FEMINIST ECONOMIC PERSPECTIVES ON THE COVID-19 PANDEMIC

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ABSTRACT

This article provides a contextual framework for understanding the gendered dimensions of the COVID-19 pandemic and its health, social, and economic outcomes. The pandemic has generated massive losses in lives, impacted people's health, disrupted markets and livelihoods, and created profound reverberations in the home. In 112 countries that reported sex-disaggregated data on COVID-19 cases, men showed an overall higher infection rate than women, and an even higher mortality rate. However, women's relatively high representation in sectors hardest hit by lockdown orders has translated into larger declines in employment for women than men in numerous countries. Evidence also indicates that stay-at-home orders have increased unpaid care workloads, which have fallen disproportionately to women. Further, domestic violence has increased in frequency and severity across countries. The article concludes that policy response strategies to the crisis by women leaders have contributed to more favorable outcomes compared to outcomes in countries led by men.

KEYWORDS

COVID-19, pandemic, care, coronavirus, gender gap, crisis

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HIGHLIGHTS

- Women from lowest-income households and marginalized groups bore the brunt of the COVID-19 crisis.
- Globally, more women than men are employed in sectors hardest hit by the pandemic.
- Essential and frontline workers at higher risk of exposure are predominantly women.
- Migrant workers are especially vulnerable to job loss, benefit exclusions, and travel bans.
- Countries with women leaders had more favorable outcomes during the pandemic.

INTRODUCTION

The global fallout of the COVID-19 pandemic is deeply connected with the kinds of issues that feminist economists have long explored and investigated. The pandemic is both a health and a socioeconomic crisis, with very different outcomes by gender. Gender differentials in comorbidities such as smoking as well as in mobility and activity outside of the home help to explain marked differences across countries in whether men or women are at greater risk of contracting and dying from the virus. Governments around the world responded with lockdowns and stay-at-home orders, resulting in business closures and widespread unemployment. Emerging evidence indicates that women have experienced greater job losses than men in numerous countries, given their overrepresentation in retail, food service, and hospitality, some of the industries facing the most widespread business closures (Alon et al. 2020; International Labour Organization [ILO] 2020a; Wenham, Smith, and Morgan 2020). In some countries, though, men make up the majority of those in precarious work, and their unemployment is far more visible. Equally important is the increase in inactivity rates for both women and men, which has surpassed the surge in unemployment rates in most countries for which we have data, with the absolute increase being higher for women than for men.

Although the virus does not discriminate between men and women, or between the rich and poor, regardless of context, growing evidence from around the globe indicates that men and women from the lowest-income households and socially marginalized groups have borne the brunt of the economic crisis that is accompanying the pandemic. We are thus likely to emerge from this crisis with even higher levels of inequality than which we entered it. The International Monetary Fund warns that left unchecked, "growing disparities will lead to long-lasting grievances and ultimately to social unrest" (Georgieva and Gopinath 2020).

A more salutary outcome of the crisis has been to draw attention to essential workers, those whose services are not only necessary to sustain life and health but also to help maintain the basics of everyday existence. Although essential workers include well-paid professionals such as doctors, scientists, and public health officials, the vast majority of those on the front line are made up of low-wage service workers. These service workers, both men and women, normally deemed low-skilled, are now recognized as essential to ensure product sales and a host of services such as deliveries, cleaning services, home health assistance, garbage disposal, and transport. Women tend to be overrepresented among such frontline service workers, especially in care services involving face-to-face interactions, and hence are most likely to be exposed to the risk of contracting the disease.

Feminist economists have spent decades examining women's unpaid work within the home, an issue that has gained attention during the crisis with lockdowns and stay-at-home orders around the globe. A growing amount of evidence globally indicates that the increase in care work during the pandemic has fallen disproportionately on the shoulders of women (Bahn, Cohen, and Rodgers 2020). The COVID-19 outbreak has amplified the need for caring labor within the home, not only due to school closures and disruptions in long-term care institutions, but also due to the large number of people contracting the virus and requiring care at home. Although the crisis has made visible the "essential" nature of this care work, the work is systematically undervalued and invisible.

These issues taken together present a fundamental challenge to the market-driven economic paradigm that has acquired hegemonic status across the world and left us ill-prepared to face this pandemic. Not only have social services, including health services, been run down by several decades of the neoliberal privatization agenda, thus rolling back basic human rights, but

economic inequalities have been rising, accompanied by the capture of political processes by the wealthy (Oxfam 2014). Citizens increasingly believe that state action is now designed to benefit the rich, while analysis shows that its policies disproportionately harm women.

There is an urgent need to rethink the way that we organize the daily and intergenerational reproduction of people and society. Without a more inclusive economic paradigm that values care and makes visible what the market-driven paradigm renders invisible or unimportant, any analyses of the pandemic and proposed responses to it are woefully incomplete. Hence it is our objective to provide a contextual framework for understanding the gendered dimensions of the COVID-19 pandemic and to highlight some of the emerging evidence on its health, social, and economic outcomes. This evidence is based on data sources we tracked as well as key results coming out in original research – both within and beyond this special issue – on the gendered dimensions of the COVID-19 pandemic in the Global North and South. We focus on how gender differentiates the experience, impact, and risks associated with COVID-19, how the hardships that women and men face may be mitigated as governments work to contain the virus and rebuild their economies, and how public health, social protection, and care systems may be reformed to prevent such wide-scale losses from happening again. We are particularly interested in how using a feminist economic lens can afford a deeper understanding of the crisis itself (especially the interconnected gender dynamics of work, agency, and well-being), and of policies designed to alleviate its harmful consequences and to build more resilient and gender-equal economies that support the "survival and flourishing of life" (Nelson and Power 2018: 81).

Overall toll on health

The COVID-19 pandemic is first and foremost a health crisis that has generated extraordinary losses in lives and has taken an enormous toll on people's health and well-being. The data show marked differences across countries in the extent to which men or women were disproportionately impacted in terms of morbidity and mortality. Among the 112 countries that reported sex-disaggregated data on COVID-19 cases, men showed an overall higher rate of becoming infected with COVID-19. Figure 1 reports the distribution of reported COVID-19 cases between women and men. Women constitute over 60 percent of cases in four countries, all in the northwestern part of Europe: Wales, Scotland, the Netherlands, and Belgium. In contrast, men constitute over 60 percent of cases in many more countries, including Singapore, Nepal, Saudi Arabia, Bangladesh, and Pakistan. A weighted average (with weights calculated as each country's share of all reported cases) indicates that men account for 51.3 percent of all reported cases, and women account for 48.7 percent of cases. Note that for presentation purposes, countries with fewer than 2,000 cases are not included in Figure 1 but are included in the weighted average calculations.

Insert Figure 1 Here

A similar analysis of sex-disaggregated COVID-19 death rates indicates that men were more likely to die of COVID-19 than women. On average, among countries that reported sex-disaggregated statistics, men constituted 58.1 percent of COVID-19 deaths compared to 41.9 percent for women. Of the seventy-six countries reporting these data, in the vast majority (sixty-four) of countries men made up at least half of all COVID-19 deaths, even in countries such as the US where women were more likely to become infected. Men's increased susceptibility to death from COVID-19 is explained by a number of factors including relatively greater risk behaviors such as smoking and drinking; greater likelihood of having comorbidities such as cardiovascular disease, hypertension, and diabetes; and lower prevalence of adopting safe health practices such as handwashing and seeking preventive care (Sharma, Santos Volgman, and Michos 2020).[1] Some of the differential could also be a reporting issue. In this volume, Sonia Akter (2021) looks more closely at men's higher mortality rates in the United States and argues that some of the disparity may be explained by an underreporting bias against women in the official statistics on COVID-19 death rates. More specifically, women are less likely than men to be hospitalized for COVID-19 infections when hospital capacity is constrained. This differential contributes to the underreporting of women's deaths and helps to explain why men's disadvantage in official reports of COVID-19 mortality is so high.

Health and labor markets

Gender differences in COVID-19 cases and deaths are examined more closely in this volume, with several authors examining how differences between men and women in terms of their

economic activity are associated with gender differences in COVID-19 infections. In particular, Iga Magda, Piotr Lewandowski, and Katarzyna Lipowska (2021) find that, in their sample of twenty-five European countries, women make up just over half of those infected. Their attempt to explain this differential is informed by widespread recognition that workplace interactions are an important channel through which the disease is transmitted: variations in levels of exposure to contagion are likely to vary according to the intensity of social contacts at work. They explore this likelihood using an index to measure different aspects of social contact at work and find that women workers were much more likely than men to be in forms of work characterized by high exposure to contagion, primarily because they were clustered into sectors of the economy (health, care, education, and hospitality) that had high scores on the exposure index. Within sectors too, women were more likely than men to be in occupations where exposure was high. A great deal of the gender gap in exposure to infection could therefore be explained by labor market segregation, with gender emerging as more important than other individual characteristics, such as age and education, in explaining the likelihood of exposure.

In a similar vein, Giscard Assoumou Ella (2021) examines the case of Belgium, which has one of the world's highest shares of COVID-19 infections for women, and shows that women's relatively greater mobility outside of the home serves as a large causal factor for their higher infection rates compared to men. Most of this mobility was due to women's needs to travel for work and family reasons and to take public transportation during the pandemic.

Narrowing the focus to a group of workers who are directly exposed to risk of infection, Bazarkulova and Compton ask whether, and if so, how, gender differentiates the levels of stress, anxiety and behaviour relating to own health reported by doctors in Kazakhstan. They are able to use panel data to compare the situation pre- and post-COVID. Their findings show a clear

increase in levels of stress and anxiety and deterioration in health-related behaviour, but one that is mediated by the gendered effects of family structure. They find that the effects of COVID on stress and anxiety are much higher among married women doctors with children than among unmarried women doctors. It also increased the former's likelihood of smoking but reduced the likelihood of poor eating habits. The effects of marriage and children are very different for male doctors. Stress, anxiety and poor eating habits are higher among unmarried male doctors than married ones, whether or not the latter have children. Marriage and children clearly protect male doctors from poor eating habits compared to unmarried ones while reducing the levels of stress and anxiety that they experience. The study highlights findings that have been reported in various forms in other studies, the stresses created by the dual role that professional mothers must balance, but it also tells us how these stresses are exacerbated for women doctors at a time of heightened anxiety created by a global pandemic.

Lockdowns and impacts on work

The health crisis prompted rapid state-imposed lockdowns around the globe, resulting in marked and abrupt disruptions to labor markets, livelihoods, global supply chains, and the vast flows of human migration. It is the first time in modern economic history that governments have deliberately imposed extensive restrictions on economic activity to protect people's health. Reports from around the globe indicate that women workers have experienced disproportionate impacts caused by disruptions to the labor market primarily in two areas: their job losses in sectors hardest hit by the shutdowns, and their overrepresentation in frontline jobs deemed as

essential. Hence for women, much activity halted, but some activity accelerated, especially paid care work typically done by women.

Globally, approximately 40.0 percent of all women workers, compared to 36.6 percent of all employed men, work in sectors that were hardest hit economically by the pandemic (ILO 2020a). These sectors include hotel and food services, wholesale and retail trade, arts and entertainment, business services, and labor-intensive manufacturing. Women's representation in these hard-hit sectors is especially high in Central America (58.9 percent of all employed women) and Southeast Asia (48.5 percent). Closely related, the sectors that were hardest hit were also disproportionately dominated by women, with a relatively greater share of women among their employees compared to the share of women in the overall workforce. For example, women account for 54.0 percent of workers in hotel and food services globally, and 61.0 percent of workers in arts, entertainment, and other services, compared to their overall 38.7 percent share of the global workforce (ILO 2020a). Women's relatively high representation in the hardest-hit sectors has translated into larger declines in employment for women than men in numerous countries, including Canada, Colombia, Ecuador, Republic of Korea, Spain, and the US (Figure 2).

Insert Figure 2 Here

The impact of COVID-19 on women's labor market experiences and the intersections by race, ethnicity, class, disability status, and other markers of disadvantage has been an active area of research, especially in the US where job losses were often worse for women of color. Data from the Center for American Progress (2020) indicate that women of color were

disproportionately represented in many industries hit hard by unemployment claims, including healthcare and social assistance (30.3 percent women of color), hotel and food services (24.3 percent), and retail trade (18.2 percent). In this issue, Michelle Holder, Janelle Jones, and Thomas Masterson (2021) document how in the US, not only did unemployment rates for women exceed those of men during the early months of the pandemic, but they were even higher for Hispanic women and Black women. Some of the biggest losses for Black women in the US came from low-wage occupations such as cashiers and childcare workers.

Based on data from South Africa, another country where intersecting inequalities have been a focus of much research, Daniela Casale and Dorrit Posel (2020) note that the lockdown led to substantial declines in employment and working hours for both men and women, with declines relatively larger for women: as a result, gender gaps increased for both measures. Disaggregating further, job losses were larger for the African population compared to the non-African, for the lowest income tercile relative to the higher ones, and for the less educated relative to those with more education. Within each of these categories, job losses were larger among women than men.

The greater adverse impacts on workers who work informally are also worth noting, as they had no access to contributory social protection systems that provided unemployment protection, sickness benefits, or care leaves. In this volume, Papa A. Seck et al. (2021) use data from a series of Rapid Gender Assessment surveys to explore the gendered impacts of COVID on the Asia-Pacific region. They found that, on average, women were more likely to experience loss in working hours relative to men, and with a few exceptions, more likely to report job losses than men. Job losses are particularly high in the informal economy where working women are largely concentrated, but information on formal employment suggests a reduction in working

hours here as well. In a region that has a disproportionate percentage of women in export-oriented sectors, tourism, and hospitality, formal employment has been badly affected by cancellations of orders and shutdowns of establishments. Very few of the unemployed, men or women, received unemployment benefits or state assistance during this period. Both men and women reported a decrease in income from paid jobs but also declines in alternative sources of support, such as family businesses, remittances and assets, with women generally reporting larger declines (Seck et al. 2021).

In the Republic of Korea, examined by Sunyu Ham (2021), women experienced greater job losses than men. Only half of the gender gap in employment losses in Korea can be explained by women's concentration in industries and occupations that were hard hit by the pandemic, while the unexplained gap could reflect discriminatory treatment and perceptions that women belong at home to provide caring labor while men's employment needs protection given their breadwinning role. In contrast, women's employment declines were not as large as those of men in India. However, a closer look by Sonalde Desai, Neerad Deshmukh, and Santanu Pramanik (2021) show that women were relatively shielded from employment declines due to their higher propensity to be self-employed. When looking only at wage employment, women in India experienced disproportionately more job losses. According to Ashwini Deshpande (2020), caste differences in India were not as sharp as gender differences but lockdown did affect the employment of lower ranked caste groups relatively more adversely than higher ranked ones.

Essential workers and paid care workers

Essential workers on the front lines, especially those in the healthcare and social care sectors, are predominantly women. Globally, over 70 percent of workers in healthcare and social services are women (ILO 2020a). A surge in the number of sick people in hospitals, long-term care institutions, and at home prompted an enormous increase in demand for nurses, nurse assistants, and home health aides. For those who could afford it, childcare, eldercare, and housecleaning were outsourced to paid domestic workers.

Building on earlier feminist research showing the devaluation of care work and using the most recent available data from the US Current Population Survey, Nancy Folbre, Leila Gautham, and Kristin Smith (2021), in this issue, show that workers in essential care service jobs, especially women, earn less than other essential workers. These care penalties have implications for the future supply of care services and the prospects of a care-led recovery from the crisis, a more appropriate response that is supported by feminist research. Holder, Jones, and Masterson (2021) also show that women and minorities were overrepresented in frontline care jobs in the US.

These paid care workers at the frontlines are at the greatest risk of exposure to COVID-19, especially given the shortage of personal protective equipment (PPE) in 2020 during the pandemic in many countries. The COVID-19 outbreak in China in late 2019 led to a surge in demand within China for PPE, and in response, China's government restricted its PPE exports and also purchased a substantial portion of the global supply (Cohen and Rodgers 2020). Given that China is the world's largest exporter of PPE, these shocks contributed to an enormous disruption to the global supply chain of PPE. As the virus spread to other countries, their demand for PPE also increased and resulted in additional pressure on dwindling supplies. These PPE shortages have gendered impacts given the overrepresentation of women in healthcare. More

broadly, PPE shortages are a system-wide public health problem. Without proper PPE, healthcare workers are more likely to become ill, thus causing both a decline in the supply of healthcare as well as intensified demand for care. Sick healthcare workers also contribute to viral transmission. Ensuring that healthcare workers are protected means more effective containment for all (Cohen and Rodgers 2020).

Caring labor also involves the practical and emotional support provided by older family members to younger ones, as discussed in the study by Sara Cantillon, Elena Moore, and Nina Teasdale (2021) in this volume. UK estimates show that a large number of families rely on informal care provided by grandparents on a regular basis. This care has permitted parents to undertake paid work, particularly those who require flexibility in care provision, because they have irregular working hours or need help at times when formal childcare is unavailable or too inflexible. Many of those classified as "key workers" during the pandemic fall into this category, as do women working in low-paid jobs; for these groups, grandparents offered a largely free alternative to paid care. This informal support was brought to a halt by the severity of the government's lockdown of older people during the pandemic, badly affecting workers unable to afford costly alternatives. Policy responses to the crisis have exacerbated unpaid care responsibilities within the home, but done little to support those who must provide this additional care.

The situation is somewhat different in South Africa where grandparents are more likely to be part of multi-generational households and have remained key childcare providers, both in the absence and presence of parents, as well as where parents are essential workers and must continue to work. The provision of an Old Age Grant to poorer sections of the older population has also proved a crucial source of financial support at a time when so many parents are being

made unemployed.[2] But the health risks that older people are exposed to in these care roles have not featured in policy discussions, nor the tensions of stretching their grants even further than in normal times.

In Italy, the COVID-19 experience of the older population, many of them grandparents, appears to mirror regional variations in women's engagement in the labor market, familial arrangements, and norms governing intergenerational obligations. In the North-Central regions of Italy, where economic development has generated an increase in women's employment, poor levels of public resourcing has led to the steady commodification of care. In the South, high levels of unemployment have left care of children and the elderly anchored within the home. Marcella Corsi, Erica Aloè, and Giulia Zacchia (2021) offer persuasive evidence to suggest that the very much higher levels of mortality among the older population in the North-Central area compared to the South reflected variations in the degree of interdependency between family members. Elderly people in the South were found to spend more time on care work within the family, and it is likely that they were better looked after during the pandemic. In the North-Central region, they were more likely to live alone or in private nursing homes. The regions with the highest number of people living in care homes reported the highest levels of mortality among the elderly. Among the various fault lines revealed by the pandemic, the intergenerational fault line and the value society places on the care and contributions of its older population have emerged as major feminist and policy issues.

Migrant workers

Focusing on the plight of "freelance" long-term care workers in the Netherlands, a group that includes a fair proportion of women of migrant origin, Saskia Elise Duijs et al. (2021) argue that a gendered, classed, racialized hierarchy between "cure" and "care" surfaced during the COVID-19 crisis, as intensive care units were favored in terms of finances and PPE over the long-term care sector that suffered shortages of both. The pandemic came on the footsteps of a decade of austerity which has seen budget cuts in the long-term care sector, shifting care from higher to lower professional levels, and from paid to unpaid caregivers, similar to what is happening in other high-income countries such as Canada (Beland and Marier 2020) and England (Daly 2020). Pushed to the margins of the labor market, these "freelance" long-term care workers being self-employed, are excluded from unemployment provision, while engaging in a morally stressful navigation act between their paid and unpaid care responsibilities.

Migrant workers emerge as a particularly vulnerable group in a diverse range of contexts, their situation often exacerbated by the manner of official responses to COVID-19. Within the Indian context, the abrupt imposition of the lockdown, and the closure of formal and informal establishments, combined with the restrictions on public transport left nearly half a million migrants from the poorest states and lowest castes with no option but to walk back to their villages, often several hundreds of miles away (Roy 2020). In the UK, many of those who make up the ranks of essential workers are migrants who will not be eligible to remain in the country under the current government's new immigration policy which deems all those who earn less than £25,000 to be unskilled and unwelcome (Stevano et al. 2021).[3]

In China, millions of rural–urban migrants have struggled, even before the pandemic, to find scarce formal sector jobs in the rapidly growing cities. The COVID-19 pandemic appears to have pushed back into traditional family roles a non-negligible fraction of Chinese rural women

who had migrated to cities to find employment before the pandemic hit. Evidence by Song Yueping et al. (2021) in this volume shows that among those workers who had returned home for the Spring Festival before the Wuhan lockdown, women – especially those with very young children – were less likely than men to return to the cities and their paid jobs after the holiday. The risk of a setback in women's participation in the labor market is also feared for other countries.

Domestic workers

Labor market setbacks and income insecurity have been acutely experienced by the millions of domestic workers, 80 percent of them women, who clean, cook, and care for families around the world, often beyond the realm of labor law and social protection, filling in gaps left by states and markets. Since the start of the COVID-19 crisis, domestic worker unions and associations have reported many concerns about violations of workers' rights, from not being able to leave their employers' homes to having their hours cancelled with no compensation (See: Women in Informal Employment: Globalizing and Organizing [WIEGO], https://www.wiego.org/covid19crisis). Drawing on interviews conducted with a range of subject matter experts representing women workers in health and humanitarian organizations in key migration corridors, Smriti Rao et al. (2021) demonstrate that the risks and rights violations are particularly severe in the case of international migrant domestic workers because their rights are further circumscribed by immigration law and practice. In the period of lockdowns, migrant domestic workers were often caught between different degrees of lockdown in their home and

host countries, leaving many without jobs and in legal limbo. Those on "sponsorship visas" were particularly hard-hit: when their employment was severed they could not access unemployment benefits, were unable to qualify for emergency response measures (such as healthcare or cash), nor could they look for another employment or even leave the country due to travel restrictions.

CONTESTATIONS AT HOME

The main domestic institutions - families and households – serve as sites of care and intimacy as well as power, inequality, and violence (UN Women 2019). As Sara Stevano et al. (2021) point out, the analysis of domestic institutions and labor markets have generally been carried out separately, but the pandemic has highlighted in a very stark way the intimate interconnection between the two. Disruptions in the economy have had profound reverberations in the home. These institutions have been absorbing systemic shocks while also contributing to resilience and recovery. The home, usually a black box in neoclassical economics, has been a sphere of close scrutiny in feminist economics not only around caring labor, but also its power relations.

Impact on unpaid work loads

Historically, in high-income countries, as women have increased their paid work the gender gap in unpaid work has narrowed slightly but not closed, showing little sign of role convergence: women still do the bulk of routine housework and caring for family members while men's

contributions are disproportionately to non-routine domestic work (Kan, Sullivan, and Gershuny 2011). Data from the 1990s for Australia and the US show that women have decreased their housework as their earnings have increased, along the lines predicted by bargaining models. However, while women use their income-based bargaining power to reduce their own unpaid work, "they either cannot or don't try to use it to increase their husbands' housework" (Bittman et al. 2003: 907). Instead, they either replace their own time with purchased services or leave housework undone. The power of social norms is even more evident where women's earning capacity exceeds that of their husbands: in this case either women increase their housework (Australia) or men reduce their share (US) as if to neutralize the deviance of their husbands' financial dependence (Bittman et al. 2003: 210). Another study for the US using more recent data similarly found that the more likely a wife's income exceeds her husband's, the more probable that she takes on a larger share of home production (Bertrand, Kamenica, and Pan 2015).

Corroborating these earlier findings, accumulating evidence indicates that lockdowns and stay-at-home orders have increased unpaid care workloads and that the increased hours have fallen disproportionately on the shoulders of women. Some of that evidence appears in this volume. In particular, the evidence from the Asia Pacific region reported by Seck et al. (2021) shows that across the countries covered, while both men and women reported an increase in unpaid domestic and care work since the spread of COVID-19, the increase in the case of men was largely restricted to one or two activities while for women it covered three or more activities. In other words, workloads had both increased and intensified to a greater extent for women. Men were also far more likely than women to report an increase in their partners' contribution to household chores and care work – this pattern held for employed men and women

as well as their entire sample. The fallout from COVID-19 has obviously had secondary health impacts in terms of both mental and physical well-being, with women reporting higher adverse impacts in many, but not all, countries. While job losses and a decrease in work time did not show a systematic pattern in terms of whether men or women were more likely to report mental health impacts, women who reported an increase in the intensity of unpaid domestic and care work were systematically more likely to experience a deterioration in mental and emotional wellbeing than were men who reported such an increase.

In the case of Turkey, İpek İlkkaracan and Emel Memiş (2021) find that the pandemic caused unpaid workloads to increase for both women and men, but it rose more for women, causing the gender gap to increase. The economic crisis led to fewer disruptions in employment for women than men, largely because Turkey already had relatively low women's labor force participation rates. Interestingly, for those who maintained their employment, women actually worked longer paid hours while men saw their hours of paid work decline, contributing to a growing gap in total paid and unpaid working hours. Likewise, in the case of Australia, drawing on a national survey conducted in May 2020, Lyn Craig and Brendan Churchill (2021), in this volume, find that during the lockdown unpaid work increased overall, and women shouldered most of it, but gender gaps in caring for children narrowed as men took on a higher share of the tasks.

This seems to echo findings from earlier time-use research in the US that showed men spending relatively more time on childcare while being reluctant to take on routine housework (Bianchi 2000). It also echoes findings in the UK. As Cantillon, Moore, and Teasdale (2021) note, while men have taken on more childcare responsibilities since the lockdown, women continue to take responsibility for the bulk of it and have experienced greater reductions in

uninterrupted work hours than men. Or, as Stevano et al. (2021) put it, men are more willing to take on the "enjoyable" aspects of childcare, leaving women with overall responsibility.

Data from Panama, which implemented a sex-segregated mobility policy, allowing men and women to leave their homes for essential services (groceries and pharmacies) on alternative days, offers a variation on this "selectivity" in gender responsibilities for unpaid work. Clare Wenham and Liana Woskie (2021) found that men were more likely to take on the "public" aspects of domestic work, doing the shopping, while women took on more tasks within the confinement of the home. They also point to the problematic implications of this binary understanding of gender for members of the transgender and otherwise non-binary community who attempted to leave their homes on days that were in accordance with their gender identity.

However, some of the evidence from online surveys carried out during lockdowns, points to interesting shifts towards more egalitarian divisions of unpaid care work, bearing in mind the selection bias in such surveys towards individuals with higher levels of education and internet access. For Spain, Marta Seiz (2021) finds that a substantial proportion of couples among her online sample established egalitarian and non-normative arrangements for the distribution of unpaid domestic and care work, even though a non-negligible proportion of couples exhibited traditional patterns of work, indicative of the resilience of gender norms.

Impact on domestic violence

Feminist economists have also done extensive research on women's empowerment and bargaining power, and how their agency affects outcomes such as healthcare seeking behavior,

reproductive health, and domestic violence. These issues have gained the spotlight during the COVID-19 crisis as domestic violence has intensified due to increasing financial insecurity, rising tensions, fear, and seemingly endless confinement within the home. Class is likely to intersect with these gendered responses since confinement is far more stressful in cramped homes in overcrowded slums.

Initial reports indicate that domestic violence has increased in frequency and severity across countries; the United Nations Secretary-General reported that in some countries the number of calls for domestic violence support services has doubled (UN 2020). Indeed, researchers have found associations between a range of natural disasters and increases in domestic violence (Campbell 2020). Risk factors contributing to this increase include increased psychological and financial stress, social isolation, and increases in the amount of time that a victim must spend with their abuser as a result of shelter-in-place orders. New research is examining intrahousehold power relations during stay-at-home and lockdown orders, with a focus on care work as well as stress and domestic violence. In this special issue, Lin-chi Hsu and Alexander Henke (2021) use novel daily mobile device tracking data as well as extensive police reports and crime data to show that shelter-in-place orders in the US caused domestic violence to increase by approximately 6 percent (over 24,000 cases) from mid-March to late-April, 2020. The results are consistent with an exposure reduction theory of domestic violence with the implications that measures to provide victims with safe spaces away from their abusers and hence reduce their exposure to the settings in which the violence takes place will be most effective in preventing domestic violence.

INTERROGATING PUBLIC RESPONSES

A growing body of research on COVID-19 has examined government responses to the crisis, from emergency stimulus packages and other pandemic-related fiscal policies to social policy and social protection programs. Between February 1 and September 1, 2020, 208 countries and territories announced at least 1,407 social protection measures in response to the COVID-19 crisis, with a notable number of countries extending coverage of existing programs, including to workers in the informal economy, and removing various obligations and behavioral conditions to facilitate access to income transfers (ILO 2020b). Arguably the COVID-19 crisis has propelled social protection towards a critical juncture. With the closure of schools, universities, and childcare services in more than 100 countries, impacting more than 800 million children and youth (United Nations Educational, Scientific and Cultural Organization [UNESCO] 2020), family leave policies have moved to the center of attention (United Nations Children's Fund [UNICEF], ILO, and UN Women 2020). They are particularly important to support those who cannot telework in a situation when many support structures are closed. Yet, the UNDP/UN Women Global Gender Response Tracker shows that only about 8% of social protection and labor market measures address unpaid care through the provision of paid family leave, shorter/flexible work time arrangements, emergency childcare services or support for long-term care facilities.

One interesting and important question that has emerged is whether women leaders are more likely to implement these kinds of proactive and transformative policies than men, and whether the policy response strategies of women leaders have contributed to more favorable outcomes during the pandemic compared to outcomes in countries led by men. Two studies in

this volume address this question and arrive at similar conclusions, albeit with very different approaches. First, Ana Abras (2021) uses data on the heads of state and COVID-19 related cases and deaths in 144 countries and finds that countries led by women have an average of 324 fewer cases and eighteen fewer deaths daily. The primary mechanism through which this association occurs is through universal healthcare coverage: If men leaders invested the same amount as women leaders in the healthcare system, then the COVID-19 outcomes would be similar. The authors find no evidence that women leaders were any faster than men leaders to implement social-distancing measures to flatten the curve. The second study, by Uma Kambhampati and Supriya Garikipati (2021), asked a similar question using a data set of 194 countries of which around 10 percent were led by women. Controlling for other likely influences on the number of COVID-related cases and deaths in a country, they also found fewer cases and deaths related to COVID in female-led countries over the period studied. However, in their study, the causal mechanism appeared to be that women-led countries locked down earlier than men-led ones. A number of factors could explain the apparent difference in results between these two studies, including the sample composition, the methodological approach, as well as the types of containment measures being studied (social distancing measures versus lockdowns).[4] There is a considerable literature suggesting gender differences in leadership style and responses to risk that may provide some answers to these differences between countries governed by women and men leaders.

In the longer run, it remains to be seen if governments will pursue a "high road" strategy that sustains and integrates the mostly temporary measures hitherto adopted into national social protection systems, while building participatory mechanisms for program design and accountability, or if they will fall back on a "low road" strategy and limit their response to

minimalist "safety nets" and stop-gap measures, leaving large gaps in protection (Razavi et al. 2020). Feminist economics analysis can also provide useful insights into these policy responses.

One desirable outcome of the expansion in social protection programs would be to avoid cumbersome and punitive behavioral conditionalities frequently attached to family-oriented cash transfers targeted to women in low-income households. These conditional cash transfers have been widely promoted over the past two decades in Latin America and beyond as a means of reducing poverty in households with children. A decade of feminist research documents the detrimental effects the conditionalities can have where quality public services are in short supply and program requirements, such as taking children for regular health checks, easily slip into coercive practices and obstacle courses that women from poor marginalized communities have to overcome to access the benefits (Cookson 2018).

An area of particular concern to women is the actions taken by some subnational and national governments to shifting their priorities away from "nonessential" women's reproductive healthcare services toward COVID-19 related care. In the US, abortion clinics faced the possibility of closing their doors as eleven state governments attempted to stop services, declaring the procedure to be "nonessential" during coronavirus business closures (Nash et al. 2020). Officials in these states argued that restricting abortions would free up medical supplies and personnel to help fight COVID-19 by postponing elective procedures until the crisis is over. The inclusion of abortion on the list of nonessential services has been legally contested, with judges in most of these states striking down such abortion bans and allowing abortions to continue. However, in Texas and Arkansas, parts of the executive orders did take effect, and abortions that were not immediately medically necessary were effectively prohibited. As previous research has shown, restricting abortion services and reproductive healthcare has

adverse effects for women (Rodgers 2018). Forcing pregnant women to delay an abortion endangers both their physical and mental health and their economic future.

The crisis has presented opportunities for shifts in policymaking, and feminist research provides important perspectives on a transformative approach toward policies that improve societal well-being. The massive increase in social protection responses already alluded to, much of it temporary, is one area in need of analysis from a gender perspective. Equally important are ongoing contestations around macroeconomic policy (both fiscal and monetary), the need for countercyclical measures to boost aggregate demand, and investment in vital care systems and ecological transformations.

Using a feminist political economy approach, Katherine Moos (2021) provides an analysis of the US fiscal response to COVID-19 in March and April of 2020, capturing the societal distribution of responsibility for social reproduction among households, employers, and the federal government. Building on earlier analysis, she shows that the massive fiscal response to the COVID-19 pandemic has reinforced the burden carried by households through unpaid self-provisioning to the detriment of women who assume the lion's share of the work, while the federal government's hefty spending on income support has let the employers/capital off the hook. The latter, she suggests, reflects a longer-term trend driven by wage stagnation, the erosion of employer-funded benefits, and the growth of precarious low-wage jobs within which people of color tend to cluster. The relatively large fiscal allocation to income replacement, and reluctance to expand the federal government's role in the provision of health insurance or services in the midst of a pandemic where millions have lost health insurance, is likely to deepen existing inequalities given the higher risk of hospitalization and death experienced by people of color.

Two of the contributions to this volume make the case for a care-led recovery from the crisis, by modeling the direct and indirect employment-creating potential of investments in the care sector. First, focusing on the US, Lenore Palladino (2021) makes the case for large-scale public investment in home-based long-term care services in the era of COVID-19 to address both the surge in demand for long-term care services delivered at home, at least until a vaccine is found to make care facilities safer, and to create jobs for the millions of workers who have lost their jobs. Her findings suggest that public investment in home-based long-term care services can create millions of jobs, both directly in the care sector, and indirectly through induced economic activity in some of the hardest-hit sectors, such as retail, healthcare, and food services, which employ significant numbers of low-wage women. The second paper, by Jérôme De Henau and Susan Himmelweit (2021), broadens the geographical scope to include seven European countries in addition to the US, examining the employment effects of public investment in both childcare and long-term care services (the latter provided in residential settings as well as at home), simulating different wage levels in the care sector, and comparing the employment impacts of a care-led investment strategy to a commensurate level of public investment in construction. They find a larger employment stimulus from public investment in care services compared to construction, with more jobs for women, though not necessarily fewer jobs for men. Two other findings from their article merit attention: first, although raising the wages of care workers reduces the number of jobs created in the care sector itself, it increases overall job creation due to the induced effects of higher wages on other sectors; and second, a large proportion (between one-third to three-fifth) of the gross spending in care is recouped in revenue through taxes and social security contributions. Taken together, these papers expand the menu of options available to governments beyond construction projects routinely included in stimulus measures, by

demonstrating that investing in care services can be a win-win strategy, meeting much-needed care needs, creating jobs with adequate pay, and partially paying for itself through the tax and transfer system.

However, given the highly unequal global financial architecture, not all countries have been able to mobilize the resources required to finance sizeable domestic fiscal measures. As a response to the COVID-19 crisis, 196 countries have introduced domestic fiscal measures, amounting to US$10.6 trillion (as of September 3, 2020), as many high-income countries in particular have thrown out the old rule-books that placed severe limits on deficit spending (Durán-Valverde et al. 2020). However, only 0.06 percent of this amount has been mobilized in low-income countries. Furthermore, while the international financial institutions and development cooperation agencies have announced financial packages to support countries, amounting to about US$1.3 trillion (as of September 3, 2020), most funds being committed are in the form of concessional loans (69 percent) or regular loans (28 percent). Hence developing countries will need to increase their resource mobilization efforts and safeguard them against the austerity measures that are likely to emerge as the COVID-19 crisis recedes.

RESEARCH GAPS

The COVID-19 pandemic is probably the most-studied event of our lifetimes. What has caused death, suffering, pain, and hardship for people around the globe has proven to be a boon for statisticians and research scientists across disciplines. This health and economic crisis has generated an ever-growing array of databases not only on COVID-19 cases and deaths but also

on numerous related indicators, including mobility, mask-wearing behavior, social distancing, employment losses, unpaid workloads, attitudes, travel restrictions, education disruptions, and government policy responses. There are now also a growing number of repositories and data hubs to help researchers find the data they need and to view working papers and published papers related to COVID-19. Table 1 provides a list of these various databases and resource repositories. Most data are not disaggregated by sex, but there are three sources for sex-disaggregated data on COVID-19 cases and mortality: two are global (from UN Women and Global Health 50/50), and one is specific to the US at the state level (from the Harvard GenderSci Lab). All of the databases and repositories listed are updated regularly, some are even updated daily or continuously.

Insert Table 1 Here

Despite the plethora of data available, there is still a strong need for research on the gendered dimensions of the COVID-19 pandemic. The lack of sex-disaggregated data for most of the indicators shown in Table 1 makes this kind of research difficult. However, as the studies in this special issue show and as the growing number of published studies, reports, and working papers on gendered impacts indicate, there are plenty of opportunities to address important issues related to COVID-19 using creative approaches applied to existing data sources or based on new data collection. These approaches include a diverse range of both qualitative and quantitative methods, some of which are based on real-time surveys conducted online and by telephone. In combing through this literature we have identified several research gaps. One of the biggest gaps is the lack of consistent evidence across and within countries on the impact of the pandemic on

intimate partner violence and other forms of domestic violence. Global statistics on intimate partner violence are notably absent from the databases on COVID-19 identified in Table 1, suggesting that country-level studies are particularly important to document patterns in domestic violence during the pandemic. Another gap is on the intersectional dimensions of the crisis, particularly the losses to livelihoods and health by gender, race, class, disability, life course, and other markers of disadvantage. We identified several studies that take an intersectional approach, but more work needs to be done in this area across countries. Finally, more work is needed on the costs and benefits of alternative policy approaches to dealing with the health and economic repercussions of the pandemic as well as the characteristics of governments and their leaders that follow the various strategies.

CLOSING REMARKS

The COVID-19 pandemic has also raised broader questions that feminists have long anticipated about the coordination of the nonmarket spheres that underpin and interact with the market economy: the unpaid provisioning and care of human beings, and the maintenance of the natural environment (Nelson and Power 2018). While in many ways distinct, both are undervalued and treated as infinite resources on which the market economy can draw. To be sure, both care and environmental services can be, and have been, brought into the sphere of market exchange, forcefully so in the era of market liberalization. However, as James Heintz, Silke Staab, and Laura Turquet (2021) point out, in this volume, markets have not addressed the optimal coordination and supply of their goods and services, which require meaningful democratic

deliberation, oversight, and regulation. What the COVID-19 pandemic has revealed is that "a crisis in the non-market spheres of our economies is capable of producing a full-blown macroeconomic disaster on a global scale" (Heintz, Staab, and Turquet 2021: page). The crisis has its origins in the increased risks to human health and survival of unsustainable practices in natural resource and wildlife management, it has been transmitted globally and locally through human interactions and the primary response has been to bring the world's economies to a halt, with huge losses to incomes and livelihoods, until a vaccine is found. However, even if a vaccine is found for this virus, there will be other pandemics, as well as climate-related shocks, if the global economy continues on its present course.

The unprecedented nature of this crisis therefore provides the opportunity for societies to re-examine and re-imagine the future of their economies: to move away from a narrow focus on market production and exchange to an economy organized around social provisioning; to recognize the interdependence of market and non-market activities and between countries, people and generations; to allocate resources that sustain and nurture these interdependencies; and to measure progress in ways that better reflect individual and societal well-being. What will happen if societies do not take advantage of this opportunity and prioritize a care-led and human-centered recovery from the pandemic involving meaningful democratic consultation and participation? The likely outcomes are bleak: further widening of existing fissures by race, gender, and class within and across countries; more parents, especially mothers, being forced to exit the labor market in order to care for children, older persons, and family members who are sick or have severe disabilities (a trend already observed in the employment data in the US in 2020); the continued undervaluation of paid care workers and other essential workers who provide services vital to sustain life; and ultimately reduced macroeconomic performance due to

the misallocation and underutilization of both natural and human resources. The policy options for avoiding these adverse outcomes are clear, they have been discussed by feminist as well as heterodox economists for some time now. The main challenge we face is to recover, expand, and strengthen the possibilities for democratic participation and consultative decision making that, as we noted, have been steadily eroded in recent decades in the face of rising economic inequalities and attacks on hard-won rights.

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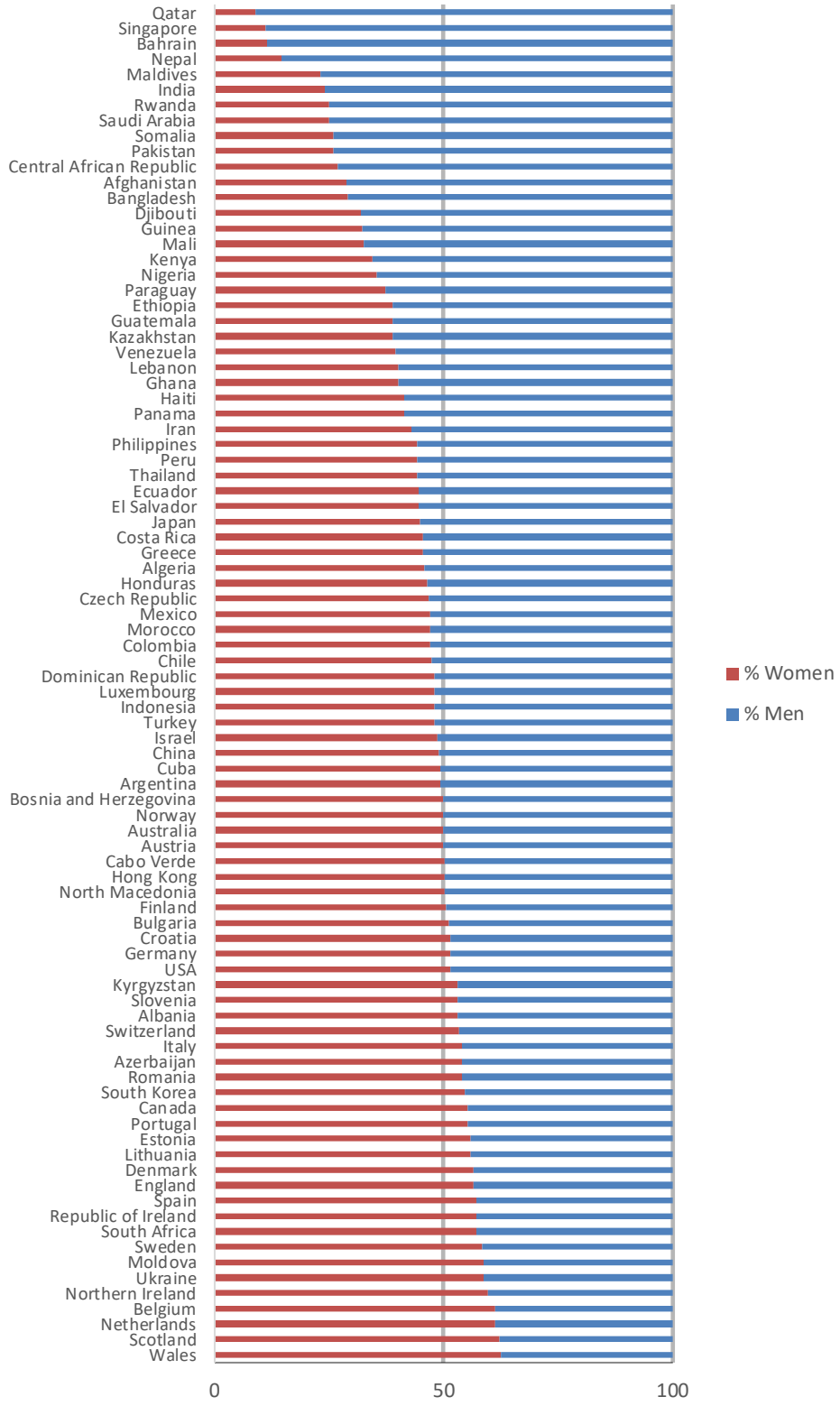

Figure 1 Distribution of COVID-19 reported cases between women and men.

Source: Constructed by the authors with data downloaded from Global Health 50/50.

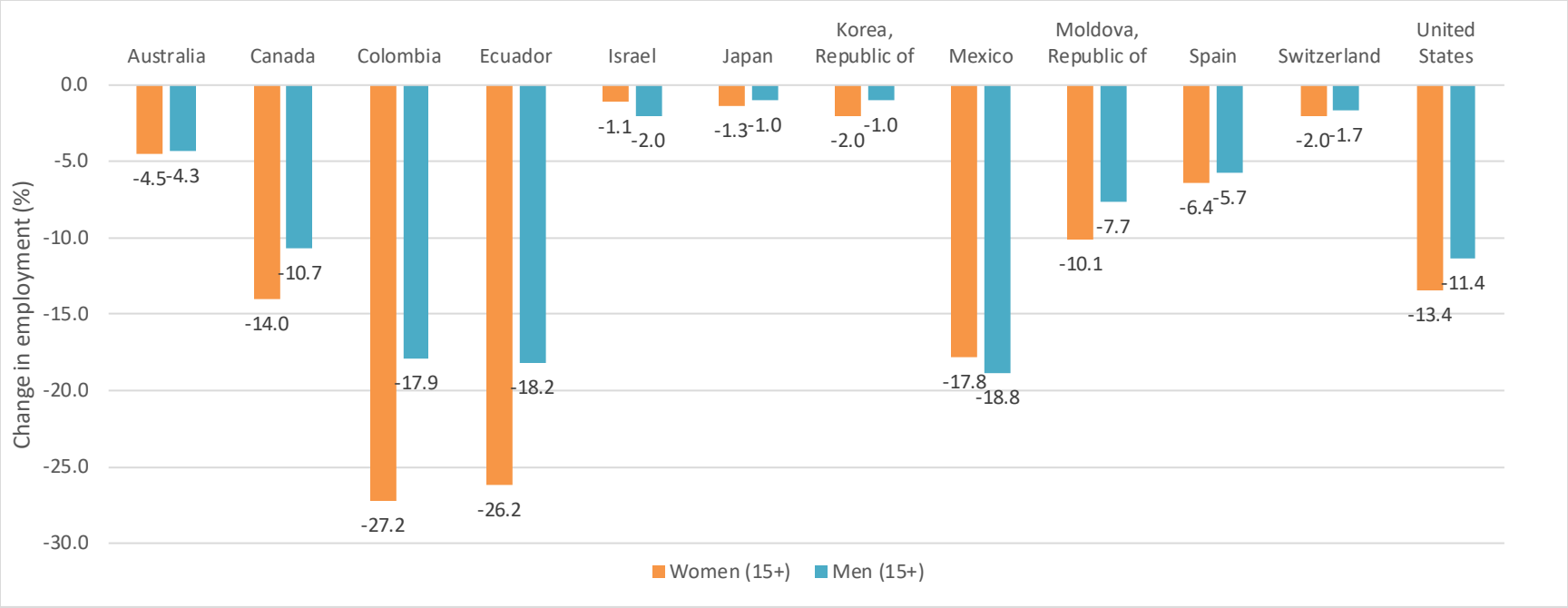

Figure 2 Change in employment April 2019–April 2020 for selected countries (%)

Note: Figures for the United States are for the age group 16+.

Source: Constructed by the authors from ILOSTAT Database.

Table 1 Useful data sources related to COVID-19

Name	*Indicators*	*Scope*	*Website*
COVID-19 cases and deaths			
WHO Coronavirus Disease Dashboard	Cases, deaths	Global	https://covid19.who.int/
Our World in Data	Cases, deaths, testing	Global	https://ourworldindata.org/coronavirus
The Covid Tracking Project	Cases, deaths	US	https://covidtracking.com/data/api
Coronavirus Tracker	Cases, deaths, recoveries	Global	https://thevirustracker.com/
Sex-disaggregated data on COVID-19 cases and deaths			
UN Women's Women Count Data Hub	Cases, deaths, and other indicators	Global	https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters
Global Health 50/50	Cases, deaths	Global	https://globalhealth5050.org/covid19/sex-disaggregated-data-tracker/
Harvard GenderSci Lab	Cases, deaths	US	https://www.genderscilab.org/gender-and-sex-in-covid19
Government responses			
Oxford Coronavirus Government Response Tracker	Government responses	Global	https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker
International Labour Organization	Country policy responses	Global	https://www.ilo.org/global/topics/coronavirus/regional-country/country-responses/lang--en/index.htm
Preventive measures, behaviors, and outcomes			
OpenPath Social Distancing Index	Social distancing index	US	https://www.openpath.com/social-distancing-index
COVID-19 Community Mobility Reports	Mobility data by country collected by Google	Global	https://www.google.com/covid19/mobility/
UN WFP World Travel Restrictions	Travel restrictions	Global	https://unwfp.maps.arcgis.com/apps/opsdashboard/index.html#/db5b5df309ac4f10bfd36145a6f8880e
COVID-19 Global Impact Study	Survey data on social and economic outcomes	Global	https://www.premise.com/covid-19/
UNESCO COVID-19 Impact on Education	Education disruptions	Global	https://en.unesco.org/covid19/educationresponse

Understanding Coronavirus in America	Survey data on social and economic outcomes	US	https://covid19pulse.usc.edu/
International Survey on Coronavirus	Global behaviors and perceptions	Global	https://covid19-survey.org/results.html
Repositories of COVID-19 datasets			
Johns Hopkins Center for Systems Science and Engineering	Repository of COVID-19 case data; other sources.	Global	https://github.com/CSSEGISandData/COVID-19
Google Dataset Search	Repository of COVID-19 datasets; search "coronavirus COVID-19"	Global	https://datasetsearch.research.google.com/
UNDESA Statistics UN COVID-19 Data Hub	Data hub of COVID-19 cases, deaths, and other indicators	Global	https://covid-19-data.unstatshub.org/
Open Data Watch	Repository of COVID-19 related databases	Global	https://opendatawatch.com/what-is-being-said/data-in-the-time-of-covid-19/
Humanitarian Data Exchange	Repository of COVID-19 related databases	Global	https://data.humdata.org/event/covid-19
Coronavirus Data Resource Hub	Data hub from data.world of open data sources	Global	https://data.world/resources/coronavirus/
Global Partnerships for Sustainable Development Data	COVID-19 Data Resources	Global	http://www.data4sdgs.org/resources/covid-19-data-resources
World Bank Dashboard	Understanding the Coronavirus pandemic through data	Global	http://datatopics.worldbank.org/universal-health-coverage/coronavirus/?cid=ECR_TT_worldbank_EN_EXT
Data2x COVID-19 Resources: Gender Data, Gender, and Data	Repository of COVID-19 resources specific to gender	Global	https://data2x.org/resource-center/gender-and-data-resources-related-to-covid-19/

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NOTES

[1] Some sources also suggest that there is evidence that men's immune systems are less effective at combating viruses than women's regardless of comorbidities or lifestyle, and this holds true for most viral responses (Mandavilli 2020).

[2] The other major form of state support in South Africa has targeted children. The Child Support Grant has been useful for households with children where there has been a reduction in other sources of income. The grant, targeted to the primary carer, was increased for every child by 300 South African rand (US$16) in May 2020, while from June to October every caregiver was to receive an additional R500 (US$27) per month regardless of the number of children they care for.

[3] A striking headline in the UK noted that the first ten doctors to die of the virus were all men, Muslim, and migrant. Women health workers were generally more likely to die than men and ethnic minority health workers more likely to die than the majority population (Cook, Kursumovic, and Lennane 2020; Siddique 2020).

[4] Note that national lockdown is a specific short-term policy instrument with the aim to severely contain the spread of the virus and even to eliminate it. It involves the closure of nearly all economic activity for a short duration. In contrast, social distancing is a long-term behavioral change that focuses on containment and has less (or no) impact on the economic life of a nation.