

My name is Elizabeth Wynn, I'm the Equality and Diversity Manager at the Babraham Institute, and today I'm going to be talking about the gendered impacts of Covid-19.

So this was an interesting talk to prepare for because though we definitely have already observed gendered impacts of Covid-19, we're right in the middle of it. So we don't know the full effects and we're not going to for a long time. And there are definitely fewer, there's a lot less evidence and answers than there are anecdotes and questions. So I'm hoping at the end we'll be able to have a good discussion. I'm really interested in hearing your experiences and your thoughts and, you know, sharing those with each other.

Another thing about this talk is I gave myself a very broad topic. There's a lot that I could cover with this. I mainly decided to focus on the health and economic impacts. If there's any other topics that you're interested in covering, please do bring those up in the discussion.

One other thing on the subject of content: I will be briefly just touching on issues like abortion, mental health issues, and domestic violence. Not going to be going into those in huge detail, but I know those can be sensitive issues. So be aware that those will be coming up, and at the end I am going to have links to places you can find support on those issues.

Starting with health effects. The most obvious gendered health effect that we've seen around Covid, and this is a direct result of the virus, is it affects men much more severely than women. This is repeated all across the world in all age groups, apart from the very elderly. Men are more likely to die, and they're also more likely to have severe cases that require treatment in the ICU.

The topic of this is gender differences, but I would be remiss if I didn't mention the differences that we see by ethnicity. So in the UK, 14% of the UK population are BME, so black and minority ethnicities, but BME people make up 34% of all Covid cases. And this is especially stark in the NHS where 20% of NHS staff are BME, but of NHS staff deaths due to Covid-19, 64% are BME people. Huge difference. And this isn't just the case in the UK, for example in Chicago, black people constitute 30% of the population but 72% of the deaths from Covid-19.

So these differences in the effects of the virus on disease progression by gender and ethnicity, we don't know the reasons for yet fully. There is speculation about genetic differences, hormonal differences, behavioural and social economic differences, but we don't fully know at this point. And I'm sure this is something which is going to be studied in great detail going forwards.

So moving away from the direct impacts of the virus, this current pandemic situation has had knock on effects on other areas of health, for example, reproductive services. So seven US states have classified abortions as non-essential medical procedures, meaning people in those states are unable to get abortions right now.

Poland is planning to restrict abortion access. So the relationship this has to the pandemic is they previously tried to pass this bill in 2016 and that resulted in mass protests and a lot of backlash. And human rights activists right now are accusing the Polish government of using the current situation, where there can't be mass protest due to lock down restrictions. So they're saying that the Polish government is trying to sneak this restrictive abortion access bill through at the current time.

Marie Stopes International, which is a large international provider of reproductive services, has said that up to 9.5 million people are at risk of losing access to their services due to the pandemic. And that's just this one provider. It's extremely likely that people will lose access to other reproductive service providers during this time as well.

It's not all bad news though. In England, Wales and Scotland, abortions prior to 10 weeks can now be managed at home. So this type of medical abortion involves taking two oral medications and previously you needed to take the first one in a clinic and you could take the other one at home later. Now you can take both of them at home. So that's a positive step in abortion access.

Moving on to mental health now. In China's hardest hit areas, like Wuhan where they went into lockdown earliest and have now lifted lockdown, in the aftermath of that women are showing significantly more post-traumatic stress symptoms than men. And this replicates observations from the SARS outbreak in that heavily affected East Asia in the early 2000s.

Some other impacts on mental health of that outbreak that might give us an idea of what we'll see as a result of the Covid pandemic. Among recovered hospitalised patients women showed less psychological resilience than men. And also 17% of healthcare workers experienced significant mental health symptoms. This relates to gender, because in the UK, in the NHS, it's over 70% female NHS staff.

So one thing about this though is, I believe this was all surveys of self-reported mental health, how people were dealing with this situation and we know that men are less likely to talk about mental health issues. So that's potentially one confounding factor with these statistics. It could be that women are just reporting it more or that women are genuinely having more negative effects.

Moving on from health impacts. The next thing I want to talk about is academia. So this is an area where there's a lot of anecdotes and observations, but I couldn't find many studies just yet. I'm sure they will be coming in future, but anecdotal evidence suggests that women are submitting fewer papers and men are submitting more compared to normal times. Or that women are submitting the same amount of papers, but men are submitting much more.

I did find one study, one review rather, of submissions to economics journals. Where they found in 2020 the number of papers for papers on non-Covid subjects, the rate of female authorship was about the same, but there was a marked decrease of women writing about Covid. So I think this is a really interesting thing. I will be interested to see in future, who is doing research right now, not just on anything, but especially on Covid.

Something I couldn't find information on which I'm sure we will see in future is grants. So again, not just who is getting grants right now, but also who is getting grants for Covid. I think that would be a really interesting thing to learn about in future.

So because this is so new, there haven't been any studies really about why this is. But almost everyone agrees that the reason women, academic women, are not being as productive as academic men at this time is because of unpaid work.

So prior to this pandemic. We know that on average women do about 60% more unpaid week work than men. So this is things like caring for children, but also for elderly or sick relatives. Domestic chores, cooking, cleaning, that sort of thing. We also know that women are twice as likely to give up paid work in order to care. So this is something that you are probably, you definitely will have heard about, and you might even be experiencing the effects of Covid-19 on. Especially school closures and childcare, how that's being divided in the in the home.

So the Observer did commission one study. And they found that in heterosexual couples with children, mothers are spending on average six hours providing childcare and homeschooling every working day, compared to fathers who are spending a little over four hours. So they did find that there was a lot of variation by household income, but in all cases mothers are spending more time.

And the thing about this is, it's irrelevant the working status of either parent. So whether they are not in work, working from home, working out of the home; mothers are still spending more time taking care of children. So I'm sure this isn't a surprise to anyone but it is something which is going to have huge impacts and something I'm really interested to talk about in the discussion.

One other type of unpaid work that I couldn't find any information on right now is volunteering. So we know that women spend more time volunteering than men in general. And one really heartening thing about this crisis has been the amount of people volunteering their time and their skills. So I hope that this is something which is studied in future, it would be interesting to see if there is a gendered difference in the amount of volunteering people are doing.

Now talking about more economic effects. In the UK, women's incomes have dropped an average of 26% compared to 18% for men. And given the pre-existing gender pay gap, this means that women are much more severely impacted economically than men.

A particularly vulnerable group are single parents, who don't have anyone else to help with the childcare necessarily and are often in precarious employment. And 90% of single parents are women.

Another thing about this pandemic. It's, I've seen it described as a very unusual recession. In a more typical recession, the types of industries that are affected first and affected worst are typically male dominated things like construction. However, because of the nature of the pandemic and the requirements for social distancing and the lockdown, the sectors that have been more heavily affected this time around, are more female dominated. So UK women are about one third more likely than men to work in sectors that have been heavily affected due to the pandemic, such as retail or hospitality.

Another thing I'd be interested to see information about is furlough and redundancy, that sort of thing. So currently 6.3 million Britons are furloughed, have been furloughed, and I haven't seen any breakdown on that by gender. And nor by ethnicity. So in addition to the gender pay gap, we know that there is a racial pay gap. So I haven't seen statistics on this, but I am sure that while women are more affected, BME women are going to be even more disadvantaged economically during this time.

There are a couple of other areas I just wanted to touch on. So, PPE you will have definitely seen in the news how difficult it's been for people to get hold of PPE but another factor about that is most PPE is described as unisex but in reality it's designed for men, and it's just assumed that women will be able to use it equally well. However, and these statistics are from before the current crisis, 57% of women said their PPE sometimes or often hamper their work, and that went up to 95% for emergency service workers.

Combine this with the next fact, that frontline workers, 77% of jobs with high risk of exposure are held by women, so things like nurses or carers. If they aren't able to get PPE which is fit for purpose, if they get PPE at all, then women are going to be doubly disadvantaged.

Finally, domestic violence. Refuge, which is the UK's largest domestic violence charity, reported a 700% increase in calls to its helpline. And this is due to the effects of lockdown, that people aren't leaving their houses, they're spending more time together.

So those are the areas I wanted to cover. And I think with this the most important thing to emphasise is that the Covid-19 pandemic has not introduced new inequalities. It has highlighted and exacerbated existing ones. Things like the gender pay gap, the gender gap on care work, access to

reproductive services and effective PPE: these are things which women have been dealing with prior to this, and it's just that this crisis has highlighted and exacerbated the situation.