



EPSU Women's Committee : 23 November 2020

Statement

“In our non gender equal world, COVID19 hits women harder”

(25 November 2020) The impact of the Covid 19 pandemic is not gender neutral. In a world that keeps discriminating against women, at work and in society, women were hit harder by the sanitary emergency.

First, women make up most of the health and care workforce, especially in non managerial positions. This meant that women are the majority of first responders and of those who are in contact, every day, with people infected, increasing their exposure to the virus. Therefore, proper personal protective equipment, adequate safety protocols and working conditions must be guaranteed to ensure protection of these workers.

However, despite the fact that health and care are largely female dominated sectors, women are often not involved in the response to COVID-19. Masks and other protective equipment designed and sized for men leave women at greater risk of exposure and infection.

Women's health has also been attacked by this pandemic and, as EPSU underlined, on the international safe abortion day: women's health and gender sensitive health services are essential services and their operation must not be disrupted. This includes pre- and post-natal healthcare, access to quality sexual and reproductive health services, and life-saving care and support for survivors of gender-based violence.

The pandemic also exposed again the inequalities and the persistent stereotypical division of labour between women and men. On one side, women with stable employment that were able to keep their job and continue working from home, saw a disproportionate increase of unpaid care activities compared to men who started teleworking. With the closure of schools, childcare, care services for older people or persons with disabilities, women have been accumulating care duties with paid work much more than men.

Many frontline women workers, therefore, found themselves with an increased double burden of care with heavy repercussions on their mental health and well-being. Having to juggle their private and professional life even more than before the pandemic, while working in environments where the stress levels increased due to harder working conditions and longer shifts, in services that were swamped by overwhelming numbers of infected patients and users.

Women are also over-represented in low paid, informal and precarious jobs, with no or very limited access to social protection. In the growing number of single parent households, that often means single mothers, the struggle to combine care and work has led to the inability to perform paid work, especially if this could not be done remotely.

Class, socio-economic background is also another risk factor as housing conditions and place of residence can lead to higher exposures, for example by having to use crowded public transports for long commutes to reach the workplace if telework is not an option. Migrant women workers are also over-represented in low paid and temporary work, exposing

them to higher risks of poverty and social exclusion. In this context it should not be forgotten that women earn, on average, less than men and that are more dependent on job earnings for their living, and less on property or other financial assets than men. Job loss or reduction has, therefore, a higher impact as women as they have less resources to help them absorb the economic shock.

Special attention should be paid to intersecting forms of discrimination and inequality, such as ethnicity, socioeconomic status, disability, age, race, geographic location and sexual orientation, gender identity, among others, can further compound these impacts.

Finally, the pandemic has also led to a spike of violence against women. Stress, the disruption of social and protective networks, loss of income and decreased access to services can exacerbate the risk of violence for women. In many countries, where confinements and lockdown are introduced, the risk of intimate partner violence is likely to increase.

EPSU's demands

Women are hit harder by the pandemic and the sanitary and health emergency cannot become an excuse to justify inaction. This crisis hit unequally because the legal, societal and economic frameworks are unequal. Therefore, we call on the European Institutions and National Governments to modify these frameworks, to apply a gender lens and to eliminate the gender gaps in society. We are also committed to promote this change and do our share. We call on the employers' organization to negotiate with us the appropriate changes to ensure that each workplace is a positive environment for all.

- Women friendly workplaces and personal protective equipment must be available for all women and women frontline workers.
- Close the gender pay gap: Pay Transparency Directive and to end the warm words to make the principle of equal pay for equal work a reality
- Women's health services are essential services. Finance public services to ensure accessibility and universality. All (health) services must be gender sensitive
- Investigate the impact of COVID19 in residential facilities for older persons and persons with disabilities
- Investigate the impact on mental health of frontline women workers and invest in services to support and protect them
- No European Union funding without respect of human and women's rights
- Sign and ratify ILO Convention 190
- Sign and ratify the Istanbul Convention
- Proper implementation of Work Life Balance Directive
- Gender sensitive approach and Gender Impact Assessments in the allocation of EU funds