Women, work, and families during the COVID-19 pandemic: Examining the effects of COVID policies and looking to the future

Amy Roberson Hayes | Diamond Lee

The University of Texas at Tyler, Tyler, Texas, USA

Correspondence
Amy Roberson Hayes, The University of Texas at Tyler, Tyler, TX, USA.
Email: ahayes@uttyler.edu

Abstract
The far-reaching, negative effects of the COVID-19 pandemic have impacted healthcare, economic, public safety, and social systems globally. The public safety measures put in place in the United States during the COVID-19 pandemic, including sheltering in place orders and shutdowns of schools and places of work, negatively impacted the employment status and increased time spent in domestic work and childcare for women. In this paper, we review and analyze the impacts, both direct and indirect, of COVID-related policies on the lives of women. Specifically, we outline how the progression of policies aimed at addressing both public safety and economic recovery during the COVID-19 pandemic affected women’s health, paid and unpaid work, and wellbeing. We will focus on the impacts of policies implemented in the United States in comparison to policies that were implemented globally to address similar issues during the first two years of the COVID-19 pandemic. Finally, we conclude with recommendations for policies that could prevent similar disparate impacts on women in future crises.
INTRODUCTION

The far-reaching, negative effects of the COVID-19 pandemic have impacted healthcare, economic, public safety, and social systems globally (World Health Organization, 2020). As localities moved quickly to try to slow the spread of the virus, the boundaries between the public and private spheres of life shifted dramatically for many families. The public safety measures put in place during the COVID-19 pandemic, including sheltering in place orders and shutdowns of schools and places of work, negatively impacted the employment status and domestic workload for women globally (Azcona et al., 2020). Women reported an increase in unpaid domestic work during the pandemic, a shift that increased the gender gap in such work that already existed (Kashen et al., 2020; Power, 2020; UN Women, 2020). The cumulative effects of sheltering at home and increases in domestic work increased the likelihood that women would leave the paid workforce (Craig & Churchill, 2021) and find a safety net from COVID policies that were inadequate for the most vulnerable groups of women. In this paper, we review and analyze the impacts, both direct and indirect, of COVID-related policies on the lives of women. Specifically, we outline how the progression of policies aimed at addressing both public safety and economic recovery during the COVID-19 pandemic affected women’s health, paid and unpaid work, and wellbeing. We will focus on the impacts of policies implemented in the United States in comparison to policies that were implemented globally to address similar issues during the first two years of the COVID-19 pandemic.

Importantly, we use an intersectional framework in our analysis of the disparate impacts of COVID orders and policies on women across a range of identities and backgrounds in the United States. Public health researchers continue to sound the alarm that public health crises like the COVID-19 pandemic do not spread their impact randomly or equally across groups (Bowleg, 2021; Goldsmith et al., 2021). Our strategy for incorporating an intersectional framework is to analyze and critique COVID-related policies not only through their stated impacts for women and disadvantaged groups, but also through the structural inequalities that they work to uphold, and the composition of the entities that implemented them. As suggested by Bowleg (2012), any examination of public health crises must consider the impact of power differentials inherent in a community that dictate access to safety measures, care, treatment, and benefits. The task of disentangling the impact of COVID policies on women, even if we were to focus solely on one country, necessitates a deconstruction of women’s experiences across power structures and position in a culture (Bowleg 2012; Rice et al., 2019). Increasingly, critical intersectionality frameworks are being applied to policy and public health analyses in a way that transcends a mere disaggregation of data along multiple human characteristics (Bowleg, 2012; Pirtle & Wright, 2021). Thus, we have endeavored to examine not only the impacts of COVID policies on diverse groups of women and families but also disentangle the power imbalances inherent in agencies and entities that lead to the differential impacts of these policies. For example, an examination of the impacts of family aid-related policies during COVID-19 must unpack the inconsistent recognition of certain types of families (e.g., LGBTQ+ women headed households) in the systems that grant and distribute aid (Goldsmith et al., 2021; Gonzalez et al., 2021).

Finally, we will close by discussing long-term policy recommendations to both (a) lessen the ongoing impact of the COVID-19 pandemic specifically on the lives of women, and (b) prevent economic, social, and personal losses for women in future crises. The research articles in the current special issue speak to the multiple injustices experienced by marginalized groups of women during the COVID-19 pandemic. To do justice by this research, however, it is necessary that these findings be used to inform future policies that can prevent similar impacts.
EXAMINING THE EFFECTS OF COVID POLICIES

TIMELINE OF COVID-19 POLICIES IN THE UNITED STATES

We begin our review of policies by detailing COVID measures implemented in the United States during the first two years of the COVID-19 pandemic. Our review begins with emergency public health orders that were enacted primarily at the level of individual states and counties and continues with an analysis of larger federal policies.

Emergency sheltering-in-place and closure measures

The first COVID-19 policies implemented in March of 2020 were emergency public health-focused orders which were designed to slow the spread of the virus (American Journal of Managed Care [AMJR], 2021; Centers for Disease Control, 2021). These policies were primarily implemented in the form of emergency stay-at-home orders and temporary policies at the local and state level in the United States (Moreland et al., 2020). The first U.S. state or territory to enact a stay-at-home order was Puerto Rico on March 17, 2020, and the latest state to implement such an order was Iowa on April 27, 2020. States and territories differed in the types of stay-at-home orders issued, with some states issuing mandatory orders for all residents to stay at home (e.g., California, New Jersey) and others issuing “advisory” orders rather than mandates (e.g., Texas, Massachusetts). Some states’ orders differed from county to county rather than a uniform state order for certain periods of the early pandemic (e.g., Washington, Pennsylvania), while other states’ orders were mandatory only for persons at increased risk (e.g., New York, Oklahoma). The immediate effects of these policies were to either limit the capacity of or close many types of businesses deemed “nonessential”, and to lay off contract employees. It is important to note that these measures were focused on viral spread and mortality reduction and had not yet begun to address the economic impacts of the pandemic on workers and families. The broader federal legislative endeavors that began working through the U.S. Congress in early March of 2020 will be discussed in a subsequent section of the current paper.

Effects of closures and sheltering orders

There were several mechanisms via which the sheltering-in-place and stay-at-home orders in March through May of 2020 impacted women in the United States, especially marginalized and disadvantaged groups of women. First, these sheltering orders were administered from state and local governments, leading to inconsistent and widely varying rules and regulations for women tied heavily to their geographic location and the ideologies of locally dominant political parties. For example, as previously discussed, the stay-at-home orders differed across states in their timing and level of stringency, with these differences falling along U.S. political party lines; states with democratic governors and/or legislative majorities tended to have earlier and more strict sheltering orders, while states with republican governors and/or governing majorities had later and more lenient orders (Mervosh et al., 2020; Moreland et al., 2020). Additionally, the partisan lean of a county (i.e., the proportion of the voters in the county who voted for the democratic or republican presidential candidate in the 2016 U.S. presidential election) predicted the amount of information related to COVID-19 that was posted on local government websites in the beginning of the pandemic (Hansen et al., 2020). Specifically, counties with a higher Clinton vote share in the 2016 presidential election were more likely to have information about COVID infection rates and
deaths on their websites than those with a high Trump vote share (Hansen et al., 2020). Thus, the rules, orders, and information resources available to women during the pandemic varied widely based on the political leaning of their place of residence.

Even the definition of who was considered an “essential” worker differed from state to state, although there was guidance on which professions were deemed essential at the federal level (National Conference of State Legislatures, 2021). The federal guidelines for who was considered an “essential critical infrastructure worker” during COVID-19 were released by the Cybersecurity and Infrastructure Security [CISA] sector of the U.S. Department of Homeland Security on March 19, 2020 and are currently on their 4th iteration at the end of 2021 (U.S. Department of Homeland Security, 2020). These federal guidelines for essential work were adopted immediately by 21 U.S. states in March of 2020, while 23 states and the District of Columbia (the remaining states did not issue any guidelines) developed their own lists of essential work and infrastructure (National Conference of State Legislatures, 2021).

These types of selective work closures meant that employees in service industries (e.g., cleaning, food service) and in temporary or short-term contract positions were the first to lose their jobs due to COVID closures. Preliminary research evidence from the pandemic has shown that disadvantaged workers in the United States, especially female workers, have suffered from additional economic challenges compared to other groups because they were more likely to lose their job during this time than more advantaged workers (Bartik et al., 2020; Blundel et al., 2020).

One of the immediate effects of the initial closure orders in Spring 2020 was loss of childcare, both via school closures and day care closures (Kashen et al., 2020; Lee & Parolin, 2021). The childcare and education sectors were not classified as part of the critical infrastructure during the pandemic at the federal level, although 28 states (e.g., Florida, Ohio, Michigan) did include childcare providers in their lists of essential jobs and functions. Childcare centers closed rapidly in March and April of 2020 due both to the local restrictions of “essential functions” and lack of demand for these services (i.e., more parents working from home and sheltering in place; Lee & Parolin, 2021). Many of the centers that closed during the initial months remained under their full capacity a full year later. Primary and secondary schools saw widespread closures of face-to-face classes during the first six months of the pandemic as well (Kashen et al., 2020; Zviedrite et al., 2021). By March 24, 2020, all 50 U.S. states had issued statewide public-school closure orders (Zviedrite et al., 2021), although the closure orders in 6 states (California, Florida, Kentucky, Maine, South Dakota, and Tennessee) were recommendations rather than mandates. Twenty-three states issued mandatory closures of private schools as well (Zviedrite et al., 2021).

One practical effect of the closures of schools and childcare centers was that the work of educating and caring for children shifted largely to parents (Bruhn & Oliveira, in press; Coleman-King et al., in press; Lutz et al., in press). Additionally, the shuttering of childcare-related jobs had a substantial economic impact on a sector that is female-dominated: over 90% of workers in education and childcare in the United States are women (U.S. Bureau of Labor Statistics, 2020). It is important to note that the economic impacts for elementary and secondary teachers in the United States were different than those for early childhood and day care workers. That is, most teachers remained employed during the pandemic, with their work shifting from face-to-face to virtual instruction, while childcare providers were unable to shift their work to a virtual/remote format and, if living in a state without protections for childcare as essential work, were more likely to lose their jobs (National Conference of State Legislatures, 2021). Once again, this disparity in the availability of education work fell along class and race lines among women; the lower-wage childcare and daycare workers who were most likely to lose their jobs were disproportionately women of color and immigrant women than the K-12 teachers (Mooi-Rici & Risman, 2021).
| Legislation title                                      | Date passed  | Stated focus                                                                 | Key policies                                                                 |
|------------------------------------------------------|--------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Coronavirus Preparedness and Response Supplemental   | March 6, 2020 | Emergency funding for federal agencies to address the pandemic              | • COVID-19 treatment and vaccine research<br>• Disaster loans for small businesses<br>• Resources for local governments |
| Appropriations Act                                   |              |                                                                              |                                                                            |
| Families First Coronavirus Response Act              | March 18, 2020| Funding to alleviate economic hardships for individuals and families        | • Funding for emergency unemployment insurance<br>• Increased sick leave<br>• Increased SNAP funding<br>• Increased funding for school meal programs<br>• Widened FMLA eligibility |
| Coronavirus Aid, Relief, and Economic Security (CARES)| March 27, 2020| Increased relief for businesses and families                                | • Created economic impact payments for individuals and families.<br>• Reimbursement for family-leave<br>• Block grants for childcare providers<br>• Increased business loans |
| Act                                                  |              |                                                                              |                                                                            |
| American Rescue Plan Act                              | March 11, 2021| Addressing continued economic and health impacts of the pandemic           | • Increased child tax credits<br>• Created block grants for schools to address pandemic learning losses<br>• Additional economic impact payments<br>• Funding for individuals experiencing housing instability |
|                                                      |              |                                                                              |                                                                            |

**United States federal legislation**

The national policies in the United States that followed the initial local emergency closure measures occurred in a series of legislative actions. In this section, we will give a brief timeline of the federal legislation that was enacted as a direct response to the COVID-19 pandemic. A summary timeline of these legislative measures is presented in Table 1. The first federal measure that was approved was the Coronavirus Preparedness and Response Supplemental Appropriations Act on March 6, 2020 (Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020). The purpose of this law was to provide an influx of emergency funding for a variety of federal agencies, including the Department of Health and Human Services, the Small Business Administration, and the U.S. Agency for International Development, to respond to the immediate health and economic effects of the pandemic. The domestic portion of the funding focused on (a) research and development for treatments and vaccines for the virus, (b) resources for local governments to respond to the outbreak, and (c) creating disaster loans for small businesses.

Shortly after the passage of the initial appropriations act, the U.S. Congress introduced the Families First Coronavirus Relief Act on March 18, 2020 (Families First Coronavirus Relief Act,
which focused on emergency unemployment insurance and benefits, sick leave, coverage for COVID testing, and supplemental nutrition assistance. The Families First Act included a range of provisions across the spectrum of U.S. government agencies (e.g., Department of Agriculture, Department of Defense, Centers for Medicare and Medicaid). None of the provisions of the act directly addressed or mentioned the wellbeing of women; however, most of the provisions of the act had important indirect effects on the work and lives of women. For example, the act removed work and work training requirements for individuals to receive Supplemental Nutrition Assistance Program (SNAP) waivers and increased the amount of funds sent to states (only if requested by individual states) to provide these benefits to newly qualifying families. The act also increased the amount of federal funds sent to states to provide free breakfast and lunch to school-aged children during school closures. As a final example, the act changed the requirements for using Family Medical Leave Act [FMLA] leave to include the leave to care for children at home during school and daycare closures and amended existing FMLA rules that only protected persons at employers with more than 50 people, dropping the threshold for protection to employers with 25 or more employees.

Next, the U.S. Congress passed The Coronavirus Aid, Relief, and Economic Security (CARES) Act (2020) on March 27, 2020. The CARES act included additional relief for businesses and industries during a period of COVID-related economic contraction. The act provided reimbursement for family-related leave (including leave to care for children) as a tax credit, as well as a block grant to support childcare providers (i.e., childcare centers and day cares) during the pandemic. The CARES act also included “economic impact payments” (commonly referred to as stimulus checks) of up to $1,200 per adult and $500 per child under the age of 17 (up to $3400 for a family of four). These payments were adjusted down for individuals making more than $75,000 a year and families making more than $150,000 a year in adjusted gross income.

At the time of writing this review, the ultimate piece of federal legislation that was passed in the United States to address COVID effects was the American Rescue Plan Act, signed into law March 11, 2021. This act expanded funding for nutritional assistance for states, including WIC and SNAP, and COVID treatment and testing funds like those approved in the first three COVID legislation packages. Like the previous pieces of COVID legislation, the American Rescue Plan had many provisions that indirectly, rather than directly, addressed issues related to women and families. For example, the American Rescue Plan Act contained additional economic impact payments for individuals and families. The American Rescue Plan Act increased child tax credits for individuals with dependents, expanded block payments to public schools for efforts aimed at learning loss during the pandemic, and included funding specifically for individuals and families experiencing housing instability.

Although these four different pieces of legislation were broad in scope, there are some key threads that run throughout that are of note in their effects on women of diverse backgrounds and families in the United States. First, these acts had the explicit aim of temporarily expanding upon the stipulations of the Family Medical Leave [FMLA] act of 1993, which itself has been extremely limited in terms of support for diverse families and family structures. Something that both the FFCRA and FMLA have in common is the limited applicability of the stipulated requirements for employers to provide leave to employees. As previously discussed, the option to take family leave only applies to certain types of employers and employees (i.e., the requirements do not apply to employers with fewer than 500 employees, or to workers who have been employed for fewer than 30 days). These benefits also do not apply to workers in the United States who are in temporary or contract positions, working for small employers, and/or working in the United States without
documentation. Finally, the COVID-related acts only provided paid leave for people to take care of dependents during the pandemic in the form of a limited, one-time tax credit.

Second, it is important to note that, although these pieces of legislation became federal law, many of the provisions and their implementation were explicitly left up to the discretion of individual states. For example, in the Families First Coronavirus Response Act, the Department of Agriculture would provide, “at the request of a state agency,” additional funding for SNAP for low-income and jobless workers (Sec. 2301). Many of the provisions in the first three COVID laws also stipulated local entities would only be eligible for a form of funding or assistance (e.g., increased funding for school lunches) if there was an active emergency declaration in place in the jurisdiction of the requesting government (e.g., American Rescue Plan Act, 2021, Sec. 2201). Many local and state governments lifted their emergency declarations due to COVID after the first few months of the pandemic, a period when individuals and families were still experiencing the economic effects of the crisis. Thus, many benefits conferred as a part of these pieces of legislation expired long before the effects of the pandemic.

One overarching limitation of the first three COVID-response federal laws was that they were all drafted, debated, and enacted within the first month of the COVID outbreak in the United States. Public understanding of the effects of the pandemic on disadvantaged groups was extremely limited at the time, with much of the legislation focusing on two primary areas: a) limiting the economic damage of the emergency closures for businesses and individuals, and b) distributing supplies and funds to be used by local health authorities for treatment and testing. In the first days of COVID spread in March of 2020, there was no conception of COVID as a long-term public health crisis that was just in its early stages. As public health experts’ understanding of the ways that the virus was transmitted changed (from surface to airborne), strategies for slowing the spread of the virus adapted in real time (Centers for Disease Control, 2021). For example, guidance on mask-wearing as an effective way to protect individuals from COVID developed several months into the pandemic (Howard et al., 2021) and became a part of a plan to re-open places like schools safely. As the finish line for the pandemic continued to push back, policies that were set to expire at ambitiously early dates (e.g., many of the provisions in the Coronavirus Preparedness and Response Supplemental Appropriations Act were only applicable to Fiscal Year 2020) had to be adjusted with bill enhancements and extensions.

U.S. policies and women’s unpaid work

The gap between the amount of unpaid work performed by women and men is large and consistent across the globe (International Labour Organization, 2018). The United Nations defines unpaid work as all labor performed for no pay, including domestic household tasks (e.g., cleaning, cooking, home repairs), childcare duties, and other family care duties (e.g., elder and sick relative care). Women have historically performed more of this kind of labor than have men, although the number of minutes per day varies widely across countries, ranging from a maximum of 345 minutes (about 6 hours) per day for Iraq to a minimum of 168 minutes (about 3 hours) per day in Taiwan, China. The median value for 67 countries with time-use data on unpaid care work is represented by Austria and Germany, where women’s unpaid care work is 269 minutes. Men’s unpaid care work ranges from 200 minutes in Moldova to only 18 minutes a day on average in Cambodia, with a median value of 110 minutes a day in Qatar. On average, men spend 83 minutes a day in unpaid care work while women spend 265 minutes a day in this type of work.
Research on the impacts of the pandemic on unpaid work has shown that both women and men are spending more time in unpaid work since the beginning of the pandemic in March of 2020 (Craig & Churchill, 2021; Power, 2020; UN Women, 2021). The UN concluded that the increase in unpaid labor during the pandemic was primarily domestic chores, especially household cleaning (thought to reduce the possibility of COVID spread; UN Women, 2021).

Additionally, the widespread closures of in-person schooling and subsequent virtual, at-home learning for young children added a new un-paid task for many families (Petts et al., 2021; U.S. Department of Education, 2021). As discussed by many of the empirical articles in this special issue (Coyle et al., in press; Obioma et al., in press), these additional hours spent on childcare and supervising virtual schooling for young children added to the already heightened stress of women sheltering at home during the pandemic.

U.S. policies and women’s paid work

In addition to the shifts in unpaid labor, women’s paid work was impacted dramatically across a wide range of occupations during the pandemic. At the broadest level, women overall saw a greater reduction in work hours than did men in the first months of the pandemic, even after accounting for personal and background characteristics (Collins et al., 2020; Petts et al., 2021). There are two primary mechanisms underlying this greater reduction of hours for women that stem from policy decisions in the United States: 1) women were more likely than men to take on the majority of increased childcare and home-schooling duties, necessitating a reduction in time spent working, and 2) many of the occupations initially overlooked in the federal guidelines for essential work were female dominated (e.g., childcare, cleaning and hospitality jobs, beauty, fitness, and personal care). Additionally, women are overrepresented in the kinds of contingent, low-wage jobs (jobs that pay less than $11 an hour) that were eliminated in rounds of layoffs at the beginning of the pandemic (Tucker & Patrick, 2017). Furthermore, these layoffs were highest among non-citizen workers (Flores et al., 2020). Thus, in both cases due to outside forces, women saw their ability to work diminish after the beginning of the pandemic. It is important to note that those women who left their jobs during the pandemic out of a necessity to carry out unpaid labor at home were ineligible for any long-term unemployment benefits enacted in the various rounds of COVID legislation in the United States because their loss of a job was “voluntary.” Undocumented women who are overrepresented in the lowest-wage jobs that were laid off during the pandemic were also ineligible for unemployment benefits due to their immigration status (Flores et al., 2020).

There were many female-dominated jobs in the essential work section of the economy, however, including healthcare, grocery store jobs, and, in states where it was protected, childcare. In general, workers in care positions, including childcare, nursing, healthcare administration jobs, and grocery store workers, are disproportionality women (Global Health 5050, 2020). Thus, women on the front lines of the pandemic found themselves in a double bind of needing to stay in their front-line job to support their families, consequently putting them at elevated risk of exposure to and contraction of coronavirus, and inability to care for families who were now sheltering in place at home (Jayaram & Maconi, in press; United Nations, 2020).

Finally, the widespread closures of schools and childcare centers meant that many children were sheltering in place at home during a time when their caregivers’ employment was in flux. These closures left many women performing childcare, homeschooling, and work duties simultaneously, compounded by a lack of typical structural supports (e.g., access to babysitters and
GLOBAL RESPONSES TO THE PANDEMIC AND THEIR IMPACTS ON WOMEN

The United Nation’s (UN) COVID-19 Policy tracker keeps a record of the gender sensitivity of policy responses to the pandemic across the globe (United Nations Development Programme, 2021). The UN defines “gender sensitive policies” as measures that directly address the risks that girls and women face during the COVID-19 crisis, including but not limited to unpaid care work, violence against women and girls, and economic insecurity. Most policies that were implemented during the pandemic were not specifically, explicitly aimed at helping women, but many had such an effect indirectly. According to data pulled from the tracker as of January of 2022, there have been 4968 COVID-related policy measures enacted globally since the beginning of the pandemic in March 2020, 1605 of which were classified as gender sensitive by the UN. See Table 2 for a summary of the frequency of each type of gender sensitive measure passed by region (regions used are adapted directly from the structure of the UN data reports). The types of specific policies enacted varied dramatically depending on a host of socio-political factors in the country, including resources available, government structure and size, and current political climate. It is beyond the scope of the present paper to present an exhaustive list of COVID responses across the globe. Thus, for this section of the review, we focus on the policies enacted in two countries specifically chosen for analysis as a contrast to those enacted in the United States: Germany and Brazil. We chose to focus on these two countries because of their similarity to the United States in economy scale and size of their governments but contrasting relative status of women in the country (Global Gender Gap Report, GGG, 2021) and human development index scores (an indicator that combines metrics related to income, health, and education levels of the population; UN Development Programme, 2020).

Illustrative comparison #1: Germany

The first useful comparison to make to the COVID response in the United States was that of Germany. In comparison to the United States, Germany is a smaller economy, but higher in both the

| Region   | Gender sensitive measures/all measures | Unpaid care | Violence against women | Women's economic insecurity |
|----------|----------------------------------------|-------------|------------------------|-----------------------------|
| Africa   | 270/842                                | 14          | 112                    | 144                         |
| Americas | 455/1,265                              | 50          | 227                    | 178                         |
| Asia     | 360/1,220                              | 35          | 197                    | 128                         |
| Europe   | 419/1,360                              | 113         | 247                    | 59                          |
| Oceania  | 101/281                                | 14          | 70                     | 17                          |

Note: Data reproduced from the UNDP COVID-19 Global Gender Response Tracker.
GGG ranking (#11 versus #30 for the United States) and the UN Human Development Index (#6 in the world compared to the United States’ rank of 17). As an additional contrast to the United States, Germany had a female head of government, Chancellor Angela Merkel, during the first year and a half of the COVID pandemic. One of the hallmarks of Germany’s response to the beginning of the COVID outbreak was widespread testing and containment of the virus (Wieler et al., 2020). Germany enacted some of the strictest travel and confinement policies of any other nations in the European Union (Naumann et al., 2020), including early nation-wide closures of schools and all childcare facilities as of March 13, 2020 (Freundl et al., 2021). Even with an existing social welfare system for women and families that was much more robust than that in the United States, German families faced similar struggles to American families with respect to increased care burdens with the closures of schools and day cares (Czymara et al., 2020). Germanys spent comparatively more per person than the United States on COVID relief, which included tax relief, and wage subsidies for workers who either lost their jobs or saw reduced hours due to the pandemic (Goodman, 2020). Like the U.S. response, Germany’s economic payment program did not include many part-time and temporary workers who were most likely to be low-wage workers to begin with (Czymara et al., 2020). The cumulative effects of these policies during the pandemic had the hardest impact on Germany’s large immigrant population, with resulting disproportionate drops in mental and physical health among immigrant women especially (Wandschneider, 2021).

Illustrative comparison #2: Brazil

Brazil is another useful comparison case to the United States in terms of analyzing the scope and impact of COVID responses on issues that affect women. Brazil is one of the largest economies in the world, though smaller than that of the United States, and saw a decrease in its GDP during COVID that saw it drop out of the top 10 (12th largest economy as of 2021; Lee, 2021). Brazil ranks below the United States in the GGG (#93) and in the HDI (#84). In general, Brazil’s response to the pandemic was slower and more limited from a centralized federal level than other Latin American countries (Touchton et al., 2021). Much of the healthcare response (including testing and treatment) was coordinated in a scattershot way by local and regional governments in direct opposition to leadership from then President Bolsonaro (Nicas, 2021). A stark consequence of this limited healthcare infrastructure was the high number (proportionally the highest in the world) of maternal deaths due to COVID in newly postpartum women in Brazil, concentrated primarily among women in poorer, rural areas (Scheler et al., 2021; Takemoto et al., 2020). Indeed, at the time of writing this paper there are both congressional and judicial investigations into President Bolsonaro’s handling of the spread of COVID and his opposition to vaccines (Kochs, 2021), decisions which lead to mass preventable deaths in Brazil.

From an economic and social standpoint, the Government of Brazil created an emergency cash benefit for individuals outside of formal work but who did not qualify for unemployment assistance, including the self-employed and those with informal jobs, many of whom were women (UN COVID Policy Tracker, 2022). Much of the economic response to COVID in Brazil, similarly to Germany and the United States, centered around safeguards for businesses, including contributions to small and medium-sized businesses (in the form of loans) to maintain employee salaries for up to 36 months during the pandemic. The Brazilian government also enacted direct cash payments to citizens, with additional benefits to families with children at home. The initial round of these payments expired in December of 2020, but a new round of payments with stricter income eligibility requirements began in August of 2021. Additionally, Brazil implemented a few new social
benefits specifically for women in crisis during the pandemic, including a public, toll-free violence against women hotline.

LESSENING THE ONGOING IMPACT OF THE PANDEMIC

During the peak of the pandemic in 2020, the UN Women’s Committee issued a call for pandemic response policies to be more cognizant of gender because the effects of the pandemic, “have not been gender neutral” (Azcona et al., 2020). Similarly, there were several broad calls for countries to implement more family friendly work and leave policies during the pandemic, including from the United Nations, the World Health Organization, and UNICEF (Cody & Kip, 2020). As detailed previously in this paper, the responses varied widely across regions and countries, and to the extent that they focused on issues related to women and families, they did so largely in ways that aimed to limit the expansion of already existing gaps in economic and physical security. In fact, it is important to consider that many COVID-related policies and measures were not only unhelpful to marginalized groups of women in a way that was an accident or an oversight in a time of crisis, but intentionally discriminatory in a way that preyed upon nationalistic fears about safety in a time of crisis (Devakumar et al., 2020). In times of crisis, governments have much more public support to use emergency powers to address tangential issues in the name of national security, taking latitude to bypass traditional legislative mechanisms (Ginsburg & Versteeg, 2021; Paixao & Benvindo, 2020). In the United States, for example, President Trump used public concern around the spread of the COVID virus to enact new border and immigration restrictions in the name of public health (Presidential Action, April 22, 2020).

Going forward, it is important to understand ways that governments can lessen the ongoing impact of the COVID-19 pandemic on women’s work and family lives. It is essential that governments work to expand access to paid family and sick leave for workers across income groups and across family types, and to ensure that such leave is available to the most vulnerable workers regardless of immigration status. Many of the disparate impacts on women during the pandemic have stemmed from the unequal sharing of duties that are unpaid, including housework and childcare (Coyle et al., in press; Obioma et al., in press). Thus, another preventative step that must be a part of policy making is an increased economic valuing of care work, especially that care work which is (a) paid poorly (largely women from low SES and immigrant backgrounds), and (b) unpaid in the home and performed primarily by women of all backgrounds. Because care work falls so neatly into the gendered spheres historically occupied by women, it is viewed as a part of women’s essential personality and duties to offer care for little to no economic reimbursement. Indeed, recognizing, supporting, and reimbursing the kind of unpaid care work that women do is one of the key factors that scholars have identified that is maintaining the gender pay gap in countries across the globe (Elson, 2017). The importance of family care as the underpinning of economies and local governments was drawn into stark focus during the pandemic when, as discussed previously in this paper, traditional workplace and childcare systems were disrupted. Thus, it is short-sighted for policy makers to continue to frame support for care work and/or work-family balance issues as a matter of private family decisions; care work is clearly essential work.

An examination of countries’ responses to COVID shows that most individuals included in decision-making bodies (task forces, agencies, etc.) to combat the COVID impacts are men. The UN’s COVID-19 Global Response Tracker monitors the composition of any task forces (either temporary or permanent) that formed in response to the pandemic (United Nations Development Programme, 2021). Their data show that women are underrepresented on such task forces across
all regions of the globe; the highest proportion of representation is in Europe, North America, and Australia (32% average share of women on COVID task forces), and the lowest is in East and South-East Asia (15% average share of women). A small number of countries have created task forces specifically aimed at the impact of COVID-19 on women: Fiji, Lebanon, Chile, and the United States (UN, 2021). Another noticeable trend is that women are better represented on task forces that are purely advisory versus those that have authority to make decisions and policy changes (UN, 2021), illustrating that women’s influence in COVID policy decisions was more likely to be symbolic than agentic. Among the small group of women who were equipped with power at the national level, preliminary qualitative data rating the response of national leaders during the first 15 months of the pandemic showed that women leaders were rated higher than their male counterparts on communication and crisis management during the initial outbreak. Female heads of government were also more likely to enact policies that addressed the disparate impacts of the virus on women and girls (Piscopo & Och, 2021). However, it is important to note with caution that the heightened focus on effective female leaders during the COVID pandemic, while warranted, had the effect of magnifying a small sample of female decision makers. This focus had the unintended effect of giving the perception that women are more represented as heads of state and policy makers internationally than they are in actuality (Piscopo & Och, 2021). Indeed, at the beginning of the pandemic in March 2020, only 21 countries (out of a recognized 193) had female elected heads of state or government (UN Women, 2021) and only 14 nations had a cabinet that was at least 50% women. Thus, this pandemic has highlighted the tangible, measurable importance of including people's diverse perspectives, skills, and backgrounds in the highest levels of policy making.

**PREPARING FOR FUTURE DISASTERS AND CRISES**

We would like to close by using the lessons learned from the COVID policies outlined in this paper to forecast action items that could help decision makers prepare for future disasters. First, any analysis claiming intersectional roots must incorporate not only an understanding of the impacts of a crisis on individuals with differential access to power and resources, but also an understanding of what could bring justice to those groups (Acciari et al., 2021; Rice et al., 2019). The field of gender and disaster studies promotes using such an intersectional framework to any examination of crises, noting that, “people’s social identities shape their experiences of disasters, their vulnerabilities and their capacities to respond and recover” (Acciari et al., 2021, pp. 4).

The disparate impact of the COVID-19 pandemic on women and families, especially women and families in vulnerable groups, is something that could have been predicted by leaders and policymakers. Groups that are the most marginalized during times of peace and prosperity, and/or those who have made the most recent and tenuous progress on economic and sociopolitical fronts, are hit hardest across all types of disasters (Goldsmith et al., 2021; UN Women, 2019), whether they be natural (Callaghan et al., 2007), financial (Gosh, 2010), or health crises (O’Donnell et al., 2021; Pirtle & Wright, 2021). Research across a wide range of disasters shows that such crises exacerbate the existing gaps in women’s and men’s social, physical, and economic wellbeing (Acciari et al., 2021; Nandal, 2011). Even factors such as the flow of information in a time of crisis or emergency have been shown to fall unequally along gendered lines. Women and children tend to have access to the least amount of information in the time of a natural disaster or health crisis compared with male counterparts (Ulrisch, 2017), and this is especially true for immigrant women experiencing a crisis outside of their home country and language of origin (Falkheimer & Heide, 2006; Steinmetz, 2020). Additionally, women who face compounded minority stress, including
LGBTQ+ women and women of color, have even less access to resources such as information, healthcare prevention and treatment, and federal relief during disasters (Goldsmith et al., 2021). The reliance on church and faith-based communities to supplement government aid during times of disaster especially marginalizes LGBTQ+ families and other non-traditional family structures that are often unrecognized and actively discriminated against by such entities (Goldsmith et al., 2021; Larkin, 2019).

We would like to propose several proactive strategies for preventing such widespread hardship for women in future disasters. First, governments and local entities would be better prepared to make predictions about the impacts of crises on women if they collected better data in times of stability. A crucial first step is to increase the collection of detailed, intersectional data at the national level to fully document the scope of the impact of the current pandemic on women’s lives (Azcona et al., 2020; Pirtle & Wright, 2021). Indeed, local, state, and federal policy makers cannot begin to create policies that address harms or gaps that have not been accurately recorded and analyzed. An excellent example of this type of intersectional data collection during the COVID-19 pandemic is the Color of Coronavirus Report, data that is collected and presented by a team of researchers at the American Public Media Research Lab (American Public Media Research Lab, 2022) to highlight racial disparities in the impacts of COVID. Their reports highlight racial and ethnic disparities in COVID-related deaths, vaccine rates, and even college enrollment changes during the pandemic. Although these reports add critical data to the conversation surrounding impacts of the pandemic on vulnerable groups, the need to examine impacts on intersectional identities within racial and ethnic groups remains (Pirtle & Wright, 2021). Even basic data on sex-disaggregated rates of COVID testing, cases, and deaths are not being collected or reported by most countries in the world (Global Health 5050, 2020), much less disaggregated secondary effects of the pandemic (e.g., employment status, childcare burden, mental health). Additionally, many of the women who have been the most negatively impacted by the COVID-19 pandemic are also from difficult to access groups. Women from marginalized groups (e.g., undocumented women, women who must move due to abuse or relationship dissolution), are often the most difficult to sample for national data gathering efforts (Carr-Hill, 2013) because of a combination of fear of being located/identified, fear of social and political repercussions (e.g., detention and deportation) and housing instability.

Second, historical examination of similar crises points to predictable effects on women and girls when economies contract and a nation’s focus turns to safety/security (Nandal, 2011; O’Donnell et al., 2021). We can document the specific effects of the pandemic on not only women’s economic wellbeing, but also their physical health and safety and sense of agency. The slippage of more women into economic and time poverty during the COVID-19 pandemic necessitates an attention to gender differences in impact of similar crises in the future (Giurge et al., 2020). Thus, it is important for leaders and policymakers in the United States to incorporate the lessons we have learned about women’s wellbeing so far in the pandemic to both repair the harms that have already occurred and to prevent an escalation of future harms. For example, policy makers in the United States relied on expanding some existing pieces of legislation, such as FMLA, as a way of helping families during the pandemic when these laws were already extremely flawed and beneficial to only the most privileged of women (Arellano, 2015). Working women already struggled to balance paid labor with demands at home prior to the pandemic with inadequate formalized supports. The COVID-19 pandemic has brought into stark focus the burden of unpaid care and domestic work, perhaps especially because the pandemic had the effect of increasing time spent in such work for men.

Next, women’s ability to access and control resources is essential to their empowerment in society. The UN argues that women’s access to resources through paid labor is a key source of social
protection in any culture, because having control over resources (be they money, land, property, or other assets) provides security (UN Women, 2020). That is, the pandemic shined a bright light on the deep inequalities already faced by women in the labor forces ability to access equal opportunities, pay, and supports. As previously discussed, large-scale disasters of any type have the effect of pushing women back out of the workforce and into unpaid care work. The types of policies that would be needed to prevent this slippage would be proactive solutions aimed at increasing women’s access to economic opportunities in times of peace and prosperity. This could include policies such as equal access to education across academic sectors, affirmative action for disadvantaged and underrepresented groups of women across labor sectors, legislation guaranteeing equal pay for equal work, and increased supports for workers (disproportionately women) who spend time caring for family members.

Finally, we note that legislative recovery mechanisms in times of crisis tend to confer benefits along privileged lines. Stimulus packages and relief funds that are tied to paid labor have the effect of deepening existing gender inequalities in labor rewards. The COVID-19 crisis has been a unique disaster case study that combined economic and public health crises. The initial, months-long focus on “essential work” created the unintended consequence of protecting and maintaining formal employment in certain job sectors (e.g., healthcare, government, law) while failing to support sectors that are essential to the social and economic security of women (e.g., education, childcare), and increasing the unpaid, informal work burden that is typically performed by women as well.

One of the reasons that women continue to be the hardest hit during catastrophes is that they perform the bulk of unpaid care work, which has no associated safety net during crises like the COVID-19 pandemic. Women who are already performing unpaid care work who had to take on additional care jobs (e.g., virtual schooling of children, sick care) during the pandemic were not eligible to receive most benefits in the associated COVID acts that were tied to unemployment (e.g., paid sick leave from work, unemployment benefits). Recognizing and rewarding the types of labor that is typically performed by the most vulnerable women is one of the most important pieces of the gender inequality puzzle that must be remedied.

ORCID
Amy Roberson Hayes https://orcid.org/0000-0003-1648-660X

REFERENCES
acciari, L., Fordham, M., Le Masson, V., Walmsley, O., & Yadav, P. (2021). Gender and disaster: bibliography and reference guide (vol. 2). Center for Gender and Disaster, University College London. https://www.ucl.ac.uk/risks-disaster-reduction/sites/risks_disaster_reduction/files/reference_guide_volume_2_0.pdf
American Journal of Managed Care | AMJR Staff (2021). A timeline of COVID-19 developments in 2020 (no author, journal staff). https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020
American Public Media Research Lab (2021). Color of coronavirus. https://www.apmresearchlab.org/covid
American Rescue Plan Act, H. R. 1319, 117th Cong. (2021). https://www.congress.gov/bill/117th-congress/house-bill/1319/text
Arellano, J. (2015). Don’t leave U.S. behind: problems with the existing family and medical leave act and alternatives to help enhance the employee work-family relationship in the 21st century. Journal of Workplace Rights, SAGE Open, 1–13. https://doi.org/10.1177/2158244015581553
Azcona, G., Bhatt, A., Encarnacion, J., Plazcoza-Castano, J., Seck, P., Staab S., & Turquet, L. (2020). From insights to action: gender equality in the wake of COVID-19. UN Women. https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/gender-equality-in-the-wake-of-covid-19-en.pdf?la=en&vs=5142
Bartik A. W., Bertrand, M., Cullen, Z., Glaeser, E. L., Luca, M., & Stanton, C. (2020). The impact of COVID-19 on small business outcomes and expectations. PNAS, 117, 17656–17666. https://doi.org/10.1073/pnas.2006991117
Blundel, R., Dias, M. C., Joyce, R., & Xu, X. (2020). COVID-19 and inequalities. *Fiscal Studies: The Journal of Applied Public Economics, 41*, 291–319. https://doi.org/10.1111/1475-5890.12232

Bowleg, L. (2012). The problem with the phrase “women and minorities”: Intersectionality- an important theoretical framework for public health. *American Journal of Public Health, 102*, 1267–1273. https://doi.org/10.2105/AJPH.2012.300750

Bowleg, L. (2021). Evolving intersectionality within public health: From analysis to action. *American Journal of Public Health, 111*, 88–90. https://doi.org/10.2105/AJPH.2020.306031

Bruhn, S., & Oliveira, G. (in press). “Me cuesta mucho”: Latina immigrant mothers navigating remote learning and caregiving during COVID-19. *Journal of Social Issues*.

Callaghan, W. M., Rasmussen, S. A., Jamieson, D. J., Ventura, S. J., Farr, S. L., Sutton, P. D., Mathews, T. J., Hamilton, B. E., Shealy, K. R., Brantley, D., & Posner, T. (2007). Health concerns of women and infants in times of natural disasters: lessons learned from Hurricane Katrina. *Maternal Child Health, 11*, 307–311. https://doi.org/10.1007/s10995-007-0177-4

Carr-Hill, R. (2013). Missing millions and measuring development progress. *World Development, 46*, 30–44. https://doi.org/10.1016/j.worlddev.2012.12.017

Centers for Disease Control (2021). Scientific brief: SARS-CoV-2 Transmission. https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.html

Cody, H., & Kip, C. (2020). COVID-19 pandemic proves family-friendly policies are a must. UNICEF. https://www.unicefusa.org/stories/covid-19-pandemic-proves-family-friendly-policies-are-must/37531

Coleman-King, C., Brown, T. T. C., Haynes-Thoby, L., & Dowie-Chin, T. (in press). ‘Reclaiming our time’: Black mothers cultivating the homeplace during times of crisis. *Journal of Social Issues*.

Collins, C., Landivar, L. C., Ruppanner, L., & Scarborough, W. J. (2020). COVID-19 and the gender gap in work hours. *Gender, Work, and Organization, 28*, 101–112. https://doi.org/10.1111/gwao.12506

Coronavirus Aid, Relief, and Economic Security Act (CARES Act), H.R. 748, 116th Cong. (2020). https://www.congress.gov/bill/116th-congress/house-bill/748

Coronavirus Preparedness and Response Supplemental Appropriations Act, H.R. 6074, 116th Cong. (2020). https://www.congress.gov/116/bills/hr6074/BILLS-116hr6074enr.pdf

Coyle, E. F., Fulcher, M., Baker, K., & Fredrickson, C. N. (in press). Families in quarantine: COVID-19 pandemic effects on the work and home lives of women and their daughters. *Journal of Social Issues*.

Craig, L., & Churchill, B. (2021). Working and caring at home: gender differences in the effects of COVID-19 on paid and unpaid labor in Australia. *Feminist Economics*. https://doi.org/10.1080/13545701.2020.1831039

Czymara, C. S., Langenkamp, A., & Cano, T. (2020). Cause for concerns: Gender inequality in experiencing the COVID-19 lockdown in Germany. *European Societies, 23*(1), 68–81. https://doi.org/10.31235/osf.io/bxm9g

Devakumar, D., Shannon, G., Bhopal, S. S., & Abubakar, I. (2020). Racism and discrimination in COVID-19 responses. *The Lancet, 395*, 1194. https://doi.org/10.1016/S0140-6736(20)30792-3

Elson, D. (2017). Recognize, reduce, redistribute unpaid care work: How to close the gender gap. *New Labor Forum: A Journal of Ideas, Analysis and Debate, 26*(2). https://doi.org/10.1177/1095796017700135

Falkheimer, J., & Heide, M. (2006). Multicultural crisis communication: Towards a social constructionist perspective. *Journal of Contingencies and Crisis Management, 14*, 180–189. https://doi.org/10.1111/j.1468-5973.2006.00494.x

Flores, E. O., Padilla, A., Juarez, K., & Qaiser, R. (2020). Policy report: massive job losses among non-citizens in California and the US. Community and Labor Center: University of California Merced. https://ssha.ucmerced.edu/sites/ssha.ucmerced.edu/files/documents/massive_job_losses.pdf

Freundl, V., Lergetporer, P., & Zierow, L. (2021). Germany’s education policy during the COVID-19 crisis. *Zeitschrift fur Politikwissenschaft*, 31, 109–116. https://doi.org/10.1057/s41358-021-00262-7

Ginsburg, T., & Versteeg, M. (2021). The bound executive: Emergency powers during the pandemic. *International Journal of Constitutional Law, 19*, 1498–1535. https://doi.org/10.1093/icon/ moab059

Giurge, L., Whillans, A. V., & West, C. (2020). Why time poverty matters for individuals, organisations and nations. *Nature Human Behavior, 4*, 993–1003. https://doi.org/10.1038/s41562-020-0920-z

Global Health 5050 (2020). The Sex, Gender, and COVID-19 Project. https://globalhealth5050.org/the-sex-gender-and-covid-19-project/
Goldsmith, L., Raditz, V., & Mendez, M. (2021). Queer and present danger: understanding the disparate impacts of disasters on LGBTQ+ communities. *Disasters*. https://doi.org/10.1111/disa.12509

Gonzalez, K.A., Abreu, R. L., Arora, S., Lockett, G.M., & Sostre, J. (2021). “Previous resilience has taught me that I can survive anything”: LGBTQ resilience during the COVID-19 pandemic. *Psychology of Sexual Orientation and Gender Diversity*, 8, 133–144. https://doi.org/10.1037/sgd0000501

Gosh, J. (2010). Financial crises and the impact on women. *Development*, 43, 381–385. https://doi.org/10.1057/dev.2010.64

Hansen, M. A., Johansson, I., Sadowski, K., Blaszcynski, J., & Meyer, S. (2020). The partisan impact on local government dissemination of COVID-19 information: Assessing US County government websites. *Canadian Journal of Political Science*, 1–13. https://doi.org/10.1017/S0008423920000918

Howard, J., Huang, A., Li, Z., Tufekci, Z., Zdimal, V., & Rimoin, A.W. (2021). An evidence review of face masks against COVID-19. *PNAS*, 118(4), https://doi.org/10.1073/pnas.2014564118

International Labour Organization (2018). *Care work and care jobs: for the future of decent work*. Geneva: ILO. https://www.ilo.org/global/publications/books/WCMS_633135/lang–en/index.htm

Jayaram, L., & Maconi, M. ((in press)). “We have to work”: essential worker families during COVID-19 and the gendered carework dynamic. *Journal of Social Issues*.

Kashen, J., Glynn, S. J., & Novello, A. (2020). *How COVID-19 sent women’s workforce progress backward*. Center for American Progress. https://americanprogress.org/article/covid-19-sent-womens-workforce-progress-backward/

Kochs, J. (2021). *Brazil’s top court opens investigation into Bolsonaro for linking COVID-19 vaccines to AIDS*. CNN, https://www.cnn.com/2021/12/04/americas/brazil-bolsonaro-covid-aids-intl-hnk/index.html

Larkin, B. (2019). Pride and prejudice: LGBTQ community responses to disaster events worldwide. *Australian Journal of Emergency Management*, 34(4), 60–66. http://10.47389/37.1.52

Lee, Y.N. (2021). *Here are the 10 biggest economies in the world- before the pandemic vs. now*. CNBC, https://www.cnbc.com/2021/04/21/coronavirus-worlds-10-biggest-economies-before-covid-pandemic-vs-now.html

Lee, E.K., & Parolin, Z. (2021). The care burden during COVID-19: a national database of child care closures in the United States. *Socius: Sociological Research for a Dynamic World*, 7, 1–10. https://doi.org/10.1177/23780231211032028

Lutz, A., Lee, S., & Bokayev, B. ((in press)). Intensive mothering in the time of Coronavirus. *Journal of Social Issues*.

Mervosh, S., Lu, D., & Swales, V. (2020). *See which states and cities have told residents to stay at home*. The New York Times. https://www.nytimes.com/interactive/2020/us/coronavirus-stay-at-home-order.html

Mooi-Rici, I, & Risman, B. J. (2021). The gendered impacts of COVID-19: lessons and reflections. *Gender and Society*, 35, 161–167. https://doi.org/10.1177/08912432211001305

Moreland, A., Herlihy, C., Tynan, M. A., Sunshine, G., McCord, R. F., Hilton, C., … Baldwin, G. (2020). Timing of state and territorial COVID-19 stay-at-home orders and changes in population movement—United States, March 1-May 31, 2020. *Morbidity and Mortality Weekly Report: Centers for Disease Control*, 69(35). https://doi.org/10.15585/mmwr.mm6935a2

Nandal, S. (2011). Gender dimensions of the global crisis and their impact on poverty. *Journal of International Women’s Studies*, 12, 119–126. https://vc.bridgew.edu/jiws/vol12/iss4/8

National Conference of State Legislatures (2021). COVID-19: Essential workers in the states. https://www.ncsl.org/research/labor-and-employment/covid-19-essential-workers-in-the-states.aspx

Naumann, E., Mohring, K., Reifenscheid, M., Wenz, A., Retting, T., Lehrer, R., … & Blom, A. G. (2020). COVID-19 policies in Germany and their social, political, and psychological consequences. *European Policy Analysis*, 0, 1–12. https://doi.org/10.1002/epa2.1091

Nicas, J. (2021). *Brazilian leader accused of crimes against humanity in pandemic response*. The New York Times, https://www.nytimes.com/2021/10/19/world/americas/bolsonaro-covid-19-brazil.html

Obioma, I. F., Jaga, A., Raina, M., Asekun, A., Bark, A. S. H. ((in press)). Gender differences and the division of household duties before, during and “after” COVID-19: An examination of Germany, India, Nigeria, and South Africa. *Journal of Social Issues*.

O’Donnell, M., Buvinic, M., Krubiner, C., & Bourgault, S. (2021). *The impact of health crises on women & girls: How historical evidence can inform assessment and recovery through a gender lens* (Working paper). Washington, DC: Center for Global Development. https://www.cgdev.org/sites/default/files/impacts-of-health-crisis-women-and-girls.pdf
Paixao, C., & Benvindo, J. A. (2020). “Constitutional dismemberment” and strategic deconstitutionalization in times of crisis: beyond emergency powers. *International Journal of Constitutional Law Blog*, http://www.iconnectblog.com/

Petts, R. J., Carlson, D L., & Pepin, J. R. (2021). A gendered pandemic: childcare, homeschooling, and parents’ employment during COVID-19. *Gender, Work, & Organization*, 28, 515–534. https://doi.org/10.1111/gwao.12614

Pirtle, W. N., & Wright, T. (2021). Structural gendered racism revealed in pandemic times: intersectional approaches to understanding race and gender health inequities in COVID-19. *Gender & Society*, 35, 168–179. https://doi.org/10.1177/08912432211001302

Piscojo, J. M., & Och, M. (2021). Effective, decisive, and inclusive: Women’s leadership in COVID-19 response and recovery. Working paper prepared for the Leadership and Governance Section of UN Women. https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2021/Effective-decisive-and-inclusive-Womens-leadership-in-COVID-19-response-and-recovery-en.pdf

Power, K. (2020). The COVID-19 pandemic has increased the care burden of women and families. *Sustainability: Science, Practice and Policy*, 16(1), 67–73. https://doi.org/10.1080/15487733.2020.1776561

Rice, C., Harrison, E., & Friedman, M. (2019). Doing justice to intersectionality in research. *Cultural Studies*, 19, 409–420. https://doi.org/10.1177/1532708619829779

Scheler, C. A., Discacciati, M. G., Vale, D. B., Lajos, G. J., Surita, F., & Teixeira, J. C. (2021). Mortality in pregnancy and the postpartum period in women with severe acute respiratory distress syndrome related to COVID-19 in Brazil, 2020. *International Journal of Obstetrics & Gynecology*, 155, 475–482. https://doi.org/10.1002/ijgo.13804

Steinmetz, C. H. D. (2020). COVID-19, superdiversity, crisis-communication and leadership: lessons to be learned. *International Journal of Economic, Business and Management Research*, 4, 311–329. https://ijebmr.com/uploads/pdf/archivepdf/2020/IJEBMR_568.pdf

Takemoto, M. L. S., Menezes, M. O., Andreucci, C. B., Nakamura-Pereira, M., Amorim, M. M. R., Katz, L., & Knobel, R. (2020). The tragedy of COVID-19 in Brazil, 124 maternal deaths and counting. *International Journal of Gynecology & Obstetrics*, 151, 154–156. https://doi.org/10.1002/ijgo.13300

Touchton, M., Knaul, F.M., Arreola-Ornelas, H., Porteny, T., Sanchez, M., Mendez, O., … Rosado, J. A. (2021). A partisan pandemic: state government public health policies to combat COVID-19 in Brazil. *BMJ Global Health*, 6, e005223. http://dx.doi.org/10.1136/bmjgh-2021-005223

Tucker, J., & Patrick, K. (2017). Low-wage jobs are women’s jobs: The overrepresentation of women in low-wage work. *National Women’s Law Center*. https://nwlc.org/wp-content/uploads/2017/08/Low-Wage-Jobs-are-Womens-Jobs.pdf

Ulrisch, K., (2017). Unequal Impact: women’s & children’s human rights violations and the Fukushima Daiichi nuclear disaster. Greenpeace Japan.

U.S. Department of Labor (2020). FAQs about Families First Coronavirus Response Act and Coronavirus aid, relief, and economic security act implementation. Part 43. https://www.cms.gov/files/document/FFCRA-Part-43-FAQs.pdf

United Nations (2020). COVID-19 and its economic toll on women: the story behind the numbers. https://www.unwomen.org/en/news/stories/2020/9/feature-covid-19-economic-impacts-on-women

United Nations Development Programme (2020). The human development report 2020: the next frontier. Retrieved from https://hdr.undp.org/sites/default/files/hdr2020.pdf

United Nations Development Programme (2021). COVID-19 global gender response tracker. Retrieved from https://data.undp.org/gendertracker/

UN Women (2020). The Shadow Pandemic: violence against women during COVID-19. https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19#facts

UN Women (2020). Whose time to care: unpaid care and domestic work during COVID-19. https://data.unwomen.org/publications/whose-time-care-unpaid-care-and-domestic-work-during-covid-19

UN Women (2019). Progress on the sustainable development goals: the gender snapshot 2019. https://www.unwomen.org/en/digital-library/publications/2019/09/progress-on-the-sustainable-development-goals-the-gender-snapshot-2019

UN Women (2020). Families in a changing world: progress of the world’s women 2019–2020. https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2019/progress-of-the-worlds-women-2019-2020-en.pdf?la=en&vs=3512
UN Women (2021). Facts and figures: women’s leadership and political participation. https://www.unwomen.org/en/what-we-do/leadership-and-political-participation/facts-and-figures#_edn3

U.S. Department of Education (2021). Education in a pandemic: The disparate impacts of COVID-19 on America’s students. Report prepared by the Office for Civil Rights. https://www2.ed.gov/about/offices/list/ocr/docs/20210608-impacts-of-covid19.pdf

U.S. Bureau of Labor Statistics (2020). Table 11. Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity. https://www.bls.gov/cps/cpsaat11.htm

U.S. Department of Homeland Security (2020). Memorandum on identification of essential critical infrastructure workers during COVID-19 response. https://www.cisa.gov/sites/default/files/publications/CISA-Guidance-on-Essential-Critical-Infrastructure-Workers-1-20-508c.pdf

Wandschneider, L. (2021). Intersectional inequalities in physical and mental health by sex, gender and immigration in Germany. European Journal of Public Health, 31, 164. https://doi.org/10.1093/eurpub/ckab164.209

Wieler, L., Rexroth, U., & Gottschalk, R. (2020). Emerging COVID-19 success story: Germany’s strong enabling environment. Our World in Data. https://ourworldindata.org/

World Health Organization (2020). Impact of COVID-19 on people's livelihoods, their health and our food systems. Joint statement by ILO, FAO, IFAD, and WHO. https://www.who.int/news/item/13-10-2020-impact-of-covid-19-on-people’s-livelihoods-their-health-and-our-food-systems

Zviedrite, N., Hodis, J. D., Jahan, F., Gao, H., & Uzicanin, A. (2021). COVID-19-associated school closures and related efforts to sustain education and subsidized meal programs, United States, February 18–June 30, 2020. PLoS ONE, 16, e0248925. https://doi.org/10.1371/journal.pone.0248925

AUTHOR BIOGRAPHIES

Dr. Amy Hayes is an Associate Professor of Psychology and Chair of the Department of Psychology and Counseling at the University of Texas at Tyler. She received her PhD in Developmental Psychology from the University of Texas at Austin. She studies the broad causes and consequences of stereotyping and prejudice related to gender, gender identity, and race across the lifespan, especially regarding their effects on educational and occupational trajectories. Her recent work has focused on the development of views of women and minorities in politics and positions of leadership, the factors that affect self-efficacy and academic persistence among college women in science, technology, engineering, and mathematics (STEM) fields, social cognitions about gender-atypical children in adolescent peer settings, and the moral development correlates of young adults’ attitudes towards LGBTQ + individuals.

Diamond Lee is a recent graduate of the Master’s in Clinical Neuropsychology program at the University of Texas Tyler. Her research interests focus on mental health stigma, racial inequality, neurocognitive disorders, and inpatient organizational modification. Her most recent work examines differences by age cohort and gender on virtual reality daily living tasks for young and older adults. She is currently examining the joined interaction of demographics on political knowledge and efficacy for college students.

How to cite this article: Hayes, A. B., & Lee, D. (2022) Women, work, and families during the COVID-19 pandemic: Examining the effects of COVID policies and looking to the future. Journal of Social Issues 1–18. https://doi.org/10.1111/josi.12510