

The Impact of Covid-19 on Women

B&NES Children, Adults, Health & Wellbeing Panel - 14 September 2021

Background

On 11 March 2020, The World Health Organization (WHO) declared the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) outbreak a **global pandemic**.ⁱ On 23 March 2020, the UK government implemented the first national 'lockdown', ordering people to '*stay at home*' (i.e., where people were only allowed to leave home under certain circumstances).ⁱⁱ A second national 'lockdown' began on 5 November 2020ⁱⁱⁱ, and national 'lockdown' restrictions were reintroduced for a third time on 6 January 2021.^{iv}

At the time of drafting this paper some 133,000 **deaths** had been registered in England where Covid-19 was mentioned on the death certificate.^v In Bath and North East Somerset (B&NES) this figure stood at around 300 residents.^{vi} Excess deaths – a measure of the number of deaths that occurred during the pandemic from all causes over and above what would be expected in a normal period – was higher than registered deaths with Covid-19 on the death certificate during the first peak(/wave) in England¹ and B&NES.^{2vii} This is due to several factors, for example, deaths that may not have been registered with Covid-19 on the death certificate (i.e., when testing was much lower and certifying medical professionals may have been more reluctant to put Covid-19 on a death certificate), as well as deaths from other causes due to disruption of healthcare services and/or reluctance of people to seek medical assistance.

Introduction

At a meeting of B&NES's Council on 25 March^{viii} Councillor Jess David presented a statement on the impact of the Covid-19 pandemic on women and requested the establishment of "*...a scrutiny process that will bring together an evidence base for Bath and NE Somerset on these issues and provide an opportunity for us to make recommendations for action – both in our economic renewal work and wider service provision.*" This paper provides a summary of the national evidence. It also draws on some international evidence, particularly where the national evidence is sparse.

Methodology

This evidence paper was researched and written by the Insight Team (Business Intelligence) in B&NES. It draws upon evidence that has already been synthesised in published reports from a range of organisations, for example, Public Health England (PHE), The Health Foundation, Institute for Fiscal Studies (IFS), Office of National Statistics (ONS), London School of Economics (LSE) and OECD. This paper focuses on differences in the impact of the pandemic based on gender. However, it is important to note that gender alone will not explain all the differential impacts of the Covid-19 pandemic. The following quote from a European Parliament Think Tank report illustrates this point:

"Women are not a homogenous group, and nor will they all experience these impacts in the same way. Race, location, religion, sexual orientation, ethnicity, socio-economic group (and beyond) will further affect women's experience of

¹ In England during the period w/e 27 March 2020 and w/e 12 June 2020 there were 158,922 registered deaths. Expected deaths during this period in England (based on the average for the period 2015 to 2019) were 103,789. Thus, there were 53,133 excess deaths during this period in England. However, there were 45,030 deaths registered with Covid-19 on the death certificate during this period in England.

² In B&NES during the period w/e 27 March 2020 and w/e 12 June 2020 there were 500 registered deaths. Expected deaths during this period in B&NES (based on the average for the period 2015 to 2019) were 363. Thus, there were 137 excess deaths during this period in B&NES. However, there were 90 deaths registered with Covid-19 on the death certificate during this period in B&NES.

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COVID-19. When considering policy development and scrutiny, the downstream effects of policy must recognise the real-world of those experiencing the outbreak and seek to mitigate against further harms amongst the most vulnerable.^{xix}

Mortality and Morbidity

Between March 2020 to February 2021 just over half of **Covid-19 deaths** in England and Wales were among men (68,889|126,851, 54%³).^x Men were at higher risk of severe symptoms and worse outcomes, at least in part due to having a higher prevalence of certain comorbidities that are known risk factors (e.g., cardiovascular disease^{xi} and diabetes^{xii}).^{xiii} There is also *emerging evidence* to suggest 'female' oestrogen can enhance the immune system's response to pathogens, while 'male' testosterone can suppress this response.^{xiv}

In contrast to mortality, women were generally more likely to have received a positive recorded PCR test result for Covid-19 locally [Figure 1]. However, since women are more likely to work in the health and care sectors, they are more likely to be subject to regular testing (and evidence shows that more women than men had a PCR test for Covid-19^{xv}), and thus, may have been more likely to have been detected as having Covid-19 compared to men.

'**Long Covid**', defined as ongoing symptoms persisting for more than four weeks after infection, is impacting people's ability to return to daily life.^{xvi} On 4 July 2021, an estimated 945,000 people in the UK self-reported being affected by 'Long Covid' - representing 1.46% of the population.^{xvii} As a proportion of the UK population, prevalence of self-reported 'Long Covid' was greatest in people aged 35 to 69 years, females, people living in the most deprived areas, those working in health or social care, and those with another activity-limiting health condition or disability.^{xviii}

Mental Health and Economic Impact

Despite the increased mortality among males, women's **mental health and wellbeing** appears to have been more negatively affected than men's - **often due to the differing lockdown experiences**.^{xix, xx, xxi} Women were more likely to be furloughed, to spend significantly less time working from home, and spend more time on unpaid household work and childcare.^{xxii} The IFS estimated that women, particularly younger women, were a third more likely to be employed in sectors that were 'shut down' over the first 'lockdown' [Figure 2], and thus particularly at risk of job loss.^{xxiii xxiv} Rates of women on furlough remained consistently higher to December 2020 [Figure 3]. Women reported worse **symptoms** and a larger deterioration in **mental health** after the onset of the pandemic than men.^{xxv} Self-reported declines in mental wellbeing were higher for women than men during the first 'lockdown'.^{xxvi xxvii} During the first 'lockdown' the ONS found that parents reported splitting home schooling equally between them, but by January 2021 (the start of the third 'lockdown'), a significantly greater proportion of women (67%) than men (52%) home-schooled a school-age child.^{xxviii} This coincided with a high prevalence of poor mental health among mothers reported in January 2021.^{xxix}

Several studies have found that those in insecure work, including those on zero-hours contracts and in temporary employment suffered greater falls in **earnings and hours worked** over the pandemic than those on more secure contracts.^{xxx} Workers on less secure contracts who were eligible for the Coronavirus Job Retention Scheme (CJRS) faced

³ Registered deaths cover the period week ending 20 March 2020 to week ending 12 February 2021 by date of occurrence covering England & Wales where Covid-19 is mentioned on the death certificate.

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different experiences while furloughed. Furloughed workers on less secure contracts were not as likely to have had their wages topped-up by their employer beyond the 80% subsidy provided by the government.^{xxxvi} As previously noted, women increased the number of hours devoted to care by more than men, thus putting an additional burden on working mothers. Research found that mothers found it harder to work productively from home during the pandemic.^{xxxvii} Mothers were more likely than fathers to ask to be furloughed, while there was a much smaller gender gap among those without children.^{xxxviii}

Single parent families, the vast majority being **lone mother families** (90%) rather than lone father families (10%),^{xxxix} experienced greater difficulties during the pandemic compared to couple parent families. Research by Women's Budget Group, The Fawcett Society, London School of Economics and Queen Mary's University London highlighted some of the experiences of parents at the height of the first 'lockdown' (from a survey of 1,424 parents of under-11s conducted in mid-April 2020).^{xl} For example, single mothers were more likely to say they expect to find it difficult to make ends meet, with 54% of single mothers agreeing compared with 46% of couple mothers agreeing, and 45% of single mothers saying their household has nearly run out of money compared with 33% of mothers and 31% of fathers in couple households.

With the recent 'unlocking' of restrictions, and the government appearing to at times advocate a return to the workplace, a recent survey of 2,132 UK workers (including a minimum of 250 who work for SMEs and 250 who are self-employed) has highlighted the pressures **employees** feel to disguise their **mental health** concerns.^{xli} Fifty-one percent of respondents felt under pressure to put on a brave face at work, while 40% said they felt less resilient than before the pandemic.^{xlii} More women report feeling under pressure to put on a brave face in front of colleagues (56% of women vs. 45% of men), and younger women are feeling under pressure the most (this figure rising to 61% for young women aged 16-24).^{xliiii} Women are also more likely to feel the consequences of low resilience – 41% reporting problems with sleeping and 29% shutting themselves off from people, compared to 27% and 21% of men respectively.^{xliiii} Only 16% felt their mental health is very well supported at work, but 81% want their employers to provide support for mental wellbeing.^{xliiii}

The pandemic has accelerated the shift to remote homeworking. A House of Commons Women and Equalities Committee report suggests this brings opportunities for gender equality in the labour market.^{xliiii} The Committee recommend employers should take the opportunity to capitalise on some of the cultural changes seen to make it easier for people balancing family and career to work from home, to make it more flexible and to challenge the culture of presenteeism.^{xliiii} However, it is noted that working from home could create challenges for career progression where permanent home workers may be left out of the career ladder.^{xliiii} The Health Foundation also suggest that with home working set to become normalised post-pandemic, employers would be wise to put efforts into ensuring that female employees are supported in juggling multiple pressures.^{xliiii}

Domestic Abuse, sexual exploitation and sex-based violence

Having looked at the evidence base, the Health Foundation recently concluded that having to stay at home during 'lockdowns' increased the risk of experiencing **domestic abuse**.^{xliiii} Analysis of domestic abuse crimes held by the Metropolitan Police between 23 March to 14 June 2020 showed that while the overall level of domestic abuse crimes remains stable there was a considerable shift in the type of abuse.^{xliiii} Abuse by current partners and family members increased by 8.5% and 16.4% respectively, while abuse by ex-partners declined by 9.4%.^{xliiii} Calls for help remained high during both peaks (/waves).^{xliiii} Refuge reported an

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average 60% increase in monthly calls to their helpline between April 2020 and February 2021 compared with the start of 2020, with 72% of calls from women directly experiencing domestic abuse.^{xlix} It is well established that pregnancy triggers, and frequently accelerates domestic abuse.ⁱ The increase in remote on-line and telephone appointments for **pregnant women** also led to concern by healthcare professionals that domestic abuse is being masked during the pandemic.^{li}

There is also evidence of an increased risk of **sexual exploitation and sex-based violence** since the start of the pandemic. An unpublished report referred to by The Health Foundation Reports suggests an increase in the number of women using sex work to survive during the pandemic.^{lii} Between March and July 2020, the national charity, Changing Lives, saw an 83% increase in women accessing its specialist support for people selling sex – driven by the need for food and rent, and to provide for children.^{liii} It also saw a 62% rise in women saying they had experienced sexual violence during the same period.^{liv} With social distancing measures in place, much sex work moved away from the street and into private homes making it more dangerous as the women are out of sight of services, harder to access and often alone.^{lv}

Impacts during pregnancy

With the increased pressure on the NHS since the start of the pandemic, women were adversely affected by **disruptions to perinatal and antenatal care**. An on-line questionnaire responded to by 1,451 respondents found that scans became less frequent at the beginning of the pandemic, and women reported difficulties discussing sensitive issues virtually, as well as being compounded by fears of further burdening the health system.^{lvi} Initial restrictions meant many women gave birth without a birthing partner, and even once this changed there were still limitations on how long they could stay to support mothers.^{lvii}

A systematic review has found that **pregnant and recently pregnant women** with Covid-19 attending or admitted to the hospitals for any reason are less likely to manifest symptoms such as fever, dyspnoea, and myalgia, and are more likely to be admitted to the intensive care unit or needing invasive ventilation than non-pregnant women of reproductive age.^{lviii} Their babies are more likely to be admitted to the neonatal unit.^{lix} The ethical dilemmas around including pregnant and breast-feeding mothers in clinical trials is a long-standing issue. Their absence in the initial clinical trials for Covid-19 vaccines has likely led to greater safety concerns among pregnant women and lower vaccine uptake. The UK government have recently announced a new government funded clinical trial to investigate the best vaccine dose interval for pregnant women (the Preg-CoV study).^{lx} Pfizer also announced in February 2021 they were conducting a trial to evaluate their Covid-19 vaccine in pregnant women.^{lxi} Following 130,000 pregnant women being vaccinated in the US, and no safety concerns being raised, the Pfizer/BioNTech and Moderna vaccines were recommended by the independent experts at the Joint Committee on Vaccination and Immunisation (JCVI) for pregnant women in the UK.^{lxii} Almost 52,000 pregnant women in England have been vaccinated (reported in early August 2021) – similarly, with no safety concerns reported.^{lxiii}

Drinking Habits

There is evidence emerging that during the Covid-19 pandemic people have significantly **changed drinking habits**, shifting places of consumption from bars and restaurants to home. The OECD found that most people did not change how much they drank, but among those who did, a larger proportion of people drank more.^{lxiv} The long-term impacts of Covid-19 on alcohol consumption are uncertain. During the Covid-19 'lockdowns' women, parents of young children, people with higher income and those with anxiety and depressive

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symptoms reported the highest increase in alcohol consumption across several countries.^{lxv} Given that excessive alcohol consumption is common after traumatic events, as a response to high stress levels, there is a risk that Covid-19 will cause an increase in problematic drinking in the medium term.^{lxvi}

Summary

This paper presents findings across a wide spectrum of topic areas in which women have experienced differential impacts during the pandemic when compared to men. However, and as already noted, other factors such as ethnicity, income, caring responsibilities, etc. need to be carefully considered when drawing conclusions. As the body of research evidence on the impacts of the pandemic grows other medium- and long-term impacts will come to light.

Insight Team

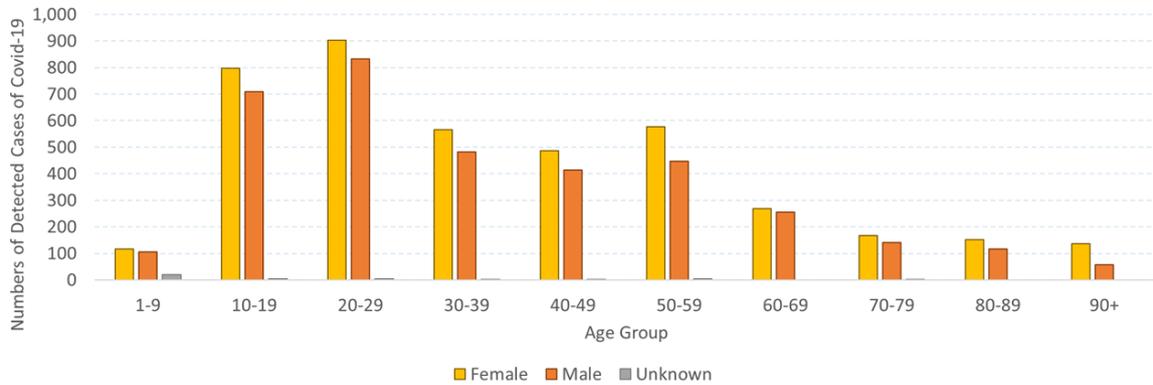
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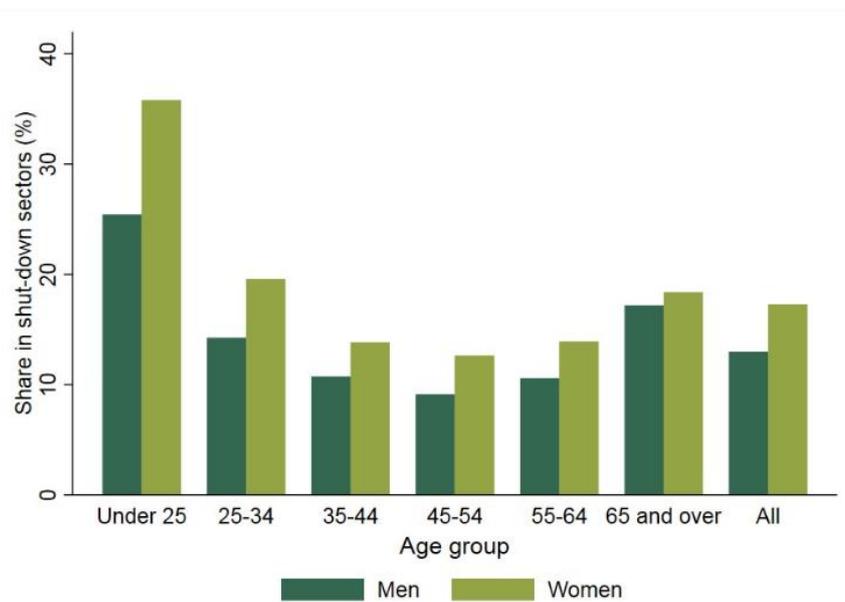
Figure 1: Detected cases by gender per 1,000 population during the 2nd peak(/wave) of UK's epidemic of Covid-19, decile age band (excluding age below 1), B&NES, week 36 (2020) to week 18 (2021)



Source: B&NES internal analysis of Cases Line List data.

Note: Sample date period covers w/e 4 September 2020 to w/e 7 May 2021.

Figure 2: Share of employees in shut-down sectors, by gender and age (April 2020)

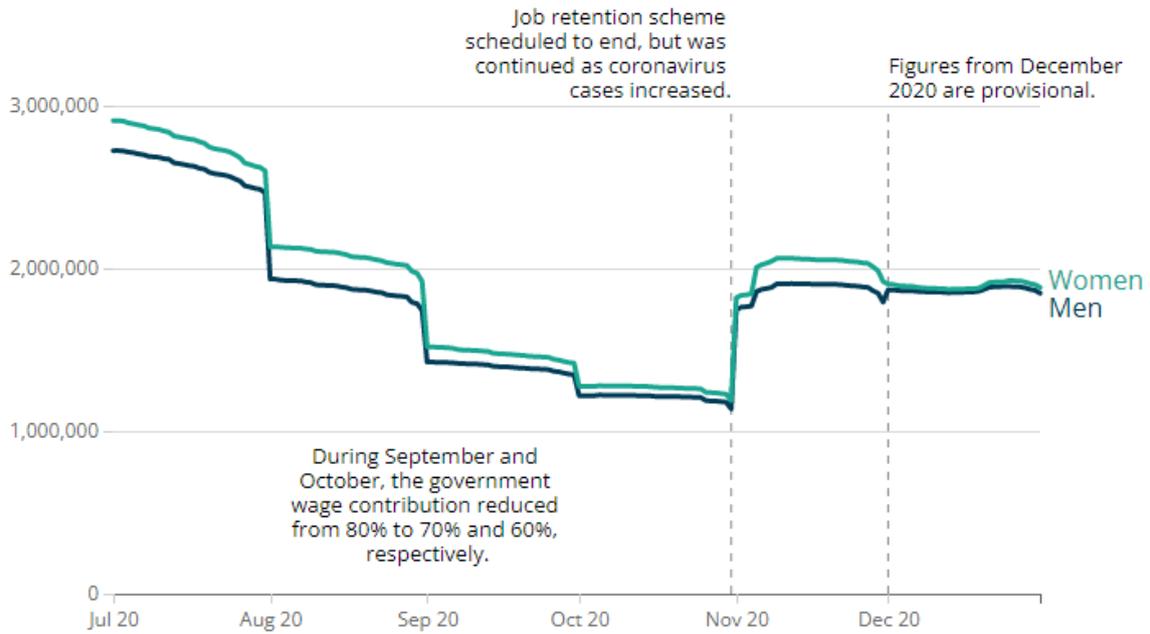


Source: Joyce, R. and Xu, X (2020), *Sector shutdowns during the coronavirus crisis: which workers are most exposed?*, IFS, 6 April 2020, available from: <https://ifs.org.uk/publications/14791> [accessed 4 August 2021]

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Figure 3: Daily number of people furloughed, UK, between 1 July and 31 Dec 2020



Source: ONS (2021), *Coronavirus (Covid-19) and the different effects on men and women in the UK*, March 2020 to February 2021, available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronaviruscovid19andthedifferenteffectsonmenandwomenintheukmarch2020tofebruary2021/2021-03-10> [accessed 3 August 2021]

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^{lxv} *Ibid.*

^{lxvi} *Ibid.*