

UNMASKING GENDER INEQUITY

Revealing the socio-economic impacts of COVID-19 on women's health





Last year, in partnership with Pacific Blue Cross, we jointly released *In Her Words* – a report examining women's experience with the healthcare system in BC. The findings of the report starkly identified the need for transformational change in BC's healthcare sector to improve equitable access for women.

We are proud to once again stand alongside our Pillar Partner, Pacific Blue Cross – only today, the world looks very different.

The COVID-19 pandemic is exacerbating existing gender inequities in new and unprecedented ways. In doing so, our Foundation's quest to improve the health and well-being of the women in BC has taken on new meaning and urgency.

Unmasking Gender Inequity is a response to these times. The report's findings investigate and uncover the socio-economic impacts of the pandemic on women's health. **It also provides a powerful pathway for business leaders, healthcare professionals, policy makers, and our communities to define a recovery that more equitably serves society – and particularly women.**

The road forward will take vision and courage. Its trajectory will also be largely determined by the decisions and investments we make today. I invite you to join us as we reimagine and work towards a recovery that places women – and women's health – boldly at its centre.

Together, we remain distanced, but dedicated.

With gratitude,

Genesa M. Greening
President and Chief Executive Officer
BC Women's Health Foundation

Pacific Blue Cross lauds the BC Women's Health Foundation for their work in redefining the narrative for women's health in our province.

Our partnership with the Foundation is meaningful to us – not simply because their stated quest directly aligns with our mission to improve health and wellbeing for British Columbians, but also because of their wise counsel as we consider our role in closing the healthcare gaps women face every day.

The *Unmasking Gender Inequity* report was insightful to us. Intuitively we knew that women are bearing the brunt of the COVID-19 pandemic; the data helps us understand the degree to which their physical health and emotional security are being impacted.

The report also quantifies the contributions to the economic health of our province that are lost if we can't find ways of balancing the additional burdens being placed on women today, with the vitality and creativity they bring as employees and leaders in our organizations and communities.

Together, we must recognize the risks they face, alleviate their circumstances, and undertake a profound shift towards supporting strong, healthy women.

We'll do our part by driving this conversation with employers and benefit plan sponsors and finding solutions that address the inequities.

Healthy wishes,

John Crawford
President and Chief Executive Officer
Pacific Blue Cross

We acknowledge that the BC Women's Health Foundation carries out our work on the traditional, ancestral, and unceded territory of the Coast Salish peoples – x^wməθk^wəy^əm (Musqueam), Sk̓w̓x̓wú7mesh (Squamish), Stó:lō and Səl̓ílwətaʔ/Selilwutuh (Tseil-Wautuh) Nations.



“COVID-19 IS GENDER-BLIND BUT NOT GENDER-NEUTRAL”

MELINDA GATES

The COVID-19 pandemic has upended the lives of everyone in Canada, reaching past the direct health effects to those who contract the virus and their immediate families. The necessary public health measures implemented to reduce the spread of the virus have impacted, and will continue to impact healthcare, education, the economy, and many other aspects of society including employment and social interactions. This is an unintended consequence that will affect us all during the pandemic and beyond.

Yet the effects of these consequences have not been felt equally. We exposed a breadth of inequities that are already affecting women’s health in our *In Her Words* report, and know that previous pandemics have had disproportionate impacts on women.¹ The COVID-19 pandemic is already highlighting and magnifying inequities experienced by women in healthcare and wider society; across multiple facets of their lives, life stages, and backgrounds. But we don’t know the full picture.

To better understand the impacts of the COVID-19 crisis on women in BC, the Foundation is creating a series of education pieces and calls to action. *Unmasking Gender Inequity* will provide an evidence-based perspective that will help to ensure women, and women-specific needs, are considered in BC’s pandemic recovery plan and beyond.

This report takes a closer look at how socio-economic factors such as employment, caregiving responsibilities, and gender-based violence relate to, and influence how, the COVID-19 pandemic is impacting the health of the women in our province. Using a range of data and personal stories, we can see that the physical, mental, and emotional consequences for women are, and will be, staggering. With women making up over 50% of the population in BC and almost 50% of the workforce, these realities affect us all; our future generations, our communities, our businesses, our essential services, and our wider economy.

*“Anxious, worried, spiraling, lost, lonely, sense of impending doom. Feelings of inadequacy and that I’m doing a horrible job as a mother and provider.”**

*All quotes in this report are from self-identified women who completed the BC Women’s Health Foundation’s online story sharing survey during September and October 2020.

WOMEN AT WORK

EMPLOYMENT

Looking closely at Statistics Canada data[†] for BC, we can see how women's employment has been impacted by the pandemic.

Over 50% of women in BC are employed in industries and occupations that were most affected by public health measures designed to limit the spread of COVID-19 (Figure 1). These sectors include healthcare, retail, education, and accommodation and food services; all the industries characterized as having a higher risk of social interaction during a time where physical and social distancing was encouraged to reduce the risk of exposure to the virus.

EMPLOYED WOMEN IN BC BY SECTOR

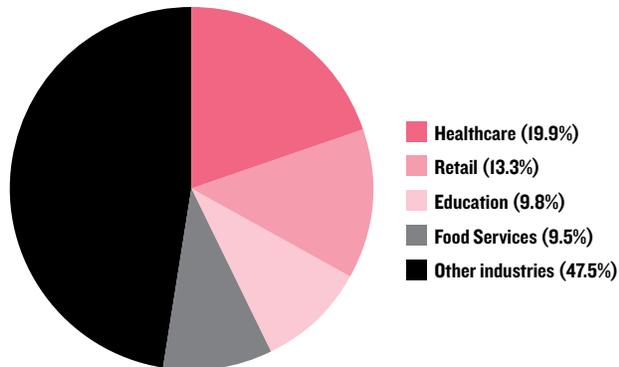


FIGURE 1: PROPORTION OF WOMEN EMPLOYED IN INDUSTRIES MOST IMPACTED BY COVID-19 MEASURES (2019 AVERAGE DATA FOR BC)

Concentration of employment in these sectors led to **women in BC losing 60% more jobs in March 2020 than men, increasing the effective unemployment rate**

of women in the province to 26.5% in March 2020, and 28% in April.[‡] As the pandemic measures remain in place, the unemployment rates for women have remained higher, even as organizations adapt their workplace policies.

“Since my income has decreased, my available funding for housing and food has decreased as well... I have had to make other adjustments such as getting rid of my car.”

This composition of these industries isn't coincidental. Historically, girls and young women have been encouraged into occupations with high levels of flexibility, under the assumption that they will eventually be the primary caregivers of children and other family members. This includes occupations in nursing, teaching, retail, and food services, which traditionally work on an hourly, part-time, or contractual basis.

WOMEN OCCUPY JOBS IN INDUSTRIES THAT WERE THE FIRST TO BE IMPACTED BY JOB LOSSES; TO A GREATER EXTENT, AND FOR LONGER.

Academic literature highlights the racialized nature of the labour market with racialized women most likely to be in the lowest paying occupations.^{2,3} However, the public-use dataset from Statistics Canada used for this analysis does not report race, ethnicity, nor a number of other intersectional factors, and therefore cannot represent the full complexity of this situation.

[†] Full details of datasets used in this report, calculation methodology and references can be found here.

[‡] Effective unemployment rate takes into consideration both the decrease in work hours and the propensity of those not employed to postpone searching for new work given current market conditions.

WOMEN AT WORK

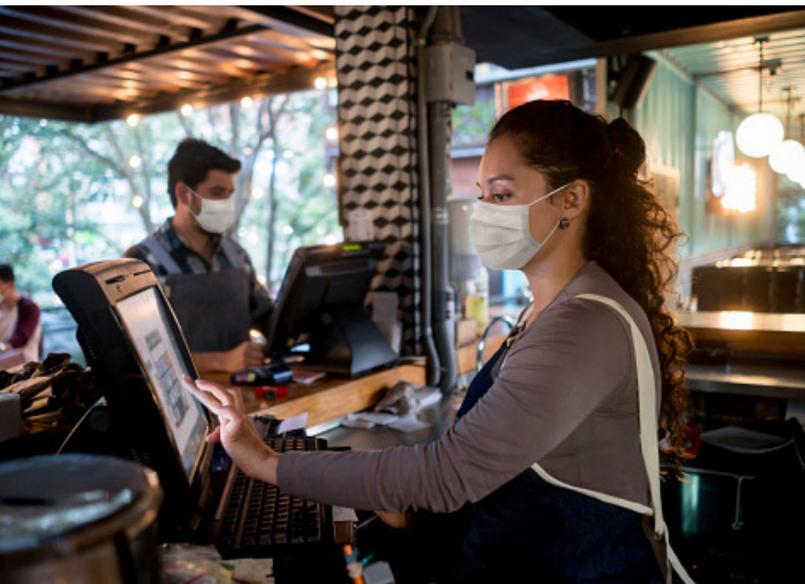
RISK OF EXPOSURE

Employment data alone does not show the full picture. The Vancouver School of Economics (VSE) created the COVID-19 Risk/Reward Assessment that measures industry and occupation-specific risk of viral transmission of COVID-19 in BC. Data from this tool has supported the government decisions on the phased re-opening of businesses. The tool calculates risk of infection based on public interactions, exposure to disease or infection, face-to-face contact with others, and an inability to perform job duties at home or outdoors. It also takes into account the likelihood of workers travelling by public transportation, living in a crowded dwelling, or living with a healthcare worker. It ranks occupations according to risk with score ranging from 0 (no risk) to 100 (most risk).

"I currently work in a long-term care home as a recreation therapy assistant. The pandemic has changed everything for me at work and at home. Before I go to work, I panic that I may be bringing the virus in with me and will cause the death of one of my beloved residents. At home, I also have to be vigilant about who I share my bubble with. I could have been exposed at work."

When we review this data with a gendered lens, it reveals over half of employed women in BC work in industries with high face-to-face interactions – healthcare, retail, education, accommodation, and food services – and are at a greater occupational risk of COVID-19 exposure and infection.

Taking a closer look, the largest share of women working in BC (almost 20%) are employed in the healthcare industry, in roles such as nursing, that have an extremely high-risk score of COVID-19 exposure and infection (Figure 2). By contrast, the largest share of men working in BC (15%) are in the construction industry, where their jobs have a lower risk of COVID-19 exposure and infection. Even within industries where the percentage of men and women are nearly equal, the specific roles that women tend to occupy have a higher risk of exposure to the virus. One example is the retail industry, which employs 12% of working women in BC in highly interactive retail sales and cashier roles (risk scores between 58-70), and 11% of men in roles such as sales manager and service station attendant (risk scores between 41-52).



THE GENDERED NATURE OF WORK PUTS WOMEN AT HIGHER RISK OF EXPOSURE TO, AND INFECTION FROM, COVID-19 IN BC.

“I work with healthcare providers (& all professions) in helping them return to work after injury or illness. The anxiety levels of the people I work with (often those with mental health conditions already) has only heightened due to COVID.”

More alarmingly, this heightened risk exists in occupations that are deemed essential services, specifically healthcare and food services, and industries necessary for the full reopening of the economy, including daycares and schools. It also is not reflected in their wages, as for the same occupational categories, women are earning less than their male counterparts (Figure 3).

While this analysis does not consider race, ethnicity, or immigration status due to the limitations in the data, Canadian data confirms that immigrants and visible minority groups, alongside women earning low-wages, are at greater occupational risk of exposure to COVID-19.^{4,5}

RISK OF COVID-19 INFECTION BY OCCUPATION AND GENDER

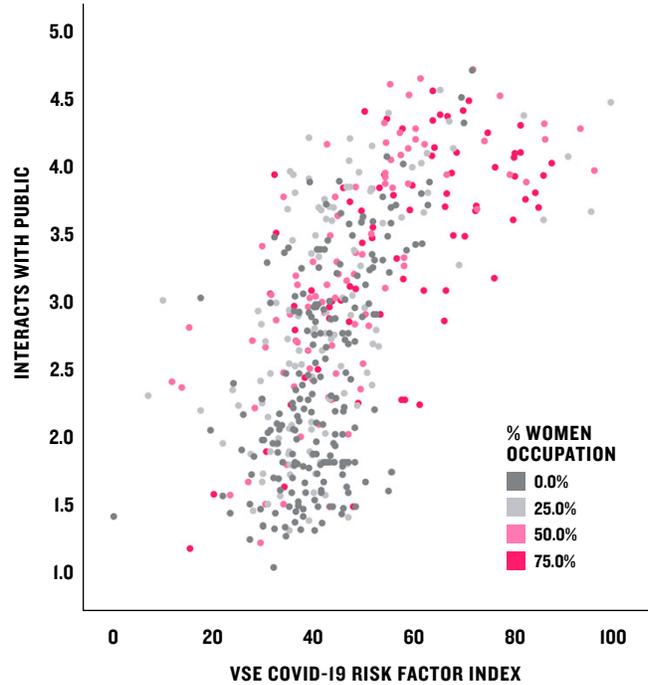


FIGURE 2: GENDER DIFFERENCES IN RISK OF COVID-19 INFECTION USING THE VSE COVID-19 RISK SCORE (1-100 SCALE WITH 100 REPRESENTING HIGHEST RISK) AND LEVEL OF INTERACTION WITH THE PUBLIC (1-5 SCALE WITH 5 REPRESENTING GREATEST INTERACTION). THIS SHOWS THE PREVALENCE OF WOMEN IN HIGH-RISK ROLES. THIS DATA CAN BE EXPLORED IN OUR INTERACTIVE CHARTS.

RISK OF COVID-19 INFECTION BY INCOME, INDUSTRY, AND GENDER

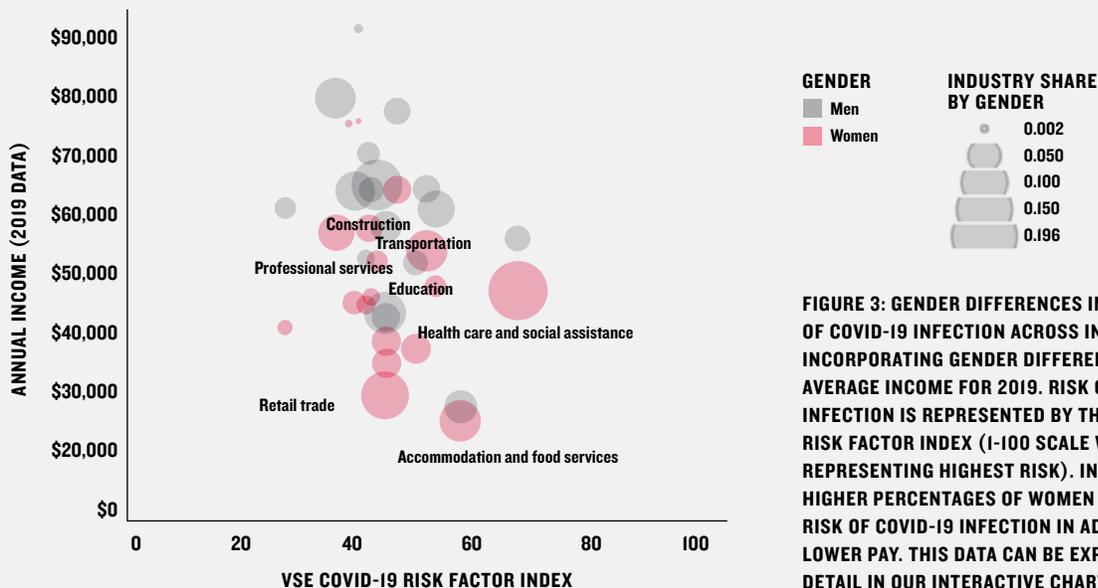


FIGURE 3: GENDER DIFFERENCES IN THE RISK OF COVID-19 INFECTION ACROSS INDUSTRIES, INCORPORATING GENDER DIFFERENCES IN ANNUAL AVERAGE INCOME FOR 2019. RISK OF COVID-19 INFECTION IS REPRESENTED BY THE VSE COVID-19 RISK FACTOR INDEX (1-100 SCALE WITH 100 REPRESENTING HIGHEST RISK). INDUSTRIES WITH HIGHER PERCENTAGES OF WOMEN SHOW HIGHER RISK OF COVID-19 INFECTION IN ADDITION TO LOWER PAY. THIS DATA CAN BE EXPLORED IN MORE DETAIL IN OUR INTERACTIVE CHARTS.



WORKING MOTHERS AGED 25 TO 55 ATTRIBUTED SIX TIMES MORE LOST WORK HOURS EACH WEEK TO FAMILY RESPONSIBILITIES THAN MEN.

WOMEN AT HOME CAREGIVING

Despite the large increase in women entering the workforce during the second half of the 20th century, women have continued to shoulder the majority of caregiving responsibilities at home. **Even before the pandemic, 30% of women in BC support people who have long-term illnesses, disabilities, or are aging, racking up an estimated total of six million collective unpaid caregiving hours a week.**⁶

The closing of schools and child-care centres due to public health protocols placed a heavy burden on families, forcing parents to shift their focus to caring for their children full time. Yet, women were more affected. This is shown in the BC data with working mothers aged 24 to 55, losing 26% of their work hours in April 2020 for family and health reasons, compared with 14% lost by working fathers. Women also attributed six times more of these lost work hours each week to family responsibilities than men. Emerging data from a BC study led by the Women's Health Research Institute confirms a marked increase in weekly hours spent on caregiving and education by women, more than experienced by men.⁷

When the COVID-19 pandemic measures began, the delicate balancing act that women maintain – between work and family responsibilities – was no longer sustainable. For many of those with school-aged children, responsibilities included supervising remote schooling during regular work hours. In addition, social distancing measures meant that extended family members, who may otherwise have provided informal or emergency caregiving, had to keep their distance; a problem that is likely to persist as children remain in schools and daycares, where the risk of exposure to COVID-19 is higher due to increased interactions.

"In the first three months of the pandemic as I work (still full time) from home while trying to juggle the roles of caregiver and home teacher to my 6.5 year old, there were days when I don't have time to take care of my own needs or neglected my self hygiene due to exhaustion. Many months went by without physical activity or exercise. Mentally going downhill for sure. Definitely not a sustainable model."

COVID-19 has placed greater burden on women as primary caregivers of their children and families. Looking beyond the pandemic, this not only disrupts the income and careers of women, but threatens to set back decades of advancement in gender equity.

“I am stretched to my limits in every capacity, but I can’t manage to get a break from anything. I am always at home, my work is now always with me at home, and my child is also here with me, 24/7.”

WOMEN AT HOME SAFETY

As the pandemic continues to amplify employment and financial instability, and social distancing measures increase isolation, some women in the province are increasingly vulnerable to risk of intimate partner violence.⁸

“...there are times where I am fearful of another family member who is spending more time at home due to the pandemic. I live in fear.”

Prior to the COVID-19 pandemic, every six days a woman was killed by her intimate partner in Canada.⁹ With stringent public health lockdown measures and increased pressure on essential services, we are seeing increases in these figures.¹⁰ Statistics Canada found that 16% of women reported a perceived risk of domestic violence as an impact of COVID-19.¹¹ While empirical data is currently limited in BC, frontline support workers are sounding the alarm as they see dramatic increases in



incidences of gender-based violence, and the severity of cases.¹² This intensification is being referred to worldwide as the Shadow Pandemic.¹³

“Many people I volunteer with have suffered due to sexualized violence and an increase due to this pandemic.”

FRONTLINE SUPPORT WORKERS ARE SEEING DRAMATIC INCREASES IN INCIDENCES AND SEVERITY OF GENDER-BASED VIOLENCE IN BC.

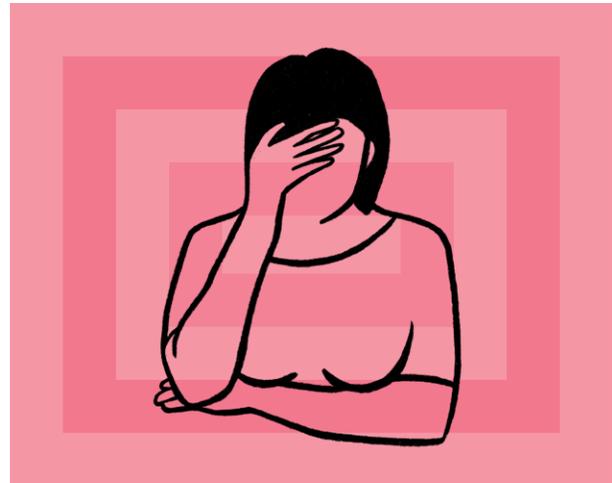
IMPACT ON WOMEN'S HEALTH

For women in BC, the fallout of the COVID-19 pandemic is being felt across multiple facets of life at work and at home. The collective impact of these pandemic-related factors are having direct consequences on women's mental and physical health and well-being.

"I am definitely experiencing depression. I am normally a very upbeat person but the loss of my job, and not being able to see my circle of friends and colleagues is really starting to affect me adversely."

Early research in Canada suggests that women are experiencing greater mental health issues, including higher levels of depression and anxiety since the onset of the pandemic.^{14, 15} Emerging evidence shows this trend reflected in BC with **increased rates of depression and anxiety compared with pre-pandemic levels**, a burden seen most significantly in young women.¹⁶

- Job loss has been shown to significantly impact mental health. The longer the period of unemployment, the greater the effect.¹⁷
- Caregiving is also associated with higher levels of depression and anxiety symptoms and women caregivers report lower levels of well-being, life satisfaction, and physical health than men.¹⁸ Caregiving while working full time is related to both poorer health and a higher usage of antidepressants.^{19, 20}
- Essential workers may also be at an increased risk of mental health disorders, with evidence showing an increase in stress as they cope with new safety requirements.^{21, 22} International data reports increased psychological stress of frontline healthcare workers during this pandemic²³, and the SARS outbreak showed that these impacts can last for years.²⁴



- Prior to the pandemic, employees in service-based industries reported the greatest need for mental health support. Data from 2012 shows that almost 1.4 million people across Canada in the four sectors dominated by women: healthcare, accommodation and food services, education, and retail trades reported such a need.²⁵
- 42% of women who have experienced physical or sexual violence at the hands of a partner have experienced serious injuries, and are twice as likely to experience depression or other mental health disorders, substance abuse, and sexual health conditions.^{26, 27}

Evidence is revealing that the socio-economic effects detailed in this report are having, and will continue to have, demonstrable impacts on the health and well-being of women.

"We are so fortunate to be able to have in-home help. This experience has shown me that working is essential to my own well-being but without access to childcare many women are restricted from contributing to the workforce when they may need/want to work not just for financial reasons but for their mental health."

PUTTING WOMEN AT THE CENTRE OF THE PANDEMIC RECOVERY

As we collect data that helps us better understand the unintended consequences of the pandemic measures in BC, we need to address these concerning impacts and associated health effects on women. All women deserve to be healthy – women of all backgrounds, of all ages, of all life stages. But more than ever, women are needed across society as we recover from the pandemic.

CHILDREN, FAMILIES, AND COMMUNITIES NEED HEALTHY WOMEN

Women are generally the primary caregivers for families, including their children, elderly, and people with disabilities. Not only has the health of mothers been linked with the health and well-being of children²⁸, but there is an association between women's health and time spent with their children on learning activities, such as reading; this has significant long-run impacts on our future workforce productivity.^{29,30} Furthermore, the caregiving roles that women have been shouldering well before the pandemic, are essential for the functioning of society.

“Employers need to [be] flexible, and not see motherhood as a weakness. So many of my friends are on stress leave because they weren't supported until it was too late.”

ESSENTIAL SERVICES NEED HEALTHY WOMEN

The early days of the pandemic demonstrated the immense, yet consistently under-valued, importance of healthcare, retail, hospitality and food service roles for our collective health and well-being. As shown, women represent the majority of these roles. As healthcare staff

prepare for additional surges of COVID-19 cases and to clear the backlog of surgeries and appointments postponed in the spring of 2020, we must ensure that the health needs of these workers are met to keep our essential services operating and sustainable.

ORGANIZATIONS AND THE ECONOMY NEED HEALTHY WOMEN

Gender diversity in our organizations, wider workforce, and political arena has been inextricably linked to increased productivity, and more efficient allocation of resources. Investing in women's health has direct economic benefits through potential for improvements in female labour participation. Data from 2018, shows that making changes to support women staying healthy has the potential to save up to \$2.6 billion in lost worker productivity in BC annually.³¹ For Canada this figure could be as high as \$17.9 billion.³² A 2017 study found achieving gender equality would increase the growth rate of output by 9% in BC and by 6% across Canada over the next decade.³³

The mental health implications of COVID-19 will impact the participation of women in the labour force; mental illnesses can increase absences from the workforce. Research shows that the rate of absenteeism for women with poor mental health is 5.3% higher than women with good mental health.³⁴

Ignoring the unique impacts of this pandemic on women's health and failing to initiate gender-specific supports to ensure a strong recovery could be catastrophic to our already struggling economy.³⁵ Healthy women are critical for a more competitive future.^{36,37}

WE NEED TO SUPPORT WOMEN BECOMING, BEING, AND STAYING HEALTHY.

MAKING CHANGES TO SUPPORT WOMEN STAYING HEALTHY HAS THE POTENTIAL TO SAVE UP TO \$2.6 BILLION IN LOST WORKER PRODUCTIVITY ANNUALLY IN BC AND AS HIGH AS \$17.9 BILLION ACROSS CANADA.

WHAT'S NEXT?

Together with you, our supporters, the BC Women's Health Foundation is dedicated to improving women's health now and in the future.

Through dedicated COVID-19 funds, we are supporting the emerging needs of the BC Women's Hospital, staff, women, families, and communities affected by this pandemic and research at the Women's Health Research Institute. These funds provide much needed support for:

- **Women Experiencing Violence** We work collaboratively with Ending Violence Association of BC to fund virtual communications platforms and direct assistance to over 300 women's shelters, transition houses, and organizations across the province.
- **Women's Health Research** Through the Women's Health Research Institute, we support emerging research on the impact of pandemic countermeasures on women, COVID-19's prevalence in the population of BC, and pregnancy outcomes of women with suspected or confirmed cases of COVID-19.
- **Women's Clinical Care** By supporting the urgent emergency needs of BC Women's Hospital + Health Centre related to the pandemic we help to ensure that women continue to receive access to the highest quality clinical care.

Through **education and awareness initiatives**, we are amplifying research on the impacts of the COVID-19 pandemic on women's health, to ensure policy makers, employers, community leaders, care providers, and society have the knowledge to take action.

And through our **advocacy work**, we are committed to making women's health a priority in government policies to see us through this pandemic and into a more equitable future.

JOIN US IN OUR MISSION TO IMPROVE WOMEN'S HEALTH.

WHAT CAN YOU DO?

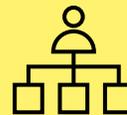


AS POLICY MAKERS

Acknowledge the long-standing gender inequities that have been exacerbated by COVID-19 and incorporate the implementation of gender-conscious economic recovery policies that will support women during and beyond the pandemic.

Commit to funding women's health research and ensure that the influence of sex and gender is fully considered in scientific studies, and in organizational policy and practice.

Adopt a gendered approach to healthcare in BC, including a Women's Health Strategy that reflects the distinct equity issues affecting the health and well-being of women in our province.



AS EMPLOYERS

Offer all workers greater flexibility to manage the challenges of family responsibilities in the current crisis and maintain these changes moving forward.

Learn about the occupational-specific risks of transmission of COVID-19 and support changes to protect those most at risk.

Direct your employees to available resources within their health benefits, and review preventative wellness and coverage options with your provider to ensure the right fit for the health of your business and employees.



AS DONORS

Make a donation today to help ensure women have equitable access to world-class healthcare when, where, and how they need it.



AS WOMEN

Know you are not alone. Share your stories and call for change to ensure you are represented in our province's pandemic recovery plans so that we can remedy gendered disparities.

ACKNOWLEDGEMENTS

The BC Women's Health Foundation would like to thank everyone who contributed to this report:

- The women of BC who took the time to share their raw and honest stories of the pandemic's impact.
- Dr. Marina Adshade for the in-depth analysis of the gender disparities of COVID-19 and supporting empirical evidence.
- The UBC Vancouver School of Economics COVID-19 Nature of Work Risk Team for their contribution of the VSE COVID Risk/Reward Assessment data.
- The Vancouver Institute of Visual Analytics (SFU) for their innovative work in presenting the data.
- The Ending Violence Association of BC for their input into the current gender-based violence situation in BC.
- Our partners at Pacific Blue Cross for their commitment to the health of the women of this province.
- The staff and Board of Directors at the BC Women's Health Foundation for their tireless work to improve the health of the women of the province.
- And to the donors of the BC Women's Health Foundation – your generosity and commitment inspires us and drives the work we do.

METHODS AND REFERENCES

On behalf of BC Women's Health Foundation, Dr. Marina Adshade (UBC School of Economics) conducted data analysis and a comprehensive review of evolving academic literature to identify the occupational risks to women in BC from COVID-19 infection and the socio-economic impacts of the pandemic at work and home.

More details about the data, calculations, and a full list of references can be found here.

All quotes in this report are from self-identified women who completed the BC Women's Health Foundation's online story sharing survey during September and October 2020.



RECOMMENDED CITATION

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unmaskgenderinequity.ca

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