

REVIEW ARTICLE

Gendered Impact and Implications of COVID-19: A Narrative Global Status-Quo Review

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ABSTRACT

The COVID-19 pandemic is an unprecedented health situation with considerable effects on health systems, economies and societies. Alongside clinically different outcomes for men and women, COVID-19 brought with it social and behavioral changes. There is a need to look at the current pandemic through a gender lens. This review delineates the disproportionate impact of the pandemic with respect to gender and explores the initial literature on gender and COVID-19. Further research can also consider studying the intersectionality within genders to facilitate engendering the public health programs and policies related to pandemics.

Key Words: COVID-19, Gender, Pandemic.

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Introduction

COVID-19 was declared a pandemic by the World Health Organization in March 2020. Epidemiological studies have shown that biological differences between the genders have an impact on the immune responses and course of the disease as males have been disproportionately affected with greater severity and mortality.¹ Similar to the effects of previous epidemics like Ebola and SARS, the current health crisis too has brought immense changes to the roles and relationships within social institutions. The health sector is directly affected, with frontline workers exposing themselves to the risk of contracting COVID-19. Economic disruptions and subsequent job losses also are major concerns. The psycho-social dimensions include caregiver burden and effects of the quarantine on family dynamics.² According to Lancet's report³, there is a lack of gender analysis of the impact, policies and programs related to the pandemic. The main objective of this review is to explore and synthesize the currently existing literature on the differential impact of

COVID-19 with respect to gender. It specifically attempts to understand the influence of pandemics on gender roles and relationships along with the direct effects on the physical, psychological and social well-being of men and women.

Materials and Methods

The author has employed narrative review as this method facilitates obtaining a broader perspective on the topic, in which selected studies are summarized, themes are identified and analysis is conducted based on relevant theoretical constructs. Additionally, 'status-quo' review is a type of review which delineates the most current research for a given research question. Owing to scarcity of literature on gendered impact of COVID-19 during the study period, a 'status-quo narrative review'⁴ was considered the appropriate method. Electronic databases Google Scholar, Science Direct and PubMed were searched using the key terms "Novel Coronavirus", "COVID-19", "nCoV", "Gender", "Men", "Women", "Gender Equality", along with their various combinations. Inclusion criteria comprised of listed published or unpublished articles, editorials, letters, in English language from March to August 2020. The flowchart of the search strategy is shown in figure 1. The initial search yielded over 80,000 documents, including a plethora of editorials, commentaries and letters relevant to the research question which were majorly included

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for review alongside original research articles. Initial screening based on title and critical review of abstract for relevance of research provided 125 studies. Studies on the clinical or epidemiological aspects of COVID-19 and duplicate studies were excluded. Critical review of full-text documents was conducted and thirty two publications were

selected. Final screening included six original research articles and sixteen editorials, letters, and commentaries. As the review explores global trends, the search yielded articles covering different geographical locations including Sri Lanka, Australia, USA, Malaysia, Pakistan, Peru, Israel and Vietnam to name a few.

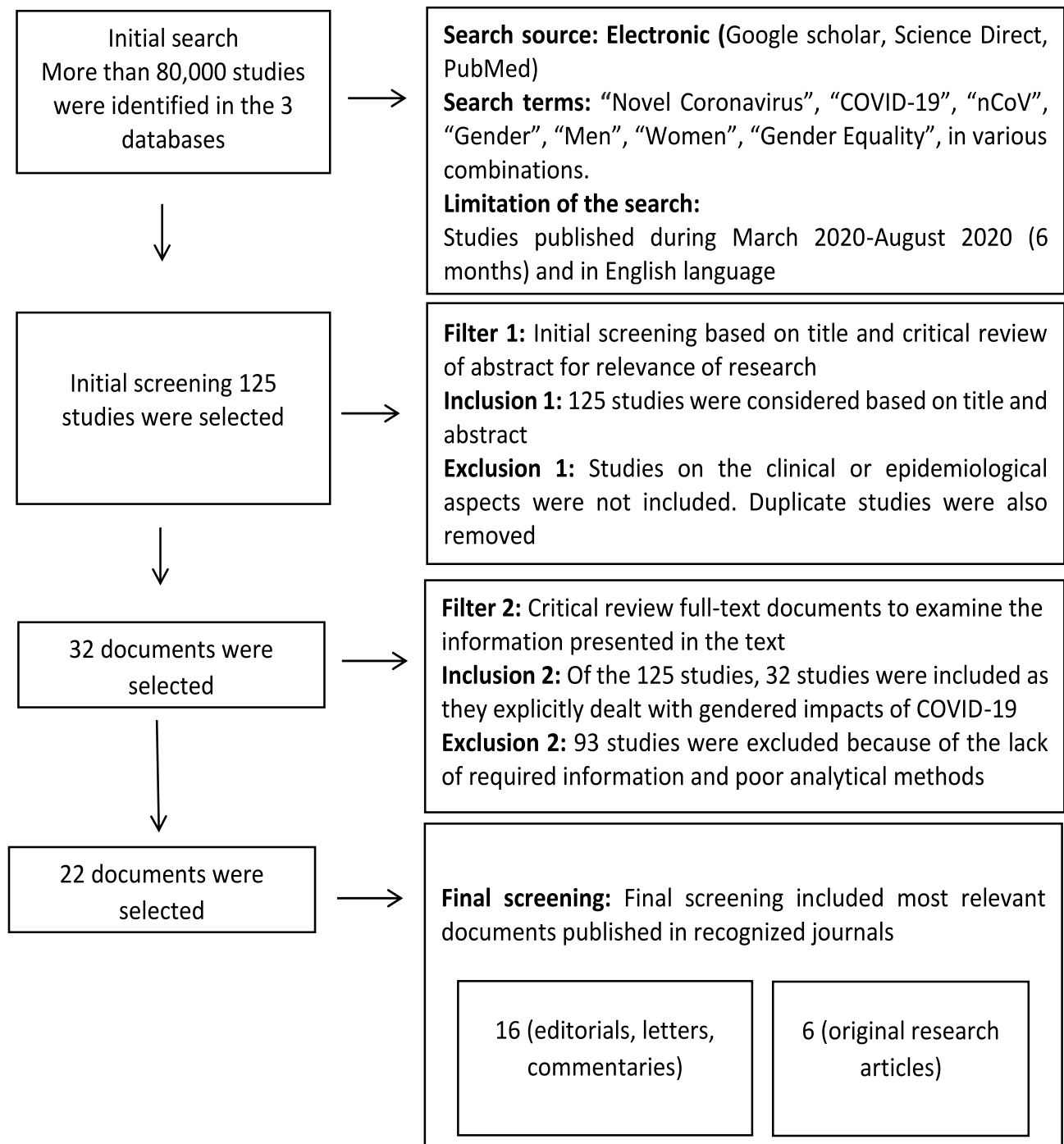


Fig 1: Flow chart of narrative review

Results and Discussion

The major themes related to implication of COVID 19 on gender are detailed in the tables 1 and 2. The thematic map displays the impact of COVID 19 on gender (Figure 2). Majority of the reports stated insufficient sex-disaggregated data and paucity of gender analysis of the policies and programs with regards to COVID-19. Additionally, there is a lack of representation of females and diverse marginalized groups in the decision making of COVID-19. Gender has been said to be incorrectly conflated with men. There is a predominant risk of infection for female health care workers. Owing to the emphasis on COVID-19, sexual and reproductive health services were overlooked and females have suffered “triple burden”. Women also face a “triple whammy” where they were not only at risk of infection as front line workers, but also experienced “shecession” because of increased probability to exit from labor force owing to contractual nature of their employment and lastly experienced inequitable domestic burden. Carolyn Moser⁵, in her gender planning framework, delineates the gender division of labor into reproductive, productive and community roles, highlighting that it is the women who carry the most burden of these roles in majority of the cultures. Where productive work is related to paid labor, the reproductive role is delegated to women including

not just child bearing and rearing, but also household chores, caring for the sick and elderly, and the community work involving unpaid voluntary work. Thus women's pre-existing vulnerabilities are exacerbated in the wake of disasters.⁶ School closures during the pandemic increased the work at home related to children's online learning, physical and social nourishment. Additionally, the responsibility of caregiving for family members also predominantly lie with women. These two factors may coerce women into exiting the labor force. This pandemic has also brought to light women's practical gender needs and strategic gender interests.⁵ The former, in the context of COVID-19, may refer to the lack of access to sexual and reproductive health services including contraceptive methods, maternal and child care in emergency situations whereas the latter addresses the negative effects on women's paid employment and the lack of inclusion and decision making power related to policies and programs on pandemics. Evidence on the linkage of pandemic and violence against women and children posit that 'economic downturns, quarantines, reduced health service availability and violence against health care workers'⁷ are some of the pathways to gender based violence during crisis situations.

Table 1: Review of Comment, Editorials, Letters etc

S.no	Type	Authors	Major themes explored
1	Comment	Wenham et al	<ul style="list-style-type: none"> - Lack of gender analysis of COVID-19 and inadequate inclusion of females in crisis management - Predominant risk for female health care workers - Closure of schools and increase in informal care work - Limited access to sexual and reproductive health services
2	Letter	Mantovani et al ⁸	<ul style="list-style-type: none"> - Lack of specific and reliable gender analyses of COVID-19 - Risk of death and respiratory infections are higher for men than women - Travel restrictions, school closures and quarantine impact genders differently - Women as caregivers in homes and as front line health care workers are susceptible to virus infection
3	Comment	Gausman & Langer ⁹	<ul style="list-style-type: none"> - Lack of access to family planning services - Rise in domestic violence - Increased exposure to virus for women, as caregivers and as part of front line health care workforce
4	Comment	King et al ¹⁰	<ul style="list-style-type: none"> - Work from home arrangements and school closures, unpaid care work at home is distributed unequally among members of the family.

^aWomen's role in the workforce is specifically affected as seen in the low-paid and high risk labor, diminished job prospects, less valued care work in public and private spheres.

^bDenotes she-recession where economic fall outs like job and income losses affect more women than men.

5	Comment	Baker et al ¹¹	<ul style="list-style-type: none"> - Mortality rate of men is higher than women. - Women experience risk of infection in their role as caregivers and health care professionals, face domestic burdens and violence during lockdown - Behaviors linked to masculinity that include smoking and less observance of public health prevention strategies put men at risk of COVID-19. - Pre-existing co-morbidities and men's risk of COVID-19
6	Comment	Betron et al ¹²	<ul style="list-style-type: none"> - Mortality rates of men are higher than women - There is a lower rate of handwashing for men which put them at risk of COVID-19 - Men experience underlying conditions including heart and respiratory diseases which are vulnerability factors for COVID-19
7	Data visualization	Landivar et al ¹³	<ul style="list-style-type: none"> - Disproportionate effect on women's employment with the economic fallout been labeled a "shecession" - Women face a "triple whammy": They are at risk of COVID-19 as front line health care worker, they may face economic distress as industry workers and they bear the increase in domestic and unpaid care work at home
8	Opinion	Wang & Roubidoux ¹⁴	<ul style="list-style-type: none"> - Gender gap in technology usage - Due to communication style differences, the genders may experience videoconferencing in the pandemic differently.
9	Notes from the field	Perez-Brumer & Silva-Santisteban ¹⁵	<ul style="list-style-type: none"> - Peru had designed a policy for movement during pandemic based on male and female categories and not the spectrum of genders, which was later cancelled.
10	Opinion	Muurlink & Taylor-Robinson ¹⁶	<ul style="list-style-type: none"> - Cultures with restrictions on women's mobility and dress along with their segregation from broader workforce place them at less risk for COVID-19
11	Special Section Article	Enguita-Fernández et al ¹⁷	<ul style="list-style-type: none"> - Owing to pandemic, women experience a rise in intimate partner violence (IPV) and inequitable gender roles - Women disproportionately undertake 'unproductive' (unpaid or low-paid) work which includes domestic chores, child rearing and caring for the sick members of the household
12	Comment	Bittante et al ¹⁸	<ul style="list-style-type: none"> - Female researchers appear to have published fewer manuscripts than men as evidenced from fast track COVID-19 publication process (Jan-March 2020)
13	Notes from the field	Small et al ¹⁹	<ul style="list-style-type: none"> - In low and middle income countries, frontline workers are predominantly women who are at high risk of COVID-19 - Lockdown has increased domestic violence issues as females have to shelter with their abusers - Lack of access to contraceptives may contribute to unintended pregnancies
14	Editorial	Mellström ²⁰	<ul style="list-style-type: none"> - Co-morbidities like cardiovascular diseases (CVD) and respiratory infections may make males susceptible to COVID-19 disease
15	Comment	Power ²¹	<ul style="list-style-type: none"> - Lockdown policies reinforce the notions of gender inequality by creating "unequal domestic re-arrangements of parenting duties"
16	Policy Brief	Manzo & Minello ²²	<ul style="list-style-type: none"> - Gender regressive response to pandemic with increase in unpaid care work for females and their lack of participation in paid economy

Table 2: Review of original articles

S.no	Authors	Objective	Methodology	Themes
1	McLaren ²³	To explore the "gendered division of labor" in productive, reproductive and community roles and the 'triple burden' within the context of pandemic	Case studies from Sri Lanka, Vietnam, Australia and Malaysia.	<ul style="list-style-type: none"> - Increase in women's reproductive burdens due to COVID-19 - Women working in frontline health, welfare and social care face increasing burdens

2	Safdar & Yasmin ²⁴	To explore how lockdown policies affect urban educated women's identity especially as a mother and wife	Semi-structured interviews and comparative case study, Pakistan	<ul style="list-style-type: none"> - Pandemic has reinforced the "traditional roles of women as a good wife and mother" - There is "compromised identity" and frequent mental stress, "struggle to reposition and re-resist to seek agency and grievances against the state"
3	Craig & Churchill ²⁵	To explore the amount of time spent by males and females in paid and unpaid labor and their work-family balance satisfaction	Survey method employing 1536 "dual-earner couples" from Australia	<ul style="list-style-type: none"> - Fathers experienced a relative increase in childcare activities, narrowing the gender gap for domestic work
4	Taubman-Ben-Ari ²⁶	To explore the psychological aspects of COVID-19 with respect to pregnancy experiences	Survey method, 336 pregnant women, Israel	<ul style="list-style-type: none"> - COVID-19 related anxieties included fear of infecting family members, damaging the fetus and being exposed to virus during hospital visits
5	Blundell ²⁷	To explore how COVID-19 influences employment, family life and health related inequalities	Use of most recent studies and diverse data sources as evidence	<ul style="list-style-type: none"> - Heavily affected 'shut-down sectors' have disproportionately female, young and low paid workers - Mothers take a disproportionate share of the additional responsibilities of childcare and domestic work
6	Andersen ²⁸	To compare the gender distribution of authors in research publications on COVID-19	Mixed effects regression models	<ul style="list-style-type: none"> - Early career women are less represented in COVID-19 related publications.

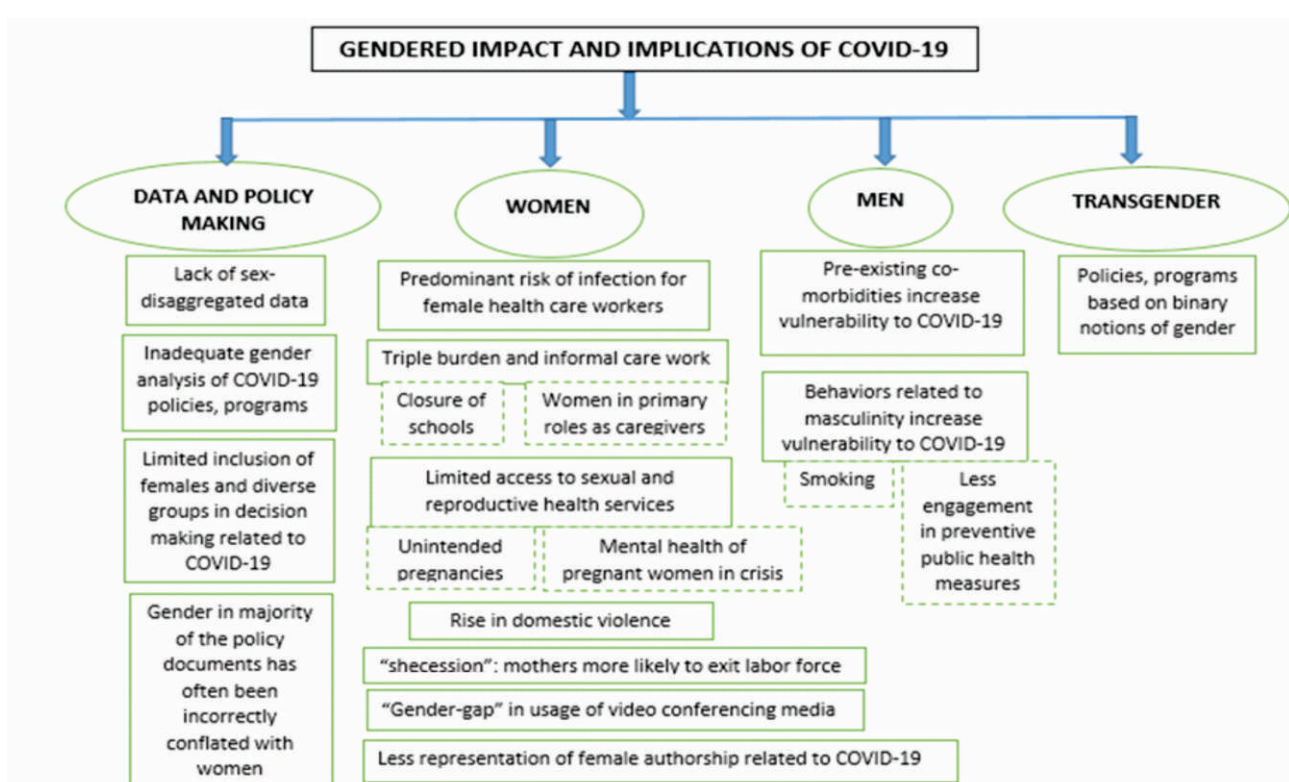


Fig 2. Thematic map designed by Author

Conclusion

This review reveals the differential gendered impact of COVID-19 highlighting the vulnerable groups who lack visibility in the response towards the health crisis. It also addresses how the pandemic and associated behaviors have exacerbated the existing gender inequalities. The conventional gender roles that associate femininity with caregiving and household responsibilities and masculinity with breadwinning may strongly be reinforced during the pandemic. The review also posits that the pandemic can be a window to re-visit the gender norms and systems.

Limitations and Implications

This review is limited to the broader categories of gender and does not cater to the construct of intersectionality, hence it hasn't explored gender within the diverse and wide ranges of age, class and marital status etc. Additionally, as this review was conducted in the initial period of the pandemic, there was scarcity of original research articles covering the gendered impact. The dynamics of social behavior may change and a 'new normal' may emerge in the subsequent stages. Hence, this review is limited to the Phase 1 of COVID-19 pandemic. Further research can provide insight into the heterogeneity within the categories of genders and can explore initiatives to 'engender' public health programs and policies in the wake of the COVID-19 pandemic.

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