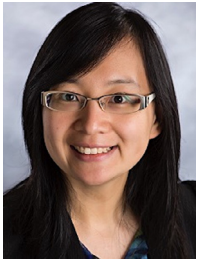




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Women's Issues in Pandemic Times: How COVID-19 Has Exacerbated Gender Inequities for Women in Canada and around the World



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Despite progress in women's issues in recent decades, there is concern that the COVID-19 pandemic has accentuated existing disparities, causing a reversion to traditional gender roles and adversely affecting the health of many women in Canada, with possible long-lasting physical, psychological, social, and economic effects.

From February to April 2020, Statistics Canada reported that employment decreased by 16.9% for women compared with 14.6% for men. Even more disparate is the employment recovery statistic from April to May: The rate of unemployment fell by 2.4% for men and only 1.1% for women.¹ Even before the pandemic, women were more likely to work part-time, were more likely to work in support and retail positions, and were subsequently more likely to become unemployed due to closures. Furthermore, women were earning less for similar jobs, were saving less, and were more likely to provide unpaid care work compared with men; they were thus more likely to give up their jobs to fulfill household duties.

Such examples of worsening gender inequities since the arrival of the pandemic may be partly compounded by the lack of supportive services that had previously enabled women to work. With the suspension of many care services, such as childcare, senior care, and assistance with domestic duties and meal preparation, the additional household demands have disproportionately fallen to women. For women who have retained their jobs, additional stress is to be expected as they attempt to balance work and household, potentially resulting in decreased work productivity. One report, for example, found a

dramatic decrease in publications submitted to academic journals by female authors compared with their male counterparts.²

In addition to bearing the brunt of social and economic losses from the pandemic, women appear to be disproportionately negatively affected in terms of physical health and well-being. Although men are at higher risk of severe disease and death when infected with COVID-19, a higher proportion of women in Canada are becoming infected and are dying as a result. As of June 4, 2020, Public Health Agency of Canada weekly updates report that 57% of COVID-19 infections and 54% of deaths are among women.³ Although this may in part be due to the higher proportion of women in long-term care homes, it also points to the larger proportion of women in health care professions and service-oriented jobs, with associated exposure to COVID-19.

There is global alarm as countries around the world are seeing reports of gender-based violence increase by 25% to 33%. In Canada, there has been an uptake in use of women's emergency shelters,⁴ and in the United Kingdom, a twofold increase in deaths from domestic violence was reported within a 2-week period. It is likely that the unprecedented scale of the stay-at-home advisories have resulted

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in increased tensions in household relationships and social isolation from friends, family, and support networks. As such, there is a greater need than ever for women's health care providers to recognize and provide support to the women affected by gender-based violence whom they may encounter in clinical practice.

The various economic, social, and physical stressors that women face during the pandemic are undoubtedly having an adverse impact on mental health as well. One study found a much larger decline in women's subjective mood during the pandemic compared with men. Although a gender gap existed in mental health before the pandemic, it increased by 66% from late March to mid-April.⁵

Given these multiple contributors to gender disparity, our specialty needs to be especially concerned about safe and timely access to women's health services. Because women have been more adversely economically affected by the pandemic, they may be reluctant to seek medical attention owing to an inability to take time off work. Women may also not be able to afford some appointment-related costs, such as transportation fees, the cost of the digital technologies required for virtual visits, or the costs of medication or other treatments. With schools and daycares being closed, the limited availability of childcare options may be another barrier to women attending health care visits, as social distancing measures often prevent women from bringing children to appointments. Moreover, because of the increased social isolation and decreased mobility and household privacy resulting from large-scale stay-at-home orders, women's autonomous decision-making over reproductive choices may be further compromised. Thus, women affected by gender-related violence may face restricted choice and access regarding their reproductive health.

Within the health care system, a number of services for women's reproductive health have faced closures or restrictions. Services provided by many primary and specialist clinics have remained significantly reduced, which may result in inadequate assessment and treatment for a variety of conditions that necessitate in-person visits, such as testing and treatment of sexually transmitted infections, cervical cancer screening, treatment of cervical neoplasia, endometrial biopsy, and other important laboratory or imaging tests. In some jurisdictions, pharmacies have restricted medication dispensing to monthly intervals, resulting in increased dispensing fees and more potential for interruption of medication use. There is also concern for drug shortages of certain reproductive care medications, such as the mifepristone–misoprostol combination for medical termination of pregnancy. Even before the

pandemic, scarce attention was paid to women's menstrual and pain disorders. The provision of care for chronic, non-cancerous gynaecologic conditions in pandemic times may be further deprioritized as resources are reallocated to the pandemic response, resulting in additional deterioration of women's health, productivity, and quality of life.

As a woman-oriented specialty with good representation of women in its governance, the Society of Obstetricians and Gynaecologists of Canada is well positioned to advocate for gender equity in Canada and around the world. To this end, our society has issued a number of statements and guidance documents to help mitigate the impact of COVID-19 on women's health services.⁶ The federal government has also moved to protect women's reproductive rights by deeming abortion an essential service, even as jurisdictions elsewhere have restricted access, and has allocated funding to support women at risk of gender-based violence. Although these measures acknowledge the extra burden that women bear during the pandemic, they are not enough to correct the deep-rooted issues of gender disparity within our societies. As a community of dedicated and caring health care providers for women, the obstetrician-gynaecologists of Canada must continue to advocate for the long-lasting systemic changes that are needed at all levels of society to ensure gender equity for women, especially during pandemic times.

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