fitness may contribute to the gender health paradox, but the biomedical evidence on this is controversial (Austand and Fischer 2016). Social explanations may be discrepancies in behavior between women and men. For example, men are less likely to use health services and more likely to present late with symptoms. This can contribute to men’s higher mortality rates. Women, on the other hand, are more likely to have physical and mental health problems due to the dual burden of work and

caregiving (van de Velde et al. 2013). Economic explanations focus on the fact that women are particularly affected by unfavorable socioeconomic factors such as higher poverty rates, lower education rates, and lower employment rates that is associated with higher rates of self-reported poor health (Bambra et al. 2021). As for public policy, women’s health benefits more than men’s, from government investments in childcare and active labor market programs.

Emerging data suggests that the gender health paradox also holds for the Covid-19 pandemic: women are more likely to be diagnosed with Covid-19 but the mortality rate is higher for men.<sup>2</sup> However, the Covid-19 pandemic and related government policies are also likely to have longer-term consequences for gender-based health inequities. With health services having to focus on pandemic response, access to health care for people with existing chronic conditions such as cancer or cardiovascular disease has also deteriorated significantly (Figuroa et al. 2021). Also, social distance regulations have resulted in people attending fewer medical appointments (Chiesa et al. 2021). Data on this phenomenon is still not available for many countries. However, existing data from countries with different social and health care systems, such as Germany and the US, can be compared to see if a consistent picture emerges. Germany has had mandatory health insurance since the World War II, whereas the US has only recently taken steps towards universal insurance coverage with the “Patient Protection and Affordable Care Act” in 2010, which has reduced the number of uninsured citizens. Currently, about 8 percent of the population in the US and 0.1 percent in Germany are uninsured,<sup>3</sup> while the annual health expenditure per capita in the US with approximately USD 11,500 is about double the expenditure in Germany.<sup>4</sup> Figure 7 shows that in both countries, more women than men skipped preventive health services or checkups. In combination of existing evidence from before the pandemic, this indicates that the proportion among women increased significantly more than among men.<sup>5</sup> While for medication supply problems the data is mixed (in Germany, more men than women reported issues whereas it is the other way around in the US), the picture is consistent again

<sup>2</sup> The Sex, Gender and COVID-19 Project, <https://globalhealth5050.org/the-sex-gender-and-covid-19-project/>.

<sup>3</sup> United States Census Bureau, <https://www.census.gov/content/dam/Census/library/publications/2020/demo/p60-271.pdf>; Destatis, [https://www.destatis.de/DE/Presse/Pressemitteilungen/2020/09/PD20\\_365\\_23.html](https://www.destatis.de/DE/Presse/Pressemitteilungen/2020/09/PD20_365_23.html).

<sup>4</sup> CMS, <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical>; Destatis, [https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Gesundheitsausgaben/\\_inhalt.html;jsessionid=DE4C6692FE97DF47601C-1676214D0A6E.live711#sprg235028..](https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Gesundheitsausgaben/_inhalt.html;jsessionid=DE4C6692FE97DF47601C-1676214D0A6E.live711#sprg235028..)

<sup>5</sup> A 2019 survey shows that 9 percent of women and 13 percent of men in Germany generally do not attend screenings (Statista 2019). Even though both studies are representative surveys in Germany and therefore comparable, we caution against precisely quantifying the effect as there may have been differences in the way the studies have been conducted. Same holds for the US, where about 10 percent of women do not see a doctor regularly (KFF 2013 and 2017), compared with 22 percent of men (KFF 2013).



when looking at whether doctor appointments were not possible due to the pandemic situation. Again, more women than men report this problem in both countries. Having gone without or less health care during the pandemic could result in more citizens experiencing severe health problems after the pandemic has subsided as they present late with symptoms or skip preventive checks. This affects especially women, who are more likely than men to have not received medical care during the pandemic.

**Domestic Violence**

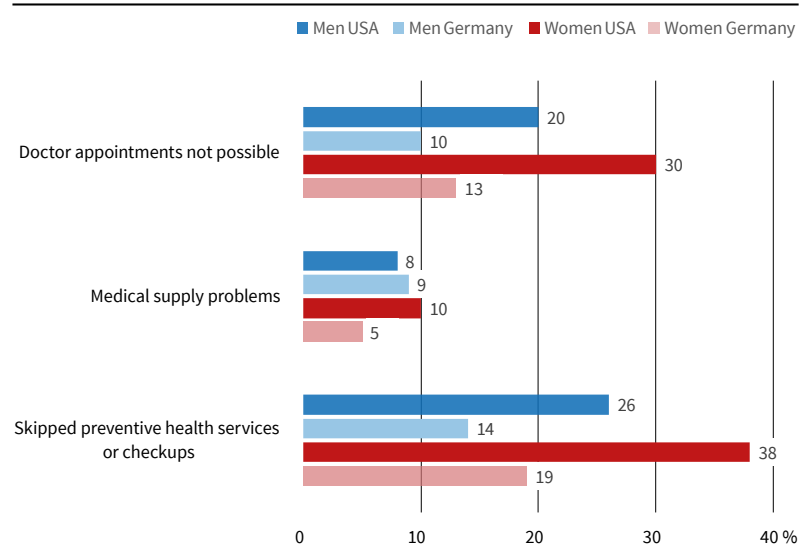
It has generally been noted that violence increases in the context of pandemics. For example, Rose (2018) reported an erosion of social norms and an increase in violence in Bologna, Italy, in the context of plague and natural disasters. According to UNFPA (2020), pandemics often lead to the collapse of social infrastructures, reinforcing preexisting weaknesses and conflicts. Okur (2016) emphasized that victims of gender-based violence often do not receive adequate support in crisis situations due to the breakdown of laws, and sexual and gender-based violence increases. Current evidence suggests that the risk of family violence also increased substantially during the Covid-19 pandemic as a result of unintended consequences of interventions during the pandemic (Amaral et al. 2020).

Family violence is understood to be violence that occurs between household members. This can either be perpetrated by partners or take the form of abuse or neglect of children (O'Donnell et al. 2020). Family violence is widespread worldwide and is one of the costliest forms of violence, affecting health, work performance, and increasing health care expenditures for victims (Chalfin 2015; Bindler and Ketel 2019). Women are particularly affected by intimate partner violence. According to WHO (2021), one in three women worldwide has been exposed to physical, emotional, or sexual violence by an intimate partner during her lifetime.

In the context of the Covid-19 pandemic, initial figures show that in the first months of the lockdown an increase in police emergency calls were received related to domestic violence (e.g., McCrary and Sanga 2021; Ivandic et al. 2020). Also, non-police helplines report significant increases in family violence related calls across countries (see Figure 8 for a selected overview).

There are two literature strains that can serve explanations for the described relationship. First, according to the so-called exposure theory, victims—mostly women—spend more time with violent partners, who are usually male, and the risk of abuse thus increases (Dugan et al. 2003). However, formal support that addresses domestic violence can be either overburdened or unavailable. For example, police, hospitals, or other drop-in centers are not always able to adequately serve victims of domestic violence during a pandemic. This limits options for

**Figure 7**  
**Long-term Health Consequences of the Pandemic**

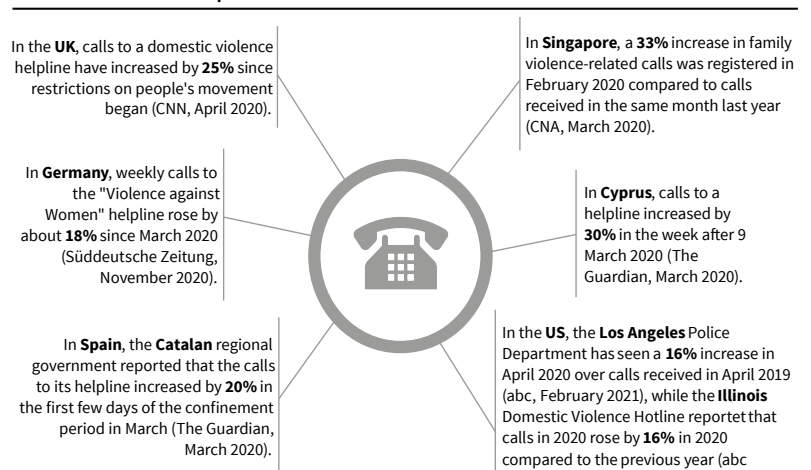


Source: Covid-19 Snapshot Monitoring; KFF Women's Health Survey.

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victims seeking help (Amaral et al. 2020). In addition, victims of domestic violence have fewer opportunities to seek informal support from friends or family due to their isolation. This also increases the risk of abuse (O'Donnell et al. 2020). Second, the deterioration of economic conditions, such as unemployment and loss of income, can have an impact on violence between partners. For example, Anderberg et al. (2016) show in their study that in the UK a relative deterioration in women's labor market conditions increases family violence. This effect can be explained by women's increasing financial dependence on their partners, which can make it more difficult to end a violent relationship. Harknett et al. (2016), using a sample of mothers from the US, also found that economic dependence—as measured by unemployment—increases vulnerability to violent partner behavior. Therefore, it is crucial to facilitate the processes through which victims of domestic violence can seek help and en-

**Figure 8**  
**Domestic Violence Helpline Calls**



Source: Authors' compilation of different sources.

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sure access to social services that keep the income of households of vulnerable families constant during a pandemic.

## CONCLUSION

So far and confirmed by emerging data, the coronavirus crisis has disproportionately affected women, and particularly mothers in many dimensions of their lives. Unlike previous crises, the Covid-19 pandemic impacted female dominated economic sectors more than male dominated ones: most healthcare workers are women, putting them at the forefront of fighting the pandemic and at higher risk of contagion. Women also dominate the service sector, which was strongly affected by lockdown measures, leading to disproportionate job losses for women. As women have engaged more in childcare activities than men prior to the crisis, school and childcare facility closures have further increased their time spent on unpaid work relative to men. Working from home regulations contributed to combining paid and unpaid work simultaneously, but came with the cost of higher levels of stress and increased the mental load for women, leading to more mental health related problems for women than for men. Furthermore, spending more time at home is associated with an increase in domestic violence, which again predominantly affects women.

As a consequence, a gender-sensitive approach is needed when determining appropriate policy measures to fight the pandemic and to mitigate negative effects for women, as unintended consequences pose a threat to gender equality.

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