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Women on the Frontlines in Ontario's Fight Against COVID-19

Laura Anthony and Sude Bahar Beltan I Research Officers

Women are serving on the frontlines in the fight against COVID-19, comprising the majority of health care workers in hospital and long-term care settings. The impacts of the pandemic are often compounded: women populate the workforce of the hardest-hit industries; perform the majority of unpaid domestic work; and face increased risks of domestic violence during times of crisis and quarantine. This paper provides an overview of women's contribution to the pandemic and the pandemic's adverse economic and social impacts on women, using data from the Ontario and Canada contexts.

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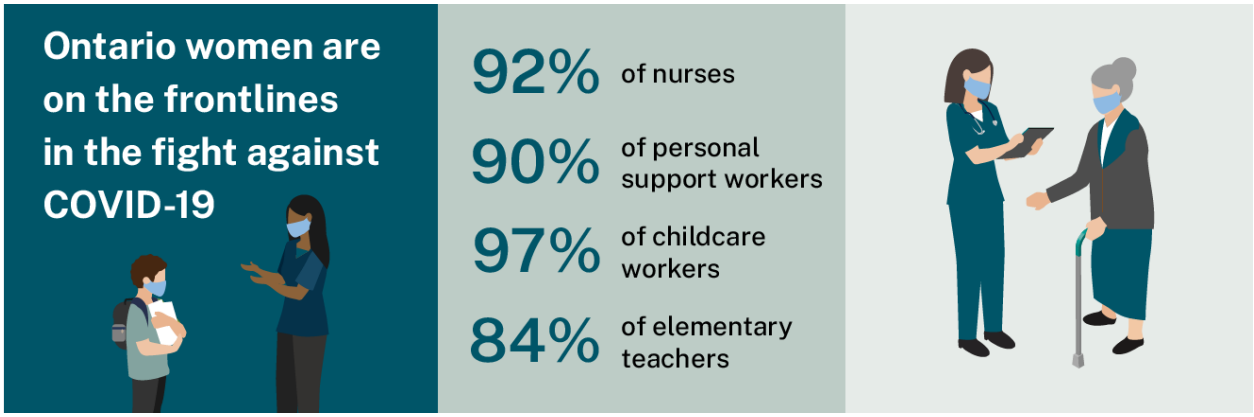
Introduction

The COVID-19 pandemic has upended lives worldwide and exposed existing inequalities in our societies. Research suggests women are less likely to experience severe disease and death due to coronavirus.[1] However, it has become increasingly clear, as UN Women and the OECD have argued, that the impacts of the pandemic disproportionately and differently affect women compared to men.

Women are disproportionately represented on the frontlines in the fight against the virus, comprising the majority of health care workers in hospital and long-term care settings. The impacts of the pandemic are often compounded: women populate the workforce of the hardest-hit industries in retail, food, and tourism; perform the majority of unpaid domestic work; and face increased risks of domestic violence during times of crisis and quarantine. Moreover, the gendered impact of the pandemic intersects with other experiences of marginalization, such as class, race, and sexuality—further exacerbating existing inequalities.[2]

This paper provides an overview of women's contribution to the pandemic on one hand, and the pandemic's adverse economic and social impacts on women on the other, using data from the Ontario and Canada contexts.

Women's contribution in the fight against COVID-19



Data source: See footnote.[3] Graphic by Legislative Research.

Health Care

Frontline health care workers

Most frontline health care workers (HCWs) in Ontario are women. As a result, women have served as the first point of contact throughout the pandemic, testing and treating patients, and most recently, administering vaccines, often with little reprieve. Women are the majority of nurses and respiratory therapists. They are also the majority of basic patient care staff such as nurse aides and orderlies, a group of HCWs also known to be predominantly from immigrant and/or racialized communities.[4]

Short-staffed and over-worked, female HCWs have experienced physical and mental exhaustion. Research on the overall wellness of HCWs has shown high rates of burnout, psychological stress, and suicide.[5] Nurses in particular have been living in fear as they are concerned about their safety as well as that of their families, co-workers, and patients.

> ***My family is always scared about me going to work and catching something.... Everybody's on edge. I'm kind of scared. I don't want to give anything to anybody. I don't know for sure that I haven't picked something up at work....***[6]
>
> Hospital Nurse

Many frontline HCWs have chosen to isolate away from their families, making it nearly impossible to balance their professional and personal lives.[7] While the long-term effects of a pandemic are unknown, several studies raise concerns regarding the mental health impacts, such as trauma, stress-related disorders, depression, and anxiety.[8]

Hospitals were initially less than fully prepared for the pandemic. Due to both global shortages of personal protective equipment (PPE) supply and problems in emergency preparedness plans, there was an inadequate supply of respirators such as N95 masks. In many cases, HCWs had to use the same mask for an entire shift, even multiple days.[9]

Consequently, HCWs faced considerable risk during the early stages of the pandemic and suffered much higher rates of COVID-19 infection than the general public, accounting for 20% of all cases in the first six months, 81% of which were women.[10] Nurses comprised the largest proportion—22%—of HCW cases overall followed by personal support workers (5.2%). Tragically, 13 HCWs died in the first six months of the pandemic.[11]

Long-term care workers

Ontario's long-term care facilities have been hard-hit by the coronavirus. Long-term care homes offer services and accommodation in a supervised setting to adults requiring 24-hour nursing and personal care, including assistance with most or all daily activities. These settings have been the largest source of COVID-19 outbreaks in Ontario.[12] Most virus-related deaths in Ontario have been elderly people living in these institutions, with more than half of homes having reported cases. The outbreaks have affected residents as well as staff, who are overwhelmingly female. Many of these caregivers, about 41%, are visible minorities.[13]

Personal accounts have highlighted the acute stress long-term care workers are facing on a daily basis and their increased risk of contracting coronavirus:

> ***It's very traumatic. When we had our first patient who was COVID positive, unfortunately the test was done later than it should have been done and the staff that were providing care had been exposed…. Some are still dealing with ongoing medical conditions related to COVID.[14]***
>
> Personal Support Worker

Staffing shortages have persisted throughout the pandemic, increasing pressure on those working. In five homes struggling with severe outbreaks, the Province requested support from the military to cover staffing shortages and provide care for residents. Personal support workers and nurses remained home for a variety of reasons that included having contracted COVID-19, fear of catching the disease, and a lack of PPE.[15] This last challenge was particularly acute for long-term care workers, as much of the limited supply of equipment was redirected to frontline hospital workers.[16]

Long-term care settings were responsible for 69.1% of COVID-19 cases in HCWs in the early stages of the pandemic.[17] A study of COVID-19 in Ontario's immigrant, refugee, and newcomer populations found that 36% of the women from these populations who tested positive were HCWs (and nearly half of these were immigrants and refugees from Philippines, Jamaica, and Nigeria).[18] There were ten staff deaths associated with long-term care homes in Ontario in the first year of the pandemic.[19]

Child care and education

Child care workers

Child care workers, who are overwhelmingly female, were also negatively impacted by the pandemic. The majority of child care centres shuttered their doors for months following the first provincial lockdown. Therefore, revenue streams (parent fees and public funding) became uncertain or disappeared—putting child care centres in a precarious financial position.[20] According to the Association of Day Care Operators, hundreds of child care facilities in Ontario are women-owned small businesses.[21] Further, the closures and layoffs threatened the livelihoods of the female staff in the already precarious and low-wage child care sector (the median income for day care workers in Ontario is $35,163).[22]

Several day cares did continue operations during the initial shutdown to provide services for the children of emergency workers. During this time there was significant uncertainty regarding the risk of exposure to and transmission of COVID-19 between children and adults. Many child care workers, especially those from vulnerable groups, risked their personal and families' health to provide care. In addition, day cares were managing additional costs due to new public health protocols (e.g., disinfecting, handwashing, and mask-wearing) with reduced revenues due to stricter capacity limits.

There is some evidence that the risk of contracting COVID-19 from young children is limited.[23] Nonetheless, there have been a number of confirmed COVID-19 cases at child care facilities concerning children and staff, forcing centres to shut down to observe quarantine protocols.[24]

Teachers

On short notice, elementary and secondary teachers switched to remote learning following the initial provincial shutdown. It was challenging for teachers to adjust their methods so quickly with little to no previous experience with remote teaching. Further, local school boards struggled to ensure all children had access to technology. As the majority of elementary school teachers are women, in many cases, teachers were juggling full-time teaching and parenting at the same time. Concerns were raised about kids falling behind, especially in racialized communities.

As schools returned in September 2020, teachers raised concerns regarding their work environments including class size and ventilation issues. Parents were presented with the option of choosing in-person or remote learning for their children (approximately 20% to 30% of students were registered for remote education).[25] Teachers were instructed to be ready for a switch to remote learning, doubling their workload as they prepared for both in-person and remote options. Teachers have reported that they are experiencing stress and burnout because of delivering a hybrid model of education and overall health concerns in large or crowded classrooms.[26]

Public health leadership

Canadian women have also contributed to the fight against the pandemic through their leadership roles in public health. Seven of the 14 provincial and national chief medical officers are women. Ontario's Associate Chief Medical Officer of Health (CMOH), as well as 48% of city-level officers in the province, are women. Women who work in medicine say these medical officers are a source of pride and inspiration.[27] The Federation of Medical Women of Canada stated that these female leaders "come across as fierce advocates for public health … with calm, expert, compassionate dispositions [which] increases their ability to influence change."[28] These women have been distilling complex information, reassuring the country, and serving and leading Canadians through an unprecedented crisis.

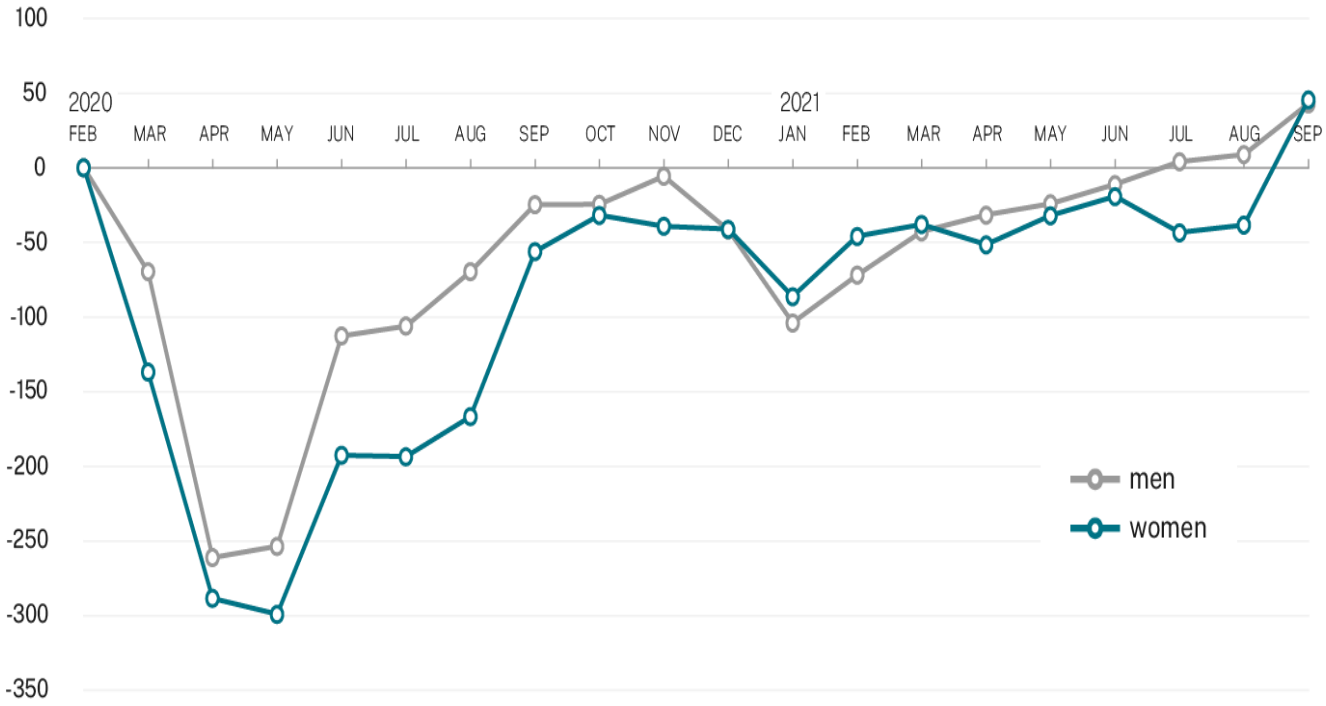
The impact of the pandemic on women

In Ontario, women are slightly more likely than men to have contracted COVID-19; more women have also died.[29] This differs from the international jurisdictions which have found that men are typically more likely to contract and succumb to the disease. One potential explanation is that there are more women in long-term care settings in Ontario, which have accounted for a large proportion of COVID-19 deaths. Others suggest that men's COVID-19 mortalities may be recorded as deaths from other causes, such as heart disease.[30] In addition to the health impacts of coronavirus, Ontario women's lives have been changed economically and socially.

Economic consequences

The Ontario Chamber of Commerce has noted, "the economic impacts [of COVID-19] were immediate, acute, and disproportionately borne by women."[31] Evidence suggests that the economic toll of the pandemic will exacerbate pre-existing inequalities.

Change in Employment in Ontario (25 to 54 yrs old)
February 2020 to September 2021



Data source: Statistics Canada. Table 14-10-0017-01 Labour force characteristics by sex and detailed age group, monthly, unadjusted for seasonality (x 1,000). Graphic by Legislative Research.

Immediate impact

Many economists have deemed the economic fallout of COVID-19 a "she-cession," citing the negative effects on women's labour force participation and future economic prosperity. In the immediate wake of the pandemic, women's participation in the labour force dipped to 55%, its lowest level in over 30 years.[32] In March 2020, women ages 25 to 54 lost more than twice as many jobs as men in Ontario.[33]

Women are overrepresented in the sectors that have been hardest hit by public health restrictions—sales and service—such as hospitality and food services, retail trade, and tourism (and other industries that involve face-to-face contact).[34] COVID-19-related job losses have been highest among racialized women, particularly Asian and Black women, as well as younger and lower-income women.[35]

As Ontario's economy reopened in summer 2020, women experienced slower reemployment than men: between April and August 2020, men's employment gains were just over 200,000 whereas women's were only 131,700.[36] More women than men are contending with reduced work hours (at least half of their normal hours) because of COVID-19.[37] Employment has remained even further below pre-pandemic levels among Indigenous people (7.8% decline between February and December 2020) compared to non-Indigenous Canadians (2.1%). Furthermore, Indigenous women experienced a sharper reduction in employment than Indigenous men (8.0% vs. 3.2% year-over-year to December 2020).[38]

Long-term impact

The long-term impact on women's employment is harder to predict as the health and economic crisis continues to unfold. Economists have raised concerns that employment gaps will make women more vulnerable to job loss than men and that some women may "fall out" of the workforce altogether. Across Canada, slightly less than half of newly unemployed women who lost their jobs between February and May 2020 (and one third who lost jobs between February and June) were not actively seeking work in the summer of 2020.[39]

This is particularly worrisome for mothers: between March 2020 and January 2021, 12 times as many mothers as fathers left their jobs to care for toddlers or school-aged children.[40] As of November 2020, about 30,000 fewer single mothers were employed across the country than a year earlier.

Layoffs and lost income due to COVID-19 threaten to push some women further into poverty. Prior to the pandemic, Canadian women were more likely to be in precarious work than men: approximately 6 out of 10 women worked for minimum wage and they were twice as likely to work part time as men (26% vs. 13%).[41] This risk is compounded for women who are Indigenous, Black, racialized, new to Canada, living with disabilities, elderly and LGBTQ2S+.[42] As poverty also affects the social determinants of health, populations already experiencing income-related marginalization are disproportionately affected by COVID-19 in Ontario.[43]

By September 2021 employment among women aged 25-54 reached pre-pandemic levels while employment among women 55 and older continued to lag. With the return of the school year, women with young children also returned to pre-pandemic employment levels and average hours worked.[44]

Unpaid domestic work

The COVID-19 pandemic has worsened an already inequitable division of unpaid domestic work in Canada.[45] In 2015, women in Canada spent an average of 3.9 hours per day on unpaid work as a primary activity—1.5 hours more than men did.[46] Women perform this "second shift" of care work as mothers, wives, and daughters. Childcare responsibilities, which traditionally fall to women, have been compounded with school and day care closures and the switch to remote learning. Given the dire situation in many congregate care settings, some families moved their loved ones into their homes to care for them, another responsibility which fell primarily on the shoulders of women. Work from home practices have further complicated women's lives, as more often than not women had to perform paid and unpaid work simultaneously. Research has shown that essential care workers such as nurses, day care providers, teachers, and health care workers are bearing much of the burden: they were more likely to report increases in unpaid care and domestic work than other respondents.[47]

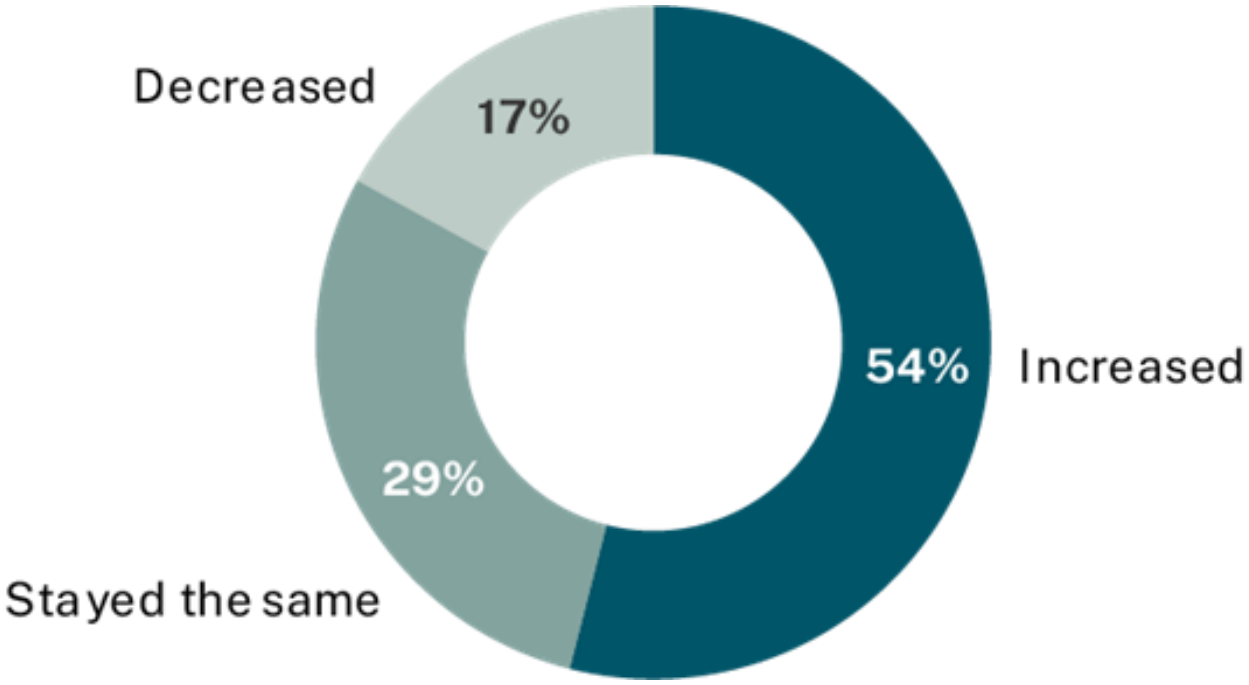
Consequently, women have been experiencing mental and physical exhaustion and emotional stress—"burnout"— more significantly than men.[48] According to a national survey, women are more likely than men to have thought about leaving their jobs due to pandemic-induced family care responsibilities.[49] This may reflect, at least in part, the lower earning power of women in many heterosexual relationships.
The pandemic's impact on women from racialized communities has been even more severe. Racialized Canadians were twice as likely to stop looking for paid work or reduce time spent on paid work because of increased domestic responsibilities compared to non-racialized Canadians.[50] Black (55%) and Indigenous (49%) Canadians were also more likely to say they suffered emotionally compared to non-racialized Canadians (34%) because of increased care work at home.[51]

Advocates warn that COVID-19 has turned back the clock on gender equity as the pandemic has taken away many of the resources that allowed women to exercise independence and power such as income, access to childcare, and a public identity.[52]

Domestic violence

Factors such as social isolation, loss of employment or income, and heightened stress and anxiety are known to increase the risk of domestic violence. The COVID-19 pandemic has created the perfect storm for controlling and violent behaviour to take place behind closed doors.[53] Advocates have dubbed the recent global surge in violence against women as the "shadow pandemic" of COVID-19.

Perceived change in the number of domestic violence victims served since beginning of the pandemic, 2020 (percent of respondents)



Data source: Statistics Canada, The COVID-19 pandemic and its impacts on Canadian victim services.[54] Graphic by Legislative Research.

As seen above, according to a Statistics Canada survey on Canadian victim services (offered by police, court programs, community organizations, and sexual assault centres), over half of the respondents reported an increase in the number of domestic violence victims in the first few months of the pandemic. The same survey showed a significant decrease (46%) in the number of new clients, mainly attributed to the increased barriers for seeking and receiving support during the crisis.[55] Such barriers may include fears about contracting COVID-19 while receiving services; lack of technology; lack of privacy or space to make confidential calls; preoccupation with meeting basic needs; and lack of availability or space in women's shelters due to pandemic protocols.[56]

Another national survey, based on 376 respondents working in shelters and transition houses during the first lockdown, found that gender-based violence was more severe and more frequent. Almost 40% of respondents noticed an increase in the prevalence and severity of violence, noting rising cases of strangulation and serious physical assaults. The survey also noted increased rates of depression, anxiety, suicidal ideation, and self-harm among the survivors.[57]

> ***While the majority of services and stores were closed, it was difficult to contact us, because if one is at home with one's abuser, it is difficult to phone or send a message. This increased the feeling of being trapped without having other options and increased the anxiety experienced.[58]***
>
> Staff in domestic violence sector

Advocates stress the deepened risk of gender-based violence for women with diverse experiences of race, gender, and immigration status during the COVID-19 pandemic. According to a Statistics Canada survey, while 13% of Indigenous women reported some level of concern (somewhat/very/extremely) about violence in their home, only 5% of non-Indigenous women reported the same.[59]

Mental health

The pandemic has had a pervasive negative impact on both women and men's mental health—isolation has led to loneliness and depression, lost income has caused financial stress, and stay-at-home orders have strained interpersonal relationships and resulted in additional child care and elder care responsibilities. However, the pandemic appears to be taking more of a toll on women's mental health than men.

Women continue to report lower levels of excellent or very good mental health compared to men (52% vs. 58%).[60] A recent study by the Centre for Addiction and Mental Health found that women were more likely to report experiencing moderate to severe anxiety (24.3%) and loneliness (23.3%) compared to 17.9% and 17.3% of men respectively.[61] The researchers concluded that women and those with children are the most affected by mental health issues due to COVID-19.[62]

Research that examined the burden of worrying found that women (particularly immigrant women) generally expressed more worry than men about contracting COVID-19 and the economic impact on their families.[63] Indigenous women are also particularly affected: 46% reported that their days are quite or extremely stressful and 48% reported symptoms consistent with moderate or severe generalized anxiety disorder.[64]

Conclusion

The pandemic has exposed inequalities in social and economic systems and affected women more acutely than men. Women are serving on the frontlines in the fight against the virus as our caregivers in hospitals, long-term care settings, schools, and day cares. Ontario's pandemic response is racialized, with visible minority women comprising a large proportion of workers in hospitals and long-term care homes resulting in their suffering from COVID-19 infections at a higher rate.

Throughout much of the pandemic, working mothers have simultaneously balanced working from home and child care and elder care responsibilities, leading to burnout. Moreover, working mothers are contending with fewer working hours and some, particularly single mothers, have left the workforce altogether—hurting women's long-term economic prosperity. For racialized women in precarious work, the pandemic threatens to push them further into poverty. Because of the pandemic, women's mental health has suffered more severely than men's and violence against women has become more severe and more frequent.

Notes

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