

Gender and COVID-19

What have we learnt, one year later?

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Abstract

One year into the COVID-19 pandemic, this paper takes stock of new data and analysis to provide an up-to date picture of how women and men have been affected differently in terms of endowments, economic conditions, and agency. With regards to health outcomes, men have suffered a disproportionate burden of COVID-19 mortality, and more men than women were diagnosed with COVID-19. On the other hand, the disruptions in service provision have worsened reproductive health outcomes in several countries. In terms of education, data is scarce but there is no evidence for the hypothesis that families redirected scarce resources to prioritize education of boys over girls. However, girls report having taken on the additional care burden to a larger extent than boys, with potential impacts on their learning time.

In terms of labor market consequences, women were more likely than men to stop working and have borne the brunt of the increase in the demand for care work. Businesses with female top managers have also experienced disproportionately more negative impacts. Finally, with respect to voice and agency, the risk of violence has increased for women and girls, especially intimate partner violence. In addition, women have been under-represented in decision-making on COVID-19 and, in some contexts, disadvantaged in access to critical information. The paper concludes with highlighting the importance of collecting sex-disaggregated data to understand the gender-differentiated impacts of the pandemic.

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Gender and COVID-19: What have we learnt, one year later?

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Introduction¹

Around the world, the COVID-19 pandemic has cost lives and livelihoods. It has put enormous pressure on global health, wealth, and wellbeing. While everyone has faced the same storm, not everyone has been in the same boat. Many aspects of daily economic and domestic life during the crisis have been worse for women than men, as this paper shows. Simply put, women and girls have not only experienced the crisis differently from men and boys but, have - in many instances - disproportionately shouldered its daily burdens. Moreover, and as males and females are not homogeneous groups, the effect of the pandemic has not been uniform either (see below).

While death rates from COVID-19 have been higher for men, women often appear to have lost out more than men economically and socially, from job and income losses to the increased threat of poor mental health outcomes and violence in the home. Significantly more women than men lost their jobs during the early stages of the pandemic. In many countries, sectors of the economy that employ a disproportionate share of women have been hardest hit, including tourism, hospitality, and retail. Women have also been more likely to experience high levels of stress coping with the pandemic than men and constraints to access financial support (the latter includes women-led businesses). Women have in many countries given up time to a greater extent than men to care for others, including children and the elderly. At the same time, they have had less power than men in crucial decision-making during the crisis.

This working paper takes stock of the new data and analysis generated on the gender differentiated impacts of COVID-19 over one year into the pandemic. The paper uses the framework outlined in [de Paz, Muller, Muñoz Boudet and Gaddis 2020](#) (see diagram below), which identifies key gender differentiated transmission channels and expected impacts on outcomes across the three areas of endowments (health and education), economic conditions (livelihoods and income), and agency (decision making and voice).² The aim is to provide a more accurate, in-depth and up-to date picture of how women and men have fared since the beginning of the crisis across these main pillars and channels.

The paper is intended as a tool to guide development practitioners and policy makers to incorporate meaningful approaches and actions into the policy response. Although the ways in which women have been affected vis-à-vis men may not always justify specially targeted policies, it is relevant to adequately understand the gender differentiated impacts of the COVID-19 pandemic and associated economic crisis to ensure the effectiveness of the policy response and prevent setbacks in progress made in recent years.

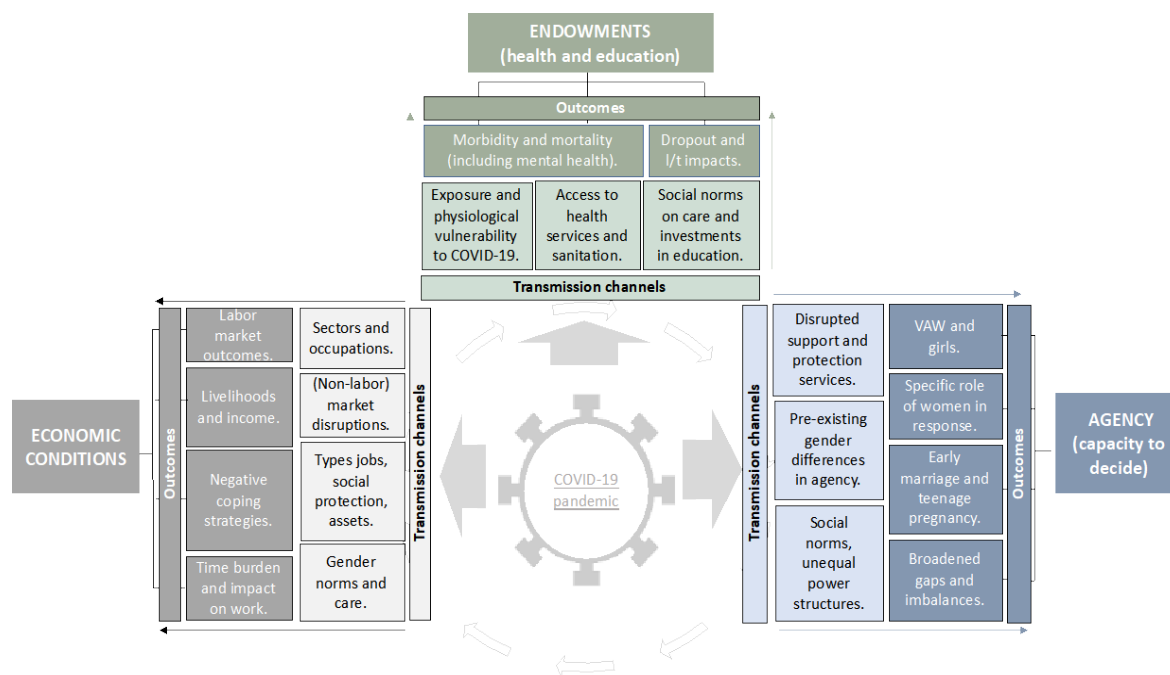
It is important to emphasize that this type of effort, with a global outlook, cannot do justice to the richness and complexity of country experiences. In other words, while this paper reviews and references a host of country-specific data and documents, it emphasizes trends that are shared across countries over findings that appear to be more local or isolated to a particular context (though, on occasion, those are discussed as well). Likewise, the paper focuses on gender gaps, but this does not imply that other fault lines – e.g., differences by age, education, urban-rural locality, etc. – are not important. Indeed, females and males across specific socio-

¹ This paper originated as a follow up to the Policy Brief published in April 2020 on the gender equality implications of the COVID-19 pandemic ([de Paz, et al. 2020](#)).

² The framework is organized around the main gender equality outcomes outlined by the 2012 World Development Report on Gender Equality and Development ([World Bank 2011](#)) and the World Bank Group's Gender strategy ([World Bank 2015](#)).

demographic groups (youth, older people, migrants, and refugees, etc.) have felt the consequences of the pandemic in particular ways (see [Kabeer et al. 2021](#), for a discussion). Throughout this paper we touch upon this important issue of intersectionality to the extent possible, though we leave it to future work to investigate it more systematically.

Figure 1: Framework for the analysis of gender-differentiated implications of the COVID-19 pandemic (from: [de Paz et al. 2020](#))



Methodology and data

This paper is based on a review and stocktaking exercise of the evidence generated from April 2020 to April 2021 of the gender differentiated impacts of the pandemic and associated economic crisis. While this review draws heavily on resources produced by the World Bank, it also includes the broader academic and grey literature. The document seeks to complement ongoing efforts by other development partners by offering more of a global, systematic, and comprehensive analysis and stocktaking, incorporating results mostly (although not exclusively) focused on the economic aspects of the crisis. Since the focus is on developing countries, data and evidence from low- and middle-income countries are prioritized to the extent possible. However, due to the scarcity of data and evidence base on some of the topics covered, the paper draws on data and research from high-income countries in some cases.

An important source of new data are the high-frequency phone household surveys that the World Bank supported in over 100 countries to generate real-time information on the socioeconomic impacts of the COVID-19 pandemic and associated economic crisis. Although the [harmonized data in the public dashboard](#) does not present data disaggregated by sex, several recent studies have assessed gender differences in labor market impacts, and, in some cases, with regards to education outcomes and subjective wellbeing (e.g. [Bundervoet et al. 2021](#); [Kugler et al., 2021](#)). Despite some methodological challenges, these surveys provide a unique global and harmonized source of data that allows measurement of the effects of COVID-19. For data on enterprise performance during the COVID-19 pandemic the paper draws on the [Business Pulse Survey dashboard](#) and the [Enterprise Surveys](#) supported by the World Bank in

many countries.³ Another important source of data on business performance is the [Future of Business Survey](#) (conducted by Facebook in partnership with the OECD and the World Bank). In addition, the [Global Financing Facility for Women, Children, and Adolescents \(GFF\)](#), which offers support to its 36 partner countries to monitor the continuity of essential health services, is an important source of data on access to health services by men and women. Other relevant and complementary non-World Bank Group (WBG) sources of data include the [Global Health 50/50](#) data, and the [UN Women rapid surveys](#).

1. ENDOWMENTS: HEALTH AND EDUCATION

Transmission channels and differential gender implications for health outcomes

At the onset of the pandemic gender differential impacts of COVID-19 on health outcomes were expected (see [de Paz et al. 2020](#)). These included sex differences in infection and mortality rates, poorer reproductive and maternal health outcomes, or the mental health (stress) impacts on men and women related to labor market uncertainties of the pandemic, additional responsibilities for care, etc. This section will discuss the new evidence with respect to those anticipated outcomes, structured along the likely transmission channels that were expected to lead to gender differentiated outcomes in health: i) pre-existing health conditions and physiological factors, ii) exposure to infection through work and care, iii) disruptions in service delivery, iv) social norms, care and mental health.

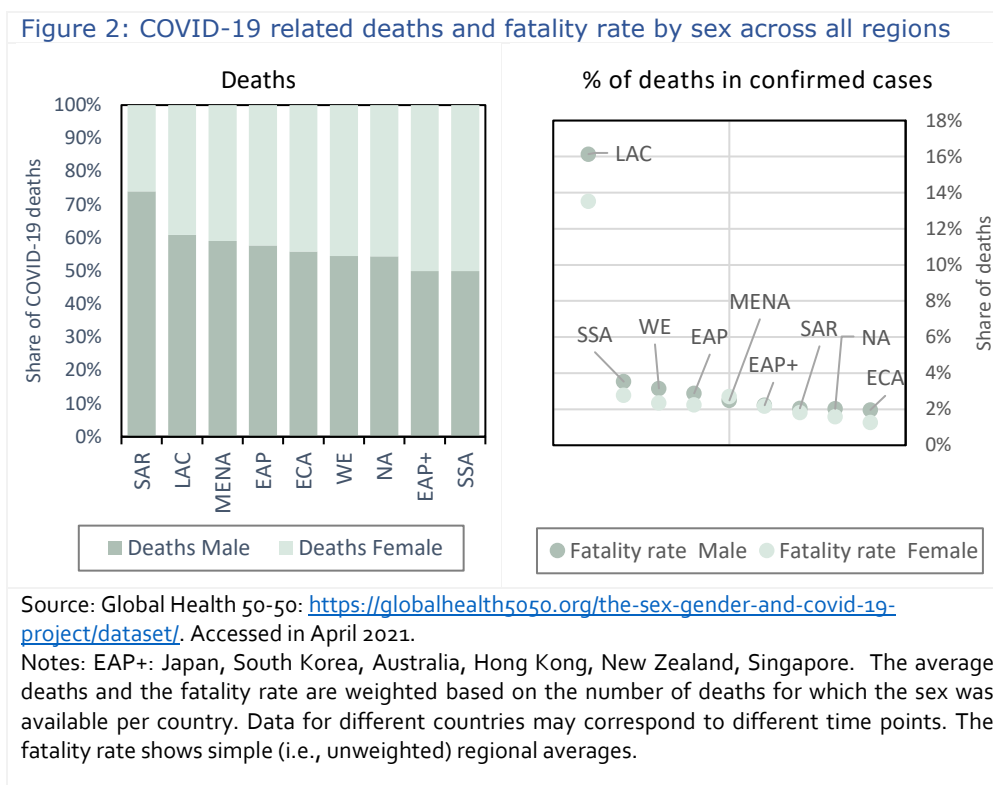
Pre-existing health conditions and physiological factors

In April 2020, [de Paz et al. \(2020\)](#) hypothesized that morbidity and mortality due to COVID-19 could be higher among men than women. Early numbers coming from China, Spain and Italy already indicated that the share of men dying due to the infection was much higher than that of women. This trend has been confirmed by the data generated over the last year: Despite the over-representation of women among the elderly, one of the main risk groups, men generally show a higher probability of COVID-19 hospitalization, severity, and fatality relative to women ([Emerge 2020](#)).

As shown by Health 50-50 data, substantially more men than women have died from COVID-19 since April 2020 in all regions (see Figure 2, left-hand panel). In the South Asia (SAR) region over 3 out of 4 COVID-19 related deaths were men - and as many as 61 percent in Latin America and the Caribbean (LAC), and 59 percent in the Middle East and North Africa (MENA). The fatality rate (the share of deaths among confirmed cases) is also higher among men than women in most regions, especially LAC, followed by Europe and Central Asia (ECA), East Asia and the Pacific (EAP), Sub-Saharan Africa (SSA) North America (NA) and Western Europe (WE). The only exception to this trend is the Middle East and North Africa (MENA), where the fatality rate seems to be slightly higher among women (see Figure 2, right-hand panel). The reasons for this trend remain unclear but are likely to reflect a combination of data collection, reporting and contextual issues. LAC appears as an outlier in terms of the level of the fatality rate. This seems to be partly driven by Brazil, where the fatality rate among both men and women has been particularly stark.

³ The Business Pulse harmonized data in the dashboard is not disaggregated by sex, while the Enterprise Survey harmonized data allows the disaggregation of indicators by the sex of the top manager. However, further in-depth analysis has been carried out to investigate gender differences in enterprise performance using data from both sources (Torres et al., forthcoming).

This global pattern is confirmed by other data and studies. A recent meta-analysis of over 3 million reported cases in the world confirms that male patients have almost three times the odds of requiring intensive treatment unit admission (OR = 2.84; 95% CI = 2.06, 3.92) and higher odds of death (OR = 1.39; 95% CI = 1.31, 1.47) compared to females. With few exceptions, the sex bias observed in COVID-19 is a worldwide phenomenon (Peckham et al. 2020). Another study from China concludes that while men and women have the same COVID-19 prevalence, men are more at risk for worse outcomes and death, regardless of age (Jin et al. 2020).



Both physiological and behavioral factors appeared to explain this gender gap in mortality due to COVID-19 at the onset of the crisis. Based on a review of the literature available in April 2020, de Paz et al. (2020) argued that the main reasons for the over representation of men among the mortal victims of COVID-19 were most likely the higher incidence of chronic diseases and comorbidities (e.g. hypertension) among men, gender differences in risky and health-related behaviors (e.g. smoking) and, potentially, immunological differences between men and women.

More recent studies corroborate the crucial role of comorbidities and risky behaviors, and of gender differences in immune response. Several studies suggest that the gender gap in COVID-19 fatality rates may at least partly be linked to the higher incidence of chronic conditions (e.g. cardiovascular disease) and engagement in risky behaviors, such as smoking, among men (Vardavas and Nikitara 2020; Mohamed et al. 2020; Rozemberg et al. 2020). Other research indicates that men show a comparatively weaker or less effective immune response to COVID-19 infection (Takahashi et al. 2020; Lieberman et al. 2020; Bastard et al. 2020).⁴

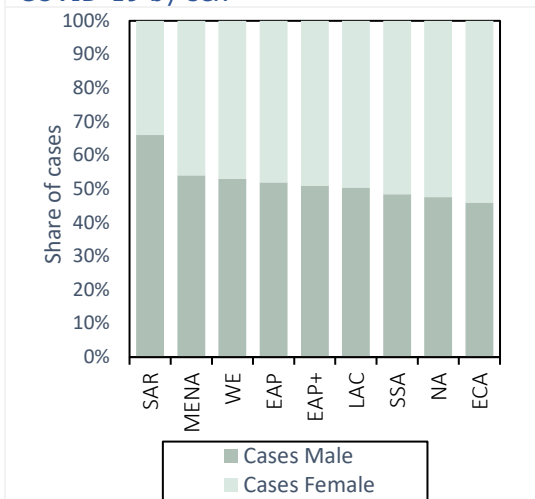
⁴ These theories are often based on arguments that the female sex hormone estrogen appears to stimulate the immune system and fight pathogens more aggressively, while the male hormone testosterone inhibits the body's own defenses. Genetic reasons have also been claimed, as some immune-relevant genes are encoded on the X

Lastly, pregnant women are at special risk of developing serious symptoms of COVID-19 and experiencing pregnancy and delivery complications as a result, according to new research. A thorough review of 192 new studies on the topic (BMJ 2020; BMJ 2021) concludes that pregnant women admitted to hospitals are less likely to manifest milder symptoms of COVID-19. At the same time, they are more likely to require intensive care and invasive ventilation than non-pregnant women of the same age group. In addition, pregnant women with COVID-19 are more likely to deliver preterm and to experience maternal death. High body mass index, advanced age and non-white ethnic origin may operate as exacerbating factors for severe COVID-19 among pregnant women.

Exposure to infection through work and care

Both women and men are overrepresented in specific – albeit different – essential sectors and occupations that have remained very active during the pandemic and carry a disproportionate risk of exposure (de Paz et al. 2020). These include, for instance, supermarket cashiers, hospital cleaners and pharmacists for women, and security forces, transport and logistics and some manufacturing jobs (especially in heavy industry) among men. Most of the frontline health care workers - in particular nurses and physician assistants -, who are highly exposed to the infection and its consequences, are women. On the other hand, many of the countries that were hardest hit by the pandemic have mobilized armed forces, national guard troops and medical reservists to support the civilian health care system (Kalkman 2020), and these forces are often dominated by men. Because of these stark gender differences in sectors and occupations, the extent to which men’s occupational risk profile dominates women’s in a particular setting, or vice versa, is an empirical matter.

Figure 3: Diagnosed confirmed cases of COVID-19 by sex



Source: Global Health 50-50:

<https://globalhealth5050.org/the-sex-gender-and-covid-19-project/dataset/>. Accessed in April 2021.

Note: The averages are weighted based on the number of cases where the sex was available per country.

The emerging evidence over this last year shows that, as with deaths, it is men that tend to be over-represented among COVID-19 diagnosed cases, though gender gaps are smaller than for fatalities and there are more pronounced differences across regions. Men make up the majority of diagnosed cases in SAR, MENA, WE and EAP, while the share of women diagnosed with COVID-19 is higher than that of men in ECA, NA and SSA (see Figure 3). This suggests that men are more vulnerable or exposed to the infection in many, but not all, settings.

Despite evidence of the relevant role of physiological aspects, social and behavioral factors may also contribute to the gender gap in morbidity and mortality.⁵ Emerging evidence suggests that women are more likely to see the pandemic as a serious health problem and to agree and comply with restraining measures (Galasso et al. 2020; Brooks and Saad 2020;

Olcaısoy Okten et al. 2020). Men tend to show lower rates of handwashing, social distancing,

chromosome. It has also been hypothesized that the ACE2 receptor, which is found in higher concentrations in men (Sama et al., 2020), may also play a role as it serves as a gateway for diseases caused by coronaviruses.

⁵ GenderSci Lab’s COVID-19 team from Harvard University: <https://www.nytimes.com/2020/06/24/opinion/sex-differences-covid.html>.

mask wearing, and proactively seeking medical help ([Baker et al., 2020](#); [Smith et al., 2020](#); [Ewig 2020](#)).

Gender differences in labor force participation and time use, which are highly context-specific, may lead to gender gaps in disease exposure ([Griffith et al. 2020](#)). In countries where many women participate full-time in the workforce, the gap between men and women becomes smaller, likely through the increased exposure of women, compared to countries with lower levels of female labor force participation ([Adams 2020](#)). In some lower-income or more patriarchal contexts, women's mobility outside the family home is limited, which may offer a somewhat protective effect. In Pakistan, as an example, 70 percent of all COVID-19 cases have been reported among men, likely in connection with their more active engagement in the public space and much higher labor force participation rate: 68 percent compared to 21 percent among women ([Shaikh 2021](#)). Country evidence extracted from Twitter in Indonesia shows that men face more challenges in complying with public health guidelines compared to women, as they are usually the primary workers in the family.⁶ On the other hand, data from Vietnam⁷ shows that females were more likely than males to visit markets and acquire food supplies (HFPS).

Health sector workers have been particularly exposed to the infection. Data from 30 countries dating from May 2020 showed that around 16 percent of all confirmed cases were among health care workers ([Euronews 2020a](#)). Front-line healthcare workers in the UK and USA had a 3.4-fold higher risk of reporting a positive test ([Nguyen et al. 2020](#)), while exposure to higher virus concentrations, especially from severely ill patients, may influence disease severity among health care workers ([Dong et al. 2020](#)). In both countries, as in the rest of the world, women are over-represented among health-care workers: Around 70 percent of the health care workers globally are women ([Boniol et al. 2019](#)). Similarly, women perform more than three-quarters of unpaid care work globally, which leaves them exposed to infection by children or ill family members ([ILO 2018](#)).

Other essential workers have also been more affected across countries. The lower skilled essential workers (in food processing, transportation and logistics, etc.), which are disproportionately male in countries such as the USA, have also been more exposed to the risks of COVID-19 ([Robertson and Gebeloff 2020](#)). Data from the UK indicates that the risk of death from COVID-19 was especially high among male restaurant and catering staff, care workers, metal working machine operatives, taxi drivers, security guards and nurses ([Schraer 2021](#)). Although evidence on the differentiated impact of COVID-19 on teaching staff is not yet conclusive, some studies from the UK attribute a higher risk of contagion to male secondary teachers.⁸ In Germany, data from one public health insurance company (Techniker Krankenkasse) shows that the occupational groups that were most often on sick leave due to COVID-19 were home and family care workers, followed by those engaged in geriatric care, daycare centers and nurses.⁹ In some regions of Germany (Berlin and Brandenburg) data from another health insurance company (AOK) indicates that childcare teachers are the occupational group that had the highest sick leave rates due to COVID-19.¹⁰

⁶ COVID-19 Indonesia Social Media Monitoring and Outreach

⁷ COVID-19 Impact Monitoring

⁸ National Education Union (UK) analysis of government attendance figures.

⁹ TK data for all Germany - <https://www.tk.de/presse/themen/praevention/gesundheitsstudien/pflege-und-kitapersonal-covid-19-krankschreibung-2102448>

¹⁰ AOK data from Berlin and Brandenburg (<https://www.rbb24.de/panorama/thema/corona/beitraege/2021/03/auswertung-krankenkassendaten-krankschreibungen-berufe-corona-kinder-erzieherin-pflege-gesundheit-busfahrer-strassenbahnfahrer.html>).

Disruptions in service delivery

Global maternal and fetal health outcomes have clearly worsened during the COVID-19 pandemic, largely in connection with more limited access to services. A meta-analysis of 40 studies from different countries conducted over the last year concludes that increases in maternal deaths, stillbirth (by 28 percent), ruptured ectopic pregnancies (nearly six times as many women needed surgery), and maternal depression have been registered at the global level, with especially relevant dimensions in lower-resource settings ([Chmielewska et al. 2021](#)). One proposed explanation for the increase in adverse pregnancy outcomes is a reduction in health-care-seeking behavior, as well as reduced provision of maternity services. Although maternal anxiety increased during the pandemic (see for instance [Biviá-Roig et al. 2020](#)), health-care providers around the world have reported reduced attendance for pregnancy care ([Khalil et al. 2020](#); [Dell'Utri et al. 2020](#); [Gu et al. 2020](#); [Goyal et al. 2020](#); [Justman et al. 2020](#); [Abdela et al. 2020](#); [Peahl et al. 2020](#); [Jeganathan et al. 2020](#); [Jardine et al. 2020](#)). This trend can be associated with concerns over COVID-19 contagion, governmental advice to stay at home, and limited access to transport and childcare during lockdowns ([Goyal et al. 2020](#); [Justman et al. 2020](#)).

World Bank data based on administrative sources and facility-based phone surveys in several African countries¹¹ also indicates restrictions in access to maternal and reproductive services. The analysis of administrative data indicates significant reductions in family planning consultations in most of the countries (10 out of 12), reduced volumes of women initiating antenatal care (11 out of 12 countries), lower number of visits (10 out of 14 countries) and lower than expected use of postnatal care (8 out of 13 countries). Moreover, institutional deliveries were significantly lower than expected in over half of the countries (6 out of 10), and a decline in the number of deliveries was registered in some of them - by 2 percent in DRC (March 2020), 5 percent in Liberia (April 2020), and between 5-11 percent in Nigeria and Mali ([GFF 2020](#)). The impact was especially pronounced over the first months of the pandemic. However, while many countries experienced a brief return of maternal and reproductive services in the third quarter of 2020, when disease activity was relatively low, disruptions returned in some countries during the last three months of the year, probably related to the second wave of infections. Disruptions also tended to be more substantial and prolonged in urban areas, which indicates that national-level estimates may mask inequities within countries ([GFF 2020](#)).

Household survey data also indicate that COVID-19 has increased barriers to women accessing essential health services ([Emerge 2020](#)). Phone surveys confirm a substantial decline in ante natal care across 31 countries compared to 2019 ([GFF 2020](#)). [UN Women rapid survey data](#) in Asia also indicates that, in most countries, more than half of the women surveyed were unable to see a doctor when they needed one. In addition, women in Pakistan, Bangladesh and Thailand were more likely than men to experience long waiting times to see a doctor. Health insurance coverage is lower among women in Bangladesh and Pakistan; in some countries, where public health insurance is universal, women are less likely than men to be covered by private top-up insurance (e.g., Maldives). Moreover, as shown in the next section, more women than men lost their jobs during the pandemic. Job insecurity may hence couple with concerns over inaccessibility of health care, at a time when seeing a doctor promptly may determine survival.

¹¹ Global Financing Facility for Women, Children, and Adolescents (GFF) health services review. The GFF is supporting monitoring of routinely reported administrative data for disruptions in the volume of key services in 18 GFF countries.

At the same time, HFPS data suggest that the restrictions in access may have not been as widespread as it was feared at the beginning of the pandemic, at least in some contexts where data is available. In Vietnam,¹² for example, most households with pregnant women were able to access a health facility for antenatal care (89 percent) within a three months period (March-April/June-July 2020). Vietnam, however, can be considered an outlier in the region, as it registered a low number of COVID-19 cases during 2020, higher growth, higher mobility, and better labor market outcomes than most other EAP countries. In Malawi around 6 percent of households with women of childbearing age that needed pre-natal or post-natal care were not able to access it, largely due to the unavailability of medical personnel ([World Bank 2020a](#)). These contextual differences do not necessarily show that some countries avoided service disruptions altogether; more likely they reflect cross-country differences in disease activity at the time of the HFPS, which were implemented at different points in times relative to each country's peak in COVID-19 infections.¹³

The HFPSs provide some information on the reasons why women could not access services during the pandemic. According to the available data, financial barriers continue being the main reason for not accessing healthcare for most respondents, while COVID-19 related reasons were reported only in two countries. Only 4 percent of women at risk of unintended pregnancy and not using contraception in Burkina Faso reported a COVID-19- related reason for non-use ([Karp et al. 2020](#)). It should also be noted in this regard that the decrease in access may partially be due to fear of contracting COVID-19 and/or postponement of pregnancy. In Vietnam, as an example, 1 in 5 pregnant women who did not visit a hospital cited fear of contracting COVID-19 as the reason for avoidance behaviors.¹⁴

Social norms, care, and mental health

There is strong evidence that, in many settings, women's mental health was more negatively affected than men's by the pandemic ([Emerge 2020](#)). Data from [UN Women Rapid Assessment Surveys](#) conducted in April 2020 in several Asian countries shows that in five out of eight countries (Nepal, Philippines, Pakistan and Thailand), more women than men reported having their mental health affected by the pandemic; with only two countries (Bangladesh, Samoa) showing the opposite pattern and one country (Cambodia) showing no gender difference (see Figure 4) ([UN Women 2020a](#)). Medical academic studies conducted in Austria ([Pieh et al. 2020](#)) and the UK ([Daly et al. 2020](#); [Proto and Quintana-Domeque 2021](#)), which examine mental health outcomes before and during the pandemic, show that women were more likely than men to report an increase in (dis)stress, anxiety and depression. Women also reported higher levels of fear of the coronavirus in Brazil and Cuba ([Broche-Pérez et al. 2020](#); [Giordani et al. 2021](#)) and greater suicidal ideation related to the pandemic in Bangladesh ([Mohammed et al. 2021](#)). These conclusions are supported by several synthesis and/or meta studies, which highlight that female gender is associated with a higher risk of psychiatric symptoms, low psychological well-being and or mental distress during the COVID-19 pandemic ([Hossain et al. 2020](#); [Vindegard and Benros 2020](#); [Xiong et al. 2020](#)).¹⁵

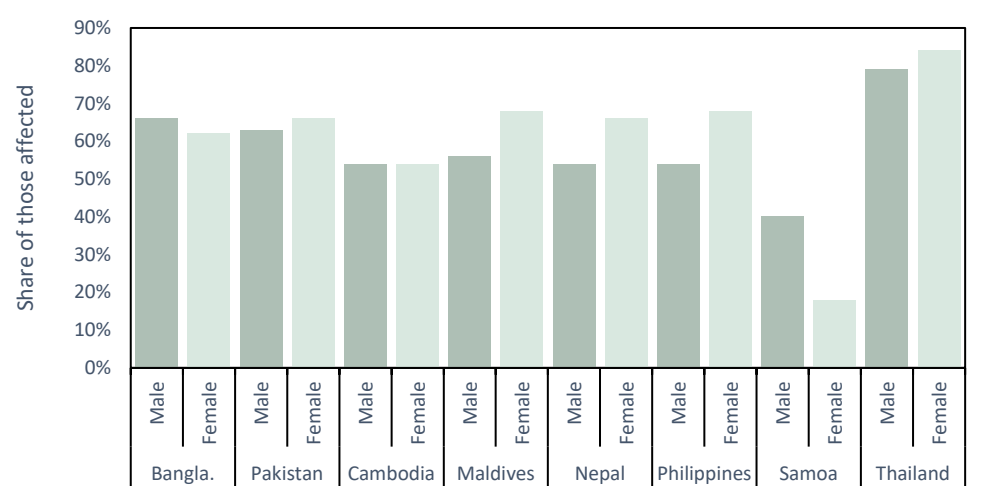
¹² COVID-19 Impact Monitoring

¹³ The HFPS survey waves were timed differently relative to the timing of waves of the pandemic from country to country, even within a single region. This becomes noticeable in some instances where the HFPS findings depart from those from other sources.

¹⁴ COVID-19 Impact Monitoring

¹⁵ Analysis of subjective wellbeing data from the WBG HFPS also reveals that the share of women that is "fully satisfied" or "rather satisfied" with life at the time of interview was smaller than the corresponding share of men – a gender difference that is small but statistically significant. However, since most of the surveys do not collect data on life satisfaction prior to the pandemic, no firm conclusion can be reached as to whether this difference is related to the pandemic.

Figure 4: Mental health impacts (% of those whose mental health was affected)



Source: UN Women Rapid Assessment Survey on the socio-economic consequences of COVID-19 on women's and men's economic empowerment (23 April 2020) – <https://data.unwomen.org/resources/surveys-show-covid-19-has-gendered-effects-asia-and-pacific>. Accessed in April 2021.

In-depth analyses of data from developing countries confirm gender gaps in stress levels and suggest that job losses, financial insecurity and the rise in unpaid care needs may drive this increase in stress. In Pakistan, 82 percent of women compared to 74 percent of men reported experiencing stress symptoms due to COVID-19. However, these were lower among individuals (both men and women) who were working (72 percent) than those who were not working (80 percent) (Tas et al. 2021). Further analysis, controlling for individual, household, and regional characteristics, supports the hypothesis that a fall in household income and a rise in unpaid work led to more stress among women, who, in Pakistan, are typically responsible for the household management (Tas et al. 2021). In Senegal (Le Nestour et al. 2020), women reported being extremely worried more often than men (56 percent versus 46 percent). In Armenia anxiety levels were higher among women: 43 percent compared to 29 percent among men reported the most severe level, likely in connection with the loss of jobs (World Bank 2021a). Similarly, in Indonesia, more women than men reported worsened mental health during COVID-19 (World Bank 2020b). In Uzbekistan, the decline in life satisfaction from before to during the pandemic is correlated with food insecurity, which increased during the first months of the COVID-19 crisis, especially for female-headed households.

Transmission channels and differential gender implications for education outcomes

At the onset of the pandemic, gender differential impacts of COVID-19 on education outcomes were expected (see de Paz et al. 2020). These included differences in households' decisions to invest in education of boys vs. girls given constrained resources, a likely increase in care responsibilities among girls, and pressure to contribute to the family income among boys. This section will discuss the evidence as of today with respect to those anticipated outcomes, structured along the likely transmission channels that were expected to lead to gender differentiated outcomes in education : i) gender and social norms combined with the disruption of services – which here includes gender gaps in access to/control over crucial assets such as mobile phones, computers or other devices (e.g., TVs) and mobility, which may limit access to internet stations; and ii) family expectations (and social norms) related to care.

Gender and social norms combined with the disruption of services

The COVID-19 pandemic has prompted the largest global disruption in education in history, with potentially worse repercussions for girls ([de Paz et al. 2020](#)). Across countries in the world, school closures have been one of the main containment measures implemented. Around 1.6 billion students have been left out of school as a result ([Azevedo et al. 2020](#)). With school closures, class-room based education has been slowly replaced by distance learning, especially in higher-income countries ([Bundervoet et al. 2021](#)). Previous pandemics have shown that girls can be particularly affected by disruptions in lower income countries ([Malala Fund 2020](#)). Indeed, it has been projected that around 11 million girls will not return to school when the crisis is over, especially in low-and lower-middle income countries. Girls aged 12-17 are at particular risk of dropping out permanently as a result of the pandemic ([Azevedo et al., 2020](#)). Around 69 percent of the respondents in a multi-country survey of frontline organizations believed that girls are at a greater risk than boys from COVID-19 school closures ([Akmal et al. 2020](#)).

Projections suggest that gender differences in school drop-outs due to the crisis may differ across regions and levels of education. According to UNESCO's projections ([UNESCO 2020](#)) from July 2020, boys face a slightly higher risk of not returning to school due to COVID-19 (1.39 percent) than girls (1.32 percent) globally, when all levels of education are considered together. According to these projections, boys are at a greater risk of not returning to education than girls at university, primary and lower-secondary school, while the opposite holds for pre-primary and upper secondary education. However, girls appear to be especially vulnerable in certain regions. In sub-Saharan Africa, for instance, a higher share of girls across all education levels (other than pre-primary) is estimated to be affected (with a 1.99 percent increase in at risk female students), compared to boys (1.90 percent). Adolescent girls face a particularly high risk of not returning to school in both SSA and South and West Asia, where most at risk students live.¹⁶

The limited available evidence from the World Bank's HFPS shows that over 30 percent of children were unable to continue learning during school closures. A recent global analysis of the HFPS global harmonized data found that children's learning was severely interrupted as a result of COVID-19 and the containment measures, especially in lower income countries and among countries already suffering from human capital deficits, but did not provide any information on differences between boys and girls ([Bundervoet et al., 2021](#)).

The preliminary data from seven available countries suggests that gender gaps in continued (remote) learning during the pandemic are often small and not always statistically significant, and this prevents extracting general conclusions.¹⁷ The few available country level studies – based on the HFPS and Young Lives phone surveys - find that girls are slightly more likely to be engaged in learning activities (broadly defined)¹⁸ during the pandemic, but due to the small number of data points and possible lack of statistical significance, further analysis is needed on this topic. In Nigeria ([World Bank 2020c](#)), for example, while the share of children 5-18 years old attending school in Jan/Feb. 2019 was 75 percent and 73 of boys and girls, respectively, it

¹⁶ It is important to note that the UNESCO projections of at-risk students are model estimates, and not based on actual data of boy's and girl's school enrollment during the pandemic.

¹⁷ In addition to these caveats, it should be emphasized that 'continued learning' captures engagement in any learning activity, independent of the quality or intensity of that activity. Moreover, this analysis does not provide insights into school dropouts after the pandemic.

¹⁸ 'Continued learning' captures engagement in any learning activity (e.g., completing an assignment provided by the teacher, using a mobile learning app, watching educational TV programs or listening to such programs on the radio, studying/reading at home, etc.), independent of the quality or intensity of that activity. Moreover, this analysis does not provide insights into school dropouts after the pandemic.

decreased to 58 percent among boys and 59 percent among girls in October 2020. In addition, a higher share of girls (57 percent) was engaged in any learning activity compared to boys (53 percent). Analysis of the HFPS data for Uganda also shows that among children who were enrolled in school prior to the COVID-19 outbreak, slightly more girls than boys were engaged in learning activities during the pandemic. In Ethiopia, among students who were enrolled prior to COVID-19 and whose school had reopened in December 2020, girls were slightly less likely than boys (3 vs. 7 percent) not to have returned to school. In Armenia, where unlike in the African countries, the majority of children was engaged in home-based/distance learning at the time the survey was conducted (in late August/September 2020), 98 percent of girls and 96 percent of boys who attended school before the pandemic were engaged in remote learning. In Papua New Guinea, following the reopening of schools, most students returned and there was no evidence of a widening gender gap in primary education ([World Bank 2021b](#)). Similar results emerge from the analysis of Young Lives phone survey data in Ethiopia, Peru and Vietnam conducted in June and July 2020, where girls were found to be slightly more likely to be engaged in remote learning than boys ([Scott et al. 2020a](#); [Sánchez et al. 2020](#) and [Scott et al. 2020b](#)).¹⁹

Additional data and analysis are required to better understand the potentially gender differentiated impact of COVID-19 on education. The preliminary results are to some extent counterintuitive, and the available data does not suffice to establish any conclusion. In addition, substantial regional, cross-country and possibly across-groups variation can be expected in this area. As an example, some sources indicate that gender differences may exist in many developing countries in connection with gaps in access to digital resources or skills. Access to the internet, for instance, is more limited among girls than boys in Bangladesh or the Democratic Republic of Congo ([Biswas et al. 2020](#); [Amaro et al. 2020](#)). Female students also reported lower levels of confidence in their computer skills in a sample of 62 countries during COVID-19 ([Aristovnik et al. 2020](#)). In Uganda, not having access to a radio or TV was more common among girls ([World Bank 2020d](#)). In Kenya, however, there was no statistically significant difference in access to digital learning materials ([Uwezo 2020](#)).

Family expectations (and social norms) related to care

School closures can lead to an increase in care-related and other domestic tasks - likely impacting girls more than boys ([de Paz et al. 2020](#)). A multi-country study (including 46 countries across regions) on the impacts of COVID-19 on children found that 63 percent of girls compared to 43 percent of boys reported an increase in household chores. One in five girls reported having too many chores to be able to learn, double the proportion of boys (10 percent) ([Save the Children 2020](#)). A rapid response phone survey of over 1,500 high school students aged 14 to 18 in Ecuador during the COVID-19 quarantine showed that female students were doing more household tasks than males, while male students were more likely to be working than females ([Asanov et al. 2020](#)). In addition, an online survey conducted in March/April 2020 in Thailand shows that the share of girls reporting having less free time is larger than that of boys. While 53 percent of girls reported dedicating the additional free time to household chores, the share was 37 percent among boys ([UNICEF et al. 2020](#)). Finally, a study conducted in Vietnam also found that 75 percent of girls are completing household chores, like cleaning the house, to support their families, compared to 60 percent of boys ([UNICEF 2020](#)). Paid work was an obstacle to learning for an equal share of boys and girls in the multi-country Save the

¹⁹ Specifically, in Ethiopia, 24 percent of male and 31 percent of female students whose studies were interrupted continued to learn remotely. In Peru, most 6-18-year-old students participated in distance-learning, but there was a gender gap among 19-year olds, with 68 percent of males and 73 percent of females accessing remote education. In Vietnam, remote learning was available to 86 percent of male and 89 percent of female students.

Children study of impacts of COVID-19 on children ([Save the Children 2020](#)). School-closures may also be associated with increases in teenage pregnancy (see section on Agency).

2. ECONOMIC CONDITIONS: LIVELIHOODS & INCOME

Transmission channels and differential gender implications for economic conditions

At the onset of the pandemic, gender differentiated impacts of COVID-19 on economic conditions were expected (see [de Paz et al. 2020](#)). These were expected to operate through differences in the distribution of additional care needs with school closures and ill family members, differentiated impacts on employment through sex segregation in sectors and occupations, lack of social protection among (often disproportionately female) informal workers and negative coping mechanisms, such as reduced caloric intake, affecting women and girls disproportionately. This section will discuss the evidence as of today with respect to those anticipated outcomes, structured along the likely transmission channels that were expected to lead to gender differentiated outcomes in economic conditions: i) sectors and occupations, ii) time use, care work and other unpaid domestic work, iii) and other market shocks.

Sectors and occupations

Evidence from earlier infectious disease outbreaks and emerging data from the onset of the pandemic indicated that women's economic outcomes could be more negatively affected than men's (see [de Paz et al. 2020](#)). Gender-differentiated impacts were anticipated because the sectors and occupations that employ a disproportionate share of women were among the ones hardest hit by the confinement measures, e.g., tourism and hospitality, retail, etc.²⁰ A growing body of new data and analysis generated over the last 12 months confirms that women have globally shouldered a larger share of the negative economic impacts of COVID-19 than men (e.g. [Center on Gender Equity and Health 2020](#); [Bundervoet et al. 2021](#); [Cucagna and Romero 2021](#); [Kugler et al. 2021](#)). Moreover, differences between men and women in the likelihood that they would stop working during the initial phase of the pandemic are estimated to be larger than differences by age, education, and urban/rural locality, which exemplifies that gender is an important fault line in the pandemic's labor market impacts, even in comparison to other sociodemographic characteristics ([Kugler et al. 2021](#)). The various studies, however, reach differing conclusions on whether sectoral segregation is the driving force for women's disproportionate decline in employment (as suggested by some of the country studies discussed further below), or only a marginal contributory factor (e.g., [Kugler et al. 2021](#)). A potential reason for this discrepancy is that sectoral segregation is presumably more relevant in urban than in rural areas, where there is greater diversity in employment sectors and occupations. The HFPS data also generally do not allow disaggregating between informal and formal jobs or other relevant dimensions of job quality, which remain to be assessed better.

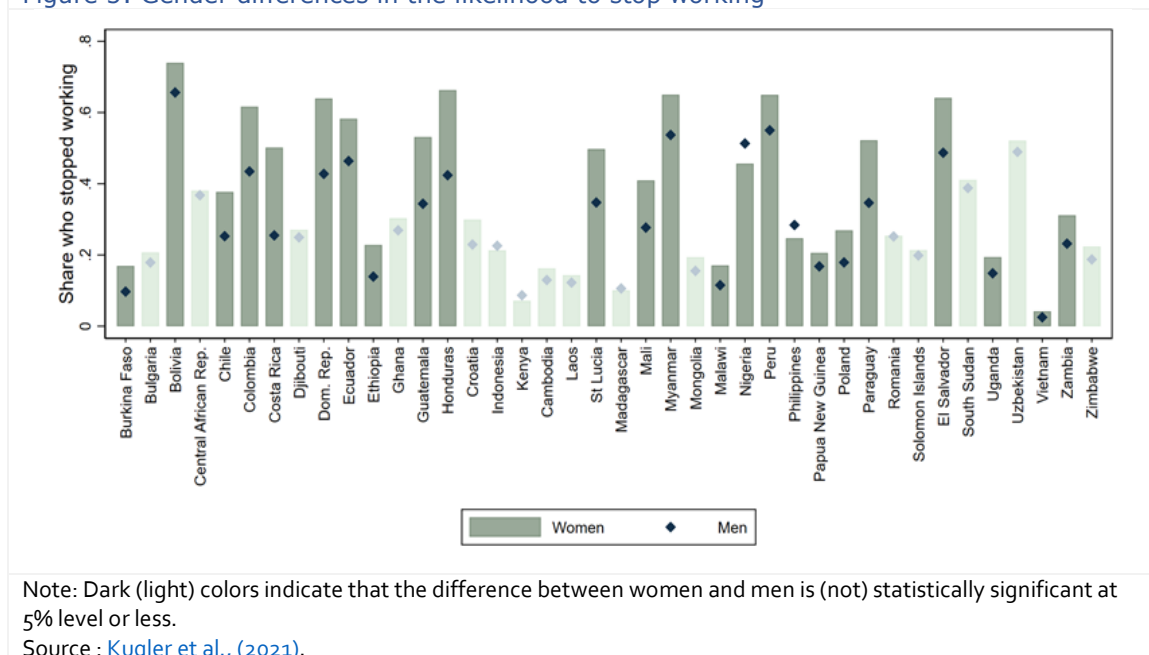
Significantly more women than men have lost their jobs during the early stages of the pandemic. This trend has been documented for many countries through several recent global, regional, and country-level studies. A global Jobs Watch World Bank study ([Kugler et al. 2021](#)) based on an analysis of harmonized HFPS data for 40 (mostly developing) countries found that

²⁰ In addition, jobs in these sectors are often client-facing and may not be conducive to remote work. However, there is little evidence that sectoral and occupational segregation systematically disadvantage women in their ability to work from home. In fact, evidence from skills surveys conducted in 53 countries suggest that women have, on average, jobs that are more amenable to working from home than men ([Hatayama et al. 2020](#)).

women were substantially more likely than men to stop working between April and June 2020 (on average, 36 percent vs. 28 percent).²¹ Gender differences in work stoppage disadvantaged women in most countries, with only few exceptions (see Figure 5 below), and were larger than differences by age, education, and locality (urban/rural). Using decomposition techniques, the study shows further that even though gender differences in work stoppage were mostly due to male-female differences within sectors, the pre-pandemic distribution of employment across sectors contributed marginally to this gender gap (explaining approximately 7 percent of the total male-female difference in the likelihood of stopping work).

The notion that more women stopped working than men is confirmed by other World Bank global evidence. A second World Bank study ([Bundervoet et al. 2021](#)) using the HFPS data for a sample of 34 countries shows similarly that women were 9 percentage points more likely to have lost their job in the immediate aftermath of the pandemic's onset. The study argues further that the pre-pandemic sector of employment played a large role in subsequent job losses, with workers in manufacturing, commerce, and other services being respectively 20, 16, and 17 percentage points more likely to have stopped working compared to workers in agriculture, but it does not quantify the importance of sectoral segregation for the gender gap in work stoppage.

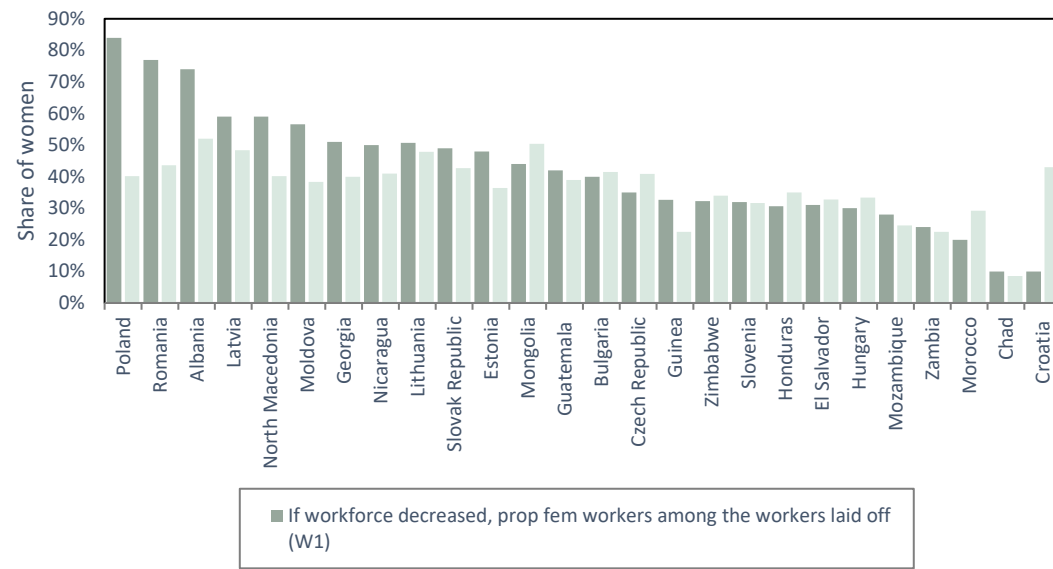
Figure 5: Gender differences in the likelihood to stop working



Gender differentiated employment impacts also emerge from the analysis of firm survey data. World Bank Enterprise Survey data shows that the share of female workers laid off in the first round of data collection was higher than the share that women represented in the permanent full time workers' pool in 16 out of 26 countries (see Figure 6 below).

²¹ ILO data on by employment rates for a subset of developing countries broadly support these findings ([Kugler et al., 2021](#)).

Figure 6: Women have been disproportionately laid off with COVID-19



Source: World Bank Enterprise Surveys 2020. Accessed in April 2021.

Regional and country-focused World Bank analyses drawing on HFPS data reach similar conclusions. In LAC ([Cucagna and Romero 2021](#)), an analysis of labor market impacts of COVID-19 on women in 13 LAC countries found that female workers were 44 percent more likely to lose their jobs than male workers at the onset of the crisis. In EAP ([World Bank 2020e](#)), and across all sampled countries, women were more likely than men to have lost their jobs at the onset of the crisis, even when the analysis accounts for differences in age and education. Country-focused analyses from Colombia ([World Bank 2020f](#)),²² Bolivia ([World Bank 2020g](#)),²³ Costa Rica ([World Bank 2020h](#)),²⁴ Guatemala, El Salvador, Bulgaria, Croatia, Poland, Romania, Turkey ([World Bank 2020i](#))²⁵ and Honduras also show that a larger share of women than men experienced job losses associated with the pandemic. However, some heterogeneity can be observed: Jobs losses affected more men than women in DRC and Djibouti, for instance, while in Lao PDR the share of women and men losing jobs was similar ([World Bank 2020j](#)).²⁶

Several country-focused studies argue that gender segregation in sectoral and occupational patterns of employment is an important factor behind gender differences in job losses. In the LAC study mentioned in the previous paragraph, female-intensive sectors—trade, personal services, education, and hospitality—explain 56 percent of all job losses ([Cucagna and Romero 2021](#)). In Costa Rica, half of the affected workers were concentrated in 3 main sectors: wholesale and retail, domestic services, and hotels/restaurants, where 54 percent of the

²² Out of the 5 million jobs lost in the first semester 49 percent were held by men and 51% by women.

²³ The impact on employment has exacerbated gender gaps in the labor market. The share of workers that were working was lower among women in the three rounds.

²⁴ Exacerbation of gender inequalities in job losses and re-entry into the labor market (males doing better). Employment is recovering, but differently by gender. Although employment is recovering in Honduras, job losses reached 18 percent in August, with higher female losses.

²⁵ Not everyone has been equally affected: Women, young, informal and unskilled workers are bearing the brunt of the job cuts. April 2020: male change in employment: -7.9, female: -11.8. Sep 2020: Male: -1.4 Female: -5.2.

²⁶ There is some evidence, albeit tentative, that gender gaps in men and women’s employment outcomes are stronger when looking at permanent (rather than temporary) job losses. A study of various (mostly high-income) countries using newly collected survey data highlighted that, although no gender differences exist with the COVID-19 impacts on temporary job loss, women are 24 percent more likely to permanently lose their job than men due to the outbreak ([Dang and Nguyen 2020](#)).

affected workers were women. In Turkey, female workers were three times more likely to become unemployed than their male counterparts, which may be linked to their higher concentration in activities highly affected by the containment measures such as hospitality, food, tourism, and other services. In Pakistan an analysis of the administrative database of the country's largest online job platform (www.rozee.pk) and a specific COVID-19 survey showed that the pandemic led to widespread job loss, business closures, slowdown in business activity, and reduced working hours. The sectors where women are more likely to be employed, such as education and health, were more severely affected ([Tas et al. 2021](#)).

Gender differences in the impacts of COVID-19 are observed not only for employment, but also for male and female-led businesses. The Enterprise Survey data (harmonized dashboard) shows that in 12 out of 18 countries, businesses with a female top manager were more likely to close (at least temporarily) due to the COVID-19 outbreak than businesses with a male top manager. Moreover, in 11 out of 18 countries women-led enterprises reported shorter survival durations than men-led enterprises (see Figures 7 and 8 below).

A global World Bank analysis of Business Pulse Survey and Enterprise Survey data from 52 countries (Torres et al., forthcoming) also shows gender differentiated impacts on businesses. Women-led businesses were, on average, more likely to be closed 6 weeks or more after the peak crisis than men-led businesses (15.5 percent vs 14.1 percent), a small but statistically significant difference. Further disaggregation shows that gender gaps are even larger among micro-businesses and businesses in the hospitality industry, which supports the notion that the observed gender differences are at least partly linked to the concentration of male and female entrepreneurs in different segments of the economy. The study also found that women-led businesses are less likely to have received some form of public support although they have been hit harder in some domains.

Figure 7: Firms that have temporarily closed during the COVID-19 outbreak

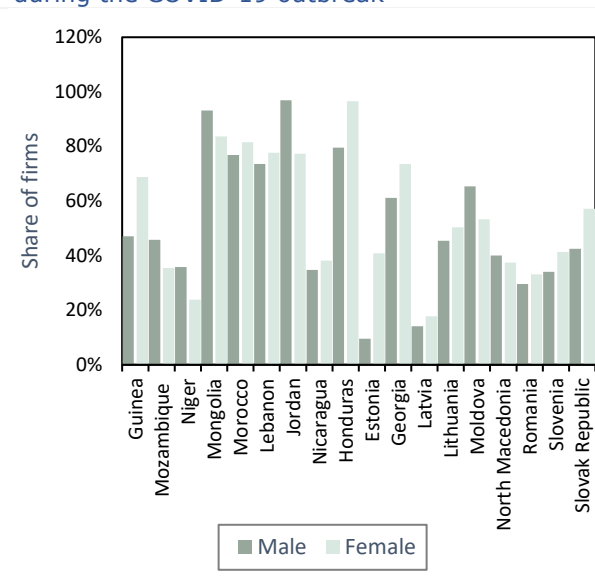
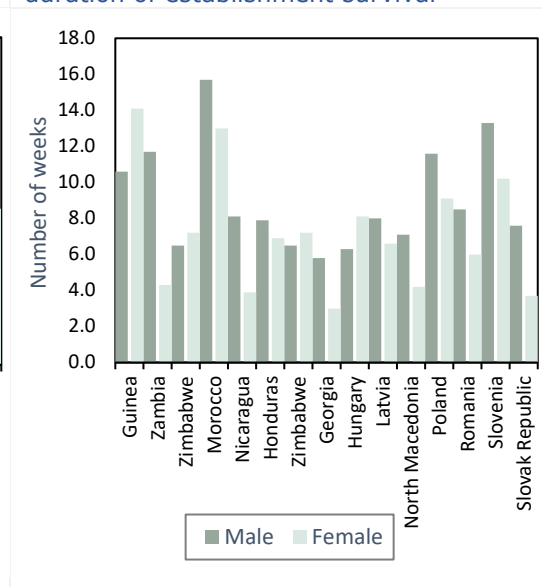


Figure 8: If sales stopped, average duration of establishment survival



Source: World Bank Enterprise Surveys 2020 (accessed in March 2021)

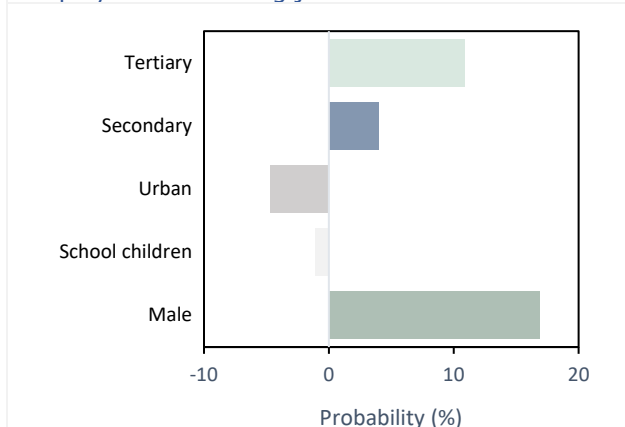
Other studies lend additional support to these findings. Based on a Facebook platform administered survey of 25,000 business owners in 50 countries ([Future of Business Survey, Facebook et al. 2020](#)), globally, female-owned businesses were 7 percentage points more likely to be closed than male-owned businesses at the time of the first survey (conducted in May 2020). Female-owned firms were also concentrated in consumer-facing sectors (services, hospitality, retail trade) where the demand shock was hitting the hardest.

Country based studies also show important gender differentiated impacts with regards to business activity. In Kenya ([World Bank 2021c](#)), for instance, firms in which more than half of all employees are female were 18 percentage points less likely to be open at the time of the survey – between June and August 2020 – than firms with fewer female employees. Interestingly, such firms also less often laid off workers and more often granted leaves of absence. In Ethiopia ([Abebe et al. 2020](#)), the COVID-19 pandemic has further widened the gender gap in business earnings. While all firms have experienced a drastic decline in sales, the dip appears to be more severe in women-owned businesses — they generated less than 20 percent of the sales revenue they had earned the same month the previous year. Ghana ([World Bank 2020k](#)) and Nigeria ([World Bank Group 2020l](#)) have also registered higher shares of closures of business led by women. In Myanmar ([World Bank 2020m](#) [World Bank 2020n](#)), female-owned firms were more likely to report diminished sales (86 vs. 80 percent), cashflow shortages (52 vs. 50 percent), and reduced access to credit (32 vs. 25 percent) than firms without female ownership.²⁷

Evidence on how job losses of men and women evolved after the initial phase of the pandemic is still scarce, but the available evidence suggests that gender gaps persist and that women struggle to make up lost ground. Most of the evidence presented so far refers to the initial impact of the COVID-19 shock, drawing on data collected during the first half of 2020; data from the second half of 2020 and early 2021 is much scarcer. [Bundervoet et al. \(2021\)](#), based on an analysis of 13 countries with at least two waves of data, show that although employment recovered relatively quickly over the second half of the year 2020, for women the pace of

recovery has been slower. Even controlling for education, locality, and the presence of school children in the household, men were more likely to transition back into employment (see Figure 9).

Figure 9: Probability of transitioning back into employment following job loss



Source: Bundervoet et al., 2021.

Similar evidence is available from Pakistan ([Tas et al. 2021](#)) and Mexico ([Hoehn-Velasco et al. 2021](#)), where the recovery was faster for males. In LAC, as the crisis evolved, temporarily unemployed workers started to go back to work, but the difference in employment losses between females and males persisted over time. By the

third round of data collection in August 2020, the difference in total job losses between men and women still amounted to 15 percentage points, and the permanent job loss rate affected one woman in five ([Cucagna and Romero 2021](#)). Other studies, however, present a slightly more optimistic picture. Based on an analysis for 10 countries with available information for April/May and August, [Kugler et al., \(2021\)](#) show that women (and other initially disadvantaged groups) experienced disproportionate employment gains between April and August 2020, albeit from a lower level and not sufficient to offset the magnitude of initial losses.

Additional factors – other than sectors and occupations – may contribute to the gender gap in job losses. The observation that gender differences in job losses often remain significant when conditioned on the sector of employment, suggests that factors other than the sectoral

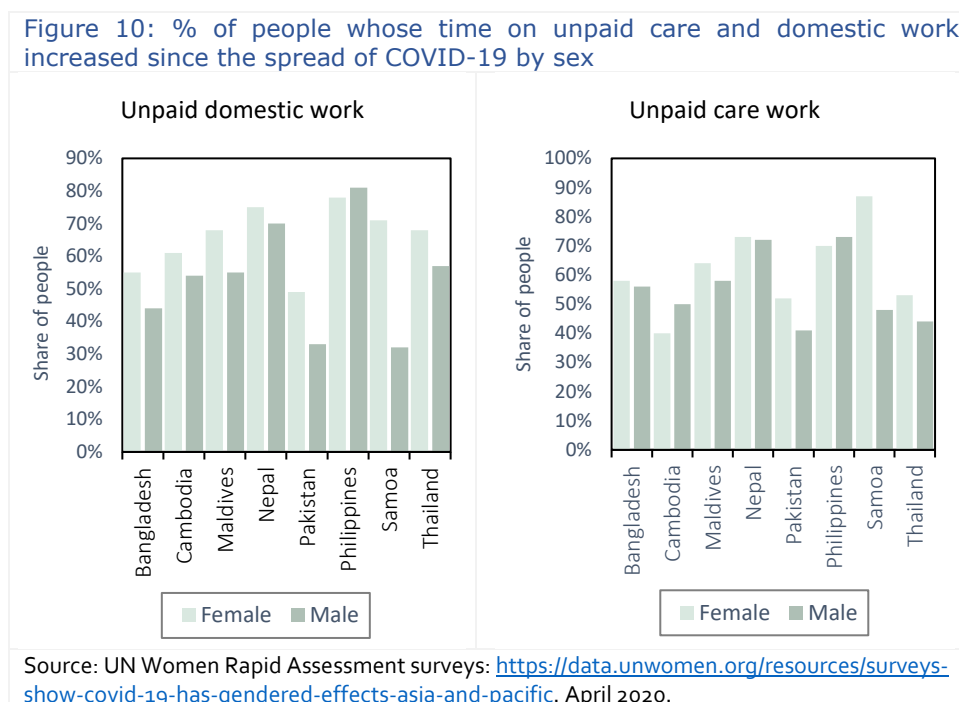
²⁷ The last two rounds of the survey confirm that the most significant disparity between male- and female-owned firms is related to cash-flow shortages, in particular in connection with access to credit, with a significant deterioration in the October 2020 round. As of the October 2020 round, there was a higher percentage of male-owned firms reporting reduction in sales (99 percent) compared to female-owned firms (90 percent).

distribution of employment are also at play. This is investigated further in the next section, which looks at gender differences in time spent on care and other unpaid activities.

Time use, care and impacts on work

The second main channel through which women’s economic outcomes were expected to be disproportionately affected is the increase in the demand for care due to school closures and the likely increase in the number of sick (elderly and others) family members (see [de Paz et al. 2020](#)). Given that social norms in almost every country assign care and other unpaid work overwhelmingly to women, it was anticipated that women would likely bear the brunt of the additional care responsibilities from the pandemic and containment measures. This would be especially the case among some of the most vulnerable populations, such as those living in slums, camps, and similar contexts where the vulnerability to contagion could be expected to be higher or with high infrastructure deficits, like lack of water/sanitation facilities. On the other hand, this channel is less likely to affect labor market outcomes in rural, agrarian contexts, where most people work on family farms and in other household enterprises, and where it is more common to combine economic activity with care for young children.

The global data and analyses generated over the last twelve months confirm that women were more likely to report an increase in time spent on unpaid care and domestic work as a result of COVID-19 ([Cookson et al. 2020](#)). Rapid Assessment Survey data from a sample of Asian countries ([UN Women 2020a](#); [Seck et al. 2021](#)) shows that in most countries women were more likely than men to see increases in both unpaid domestic and unpaid care work since the spread of COVID-19 (see Figure 10 below).



In addition, they were also more likely than men to report being responsible for unpaid childcare, unpaid adult care, and unpaid domestic work. Men, on the other hand, often concentrated on tasks like shopping for the household, making repairs and playing with children, which may be somewhat less time-consuming. A Facebook survey conducted in July 2020, which reached a sample of approximately half a million people globally, found that in many regions, women were more likely than men to report an increase in time spent on unpaid care and other domestic work as a result of COVID-19 (Facebook, 2020). Similarly, in the first

Future of Business Survey female business leaders were around 10 percentage points more likely than male business leaders to report that caring for children, home schooling, and household chores were affecting their ability to focus on work ([Facebook et al. 2020](#)).

Country-focused evidence further supports this theory. In Pakistan ([Tas et al. 2021](#)), a larger share of women than men reported an increase in unpaid work regardless of employment status, but this gender gap was the largest between working men and working women. This finding points to the double burden of paid and unpaid work faced by working women. In Georgia ([Fuchs et al. 2021](#)), child and elderly care responsibilities were more common reasons for women (than men) to lose their job since March 2020. Evidence from Mexico²⁸ shows that women entrepreneurs have shouldered the additional care responsibilities to a larger extent, with 55 percent of female business leaders reporting that they spent more time on domestic tasks - compared to 43 percent of male business leaders. In the sixth wave of the survey 26 percent of female business leaders spent six hours or more per day on domestic tasks, compared to only 11 percent of male business leaders. In Vietnam,²⁹ mothers (81 percent) were almost twice as likely as fathers (42 percent) to stop working or reduce work hours during school closures, and 52 percent of mothers supported and supervised children in learning, compared to 15 percent of fathers. In India, a survey conducted in April 2020, shortly after the implementation of lockdown measures, shows that women were more likely than men to report additional child and elderly care responsibilities ([South Asia Gender Innovation Lab 2020](#)). Another study for India shows that women who lost their jobs in the initial phase of the pandemic were more likely than men to report themselves as being engaged in domestic activities, and less likely to actively seek employment ([Kesar et al. 2021](#)).

Some of the cross-country studies further show that the presence of school-age children in the household is empirically correlated with the loss of employment by women. In LAC ([Cucagna and Romero 2021](#)) the presence of school-aged children was associated with increases in job losses among women, but not among men. And although the presence of young children in the household was no longer a factor associated with job losses two months after the onset of the crisis, caregiving responsibilities became more strongly correlated with job losses as the pandemic persisted. However, the evidence is more muted from the global analysis of high frequency phone surveys. [Bundervoet et al. \(2021\)](#) show that workers with school-aged children were more likely to stop working during the pandemic than workers without children. However, the effect is relatively small and does not differ significantly between men and women (though the point estimate is higher for female workers). A potential reason why the global results are less clear-cut than the ones for LAC is that the global analysis combines data from structurally very diverse economies. This includes countries where employment is still dominated by family agriculture, which may be more conducive to combining work with child rearing than the wage work found predominately in Latin America.

In some contexts, opposing forces may ultimately promote gender equality in the labor market, forcing fathers to contribute more to care tasks (see [de Paz et al. 2020](#)). Data from some Asian countries ([UN Women 2020a](#)) indeed indicates that the pandemic has shown some positive signs in terms of the redistribution of unpaid household work, with men and boys helping more at home since the spread of COVID-19. More than half of women surveyed in all countries noted that their partners helped more at home, while 35 to 80 percent (depending on the country) also noted that their sons helped more than before. Similarly, several academic studies reported that men increased their time spent on domestic tasks (e.g. [Deshpande 2000](#) for India; [Hoehn-Velasco et al. 2021](#) for Mexico). Women and girls, however, are still providing more help

²⁸ Conclusions after 6 Waves of business surveys

²⁹ COVID-19 Impact Monitoring

at home and it remains to be seen whether these emerging trends affect the intrahousehold distribution of care and other unpaid work beyond the time of the pandemic.

Other market shocks

Gender differences in the rates of job losses combined with pre-existing gender gaps in access to productive resources and social security coverage may increase women's broader economic vulnerability ([de Paz et al. 2020](#)). While it is difficult, conceptually, to measure gender and other intra-household differences in income and consumption, women were more likely than men to report reductions in total household income in the high frequency phone surveys conducted in the immediate aftermath of the pandemic ([Bundervoet et al. 2021](#)). Analysis of data from a sample of Asian countries ([UN Women 2020a](#); [Seck et al. 2021](#)) also concludes that women experienced larger declines in incomes than men.

Country-focused studies reach similar conclusions, with women being more likely than men to report income reductions. In Pakistan ([Tas et al. 2021](#)), 68 percent of females and 61 percent of males in the online COVID-19 survey reported a reduction in household income. Although this was related to job losses, the survey also showed that even women who were employed during COVID-19 were 11 percentage points more likely to report a decline in household incomes than men. In Djibouti ([World Bank 2020](#)), female-headed households faced higher uncertainty about their income stream than males. In Tunisia³⁰ the new poor were slightly more likely to be women (52 percent), while in Iraq ([UNICEF and the World Bank 2020](#)) the share of poor households headed by a woman grew from 8.8 percent to 13.5 percent during the pandemic. Evidence from China ([Du et al. 2020](#)), Ghana ([Chamboko 2021](#)) and Kenya ([Ndegwa 2020](#)) further suggests that men recovered more quickly from income losses than women.

A source of income with a large potential to affect men and women differentially are remittances, with impacts depending on whether, in a particular context, women tend to migrate or stay behind. According to recent World Bank estimates, officially recorded remittance flows to low and middle income countries in 2020 declined only by 1.6 percent compared to pre COVID-19 levels, much less than what was suggested by earlier predictions ([World Bank 2021d](#)). However, the global average hides significant regional variation, as LAC, SA and MENA saw an increase in remittances, compared to a decline in ECA, EAP and SSA. Furthermore, the HFPS suggest that among households receiving remittances before the onset of the pandemic, this source of income declined during the early phase of the pandemic ([Bundervoet et al. 2021](#)). UN Women data for several Asian countries shows further that significantly more women than men reported a decline in remittances ([UN Women 2020a](#); [Seck et al. 2021](#)). World Bank data from EAP ([World Bank 2020e](#)) indicate that female-headed households were more likely than male-headed households to rely on remittances, which have seen broad reductions, and in some countries, to experience food insecurity and limited access to health services.

International migrant domestic workers, who are mostly women, were an exceptionally vulnerable group during the pandemic. Though quantitative data on this topic is scarce, there is evidence from newspaper and human rights groups' reports that many of these workers not only lost their incomes and livelihoods when their host countries went into lockdowns, but also suffered severe violations of their workers' and human rights (e.g. when host families delayed or stopped paying them or limited their mobility) and were caught in a legal limbo due to travel bans in their home and/or host countries ([Kabeer et al. 2021](#); [Rao et al. 2021](#); see also the section on agency).

Food insecurity appears to have disproportionately affected female-headed households across countries. Almost no data is available about gender and other intrahousehold differences in

³⁰ Poverty, vulnerability and jobs diagnostic: Results April 2020.

food intake in the wake of the pandemic. However, some country-focused studies suggest that female-headed households have been disproportionately affected by food insecurity resulting from the crisis. In Indonesia ([World Bank 2020p](#)), the prevalence of food insecurity was higher amongst female-headed households due to lack of resources ([World Bank 2020q](#)). In Kenya ([Pape et al. 2021](#)), almost half of households experienced food insecurity, with female-headed households being more likely to be worried about not having food to eat. Similarly, female-headed households were 75 percent more likely to be food insecure in a study of Brazilian favelas³¹ ([Manfrinato et al. 2020](#)). These differences should not be viewed as a proxy for gender differences in food insecurity – as most women live in male headed households – but rather point to the specific vulnerabilities of households that self-identify as women-headed, possibly due to the specific demographic composition of such households (e.g., no physically present adult male). Other studies show that specific segments of the female population, e.g. female workers in Ethiopia’s ready-made garment industry, who were laid off in the early stages of the pandemic, experienced high levels of food insecurity ([Meyer et al. 2021](#)).

There is some evidence of gender differences in access to social protection and government assistance, which also affects coping strategies. Across a sample of Asian countries ([UNWomen 2020a](#)), and since the spread of COVID-19, some people reported turning to charity and government support. Here, again, women are at a disadvantage, as men are overall reporting larger increases of these two sources of income. Torres et al. (forthcoming), based on the analysis of Business Pulse and Enterprise Survey data for a sample of 49 countries, show that women-led business, esp. micro-enterprises, were less likely to report access to public support than men-led businesses, even though they were more negatively affected. In Ethiopia ([Abebe et al. 2020](#)), while women-owned businesses were disproportionately affected by the COVID-19 pandemic, less than one percent have received any type of government support. This can lead to negative coping strategies, including diminishing the caloric intake, with potentially disproportionate effects on women. As an example, in Yemen,³² limiting the portion of meals is increasingly becoming the most widely implemented coping strategy (used by 70 percent of households), with peaks among IDPs (77 percent) and female heads of households (80 percent).

3. AGENCY: DECISION MAKING

At the onset of the pandemic, COVID-19 was expected to have specific impacts on women’s voice and agency (their capacity to make decisions and act on them). Concretely, an increase in gender-based violence (and its severity and frequency) due to confinement was already observed across countries very early on (see [de Paz et al. 2020](#)). In addition, it was expected that response services would be stretched in terms of capacity, and face difficulties in reaching survivors amidst quarantine measures in several countries. Access to information on the pandemic was also expected to become problematic for some women with limited access to electronic devices or facing restrictions in their mobility. Finally, women’s inclusion in decision-making around the pandemic, reflecting their needs and interests, was expected to be another challenge in light of social norms in place in multiple countries that prevent them from being publicly vocal - despite women’s privileged position to be agents of change due to their roles in families and communities.

Increased reporting of violence against women and girls

Women experience increased risks of gender-based violence in the context of public health emergencies ([RCCE 2020](#); [UNFPA 2020a](#); [O’Donnell 2020](#); [Fraser 2020](#)). Increases in violence in the context of pandemics can be due to economic stress, quarantines and social isolation, the

³¹ Conducted between March and June 2020.

³² Yemen Mobile Vulnerability Analysis and Mapping, bulletin number 52.

potential breakdown of societal infrastructures or family separation in conflict or fragile contexts, reduced access to services, or the inability to escape abusive partners, among others ([Peterman et al. 2020a](#)). And indeed, since the outbreak of COVID-19, reports of violence against women, and particularly intimate partner violence, have increased in several countries as economic tensions and confinement measures worsened a pandemic that predates COVID-19.

A key challenge in assessing the changes in magnitude, severity, frequency, and forms of VAWG during COVID-19 is limited data. An increase in the number of media reports on a certain topic may not be a reliable source of information on whether or not there is actually an increased incidence of violence. Similarly, while several countries reported increases in calls to helplines, it is unclear whether this was due to an increase in VAWG or a larger share of victims reaching out for support. Relatedly, a decrease in VAWG calls or reports in some countries could just be the result of various factors that prevent survivors from reporting VAWG or seeking help, including enhanced monitoring and control by perpetrators at home due to quarantine measures ([UN Women 2020b](#)).

Data on violence against women are usually collected from different sources, oftentimes fragmented, inconsistent, and lacking comparability. In many countries, Demographic and Health Surveys, a key source of data on VAWG with standardized modules to allow for comparability, had to pause fieldwork during the pandemic and some surveys that were meant to go to the field in 2020 have been postponed until 2021 ([DHS Program 2021](#)). Phone surveys, a key information source for other aspects of gender inequality, rarely ask questions about VAWG due to concerns about privacy and confidentiality, which cannot be easily assured for an interview conducted over the phone and may put the respondents at further risk.³³ Other relevant data on VAWG comes from administrative reports by service providers – though those may vary in quality and consistency. Moreover, they are collected from survivors who use the service system. This may represent just a small proportion of victims, esp. during a pandemic and lockdown, when service may be interrupted or even closed.

Despite the existing challenges regarding data collection and monitoring, different available sources point towards an increase in VAWG. [Peterman et al. \(2020\)](#) completed three rounds of syntheses of evidence regarding the relationship between VAWG and the pandemic.³⁴ While most studies initially focused on the United States and other high-income countries, more recently, research has been conducted in low- and middle-income settings. The third roundup reveals that methodologies and data sources to assess trends in VAWG continue to expand, including research using machine learning to identify and analyze hateful and abusive content and cyberbullying on Twitter and Reddit, while still largely relying on administrative data from service providers. Half the studies reviewed by the authors (14) focus on whether VAWG has increased during the COVID-19 pandemic, with half of these (7) supporting increases, 4 finding mixed impacts, and 3 finding decreases. The latter, however, focus on child maltreatment in the United States and are likely to suffer from under-reporting, since children have been less exposed to education or other service staff that would have been able to observe and report indications of violence.

³³ See [Perova and Jarvis \(2020\)](#) for a discussion of how to circumvent these challenges.

³⁴ In June 2020 they summarized 17 rigorous research studies that had been published since the start of the pandemic, and in September we reviewed an additional 28 studies. In December, they added an additional 29 studies including publications that move beyond simple month-to-month comparisons from single sources and excluding work that do not present full methodology and/or sample information.

Several media reports also indicate a surge in cases of domestic violence in various countries ([Bradbury-Jones and Isham 2020](#)). Early reports from countries affected by COVID-19 (Spain, China, France, or Germany) indicated that gender-based violence was on the rise already in March 2020. Early hypotheses around the issue suggested a combination of increased tension, stress, and confinement conditions in the household as the main factors underlying this trend. In Canada, Germany, Spain, the United Kingdom, and the United States, government authorities, women's rights activists and civil society partners indicated rising reports of domestic violence, or increased demand for emergency shelter ([UN Women 2020c](#)).

As early as April 2020, a steep increase in calls to helplines had been reported across countries ([de Paz et al. 2020](#)). After first lockdowns had been initiated, an increase by 30 percent within the first month was registered in France ([Euronews 2020b](#)), and likewise, helplines in Cyprus and Singapore registered surges in calls by 30 per cent and 33 percent, respectively ([Graham-Harrison et al. 2020](#)). In Argentina, emergency calls for domestic violence cases increased by 25 percent within one month of lockdown ([Diario 21 2020](#)). Over time, an increase in calls to helplines has been reported in 80 percent of the countries that provided data. However, the range of such increases is wide: from 40 percent in Malaysia and 50 percent in China and Somalia, to 79 percent increase in Colombia, and as much as 400 percent in Tunisia ([UN Women 2020b](#)). Similarly, the UK-wide National Domestic Abuse helpline website "Refuge" recorded an increase of 150 percent in visits during the first month of the lockdown ([Kelly and Morgan 2020](#)). [Aguero \(2020\)](#) also identifies a 48 percent increase in the number of calls to the national hotline for domestic violence in Peru between April and July 2020, and so do [Perez-Vincent and Carreras \(2020\)](#) for Buenos Aires, Argentina, following the introduction of mobility restrictions.

Data from social media and search engines can shed light on certain developments and trends regarding violence against women. [Babvey et al. \(2020\)](#) analyze data scraped from Twitter in 16 countries and Reddit forums in the US using machine learning to classify content and find an increase in hateful and abusive language and cyberbullying and family violence during the lockdown period. Similarly, [Qin et al. \(2020\)](#) use Google search data for "domestic violence hotline" in Australia, Canada, the United Kingdom, and the United States and find significant relationships between COVID-19 cases and domestic violence searches.

One of the most common data sources on violence against women is given by service providers registries. Health centers have recorded larger numbers of reports in India and Zimbabwe ([UN Women 2020c](#)). In Rwanda, however, the opposite situation was encountered, with cases reported by health centers decreasing with the pandemic ([UN Women 2020c](#)). Around 90 percent of the cases of violence reported to an anti-domestic violence organization in Hubei province were considered related to the COVID-19 epidemic. Likewise, the Chinese women's organization Weiping reported an increased number of domestic violence-related reports with lockdowns in several cities ([Wanqing 2020](#)). In Australia, a Women's Safety New South Wales survey revealed that 40 percent of frontline workers reported increased requests for help by survivors, and 70 percent have reported that the cases received have increased in their level of complexity during the COVID-19 outbreak ([Duncan 2020](#)).

In several countries, police records document an increase in reports of domestic violence cases and other forms of violence against women. In 50 percent of the countries that provided data to the synthesis of findings from the UN Women's Rapid Assessments³⁵ police records indicated

³⁵ The UN Women Rapid Assessment ([UN Women 2020c](#)) consisted in a quick data collection exercise carried out in mid-April 2020, whereby UN Women field offices were asked to conduct a rapid stock-taking on the impact of COVID-19 on VAWG, based on information gathered from national partners – government and civil society. Responses were received from 49 countries in 5 regions including: Arab States (7 countries), Asia (10 countries), East

an increase in reporting, including in China, Saint Vincent and the Grenadines, Kenya, and Somalia. Ecuador, Ethiopia, Nepal and Trinidad and Tobago, on the other hand, indicated a decrease. A police station in central Hubei province (in Jianli County) received three times more reports of domestic violence in February 2020 (162 reports) than in February 2019 (47 reports) ([Fraser 2020](#)). China witnessed a three-fold increase in the cases of domestic violence after imposing a quarantine, according to police reports ([Allen-Ebrahimian 2020](#)). In Australia, while a drop was observed in overall crime rates, domestic abuse rates increased by 5 percent during the first couple of months of the pandemic in 2020 ([Kagi 2020](#)). Similarly, first-time abuse calls increased between 16 and 23 percent according to 911 calls data from 14 US cities ([Sanga and McCrary 2020](#)).

Femicide has increased significantly in some places since the onset of the pandemic. For instance, data from the first two months of confinement measures in Brazil (March and April of 2020) point to a 22 percent increase in femicide and a 27 percent increase in complaints to the national VAWG helpline, compared to the same period in 2019 ([World Bank 2020r](#)). In the UK, an increase in the number of domestic homicides has also been documented ([Mittal and Singh 2020](#)).

Despite difficulties in data collection, survey data is available for some countries, and points to an increase in intimate partner violence (IPV) and other forms of VAWG since the pandemic. For instance, [Gibbons et al., \(2020\)](#) find a significant increase in IPV in Argentina using primary (online) survey data. In Japan, school closures initially resulted in greater frequency of domestic violence among mothers whose firstborn child was aged four to ten years old in March 2020 according to an online survey. In Indonesia, 83 percent of respondents reported increased IPV in their communities due to COVID-19 in a dedicated module on Gender Based Violence (GBV) in a phone survey on the general impact of the pandemic. Stress related to household food insecurity is among the strongest predictors of exposure to VAWG. Importantly, in the context of the study, women's access to jobs appeared to be protective against the increase in exposure to VAWG due to COVID-19 ([Halim et al. 2020](#)). In India, survey data collected in April 2020 showed an increase in domestic violence during the early stages of the lockdown, likely related to increased stress and intrahousehold tensions ([South Asia Gender Innovation Lab 2020](#)).

The observed trends may vary depending on certain characteristics of the abuser and/ or the victim. In Pakistan, around 30 percent of individuals reported having experienced at least one type of violence (humiliation, threat, insult, felt unsafe at home, physical abuse, or sexual abuse) during COVID-19. Working women were slightly more likely to experience violence (26 percent) than non-working women (24 percent). In contrast, a greater share of unemployed men (37 percent) reported experiencing at least one type of violence since COVID-19 (as opposed to 27 percent for men with employment). Multivariate analysis verifies these findings, and points to increased rates of humiliation and household tensions associated with the unemployment of men ([Tas et al. 2021](#)).³⁶ Based on a review of the existing evidence, economic stressors, low social support, lack of employment, substance abuse, poor mental health, and younger age operate as some of the main risk factors around violence against women and children in the COVID-19 context ([Peterman et al. 2020](#)). These findings are consistent with those resulting from past pandemic and crisis contexts ([de Paz et al. 2020](#)).

and Southern Africa (9 countries), Latin America (4 countries), Caribbean (15 countries and territories), West and Central Africa (4 countries).

³⁶ This is consistent with a recent study using data from 31 developing countries, which showed that a 1 percent increase in the male unemployment rate is associated with an increase in the incidence of physical violence against women by 0.5 percentage points or 2.8 percent ([Bhalotra et al. 2020](#)).

In some contexts, evidence reveals that the severity of violence intensified, and new forms of violence emerged during the lockdown. Qualitative research by [Fawole et al., \(2020\)](#) illustrates the specific intra-family dynamics of lockdowns, economic stress, and patriarchal rules within the home. Drawing on reports from organizations serving women experiencing IPV in Nigeria to understand the trajectories of women survivors of violence during lockdowns, the authors found increased severity and new forms of violence, such as the threat of being thrown out of the family home. The research also found links between enhanced severity of violence and economic stressors originating from lockdowns and reduced social support as a barrier to accessing formal support (services) or informal help (personal contacts). A rise in the incidence and risk of cyber-violence has also been noted in contexts where women have access to technology ([UN Women 2020d](#)). The risk of sexual violence and other forms of violence against women in public spaces continues, especially with lockdowns, curfews and similar containment measures ([UN Women 2020d](#)).

Specific groups of women may be particularly exposed to the risk of violence against women. For instance, workers in healthcare professions at the forefront of the COVID-19 response, 70 per cent of whom are women, face multiple risks to their health, wellbeing, and safety. [Fraser \(2020\)](#) refers to several reports of violence and abuse against healthcare workers in Wuhan, attacks, and injuries by family members of patients, verbal abuse and backlash from patients and their families due to the lack of hospital beds. Healthcare workers in Singapore have reported experiencing abuse and harassment since the pandemic, including when they are in uniform in public spaces and on public transport. In polyclinics and hospitals, notices remind the public that abuse of healthcare workers will not be tolerated and will be referred to the police ([Fernandez 2020](#)).

Migrant domestic workers (predominantly women) are also particularly vulnerable during the confinement measures. As the Hong Kong government advised the estimated 400,000 foreign domestic workers to stay indoors on their day off to avoid the risk of contamination, the Migrants Workers Association has warned that women workers are at risk of exploitation, with reports of employers insisting they work on their day off and threatening dismissal ([Fraser 2020](#)).

Women refugees or displaced persons face enhanced risks during the pandemic. A survey administered directly to women refugees and IDPs, as well as additional key informant interviews with GBV experts in 15 humanitarian response settings across East Africa, West Africa, and the Great Lakes region, provides evidence of increases in violence against women and girls. Driving factors include the growing stress from lockdowns and economic insecurity and threats from security personnel who enforce lockdown measures ([IRC 2020](#)). Similarly, immigrant women in the US from diverse world regions (e.g., Africa, Asia and Latin America) documented narratives of increased severity and frequency of IPV due to factors including more time with partners at home, gun purchases, and decreased legal help-seeking in a qualitative study by [Sabri et al. \(2020\)](#).

Exposure to violence by community members and security forces in charge of enforcing lockdown rules, and outsiders transporting goods, may have arisen in some contexts. Although evidence of this transmission channel is scarce, it is still a valid and likely risk, especially in lower income and conflict contexts where strict lockdowns have been decreed, and among the most vulnerable women. There have been, for instance, accounts of unlawful use of force and misconduct by the Nigerian police in the enforcement of COVID-19 measures. Female participants in the study reported incidents of sexual harassment, unwanted sexual advances, and assault ([Aborisade 2021](#)). [Amnesty International \(2020\)](#) reports multiple cases of police and military brutality and abuse in the context of the enforcement of COVID-19 rules across countries. In many cases, certain communities have been particularly targeted, including Roma,

refugees, Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) groups, sex workers or homeless people.

Protection and support services interrupted

At the onset of the pandemic, a growing strain on the health system, as well as the social distancing measures taken in several countries due to the spread of COVID-19 were expected to lead to disruptions in care and support services for women survivors of gender-based violence ([de Paz et al. 2020](#)). Indeed, services in several countries have faced closures due to operational disruption, lack of preparedness for the pandemic response, resource shortages, and/or fear of health risks, for instance in Afghanistan, Cambodia, and Indonesia, complicating survivors' access to shelters, and other key services ([UN Women 2020c](#)). Survivors have experienced limited access to essential legal and protection services, adding severely to their vulnerability. For example, most civil hearings and case-file receptions at courts were suspended and most legal aid centers closed during the first months of the pandemic in Bolivia and Senegal. Marital disputes were not considered as emergencies in India at the onset of the pandemic ([UN Women 2020c](#)). The Rapid Assessment exercise by [UN Women \(2020c\)](#) also indicated that healthcare centers and police were overstretched by the COVID-19 response; certain services were facing resource constraints and activities that require face-to-face interactions were put on hold in several countries. In other cases, survivors were required to self-isolate or provide medical proof before being admitted into shelters (Palestine and Lebanon) – putting up an additional hurdle for women to overcome. While certain services are now available remotely, access to online services remains a challenge for many women and girls with limited access to the internet or telephone.³⁷

Many women with disabilities are unable to receive day-to-day care from support workers, according to the UN Women Rapid Assessments ([UN Women 2020c](#)). This was particularly the case in many countries in the East and Southern Africa region that provide such information, and the underlying reasons are mobility restrictions for care workers, and fear of contracting the virus.

Barriers in accessing information and in participating in decision-making

Most studies indicate more knowledge and greater adherence levels to containment and preventative measures among women than men. Studies across countries including Somalia, Brazil ([Pereira-Avila et al. 2020](#)), China ([Zhao et al. 2020](#)), Thailand ([Srichan et al. 2020](#)) and India ([Al ahdab 2021](#)) found that women were more likely to adopt preventative behaviors than men. In addition, a survey in 8 OECD³⁸ countries found that women are more likely to agree with restraining public policy measures adopted in response to COVID-19, and to comply with them ([Galasso et al. 2020](#)).

However, gender gaps in knowledge about the pandemic and in related access to information may disadvantage women in some contexts. A recent study in the UK has found systematic inequalities around age, gender, income and education in how people engage with information on COVID-19 ([Fletcher et al. 2020](#)). In Sierra Leone, a larger share of women than men were unaware that one can survive COVID-19 (70 percent vs. 61 percent), an indicator of lack of knowledge about the disease, and fewer women than men had taken action to avoid infection

³⁷ The World Bank's Women, Business and the Law (WBL) program has collected data on how many countries sought to prevent service disruptions. For example, at least 72 economies have declared family cases as urgent/essential during the lockdown, while 88 countries have allowed remote court hearings ([World Bank 2021d](#)).

³⁸ Australia, Austria France, Germany, New Zealand, USA, Italy, UK.

([Sengeh et al. 2020](#)). Health literacy appears to be critical for people to navigate the wealth of information and misinformation on COVID-19 – the so-called *infodemic* –, as shown by a recent study conducted in Germany ([Okan et al. 2020](#)).

Women’s disadvantage in access to critical information due to lower education, exclusion from male networks, specific power structures and societal limitations on women’s mobility may constrain their decision-making capacity with respect to the pandemic. In Bangladesh and Pakistan, a gender gap in access to COVID-19 related information was found through early Rapid Assessment Surveys by UN Women (April 2020) ([UN Women 2020e](#)). In Bangladesh 29 percent of women and 15 percent of men reported not having received any information on the pandemic, and those numbers increased to 32 percent among women and 21 percent among men in Pakistan. Despite their relevant roles promoting hygiene practices in the household and as caregivers, many women in these countries may lack adequate access to key information due to the persistence of gender gaps in access to the internet, cellphone ownership, or in educational attainment ([UN Women 2020e](#)).

Women have a crucial role to play in the response to the crisis, especially in the prevention and containment phase, but also during follow up – i.e., in leadership, planning, preparedness, etc. However, women are less likely to participate directly in decision-making around the pandemic: The majority of national-level committees established to respond to COVID-19 do not have equal female-male representation. Of the countries surveyed which had established such committees, 74 percent had fewer than one-third female membership, and only one committee achieved gender parity. On average, women made up 24 percent of the committees ([CARE 2020](#)). Moreover, existing women’s groups, which could have acted as a forum for women to organize and let their voices be heard, have seen their regular operations interrupted due to the containment measures ([O’Donnell et al. 2021](#)).

Women are a central part of the solution, as their voice and agency can translate into more adequate responses to women’s needs during the pandemic ([de Paz et al. 2020](#)). CARE (2020) finds that countries that have more women in leadership, as measured by the [Council on Foreign Relations Women’s Power Index](#) are more likely to deliver COVID-19 responses that consider the effects of the crisis on women and girls. On average, the higher the country’s score on the index, the more likely it was to craft a gendered response. That suggests that governments with lower levels of women’s leadership are at risk of deploying COVID-19 response plans that do not consider the disproportionate impact of the pandemic on women and girls, and of failing to implement policies that support them.

Increased risks of child marriage and early pregnancy

The drivers of early marriage are well documented in the literature and include socio-economic aspects, such as poverty or lack of educational and employment opportunities for girls, and cultural factors, as well as social norms. Economic insecurity can lead to child marriage to relieve financial pressure on a family. Child marriage has functioned as a coping mechanism in times of economic fragility and uncertainty, including conflicts, food crises and disasters. Furthermore, education is a protective factor against child marriage as families decide about a girl’s education and marriage in parallel (see summary discussion in [de Paz et al. 2020](#)). Not only are poorer girls at greater risk of getting married as children but marrying early may also lead to a higher likelihood of being poor later in life (see [Wodon et al. 2017](#), for a summary of the evidence).

COVID-19 has affected the main factors driving child marriage in significant ways. Not only have confinement measures led to the closure of schools, thus interrupting education, but also, and more broadly, social distancing requirements, business closures and travel restrictions associated with COVID-19 led to a decline in economic activity, to the loss of livelihoods, and increased poverty and vulnerability. Households tend to respond to economic insecurity in two ways: by cutting spending (such as education costs), and by cutting household size. Both can lead to child marriage ([UNICEF 2021](#)).

While actual data on trends in child marriage rates are very scarce, [UNICEF \(2021\)](#) estimates that globally 10 million more girls are at risk of marriage in childhood due to COVID-19 – driven by the economic shock to households, interrupted education and disruptions of programs and services. Child marriage was perceived to increase in Yemen during the COVID-19 pandemic due to increased financial constraints faced by families. Similarly, in Jordan, rates of child marriage were reportedly increasing in the Azraq and Zaatari refugee camps, further exacerbated by losses of informal labor opportunities and increased food insecurity ([UNICEF 2020](#)).

Teenage pregnancy can also increase substantially during the outbreak of an infectious disease due to increased sexual violence and child marriage, or as a negative coping strategy by girls. Evidence on trends in teenage pregnancies remains scarce. According to [WHO \(2021\)](#) it will take time for the epidemiological picture regarding teenage pregnancies to become clear, and early reports of a significant pandemic-related spike in teenage pregnancies may be unreliable. For example, media reports of a supposedly 40 percent increase in teenage pregnancies in Kenya in the first three months of the country's national lockdown appear not to be borne out by the available data. Potentially fewer teenage pregnancies may be reported by administrative data systems during the first months of the pandemic because girls may shy away from health facilities due to pandemic-related fears. Also, adolescent mothers often do not attend antenatal care early and consistently, and those who do tend to wait until the last trimester of their pregnancy, which may contribute to making early data on adolescent fertility and its connection to the pandemic not very reliable ([WHO 2021](#)).

Finally, there is also tentative evidence of an increase in female genital mutilation. UNFPA expects the impact of COVID-19 on ending female genital mutilation to be severe: due to COVID-19 disruptions, it anticipates a 1/3 reduction in the progress towards ending FGM by 2030, which could mean that 2 million FGM cases could occur over the next decade that would otherwise have been averted ([UNFPA 2020b](#)).

Conclusions

The main objective of this paper is to take stock of the evidence stemming from new data and analysis generated over the last year on the gender implications of COVID-19. This review aims to provide an in-depth, and up-to date picture of how women and men have been affected by the pandemic. With a global, systematic and comprehensive approach, it incorporates new analysis, mostly focused on economic aspects but also touching upon other relevant dimensions (as outlined in [de Paz et al. 2020](#)). For that purpose, it presents and summarizes results from new global WBG data collection and analysis, specific country deep dives on the impacts of COVID-19 and takes stock of some efforts by other development partners (such as the UN Women Rapid Gender Assessment Surveys).

The paper reviews and provides support to most of the hypotheses put forth at the outset of the pandemic (see [de Paz et al. 2020](#)) while at the same time, bringing some nuances to broad

takeaways. With respect to health, men are suffering a disproportionate burden of COVID-19 mortality, and they are also more likely to be diagnosed with COVID-19. On the other hand, women are being affected by disruptions in service provision with implications for reproductive health outcomes. With regards to education, this paper finds little evidence for the earlier hypothesis that families would redirect scarce resources to prioritize education of boys over girls. However, evidence on this topic is scarce, as internationally comparable data from a wider range of countries on what has happened in contexts where schools have reopened is not yet available. For the few countries for which phone survey data is available, gender gaps in terms of participation in learning activities during the pandemic are small, and often not statistically significant. However: i) the sample of countries for which such data is available is extremely limited, and ii) the data often do not allow to clearly distinguish between remote learning and return to school (which may be hampered by other constraints). The hypotheses regarding women's labor market outcomes were mostly confirmed: Women have been more likely to stop working for pay and have experienced a slower recovery, while, at the same time, they are bearing the brunt of responsibility for caring for others. In terms of voice and agency, the different data sources available point to an increased risk of violence, especially intimate partner violence, faced by women and girls globally. In addition, women have been under-represented in decision-making on COVID-19 and in some contexts disadvantaged in access to critical information.

Major challenges in data collection and monitoring in several gender-relevant dimensions need to be noted. With regards to violence against women and girls, only a few surveys gathered information directly from women, while most other data sources are based on service providers, police reports or social media analysis. Data scarcity also limits the extent to which clear takeaways can be formulated when it comes to education. In this paper, we found little evidence for the hypothesis that families would redirect scarce resources to prioritize the education of boys over girls but data on the issue was overall very limited. For the countries that had such data available, slightly more girls than boys participated in learning activities during the pandemic, which includes both remote learning and in-school learning (in cases where schools were open), but gender gaps are often small and may not be statistically significant. Child marriage and teenage pregnancy are other dimensions in which data and analysis are too scarce to be able to draw any conclusions.

Data limitations affect the quality and depth of the information that can be presented in this paper. Information on the socio-economic impacts of COVID-19 has largely come from remote surveys, which pose challenges in measuring the gendered impacts of COVID-19, including related to respondent selection, length of survey, and coverage of topics. The design of COVID monitoring remote household surveys will need to take into account survey respondent selection³⁹ to facilitate the collection of data on the adult population for individual level outcomes (labor, health, education, etc.) and be able to make comparisons between women and men. In addition, questionnaire adaptations to capture the information that is pertinent to transformative policies for gender equality in response to the pandemic are needed (including: time use information, access to ICT, financial inclusion, mobility, and decision-making). Finally, the interview process itself (remote) carries some problems and sensitivities that would need to be addressed. Likewise, the pandemic has illustrated the importance of strengthening core administrative data systems (e.g., civil registration system and vital statistics) and disease surveillance systems, and of incorporating sex disaggregation into their routine data collection processes ([McDougal et al, 2021](#)).

³⁹ Among the challenges of remote phone surveys to measure gender differentiated results, especially in low- and middle-income settings, women are less likely to own a phone (or other mobile device) than men. Depending on the contexts, men or women may have lower likelihood to be responsive to unsolicited survey calls.

Beyond data needs, it is important to emphasize that, given the diversity of women and men across the world and within countries, a global paper such as this will not be able to reflect the heterogeneity of experiences in terms of vulnerability and resilience to the effects of the pandemic. As gender intersects with other socio-demographic characteristics (age, race, income, ethnicity, location of residence etc.), it is very important to take those into account when aiming to paint a more accurate and nuanced picture of gender disparities in a specific context.

For an inclusive recovery from this pandemic, it will be crucial to take gender disparities and increased vulnerabilities of males and females across multiple dimensions into consideration when formulating policies. While this note outlines numerous gender disparities in the impacts of the pandemic, it will be essential to continuously assess the situation during the remainder of the pandemic as well as the recovery phase. This will involve collecting sex-disaggregated data and information, monitoring progress, and identifying dimensions that remain more challenging for specific sub-groups of women (e.g. due to intersectionality and overlapping disadvantages). A strong and inclusive recovery will not be feasible when specific needs and interests are neglected and not proactively addressed.

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