

GENDER AND THE COVID-19 OUTBREAK

*A Literature Review of Coronavirus-related knowledge and practices.
Denmark as a case study.*

Review conducted April - May 2020

UNIVERSITY OF COPENHAGEN
DEPARTMENT OF SOCIOLOGY



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Introduction

Gendered effects of the Corona crisis

New understandings of the gendered effects of epidemics and pandemics are vital. According to the scientific medical journal *The Lancet*, including gender and sex differences is just as fundamental (Wenham, Smith, and Morgan 2020). We know from the previous Ebola crisis that the impact of epidemics and just as fundamental as their socioeconomic consequences tend to differ between men and women. Gathering data to understand the mechanisms behind this uneven impact can help us design better and more robust health care and better social and labour policies.

The available knowledge and explanations for the gendered effects of the Corona crisis have so far been random and fragmented. Accounts have alternated between sex and gender, and included body related aspects as well as social conditions and practices.

The main aim of this report is:

1. To provide a summary of the state of the art of scientific knowledge in academic articles and statistics.

2. To map the strategies and guidelines issued by some international and national organizations and NGOs.

3. To provide media accounts from the Danish health care sector and everyday life.

This review deals with the gendered and bodily effects of the corona crisis, which can be summarized in the following statements and questions:

The death rate for men has been higher both in Denmark and in other countries. Also there seem to be higher number of hospitalized men than women both in Denmark and around the globe. How can the exposure of certain groups of men to Coronavirus be addressed in current and future health strategies?

The risk of infection is also higher for primary care staff, such as nurses and social and health workers. In Denmark, for example, 85% of primary care staff are women. How is this connected to young women in Denmark registering as more highly infected?

In accordance with the universal welfare model, the Danish government has chosen to extend most Coronavirus guidelines and strategies to the entire population, without considering issues of gender, ethnicity, social group or geography. This report emphasizes the crucial importance of taking gender differences into account and implanting a gender-sensitive approach that is aligned with other prevalent socio-cultural categories in future knowledge production and campaigns.

The everyday lives of women and men may also be affected differently. How have women's greater caring and household responsibilities in "normal" times been changed by the Coronavirus lockdown?

Violence against women tends to increase in times of emergency, including during epidemics. The increase in family violence in the current epidemic has become an issue that is tending to affect women disproportionately.

All in all, this review shows that substantial knowledge gaps exist and that more research and political awareness are needed in order to deal adequately with gender differences in the Corona crisis.

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Hilda Rømer Christensen

Head of the Coordination for Gender Studies

KNOWLEDGE NEEDED

At the global level these needs have been advocated by influential organizations such as the World Health Organization, Women Deliver and ElGE, the European Institute of Gender Equality, whose detailed calls can be found throughout this review and at its end.

Substantial and evidence-based knowledge and expertise among health researchers, doctors, pharmacists and other experts on gender and the body, for example, in relation to the development of appropriate and efficient vaccines and other preventive measures.

Substantial evidence-based knowledge on the effects of the Corona crisis on gendered roles and the new challenges of work-life balances in families. How are new responsibilities in families dealt with in terms of childcare, homeschooling, care for the elderly and juggling with continued job assignments. And how are single parents, most of whom are women, managing in these times?

Substantial and evidence-based knowledge and attention to the long-term gender impacts on social and economic issues, job safety, family life, caring responsibilities and divorce rates.



Data and methods

The characteristics of the Corona crisis reach far beyond its immediate health implications, as strategies, fears and restrictions have changed how we work, travel, behave and live. As the Coronavirus is still new, much of our knowledge about it has to draw on earlier experience with epidemics, and in countries that differ from Denmark in respect of infrastructure, size, economy, security and welfare. In

this report we rely on the grey literature on the field, such as reports and policy recommendations from internationally acknowledged organizations, and we lean continually on empirical key points in the Danish government's various initiatives.

We have based our research on notes, briefs and updates from a range of organizations and institutions working on the

gender impacts and implications of COVID-19, including the United Nations (UN) and its organizations such as UN Women, UNFPA and UNDP. The World Health Organization (WHO), the European Institute for Gender Equality (EIGE), CARE, Women Deliver and The Lancet have all issued important briefs and updates on the European and global situation during the Corona outbreak. The Danish situation has also been described by Danish authorities such as the Danish Health Authority and the Statens Serum Institut and recorded by a variety of statistics at Statistics Denmark.

The nature of the reports by United Nations agencies and non-governmental organizations that dominate the literature in the field are very similar and often interrelated. These reports are strategic documents dealing primarily with policy recommendations and programs, and they are less informative about references and empirical data. The relevant reports and scientific articles published before 2020 are also typically targeted at developing countries, as these have been the epicentres of many recent epidemics, such as MERS, SARS, Ebola and Zika. Although earlier findings on gendered effects in developing countries suffering from epidemics are not directly transferable to the Danish context, they contribute to the distinctions involved and shape awareness of certain themes. The data have been collected from the reports of international organizations by chain-searching relevant references. The report is based on scan-reading roughly 500 articles out of 14,000 on "COVID-19 AND gender" on Google scholar. Only

core articles and reports can be found in the literature list.

The literature review includes a media screening focusing on the representation of gendered subjects during the Corona outbreak. The media screening partly targets the representation of female nurses in the health sector and partly describes parenting during the lockdown of schools and childcare facilities. The descriptions of parenting are based on a screening of 1134 articles printed in local, regional and national newspapers in Denmark during the first week of the lockdown (March 18th- 24th 2020). Of the 1134 articles that were located, 42 dealt with everyday life with children during the lockdown.¹ Media screening describing the situation for female nurses during the Coronavirus outbreak in Denmark was recorded on dates immediately following government press conferences (March 12th, March 18th, March 24th and April 7th 2020) in order to draw up an overall assessment of these descriptions during this period. The searches made of local, regional and national newspapers resulted in 110 articles,² screening which identified fifteen that were especially relevant for the current topic.

Media Screening

Local, regional and national newspapers

Women Deliver 2020: ["How Women Deliver is Responding to COVID-19"](#).⁴

Deliver for Good 2020: ["Open Letter Calling on Governments to Apply a Gender Lens to COVID-19 Preparedness, Response, and Recovery"](#).⁵

European Institute of Gender Equality 2020: ["Covid-19 and Gender Equality"](#).⁶

John Hopkins University & Medicine 2020: ["World Map"](#), Coronavirus Resource Center.⁷

World Health Organization. 2007. Addressing Sex and Gender in Epidemic-Prone Infectious Diseases. Geneva (Switzerland): World Health Organization.

World Health Organization 2020. ["COVID-19 and Violence Against Women: What the Health Sector/System Can Do"](#).

World Health Organization, Mathieu Boniol, Xu Lihui, Tana Wuliji, Khassoum Diallo, and Jim Campbell. 2019. ["Gender Equity in the Health Workforce: Analysis of 104 Countries"](#).

WHO and UN Women 2020: ["Violence Against Women and Girls: Data Collection during COVID-19."](#)

UN 2020: ["Shared Responsibility, Global Solidarity: Responding to the Socio-economic Impacts of COVID-19."](#)

UNDP 2020: ["The Economic Impacts of COVID-19 and Gender Inequality Recommendations for Policymakers"](#). Briefing note.

UNFPA 2020: ["COVID-19: A Gender Lens"](#). Technical Brief. March 2020, 1-9.

Gender in Humanitarian Action 2020: ["Key Advocacy Points from Asia and the Pacific"](#)

Wenham, Clare, Julia Smith & Rosemary Morgan 2020: ["COVID-19: The Gendered Impacts of the Outbreak"](#). The Lancet.

Statens Serum Institut: ["COVID-19 i Danmark: Epidemiologisk overvågnings-rapport"](#). 23rd April 2020, data updated at 8:00 am.



COVID-19 Mapping sex and gendered effects

According to the Johns Hopkins University Coronavirus Resource Centre, by 23rd April 2,630,005 persons worldwide had tested positive for COVID-19, 183,470 of whom have died (Johns Hopkins Coronavirus Resource Center 2020). In Denmark 7912 individuals had been tested positive for COVID-19, of which 384 had died (Sundhedsstyrelsen 2020). As the Danish Government expects the number testing positive for COVID-19 to have been significantly underreported due to a lack of testing, a good way of calculating the number of increasing and decreasing incidents is to measure the number of hospitalized patients, which as of 22nd April 2020 in Denmark was 324 persons, a figure that has been falling since late March (ibid.).

Who are the risk groups?

Both the World Health Organization and the Danish Health Authority have listed the special risk groups as older persons and those with pre-existing medical conditions (Sundheds-

styrelsen 2020; World Health Organization 2020b). A report by the United Nations assessing the socio-economic impacts of COVID-19 further stresses that, apart from the greater health risks the elderly might face anyway, they are also less capable of supporting themselves in isolation (United Nations 2020c:10). For people who are at greater risk of Coronavirus there are many factors, such as a spouse, a support network, practising economies and using up savings, housing, and physical and mental health that can all have a shielding influence on individual experience.

Under the precautionary principle, as of April 24th 2020 the Danish Health Authority has added to the list of the particularly vulnerable people with reduced immunities children suffering the effects of premature births and pregnant women, included (Sundhedsstyrelsen 2020).

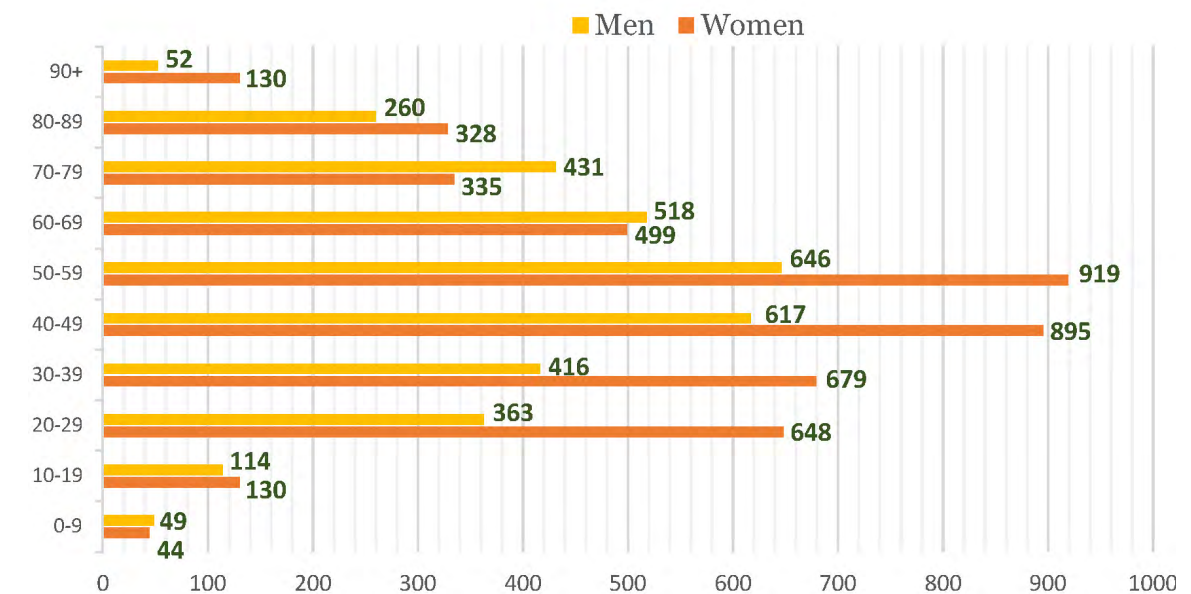
Pregnant women at risk?

As the WHO has stressed, vaccines and other pharmacological agents can have different effects on women if they are pregnant and may harm unborn children or breastfeeding babies (World Health Organization 2007). The WHO has also pointed out that many developing treatments and vaccines have not been tested on pregnant women and that some treatments are not given to them at all because there is insufficient evidence that they are safe. In fact there is a lack of knowledge concerning this group, which is anyway at greater risk of certain nosocomial infections (ibid.: 7). However, in Denmark a study of how Coronavirus affects pregnant women is underway at Hvidovre Hospital, which aims to publish its findings while it is still running (Nilsson 2020).

Though neither men nor women as such are defined as being in the special risk groups, distinct differences can be found in COVID-19 infections. Articles, preprint studies and immediately available statistics indicate that, regardless of age and susceptibility, men may be prone to higher mortality and severity rates with COVID-19 (Jin et al. 2020; Schmidt 2020). In a pre-proof study it appears that this was also the case for MERS and SARS (Yang et al. 2020). One explanation is that women have more robust innate and adaptive immune responses, it being generally believed that women are therefore less likely than men to be infected with many bacteria and viruses

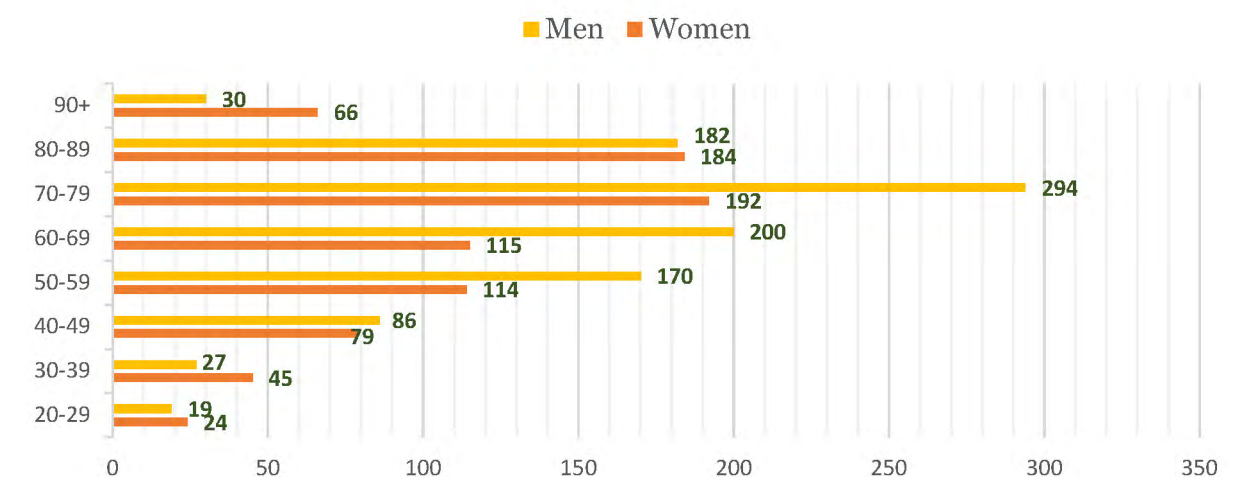
COVID-19: Sex, age, and class

Figure 1. Confirmed COVID-19 cases distributed by sex and age group.



Based on statistics from Statens Serum Institut: "COVID-19 i Danmark: Epidemiologisk Overvågningsrapport", 23rd April 2020.

Figure 2. Hospitalized COVID-19 cases distributed by sex and age group.



Based on statistics from the Danish Health Authority: "Tal og overvågning af COVID-19", 23rd April 2020.



(World Health Organization 2007; Yang et al. 2020). Other studies have suggested that those who have been exposed to nicotine have an increased risk of a more severe COVID-19 infection (Olds and Kabbani 2020). An article by Hua Cai (2020) claims that this sexual predisposition could be related to the fact that more men than women smoke in China, though he also states that there is no strong evidence of an association between smoking and the severity of COVID-19 in Asian men compared with other subgroups, and therefore no clear conclusion is possible (Cai 2020).

A report by the Danish Health Authority shows that 47% of women claim they have never smoked regularly, only slightly higher than the 42% men who make a similar claim (Ross 2018). If anything, the difference among Danes regarding smoking habits should rather be seen from the perspective of class. Among those with a tertiary education 53% have never smoked regularly, among those with either vocational or secondary education the figure is 42%, and among those with primary school as their highest educational level the figure is 33% (ibid.).

Susceptibility and exposure

Though there is no once and for all explanation of the differ-

ences in severity of COVID-19 cases, using the figures for 23rd April 2020 we can see that 59% of Corona-related deaths in Denmark have occurred in men (Sundhedsstyrelsen 2020). If these numbers are related to sex-specific age groups, the proportion increases to two-thirds of deaths being of men (Madsen 2020).

In 2007 the WHO published a report addressed the issue of sex and gender in epidemic-prone infectious diseases. One crucial point in the report was that not only sex but also age accounted for the differences. It was argued that differentiation in terms of susceptibility and exposure to an infectious disease may vary among men and women over the life-course (World Health Organization 2007). The study identified different factors in exposure such as:

1. time spent at home and away from home.
2. responsibility for caring for the sick.
3. responsibility for caring for livestock.
4. health care received, including cultural differences regarding who will be taken to care facilities.
5. scientific knowledge about treatments, including sex differences in the development of treatments.

As these factors indicate, there is an aspect here that extends

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It should be noted that confirmed cases of COVID-19 are acknowledged to be underreported, and the statistics do not show one for one the number of people actually infected with Coronavirus. The suspicion is that men account for a huge number of underreported cases: according to claims by the Forum for Men's Health, many more men, 20-30 % more than women, are infected

Madsen 2020

beyond the distinction between (social) susceptibility and exposure: the treatment one receives once one is infected. Svend Åge Madsen, a Danish expert on male health and head of the research Forum for Men's Health, recently argued for the need to increase awareness of the relationship between men and the health-care system. Gender plays a distinctive role in how the system is used (Madsen 2020).

Sex differences in confirmed COVID-19 cases and hospitalized COVID-19 cases in Denmark

A report by the Statens Serum Institut, which exists under the auspices of the Danish Ministry of Health, gives a distribution of confirmed COVID-19 cases and hospitalized cases in Denmark (Statens Serum Institut 2020; Sundhedsstyrelsen 2020).

Figure 1 shows confirmed COVID-19 cases in Denmark. Women of working age are clearly shown as overrepresented in confirmed COVID-19 cases. This may be related to the large number of women who work in the primary health and care sectors, a group that is particularly exposed to Coronavirus. Another explanation may be that women of working age are more liable to be tested for Coronavirus given their prevalence in the health-care old-age care sectors.

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Hospitalized COVID-19 cases distributed by sex and age group

The 0-19 age group is not represented in Figure 2 (21 people), as the sex distribution is not given. Looking at hospitalized COVID-19 cases, we can see that more men than women are represented, especially in the 50-79 age group. However, there are slightly more women than men who have been hospitalized in the 20-39 age group.

The figures for susceptibility and exposure to COVID-19 among men and women in Denmark indicate that confirmed COVID-19 cases are underreported especially among men, and that the severity of COVID-19 is greater among men. Using age groups as the basis for assessment, the death rate is twice as high for men as for women in Denmark. However, there is also the possibility of greater exposure to be taken into account, women being exposed to the virus to a greater extent due to their prevalence in working in the health-care and care sectors, an aspect we will return to in a later section.



The combination of gender and income makes men on low incomes an exposed group in health terms. The conclusions highlighted in this section pose the question: Will the Coronavirus outbreak increase the health disadvantages that this group faces?

Social inequality as a risk

Groups that are defined as being at high risk of catching Coronavirus are also those that are already vulnerable from a health perspective: those with chronic diseases and low immune systems and the elderly. It appears that the virus exposes those in these groups to these vulnerabilities and makes them very clear and pronounced. These risk groups were treated briefly in the previous section; the following section will deal with Coronavirus in relation to the invisible risk group: men with low incomes. As this is a disadvantaged group in relation to health in Danish society generally, the question is whether the COVID-19 outbreak aggravates this disadvantage?

Does disadvantage create disadvantage?

In numerous reports, it has been found that to varying degrees women live longer than men in Denmark, and that incomes for both men and women have a positive correlation with life expectancy (Kreiner, Nielsen, and Serena 2018; The Economic Council of the Labour Movement and The National Institute of Public Health 2011). Men on low incomes are the most vulnerable group in terms of their life-expectancy.

There is therefore an aspect of gendered health behaviour here. A Finnish study by Stefan Ek (2015) showed that women sought health-related information more, paid greater attention to potential worldwide pandemics, were more attentive to how what they bought affected their health, and received more informal health-related information from relatives (Ek 2015). Gendered health behaviour, both direct and indirect, can affect one's risk of being infected with Coronavirus. As we found in the former section, the smallest proportion of people who had never smoked were among men and among men with the fewest years in education (Ross 2018). As already noted, no conclusions have been drawn on whether smoking has an impact on the severity of Coronavirus infections, but the example shows that there are many uncertainties regarding the outcomes of gendered health behaviour, and that low-income men are an already disadvantaged group health-wise. Gender also plays a distinctive role in the use of the system (Madsen 2020): generally more Danish women than men have contact with their doctors (Danmarks Statistik 2018). This raises the question of the gender distribution in the current situation: are

men more hesitant in contacting their doctors if they show symptoms of Coronavirus? This is an important question, as the lack of contact and seeking help in cases of Coronavirus may increase the severity of the disease.

Although the health system is accessible to all Danish citizens, income can still affect the risk of exposure to Coronavirus. Can you afford a car and thus get around without much contact? Or do you travel by public transport or by bicycle, where you are in closer contact with others? Do you live in a house with more rooms and bathrooms, where you can isolate yourself from other persons in the household if you get the virus, in accordance with the authority's guidelines? Or do you live in a smaller apartment where isolation from the family or others is not a possibility? The opportunity to protect oneself and one's family is worse when one's income is lower.

RECOMMENDATIONS BY EIGE*

- **Recognising the different extent** to which disease outbreaks affect women and men is a fundamental step to understand[ing] the effects of a health emergency on different individuals and communities, and to create effective, equitable policies and interventions.[4]
- **Experience from past pandemic outbreaks** show[s] the importance of incorporating gender analysis into the preparedness and institutional response to improve the effectiveness of health interventions and promote gender and health equity goals.
- **Medical research and health services** that address the impact of both sex (biological factors) and gender (social factors) on the health differences of women and men would help to better serve their individual health needs.
- **Increasing the representation of** women in health governance, decision-making and certain occupations (e.g. senior doctors, professors or researchers) could help to ensure that women also have an opportunity to shape important healthcare decisions.

Source: EIGE: "Gender impacts on health", Covid-19 and gender equality. eige.europa.eu⁸ (visited 30th April 2020).

***The European Institute for Gender Equality (EIGE)** works to improve gender equality within the European Union's policies and initiatives, but it is an autonomous part of the union.



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Research on earlier epidemic outbreaks such as Ebola haemorrhagic fever and SARS, showed that nurses and others who cared for the sick were much more prone to being infected with these diseases

World Health Organization
2007: 13

The health and care sector

Caregivers

As outlined earlier in this review, more women than men of the working age have been tested positive for COVID-19 in Denmark. Seventy percent of workers in the health and social care sectors are women (World Health Organization et al. 2019:2). The reason why many women have been tested can partly be explained by the share of women who work in the health and care sectors and therefore have greater exposure to the disease (European Institute for Gender Equality 2020a).

Coping strategies among care personnel

A study by Yuhong Dai et. al. (preprint) focusing on the psychological impact of Coronavirus on health-care workers in China found that health-care personnel, especially in Wuhan, were worried about the risks of infection and the effectiveness of protective measures and that this was causing psychological distress (Dai et al. 2020). Another study by Long Huang, Fuming Xu and Hairong Liu (preprint) examined the emotional

responses and coping strategies of nurses and nursing college students in Anhui Province, China, during the COVID-19 outbreak (Huang, Xu, and Liu 2020). The article points to previous studies finding that SARS caused more problems for nurses than for doctors and that this could be explained by the nature of the nurses' in needing to stay close to patients for long periods of time (Wong et al. 2005). Among nurses and nursing college students, they found that women showed more severe levels of anxiety and fear than men. The survey also showed that the closer COVID-19 was to the participant, the stronger the anxiety and anger they felt. Even though carers in cities showed more fear and anxiety, participants from rural areas showed more emotional distress than urban participants. The study also showed that nurses had stronger emotional responses than nursing college students, and that they were more likely to adopt problem-focused coping, that

is, to take action to change the situation, rather than emotion-focused coping, which tries to reduce emotional distress (Huang et al. 2020).

As of today one can certainly say that health-care workers are expected to cope and not freeze. The WHO states encouragingly that *"Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak. Managing your mental health and psychosocial well-being during this time is as important as managing your physical health."* Health-care personnel are encouraged to take care of themselves, manage their feelings and use helpful coping strategies for the greater good.

Portraits of nursing in pandemics: historical outlooks.

A study by Rebecca Godderis and Kate Rossiter examining the

1918 influenza pandemic in Canada found that the sense of an obligation to care and volunteer was both moral and gendered (Godderis and Rossiter 2013). They found that presumptions were made about women's innate caring skills, that there were significant moral expectations about women's obligation to provide care, and that women's work and authority were not recognized, although those of men were. Nursing in Denmark has not been subject to specific research during the Coronavirus epidemic, but several media sources indicate that nurses are recognized and acknowledged as battling at the front of such crises (Arnfred 2020; Vinge 2020; Mediascreening).

The health sector

She points out that the Coronavirus has had a positive impact on cooperation among practitioners, health-carers, the business community, academics and health-care professionals, and hopes this tendency will continue after the coronavirus outbreak is over. She states further:

She cites the example of a male surgeon who has signed up as a carer because nurses are currently a more scarce resource than doctors (Vinge 2020). The point that this shift in profession is still admirable reflects that there are still different levels of prestige accorded to the occupations of doctor or carer. However, these examples also demonstrate a recognition of the sense of connectedness between these occupations, possibly marking out the field as more fluid.

"Volunteering is my civic duty" (Fasmer 2020).

"It is a demanding job to take care of seriously ill patients that could be infected by corona" (Lindvall 2020).

"my biggest worry is, if there is not equipment enough, or if we as healthcare personnel risk compromising our own safety" (Bruun Høfler 2020).

“even though employees do everything they can to protect themselves and the patients, the emergency department is struck by higher [levels of] sick leave than normal” (Schmidt Astrup 2020).

These worries among care personnel have been explicitly reproduced in the media. The noble duty of nursing is therefore depicted not as a blind, unacknowledged obligation, but as a duty that is being fulfilled despite all the risks.

- **Gender segregation** in the labour market leads to different levels of exposure to Covid-19 for women and men.
- **Increased challenges** to the occupational health and well-being of women in caring professions need to be recognised.
- **Caring professions** are among the most underpaid jobs in the EU.
- **It is crucial to consult women** and have [a] gender balance in decision-making during crisis situations.

Family, care and childcare

Studies show that women play a specific role in disaster preparedness and response efforts (Smith 2019). Another point, unfortunately, is that unpaid care can work as shock absorber during a crisis (Harman 2016). The increase in unpaid care work leads one to question whether the already gendered burden of such work has increased? (European Institute for Gender Equality 2020c). Or can new patterns arise?

Economy

An UN Women Report assumes that the pay gap between men and women in the care sector risks increasing during pandemics. The report also suggests that unpaid work, for example, the duty to care for the family, is often assigned to women (Gender in Humanitarian Action Asia and the Pacific, Gender-Based Violence AOR Global Protection Cluster Asia and the Pacific 2020). Another UN report published in March on the COVID-19 outbreak underlines the fact that women, the young, low-wage workers and small and medium enterprises are already at risk (United Nations 2020c).

Another unit of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) claims that the Ebola outbreak affected women's engagement in economic activities negatively, particularly in informal sectors of the economy (Gender in Humanitarian Action Asia and the Pacific, Gender-Based Violence AOR Global Protection Cluster Asia and the Pacific 2020).

UN agencies and their reports frequently express the fear that hard-won steps in the direction of gender equality might be lost during the Corona outbreak. The economic implications they emphasize relate to the performance of informal work, as well as the possibility that women have lower savings and salaries (United Nations 2020b). Initiatives targeted at women to ensure that they are placed at the centre of decision-making are among the steps that could be taken. The UN also claims that women's roles within communities help them pick up the signs of an outbreak locally (UNFPA 2020).

Parenting

Various UN units have made recommendations regarding parenting and parental care during the pandemic. Parenting from Lifelong Health and more internationally recognized organizations: the World Health Organization, UNICEF, the Global Partnership to End Violence Against Children, the Internet of Good Things, USAID and the Center for Disease Control and Prevention have between them produced pamphlets in sixty languages containing parenting tips and recommendations. Some of their headline pieces of advice are: "One-on-one time", "keeping it positive", "structure op!", "bad behaviour [redirect, take a pause, and use consequences]", "keep calm and manage stress" and "talking about COVID-19".

A study of the distribution of housework among men and women in Denmark showed that on weekdays women usually did close to 3.5 hours of housework and men 2.5 hours (Bonke 2018:37). Time spent on child care is generally higher the higher one's level of education. There were also gender differences, as on an average weekday mothers spent close to 3 hours on child care, fathers 2 hours and 15 minutes. The time spent on child care has increased for both men and women (Bonke 2018:39). The question remains whether this gender difference has increased during the COVID-19 outbreak due to gendered expectations of informal care work with children, the sick and the elderly? This has been suggested as a tendency in earlier epidemics in developing countries (World Health Organization 2007).





MEDIA SCREENING

Parenting

Media screening for the period 18th to 24th of March targeted descriptions of parenting during the first week of the lockdown of schools and child-care facilities due to Coronavirus. The search gave us a total of 42 articles, 83% of which described a nuclear family with a father, a mother and child(ren). This raised the question of where were the descriptions of single parents, families with two mothers or two fathers, or children with other carers than their biological parents? Ethnicity is also restricted to white individuals.

In the media screening, the traditional gender role in which the mother has the primary responsibility for the children is very apparent. More articles give expression to mothers' difficulties in caring for their children while trying to work at daytime jobs:

“My husband is at work, so now we have done like this to make it work, Helle says” (...); and “It is nice to bring the children, but they are also a stress factor; a farm is a dangerous workplace.” (Stokkebro Moestrup 2020)

“Since Thursday both of the family’s children have been at home, and even though much of [the mother’s] work is done in the evening, there is a lot to do when two kids need to be mobilized and home-schooled” (Dittmer 2020).

“Tina plays more roles in these Corona times. Like many other parents she is at home with the kids, whose schools are locked down, and at the same time she is managing her job as a primary school teacher from home.” (Lefevre Sckerl 2020).

“I was really ready to guide pupils and parents in the schoolwork. Everything was ready and clear, just not my own son’s weekday. (...) When the time turned 4 pm, I had to face that productivity just could not measure up to my conceptions, ambitions, and expectations” (Larsen 2020).

In other articles, the father in the family is mentioned as working in an adjacent room or somewhere else. The articles do not make it clear whether fathers are also taking part in the work with the children:

“Kasper works from his home office with daily contact with customers and on development of the website. Sanja has organized a makeshift office at the big dinner table in the living room. At the other end the dinner table is decorated with different activities every day for their son Villads” (Larsen 2020).

Though both fathers and mothers appeared in the news media, the screening showed that mothers are displayed as having the primary responsibility for the children.

RECOMMENDATIONS BY EIGE*

- **Affordable and accessible childcare** for parents who work in essential services is one important way to ensure that they can continue to engage in their work.
- **Dismantling gender stereotypes** and ideas about traditional gender roles could encourage more men to pick up their fair share of unpaid work at home.
- **Financial support for lone parents** to assist with childcare, rent payments and other household expenses could help to alleviate some of the financial hardship, especially in light of potential job losses in relation to Covid-19.

Source: EIGE: “Unpaid care and housework”, Covid-19 and gender equality. eige.europa.eu³.

***The European Institute for Gender Equality (EIGE)** works to improve gender equality within the European Union’s policies and initiatives, but it is an autonomous part of the union.



” It appears that intimate partner violence has increased during the Coronavirus outbreak in Denmark.

The National Organization of Women’s Shelters note that calls to the National Hotline have increased during the outbreak (National Organization of Women’s Shelters 2020a). Though the yearly estimate of physical partner violence is double the rate for women as for men in Denmark, it seems that Coronavirus has had an aggravated effect on violence against both genders. “Mandecentret” [Men’s Centre], which offers free counselling and in some cases accommodation to men affected by divorce, break-ups, taking care of their children and domestic violence, found that men in six larger cities in Denmark are also experiencing greater pressures.

Mandecentret 2020b

In Copenhagen half of the inquiries made to the Centre normally concern violence, but since the Corona outbreak that number has risen to 90%, and the total number of inquiries has doubled.

Mandecentret 2020a

Intimate partner violence during epidemics

It appears in various reports that intimate partner violence increases in times of crisis (Gender in Humanitarian Action Asia and the Pacific, Gender-Based Violence AOR Global Protection Cluster Asia and the Pacific 2020; World Health Organization 2005). Across a range of countries it seems that this has also been the case during the Coronavirus outbreak (European Institute for Gender Equality 2020b; UN Women and World Health Organization 2020; Wanqing 2020). Denmark can be described here as part of the *Nordic paradox* (Gracia and Merlo 2016). According to the Gender Equality Index developed by the European Institute for Gender Equality, the Nordic countries are among the most gender-equal countries in the world, despite which they report a disproportionally higher share of intimate partner violence compared to other EU countries. We will not attempt a comparison between Denmark and other European countries here, as suggestions have also been made that this high share of domestic violence

against women is due to their feeling freer to talk about such incidents, so that the prevalence of intimate partner violence may not be accurately presented (Gracia and Merlo 2016:29). Rather, these findings tell us that Denmark currently has a problem with such violence, the State Institute of Public Health the estimate that 38,000 women and 19,000 men are exposed to physical partner violence every year in Denmark (Statens Institut for Folkesundhed 2018). Whereas the high number of Danish women being exposed to physical violence from their partners has been stable since 2005, the number of men exposed to it increased from 7,000 in 2005 to 19,000 in 2017 (ibid.: 52). There is not only a sex difference in the occurrence of physical partner violence, the phenomenon is also gendered in its severity. Women generally experience more extreme forms of violence, such as being thrown down stairs or experiencing choking (Udenrigsministeriet 2018). The account of partner violence in Denmark presented here

is compressed compared to the actual situation, which also includes psychological violence, economic violence, sexual violence, material violence and stalking (Lev uden vold 2020).

The United Nations encourages governments to implement gender-based violence prevention strategies in their operational plans (United Nations 2020a: 18). This has met with some response in Denmark. In the central government’s budget agreement, the National Organization of Women’s Shelters was assigned 11 million DKK to be paid in advance because of the increased pressure on the shelters during the coronavirus outbreak, as stated on 24th March (National Board of Social Services 2020b). Further support was also assigned to counselling and practical help provided to the most vulnerable families on April 2nd 2020, nine organizations receiving extra funds totalling 13.5 million DKK (National Board of Social Services 2020a). While it appears from the National Orga-

nization of Women’s Shelters homepage that “The Shelters are open and have room if you need it”, the Men’s Centre is a bit more cautious, saying “In exceptional circumstances the Men’s Centre can help you to find a place to stay” and “We decline all physical attendance for the sake of the residents and staff” (Men’s Centre 2020a, 2020b; National Organization of Women’s Shelters 2020b). The more cautious statement by the Men’s Centre may be because of its limited accommodation available or its more diverse target group, where only some individuals, not all, are in need of immediate solutions. As some steps have been taken to support the severe situation of exposure to intimate partner violence that affects women considerably more, one can still ask whether we have yet acknowledged the severity of the problem for an admittedly smaller number of men.



The role of coronavirus in intimate partner violence

The WHO suggests that both stress and the decreased access to services such as health services, hotlines and crisis centres can increase the risk of violence in already abusive relationships (World Health Organization 2020a).

Social distancing measures are also thought to add to the risks of violence and of children being exposed to it.

Among the factors that can be suggested as playing a role for violence against women are:

1. possible additional stress due to economic or job losses, potentially leading to economic abuse.
2. women have less contact with their social networks, which would normally provide support and protection.
3. school closures, which may increase care work and with it the burden of stress.

The extraordinary situation of social distancing also provides a means for abusers to exercise control and power over their partners in new ways. This includes restricting access to protective equipment, such as hand sanitizers, spreading disinformation about their partners, and reducing access to support from formal and informal networks. Both the WHO and the UN see the typical abuser as male and the victim as female in their policy briefs (United Nations 2020a; World Health Organization 2020a).

More data is needed

In a recent note issued by the WHO and UN Women, both organizations request more data be obtained during the COVID-19 pandemic (UN Women and World Health Organization 2020). They argue that violence against women goes largely underreported, further problematizing the collection of data during the Coronavirus outbreak, as conventional methods of data collection may be intercepted by an abuser. In current circumstances it is difficult to ensure privacy and confidentiality, potentially increasing the risks to safety (ibid.). UN Women and the WHO suggests comparing service-use data before, during and after the Coronavirus outbreak by

inspecting reports to helplines, the police, shelters etc. One problem is that Denmark does not necessarily collect these valuable data. The European Institute for Gender Equality (2019) claims that data on reported intimate partner violence in the police and justice sector is hardly available in Denmark. Of nine different indicators of police-reported intimate partner violence identified by EIGE, Denmark only has data on one indicator, namely the “annual number of women (aged 18 and over) victims reporting rape committed by men (aged 18 and over), as recorded by police” (European Institute for Gender Equality 2019:22). Data from the justice sector does not present the Danish situation much better, as Denmark cannot deliver any data on four indicators on intimate partner violence (ibid.: 24). Data on gender differences in economic, physical and psychological intimate partner violence, and even homicide, are simply not available from the police sector in Denmark for 2019, this lack of data compromising transparency and accountability (ibid.: 16). Though the social problem of intimate partner violence may intensify during the COVID-19 pandemic, the need for data and knowledge on the subject has been called for during a longer period.



RECOMMENDATIONS BY EIGE*

EU member state policies to address the impact of Covid-19 must keep the issue of gender-based violence as a priority as lockdown measures increase vulnerability.

EU member states must implement risk management measures involving the police, justice and health sectors to ensure a coordinated response to the increased risk of gender-based violence.

Data collection on violence against women should be harmonised between EU member states to ensure the phenomenon can be adequately measured and addressed. This would help identify changing patterns of violence in times of crisis.

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Looking forward with Women Deliver

Women Deliver is an influential global advocacy network which and has addressed the Covid pandemic as having a devastating effect on all people, particularly impacting girls and women and threatening to unravel decades of progress toward gender equality. Women deliver recommends all governments, private sector, and civil society leaders to apply a gender lens to their COVID 19 reponses and recovery plans and furthermore argues for an inclusive recovery plan which maintain a focus on gender equality:

Among their recommendations are:

<https://womendeliver.org/our-work/>

Ensure women's equal representation in all COVID-19 response planning and decision-making:

Evidence across sectors, including economic planning and emergency response, demonstrates unquestioningly that policies that do not consult women or include them in decision-making are simply less effective, and can even do harm. Beyond individual women, women's organizations who are often on the front line of response in communities should also be represented and supported.

Drive transformative change for equality by adresssing the care economy, paid and unpaid:

In the formal economy care jobs, from teachers to nurses, are underpaid in relation to other sectors. In the home, women perform the bulk of care work, unpaid and invisible. Both are foundational to daily life and the economy but are premised on and entrench gendered norms and inequalities.

Target women and girls in all efforts to address the socio-economic impact of COVID-19:

It will be important to apply an intentional gender lens to the design of fiscal stimulus packages and social assistance programmes to achieve greater equality, opportunities, and social protection.



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Endnotes

1. The exact search words were: A) (coronavirus* OR corona OR corona-virus* OR covid-19) AND (børnene OR barn) NOT mor NOT far, B) (coronavirus* OR corona OR corona-virus* OR covid-19) AND (børnene OR barn) AND (mor AND far), C) (coronavirus* OR corona OR corona-virus* OR covid-19) AND (børnene OR barn) AND far NOT mor, and D) (coronavirus* OR corona OR corona-virus* OR covid-19) AND (børnene OR barn) AND mor NOT far.

2. The exact search words were: (coronavirus* OR corona OR corona-virus* OR covid-19) AND sygeplejerske[2..]

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