

COVID-19 and the Women of the United States



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Abstract

The COVID—19 pandemic and the response measures continue to impact the physical and mental health of people around the world. The data suggest that men and women are differentially susceptible to COVID—19. Though men have a higher mortality rate than women, the United Nations (UN) has posited that women’s health can be adversely affected by COVID—19 because of their unique health needs and social responsibilities [1]. The UN is therefore urging all the countries to gender disaggregate their data in a timely manner which is currently lacking in the US. I believe that immediate and detailed gender disaggregation of COVID—19 related data is essential to prevent widening of gender disparities in our society. For women, this means preserving some of the achievements made during the last decade as a result of Affordable Care Act [2]. Inclusion of data on other gender minorities, which is currently lacking, can lead to improvement in their health outcomes.

Introduction

The spread of COVID—19 pandemic and the steps undertaken to tackle the crisis continue to significantly affect the physical and psychological well—being of people around the world. In the US, there are around 4.2 million cases and 147,672 deaths as of July 28th 2020 (according to the Centers for Infectious Disease Control and Prevention (CDC)) [3], which include confirmed and probable cases and deaths due to COVID—19 across the country. However, this is an underrepresentation of the actual burden of this disease because many infected individuals are asymptomatic and are unlikely to be tested. Also, there are delays in reporting in some places. The most recent CDC’s weekly report on demographic characteristics stratifies COVID—19 cases and deaths with regards to patient’s age, race/ethnicity and biological sex [4](i.e. male/female categories, rather than gender). In order to inform a gendered COVID—19 response, more than mere sex—based stratification of data is needed. In this opinion piece, I intend to write how the social construct of gender along with sex can play a role in increasing the vulnerability of women, especially during times of crisis.

Significance of gender disaggregation

Experiences from previous outbreaks show that the lack of timely inclusion of gendered analysis made women more vulnerable to health and economic consequences in the long run [5]. No data is available till date, to show the impact of these outbreaks on other gender minorities. Based on the experiences in containing the SARS and

Ebola virus outbreaks [6], the World Health Organization has released an advocacy brief on 14th of May, 2020 urging all the member countries to disaggregate data on the number of persons tested, rates of hospitalization and recovery, economic insecurity, informal care burden, and domestic violence by gender [7, 8]. Once computed, the dataset should enable us to estimate the differential risk of acquiring COVID—19 and differential outcomes of COVID—19 cases by gender. Here, I write about the implications of COVID—19 pandemic for women, who constitute one of the vulnerable gender groups in the United States.

Why is gender disaggregation of data important in the context of COVID—19?

Reliable data is needed for equitable allocation of resources. Gender—based disaggregation of health statistics is essential, both, to prevent exacerbation of preexisting gender inequities in our society, and to prevent the creation of newer ones. If computed, the data would allow policy [9] level changes to follow.

The ways in which gender disaggregation of data can benefit the women population of the US

1. *Estimation of the differential rates of exposure for the diverse women population of this country*
 - In the US, women represent 80% of the healthcare workforce[10] . In addition, with shelter—in—place orders in effect, women, especially those who

reside in multi—generational households, are forced to take care of the children due to closure of schools / daycares and of the elderly simultaneously. Also, women constitute a larger share of residents in multi—generational households than men (17.5% vs. 15.9%) [11]. Evidently, their contribution to both formal and informal healthcare sectors is significant [12]. According to the American Public Transportation Association, 55% of transit riders are women and 60% of them belong to communities of color [13]. Thus, the exposure rate for women, especially for those of racial/ethnic minorities, if computed, might be higher than that for men.

- The data from US census bureau shows that nearly 14% of Black women lack health insurance [14]. Additionally, 7.1% of white, non—Hispanic women live in poverty as opposed to 23.1% of Black women and 22.7% of Native American women [15]. Thus, further stratification of the data on rates of infection, severity and exposure rates for women based on other demographic variables is necessary. This data, once available, could provide a solid evidence for policy makers to formulate a gendered response to COVID—19.

2. *Assessment of the economic instability experienced by women*

- According to the US Bureau of Labor and Statistics (USBLS), the rate of unemployment for men over the age of 20 rose from 4% in March to 13% in the month of April. In parallel, it rose from 4.4% to 16.2% for women [16]. The USBLS expects this rate to increase further as the labor market continues to respond to the efforts to contain COVID—19. Also, more women than men are employed in the informal sector (e.g. domestic and service work) that lacks the standard benefits of formal employment. In particular, immigrant women are disproportionately represented in informal work sector because of barriers (i.e. citizenship and language requirements) posed by formal work sector [17]. Further stratification of data on the rate of unemployment among women based on demographic factors like race, level of income and immigration status would help the US government to incorporate a gender lens in their response to the economic crisis accompanying the COVID—19 pandemic.

3. *Recognition of unmet needs for women victims of domestic violence*

- 1 in 4 women experience domestic violence in their lifetime, while no gender is completely exempt from it [18, 19]. Shelter—in—place orders force victims to coexist with their abusers for a longer time. As a result, many countries including the US are seeing a significant increase in the reports of intimate partner violence (IPV) since the outbreak of the COVID—19 pandemic [20], while few countries have noted a decrease in the number of reported incidents due to movement restrictions or inability of victims to file a claim. The newly evolving pandemic of COVID—19 should not result in diversion of resources from the much longer prevalent pandemic of domestic violence [21]. Thus, gender disaggregation of data on the number of reports of IPV and on the demand for legal and other support services by the victims should be continued without interruption. With reliable data, reform efforts could be directed toward increasing levels of awareness among survivors regarding alternate methods of reporting and of accessing legal protection services.

4. *Prevention of a spike in mental health problems among women at present and in the future*

- The prevalence of major depressive episodes is 8.7% among adult females as compared to 5.3% among adult males [22]. An article by Betty Pfefferbaum et al. shows that people with a history of mental illness and substance abuse are more likely to feel depressed during crises [23]. These conditions, coupled with job losses and experience of domestic violence, can lead to a surge in the rates of suicide, as it was seen with the economic recession of 2008 [24]. Thus, during this pandemic, it is vital to keep continuous track of the need for mental health care or counseling and behavioral health services among people of all genders. This data should allow prompt identification of increase in the demand for those services by any one or all of the gender groups.

Recommendation

Thus, it is evident that, there is an urgent need to gender disaggregate COVID—19 related data. Once computed, it will be possible to realize the actual impact of this pandemic on women. Also, this could help us to gain an insight to the sufferings of other gender minorities, that

lack vital health statistics at present. The data would pave way for policy level changes and thus can lead us to a more equitable future.

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