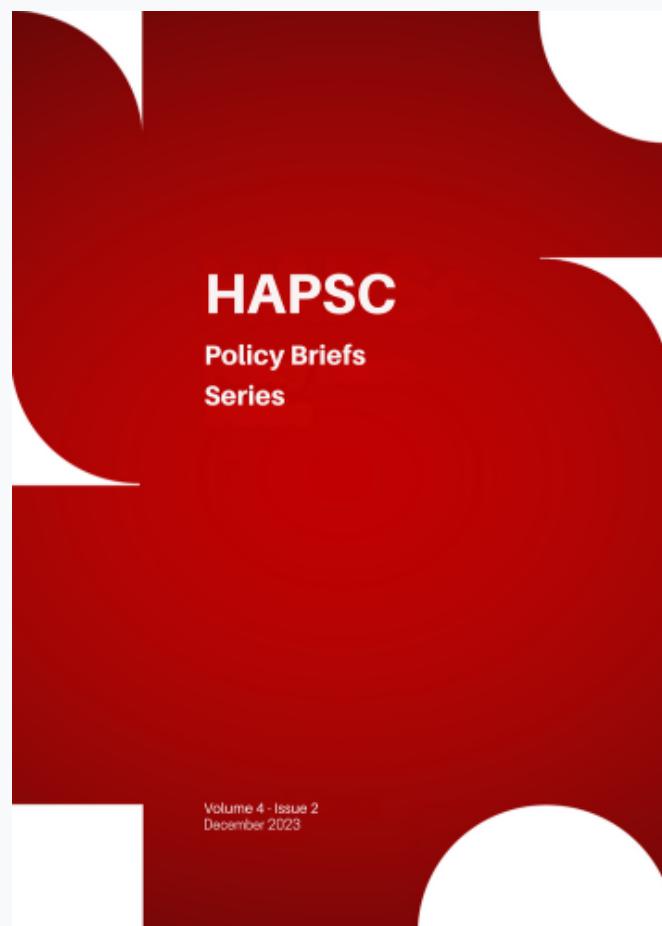


## HAPSc Policy Briefs Series

Vol 4, No 2 (2023)

HAPSc Policy Briefs Series



### The Impact of COVID-19 in Women's Inequalities: Education, Employment, Healthcare and Abuse

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doi: [10.12681/hapscpbs.36714](https://doi.org/10.12681/hapscpbs.36714)

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#### To cite this article:

Alevizos, A., Kaminas, A., & Katsika-Panousi, L. (2023). The Impact of COVID-19 in Women's Inequalities: Education, Employment, Healthcare and Abuse. *HAPSc Policy Briefs Series*, 4(2), 194–202.  
<https://doi.org/10.12681/hapscpbs.36714>

## The Impact of COVID-19 in Women's Inequalities: Education, Employment, Healthcare and Abuse<sup>1</sup>

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### Abstract

Social inequality is a social fact that occurs both within and between countries. Social class, gender, ethnicity, and disability are the main factors causing social inequality. The COVID-19 pandemic has led to an exacerbation of social inequalities, especially among vulnerable groups of the population. In this article, we examine impact of the Covid-19 pandemic on the inequalities experienced by women at an international level. In particular, its impact on inequalities in employment, education, health and violence and abuse are examined. A critical review of the relevant literature reveals an increase in women's inequalities in all the above areas and in some cases to a significant degree. For this reason, it is deemed necessary to strengthen women's participation in public discourse, to further develop structures and services for empowering and supporting women, especially those that belong in the most vulnerable groups, and to further develop relevant scientific research and studies on the issue.

**Keywords:** Social inequality, women, COVID-19, employment, education, healthcare, abuse

### Introduction

Social inequality is a social fact encountered in countries worldwide, manifesting in various forms, including limited access to economic resources, education, and healthcare services. Social class, gender, ethnicity, and disabilities are the four fundamental factors contributing to the emergence of social inequality (Baker, Lynch, Cantillon, Walsh, 2004). As a result, social inequality can be found both within and between countries, leading to significant variations in the standard of living among populations (UNDESA, 2020).

The COVID-19 pandemic exacerbated the situation of vulnerable population groups, thereby intensifying pre-existing inequalities. As a result, the income and access to healthcare services of the lower economic strata and migrants were adversely affected by the pandemic (Eurofound, 2023; Berchet, Bijlholt, Ando, 2023; Malliarou et al., 2023; Alevizos, Michail, Eleftheroglou, Sidiropoulos, 2023; Blundell, Costa Dias, Joyce, Xu, 2020). At the same time, the pandemic had a negative impact

<sup>1</sup> To cite this paper in APA style: Alevizos, A., Kaminas, A., Katsika-Panousi, L. (2023). The Impact of COVID-19 in Women's Inequalities: Education, Employment, Healthcare and Abuse. *HAPSc Policy Brief Series*, 4(2), 194-202. <https://doi.org/10.12681/hapsbps.36714>

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on women and individuals with disabilities (Inequality.org, 2023; UNDESA, 2023; Hunt, Kuper, Shakespeare, Banks, 2023; UN Women, 2021). This paper focuses on the effect of the Covid-19 pandemic on the inequalities experienced by women through a comprehensive literature-review.

## **Women's inequalities in education due to COVID-19**

The COVID-19 pandemic wrought profound changes in the education sector, disrupting the learning of 1.2 – 1.6 billion students across 170 countries, constituting 72% of the global student population during lockdowns. This upheaval laid bare stark inequalities in access to knowledge and educational resources, with gender disparities exacerbating the challenges. Students faced varying degrees of difficulty or limitations in transitioning to online learning, amplifying existing education inequalities (United Nations, 2020; Shulla et al., 2021).

Before COVID-19, there was already a long way to achieve gender equality in education. UNESCO states that only 75% of young girls were enrolled in secondary education in 2018 (130 million were uneducated). It is estimated that the gap will increase by 11-20 million girls as they will be excluded from the right to education due to COVID-19 and are found to have less chance of accessing online learning. Girls aged 12-17 from low-income households and girls in rural areas are particularly at risk (UNESCO et al., 2020; Pfunye & Ademola-Popoola, 2021).

Dropping out of school has the direct effect of increasing risks in other areas such as child marriage, early pregnancy, child labor and domestic violence (Diallo et al., 2021). In sub-Saharan Africa, teenage pregnancy increased by 65% due to school lockdown measures (Pfunye & Ademola-Popoola, 2021). Furthermore, in rural areas of Kenya, Rwanda, Tanzania and Uganda, it was recorded that 34% of young girls lost a parent due to the pandemic and 70% of them had no choice but to drop out of school and work to support their families financially. In Nairobi (Kenya) there was a 49% increase in teenage girls having paid sex for financial support to their families with their willing or not (Kwauk et al., 2021).

Regarding distance education (tele-education), which was deemed necessary by governments, the different circumstances of students, especially girls, had to be considered. For many countries this type of teaching did not present any problems, but in other, economically underdeveloped countries, it posed an obstacle, due to lack of access to a network or the inability to access an electronic device. Furthermore, in these countries, perceptions that access to devices posed safety or defamation risks limited the ability to access the internet by 33% less than men (MALALA FUND, 2020). At the same time, due to increased time at home it is taken for granted that a girl will take on more household responsibilities and the care of family members who are potentially ill. Consequently, it was not

always possible to focus on distance learning, which was supposed to be their only responsibility (Renault, 2022).

Despite pre-existing challenges in achieving gender equality in education, the pandemic has widened disparities, particularly for girls in low-income and rural areas. The forced school closures and the shift to distance education led to increased risks and posed obstacles, respectively. The pandemic has revealed and intensified resilient educational strategies the urgent need for inclusive and resilient educational strategies.

### **Women's inequalities in employment due to COVID-19**

The advent of the COVID-19 pandemic and the global lockdown measures has resulted in the closing of many companies. Statistics show that in this downturn women were more affected than men. The reason why COVID-19 measures disproportionately burden women in the labor market is linked to gender inequalities. Women's inequality in the labor market existed even before COVID-19, however it has maintained a slow but steady increasing tendency in terms of eliminating the low participation rates of women in the labor market with partners and young children (Mascherini& Bisello, 2020; Azcona et al., 2022).

During the pandemic, this progress was completely reversed as these global rates dropped significantly. Initially, men were working in fields considered more essential to the economy and society (transport, civil protection services, agriculture, and construction) (*ibid*). On the contrary, women worked in industries that had close contact with customers and were therefore drastically affected by the pandemic (cleaners, chefs, tourism/hospitality, retail, and leisure workers), a large proportion of whom worked in atypical employment, so there was no insurance during the lockdown, nor was paid leave possible (Beales et al., 2020). This arises mainly from the fact that in many industrial, touristic and retail countries, women are not well enough represented or defended to claim their rights (Billi et al., 2021). Approximately 113 million women with families were unemployed in 2020 compared to 13 million men (Azcona et al., 2022).

On the other hand, a significant number of the employees has been forced to work through telework in an era of social dislocation and enclosure, where it has proved exhausting for many working mothers as they combine work, home schooling and caring, all in the same place at the same time. Through data drawn from the International Labor Organization, there is an observable unequal distribution of responsibilities at home, which ultimately leads to unequal participation in the labor market (*ibid*). Specifically, a third of these women find it difficult to concentrate on their work, compared to a sixth of men, while family commitments prevented more women (24%) than men

(13%) from spending the time they would like in their work. At the same time, 32% of women as opposed to 25% of men said that their work prevented them from making time for their family. These circumstances led many women to develop a permanent emotional stress and psychological oppression (Mascherini & Bisello, 2020).

Regarding women who lost their jobs, they were less likely to receive financial support from competent institutions than their male colleagues. In addition, women without children in the household (either unmarried or widowed) were the least likely to receive financial support (8% of women versus 17% of men). The same was observed for women with children who were not married (Billi et al., 2021).

In this context, during the pandemic, women faced significant challenges in the workplace, compelling some to exit jobs entirely or reduce working hours. Others opted for job changes seeking increased flexibility. These shifts, driven by the need to meet societal demands, are emblematic of broader issues in women's employment. The pandemic underscored existing gender inequalities, particularly affecting women in any industry. These changes will undoubtedly impact women's professional development in the next decades. Addressing and rectifying the deteriorating gender inequalities in the workforce is essential towards fostering an inclusive and equitable post-pandemic recovery.

### **Women's inequalities in healthcare due to COVID-19**

The worldwide health systems were not properly prepared for the COVID-19 pandemic, and approximately 90% of countries encountered disruptions in health service (Shulla, 2021). Hospitals and healthcare facilities that are overloaded with COVID-19 patients make it unsafe for other patients with acute or chronic medical conditions to access their typical treatment. Also, pre-existing health inequalities are magnified by COVID-19. Vulnerable populations, including low-income communities, racial and ethnic minorities, and individuals with underlying health conditions, are disproportionately affected (Khetrapal & Bhatia, 2020).

A major social group affected by these COVID-19-induced disorders are women and young girls. Many countries were unable to provide the required sexual and reproductive healthcare services, which directly resulted in neglect and increased threats to the health of girls and women (Ghouaibi, 2021). This limited to zero access to these rights-based services has increased maternal mortality, the rates of teenage pregnancies, HIV, and sexually transmitted diseases. Specifically, 58% of women experienced difficulties in accessing health products (menstrual products and contraceptives) and medical care (obstetrical and gynecological services) (Billi et al., 2021).

Access to contraception and abortion are considered necessary and integral rights for women, in order to choose the future of their lives freely, without pressure, and there is no time for any delay in such a decision. Unfortunately, due to the market's blockade, access to these rights has not been possible, with some countries preventing this kind of trade. With the simultaneous restriction of transportation, many women have been deprived of their right to choose, as they could not visit a different country in order to perform the operation (Council of Europe, 2020). The United Nations Fund documented that in 115 low- and middle-income countries women lacked access to services, leading to a projection of seven million unwanted pregnancies (Ghoudaibi, 2021).

The period of pregnancy is very special for a woman, as she experiences a mixture of emotions and at the same time is vulnerable to mental and physical health problems. For many pregnant women, the COVID-19 pandemic brings increased fear and a decreased sense of control due to the lack of proven data on the effects of COVID-19 during pregnancy (Almeida, 2020).

### **Women's abuse during COVID-19**

Violence and sexual abuse constitute another dimension of gender asymmetry. Specifically, physical and sexual violence against women is prevalent across countries, with levels varying depending on the specific country in question. Notably, a significant proportion of women experience abuse from their partners or individuals within their close environment. Moreover, many women who fall victim to abuse in their surroundings experience multiple instances of victimization (UNDESA, 2016).

Early sexual abuse, occurring before the age of 15, is often associated with male family members, such as fathers or stepfathers (ibid).

Sexual harassment occurring in the workplace or other public spaces is often underreported, resulting in statistically lower recorded instances compared to the previously mentioned forms of violence. Similarly, psychological, and economic violence, despite significantly impacting the well-being of women, are also frequently underreported. (ibid).

Thus, violence against women constitutes a grave violation of human rights, with global rates indicating that one in three women worldwide has experienced sexual or physical violence, often perpetrated by their partners (UN Women, 2021). Notably, the Eastern Mediterranean region stands out with the second-highest prevalence of violence against women, reaching 37% (WHO, 2023). This alarming statistic is closely tied to structural systems that perpetuate gender inequalities.

The COVID-19 pandemic exacerbated the issue, leading to a surge in incidents of violence against women and girls, particularly domestic violence. Since the onset of the pandemic, seven out of ten

women report an increase in physical and verbal abuse, while six out of ten cite a rise in incidents of sexual harassment in public spaces (UN Women, 2021).

In more detail, based on data collected from 13 countries (Albania, Bangladesh, Cameroon, Colombia, Côte d'Ivoire, Jordan, Kenya, Kyrgyzstan, Morocco, Nigeria, Paraguay, Thailand, and Ukraine), reveals that nearly one in two women has experienced some form of abuse since the onset of the COVID-19 pandemic. Additionally, the data indicates that one in four women feels less safe at home, with domestic conflicts having increased since the beginning of the pandemic. Approximately 21% of women report that one of the reasons for this insecurity is physical abuse (UN Women, 2021).

Furthermore, one in two women feels unsafe walking alone at night on the street, and one in five feels unsafe during the day. Simultaneously, half of the women with children have experienced abuse, while the corresponding percentages for women with a partner without children are 37%, and for women without a partner and children, it is 41% (UN Women, 2021).

Women residing in rural areas have reported feeling insecure when walking alone at night on the street since the onset of the pandemic, with a percentage of 44%, whereas the corresponding figure for urban areas is 39%. Simultaneously, the likelihood of experiencing sexual harassment in rural areas is 62%, compared to 55% in urban areas. Notably, employed women reported that 43% have experienced violence, 26% feel insecurity in their workplace environment, and 37% feel insecure walking alone at night. In comparison, non-employed women reported higher percentages, with 52%, 33%, and 50%, respectively (ibid).

In this context, it is recognized that a series of policies and measures need to be developed to support abused women and mitigate incidents of violence against women. These measures include the empowerment of women in the public sphere and in decision-making processes, the strengthening of support structures for abused women, and the systematic recording of statistical data related to the issue under consideration (ibid).

## Conclusion

In conclusion, the COVID-19 pandemic has underscored and exacerbated existing social disparities, particularly evident across four critical dimensions: employment, healthcare, education, and abuse.

Throughout the pandemic, women faced disproportionate challenges in the workforce, experiencing higher rates of job loss and workplace difficulties compared to men. Gender inequalities entrenched within labor markets meant that women, often employed in industries with close customer contact or reliant on atypical employment arrangements, bore the brunt of economic downturns. The pandemic

not only reversed progress in narrowing the gender gap in workforce participation but also intensified the emotional and psychological stress faced by many women juggling work, caregiving, and household responsibilities.

In the realm of healthcare, disruptions caused by the pandemic disproportionately affected women and girls, limiting their access to essential sexual and reproductive health services. This lack of access led to increased maternal mortality rates, higher incidences of teenage pregnancies, and greater risks of HIV transmission. Furthermore, restrictions on movement and healthcare services hindered women's ability to exercise their reproductive rights, exacerbating existing inequalities in healthcare access.

Education systems worldwide faced unprecedented challenges during the pandemic, with school closures and the shift to online learning widening educational disparities, especially for girls in low-income and rural areas. The transition to distance learning highlighted inequalities in internet access and increased domestic responsibilities, hindering girls' ability to engage in remote education. Consequently, the risk of dropping out of school rose, contributing to higher rates of child marriage, early pregnancy, and child labor, particularly in vulnerable communities.

The pandemic also exacerbated incidents of violence against women and girls, with domestic violence rates surging in many parts of the world. Women, particularly those in rural areas, reported heightened insecurity and increased instances of physical, verbal, and sexual abuse. The spread of violence underscored the urgent need for comprehensive policies and support structures to assist abused women and address systemic issues perpetuating gender-based violence.

As societies embark on post-pandemic recovery efforts, addressing these established inequalities is imperative. Policy interventions and support structures must prioritize the needs of marginalized groups, empower women in decision-making processes, and foster inclusive and resilient communities. Only through concerted and sustained efforts can societies strive towards a future marked by equity, justice, and social cohesion.

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