



apcss.org/nexus

SECURITY NEXUS

A free, open access, international, peer-reviewed, online publication for the Daniel K. Inouye Asia-Pacific Center for Security Studies faculty and alumni.

Security Nexus Perspectives

COVID-19 HEALTHCARE WORKERS: 70% ARE WOMEN

By Dr. Inez Miyamoto *

This article highlights some of the gendered effects emerging from the COVID-19 pandemic in the global healthcare sector, which is dominated by women. Women comprise 70% of the global healthcare workforce, and yet they only hold 25% of the senior roles in the healthcare profession.¹ They also hold lower-status roles, many of which are underpaid or unpaid.² For example, in India accredited social health activist (ASHA) community health workers are women, but the government considers them to be honorary volunteers rather than employees. As a result, although they receive a small stipend, ASHA workers do not receive employment benefits, such as leave (e.g., paid, sick or maternity) or health insurance.³

Today, more than ever, the world needs healthcare workers responding to the pandemic, but they are struggling to stay healthy in an environment where there is a shortage of personal protective equipment and of access to rapid testing for the virus. Healthcare workers face a greater risk of exposure to COVID-19 and of transmitting the virus to others because of their close and prolonged contact with sick patients.⁴

While the global COVID-19 infection rate of healthcare workers is unknown, in European Union countries that have available data, between nine and 26% of healthcare workers tested positive for the virus.⁵ A higher proportion of healthcare workers diagnosed with COVID-19 were women, reflecting workforce demographics. In Spain 72% of infected healthcare workers were women (5,265) and in Italy 66% of infected healthcare workers were women (10,657).⁶ Similarly, in the United States, the Centers for Disease Control and Prevention found that 73% of infected healthcare workers were women (6,603).⁷

Healthcare workers are suffering from elevated stress levels not only from exhaustion and loss of life, but from also having to make painful, ethical decisions on patient care in an environment of constant shortages.⁸ In a study of healthcare workers in China, more women experienced more severe symptoms of

* Dr. Inez Miyamoto is a professor at the Daniel K. Inouye Asia-Pacific Center for Security Studies (DKI APCSS) in Honolulu, USA. The views expressed in this article are the author's alone, and do not necessarily reflect the official position of the DKI APCSS or the United States Government.

COVID-19 Healthcare Workers: 70% are Women

depression, anxiety, and distrust than did men.⁹ To add to an already stressful environment, medical staff are facing layoffs, furloughs, or reduced hours as non-essential medical procedures are canceled or postponed.¹⁰ Initial unemployment data in the United States showed more women losing jobs than men in the healthcare sector.¹¹

Caretaking responsibilities are also added stressors for healthcare workers. In dual-parent households, school and daycare closures and sick family members force couples to choose who stays home as the unpaid caregiver. The burden for unpaid care, however, tends to fall on women, which is especially problematic in single-parent households headed by women.¹² For example, researchers estimated that 1.7 million Canadian healthcare workers are single mothers to young children. They noted, “Because healthcare is predominantly female, the rate of single mothers to young children, 7.7%, is double that of the workforce in the rest of the economy.”¹³ Furthermore, the typical support systems for care giving, such as grandparents or friends, were unavailable due to social distancing. And, in some hard-hit areas such as New York, babysitters and nannies were unwilling to care for the children of healthcare workers because of the risk of contracting COVID-19.¹⁴

Health and social systems are also struggling to cope with the COVID-19 pandemic, making it difficult for women to receive health services in remote rural areas.¹⁵ For example, in India, the government has suspended all non-critical services in rural communities so that the ASHA community health workers, who are all women, can redirect their efforts toward the pandemic. While this effort may be commendable as a public health response, it is troubling for the ASHA community health workers. The services deemed as “non-critical” because of the pandemic also happen to be “critical services” for women, especially at a time when they need to stay healthy. Consequently, women are not receiving immunizations, prenatal vitamins, and birth control.¹⁶ The decision to temporarily suspend “critical services” can contribute to potential health effects, such as adverse pregnancy outcomes, infant mortality, diseases, and/or unplanned pregnancies. As a result, the United Nations is stepping up its effort to maintain continuity of sexual and reproductive health services, and to protect healthcare workers.¹⁷

There is a need for more research to understand the gendered dimensions of the COVID-19 pandemic to improve pandemic response for all populations, including healthcare workers. Policymakers can make a difference by using a gendered lens, rather than a gender-neutral approach for response and recovery efforts.¹⁸ In April 2020, the State of Hawaii took the first step by publishing a gendered economic recovery plan for COVID-19, the first of its kind in the United States.¹⁹ By focusing on the development of gender-responsive and gender-transformative policies, institutions and communities, it is possible to build a more resilient society centered on individual health and wellbeing.

This article is part of a *Women Peace & Security (WPS)* series developed by the Daniel K. Inouye Asia Pacific Center for Security Studies and the U.S. INDOPACOM WPS Team to promote gender perspectives.

References

- ¹ World Health Organization, *Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce* (Geneva: WHO, 2019), <https://apps.who.int/iris/bitstream/handle/10665/311322/9789241515467-eng.pdf?ua=1>.
- ² World Health Organization, *Delivered by Women*.
- ³ Nishita Jha, “India’s first line of defense against the coronavirus is an army of 900,000 women without masks or hand sanitizer,” *BuzzFeed News*, March 20, 2020, <https://www.buzzfeednews.com/article/nishitajha/india-coronavirus-cases-ashas>.
- ⁴ Tom Jefferson et al., COVID-19—the tipping point. *CEBM.net*, April 8, 2020 <https://www.cebm.net/covid-19/covid-19-the-tipping-point/>.
- ⁵ European Centre for Disease Prevention and Control. Coronavirus disease 2019 (COVID-19) in the EU/EEA and the UK – eighth update (Frosunda, Sweden: ECDC, 2020), <https://www.ecdc.europa.eu/sites/default/files/documents/covid-19-rapid-risk-assessment-coronavirus-disease-2019-eighth-update-8-april-2020.pdf>.
- ⁶ UN Women, “COVID-19: Emerging gender data and why it matters,” Unwomen.org, accessed April 20, 2020 <https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>.
- ⁷ US Department of Health and Human Services, Centers for Disease Control and Prevention, *Characteristics of Health Care Personnel with COVID-19—United States, February 12—April 9, 2020 MMWR Morb Mortal Weekly Report 2020* (Atlanta, GA: CDC, 2020), 477-481, accessed April 20, 2020, <http://dx.doi.org/10.15585/mmwr.mm6915e6>.
- ⁸ The Lancet, “COVID-19: Protecting Health-Care Workers,” *The Lancet*, March 21, 2020, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30644-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30644-9/fulltext).
- ⁹ Lai Jianbo et al., “Factors Associated with Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019,” *JAMA Network Open*, March 23, 2020, <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2763229>.
- ¹⁰ Kimberly Leonard, “Pay Cuts, Furloughs, and Layoffs for Doctors, Nurses, and Other Healthcare Workers Are Mounting as the Coronavirus Pandemic Hits Hospitals,” *Business Insider Singapore*, April 9, 2020, <https://www.msn.com/en-sg/news/other/pay-cuts-furloughs-and-layoffs-for-doctors-nurses-and-other-healthcare-workers-are-mounting-as-the-coronavirus-pandemic-hits-hospitals/ar-BB12oVNf>.
- ¹¹ Institute for Women’s Policy Research, *Women Lost More Jobs than Men in almost all Sectors of the Economy* (Washington, DC: American University, 2020), IWPR#Q080. <https://iwpr.org/wp-content/uploads/2020/04/QF-Jobs-Day-April-FINAL.pdf>.
- ¹² Helen Lewis, “The coronavirus is a disaster for feminism,” *The Atlantic*, March 19, 2020, <https://www.theatlantic.com/international/archive/2020/03/feminism-womens-rights-coronavirus-covid19/608302/>.
- ¹³ Lisa B Kahn et al. *Labor Demand in the time of COVID-19: Evidence from vacancy postings and UI claims*. No. 20-05. 2020. http://fabianlange.ca/linked_files/papers/NOWcasting.pdf.
- ¹⁴ Ashley Fetters, “The Child-Care Crisis Is Even Worse for Health-Care Workers,” *The Atlantic*, March 26, 2020. <https://www.theatlantic.com/family/archive/2020/03/who-is-taking-care-of-hospital-workers-children/608848/>.
- ¹⁵ United Nations Population Fund, *Coronavirus Disease (COVID-19) Pandemic UNFPA Global Response Plan* (New York, NY: UNFPA, 2020), <https://www.unfpa.org/resources/coronavirus-disease-covid-19-pandemic-unfpa-global-response-plan>, Accessed April 25, 2020.
- ¹⁶ Puja Awasthi, “The Life of ASHA Workers in the Time of COVID-19,” *This Week*, April 10, 2020, <https://www.theweek.in/news/india/2020/04/10/the-life-of-asha-workers-in-the-time-of-covid-19.html>.
- ¹⁷ United Nations Population Fund, *Coronavirus Disease*.
- ¹⁸ Helen Lewis, “The coronavirus is a disaster for feminism,” *The Atlantic*, March 19, 2020, <https://www.theatlantic.com/international/archive/2020/03/feminism-womens-rights-coronavirus-covid19/608302/>.
- ¹⁹ Hawaii State Commission on the Status of Women, *Building Bridges, Not Walking on Backs: A Feminist Economic Recovery Plan for COVID-19* (Honolulu: HI, State of Hawaii, 2020), <https://humanservices.hawaii.gov/wp-content/uploads/2020/04/4.13.20-Final-Cover-D2-Feminist-Economic-Recovery-D1.pdf>.

The views expressed in these articles are those of the author and do not reflect the official policy or position of DKI APCSS, the U.S. Indo-Pacific Command, the U.S. Department of Defense, or the U.S. government.
May 2020