

THE RELENTLESS DISRUPTION PROVOKED BY COVID-19: THE NEED FOR AN INTERSECTIONAL GENDER EQUALITY PANDEMIC RECOVERY PLAN

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The COVID-19 pandemic has significantly disrupted societal health and well-being. Life in the era of COVID-19 has generated a profound magnification of the pre-existing inequalities and inequities in all regions across the world. COVID-19 has hindered, and even reversed, the progress that has been made towards achieving Sustainable Development Goal (SDG) 5, to achieve gender equality and empower all women and girls.

The Dalla Lana School of Public Health's (DLSPH) [Centre for Global Health](#), the [Collaborative Specialization in Women's Health](#) at DLSPH and Women's College Hospital collaborated to host a [panel discussion](#) exploring the impact of COVID-19 on the progress made towards achieving gender equality. This panel discussion is part of the DLSPH's ongoing COVID-19 webinar series.

The panel discussion was moderated by [Dr. Erica Di Ruggiero](#) and [Dr. Janice Du Mont](#). The virtual event presented the research insights from [Dr. Rosemary Morgan](#), Assistant Scientist from the Johns Hopkins Bloomberg School of Public Health, [Paulette Senior](#), CEO and President of the Canadian Women's Foundation, and [Sireesha Bobbili](#), PhD candidate in Social and Behavioural Health Sciences at DLSPH.



SUSTAINABLE DEVELOPMENT GOAL #5 - GENDER EQUALITY

COVID-19 is not gender neutral

Past infectious disease emergencies, such as the early 2000's SARS outbreak and the mid-2000's H1N1 influenza pandemic, did not manifest gender neutralism. Similarly, the COVID-19 pandemic is not gender neutral, as this persisting public health crisis continues to negatively impact women and the gains made towards achieving gender equality for all women and girls. Dr. Rosemary Morgan reinforces this notion, clarifying that “women, men, and gender minorities are being differentially impacted by the pandemic, and this is what we mean when we say ‘COVID-19 is not gender neutral’”.

It is an undeniable fact that the pervasiveness of the patriarchal, hetero- and cis-normative ideologies that infiltrate our societies, structures, and institutions, while coexisting with the pandemic, have exacerbated gender inequalities for women, girls, trans, two-spirit, and non-binary individuals.

How has COVID-19 impacted gender equality?

The consequences of the lingering pandemic consist of both primary and secondary social, economic, security, and health effects, which are all connected to sex and gender. During the panel discussion, Rosemary delved into the gendered impacts of COVID-19 on women and highlighted that essentially all facets of life for women have been compromised. The pandemic has also had an outsized effect on the mental health of women across the world. Rosemary further noted throughout the era of COVID-19 that women have been confronted by an amplification of stress and mental health challenges, such as rises in anxiety and depression. While there has been a stark upsurge in the demand for support services, many organizations that serve women, girls, trans, and two-spirit individuals are struggling to cope. Paulette illustrated the distressing reality, and disclosed survey results to capture the hardships faced by community organizations, “in April 2020, the Canadian Women’s Foundation surveyed 120 service providers, and about 80 percent were concerned about their ability to continue offering vital community-based services”.

While the nature of a global pandemic is sufficient to incite impediments to mental health, including debilitating stress and fear, there are unique factors that intensify these effects for women. For instance, throughout the pandemic, we have observed a stark escalation in the rates of domestic and intimate partner violence against women, increased economic insecurity, a climb in teen pregnancies, and deterrents to women’s voice and agency. An escalation in COVID-19 related deaths has also occurred, as a larger proportion of cases have been reported in female healthcare workers. The pandemic has also provoked a drastic increase in informal care responsibilities, which has caused women to balance dual roles and their respective commitments. Essentially, COVID-19 has forced women to wear multiple hats. For instance, women have been juggling work-related responsibilities while simultaneously adopting the role

of an educator to assist their young ones with online schooling. These are in addition to the plethora of other caregiving responsibilities that women are expected to fulfil, due to socially constructed gendered norms and roles. Sireesha Bobbili further broke down the heteropatriarchal perspectives about women and men in society and explained that the widespread gender norms are “a set of socially created ideas that establish acceptable behaviours for men and women in society – so they’re basically social rules”. While the pandemic has exacerbated numerous stressors for women, gender norms are an intervening mechanism in this relationship. For instance, increases in informal caregiving responsibilities assumed by women are influenced by both the nature of the pandemic and pre-existing gender norms. Sireesha shared additional context and explained: “traditional gender norms are based on heterosexual and heteropatriarchal notions that define masculinity and femininity in very narrow ways, ultimately leading to dominant and subordinate roles in society”. As a result, different commitments and responsibilities are assigned to these dominant and subordinate roles, where women are assigned the latter.

The deeply entrenched expectation for women to stay home to provide childcare and homeschooling responsibilities amongst other caregiving tasks, has had a significant impact on women’s economic security, employment and career trajectories. Such expectations have prompted “1 in 3 women to consider quitting their job to help balance caregiving and housework responsibilities”, Paulette noted. Paulette further illustrated the pervasive nature of the pandemic and explained that “women’s participation in the labour force has dropped to its lowest level in nearly three decades due to the pandemic, provoking a more severe outcome on equity-seeking groups of women”. While women are expected to shoulder informal caregiving tasks, other elements have also contributed to the drastic decline in the labour force. Rosemary reinforced this statement and indicated that “globally, 50-54% of all jobs that have been lost have been held by women, and even more so by BIPOC women”. To further depict this harsh reality, Rosemary noted that the multiple barriers that may prevent women from returning to the workforce will have drastic impacts for GDP and the economy. Importantly, additional stressors, such as oppression, systemic racism, and marginalization have and will continue to escalate the harsh impacts of the pandemic on BIPOC and LGBTQ2S+ communities.

“People are provided with different opportunities, privileges and power based on perceived, not necessarily true, differences based on gender” - Sireesha Bobbili

Rates of violence against women increase amidst pandemic

Prior to the COVID-19 pandemic, violence against women was a pressing concern across the globe. Not only does this remain a serious issue, but the pandemic has also exacerbated violence against women. Throughout the pandemic, there has been a stark rise in violence against women,

in both the public and private spheres. Stay at home measures and other public health restrictions have resulted in both perpetrators and survivors of domestic and intimate partner violence to occupy shared spaces for longer periods of time. While staying at home is intended to reduce the transmission of COVID-19, a home environment can also be the most dangerous place for women¹. Globally, 58 percent of female homicides were executed by their partners or family members¹. While the pandemic has caused many people to stay at home, it has also constrained the opportunities for people to spend time outside of their dwelling. In addition to pandemic-related dangers, life has become even more hazardous for survivors of domestic violence, many of whom have been confined to a shared space with an abuser.

PhD candidate, Sireesha Bobbili explained that gender norms drive domestic violence. In their discussion, Sireesha provided an overview of her Guyana-based research that explores the dynamics of domestic violence and its linkage to gender norms. While dismantling gender norms is not an easy quest, it is important to recognize the role of gender norms in violence against women. In doing so, the intervening mechanisms that perpetuate violence against women can be identified, and subsequently addressed. Responsive solutions and policies are those that recognize the root cause of an issue, and this applies to the context of violence against women.

“Traditional gender norms and gender inequality are at the root of violence [against women]. Violence is accompanied by shifting power dynamics either at home or in the community, and this happens when there is resentment against women who challenge traditional gender roles.” – Sireesha Bobbili

Maternal and Sexual Reproductive Health Further Jeopardized by the Pandemic

Undeniably, all aspects of life have been altered as a result of the persisting pandemic. Maternal and sexual reproductive health services are not immune to the disruptive effects of COVID-19. Rosemary unfolded the hindrances to maternal and sexual reproductive health, such as the global challenge of accessing maternal and sexual reproductive healthcare services and resources, due to pandemic-related closures and relocation of health care resources. Rosemary commented on the grave consequences of diminished maternal and sexual reproductive health care resources and reported that this will “lead to an increase in rates of maternal mortality”. While COVID-19 has presented unimaginable realities, Rosemary recounted, “the Ebola epidemic in Sierra Leone witnessed an increase in maternal, neonatal, and stillbirth deaths, and a reduction in routine vaccination programs as a result of the diversion of resources towards Ebola”. Accordingly, such a recollection reinforces the importance of applying the lessons learned from past outbreaks to prevent further hindrances to gender equality. The previous outbreaks have offered the required evidence to help reverse these trends of worsening gender inequality for women.

While seldom a priority point of pandemic-related discussions, panelists prompted the audience to reflect on the causal repercussions of the pandemic. Underpinning this idea, Rosemary urges

that “we have to start thinking about the long-term impacts of gender equality, now” in our efforts to build back better. Reinforcing this notion, Rosemary explains, “Kenya saw a dramatic increase in teen pregnancies during the Ebola outbreak. Many of those girls who did become pregnant never returned to school”.

Gender responsive pandemic plan

Life in the era of the COVID-19 pandemic has undeniably invoked profound worry and concern for the future of our societies. As the transmission of the virus continues to rise in various regions around the world, the prospect of imagining a life post-pandemic seems inconceivable. Inevitably, this pandemic will come to an end, and will require an intersectional and equitable response to recover from this public health crisis. Furthermore, the pandemic has demonstrated that comprehensive preventative efforts are vital to evade disastrous outcomes in the long-term. Consequently, it is important to begin devising pandemic recovery plans, now.

“Although recovery looks distant, we need to think about the kind of society that leaves no one behind.” - Paulette Senior

Throughout the webinar, both panelists and the audience reflected on a recurring, albeit challenging question: how do we reverse the pandemic’s damage to women’s equality? The panelists prompted the audience to consider what could happen if post-pandemic recovery plans took a gender responsive approach, rather than a gender regressive approach. To highlight the utility of a responsive versus a regressive method, Rosemary explained, “we need a gender responsive pandemic plan, for both economic recovery and societal health”. A gender responsive pandemic plan takes into consideration the intersectional needs of women, men, and gender minorities, in planning, data collection, response and recovery. This includes considering and addressing how women, men, and gender minorities experience differential primary short-term, and secondary long-term social, economic, security, and health impacts.

“Historically and currently, global policy continues to develop outbreak responses that underpin gender neutralism. Our outbreak responses consistently fail to meaningfully execute gender-based analyses – despite the extensive evidence from previous pandemics, and in the cases of Ebola and Zika. We have not learned from that.” - Rosemary Morgan

Building Back Better

Building back better is a common point of discussion for those who have been working on gender and health systems issues globally. Insights from Valerie Percival’s paper², “*Health systems and gender in post-conflict contexts: building back better*” may be useful to inform post-pandemic recovery plans. Foremost, a gender responsive pandemic plan is vital to building back better for

everyone across the globe. However, Rosemary urged that “it’s important that we do not just wait to have things in place. We need to consider things before it even happens, during, and after”. Evidently, building back better will not be easy and will require gender responsive approaches to implementing preventative public health measures.

“We need to ask ourselves; how can we ensure that we do not fall back into the pre-pandemic era in terms of gender equality?” – Rosemary Morgan

Comprehensive and quality data collection methods are also crucial in the pursuit of building back better. The absence of sound data can lead to inaction on pressing public health issues. Ultimately, inequitable problems cannot be addressed if there is a dearth of data to indicate its existence. Rosemary highlighted the call to utilizing the appropriate mechanisms for data collection, sex segregated data, and segregated data by other social stratifiers, such as race, ethnicity, income, age, and disability. While the COVID-19 pandemic has exposed how inequality creates unjust experiences for communities to withstand the pandemic, while also revealing the disproportionate impacts on equity-seeking groups, data collection methods need to hone in on equity stratifiers. In doing so, data can be used to identify social and health inequalities, and the data can be used for developing fair policies and equitable health strategies³.

The Canadian Women’s Foundation has released several reports titled, “[Resetting Normal](#)”. The reports contribute to the building back better dialogue by providing recommendations for a pandemic recovery plan that is based on intersectional gender equality. Foremost, Paulette underscored the need for a gender responsive pandemic recovery plan that underpins intersectional gender equality. Resetting normal will embody feminist and proactive measures to appropriately reach women, girls, Indigenous communities, immigrant communities, and other historically disadvantaged groups. Rosemary and her colleagues have prepared a policy brief to outline best practices for a feminist economic recovery, drawing on lessons from [Hawaii and Canada](#). Both Hawaii and Canada have established a roadmap to pandemic recovery through gender-transformative policymaking. Lessons from these approaches highlight the importance of basing policy on intersectional analyses. Accordingly, the two countries exercised an intersectional lens to analyze the impact of the pandemic, which then informed economic recovery plans that confront the root causes of inequality, including but not limited to patriarchy, ableism, white supremacy, colonialism, classicism, racism, and queerphobia. At the core of post-pandemic recovery plans, regardless of region, it is imperative to execute an intersectional lens to highlight critical issues and to provide actionable recommendations to revitalize recovery policies into ones that are equitable and inclusive of all equity-seeking groups.

Life post-pandemic will indisputably differ substantially from the pre-pandemic era. The recovery from COVID-19 and the pursuit of building back better will require intervention and action at the micro, meso, and macro levels of society. To the readers of this article, leverage your resources and enhance your capacity to act. The Canadian Women’s Foundation illustrates how individuals can engage in positive change by learning how to reset normal by placing gender equality at the centre of action. The Canadian Women’s Foundation informs the public on *why* we need to reset

normal, *how* to use your voice to place gender equality at the crux of post-pandemic rebuilding plans, a series of written reports and podcasts to *learn* more about the gendered effects of the pandemic, along with the underpinnings of resetting normal and gender equality.

A recording of the webinar can be found [here](#).

Heang-Lee Tan, of the Johns Hopkins Bloomberg School of Public Health, also prepared a blog post, titled [*When home is not a safe place: COVID-19 and domestic violence*](#).

Visit the [Canadian Women's Foundation](#) to learn how to support women and girls during the COVID-19 pandemic and efforts to support the development of a gender equal Canada. To stay updated with the Canadian Women's Foundation, subscribe to their [newsletter](#).

1. <https://www.unodc.org/unodc/en/press/releases/2018/November/home--the-most-dangerous-place-for-women--with-majority-of-female-homicide-victims-worldwide-killed-by-partners-or-family--unodc-study-says.html>
2. <https://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-8-19>
3. <https://www.cihi.ca/sites/default/files/document/defining-stratifiers-measuring-health-inequalities-2018-en-web.pdf>