

STUDY

Requested by the FEMM committee

# COVID-19 and its economic impact on women and women's poverty

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Insights from 5 European Countries





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## **Abstract**

This in-depth, case-analytical overview, commissioned by the European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs at the request of the FEMM Committee, examines the impact of the COVID-19 crisis on a representative sample of member states with the aim of alimending policy recommendations for the COVID-19 recovery period to ensure that the gains of the past years in the matter of gender equality are not overridden by the short-term negative effects of the measures implemented to combat the COVID-19 sanitary crisis.

This document was requested by the European Parliament's Committee on Women's rights and Gender Equality.

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Original: EN

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Manuscript completed in May 2021

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## LIST OF ABBREVIATIONS

<b>DESTATIS</b>	Federal Statistical Office, Germany ( <i>Statistisches Bundesamt</i> )
<b>ECEC</b>	Early childhood education and care
<b>EIGE</b>	European Institute for Gender Equality
<b>EU</b>	European Union
<b>EUROSTAT</b>	European Statistical Office
<b>GBV</b>	Gender-based violence
<b>GREVIO</b>	Council of Europe Expert Group on Action against Violence against Women and Domestic Violence
<b>INAD</b>	National Institute of Demographic Studies, France ( <i>Institut national d'études démographiques</i> )
<b>INSEE</b>	National Institute of Statistics and Economic Studies, France ( <i>Institut national de la statistique et des études économiques</i> )
<b>ISTAT</b>	National Institute of Statistics, Italy ( <i>Istituto Nazionale di Statistica</i> )
<b>OECD</b>	Organisation for Economic Cooperation and Development
<b>RSA</b>	<i>Revenu de solidarité active</i> , France
<b>VAT</b>	Value-added tax
<b>VAW</b>	Violence against women
<b>WHO</b>	World Health Organization

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## EXECUTIVE SUMMARY

The COVID-19 pandemic and its associated economic crisis have impacted women differently than men in the European Union (EU). Even if gender issues have never been so high-up in the European political agenda, the effects of the COVID-19 crisis are putting in jeopardy the progress achieved in the past decades in terms on the reduction of gender inequalities in European member states. The effects of the COVID-19 sanitary crisis have also served to highlight the need for member states to develop proactive – rather than reactive – gender mainstreaming policies. A thorough, case-analytical review of a representative sample of EU member states (i.e., Italy, France, Germany, Poland and Sweden) depicts how the measures taken by European governments to halt the pandemic have affected women to divergent degrees and have widened the gaps to a greater extent in some member states *vis-à-vis* others.

One of the areas in which women have been, overall, disproportionately affected *vis-à-vis* men is in counting with an equal access to the economy. The difference has been greater in those member states which did not prioritize gender mainstreaming in the years prior to the pandemic, or which did not account for gender differentials in the measures applied to halt the spread of the Sars-Cov-2 virus. Overall, in Europe, women have tended to be overrepresented in the frontline of the pandemic and also in the services sector, which has been particularly affected by the current crisis. This has translated into an increase in female unemployment rates and thus a higher likelihood of poverty for women in the EU. Women have also tended to partake a disproportionate amount of uncompensated childcare work, even if enforced lockdowns have meant that men increased their household participation in comparison to the years prior to the pandemic. This re-arrangement of family relations represents an opportunity for change in the future in which household and childcare tasks could become more equally divided and thus permit women to increase their participation in the labour market.

Not all women have been equally affected, however. Apart from experiencing divergent situations in different member states, the women group is also intersectionally divided according to other demographic pillars. Lower-income and lower-skilled women tend to encounter themselves in a vicious cycle of systematic poverty. Older women and single women now also face greater prospects of poverty.

Higher incidences of violence, and particularly intimate-partner violence, have not merely increased but also caused a greater number of women victims than men victims. The growth of such phenomenon has been also denominated the 'shadow pandemic,' as violence throughout Europe has tended to intensify alongside the COVID-19 crisis and its related governmental measures. Increases in stress levels have been historically associated with other economic and social crises, yet public policies have not caught up with research on the matter. The saturation of European healthcare systems additionally meant that women could not attend the hospital to report crimes. Additionally, the lack of access to healthcare services have prevented women in the EU from exercising their right to abortion. The effects of such limitations are yet to be seen throughout the recovery period.

With this information in mind, and gathering the lessons learned from the COVID-19 crisis, this report seeks to offer public policy recommendations in order to ensure that European governments implement proactive – rather than reactive – public policy solutions in preparation for future crises. Women have also been underrepresented in COVID-19 decision-making bodies, despite the fact that the inclusion of women in policymaking and leadership positions results in increased efforts towards successful measures to reduce gender gaps and mainstream gender into relief policies.

## 1. OVERVIEW

About one week before the spread of the SARS-CoV-2 virus was considered by experts and policymakers a matter of global public health concern and declared a pandemic, the European Commission had adopted the '2020-2025 Gender Equality Strategy' in an effort to establish and maintain minimum standards for women and men to live a more equitable life in the European Union (EU).<sup>1</sup> The Commission's strategy served to articulate how the EU is committed to reducing the different gender gaps,<sup>2</sup> and unprecedentedly placed gender issues high up in the EU's political agenda. Governmental responses to the COVID-19 sanitary emergency have nevertheless challenged women's political, economic, and social inclusion in society; and have exacerbated the already-existing inequalities amidst women and men.<sup>3</sup> As it put in jeopardy the measurable progress achieved in the abatement of gender inequalities during the past decades, the COVID-19 sanitary crisis has also served to highlight the need for governments to develop proactive – rather than reactive – gender mainstreaming policies.

Research on gender inequalities during COVID-19 is still scatter, though growing. Research on gender inequalities can result challenging in a pandemic context as data collection is limited due to confinement measures and the unprecedented nature of the global situation complicates and prolongs the research process.<sup>4</sup> At the same time, a nuanced understanding of gender inequalities also requires a heterogeneous analysis of the intersectional impacts of the COVID-19 crisis, as for example, the reality of single mothers and older women might be different than that of women in heterosexual marriages. It has nevertheless been demonstrated, through the study of previous epidemics,<sup>5</sup> that in times of sanitary crises women generally deal with a greater vulnerability to infection, suffer from increased domestic violence prospects, and disproportionately face long-term economic risks.<sup>6</sup> It is promising to note, however, that there exist possibilities to reverse the negative short-term impacts of the pandemic into a relatively positive outlook for women, for which it is important for research-based discussion and proactive public policies to be in systematic revision and conversation with one another.

This report provides a thorough, case-analytical overview of a representative sample of EU member states: France, Germany, Italy, Poland and Sweden. All together represent more than half of the entire EU-27 population. These countries differ in their historical background and also in respect to pre-COVID gender equality indicators. The selected case studies are also representative of diverse inter-regional areas, such as the Mediterranean, Western, Northern and Eastern Europe. At the same time, while France, Germany and Italy are part of the Eurozone, Poland and Sweden are not.

<sup>1</sup> COVID-19 was declared a global pandemic on 11 March 2020, while the European Commission's Gender Equality Strategy was adopted on 5 March 2020; European Commission, "A Union of Equality: Gender Equality Strategy 2020-2025," Communication from the Commission to the European Parliament, The Council, The European Social and Economic Committee, and the Committee of the Regions, Brussels, (2020, March 5).

<sup>2</sup> Elements such as violence against women, the gender payment gap, gender balance on company boards, work-life balance, gender issues related to climate change, *inter alia*.

<sup>3</sup> European Commission, "International Women's Day 2021: COVID-19 pandemic is a major challenge for gender equality," (2021, March 5); European Commission, "2021 report on gender equality in the EU," Brussels: Publications of the European Union (2021).

<sup>4</sup> Julia Smith, Sara E. Davies, Huiyun Feng, Connie C. R. Gan, Karen A. Grépin, Sophie Harman, Asha Herten-Crabb, Rosemary Morgan, Nimisha Vandan and Clare Wenham, "More than a public health crisis: A feminist political economic analysis of COVID-19," *Global Public Health* (2021): 3; Esther Arenas-Arroyo, Daniel Fernandez-Kranz and Natalia Nollenberger, "Can't Leave You Now! Intimate Partner Violence under Forced Coexistence and Economic Uncertainty, Institute of Labor Economics (IZA), Discussion Paper No. 13570 (2020): 2.

<sup>5</sup> Namely HIV/AIDS, Ebola, and Zika.

<sup>6</sup> Smith *et al.* 2021, 2.

We have produced desk-based research and open-source data collection to combine insights from the existent and growing body of literature to better understand the mechanisms through which the COVID-19 sanitary crisis and its associated governmental responses have affected gender parity across the EU. We have complemented these findings by interviewing relevant European stakeholders. By employing the thematic structure of the '2020-2025 Gender Equality Strategy,' we commence by reviewing the impacts of the pandemic response in guaranteeing access to an equal economy for women and men. This analysis is then followed by a discussion on the specific cases of increasingly marginalized women, such as those already living in poverty before the crisis, single women, and older women. We proceed with a review of the relationship between COVID-19, its lockdown measures, and violence against women. All the issues discussed below seem to not be merely affected by systemic faults, but they are also conditioned by the propagation of traditional gender norms and the stereotyping of societal roles. We conclude by providing a summary of policy recommendations and ways to move forward in the path to narrowing – and eventually eliminating – the gender gaps.

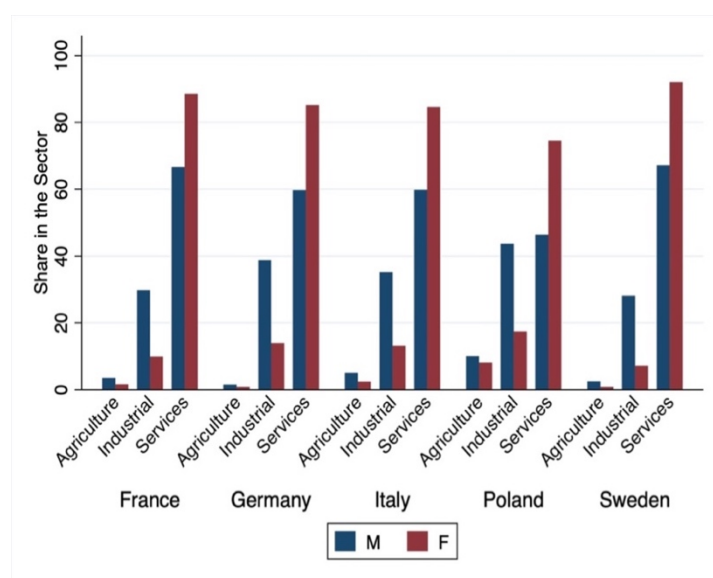
The report alimnts policy recommendations which will ensure that the gains of the past years in the matter of gender equality are not overridden by the short-term negative effects of the measures implemented to combat the COVID-19 sanitary crisis. As acknowledged by the World Health Organization (WHO), COVID-19 will not be the last of the pandemics and sanitary emergencies will resurge, making it essential to establish an offensive and intersectional approach to public policies seeking to ameliorate gender inequalities.

## 2. AN EQUAL ACCESS TO THE ECONOMY

### 2.1. The 'She-cession'

Even if, overall, women encounter a higher likelihood of poverty throughout their life courses, the pandemic has increased such likelihood as women have been disproportionately and negatively affected by the COVID-19 crisis *vis-à-vis* their male counterparts. This disparity can be largely attributed to the fact that in contrast to previous economic recessions,<sup>7</sup> the governmental measures to halt the pandemic have had the most indirect impact on the economic sectors in which women tend to be overrepresented – i.e., gastronomy, hospitality, retail, care, domestic work (Figure 1). The idea of an 'indirect impact' is relevant given governmental actions to halt the pandemic such as enforced lockdowns and social distancing measures were implemented with the aim to prevent the spread of

Figure 1: Employment share of sector by gender in selected EU member states.



Source: Authors' elaboration on OECD 2017 data.

the Sars-CoV-2 virus and did not intend to negatively and disproportionately affect women.<sup>8</sup> A political history in which public policies miss out on gender mainstreaming did nevertheless translate into a less beneficial outlook for women not merely during the pandemic but also in the commencing recovery period. Even if the 'she-cession'<sup>9</sup> seems to be the mainstream reality during the pandemic, the extent to which such a female-dominated economic recession has emerged in the considered case-studies has varied according to the management of the pandemic and the way different governments have been able to mainstream gender in the years prior to the crisis.

Men tend to be employed in highly cyclical sectors (e.g., manufacturing, construction) which are increasingly impacted in regular economic recessions, leading to a greater likelihood of unemployment in regular crisis for men (Figure 1).<sup>10</sup> But this time, the lockdown and social distancing measures coupled with global travel bans have alternatively transformed the current global crisis into a 'she-cession,' as the service sector has been unduly vulnerable to the economic shock and women now increasingly face a higher likelihood of poverty, at least in the short-term. In fact, not only have women disproportionately lost their jobs at the onset of the pandemic, but they have also encountered greater obstacles to re-enter the labour force in the period between the first two 'waves' of COVID-19 cases in the summer 2020, when Europe

<sup>7</sup> Cf. the 2008 Financial Crisis, World War II Recession.

<sup>8</sup> Paola Profeta, *Gender and Public Policy: Measuring Progress in Europe*, (Cambridge: Cambridge University Press, 2020a), 369.

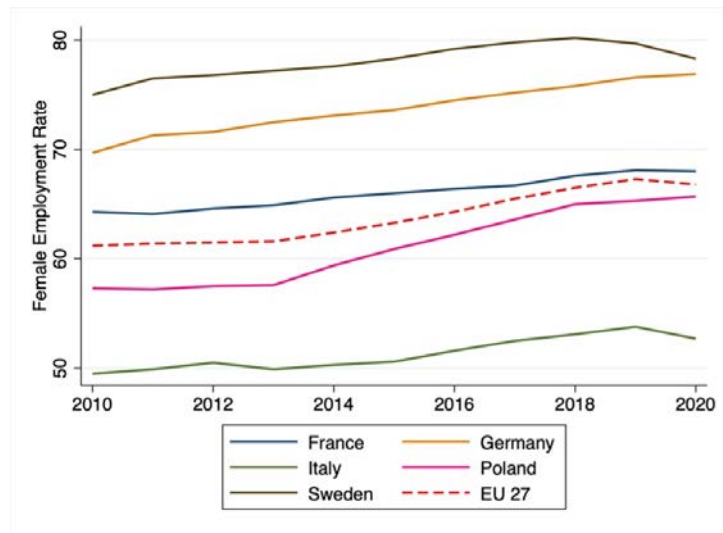
<sup>9</sup> The term 'she-cession' was coined by C Nicole Manson, President and Chief Executive of the Institute for Women's Policy Research; Cf. Alisha Haridassani Gupta, "Why Some Women Call This Recession a 'Shecession,'" *The New York Times* (2020): retrieved from <https://www.nytimes.com/2020/05/09/us/unemployment-coronavirus-women.html>.

<sup>10</sup> Titan Alon, Matthias Doepke, Jane Olmstead-Rumsey and Michèle Tertilt, "The Impact of COVID-19 on Gender Equality," National Bureau of Economic Research (NBER) Working Paper No. 26947 (2020a): 2; Titan Alon, Matthias Doepke, Jane Olmstead-Rumsey and Michèle Tertilt, "This Time It's Different: The Role of Women's Employment in a Pandemic Recession," IZA Discussion Paper No. 13562 (2020b): 1.

experienced a partial economic recovery (Figure 2).<sup>11</sup> That is, while employment prospects rose by 1.4% for men, they merely increased by 0.8% for women between the second quarter and third quarter 2020.<sup>12</sup> Women have also been frequently made redundant due to the impossibility of transposing the female-dominated sectors to a teleworking modality.

As European countries move forward with their vaccination campaigns, it remains to be seen how society and the economy will advance in the medium to long term. What is clear, however, is that without a prompt recovery and without the establishment of gender-sensitive and gender mainstreaming policies, the effects of the COVID-19 crisis could be highly detrimental to the gender employment gap, which is estimated to widen by five percentage points after a pandemic recession.<sup>13</sup> This lies in sharp contrast to the case of regular recessions, where the gender employment gap tends to narrow by approximately two percentage points.<sup>14</sup> If the obstacles women face to re-enter the labour market are perpetuated in the years following the pandemic, the COVID-19 crisis could lead to the overall skills of women becoming disproportionately depreciated *vis-à-vis* those of men and thus a persistent widening of the gender employment and gender wage gaps. In the longer run, female-dominated unemployment could also translate into wider pension gaps in older age, and thus increased prospects of poverty for ageing women.

Figure 2: Female employment rates (20-64 years of age) in selected EU member states.



Source: Authors' elaboration on Eurostat data.

The nature of the COVID-19 crisis as an issue of public health has alternatively meant that widespread attention was drawn to the care economy, which has been historically tainted with externalities and inadequate welfare support. In addition, both formal and informal care have been traditionally and disproportionately supplied by women. The sanitary crisis served to highlight the fragility of the care economy and the essential – and often uncompensated – care contributions provided by women.<sup>15</sup> As the main care providers, women have been at the frontline of the pandemic while men have been increasingly able to work from home. This has resulted in a momentaneous but also sharp reversal of stereotypical gender roles, as men had to increasingly compensate for the absence of women in the household. Even if household and childcare responsibilities remain overtly carried out by women, the short-term re-arrangement of family relations as a consequence of the pandemic could potentially bring about positive implications in the long term.

<sup>11</sup> European Commission 2021; European Commission 2021, March 5.

<sup>12</sup> European Commission 2021, 19; European Commission 2021, March 5; Alon *et al.* 2021a, 2; Alon *et al.* 2021b, 1.

<sup>13</sup> Alon *et al.* 2020a, 3.

<sup>14</sup> *Ibid.*, 4; Alon *et al.* 2020b, 41.

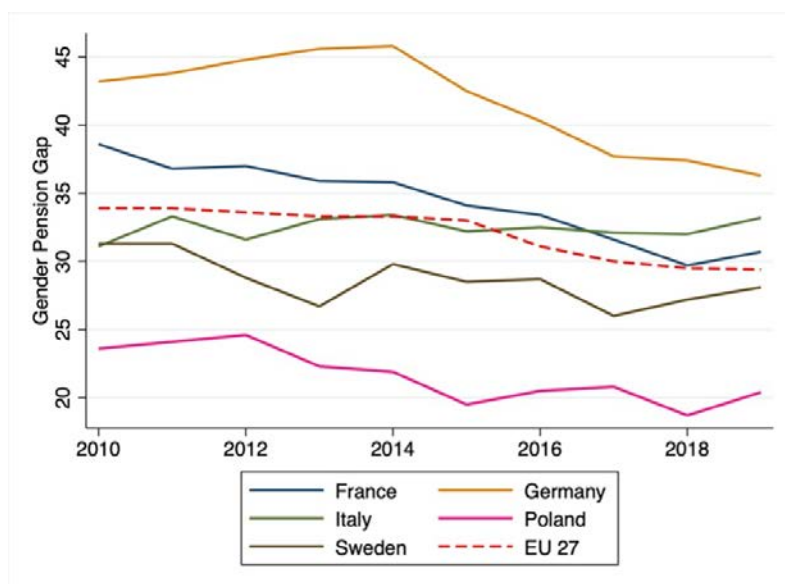
<sup>15</sup> *Ibid.*

The segmentation of men and women into different employment sectors also contributes to divergent degrees, to the emergence of the 'she-cession.' Stereotypes which classify certain economic sectors as being typically for 'women' (or, in contrast, typically for 'men') are detrimental to women's professional development, as they create patterns in the labour market in which women have tended to remain overrepresented in the lower-paying fields.<sup>16</sup> The COVID-19 crisis has helped to highlight the noxious and cumulative effects of such stereotypes in two principal ways.

First, women are overrepresented in sectors which have been considered as vital throughout the pandemic – i.e., education, healthcare, caregiving, cashiering, and retail. In fact, in Europe, 76% of healthcare and social care workers and 86% of personal care workers in health services are women.<sup>17</sup> The overrepresentation of women in vital sectors has served to place emphasis on a number of incongruencies in the economy, perhaps paradoxes. On the one side, although women have been at the frontline of the pandemic, they have still lacked decision-making power.<sup>18</sup> Additionally, even if these women have not been made redundant during the pandemic and thus belonged to a minority which was not relegated to a disadvantaged position relative to their male counterparts, they have been systematically exposed to the virus and have dealt with an overall higher risk of contagion.<sup>19</sup> Even if as a homogeneous cohort, women have been seen as less susceptible to SARS-CoV-2 infections than men, when different sub-groups are considered such as women of working age (20-64 years), then they turn out to be at a higher risk than their corresponding working-aged men.<sup>20</sup>

Similarly, the pandemic has called attention onto how the healthcare and service sectors tend to be characterized by low salaries.<sup>21</sup> The debate on the appreciation of essential care work and the value of non-market care provision is not novel, and in fact the issue has been included in EU documents for at least 60 years.<sup>22</sup> The pandemic, however, brought greater salience to this issue and the idea that it does not merely affect working-aged women, but that it also has cumulative effects throughout the lifetime. Low salaries, higher poverty prospects and a widened gender payment gap have the potentiality to manifest into widened pension gaps and thus also female-dominated poverty during old age (Figure 3). In a pessimistic outlook, the overrepresentation of women in vital sectors could have negative long-term implications for women in the years following the COVID-19 crisis. Again, this is not novel, and it had already been seen during the years prior to the crisis, with the pension gap being merely reduced from 33.9% in

Figure 3: Female pension gap in selected EU member states.



Source: Authors' elaboration on Eurostat data.

<sup>16</sup> European Commission 2021, 19.

<sup>17</sup> European Commission 2021, March 5; European Commission 2021, 23.

<sup>18</sup> Carmen De Paz, Miriam Muller, Ana María Muñoz Boudet, and Isis Gaddis, "Gender dimensions of the COVID-19 pandemic," The World Bank Group, Policy Note (2020): 5.

<sup>19</sup> Paola Profeta, "Gender Equality and Public Policy during COVID-19," *Economic Studies* 66, no. 4 (2020b): 367.

<sup>20</sup> Ibid.

<sup>21</sup> European Commission 2021, 23.

<sup>22</sup> Ibid, 29.

2010 to 29.5% in 2018 (Figure 3).<sup>23</sup> Yet, if the issues highlighted by the 'she-cession' are taken as an opportunity for change, then poverty prospects for women have the potential to be ameliorated.

Second, the service sectors are challenging to transpose into a teleworking modality, meaning that the periodic shutdown of such sectors has been translated into a considerable proportion of women being made redundant. At the same time, lockdown and social distancing measures have meant that the activity of bars, restaurants, tourism, and other female-dominated sectors were suspended altogether. Even if countries sought to cooperate with companies to protect the workers in such industries, the COVID-19 crisis still led to the highest contraction of the euro area on record.<sup>24</sup> The implications of these job losses related to the COVID-19 crisis women could find higher poverty prospects and social exclusion in the years after the pandemic. This also impacts and widens the gender gaps, as men have not only found themselves easily situated to adapt to a changing environment during the pandemic but will also come out of the crisis in a relatively privileged position.<sup>25</sup>

### 2.1.1. Italy

In Italy, gender norms in the economy and society are still pronounced and predominant, being reflected for instance, in the fact that almost one woman out of two remains out of the labour force, nor is she actively looking for employment.<sup>26</sup>

*"There is a vulnerability peculiar to women's jobs."*

Paola Mascaro  
G20 Empower, Valore D & GE Aviation Italy

Already in the years prior to the pandemic, Italy's women labour participation rate was of 56.5% in the age group 20-64, representing one of the lowest in the EU (Figure 2). As in the rest of Europe, however, Italy's COVID-19 crisis has also turned into a 'she-cession,' as reflected

in the fact that women's employment rate in the age group 15-64 decreased from 50.2% to 49.5% throughout 2020 and then hit a record low of 47.5% during the second quarter 2020.<sup>27</sup>

Similarly to the case of other member states, Italian women have also been at the core of the fight of the pandemic, which has contributed to bringing salience to the care economy – both formal and informal – and the low salaries which characterize this sector. According to the Italian Ministry of Health, already in 2017 66.8% of health workers were women, and the personnel of every regional healthcare system was composed by a majority of women.<sup>28</sup> Despite being overrepresented in the frontline of the pandemic, counting with an increased risk of contagion and following an EU trend, Italian women have lacked decision-making power during the crisis. In fact, when women in healthcare are divided into professions, women account for less than half of medical doctors, and the share increases to 77.5% when looking at nurses.<sup>29</sup>

Despite the fact there is a minority of women which have been economically protected by being employed in the frontline, women in Italy have also been overrepresented in the service sectors, which have been negatively impacted by lockdown and social distancing measures. Apart from having one of the lowest female employment rates in Europe, Italy also counts with one of the largest proportions of women working in the services sector; that is, 84.6% of all employed women (Figure 1).<sup>30</sup> This helps

<sup>23</sup> Ibid, 30.

<sup>24</sup> Robert Anderton, Vasco Botelho, Agostino Consolo, António Dias da Silva, Claudia Foroni, Matthias Mohr and Lara Vivian, "The impact of the COVID-19 pandemic on the euro area labour market," European Central Bank (ECB) Economic Bulletin Issue 8 (2020).

<sup>25</sup> Alon *et al.* 2020b, 9.

<sup>26</sup> Organisation for Economic Cooperation and Development (OECD) statistics, 2021, retrieved from <https://stats.oecd.org/>.

<sup>27</sup> Ibid.

<sup>28</sup> Direzione Generale delle Digitalizzazione del Sistema Informativo Sanitario e della Statistica, "Personale delle A.S.L. e degli Istituti di ricovero pubblici ed equiparati" (2017): 3.

<sup>29</sup> Ibid, 9.

<sup>30</sup> World Bank Open Data, 2021, retrieved from <https://data.worldbank.org>.

to account for the fact that of 444,000 total job losses incurred in Italy in 2020, 72.9% concerned women.<sup>31</sup> Due to a redundancy ban implemented by the Italian government, these job losses can nevertheless be solely attributed to the non-renovation of fixed-term contracts and other relatively vulnerable employment contracts (i.e., part-time, temporary work), which are most likely granted to female workers.<sup>32</sup> Relatedly, according to recent estimates, absolute poverty increased relatively more for Italian women than their male counterparts. Such as regional variations exist within the EU, the COVID-19 crisis has also impacted Italy inconsistently. Italy's female unemployment figures hide striking within-country inequalities. While in Northern and Central Italy women's employment rates are higher than the average – 59% and 56% respectively – the South is characterized by a strikingly low 33% female employment rate.<sup>33</sup> This alternatively means that women in the South of Italy suffer of a higher likelihood of being poor than their counterparts who live in the Northern regions of the country. The South seems to have recuperated faster than the rest of Italy, however, with the female employment rate increasing back to pre-pandemic years at the end of 2020.

Apart from the redundancy ban and a reinforced minimum income program, the Italian government adapted an already-existent partial employment scheme (i.e., *Cassa Integrazione Ordinaria*) to the COVID-19 crisis, under which employers who reduced working hours or were made redundant due to the pandemic could receive up to 70% of their salary from the government. However, there were no instruments which have been specifically designed to tackle women's poverty, nor to guarantee women an equal access to the economy. As Paola Mascaro argues, help came also from the private sector which tried to deal with the legislative framework which highlighted some of Italy's chronic issues.<sup>34</sup> The minimum income program was increased to contain the COVID-19 crisis, and it is likely to have played a major role in mitigating the potential negative consequences of such. In 2017, the Italian government implemented a minimum income program denominated *Reddito di Inclusione* (i.e., social inclusion income), which was then extended in scope to become the *Reddito di Cittadinanza* (i.e., minimum income) in 2018. Not to be confused with Universal Basic Income, this measure includes income, wealth and residency requirements (*de facto* includes recent immigrants). This minimum income program reaches around two million households and, immediately before the pandemic, it is estimated to have reduced the Italian Gini Index by 1.5 percentage points and the level of absolute poverty by 3 percentage points.<sup>35</sup> Given the nature of the COVID-19 crisis as a '*she*-cession', it is surprising that no instruments to tackle women's poverty have been implemented throughout the course of the pandemic, and at the same time, it is likely that these will be required in the near future if the goal of the Italian government is not to allow the gender employment and payment gaps to widen. Once again, if female-dominated poverty is left unattended, it has the potential to translate into increased pension gaps, which are particularly relevant for the Italian case (Figure 3).

“In the current situation, what does not target women, does not help women.”

Paola Mascaro  
G20 Empower, Valore D & GE Aviation Italy

In fact, Italy is the EU member state with the largest ageing cohort, comprised of almost one-quarter of its entire population.<sup>36</sup> Following the EU's average, women in Italy live longer than men but generally work less, pointing at a potentially widened pension gap. Indeed, while 24.4% of Italian women belong

<sup>31</sup> Istituto Nazionale di Statistica (ISTAT), 2021, retrieved from <http://dati.istat.it/>.

<sup>32</sup> Profeta 2020a, 52.

<sup>33</sup> ISTAT 2021.

<sup>34</sup> Paola Mascaro (Chair, G20 Empower, Board Member, Valore D & Vice-President GE Aviation Italy), in interview with the AXA Research Lab on Gender Equality, 2021, April 13.

<sup>35</sup> Nicola Curci, Giuseppe Grasso, Pasquale Recchia and Marco Savegnago, “Anti-poverty measures in Italy: a microsimulation analysis,” Banca D'Italia Working Paper No. 1298 (2020): 29.

<sup>36</sup> ISTAT 2021.



to the lowest quintile in the pension income distribution, this is the case for merely 15.2% of men.<sup>37</sup> Contrastingly, 27.2% of retired men and 13.3% of retired women lie on the richest quintile.<sup>38</sup> This tends to be the case not only due to a persistent unequal access to the economy for women, but also due to the divergent expectations placed on women and men in what regards care responsibilities throughout the life course, to both children and ageing parents.

### 2.1.2. France<sup>39</sup>

Women in France tend to work more than their Italian counterparts. In fact, France counts with a 68.2% female labour participation rate, which is in line with the EU's average of 68.8% (Figure 2).<sup>40</sup> However, similarly to the Italian case and that of the rest of the member states, female employment was disproportionately impacted by the COVID-19 crisis, even if in France the impact was not as significant. In fact, the female employment rate decreased from 62.7% in the first quarter 2020 to 62.5% in the second quarter, and it fully recovered by the end of the year.<sup>41</sup> Unlike in other member states, French women did not experience overt difficulties in entering the labour force after the first wave of infections. In France there do not exist substantial regional differentials in relation to female employment levels. The most noticeable difference in mainland France is found between the northernmost region of Hauts-de-France with 55.5% of working-aged women being employed, and the Western region of Pays de la Loire, which counts with a 64.2% female employment rate.<sup>42</sup>

“...few differences were observed between women and men in terms of unemployment and employment rates, even though the crisis of 2020 massively affected female sectors, such as services.”

Ariane Pailhé  
The French Institute for Demographic Studies

In France, too, women have been at the frontline of the fight against COVID-19. Women in France are disproportionately represented in the sectors which incur the highest risk within the healthcare systems and remain underrepresented in decision-making positions. 66.8% of employers in the French healthcare system are women, but the issues characteristic of the care

economy become evident when specific groups within the healthcare system are considered.<sup>43</sup> For example, while 45.8% of French doctors are women, the figures rise to 86.6% when looking at the proportion of nurses who are women.<sup>44</sup>

It is interesting to note that regardless that in France 89% of women are employed in the services sector, France represents an outlier in terms of the parity between the degree to which men's and women's jobs are 'telecommutable' (Figure 1).<sup>45</sup> In fact, the French recessions seems to be less of a 'shecession' in comparative perspective with other member states, and thus French women seem to have paid a lower price on accessing the economy than Italian ones.<sup>46</sup> Even if the crisis has had a relevant impact with 35% of employed women being made redundant between April and May 2020, a comparable number of men also lost their jobs in the same period.<sup>47</sup>

<sup>37</sup> ISTAT, “Condizioni di Vita dei Pensionati, Anni 2018-2019” (2021): 3.

<sup>38</sup> Ibid.

<sup>39</sup> Mainland France.

<sup>40</sup> OECD Statistics, 2021, <https://stats.oecd.org/>.

<sup>41</sup> Ibid.

<sup>42</sup> Observatoire des Territoires, 2021, retrieved from <https://www.observatoire-des-territoires.gouv.fr/outils/cartographie-interactive/#c=indicator&view=map11>.

<sup>43</sup> Ibid.

<sup>44</sup> Ibid.

<sup>45</sup> World Bank Open Data 2021; Vincenzo Galasso and Martial Foucault, “Working during COVID-19: Cross-country evidence from real-time survey data,” OECD Social, Employment and Migration Working Paper No. 246 (2020): 11.

<sup>46</sup> Galasso and Foucault 2020, 23.

<sup>47</sup> Gaetano Basso, Tito Boeri, Alessandro Caiumi, and Marco Paccagnella, “The new hazardous jobs and worker reallocation,” OECD Social, Employment and Migration Working Paper No. 247 (2020): 68.

The peculiarities of the French case also mean that no particularly gender-sensitive policies have been implemented to tackle women's poverty as a consequence of the COVID-19 crisis. One of the general poverty-alleviation measures France has enacted is a partial employment scheme (i.e., *Chômage Partiel*) which has been adapted during the COVID-19 crisis to be a medium-term rather than just a short-term instrument. That is, the government pays up to 70% of the salary of people who have reduced working hours or have been made redundant due to the crisis. France also disposes of a minimum income scheme, subject to active job searching, called *Revenu de Solidarité Active* (RSA) (i.e., Inclusion Income Support).<sup>48</sup> Despite not having counted with noticeable gender differentials in terms of unemployment and increased poverty prospects, the overall effects of the COVID-19 crisis have been perceived in the way that the recipients of the RSA's monthly allowance have increased by 7.5% from December 2019 to December 2020.<sup>49</sup> As Ariane Pailhé explains, however, even if measures were gender neutral, women have still been the main beneficiaries, perhaps due to the gendered effect of the pandemic.<sup>50</sup>

### 2.1.3. Germany

Similarly to the case of France, in Germany women have not significantly suffered from greater unemployment prospects as a result of the COVID-19 crisis relative to their male counterparts. Already in the years prior to the pandemic the employment rates for both women and men did not show differences as large as in other member states, with rates of 72.8% and 80.5% respectively (Figure 2).<sup>51</sup> At the same time, Germany does not count with macro-regional unemployment differences; that is, while in the western German regions the female unemployment rate is of 72.4%, in eastern Germany this is of 74.4%.<sup>52</sup> The German economy has consequently suffered relatively homogeneously from increased unemployment rates, with the overall percentage of people without work and actively seeking for one rising from 5.1% in March 2020 to 6.2% in March 2021.<sup>53</sup> As Professor Panu Poutvaara explains, in fact during the crisis while the percentage increase in unemployment was slightly higher for women, in terms of absolute changes the number of unemployed men increased more, with 263,000 men being made redundant *vis-à-vis* 229,000 women.<sup>54</sup> This disparity with other member states can be partly attributed to the fact that, as in France, German women are not disproportionately disadvantaged from the shift to a teleworking modality, relative to countries such as Italy in which the women-dominated sectors did not necessarily count with the technology to move their work online.<sup>55</sup> Unlike in France, however, in Germany women tended to work remotely to a greater extent than their male counterparts.<sup>56</sup>

What makes Germany comparable to the other case studies, as Professor Poutvaara suggests, is that the services sector has overtly struggled, and this is still a sector which employs a

“The increase in unemployment rates have remained low, to a large extent thanks to generous public subsidy schemes.”

Prof. Panu Poutvaara  
Institute for Economic Research (IFO Institute)

<sup>48</sup> The official website of the French administration, 2021, retrieved from <https://www.service-public.fr/>.

<sup>49</sup> Ibid.

<sup>50</sup> Ariane Pailhé (Senior Researcher, The French Institute for Demographic Studies), in interview with the AXA Research Lab on Gender Equality, 2021, April 23.

<sup>51</sup> Federal Statistical Office of Germany, 2021, retrieved from: [https://www.destatis.de/EN/Home/\\_node.html](https://www.destatis.de/EN/Home/_node.html).

<sup>52</sup> Ibid.

<sup>53</sup> Panu Poutvaara (Director, Center for International Institutional Comparisons and Migration Research, Institute for Economic Research (IFO)), in interview with the AXA Research Lab on Gender Equality, 2021, April 15.

<sup>54</sup> Ibid.

<sup>55</sup> Basso *et al.* 2020, 16.

<sup>56</sup> Ibid.

majority of women (Figure 1).<sup>57</sup> In fact, it is estimated that in 2019, 85% of employed women in Germany worked in the services sector.<sup>58</sup> Despite not directly being gender-sensitive, Germany established generous economic measures such as the *Kurzarbeit* (i.e., short-term work scheme), which helped to massively prevent job losses, relative to other member states. This work scheme provides companies with the option of reducing their workers' hours instead of making them redundant, at 60% of their original pay. This amount can be increased in the case that workers are parents and need to reduce their working hours for childcare responsibilities. Despite having been successful during the 2008 Great Recession, since the COVID-19 crisis represents a '*she-cession*,' *Kurzarbeit* could exacerbate already-existing gender inequalities. In fact, since women tend to engage more than their male counterparts in childcare, they tend to enrol in schemes such as *Kurzarbeit* to a greater degree.<sup>59</sup> Lower salaries and reduced working hours increase the likelihood of female poverty during the lifetime and widens the gender pension gap at old age. In fact, in Germany, women face a risk of poverty of 16.6% *vis-à-vis* a rate of 15.2% for men.

The case of Germany is additionally comparable to other member states in the way that German women have been at the core of the fight against the pandemic, which alternatively has contributed to re-shaping the thoughts and attitudes towards the care economy. Already in 2017 Germany counted with 5.7 million workers in the healthcare sector, with 75.6% of such being women.<sup>60</sup> However, as in Italy and France, despite being overrepresented in the frontline of the fight against COVID-19, women generally lack decision-making power. This can be seen, for instance, in the way while Germany counts with 4.2 female physicians per 1,000 people, this number rises to 13.2 per 1,000 when looking at nurses.<sup>61</sup>

#### 2.1.4. Poland

Such as in France and Germany, women did not disproportionately suffer from increased unemployment relative to men. That is, even if the female employment rate dropped by one percentage point during the second quarter of 2020, it fully recovered by the end of the year. It becomes relevant to consider, however, that Poland nevertheless counts with a relatively low female employment rate of 65.7%, even if this remains higher than in Italy (Figure 2). Contrastingly, the employment rate for men in Poland is of 81.4%. As explained by Iga Magda, one of the main divisions that prevail in Poland is that of rural *vis-à-vis* urban areas amongst its 16 provinces, or voivodeships.<sup>62</sup> Already in the years prior to the pandemic, the share of people at risk of poverty and social exclusion in Polish rural areas was 11 percentage points higher than in cities.<sup>63</sup> That is, while 13% of inhabitants of urban voivodeships were at risk of poverty, this rate rose to 24% in rural voivodeships.<sup>64</sup> This lies in contrast to countries such as Italy, France and Germany, where the risk of poverty is higher in urban areas. At the same time,

"Overall, the impact of the pandemic so far on the Polish labour market has been much smaller than expected; we not only have one of the lowest unemployment rates in the European Union, but there is also virtually no gap between the unemployment rates of men and women in Poland. [...] We still don't know if it is due to our economy, luck, or a postponed impact. We will see that."

Iga Magda  
Institute for Structural Research (IBS, Warsaw) & IZA Institute  
of Labour Economics

<sup>57</sup> Poutvaara 2021.

<sup>58</sup> World Bank Open Data 2021.

<sup>59</sup> Poutvaara 2021.

<sup>60</sup> Federal Statistical Office of Germany 2021.

<sup>61</sup> World Bank Open Data 2021.

<sup>62</sup> Iga Magda (Vice President of the Management Board, Institute for Structural Research (IBS Warsaw) and Research Fellow, IZA Institute on Labour Economics), in interview with the AXA Research Lab on Gender Equality, 2021, April 22.

<sup>63</sup> Eurostat, 2021, retrieved from <https://ec.europa.eu/eurostat/web/main/home>.

<sup>64</sup> Ibid.

40% of people in Poland live in rural voivodeships, a percentage significantly higher than the EU average of 25% and of any case considered in this study (i.e., 29% for Italy, 19% for France, 23% for Germany, and 13% for Sweden).<sup>65</sup> This sharp urban-rural divide which persists in Poland means that women in urban areas suffer the 'double burden' of counting with less opportunities relative to the voivodeships they were born, and also persistent gender inequalities in accessing the economy which are also relevant to other EU countries. Due to this urban-rural differential, men in Poland have become specialized in agriculture but this economic sector remains stereotypically for men. In fact, while in rural areas male employment is of 2.4 percentage points higher than in urban voivodeships, the female employment rate is 2.8 percentage points lower.<sup>66</sup>

“Women working in the rural areas have more difficulties in accessing the labour market. They usually live in remote areas with limited transportation access, so they were much more likely to be hit by the pandemic.”

Iga Magda  
Institute for Structural Research (IBS, Warsaw) & IZA  
Institute of Labour Economics

Similarly to the other cases considered, the services sector employs a majority of 74,5% of women and has also seen this sector to be largely affected by lockdown and social distancing measures (Figure 1).<sup>67</sup> In fact, even if in Poland less people stopped working as a consequence of the pandemic in relation to other member states, women ceased to work at almost a double rate than men.<sup>68</sup> At the same time, however, even if the risk of poverty

for women remains higher than that for men – with rates of 15.8% and 15% respectively – the gendered difference is not significant. It also counts with a gender payment gap of 20.4%, below the EU 27 average, and the lowest of the cases considered in this study.<sup>69</sup> Once more, when it comes to gender, the most significant differentials can be encountered within the women cohort, and which are dependent to the country's urban-rural divide. In this sense, Poland represents a unique issue in the countries considered.

Women in Poland have also been overrepresented in the frontline of the pandemic and have lacked decision-making powers. As in the rest of the member states, the majority of healthcare personnel are women, but striking differences are noticeable when divided by professions. Poland still counts with an equitable division in terms of physicians, as 52.5% of doctors are women.<sup>70</sup> When looking at nurses, this proportion rises to a striking 97.7%, suggesting stereotypes in the labour market are persistent in the Polish economy, subjecting women to lower-paid positions and less decision-making powers, which could translate into higher poverty prospects throughout the lifetime and its related by-products.<sup>71</sup>

### 2.1.5. Sweden

Even if Swedish measures to slow the spread of the Sars-CoV-2 virus have been less restrictive than in most of other member states, there has still been a contraction in the labour market. As in the rest of the cases considered and in line with EU averages, women have been disproportionately affected by increasing unemployment *vis-à-vis* their male counterparts. The widening of the gender employment gap can be observed in that while the male employment rate declined from 80.1% in the years prior to the crisis to 78.7% during the COVID-19 crisis, the female employment rate declined by 1.9 percentage points; that is, from 76.6% in the years prior to the crisis to 74.7% during COVID-19 (Figure 2).<sup>72</sup>

<sup>65</sup> World Bank Open Data 2021.

<sup>66</sup> Statistics Poland, 2021, retrieved from <https://bdl.stat.gov.pl/BDL/start>.

<sup>67</sup> World Bank 2021.

<sup>68</sup> Foucault and Galasso 2020, 23.

<sup>69</sup> Eurostat 2021.

<sup>70</sup> Statistics Poland 2021.

<sup>71</sup> Ibid.

<sup>72</sup> IZA Institute of Labor Economics, “Crisis Response Monitoring Sweden,” 2021.

Women in Sweden, as in the rest of the member states considered, have been at the frontline of the pandemic. And, at the same time, while women have been overtly exposed to contagion, they have lacked decision-making power. In fact, while in Sweden 48% of physicians were women, this proportion rises to 88% when considering nurses.<sup>73</sup>

Women have also suffered from traditional stereotypes in the economy in the way that – as in the rest of the cases considered – women have tended to be concentrated in the services sector. The Swedish services sector employs 92% women, which is the highest of all the member states considered and particularly comparable to France (Figure 1).<sup>74</sup> There are three aspects to

“... since women dominate the public sector and the areas of society where Sweden is going to see strong demand for labour for a long time to come, men are likely to experience more unemployment than women.”

Amelie Franchin  
Afuture

consider which might explain why women in Sweden might have been comparatively less affected by the ‘she-cession.’ First, as Amelie Franchin explains, the public sector did not cut jobs during the pandemic and thus the proportion of women working in services who were publicly employed must have been advantaged in this regard.<sup>75</sup> This is relevant when considering that already in the years prior to the pandemic, Sweden counted with the highest share of the population employed by the public sector amongst all OECD countries.<sup>76</sup> Second, just as in France and Germany, women were not disproportionately disadvantaged from remote work modalities, reason for which the percentage of women who stopped working in April 2020 only slightly outweighed the percentage of men who ceased to work.<sup>77</sup> And third, the fact that Sweden did not implement lockdown and social distancing measures as in the rest of the member states also meant that the services sector remained largely operative and indeed about 60% of men and women equally declared to continued physically working in the workplace during the pandemic.<sup>78</sup> According to Amelie Franchin, women in Sweden may be even advantaged in the future. The public sector expects an increase in the demand for labour during the recovery period, for which women may be advantage and men may face greater unemployment prospects as it is the case in regular crises.<sup>79</sup>

The Swedish government attempted to maintain a gender mainstreaming approach to the introduction of poverty-alleviation measures during the pandemic.<sup>80</sup> It acted by increasingly allocating resources to local authorities, and it also improved welfare provision in employment sectors dominated by women, such as schools and care facilities.<sup>81</sup> At the same time, the Swedish government continued relying on its income support scheme denominated *Ekonomiskt Bistån* (i.e., Financial Aid), which is aimed at providing individuals and families with a reasonable standard of living based on case-specific circumstances.<sup>82</sup> The number of recipients increased during 2020 by 3%, but no significant differences were reported in respect to the gender of recipients.<sup>83</sup> The gender division was kept contact in relation to 2019 figures and in fact a slightly greater number of men have filed for welfare benefits; that is, while

<sup>73</sup> National Board of Health and Welfare (Socialstyrelsen), 2021, retrieved from <https://www.socialstyrelsen.se/>.

<sup>74</sup> World Bank Open Data 2021.

<sup>75</sup> Amelie Franchin (Sustainable Growth Strategist – Core Member, A future), in interview with the AXA Research Lab on Gender Equality, 2021, April 14.

<sup>76</sup> OECD Statics 2021.

<sup>77</sup> Galasso and Focault 2020, 23.

<sup>78</sup> Ibid.

<sup>79</sup> Franchin 2021.

<sup>80</sup> Ibid.

<sup>81</sup> Ibid.

<sup>82</sup> National Board of Health and Welfare (Socialstyrelsen) 2021.

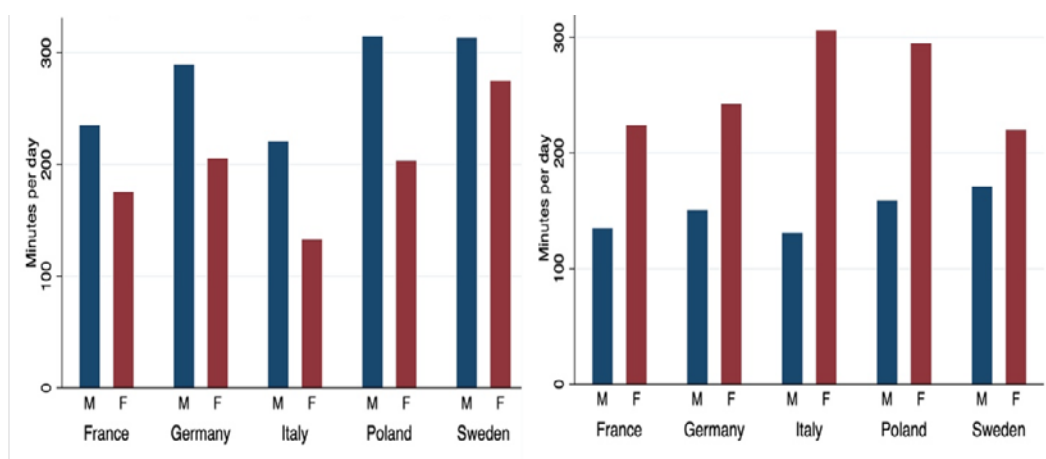
<sup>83</sup> Ibid.

52% of the 2019 recipients were men, 48% of these were women.<sup>84</sup> Despite of these figures, in Sweden, women still remain at a higher risk of poverty than men – i.e., 17.8% and 16.3% respectively.<sup>85</sup>

## 2.2. Childcare provision around the EU

As a consequence of enforced lockdowns, there has also been a re-arrangement of family relations in many European families. The unprecedented closure of schools and childcare centres has led parents to juggle full-time jobs, childcare, and teaching and homework duties (Figure 8).<sup>86</sup> In the short run, most of these activities have been performed disproportionately by women, even if these alterations in

Figure 4: Female pension gap in selected EU member states.



Source: Authors' elaboration on Eurostat data.

family relations could present opportunities for positive change in the longer term (Figure 4).<sup>87</sup>

As strict lockdowns were implemented across European member states at the onset of the pandemic, women spent on average 62 hours per week caring for children and 23 hours doing homework, compared to 36 and 15 hours for men respectively.<sup>88</sup> This pattern represents a division of house and care work which is not novel or unique to the pandemic, but which once again received enhanced salience as a consequence of its exacerbation during the forced lockdown period.

<sup>84</sup> Ibid.

<sup>85</sup> Ibid.

<sup>86</sup> Refer to Annex A.

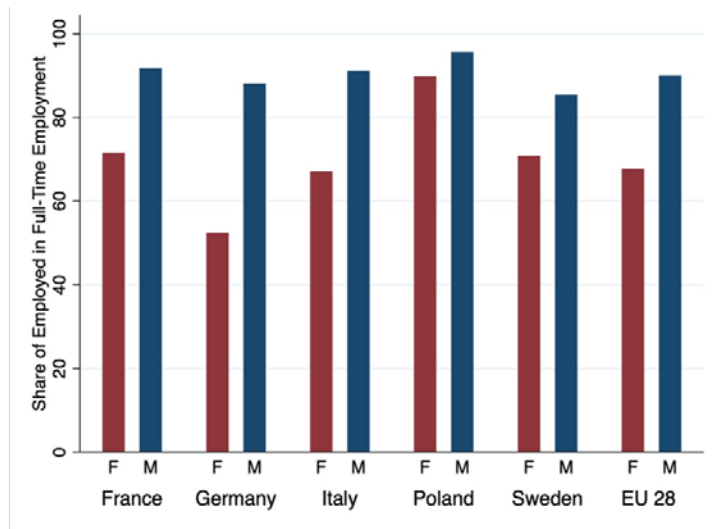
<sup>87</sup> Profeta 2020b, 366.

<sup>88</sup> European Commission 2021, 22; European Commission 2021, March 5.

The unbalanced division of housework and childcare between women and men can be largely explained by traditional gender norms which are still prevalent in EU countries, the strength of which presents intra-regional variations.<sup>89</sup> While the belief that women are the caretakers and men play the role of the breadwinner remains prevalent in countries in Eastern and Southern Europe, it results less common in countries in the Northern and Western sub-regions.<sup>90</sup> Regardless of such variation, however, it is concerning that overall, 44% of Europeans think that the most important role of women is that of taking care of the home and the family.<sup>91</sup> In the long run, these limiting beliefs can lead to the

widening of the gender employment, payment, and pension gaps, and thus an overall greater likelihood of female poverty throughout the life course.

Figure 5: Full-time employment by gender in selected EU member states.



Source: Authors' elaboration on OECD data, latest year available.

Perhaps conditioned by such norms, women are more likely to take career breaks or engage in part-time employment to comply with care responsibilities and expectations, which has also been overtly seen in Europe during the pandemic (Figure 5). Without being able to count with the support of grandparents, neighbours, or friends due to social distancing measures, women have been seen to disproportionately leave employment to provide support, which has alternatively served to reinforce gender gaps in the short run.<sup>92</sup> If little – or no – change occurs in the years following the pandemic, the exacerbation of traditional gender roles could result in increased poverty

prospects for women. The deterioration of skills could lead to a negative feedback loop in the inability to access the labour market, and thus lead to the exacerbation of the gender pay gap. Prolonged periods of reduced working hours or temporary career breaks can also contribute to widening the pension gap and increasing poverty at old age. Most pension systems do not account for non-traditionally male patterns of employment, and the few pension systems that do place value on unpaid care work are still not sufficient to compensate women for the time they spent outside the labour force.<sup>93</sup> Female poverty rates are higher than those of men in the EU, and without gender mainstreaming policies to target the exacerbation of inequalities during the COVID-19 crisis women can find themselves in an unfairly vulnerable position in the years after the pandemic.

<sup>89</sup> Blaskó Zsuzsa, Eleni Papadimitriou and Anna Rita Manca, "How will the COVID-19 crisis affect existing gender divides in Europe? JRC Science for Policy Report (2020): 5.

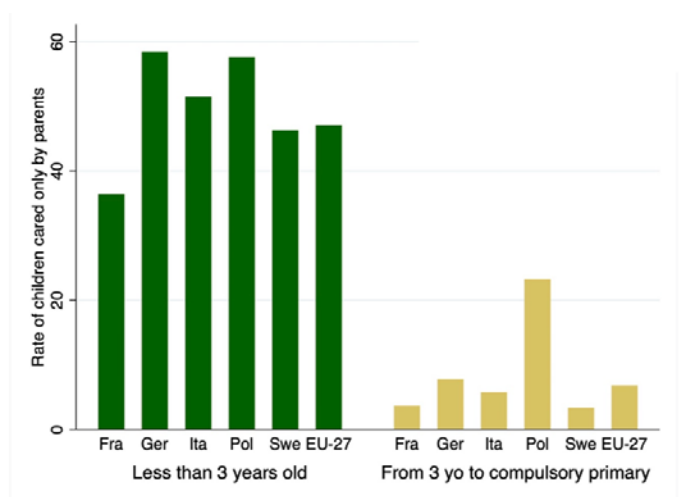
<sup>90</sup> Ibid; Foucault and Galasso 2020, 10.

<sup>91</sup> Eurobarometer, 2021, retrieved from <https://europa.eu/eurobarometer/screen/home>.

<sup>92</sup> European Commission 2021, March 5, 22; Alon *et al.* 2020a, 14.

<sup>93</sup> Athina Vlachantoni, "Socio-economic inequalities in later life: the role of gender," in *Ageing, Diversity and Equality: Social Justice Perspectives*, eds. Sue Westwood, Oxford and New York: Routledge (2019): 30.

Figure 6: Informal childcare provision in selected EU member states.



Source: Authors' elaboration on Eurostat 2019 data.

Already during normal times, the provision of childcare placements across EU member states have still been insufficient, even if there exist significant sub-regional differences (Figure 6). Despite multiple factors may account for children not being sent to formal childcare centres, there exists an overall issue of under-provision of formal care across member states which provides resistance to the increased levels of female labour participation during the past decade. On average, about 47% of children under the age of 3 have received informal care by their parents in the years prior to the pandemic. The importance of childcare provision was highlighted by the Barcelona European Council of

2002, which set the objective for member states to provide childcare provision for 90% of children between the age of 3 and the mandatory school age specified in each member state, and to 33% of children under 3 years of age.<sup>94</sup> Given the Barcelona Objectives were not achieved and due to their intrinsic relationship with female labour force participation, the European Commission's '2020-2025 Gender Equality Strategy has once again highlighted the importance for member states to continue working to achieve such goals.

Table 1: Places in formal childcare per 100 children available in selected EU member states.

Country	Places in formal childcare per 100 children	Age Range
France	59	0-3
Germany	35	0-3
Italy	25	0-3
Poland	13.8	0-3
Sweden	100	6-18 months

Source: INSEE (France), DESTATIS (Germany), ISTAT (Italy), Statistics Poland (Poland), Eurydice Report (Sweden).

When considering the EU average, the Barcelona Objectives were indeed achieved in 2016.<sup>95</sup> However, childcare provision varies across member states. That is, the number of seats provided by the state tends to be higher in countries such as Poland and Germany, and the lowest in countries such as France. In what regards children from the age of 3 until the age they should be enrolled in compulsory primary education, a mere 7% of children informally received care by family members, but this average hides significant differences between member states. Formal care provision is the scarcest in Poland out of

<sup>94</sup> European Commission, Directorate-General for Justice and Consumers, "Barcelona objectives on the development of childcare facilities for young children with a view to increase female labour participation, strike a work-life balance for working parents and bring about sustainable and inclusive growth in Europe (the "Barcelona objectives") (2018): 1-24.

<sup>95</sup> Ibid.



all case studies, where more than 20% of children are not formally attending kindergarten. Despite such differences, informal care provision – relevant to almost half of European children before the age of 3 – tends to be provided by women, impacting their professional development. This already-existent issue has been exacerbated as a consequence of school closures during the pandemic, and in turn has helped to emphasise the relationship between formal care provision and the professional success of parents.

### 2.2.1. Italy

Italy presents regional inequalities in the distribution of public childcare provisions, with Southern Italy counting with less than a third of the nursery school places found in Central and Northern cities.<sup>96</sup> Overall, Italy offers approximately 25 places every 100 children under the age of 3 (Table 2), with cities such as Florence and Rome counting with more than 40 places per 100 children and then cities such as Palermo counting with less than 10 spots every 100 children.<sup>97</sup> This is concerning given the strong positive effect formal childcare is found to have on maternal employment levels.<sup>98</sup> The greatest effect is found for high-skilled women, who tend to be able to afford formal childcare and thus are generally more able to construct career-oriented lifestyles.<sup>99</sup> In general, however, Italian women are prone to choose part-time careers or leave employment whatsoever, in exchange to providing informal care to their children (Figure 4; Figure 6). This is also what has been largely denominated within the gender equality literature as the 'motherhood penalty.' It is considered there is a 'penalty' in 'motherhood' because part-time employment or the cessation of employment tend to not only represent lower earnings during the life course and thus a higher likelihood of poverty for women, but also irregular employment patterns which are not accounted for in Italian (and European) pension schemes, increasing the prospects of women poverty also at an old age (Figure 3). Recalling Italy counts with one of the oldest populations in the EU, the 'motherhood penalty' and the comparatively small percentage of women who pursue full-time occupations is of particular concern for Italy. Italy does not only count with the lowest female employment in the EU, but of these employed women between 20 and 64 years of age, only 41.7% are employed on a full-time basis (Figure 5).<sup>100</sup>

In fact, already in the years prior to the pandemic women accounted for 73.2% of part-time workers in Italy.<sup>101</sup> This figure has been increasing since 2000, reaching a peak of 73.9% in 2009, and then slightly decreasing.<sup>102</sup> Considering the age range between 25 and 64 years specifically, 34% of women in 2019 declared to be working part-time *vis-à-vis* only 7.7% of men.<sup>103</sup> Similarly, women also tend to be increasingly employed on a temporary basis, relative to their male counterparts. This makes women additionally and increasingly prone to being made redundant, which has been one of the instigators of the '*she*-cession' provoked by the COVID-19 pandemic and its related policies. In fact, in Italy, among dependent employees between 24 and 54 years of age, the share of women in temporary employment is as high as 48.1%.<sup>104</sup>

<sup>96</sup> ISTAT 2021.

<sup>97</sup> Ibid.

<sup>98</sup> Profeta 2020a.

<sup>99</sup> Vincenzo Galasso, Paola Profeta, Chiara Pronzato and Francesco Billari, "Information and Women's Intentions: Experimental Evidence About Child Care," *European Journal of Population* 33: 124.

<sup>100</sup> OECD Statistics, 2021, <https://stats.oecd.org/>.

<sup>101</sup> Ibid.

<sup>102</sup> Ibid.

<sup>103</sup> Ibid.

<sup>104</sup> Ibid.

In what concerns gender inequalities in domestic and care work, results once again portray an unfavourable situation for women (Figure 4). Traditional gender norms and stereotypes play a role here, even if as Paola Mascaro suggests, there exists an opportunity for change which is being opened by a younger generation equipped with an increasingly equitable mentality.<sup>105</sup> The contracts under which women tend to be employed largely account for the unbalanced distribution of household and childcare tasks. More than 4 million Italians were moved to a work-from-home modality as a consequence of the lockdown and social distancing measures, implemented to halt the spread of the virus. This virtual modality was denominated in Italy as *'smart working'*, due to the flexibilities it offers in times and space. However the work was far from being "smart", being a forced teleworking for most of the workers, without any form of flexibility.

"Younger families tend to be more equitable in the distribution of household tasks, because they have a different mentality."

Paola Mascaro  
Chair, G20 Empower, Board Member, Valore D & Vice-  
President GE Aviation Italy

Telecommuting opportunities for fathers may represent the opportunity of increasing fathers' involvement in the family, thus rebalancing traditional family arrangements.<sup>106</sup> So far this is not what we have observed. School closures and the reduction of availability of grandparents (before the pandemic, according to SHARE data, about 40% of grandparents provided daily childcare in Italy), due to social distancing measures and the high risk of contagion of elderly people, increased the burden of childcare on the families. Within Italian society, which is largely characterized by a large unbalance of the division of family work within the couple, the additional burden has fallen mostly on women. In fact, more than two Italian working women out of three have increased the time they dedicated to domestic care and childhood responsibilities during the pandemic.<sup>107</sup>

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The Italian government has implemented extraordinary parental leaves for essential workers, paid at 50% of the salary, to be utilised in the case parents needed further time to dedicate to helping their children under the age of 14 to comply with their distance learning and school duties. The Italian government has also offered baby-sitting vouchers to parents who are essential workers. Once again, given women tend to be employed in lower-paid sectors, these policies usually translate into women receding from work in order to provide care, relative to men. Up to now, however, the extraordinary parental leave has not been extended to parents who work remotely. Given women are employed in the less 'telecommutable' jobs, there exists an increased likelihood that women would be the ones choosing to take the parental leave – paid at 50% - to take care of children. Italy has kept schools closed for the entirety of the 'first wave' of COVID contagions, and at the time of writing all schools are closed again. This means that the overt impact on women's economies has not merely been deep but also prolonged, and if no specific measures are implemented in the immediate term, this negative impact can be exacerbated by increasing the gender employment, payment, and pension gaps, and thus increasing poverty prospects for women.

### 2.2.2. France

Despite counting with an average female employment which lies closely to the EU's average, women in France are still largely employed under vulnerable contracts, such as part-time and temporary contracts. Although 54.3% of women work on a full-time basis in France – a rate which is more than ten percentage points higher than in Italy – there still remains work to be done in order for the gender

<sup>105</sup> Mascaro 2021.

<sup>106</sup> Marta Angelici and Paola Profeta, "Smart-Working: Work Flexibility without Constraints," CESifo Working Paper No. 8165 (2020): 2.

<sup>107</sup> Daniela Del Boca, Noemi Oggero, Paola Profeta, and Mariacristina Rossi, "Women's and men's work, housework and childcare, before and during COVID-19," *Review of Economics and Household* 18 (2020): 1003.

employment, payment, and pension gaps to narrow (Figure 5).<sup>108</sup> As Ariane Pailhé explains, not only are women overrepresented in occupations which had to cease their activity as a consequence of the pandemic (e.g., tourism, care), but women in France are also overrepresented in the most precarious occupations (e.g., short-term contracts, involuntary part-time employment, low-paid employment), and thus their risk of poverty is high.

Already in the years prior to the pandemic, women accounted for 76.6% of part-time workers.<sup>109</sup> Gender norms and stereotypes in the economy also negatively affect women, which is depicted in the way that in more than 7 cases out of 10, involuntary part-timers were females.<sup>110</sup> Similarly to the Italian case, women in France also tend to be increasingly employed on a temporary basis, relative to their male counterparts. This makes women additionally and increasingly prone to being made redundant, which has been one of the instigators of the 'she-cession' provoked by the COVID-19 pandemic and its related policies. In fact, in France, among dependent employees between 24 and 54 years of age, the share of women in temporary employment is as high as 53.7%.<sup>111</sup>

The combination of traditional and coercive gender norms, and these typically female forms of employment alternatively mean that women in France keep on working more from home and providing a greater proportion of care to dependents (Figure 4; Figure 6). This situation was perpetuated into the pandemic and its related lockdown measures; that is, while 19% of women between the ages of 20 and 60 spent at least four hours a day on housework, only 9% of their male counterparts spent the same amount on similar activities.<sup>112</sup> In

“Without the possibility of outsourcing, men’s domestic and parental investment increased, especially when they were not working or teleworking, but the pre-existing gender division of housework continued.”

Ariane Pailhé  
The French Institute for Demographic Studies

what regards childcare, even if differences still exist, these are not as significant as in other cases, with 4 mothers and 3 fathers out of 10 devoting more than 6 hours a day to childcare.<sup>113</sup> Apart from traditional gender norms, these differences can also be explained by the fact that unlike in other countries, in France a larger proportion of women worked from home during the pandemic. In addition, yet in a similar way to the case of other member states, more women in France ceased work during the pandemic relative to men.

Even since the years prior to the pandemic, school coverage was not adequate in France. On average, the French system offers 59 childcare places for every 100 children between the ages of 0 and 3 (Table 1). This helps account for a considerable portion of the female population which is not active in the labour market, and which chooses to provide informal care to their children to compensate for the systemic fault. Once again, alluding to the 'motherhood penalty,' when women take such decision, they are jeopardizing their economic safety and thus increasing their likelihood of living in poverty. The importance of childcare provision can be seen in the way that in the French regions which offer the greatest number of childcare placements in the country – such as Pays de la Loire region which supplies 90 places for every 100 children between 0 and 3 years of age – the female employment rate also happens to be the highest.<sup>114</sup>

<sup>108</sup> OECD Statistics, 2021, <https://stats.oecd.org/>.

<sup>109</sup> Ibid.

<sup>110</sup> Ibid.

<sup>111</sup> Ibid.

<sup>112</sup> Institut national de la statistique et des études économiques, 2020, retrieved from <https://www.insee.fr/fr/statistiques/4928952>.

<sup>113</sup> Ibid.

<sup>114</sup> Institut national de la statistique et des études économiques 2020.

Due to the perpetuation of school closures in France, the government has also implemented extraordinary parental leaves, but which are more generous than in Italy. In an effort to provide assistance especially to parents whose jobs cannot be carried out remotely, parents with children of 16 years of age or younger can benefit from parental leaves paid at 84% of their original salary.<sup>115</sup> Alternatively, minimum wage earners are allowed to take up parental leave paid at full of their original pay.<sup>116</sup>

### 2.2.3. Germany

Even if in Germany women were not significantly disproportionately affected in terms of unemployment during the COVID-19 crisis, women in Germany have still been overtly impacted in what regards the uncompensated provision of care to dependent children (Figure 4; Figure 6). On average, in Germany, there exist 35

“Women in particular are foregoing full-time work due to personal or family commitments.”

Prof. Panu Poutvaara  
Institute for Economic Research (IFO)

“The crisis has probably widened the gap between low-skilled and low-income, and high-skilled and high-income groups. High-income women are more likely to have professions which allow them to work from home or at flexible hours and to be able to afford private childcare.”

Prof. Panu Poutvaara  
Institute for Economic Research (IFO Institute)

publicly funded childcare places for every 100 children between the ages of 0 and 3 (Table 1).<sup>117</sup> Even German childcare placements are in line with European averages, the numbers remain low and thus an incentive for women to opt for precarious work contracts (i.e., temporary work, part-time work) or to permanently abandon their careers. Already in the years prior to the pandemic women accounted for 56% of part-time workers.<sup>118</sup> The possibility of joint taxation within a marriage has also indirectly provided women with the incentive to pursue part-time work, as women-dominated sectors are still paid less on average and gender norms still place woman as the main provider of housework and childcare.<sup>119</sup> At the same time, however, it is promising to note the share of women taking on part-time contracts has decreased substantially from 2001, when it reached a peak-high of 80.2%.<sup>120</sup> Even if the German numbers are even more promising than EU averages, when breaking employment contracts into age groups it is alarming to observe that while 46.9% of women between the ages of 25 and 54 engage in part-time work, the percentage of men in the same age group working part-time is merely 8%.<sup>121</sup> This places German women at an increased disadvantage since women in part-time employment, which tends to also translate into lower salaries, do not have to make social security contributions and thus do not count with the option to benefit from work allowances.<sup>122</sup> In this sense, even if women in Germany did not lose jobs at a disproportionate rate *vis-à-vis* men, they were put at a greater likelihood of poverty throughout the life course as a result of the crisis, given that a greater proportion of women are not able to count with the economic benefits offered by the German government to assuage the negative effects of the crisis.

As Professor Poutvaara explains, this is not the mere issue with typically female contracts. Women in Germany, similarly to other member states, also tend to be increasingly employed on a temporary

<sup>115</sup> The official website of the French administration, 2021, <https://www.service-public.fr/>.

<sup>116</sup> Ibid.

<sup>117</sup> Federal Statistical Office of Germany 2021.

<sup>118</sup> OECD Statistics, 2021, <https://stats.oecd.org/>.

<sup>119</sup> Poutvaara 2021.

<sup>120</sup> OECD Statistics, 2021, <https://stats.oecd.org/>.

<sup>121</sup> Ibid.

<sup>122</sup> Poutvaara 2021.

basis, relative to their male counterparts. In fact, 48.6% – that is, almost half – of employed women work under temporary contracts.<sup>123</sup> Despite Germany's efforts at targeting female unemployment during the pandemic, the higher likelihood women encounter of being made redundant could have damaging long term implications in what regards gendered poverty and its development into widened gender pension gaps. This is particularly relevant to the case of Germany, which counts with a pension gap of 37.4%, almost ten points higher than the EU average (Figure 3).<sup>124</sup> As in the case of Italy, this is of particular importance to Germany which counts with an increasingly ageing population.<sup>125</sup>

These stereotypically female forms of employment do not only lead to an increase in the likelihood of female poverty, but also perpetuate the widening of the care gap. In fact, in Germany, women tend to work 52% more time on unpaid care than their male counterparts (Figure 4).<sup>126</sup> In the specific case of heterosexual couples with dependent children, such figures increase to 83%.<sup>127</sup> As Professor Putvaara explains, this situation was perpetuated and exacerbated during the pandemic as school closures became a norm around Europe and women increasingly reduced their working hours relative to men in order to provide childcare and homework support. This continuity of traditional gender norms and stereotypes means that overall, women still take more care of children during regular times (such as the pre-COVID years). Yet, in the case of Germany where more women worked remotely relative to men, the issue became exacerbated as women tended to disproportionately count with the physical flexibility to combine childcare, household and work responsibilities.

As school closures continued for extended periods of time, and in order to support families with children under the age of 12, the German government offered wage-replacement benefits under the program *Kinderkrankentage* (i.e., child-sickness days).<sup>128</sup> During regular years, this program already offers parents the opportunity to take 10 days off their working schedule at a wage replacement level of 90% for emergency reasons related to their children.<sup>129</sup> This allowance was increased to 20 days during the COVID-19 crisis.<sup>130</sup> In addition, a longer-term benefit was introduced for parents whose incur COVID-related childcare responsibilities, available for 10 weeks per year at a wage replacement level of 67%.<sup>131</sup> The German government additionally offered a child bonus of 300 euro per child for low-income and middle-income parents.<sup>132</sup> Even if such benefits were not gender-specific, they do provide greater flexibility for parents and women with childcare responsibilities which have aggravated during the pandemic. Given that women still tend to be the main providers of care, such provisions indirectly lower the likelihood for women to lose their jobs, alternatively preventing a broadening of the gender payment gap. At the same time, it is important to recall that women on part-time jobs who do not make social security contributions are exempt from receiving such benefits, also widening inequalities within women themselves.

<sup>123</sup> OECD Statistics, 2021, <https://stats.oecd.org/>.

<sup>124</sup> Eurostat 2021.

<sup>125</sup> OECD Statistics, 2021, <https://stats.oecd.org/>.

<sup>126</sup> Federal Statistical Office of Germany 2021.

<sup>127</sup> Ibid.

<sup>128</sup> Poutvaara 2021.

<sup>129</sup> Ibid.

<sup>130</sup> Ibid.

<sup>131</sup> Ibid.

<sup>132</sup> Ibid.

#### 2.2.4. Poland

Poland represents the case study with the least amount places in formal care facilities per 100 children between the ages of 0 and 3 overall, publicly granting 13.8 spots (Table 1).<sup>133</sup> Early childcare provision also presents regional inequalities, with numbers ranging from 20.8 places per 100 children in the Lower Silesia voivodeship to 9.2 places per 100 children in the Holy Cross Province.<sup>134</sup>

“From a macroeconomic perspective, you do see some gendered differences in the sense that women were more likely to withdraw to inactivity, they are doing the bulk of unpaid work taking care of children.”

Iga Magda  
Institute for Structural Research (IBS, Warsaw) & IZA Institute of  
Labour Economics

Since traditional gender norms translate into women providing a disproportionate amount of care to children, a scarcity in childcare places for children under the age of 3 provide incentives for women to recede from formal employment (Figure 4; Figure 6). In fact, already in the years prior to the pandemic, women in Poland represented 73.5% of part-time workers.<sup>135</sup> At the same time, as Iga Magda explains, women also tend to account for the vast majority of temporary contracts.<sup>136</sup> Precarious work arrangements tend to translate into more precarious economic conditions for women during their lifecourse and also provide incentives for women to produce the majority of the house and care work, as their husbands represent the largest source of income for the household. This, in turn, tends to prevent women from developing their careers and personal finances.

Even if no gender sensitive measures were established in Poland *per se*, the standard allowance for the unemployed was increased and the Polish government also introduced a special economic scheme during the COVID-19 crisis for people on precarious contracts who could not enjoy regular benefits. This lies in contrast to the case in Germany, where people who did not contribute to social security due to low earnings did not benefit from the *Kinderkrankentage* scheme during the crisis. As Iga Magda suggests, given women account for 60% of those who do not satisfy the conditions to be entitled to standard unemployment benefits, then they have disproportionately benefited from this novel and more flexible scheme.<sup>137</sup> However, this special support was introduced late in the pandemic in the month of June 2020 and merely lasted for three months.

On the other hand, Poland also introduced the ‘Family 500 plus’ scheme in 2016, but which played a significant role during the pandemic. This scheme has transformed Poland into one of the top spenders in the EU in terms of cash transfers to families.<sup>138</sup> In fact, the scheme first provided families with a monthly payment of PLN 500 (€115) for every child born after the first one, and also for the first child in families below a certain income threshold.<sup>139</sup> After July 2019, this scheme was extended to include all children under the age of 18 regardless of family income.<sup>140</sup> While the ‘Family 500 plus’ scheme might have the effect of reducing female-dominated poverty, it also provides incentives to increase fertility prospects.<sup>141</sup> In fact, after the implementation of the scheme, the Polish fertility rate increased from 1.32 points in 2015 to 1.46 in 2018, although slightly declining after.<sup>142</sup> Furthermore, Poland experienced a decrease in children living in poverty and social exclusion from 23.3% in 2016 to 15.2%

<sup>133</sup> Statistics Poland 2021.

<sup>134</sup> Ibid.

<sup>135</sup> OECD Statistics, 2021, <https://stats.oecd.org/>.

<sup>136</sup> Magda 2021.

<sup>137</sup> Ibid.

<sup>138</sup> Iga Magda, Aneta Kielczewska, and Nicola Brand, “The ‘family 500+’ child allowance and female labour supply in Poland,” OECD Economics Department Working Papers No. 1481 (2018): 3-21.

<sup>139</sup> World Bank Open Data 2021.

<sup>140</sup> Statistics Poland 2021.

<sup>141</sup> Magda 2021.

<sup>142</sup> Eurostat 2021.

in 2019, below the EU-27 average of 21.8%.<sup>143</sup> Policies which either directly or indirectly influence fertility, however, run the risk of contributing to a widened gap amidst women and men, but also within the female cohort as richer women who are able to afford private childcare have greater chances of remaining in employment.<sup>144</sup> Along these lines, Poland is the only case study which has experienced a decline in female labour participation during the years prior and during the COVID-19 crisis. Due to the nature of the COVID-19 crisis as a 'she-cession,' it becomes especially relevant for the recovery period to provide room for gender mainstreaming policies in order for the widening of the gender employment, skills, and payment gaps to not be perpetuated into the years following the pandemic.

### 2.2.5. Sweden

One of the peculiarities of the Swedish case is that schools in Sweden were never fully closed as in the rest of the member states considered (Figure 8).<sup>145</sup> This means that there is no relevant data to suggest a change in stereotypical care work between women and men in Sweden. In addition, in the years prior to the pandemic Sweden already counted with generous childcare provision and incentives for women to enter the labour force. Even if the care gap is narrower in Sweden *vis-à-vis* other member states, gender differentials still remain (Figure 4). In fact, women still account for 70.6% of part-time workers and 22.9% of employed women work under temporary contracts.<sup>146</sup> One of the reasons to account for the fact that gender gaps remain is the fact that some of the policies employed by the Swedish government are still relatively novel, and the effects of gender mainstreaming policies are only seen in the long run, if effectively implemented and sustained.

"Since schools in Sweden stayed open throughout the pandemic, the concerns related to increased childcare responsibility, which have led to identifying mothers as most vulnerable in other countries, do not necessarily apply to the Swedish context."

Amelie Franchin  
Afuture

Despite the gender employment and care gaps in Sweden are still wide, the case presents a number of policies which could be looked at as best practices for other member states. For instance, childcare is not only guaranteed to all parents, but the government additionally provides incentives for parents to send their children to childcare centres from an early age. In what regards Early Childhood Education and Care (ECEC), Sweden is one of seven EU member states which guarantees placements for children between 6 and 18 months of age (Table 1).<sup>147</sup> This lies in sharp contrast with the other cases considered in this study; that is, while France, Germany and Poland guarantee childcare places only starting from age 3, Italy does not guarantee places until primary school. In the years after ECEC, childcare in Sweden is free for up to 15 weekly hours for children between the ages of 3 and 6.<sup>148</sup> After said weekly allowance, nursery and pre-school fees are directly proportional to the parents' income and inversely proportional to the number of children per parent. Furthermore, similarly to Poland, the Swedish government provides a monthly stipend of SEK 1050 (€103) per child, in addition to an extra supplement for families with more than one child. In addition, Sweden provides 180 days of parental leave for newborns which are required to be equally divided by the mother and the father.<sup>149</sup>

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<sup>143</sup> Ibid.

<sup>144</sup> Magda *et al.* 2021, 14.

<sup>145</sup> Refer to Annex A.

<sup>146</sup> OECD Statistics, 2021, <https://stats.oecd.org/>.

<sup>147</sup> Akvilė Motiejūnaitė-Schulmeister, Marie-Pascale Balcon, and Isabelle de Coster, "Key Data on Early Childhood Education and Care in Europe," Eurydice Report, Luxembourg: Publications Office of the European Union (2019).

<sup>148</sup> National Board of Health and Welfare (Socialstyrelsen) 2021.

<sup>149</sup> Ibid.

### 2.3. Section's conclusions and recommendations

In what regards an equal access to the economy for women and men, women in the EU have been disproportionately impacted in terms of unemployment and prospects to enter the labour market. The perpetuation of such obstacles has the potential to develop into a higher likelihood of poverty for women, which already lies in stark disparity to that of men across the selected case studies and the rest of the EU. Increased poverty prospects are both a symptom and a by-product of widened gender gaps in terms of skills, employment, and payments. In the long run, these also run the risk of developing into widened pension gaps as is still the case in the EU. The nature of the COVID-19 crisis as a potential '*she-cession*' has exacerbated such challenges but has alternatively presented European countries with opportunities for change and greater inclusion in the long run.<sup>150</sup>

COVID-19 has increased uncertainty in the labour market. This uncertainty has consequences on the weakest sections of the workforce, including many women. Not only does the '*she-cession*' affect the current labour market conditions of women, but it might also have long-term consequences including old-age poverty and reduce pension benefits. In this perspective, education and constant training play an important role. One of the main areas in which women's knowledge should be strengthened is that of financial literacy, in which there still exists a gender divide.<sup>151</sup> In fact, since women tend to live longer than men, they need to save more for the future. However, a relatively lower labour market participation, interrupted careers due to care responsibilities, and lower earnings, place women in a weaker and riskier position relative to men. As with other issues, COVID-19 has risked amplifying the negative consequences on women's lives. It is thus more urgent than ever to implement policies to support women and facilitate their access to the economy, finance, savings and better planning for the future.

In this regard, one of the gendered issues the pandemic has highlighted is that of the formal and informal care sectors and the stereotypical role women in the frontline. In all the case studies, and following an EU-wide trend, women have faced a higher risk of exposure to contagion in the frontline but have lacked decision-making power. Those at the frontline have, naturally, been relatively advantaged in relation to other women as the '*vital sectors*' remained active. The impossibility to transpose the vital sectors into a teleworking modality was translated into a temporary reversal of traditional gender roles in heterosexual households, which have promising implications for the future. It is relevant to consider that this is a shift that has been slowly being conceived in several member states such as France, Germany and Sweden, where women have been able to work at home to a great extent even in the years prior to the pandemic. However, in most of the cases considered, women still partake, on average, double the household and childcare responsibilities than their male counterparts. Traditionally, this has meant that women have been more likely than men to engage in more precarious work contracts such as part-time and temporary contracts. These employment prospects put women at an overall greater likelihood of poverty, as they earn less money throughout the lifecourse and contribute less towards their pension schemes, which tend to be designed to satisfy what have historically been stereotypically male employment contracts. School closures, in turn, helped to highlight the ongoing issue of childcare provision in EU member states, which remains underprovided and thus informally provided by women who are forced to make a choice between having children or working – that is, the so-called '*motherhood penalty*.' The lack of availability of grandparents due to the risk of contagion during the pandemic has also exacerbated the amount of childcare to be provided by parents, especially in countries where a large share of grandparents take care of grandchildren on daily basis (e.g., Italy).

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<sup>150</sup> Also see Alon *et al.* 2020a; Alon *et al.* 2020b; Hapucheck and Petrongolo 2020; Farré *et al.* (2020); Profeta (2020).

<sup>151</sup> See for example, Annamaria Lusardi and Olivia S. Mitchell, "Planning and Financial Literacy: How Do Women Fare?" *American Economic Review: Papers and Proceedings* 92, no. 3 (2008): 413-417.



Although when considering EU averages the Barcelona Objectives were met in 2016, inequalities in childcare provision are significant across the EU, with countries such as Sweden guaranteeing ECEC and countries such as Italy and Poland counting with relatively low placements for every 100 children under the age of 3. Such inequalities also exist within countries, exacerbating and multiplying differences within the female cohort. While high-skilled, high-income women are increasingly able to afford private childcare and thus construct a career-oriented lifestyle while still being mothers; low-skilled, low-income women remain in a vicious cycle in which the difficulties in accessing childcare put their careers in jeopardy and at a risk of systematic poverty.

Data for the selected case studies also suggests that those countries which enforced stricter school closures (e.g., Italy and Poland) paradoxically provided the least economic support for parents. The University of Oxford's "Covid-19 Government Response Tracker" assumes integer values ranging from 0 to indicate an absence of school closure measures, to 3 to indicate school closures at any level (i.e., all kindergarten, elementary and secondary schools).<sup>152</sup> Italy is the country which has kept the schools closed for longer among the case studies, followed by Poland (Figure 8).<sup>153</sup> Germany, France and Sweden mostly kept their school closure levels at level 2 (i.e., some school levels closed) and 1 (i.e., all schools opened with significant differences compared to how they operated prior to COVID-19). Sweden is the only case study which never reached level 3.

On the other hand, income support indexes have remained low for those countries with the most stringent school closures while higher for those countries which kept schools relatively open. In this sense, the income support index records whether the government provides direct cash payments to people who were made redundant or are unable to work. Levels for this index range from 0 (i.e., no cash payments) to 2 (i.e., when governments provide more than half of the lost salary or provides a flat sum higher than 50% of the median salary). Italy is the only country which has continuously recorded level 1, which means that less than 50% of the lost salaries were replaced. Poland increased its governmental support after October 2020, while Germany, France and Sweden continuously maintained their cash payments over 50% of lost salaries. Given during the COVID-19 crisis women, on average, lost more jobs and income than their male counterparts, then they have been placed at a higher risk of poverty overall and especially in countries such as Italy and Poland. At the same time, countries with the least income support left schools closed the longest, meaning that women faced an additional burden in re-entering full-time employment given they additionally encountered increased childcare and household responsibilities.

Research suggests that the short-term exacerbation of inequalities between the female cohort and between women and men could bring about a norm-changing process, if there are public policies in place to support such transformation.<sup>154</sup> During the pandemic men have been increasingly exposed to the double burden of working and parenting. Prior research on parental leaves suggests that when fathers are exposed to unpaid care responsibilities, their expectations and relationship with care and household tasks experiences a long-term change.<sup>155</sup> The situation in which women have been in the frontline and men have been increasingly at home due to their ability to telecommute could result, optimistically, in an analogous situation to that of when parental leaves are granted to men. In fact, research also finds that a greater re-allocation of household and childcare tasks occurs when men lose their jobs (supply-side) rather than when the demand for care increases.<sup>156</sup> In other words, women enjoy of greater time and space to flourish on their careers when men have more time on their hands

<sup>152</sup> Oxford Covid-19 Government Response Tracker (2021), retrieved from <https://github.com/OxCGRT/>.

<sup>153</sup> Refer to Annex A.

<sup>154</sup> Zsuzsa *et al.* 2020, 12; Alon *et al.* 2020a, 2; Ramos 2020, 5.

<sup>155</sup> Ramos 2020, 5; Alon *et al.* 2020a, 3.

<sup>156</sup> Almudena Sevilla and Sarah Smith, "Baby Steps: The Gender Division of Childcare during the COVID-19 Pandemic," IZA Institute of Labor Economics Discussion Paper No. 13302 (2020): 3.

as well – i.e., analogous to paternity leaves.<sup>157</sup> The Swedish case provides best-practice mechanisms from which other member states could benefit if they wish to bring about long term changes in the quantity and quality of female employment.

That is, in order to transform the current short-term reallocation in family relations to potential long-term paradigm shifts, the public and private sectors should work conjunctly to encourage men to share care and domestic responsibilities and making sure that telecommuting opportunities are not only granted to women. The provision of flexible work arrangements and work-from-home options could grant women with more opportunities to work full-time rather than engaging solely in temporary or part-time contracts, and also equally sharing the responsibilities with fathers. A heavier focus on this analogy between the COVID-19 situation and paternity leaves could prevent the slippery-slope that working-from-home modalities become dominated by female sectors (e.g., France and Germany), which then would be counterproductive for the fair division of childcare and household tasks between genders.

A change in stereotypical gender norms occurs when fathers challenge such norms and expectations. This optimistic view, however, masks the particularly unequal situation of single mothers who do not count with the support of a partner. This why it also becomes important for welfare systems to invest in childcare facilities, for low-income women, single mothers, and other particularly disadvantaged women to count with the same opportunity to escalate professionally and financially and with an equal access to the economy. At the same time, women still remained disproportionately responsible for unpaid work during the pandemic (Figure 4) and thus even if the evidencing of inequalities during this time period presents an opportunity for change, there is still a vast amount of work to be done. In this way, member states should work individually and additionally cooperate to achieve the 2002 Barcelona Objectives. An increased focus on formally supplied childcare by European governments has the potentiality to increase the female labour force participation, not merely reducing inequalities in entering the economy (as outlined in the EU 2020-2025 Gender Equality Strategy) but also socio-economic inequalities that translate into a higher likelihood of poverty and social exclusion for women in Europe.

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<sup>157</sup> Ibid.

### 3. INTERSECTIONALITY

#### 3.1. The case of low-income women, ageing women and single mothers

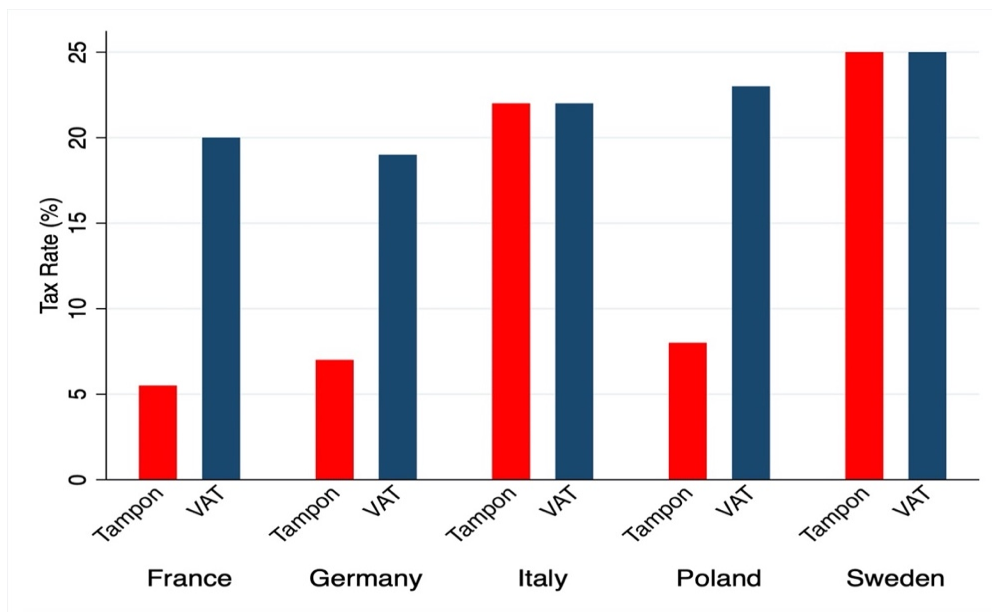
The impacts of the COVID-19 crisis have not only widened the gaps between women and men but have also led to the exacerbation of economic and social differences within different groups of women. Reducing women to a homogenous group runs the risk of not accounting for certain identities and realities, which are shaped and formed through the intersection of being a woman and belonging to other demographic pillars.

One of such pillars is that of income. Apart from factors such as the sectoral segregation of women, differences in work-life balance, and discrimination which deprive women in general from the same access to the economy as their male counterparts, some women face the 'double burden' of being a woman and living in systemic poverty. One of the most appropriate examples to consider this 'double-burden' is that of feminine hygiene products. For some women, having their period – which is a biological necessity – negatively interferes with their daily lives. In the EU, menstrual products such as tampons and sanitary pads are considered luxury items and are thus taxed as such. By definition, a luxury item represents those for which demand increases more than

“Privileged women have suffered psychologically and emotionally. It is very hard, but it is not a tragedy. A woman in a one-bedroom apartment, with children, and a husband who has been lay off has surely suffered more. Income is the major division.”

Paola Mascaro  
G20 Empower, Valore D & GE Aviation Italy

Figure 7: Tampon tax and standard VAT in selected EU member states.



Source: Authors' elaboration on Menstrual Health Hub 2020 and Taxes in Europe Database 2020 data.

proportionally as income rises. That is, luxury goods are the exact opposite of necessity items, which people will tend to purchase regardless of changes in their income, as they are essential for their daily lives, such as menstrual products which are intrinsic to women's hygiene. Despite being intuitively essential, period products remain not considered as such in economy terms in European countries. This contributes to widening the gap between high-income and low-income women. The demand for period products – in theory – should not be altered by income, and so the high taxes on these products mean that poorer women incur a greater difficulty in purchasing tampons and sanitary pads each month.

1 out of 10 women in the EU cannot afford sanitary products, even if, as it is the case with other issues, the situation varies according to where in Europe a given woman lives. Scandinavian countries, such as Sweden, have the highest tampon tax in Europe, which is more than 20 percent (Figure 7).<sup>158</sup> In the case of Italy, the tampon tax – of 22% – is also high, while men's razors are considered essential and taxed at 4%.<sup>159</sup> Lower taxes can be found in France, Germany and Poland, with taxes ranging between 3 and 9%.<sup>160</sup> The so-called 'tampon tax' stems from the fact that the EU's common system of value-added tax (VAT directive) stipulates that the lowest tax rate that can be applied is of 5%. However, taxing menstrual products as luxury items not only exacerbates the gender pay gap, but also creates disparities between relatively richer and poorer women. Renewed discussion on the matter in the pandemic context is related to the fact that the 'she-cession' has disproportionately affected women overall but has created a differential effect on women who were already relatively poorer prior to the COVID-19 crisis. This means that women who have lost income or have been made redundant as a consequence of the COVID-19 crisis will face a disproportionate burden in purchasing sanitary products, which are an essential for every person with female reproductive organs. Research based on the United States (US) suggests that repealing the 'tampon tax' has a differential positive effect on lower-income women, as the tax benefit is undershifted to prices of menstrual products purchased by high-income earners at a rate of 0.57 and overshifted to prices of menstrual hygiene products purchased by low-income consumers at a rate of 1.8.<sup>161</sup> The case of lower-income women and the 'tampon tax' provides further evidence for the necessity of gender mainstreaming policies, especially as Europe constructs a way forward from the 'she-cession' and the COVID-19 pandemic.

Another demographic pillar is that of age. Ageing women represent a relevant source of demand for care, and already during normal times women have historically been negatively and overtly affected as care recipients in old age due to decreasing supplies of care, low care quality, and potential neglect.<sup>162</sup> Care can be provided through formal and informal channels, but in Europe the informal care provided by family members accounts for 80 percent of all the care supply to dependents.<sup>163</sup> In this sense, older women without kin or women whose children live abroad are at a disadvantage *vis-à-vis* other older women with facilitated access to an informal supply of care. During the pandemic, however, a considerable number of older adults have encountered themselves without access to this care supply due to social distancing measures and the fear of contagion. When informal care continued being supplied during the pandemic, this has tended to be provided by working-age women as it tends to be the case during regular times as well.<sup>164</sup> Just as it is the case with the 'motherhood penalty,' working women who care for older adults accumulate economic and social disadvantages during their life courses, translating in lower pensions at old age. The long-term effect is that older women are overtly

<sup>158</sup> Eurostat 2021.

<sup>159</sup> Ibid.

<sup>160</sup> Ibid.

<sup>161</sup> Christopher a. Cotropia, "Who Benefits from Repealing Tampon Taxes? Empirical Evidence from New Jersey," *Journal of Empirical Legal Studies* 15, no. 3 (2018): 620-647.

<sup>162</sup> United Nations Economic Commission for Europe (UNECE), "Gender equality in ageing societies," Policy Brief on Ageing No. 23 (2020): 6.

<sup>163</sup> Giuliana F. Cascella Carbó and Rosa García-Orellán, "Burden and Gender Inequalities around Informal Care," *Investigación y Educación en Enfermería* 38, no. 1 (2020): 6; Valentina Zigante, "Informal care in Europe: Exploring Formalisation, Availability and Quality," Luxembourg: Publications Office of the European Union (2018): 7.

<sup>164</sup> Zsuzsa *et al.* 2020, 5.

poorer than men. In the context of the pandemic, this has also meant that ageing women who did not count with a source of informal care had a lower likelihood of being able to afford formal care during the pandemic.<sup>165</sup> Amongst people above 80 years of age, women are twice as likely to live alone,<sup>166</sup> which means that not only are women relatively poorer and thus are disadvantaged when formally purchasing care, but they also represent a considerable part of the care demand. Reliance on informal care creates a negative feedback loop, where daughters stop working to take care of their mothers and female poverty propagates. The fact that the COVID-19 crisis can also be seen as a '*she-cession*' in the case of certain member states (as for instance, Italy) highlights the need to embed gender-sensitive policies into forthcoming crisis measures if this cycle is not to be aggravated in the long run.

A last demographic pillar is that of civil status. Even if women have generally provided a greater

"According to data from the Social Insurance, the rate of recourse to minimum income women, for example, increased by almost 9% following the lockdown. Lone mothers were more affected – they represent 18% of over-indebted households in 2020."

Ariane Pailhé  
The French Institute for Demographic Studies

quantity of childcare than their male counterparts during the COVID-19 pandemic, there existed a redistribution of household and childcare tasks in heterosexual couples. However, single mothers have not counted with such support, while also having to manage the disproportionate economic stress faced by single-income households during the crisis. In fact, single mothers were the ones to spend

the longest in childcare tasks, with an EU average of 77 hours per week.<sup>167</sup> Already during regular times single-parent households are at an increased risk of poverty, with 42.8% facing increased poverty prospects *vis-à-vis* 15.6% of households with two adults and dependent children.<sup>168</sup> This risk seems to be exacerbated in female-headed households, relative to male-headed households.<sup>169</sup> While women tend to be generally poorer than men, in the EU 16% of households are headed by a single woman, putting a considerable number of women at double the risk of living in poverty.<sup>170</sup> It is likely that the situation could be exacerbated in the aftermath of the crisis; evidence from the 2008 Great Recession suggests that children in single-parent households were hit harder in terms of poverty.<sup>171</sup> Given the nature of the COVID-19 crisis as a '*she-cession*,' this time single-mother households could be disproportionately affected *vis-à-vis* their single-father counterparts.

### 3.2. Section's conclusions and recommendations

Women do not exist in a vacuum and thus their socio-economic identities exist in constant flux and overlap. This unfortunately means that some women live in situations of increased disadvantages relative to others, as it is the case for lower-income women, ageing women, and single mothers. That is, these women face the 'double-burden' of encountering the issues and inequalities which particularly affect women, compounded to those particular to the lower-income and ageing sectors of society, and those of single-parent households.

An intersectional approach to public policies recognizes the plurality of identities in European societies and assures that no person is left behind, which is intrinsic to European goals and values. One of the

<sup>165</sup> Gabriela Ramos, "Women at the core of the fight against COVID-19 crisis," OECD (2020): 2.

<sup>166</sup> *Ibid* 2020, 10.

<sup>167</sup> European Commission 2021, 22.

<sup>168</sup> Zsuzsa *et al.* 2020, 10.

<sup>169</sup> *Ibid.*

<sup>170</sup> Kai Ruggeri and Chloe E. Bird, "Single parents and employment in Europe," RAND Europe Statistical Report No. 3, Prepared for the European Commission Directorate General – Justice and Fundamental Rights (2014): 1-27.

<sup>171</sup> Ramos 2020, 10.

main ways to reduce intersectional inequalities such as 'period poverty' is for member states to support the abolishment of the so-called tampon tax in the EU, which is not merely a matter of economic concern but also an issue of public health. The EU has proposed changes to VAT rules in 2018, which will allow member states to individually apply or repeal taxes on sanitary products. This 2018 proposal has yet not been approved by all member states, despite gender equality being a priority in the EU's policy agenda. Research from the US suggests the repealing of VAT charges on tampons has a positive and differential effect on lower-income women, helping to reduce inequalities within the women cohort, and between women and men.

Similarly to the case of childcare provision, another recommendation to eliminate intersectional inequalities for ageing women is an increase in the provision of formal care during old age. Not only are women the largest recipients of care during old age (women tend to live longer lives), but younger women are also the largest providers of informal (and formal) care. The care issue which has been highlighted during the pandemic represents a vicious circle in which younger women care for both children and older parents, vastly choosing to circumvent their professional lives, and thus encountering increased poverty prospects during older age. This means that then there exists a difficulty in accessing formal, private care and thus the circle repeats. With increasing life expectancies and due to the complex and detrimental effects that informal care provision has on women's lives, formal care provision requires to be seen in the light of social rights and be increasingly facilitated by welfare systems.

Even if the member states selected provide a combination of assistance packages for single parents (e.g., benefits, increased family allowances, higher rate of social assistance based on income), due to the disproportionate effect the COVID-19 crisis could have on single-mothers it becomes essential for member states to enable women's access to the labour market and the economy. As discussed, this means that member states should focus on granting ECEC and extend leave provisions during the recovery years. Not only are these mechanisms for women overall, but they stand as notably important for single mothers.

## 4. VIOLENCE AGAINST WOMEN & REPRODUCTIVE RIGHTS

### 4.1. The 'Shadow Pandemic'

The actions taken to decrease the rate of Sars-COV-2 contagions – i.e., lockdowns, social distancing measures – had an indirect impact on violence against women (VAW) trends. This has been denominated by experts and policymakers as the 'Shadow Pandemic,' as violence has tended to intensify alongside the COVID-19 crisis. While VAW has been on the rise during the pandemic, enforced lockdowns have nevertheless led to a reduction in the most severe form of such, which are femicides.<sup>172</sup> This phenomenon has already been observed in other epidemics, yet the mechanisms for which deaths tend to be reduced during pandemics are yet not fully understood relative to those which help account for the increased incidence of VAW overall. Research has shown that the general trend of increased violence may not be related to being in forced, all-day cohabitation with a certain person *per se*, but that the pandemic situation could act as a trigger of additional stress factors which lead to extreme emotions and reactions, and thus the proliferation of the 'Shadow Pandemic.'<sup>173</sup> Despite such mechanisms, however, it is broadly agreed that traditional gender norms and unequal gender relations do contribute to perpetuating and exacerbating the issue.<sup>174</sup> VAW can have negative physical, emotional, and socio-economic effects on women who experience it, and which could be perpetuated for years after the COVID-19 crisis. Since VAW remains underreported due to stigma, fear, and the social isolation which results under enforced lockdowns, there remains work to be done to ensure women remain contained and protected during crises. At the moment it is understood that, overall, women in the EU have encountered both physical and psychological violence through two main channels.

First, incidences of intimate partner violence have not merely increased, but have also aggravated for women who already lived in violent households prior to the pandemic as enforced lockdowns have translated into forced coexistence with their abuser. Preliminary data from across the EU points at the fact that the majority of VAW cases during the pandemic have been carried out from part of an intimate partner and that the motivating factor has been an increase in stress.<sup>175</sup> On the one side, school closures have meant increased stress levels in the house because of a rearrangement of family dynamics and parents carrying out additional school-related and teaching responsibilities for their children. In fact, the percent increase in intimate partner violence incidences has been greater for those couples who have children.<sup>176</sup> On the other side, family stress also tends to increase when worries of social isolation become more prevalent, which has not been uncommon during the strict European lockdowns, especially during the first half of 2020.<sup>177</sup> Social isolation has been found to degrade mental health and increase the prevalence of substance abuse, which does increase the risk of intimate partner violence.<sup>178</sup> At the same time, social isolation means that abused women have counted with less opportunities to seek help outside the household. Women have reported not leaving abusive partners and their abusive household for a variety of reasons, including fear of contagion, psychological distress, financial dependency, *inter alia*.<sup>179</sup>

<sup>172</sup> Arenas-Arroyo 2020, 12.

<sup>173</sup> *Ibid*, 1; European Commission 2021, 4; De Paz *et al.* 2021, 12.

<sup>174</sup> Amber Peterman, Alina Potts, Megan O'Donnell, Kelly Thompson, Niyati Shah, Sabine Oertelt-Prigione and Nicole van Gelder. "Pandemics and Violence Against Women and Children." Center for Global Development Working Paper No. 528 (2020): 4.

<sup>175</sup> European Commission 2021, 4.

<sup>176</sup> Arenas-Arroyo 2020, 3.

<sup>177</sup> Louis-Philippe Beland, Abel Brodeur, Joanne Haddad and Derek Mikola, "COVID-19, Family Stress and Domestic Violence: Remote Work, Isolation and Bargaining Power." IZA Institute of Labor Economics Discussion Paper No. 13332 (2020): 4; Peterman *et al.* 2020, 6.

<sup>178</sup> Peterman *et al.* 2020, 10.

<sup>179</sup> *Ibid*, 15.

Research also shows that employment loss and other sources of financial uncertainty do lead to increases in both psychological and physical abuse, with women mainly being the victims of such.<sup>180</sup> Given the COVID-19 crisis has disproportionately affected women, it has been found that the likelihood of intimate partner violence in heterosexual couples increases when the relative labour market outcomes – and thus the bargaining power – of women worsen.<sup>181</sup> The situation seems to also aggravate when the relative position of the male worsens, say in couples in which the women have been at the frontline of the pandemic and thus in which the men had to work less or recede from work to uptake household and children responsibilities.<sup>182</sup> Once again, and like the case of female's unequal access to the economy, incidences of violence seem to be highly correlated with conservative gender norms and stereotypical beliefs of gender roles.

Second, the unprecedented levels of people working remotely has alternatively meant that traditional VAW and harassment in the workplace shifted to an online modality as well. There exists evidence to believe that telework could have worsened online-based violence during the pandemic, as apparent anonymity could facilitate hate speech and harassment from aggressors.<sup>183</sup> Women – and especially younger women – are disproportionately affected by this phenomenon, and in fact the last statistics available suggest that already in 2014, 21.1% of women had reported to have suffered online harassment.<sup>184</sup> It is estimated these numbers could be significantly larger during the pandemic years, provided that not only has the workplace been virtually transformed, but also due to the increasing incidences of VAW linked to the COVID-19 crisis.

#### 4.1.1. Italy

Already in January 2020, one month before the first COVID-19 patient was discovered in Italy, the Council of Europe Expert Group on Action against Violence against Women and Domestic Violence (GREVIO) had urged Italy to implement further tools to protect women from physical and psychological abuses.<sup>185</sup> Despite acknowledging the steps Italy has taken to implement the Istanbul Convention, GREVIO argued that Italy tends to equate gender equality merely with the implementation of family and motherhood policies, but more needs to be done to integrate other issues in the gender equality agenda, such as issues of VAW.<sup>186</sup> GREVIO also highlighted the lack of data reporting in Italy and the limited financial resources allocated for the protection of victims.<sup>187</sup>

In Italy, like in other member states, the pandemic has served to highlight structural issues in targeting VAW and the protection of victims. During the first lockdown, already in the months of March and April 2020, calls to the violence reporting hotline 1522 increased by 73%, compared to the same period in 2019.<sup>188</sup> This trend continued and reached a peak in June 2020, with a percentage increase in hotline calls of 120% compared to the same period in 2019. The situation for women who already lived in violent households worsened in Italy too. In fact, in 2020 over two-thirds of calls to the anti-violence centres were made by women who had already called in the past.<sup>189</sup> Contrastingly, in the years prior to the pandemic this group merely accounted for less than one-third of the calls.

<sup>180</sup> Beland *et al.* 2020, 2; Peterman *et al.* 2020, 6.

<sup>181</sup> Beland *et al.* 2020, 2.

<sup>182</sup> Arenas-Arroyo 2020, 3.

<sup>183</sup> European Commission 2021, 11.

<sup>184</sup> *Ibid.*, 8.

<sup>185</sup> Group of Experts on Action Against Violence Against Women and Domestic Violence (GREVIO), "Italy: more measures needed to protect women from violence," Council of Europe (2020, January 13).

<sup>186</sup> *Ibid.*

<sup>187</sup> Rachele Marconi, "The gender trap? Being an Italian woman in times of COVID-19," LSE Research (2020, April 28).

<sup>188</sup> ISTAT 2021.

<sup>189</sup> Rebecca Lundin, Benedetta Armocida, Paola Sdao, Sigrid Pisanu, Ilaria Mariani, Antonella Veltri and Marzia Lazzerini, "Gender-based violence during the COVID-19 pandemic response in Italy," *Journal of Global Health* (2021); Saverio Bellizzi, Alessandra Nivoli, Liliana Loretto, Gabriele Farina, Merette Ramses and Anna Rita Ronzoni, "Violence against women in Italy during the COVID-19 pandemic," *International Journal of Gynecology and Obstetrics* 150, no. 2 (2020): 259.



Seeking to remedy the situation and with the collaboration of the Italian government, anti-violent centres engaged in media campaigning in order for victims to be informed on how to report their abusers.<sup>190</sup> However, this is usually difficult for women to do when they are in constant company of their perpetrator during a lockdown period. The Italian government also released – ahead of schedule – extra funds to be allocated for the fight against VAW, yet work remains in structurally improving the situation for victims (Table 2). No further measures have been implemented since the first lockdown in 2020, and further statistics better clarifying the situation of VAW are yet to be released.

#### 4.1.2. France

The pandemic and its related measures to halt the spread of the virus also helped to highlight structural inefficiencies in the prevention and fight against VAW in France. Similarly to the case of Italy, during the course of the first lockdown in Spring 2020 domestic violence calls to the French 3919 hotline increased by 30% compared to the same period in the previous year.<sup>191</sup> After the first lockdown measures were relaxed, the number of cases of VAW dropped down to more typical numbers. Also similarly to the case of Italy, two out of three women who called the hotline were doing so for the first time, suggesting it to be likely that these women suffered abuses for the first time during the first enforced lockdown period.<sup>192</sup>

With hindsight, and in order to prevent a similar situation from resurging during the second and third lockdowns at the end of 2020 and the beginning of 2021, the French government implemented a number of measures which also suggested will be continued after the pandemic recedes. France, like Italy, allocated further economic support for organizations helping women victims of violence, yet the former also invested in practical policies (Table 2). One of such has been the provision of 20,000 hotel rooms for women needing shelter when escaping violent households.<sup>193</sup> The French government also partnered with the transport company Uber in order to provide free rides for victims who needed transportation to such shelters. Women who are leaving violent households and seek shelter somewhere else have also not been required to carry auto-certification documents to circulate on the street, and have been welcomed in support centres located in shopping malls and pharmacies.<sup>194</sup> The French government has also established a partnership with the social media platform 'TikTok' to encourage women – and especially younger women – to utilise the platform to report incidences of violence and ask for help.

Already during normal times, physicians have tended to highlight the lack of training they receive in relation to identifying and assisting victims of both physical and psychological violence. Taking such complaints – and considering the worsening situation during the pandemic – the French government has also increased the training of health professionals for these purposes.

In relation to online harassment, the French government has also set up the Online Hate Observatory, a specialised office focusing on reporting violent online behaviour and content.

#### 4.1.3. Germany

As in other EU member states, there has been an increase in VAW incidences during the lockdown period in Germany. Even if official data is yet to be released, it is estimated that 3.1% of women have been victims of physical violence during the lockdown period and 3.6% of women have reported to

<sup>190</sup> Lundin *et al.* 2021.

<sup>191</sup> United Nations Development Program (UNDP), "Gender-based violence and Covid-19," (2020): 4.

<sup>192</sup> The official website of the French administration 2021.

<sup>193</sup> UNDP 2020, 12.

<sup>194</sup> *Ibid.*

have been sexually abused by their partners.<sup>195</sup> Also consistent with other research on the EU, the situation in German households seems to have been aggravated depending on three main factors – i.e., during periods of enforced lockdown; when there existed financial worries in the household as a consequence of the COVID-19 crisis; and in households with children under the age of 10.<sup>196</sup>

Although in Germany no drastic measures were implemented to tackle the spike of VAW cases, the government did incentivize the use of social media for women to report their abusers with whom they tended to cohabit. At the beginning of the pandemic the government also published a 'survival kit' which sought to act in a preventative way by helping men to avoid stress during the COVID-19 crisis.<sup>197</sup> This thought to act as an indirect policy to prevent VAW from spiking. At the same time, the German 110 hotline kept on operating but with an increased number of operators in order for abuses to be reported digitally. However, once again, it tends to be challenging for a woman to denounce their abuser when cohabitating with him during the lockdown period. Despite women being overwhelmingly affected by intimate partner violence, two German regions announced the inauguration of a hotline specifically designed for men, who represent about 18% of victims in Germany. Women nevertheless represented the majority of callers to seek emergency accommodation, which the German government sought to provide by partnering with hotels and holiday apartment companies in order to manage the shortages in women's shelters.<sup>198</sup>

#### 4.1.4. Poland

Already in the years prior to the pandemic, the European Institute for Gender Equality (EIGE) completed a recommendation directed at Poland to improve its data collection on gender-related violence, as it has historically failed to report statistics on incidences of intimate partner violence.<sup>199</sup> Gaps in the data have been perpetuated throughout the COVID-19 crisis and thus there is limited information to assess any increase or decrease in VAW tendencies in Poland. Significantly, however, the Polish government submitted a proposal in the Summer 2020 to withdraw itself from the Istanbul Convention with the pretext that it did not want to ideologically influence the Polish population and especially children. Such initiative has been largely unpopular within Polish civil society, and indeed during 2020 there has been an increase in women right's protests and public opposition.

In what regards the provision of support for victims of domestic violence both in the years prior to the crisis and during the pandemic, Poland counts with a hotline denominated *Niebieska Linia* (i.e., blue line) which is accessible to victims of all types of domestic issues. Unlike other member states Poland did not count with a specific hotline for VAW reports during the crisis, nor did the Polish government provide special assistance for women under confinement with their abusers. Additionally, even if there is no official data in the percent increase of calls in 2020 relative to previous years, Radio Warsaw suggests these have increased by about 11%.

#### 4.1.5. Sweden

Despite not having stringent lockdown and social distancing measures relative to other member states, the Swedish government paid special attention to VAW during the pandemic. Increases in calls to the hotline *Kvinnofridslinjen* (i.e., women's peace line) increased by 10% relative to 2019, which is in line with other member states which applied stricter COVID-19-alleviation measures. In fact, the hotline

<sup>195</sup> Janina Steinert and Cara Ebert, "The Impact of COVID-19 on Violence against Women and Children in Germany," University of Politics Munich at the Technical University of Munich (2021).

<sup>196</sup> Ibid.

<sup>197</sup> European Commission, Directorate-General Justice and Consumers, "Protection and support to victims of crime during COVID-19 pandemic – exchange of good practices on how to deal with victims of domestic violence, cybercrime and hate crime" (2020).

<sup>198</sup> Ibid.

<sup>199</sup> EIGE, "Recommendations to improve data collection on intimate partner violence by the police and justice sectors: Poland" (2018, November 22).

centre suggests the rise in calls are not directly linked to the pandemic and follow an increasing trend since 2017.<sup>200</sup>

Being aware of such increasing trend, the Swedish government has introduced a number of measures during the past years such as increasing its funding – approximately 9 million euro in 2020 – to civil society organizations which address issues of violence against women, children and LGBTIQ+ persons by intimate partners or other family members (Table 2).<sup>201</sup> In addition, the Swedish government has been working on developing effective methods to collect data and spread information about VAW at a municipal level.<sup>202</sup> Furthermore, the Global Guy Talk project has been operating during recent years, with the aim of helping men talk about issues and topics they rarely feel comfortable to address in order to overcome norms and expectations which might create a destructive environment for themselves and their families.

#### 4.2. A reduced access to healthcare services

Another – perhaps unintended – and indirect form of systemic violence has been experienced through the reduced access to healthcare services throughout the EU. As COVID-19 infections rapidly increased, all the resources in European healthcare systems were allocated and monopolized to alleviate the negative effects of the pandemic, and thus the so-called less urgent medical matters were relegated for after the crisis. This has indirectly contributed to widening the gender gaps in two main ways.

Table 2: Depicts descriptive cross-country statistics on whether governments increased funds for gender-based violence (GBV), extended the gestational limit for abortions, and/or allowed gynaecologists to declare themselves as conscientious objectors.

Country	More Funds Against GBV	Gestational Limit Extended	Conscientious Objectors
France	Yes	Medical and Surgical	Referral Required
Germany	Yes	Medical	Allowed
Italy	Funding in advance	No	Allowed
Poland	No	N/A	N/A
Sweden	Yes	No	N/A

Source: Authors' elaboration on Caroline *et al.* 2020.

First, in a number of European countries women can report incidences of domestic violence in hospitals, where a given woman victim of VAW tends to be offered with the possibility to also file a police report.<sup>203</sup> In this way, the healthcare system routinely works as a first-contact point for many victims of VAW, where women may also be referred to a specialist doctor to receive either physical or psychological assistance as necessary.<sup>204</sup> Already during regular times healthcare providers have argued that they encounter a number of barriers to effectively help abused women, these mainly

<sup>200</sup> Swedish Gender Equality Agency (Jämställdhetsmyndigheten), 2021, retrieved from <https://www.jamstalldhetsmyndigheten.se/en>.

<sup>201</sup> Franchin 2021.

<sup>202</sup> Swedish Gender Equality Agency 2021.

<sup>203</sup> Peterman *et al.* 2020, 11.

<sup>204</sup> *Ibid.*

encompassing a lack of time and knowledge.<sup>205</sup> These obstacles are even greater during crisis settings; that is, as the healthcare systems are saturated, women cease to count with any such possibility. Other avenues for help were also increasingly limited, as women's shelters remained closed in order to minimize the risk of infections.<sup>206</sup> Moreover, even if a number of countries enabled telephone lines for reporting, it is highly unlikely that women who are victims of intimate partner violence can access this service when cohabitating with their abuser, especially during a period of lockdown. At the same time, not all women have access to the necessary technology or lack the skills to seek remote assistance.<sup>207</sup> Just as access to formal networks was limited, women were also unable to informally seek help from friends and family due to social distancing measures. Apart from the fact that merely three EU member states adopted specific policies to tackle VAW at the outburst of the crisis, evidence suggests that in order for such policies to work, they need to be proactively implemented and also before and after times of crisis.<sup>208</sup> As the pandemic unleashed, a greater number of member states also reacted to the increased incidences of VAW and the lack of access to healthcare systems. Implementing such policies as reactive measures to increased incidences of VAW, however, has risked that many women lacked the information on the existence and operability of such policies.

Second, the fact that European healthcare systems were overwhelmed with COVID-19 cases also meant that there has been a reduction in the access to abortions and other sexual health services during the pandemic. The effects of these cutbacks remain to be seen in the years after the COVID-19 crisis, even if research already suggests that unplanned pregnancies can have long-term detrimental effects for women and their families.<sup>209</sup> At the same time, suspending the provision of abortions is *per se*, a human rights violation.

#### 4.2.1. Italy

Despite abortion is legal in Italy since 1978, accessing abortions remains challenging for a considerable number of Italian women. Already during normal times discussions on the lack of healthcare centres providing such service were prevalent, coupled with a considerable proportion of the adequate personnel objecting to carry out abortions.<sup>210</sup> In Italy as a whole, 68% of gynaecologists have declared themselves as exercising *obiezione di coscienza* (i.e., conscientious objection), a right provided in the 1978 abortion law (Table 2).<sup>211</sup> At the same time, even if in Italy women can voluntarily choose to end their pregnancies, Italy remains one of the member states with the lowest rates of abortion, and one of the lowest rates of medical abortions – a mere 19% as of 2017.<sup>212</sup> Given the rest of the procedures – when guaranteed – are surgical, the pandemic has strongly impacted the possibility for women to exercise their right.<sup>213</sup> This has been the by-product of a combination of factors, such as the closure of gynaecology departments as considered non-essential, and the monopolization of resources for COVID-19 patients.

At the same time, during the COVID-19 crisis the anti-abortion Catholic movements did not cease, and some of these have appealed to the Health Ministry to suspend abortions as they were not essential and were claimed to be jeopardizing the provision of care to COVID-19 patients.<sup>214</sup> Other pro-abortion

<sup>205</sup> Ibid, 13.

<sup>206</sup> Zsuzsa *et al.* 2020, 13.

<sup>207</sup> European Institute for Gender Equality (EIGE), "The Covid-19 pandemic and intimate partner violence against women in the EU," Luxembourg: Publications Office of the European Union (2021): 17.

<sup>208</sup> Ibid, 20.

<sup>209</sup> Zsuzsa *et al.* 2020, 10; Alon *et al.* 2020b, 25.

<sup>210</sup> Marconi 2020.

<sup>211</sup> Ministro della Salute, "Legge 194, la relazione annuale al Parlamento con i dati 2017," retrieved from <http://www.salute.gov.it/>.

<sup>212</sup> Anna Popinchalk and Gilda Sedgh, "Trends in the method and gestational age of abortion in high-income countries," *Journal of Family Planning and Reproductive Health* 45 (2019): 97.

<sup>213</sup> Ibid.

<sup>214</sup> Marconi 2020.

movements have retaliated and asked for the guaranteeing of this right by the state and the reduction of hospitalization for women to get abortions, who are currently legally required to stay in the hospital for a three-day period.<sup>215</sup> Pro-abortion movements and pro-abortion doctors have suggested that medical procedures could be carried out remotely during the pandemic period via telemedicine, which is already practiced in other member states.<sup>216</sup> In the future this could also be administered in the hospital, with women only staying in healthcare facilities for periods between half an hour to a couple of hours in order to be monitored by the respective physician.<sup>217</sup>

#### 4.2.2. France

One of the forms of VAW which increase the most in France is that of rape, especially intimate partner forms of rape, which have increased by 11% in comparison to 2019 levels. Apart from the preventative measures in relation to VAW in general, it is likely that this rise in sexual violence has also meant that France had to focus on renewed ways to regulate abortion in order to avoid women from being prevented to accessing their right during the pandemic.

Given women reported not wanting to leave their houses due to fear of contagion, already during the first lockdown the French government decided to implement a number of telemedicine solutions. On the preventative side, women were allowed to utilize expired prescriptions to purchase birth control pills or to make virtual appointments with doctors. In what regards the provision of abortions, the French Minister of Health and Solidarity announced the extension of the time frame in which medical abortions can be practiced by two weeks' time, up to the ninth week of pregnancy (Table 2).<sup>218</sup> This fast response from part of the French government allowed for women to be protected from contagion while exercising their right to abortion, and also for healthcare personnel and resources to be allocated with priority to the fight against the COVID-19 virus.<sup>219</sup> As a consequence of such emergency measures, more than half of health practitioners said they would continue employing this system in the years after the pandemic, and currently the French parliament is discussing a law proposal to extend the legal period of abortions from 12 to 14 weeks.<sup>220</sup>

Regardless of their relevant effectiveness in granting access to abortion during the crisis period, such measures also come with a number of drawbacks to be addressed in the future. First, access to abortion was still reduced during the pandemic period due to a reduced number of personnel and a lack of information from part of women regarding the renewed system.<sup>221</sup> Second, such systems could also put a number of women in disadvantaged positions, such as women who do not have access to the relevant technology or the skills to operate it.

#### 4.2.3. Germany

The provision of abortions in Germany do not follow a necessarily predictable trend as it has been the case for Italy and France. Expectedly, the number of abortions provided in 2020 saw a 0.9% decrease in relation to 2019.<sup>222</sup> However, and unlike in other countries, the drop in abortion provisions has been less heterogeneous during the year with a 4% decrease for quarter one, followed by a 2.7% increase for quarter two, a 3.7% increase for quarter three, and a 0.6% decrease during quarter 4.<sup>223</sup> These percent

<sup>215</sup> Andrea Cioffi, "Perspectives of medical abortion in Italy," *Sexual and Reproductive Healthcare* 26 (2020).

<sup>216</sup> Ibid; Marconi 2020.

<sup>217</sup> Cioffi 2020.

<sup>218</sup> The official website of the French administration 2021.

<sup>219</sup> Karen Gibelin, Aubert Agostini, Michèle Marcot, Hélène Piclet, Florence Bretelle and Laura Miquel, "COVID-19 impact in abortions' practice, a regional French evaluation," *Journal of Gynecology Obstetrics and Human Reproduction* 50 (2021): 2.

<sup>220</sup> Ibid; The official website of the French administration 2021.

<sup>221</sup> The official website of the French administration 2021.

<sup>222</sup> Federal Statistical Office of Germany, 2021, retrieved from: [https://www.destatis.de/EN/Home/\\_node.html](https://www.destatis.de/EN/Home/_node.html).

<sup>223</sup> Caroline Moreau, Mridula Shankar, Anna Glasier, Sharon Camron, and Kristina Gemzell-Danielsson, "Abortion regulation in Europe in the era of COVID-19: a spectrum of policy responses," *BMJ Sexual Reproductive Health* (2020): 3.

changes seem to correlate with the periods of the year with or without enforced lockdown and social distancing measures. As the lockdown measures became stricter, less abortions were provided, and vice-versa. However, there exist long-standing gender norms which make abortions challenging to access already during regular times. This difficulty has, in turn, been exacerbated during the pandemic.

According to the German Penal Code, a woman is allowed to file a request to abort up to the 12<sup>th</sup> week of pregnancy, which provision was extended up to the 14<sup>th</sup> week during the pandemic (Table 2). After this request is filed and approved, a given woman needs to attend three mandatory counselling sessions which is intended to help her to clarify her decision. One of the main provisions granted by the German authorities during the pandemic was that such mandatory counselling could be transposed to a telemedicine modality.<sup>224</sup> Nevertheless, once again, this means that women who do not have access to the necessary technology or lack the skills to receive online counselling were at a relatively disadvantaged position.

At the same time, as in France, Germany lifted some of its barriers for medical abortions to be granted in an effort to compensate for the reduced provision of surgical procedures. In practice however, there has not been a significant increase in the number of medical abortions provided. The situation was increasingly complicated for women who tested positive to the Sars-COV-2 virus, as their abortions were not authorised until they tested negative.<sup>225</sup> In the case her pregnancy passed week 14 before an infected woman recovered from COVID-19, she would be granted an abortion whatsoever.

#### 4.2.4. Poland

In Poland the debate on the legal status of abortion is dynamic and provisions have been in flux during the past years. As of 2020, abortion in Poland was partially legal, subject to the cases in which there was a risk to the mother's life or health, cases of rape, or in case of foetal anomalies. During the COVID-19 crisis a debate on the further restriction of abortion took place, culminating in a January 2021 verdict of the Polish Constitutional Tribunal declaring abortion to be forbidden also in cases of foetal anomaly. In 2018, cases of foetal anomaly counted for 98% of the 1,061 abortions practiced.<sup>226</sup>

Although indirectly affected and thus not being related to the pandemic restrictions as in the other case studies, abortions in Poland have been the most limited *vis-à-vis* other member states during the COVID-19 crisis. Abortion restrictions, just as the decision to leave the Istanbul Convention, have lied in sharp opposition to public opinion and has instigated a wave of women's rights protests in the country. Some of the protests during the pandemic included more than 100,000 people, despite social distancing measures.

#### 4.2.5. Sweden

Data suggests that there were not any significant changes present in relation to abortions in Sweden. Once again, this might be linked to the differences in relation to the measures implemented during the pandemic *vis-à-vis* other member states. Just as in France, Sweden sought to prevent abortions from declining due to the sanitary crisis by offering medical abortions at home beyond the ninth week of pregnancy.<sup>227</sup> Additionally, the telemedicine solutions implemented in other member states (e.g., France, Germany) were already utilised in Sweden before the pandemic and thus little adjustments had to be made in terms of abortion provisions.<sup>228</sup> Similarly, Sweden already accounted for one of the most

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<sup>224</sup> Ibid.

<sup>225</sup> Ibid.

<sup>226</sup> Federation for Women and Family Planning (Federacja na rzecz Kobiet i Planowania Rodziny), 2021, retrieved from <https://federa.org.pl/>.

<sup>227</sup> Moreau *et al.* 2020, 3.

<sup>228</sup> Ibid.

generous abortion laws in the EU which allows a woman to voluntarily terminate a pregnancy by surgical means up to the 18<sup>th</sup> week of the pregnancy.<sup>229</sup>

### 4.3. Section's conclusions & recommendations

Increased incidences of VAW were recognized at a European level, as the 'Shadow Pandemic' appeared to advance alongside cases of COVID-19 in virtually all countries. The European Commission took a number of measures at a regional level to respond to increased physical and emotional violence directed towards women and organised a seminar series to share good practices amongst member states.<sup>230</sup> In what regards VAW, the Commission advocated for an increase in support mechanisms for women and also emphasized the importance of maintaining these during subsequent waves of COVID-19 cases and the forthcoming recovery phase.<sup>231</sup> Special emphasis was placed on awareness raising, especially for women to be knowledgeable of potential avenues to seek help which seemed to be an issue in most case studies and other member states. Responses against VAW have tended to be less than adequate in a majority of countries and action was minimal, with the exception of Sweden which presents a best-practice case in what entails the implementation of proactive public policies instead of crisis-responsive solutions. Since violence tends to increase in crisis situations *per se* and not necessarily merely on pandemic situations, it is recommended for anti-VAW mechanisms to be maintained competent and robust in order to prevent violence from rising and also to ensure responses are quick in situations such as the current pandemic. It is recommended for hotlines to continue operating through the recovery period and also to allocate more resources into awareness-raising campaigns in order for women to have the tools and information necessary to report their abusers. Such approach needs to be intersectional to reach the greatest number of women possible. For example, in countries such as Poland which account for a large rural-urban division, women in rural areas also need to be contained and protected and count with the same resources as women in urban areas. European countries additionally need to work independently and in a coordinated manner to increase data collection, data harmonisation, and indicators for comparability across member states. In the case of the member states considered in this study, data collection needs to improve particularly in countries such as Poland, Italy and Germany.

Apart from suffering from intimate partner violence or online harassment, women across Europe have also suffered from a limited access to abortions or in the case of Poland, the complete abolition of such. Despite being legal in countries such as Italy, France, Germany and Sweden, abortion practices remain obscured with obstacles in access and prejudices, which have been exacerbated during the pandemic. Overall, member states could benefit from increased training to practitioners in the discipline in order to ensure the safety of women is prioritized as well as their right to carry on an abortion. In countries such as Italy and Germany the majority of gynaecologists additionally refuse to practice abortions, for which awareness-raising and educational campaigns could be beneficial in the elimination of damaging stereotypes and stigma.

Abortions also remain being practiced primarily through surgical means, despite existent medical options for women with pregnancies up to 12 to 14 weeks, which tend to be the legal limit to practice abortions anyway. In countries such as Germany, women are required to attend three counselling sessions before being granted an abortion. Poland has placed increased attention on increasing fertility, but targeting the responsibility on women. This is also why it is seeking to restrain abortion practices even further. Sweden lies on the other side of the spectrum, and it presents a best-practices case study. Based on Sweden's abortion practices already in the years prior to the pandemic, it is recommended for member states to rely on telemedicine solutions which can prevent delays or the unnecessary use of surgical means. If gender equality is the goal, then abortion practices need to be

<sup>229</sup> Ibid.

<sup>230</sup> European Commission 2021, 6.

<sup>231</sup> Ibid.

strengthened across Europe. Another relevant recommendation to bring about such paradigm shift is by ensuring women are equally represented in decision-making and policymaking positions.



## 5. WOMEN LEADING THROUGH SOCIETY

### 5.1. Women & COVID-19 decision-making

Table 3: Depicts whether gender parity has existed in COVID-19 response teams and the share of women in such.

Country	More Funds Against GBV	Gestational Limit Extended	Conscientious Objectors
France	Yes	Medical and Surgical	Referral Required
Germany	Yes	Medical	Allowed
Italy	Funding in advance	No	Allowed
Poland	No	N/A	N/A
Sweden	Yes	No	N/A

Source: Authors' elaboration on CARE 2020.

In order to ensure gender mainstreaming is not merely reactive but also proactive, it is relevant to also ensure that women can count with equal possibilities to hold decision-making positions, as experts and policymakers. Evidence from past epidemics and past crises has already highlighted the importance of gender mainstreaming, and in fact the WHO has zealously advocated for the representative inclusion of women in COVID-19 policymaking boards. In practice, however, there is vast room for improvement (Table 2). In fact, men have tended to outnumber women in COVID-19 task forces, with a mere 3.5% of teams at a global level achieving gender parity.<sup>232</sup> Similarly, in the EU only 30% of health ministers are women.<sup>233</sup> A step forward in achieving gender parity in health policy decision-making can nevertheless be seen in the fact that the European Commission's COVID-19 task force was constituted with a majority of women and with President Ursula von der Leyen at the lead.

Research shows that when women take policymaking and leadership positions, there exists an increased effort towards successful measures to reduce gender gaps and mainstream gender into relief policies.<sup>234</sup> In the longer term, such policies can contribute to the building of increasingly inclusive systems and a tradition of gender mainstreaming in policymaking. Policies can help lead to the desired result, but the change comes when cultural attitudes are altered as well. Women in policymaking can be catalysts for this essential paradigm shift across the EU.

In Italy, for example, at the beginning of the COVID-19 crisis, when the 20-member technical-scientific committee (i.e., Comitato Tecnico-Scientifico) was constituted, it did not include any women whatsoever. Similarly, the Civil Defence's daily briefings were chaired by men, with the inclusion of one woman who was the sign language interpreter. After the first lockdown in Spring 2020 the government of Giuseppe Conte announced a re-arrangement of the scientific committee to now include six women (i.e., 24% women). However, women still remained underrepresented in COVID-19 decision making overall, despite being overtly represented in the higher-risk sectors in the fight against COVID-19.

<sup>232</sup> European Commission 2021, March 5.

<sup>233</sup> Ibid.

<sup>234</sup> Profeta 2020a, 366; Zsuzsa *et al.* 2020, 15.

Just as Italy, France counted with more than one COVID-response committee, and none of them were gender equal.<sup>235</sup> While the COVID-19 Scientific Council was composed of 2 women and 8 men (i.e., 18.2% women), the Research and Expertise Analysis Committee was composed of 5 women and 7 men (i.e., 41.7% women).<sup>236</sup> It is interesting to note, however, that the French Minister for Gender Equality, Diversity and Equal Opportunities – Elisabeth Moreno – is a woman, and France has been one of the only member states to rapidly introduce comprehensive policies to aid the urgent fight against VAW during the lockdown.<sup>237</sup>

Germany also did not count with gender parity in the “Small Corona Cabinet” (i.e., Kleines Corona-Kabinett) either, as it was constituted of 5 men and 2 women – i.e., 28.6% women. Despite being led by Angela Merkel for more than 15 years, Germany still lacks a coherent gender-sensitive approach and this has been evidenced during the COVID-19 crisis.<sup>238</sup>

The Polish COVID-19 response team was established late in the course of the pandemic in November 2020. The Medical Council is composed by medical experts and the Prime Minister’s Chief Advisor on COVID-19, of which 28% of members are women.<sup>239</sup> Aligned with stereotypical labour divisions, the Polish government did conform a team lead of women and constituted by a majority (i.e., 67%) of women, which was in charge of designing and implementing distance education methods for the periods in which schools were closed.<sup>240</sup>

Due to the particular approach Sweden took to the pandemic, it did not count with a specific COVID-19 response team. However, overall, Sweden is approaching gender parity in its Parliament (Single House), where women hold 47% of seats.<sup>241</sup> The importance on gender mainstreaming the Swedish government has placed in the years prior to the pandemic and also during the COVID-19 crisis provides further evidence to suggest a relationship between the inclusion of women in policy- and decision-making positions and a tendency to include gender-sensitive approaches to public policies.

## 5.2. Proactive policy recommendations for future crises

In line with the European Commission’s Gender Equality Strategy (2020-2025), this report seeks to highlight the issues which prevent women and men from living an equitable life in the EU and particularly highlight how the COVID-19 crisis has put women in a disproportionately vulnerable position and at a higher risk of contagion, poverty, exclusion, violence, *inter alia*.

Differently from other economic recessions (the so-called ‘man-cessions’) the COVID-19 crisis has overtly affected the economic sectors in which women tend to be overrepresented, highlighting stereotypes in the economy which are harmful to women’s professional development, and thus characterising the current crisis as a ‘she-cession.’ The COVID-19 crisis has also increased the amount of housework and childcare of families, which has not been equally shared by men and women, but has fallen mostly on women, especially in countries characterized by traditional gender norms. Stress factors during the pandemic have also increased tendencies in VAW both by intimate partners and

<sup>235</sup> CARE, “Where are the Women? The Conspicuous Absence of Women in COVID-19 Response Teams and Plans, and Why We Need Them” (2020).

<sup>236</sup> Kim Robin van Daalen, Csongor Bajnoczki, Maisoon Chowdhury, Sara Dada, Parnian Khorsand, Anna Socha, Arush Lal, Laura Jung, Lujin Alqodmani, Irene Torres, Samiratou Ouedraogo, Amina Jama Mahmud, Roopa Dhatt, Alexandra Phelan and Dheepa Rajan, “Symptoms of a broken system: the gender gaps in COVID-19 decision-making,” *BMJ Global Health* (2020): 6.

<sup>237</sup> United Nations Commission on the Status of Women, “Speakers in Women’s Commission Explore the Role of Gender-Sensitive COVID-19 Response Plans in Creating More Resilient, Inclusive Communities” (2021, March 18): retrieved from <https://www.un.org/press/en/2021/wom2207.doc.htm>.

<sup>238</sup> *Ibid.*

<sup>239</sup> United Nations Development Programme (UNDP) COVID-19 Global Gender Response Tracker, 2021, retrieved from <https://data.undp.org/gendertacker/>.

<sup>240</sup> *Ibid.*

<sup>241</sup> International Institute for Democracy and Electoral Assistance, 2021, retrieved from <https://www.idea.int/>.

online. Even if, overall, women are coming out of the crisis disproportionately vulnerable relative to men, some women have suffered more than others, such as low-income, single, and older women. Along these lines, we present conclusions and related policy recommendations from the case-analysis presented above.

**Member states need to ensure equal economic opportunities for women after the COVID-19 crisis.** Economic segregation and the disadvantages women face to enter the labour market are translated into lower wages, vulnerable working conditions, and a greater likelihood of suffering poverty and social exclusion during the lifecycle. If such vulnerability is prolonged, women also run the risk of counting with lower pension returns and thus a greater likelihood of poverty during old age. In most of the countries considered in this report, the COVID-19 crisis has not merely exacerbated but additionally brought into light these persistent issues in the EU's socio-economic spheres. Member states are encouraged to work on measures to increased women's financial literacy, as women tend to count with lower financial instruments and thus reduced independence and possibilities to plan for the future in terms of savings for older age.

In societies with demarcated gender stereotypes = e.g., member states such as Italy and Poland – one potential policy measure is the introduction of parental leaves for fathers. There exists an opportunity to transform the re-arrangement in family relations brought about by the pandemic to be institutionalised and normalised, even if such paradigm shifts often require sustained public policy efforts. Parental leaves such as the ones established in Sweden in which time off employment is equally shared by both members of the couple can allow women to increasingly engage in full-time employment (instead of more vulnerable contracts such as part-time and temporary work) and equally share household and childcare responsibilities with their male partners. Encouraging fathers and men in general to share such responsibilities could contribute to alleviating the 'motherhood penalty' and at the same time provide an opportunity for fathers to serve as role-models in the fight against stereotypical gender norms and expectations. Member states are additionally encouraged to work cooperatively in this direction. One of the deliverables of the European Pillar of Social Rights is the European Commission's Work-Life Balance Directive, which seeks for care responsibilities to be more equally shared amongst genders. This directive introduces legal alternatives such as paternity leaves and care leaves to be taken by both women and men, which could provide a start for member states to develop increasingly accessible economies.

In relation to care, another recommendation is the introduction of affordable formal childcare, especially for children under the age of three. The cases presented above suggest the provision of formal childcare in the EU remains lacking, despite the positive impact it can have on enabling women to enter the labour force and increasingly engage in full-time employment. Once more Sweden presents a good-practice case as it has sustainably guaranteed a place in ECEC to every child between the ages of 6 and 18 months, only alongside other 7 EU countries. Furthermore, evidence from Germany suggests a mere 1 percentage point increase in childcare provision increases the mother's labour participation by 0.2 percentage points.<sup>242</sup> In this sense, it is recommended for member states to work towards the 2002 Barcelona Objectives in order to ensure women have the opportunity to enter the labour market.

**No woman should be left behind.** Low-income women, ageing women, and single mothers encounter the inequalities that exist for women and also the vulnerabilities of belonging to another relatively disadvantaged group of society. In this sense, member states are encouraged to adopt an intersectional approach to public policies, which will recognize the plurality of identities and

<sup>242</sup> Kai-Uwe Müller and Katharina Wrohlich, "Does subsidized care for toddlers increase maternal labour supply? Evidence from a large-scale expansion of early childcare," *Labour Economics* 62 (2020).

realities existent in the EU. It is recommended for member states to eliminate taxes on sanitary products which jeopardizes the dignity of lower-income women disproportionately. Even if the EU has proposed changes to VAT rules in 2018, a number of member states still need to show their support.

Member states are also encouraged to consider the implications of the care economy on ageing women. Women are not merely the largest recipients of care during older age, but also the largest providers of care during the life course. Such as it is the case with childcare support, it is recommended for formal care to be increasingly provided so as to allow younger women to have the opportunity to access the labour market, and in order to narrow the gender care gap in the EU.

Similarly, even if all the member states considered have increased care packages during the pandemic and have allowed for special provisions for single-parent households, it is recommended for such provisions to be extended during the recovery period.

**Efforts to tackle VAW need to continue through the recovery period and beyond.** As stressed by the European Gender Equality Strategy (2020-2025) ending VAW remains as one of the EU's priorities. As highlighted by the COVID-19 crisis, however, policies to protect women from increased incidences of VAW during times of crises were implemented as response measures. This has served to highlight how much member states still need to work towards developing public policies to protect women who are victims of violence, especially intimate partner violence. Due to the intrinsic relationship between increased violence and crisis periods, it is recommended for member states to continue proactively strengthening policies to contain victims also throughout the recovery period.

Sweden again represents a best-practice case in this matter, as the Swedish government has developed mechanisms to protect women even before the crisis erupted. Women-only hotlines need to continue operating and women need to be increasingly informed about how to report incidences of violence. Social media is key for such purposes and should be employed accordingly, as for example in France and Germany. In cases such as that of Poland, which counts with a pronounced urban-rural divide, it is important that women in rural areas are also kept informed, protected, and contained. Similarly, member states are encouraged to allocate specified funds to women's shelters even during the recovery period, as the stress-related side-effects of the pandemic will continue being experienced even after lockdown measures are lifted. Measures such as those implemented by France are also recommended in order to tackle online-based violence, as emotional violence can also have long-lasting and detrimental effects on women's lives. It is recommended for member states to dedicate specialised teams to combat hate speech and online violence, such as the Online Hate Observatory in France.

It is additionally recommended for greater emphasis to be placed on data collection, especially in countries such as Poland, Italy, and Germany. This has also been highlighted by GREVIO and EIGE, in an effort for member states to comply with the Istanbul Convention. Centralised efforts are also exemplified by a Commission's webinar series on VAW presented at the beginning of the lockdown period, which sought to highlight the need for contention and protection of women at risk of violence. Member states are encouraged to increase their cooperation and collaboration efforts, by working towards the sharing of best practices, common VAW indicators, and the harmonisation of data collection.

**Women's health and reproductive rights cannot be suspended in times of crisis.** The collapse of European healthcare systems as a consequence of the pandemic alternatively meant that the so-called non-urgent matters were postponed for after the crisis. Given the gestational limit imposed in all member states which condition a woman's right to voluntarily terminate her pregnancy, the

postponing of abortions translated, in a large number of cases, to the suspension of such. In Poland, the government legally imposed further limitations against abortion practices. Just as with VAW, abortion policies need to be strengthened across member states in order to be prepared to phase crises situations. Abortions are urgent matters too, and there exist solutions to prevent the suspension of this right. In several countries such as France and Germany, gestational limits were extended. Italy, France and Germany also employed telemedicine solutions to grant medical abortions remotely. Alternatives such as prolonged gestational limits and moving from surgical abortions to medicinal abortions via telemedicine had already been implemented in the years before the pandemic in countries such as Sweden. Alongside the recommendation of several European doctors, it is recommended for telemedicine options to be perpetuated into the recovery period and beyond. In addition, the possibility of utilising telemedicine for abortion procedures and visits will in turn have an effect in the increased provision of medical abortions (rather than surgical ones). Medical abortions, when allowed, are increasingly respectful for women's bodies and help healthcare systems to operate for efficiently. Fertility choices allow women to develop their careers and enjoy of better promising labour market prospects and thus reduced chances of being poor and socially excluded.

**Women need to be increasingly included in policy-making positions.** Research suggests that women can act as catalysts for paradigm shifts and thus increasingly inclusive societies. Yet, women tend to be underrepresented in decision-making positions. Even if COVID-19 response teams have not counter with gender parity, member states are recommended to increasingly work towards inclusive and gender equal policymaking bodies. This will not merely strengthen gender mainstreaming at the individual, but also ensure that member states comply with EU standards.

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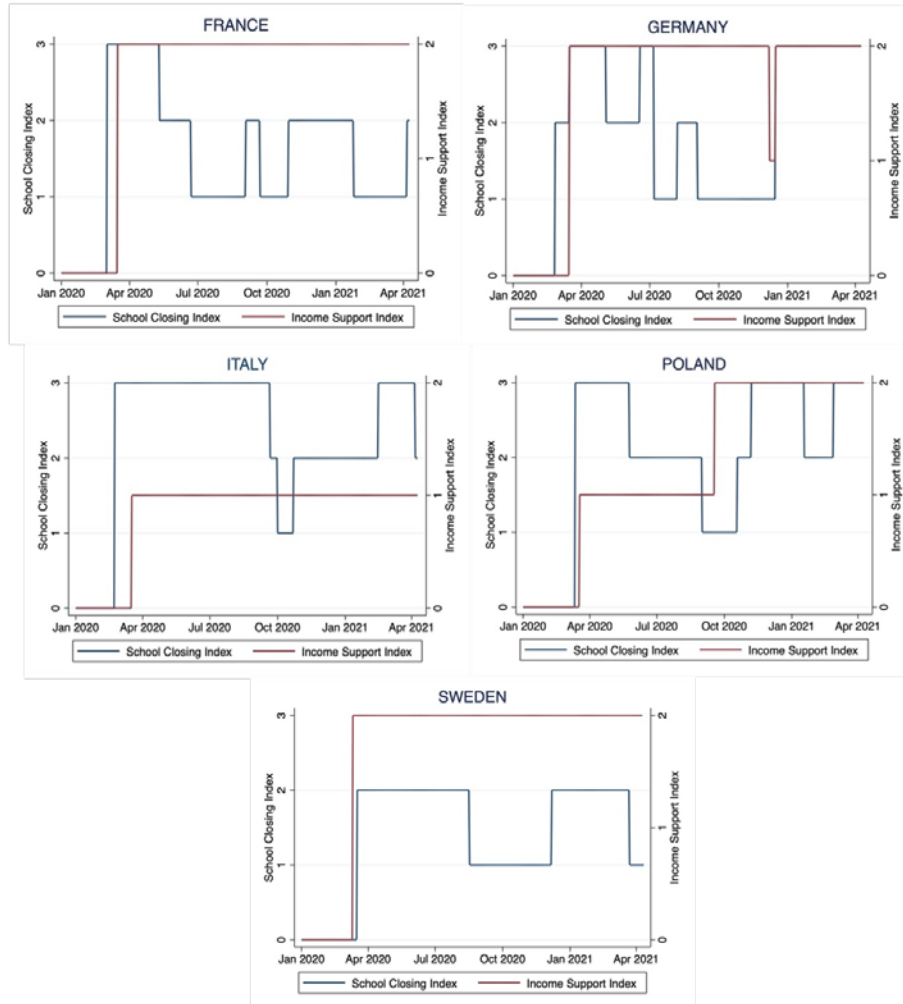


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## ANNEX A: FIGURE 8

Figure 8: School Closing Index versus Income Support Index in selected EU member states.



Source: COVID-19 Government Response Tracker, University of Oxford 2021.

## **ANNEX B: LIST OF INTERVIEWEES**

We would like to thank the following key European experts and stakeholders for participating in this study:

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### **Amelie Franchin (Sweden)**

Sustainable Growth Strategist, Core Member, Afuture

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This in-depth, case-analytical overview, commissioned by the European Parliament's Policy Department for Citizens' Rights and Constitutional Affairs at the request of the FEMM Committee, examines the impact of the COVID-19 crisis on a representative sample of member states with the aim of alimending policy recommendations for the COVID-19 recovery period to ensure that the gains of the past years in the matter of gender equality are not overridden by the short-term negative effects of the measures implemented to combat the COVID-19 sanitary crisis.

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PE 693.183  
IP/C/FEMM/2021-034

Print ISBN 978-92-846-8056-6 | doi: 10.2861/271009 | QA-05-21-122-EN-C  
PDF ISBN 978-92-846-8055-9 | doi: 10.2861/895019 | QA-05-21-122-EN-N