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Reordering gender systems: can COVID-19 lead to improved gender equality and health?

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COVID-19 has delivered a shock to existing gender systems that could recalibrate gender roles, with beneficial effects on population health. The economic arrangements, policy frameworks, and market forces that determine the distribution of paid and unpaid labour across society are powerful structural determinants of health.¹ The way that paid and unpaid labour is inequitably divided between men and women is central to the perpetuation of gender inequalities across the globe, and the ways that such divisions can be shifted or disrupted offer critical opportunities to modify the gender-differentiated effects of COVID-19 on health.

Occupational gender segregation generates particular vulnerabilities for women in relation to COVID-19.² Globally, two-thirds of the health and social care workforce are women.³ This includes occupations that are often undervalued and poorly paid, despite being essential in the pandemic response, such as aged-care and disability-support workers.⁴ Being at the front line of the pandemic response places these women at risk of infection with severe acute respiratory syndrome coronavirus 2, as well as physical and psychological pressures.

Less immediately tangible, but potentially more damaging, are the effects of economic contraction and job loss related to the COVID-19 pandemic. Evidence suggests there are likely to be more COVID-19-related job losses for women than men.^{2,5} This differential exposure to job loss arises because women are more likely to be employed

in sectors at high risk of impacts from COVID-19,⁵ and also because women are more likely to be employed part time⁶ or in temporary or casual arrangements.⁵ Such employment arrangements are often precarious with fewer legal protections, meaning that women are particularly vulnerable to job loss during this pandemic, placing them at increased risk of the adverse health outcomes associated with unemployment.⁷

Globally, women do more unpaid work than men.⁸ Much of this is unpaid care work, of which more than 75% is done by women.⁴ Unpaid care work contributes substantially to global economies, and is estimated to be equivalent to 9% of the global gross domestic product.⁴ The unequal distribution of unpaid care work serves as a barrier to female labour force participation and is one way that gender inequalities are reinforced.^{4,8} The COVID-19 pandemic exacerbates this in two main ways. First, women's caring for sick family members reduces their capacity to be in paid employment, and places them at increased risk of infection. Second, confinement at home due to work at home requirements and school closures may compound the unequal division of domestic tasks. Intensifying this situation, responsibility for schooling children at home may be disproportionately borne by women.⁹ Gender-differentiated exposure to work and household stressors as they strive to fulfil paid and unpaid responsibilities contributes to poor mental health in women, including depression.¹⁰

This inequitable division of paid and unpaid labour aligns with pervasive and entrenched gender norms that define women as caregivers—nurturing, self-sacrificing, and caring—and men as breadwinners.¹¹ Gender norms also define who and what is valued,¹¹ with the consistent undervaluing of many female-dominated occupations.¹² There is a risk that these female-caregiver and male-breadwinner norms could intensify the inequitable division and perceived value of paid and unpaid labour during the pandemic and future recovery. In previous economic crises, a retreat from gender egalitarian beliefs has occurred, with increasing support for the notion that men are more entitled to jobs than women.¹³

How, then, can the COVID-19 pandemic be disruptive to the gender system? The gender norms and beliefs that



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help shape our gender systems are not immutable.¹⁴ They can be transformed. Proactive policies related to exit from the COVID-19 pandemic should aim to redistribute a proportion of women's unpaid caring responsibilities to support female labour force participation. To do this, governmental and organisational policies must increase the opportunities for both women and men to combine paid employment and unpaid caring; policies that only target women may reinforce gender inequalities. Such policies should be supported by the provision of high-quality and affordable child care and elder care.^{8,15} As COVID-19 shifts the ways in which we work, workplaces must enable women and men to work from home and share caring responsibilities. Workplace practices, policies, and culture regarding leave and flexible work arrangements are an important influence on fathers' abilities to combine work and caring responsibilities, underscoring the importance of gender-neutral approaches to leave and flexible working.¹⁶ Normalising men's sharing of caring and household responsibilities is also essential for the redistribution of unpaid care. Initiatives should include non-transferable parental leave entitlements with income replacement for both fathers and mothers, as is available in some northern European countries.¹⁷ In Norway, of the 49 weeks of fully compensated parental leave that parents are entitled to, a proportion of non-transferable leave is specifically assigned to each parent.¹⁸ This use-it or lose-it approach has led to a substantial upswing in the number of fathers taking parental leave. Normative acceptance of this at the individual and workplace levels is reinforced and achieved through the non-transferable conditions of this leave.¹⁸

Finally, the underfunded and neglected domain of care work has been exposed by the COVID-19 pandemic,⁵ highlighting the importance of recognising the value of paid and unpaid care provision. Redressing the underpayment and poor employment conditions of many female-dominated occupations, particularly those that provide paid care including health care, is vital. Accurate quantification of unpaid care should be a priority, and estimates should be incorporated into macroeconomic analyses to enable the assessment of gender-differentiated policy effects.⁴ For unpaid carers, financial support and pension systems that acknowledge unpaid care provision could offer protection from economic disadvantage.¹⁹

The COVID-19 pandemic has temporarily reshaped our domestic and working lives and could sow the seeds for change to advance gender equality, and deliver long-term health benefits. Effective policies that target normative and structural drivers of gender inequality could parlay the upheaval caused by COVID-19 into enduring changes to gender systems that will ultimately benefit the health and wellbeing of all.

We declare no competing interests.

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