The missing voice of women in COVID-19 policy making [1]

Having more women at decision-making tables would help ensure the gendered effects of the pandemic are fully examined and part of recovery policies.

Author: Bourgeault, I. L.
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Women remain conspicuously absent from decision-making tables across Canada despite being disproportionately affected by COVID-19 at work and at home. Women's voices in policy-making would amplify the message that the overwhelming burden of "care work" women shoulder, especially during this pandemic, makes all work and our recovery from COVID-19 possible.

Women are at a higher risk at work, occupying what the Canadian Women's Foundation calls the five Cs of caring, cashiering, cleaning, catering and clerical work. As a result of their segregated labour market position, women not only experience higher rates of infection and death in Canada, they have also experienced greater job loss and less job recovery as a result of COVID-19.

On top of this, the trends are notably worse for Black, Arab and Southeast Asian Canadians. Unfortunately, we lag behind many countries on understanding these trends because of our lack of data on race.

Women also face a unique risk profile at home. There are concerns about what UN Women call the shadow epidemic of increased violence against women and girls, exacerbated during lock-downs and ensuing social isolation.

Closed daycares and schools have also resulted in additional caregiving and home-schooling responsibilities, disproportionately borne by women with young children. This has added stress for those trying to work from home and it has made it doubly difficult for women with young children to get back into the labour market if they've lost work.

Working mothers have largely been the ones in charge of piecing together a patchwork of childcare options – from formal child-care, where available and affordable, to informal care by family, friends and neighbours – just so they can get to work.

Women also disproportionately shoulder caregiving responsibility for aging parents and other relatives both in long-term care, hardest hit by the pandemic, and in the community, where they have experienced significant levels of social isolation.

Critically, women disadvantaged on all fronts will not only bear short-term impact of the emergency response to the pandemic, but also long-term consequences. We are witnessing a wholesale unravelling of the already precarious care infrastructure for our society more broadly, and for working women and working mothers in particular.

These concerns seem to be largely falling on deaf ears, perhaps because of women's notable absence at key decision-making tables, where policy is made.

Canada boasts only one woman premier: Caroline Cochrane of the Northwest Territories.

Only four of the 14 federal, provincial and territorial ministers of health are women: the federal minister of health (Patty Hajdu), one provincial minister of health in Ontario (Christine Elliott) and two in the territories (Pauline Frost in the Yukon and Diane Thom in NWT).

There are five female deputy ministers of health – four at the provincial level (Dominique Savoie in Quebec, Helen Angus in Ontario, Karen Herd in Manitoba, and Karen Stone in Newfoundland*) and one at the territorial level (Ruby Brown in Nunavut).

Although much has been made of women's leadership as chief medical officers of health, their number is exactly the same as their male counterparts – seven out of 14.

Those are the most visible representatives at pandemic response and decision-making tables. But what about the less visible advisory committees to these decision-makers?

Members of the lay public as well as others adept at finding this information on government websites would be hard pressed to determine who is providing advice to the majority white, male decision-makers. A scan of provincial and territorial government, ministry of health and public health websites across Canada reveals a notable lack of transparency of the existence of these advisory committees and their membership.

The fact that golf courses opened earlier after the lockdown than child-care centres in some provinces may give us a few hints.

These tables are making critically important decisions facing us all – but, as noted, disproportionately affecting women.

We are not unique internationally, despite claims of gender equality in Canada with our lauded 50/50 federal cabinet. In the United States, only two of the 27 members of the White House Coronavirus Task Force are women. The representation of women at the World Health Organization is better, but still not equitable, with 11 women of the 31 members and advisers of its Emergency Committee on COVID-19.

With COVID-19, we are collectively facing one of the greatest existential threats in our lifetime. It is critical to draw upon the experiences, skills and innovative insights of a diverse group of leaders and decision-makers.

This is why women's equal representation, and diverse women's representation, in leadership positions and at decision-making tables is so important.

Women are seeing first-hand how precarious the arrangements are for child-care and elder-care.

Decision-making benefits from having diverse representation to reflect a broad range of experiences, including those of women. There is a growing body of evidence that leadership diversity fosters innovation and creativity in problem solving, organizational effectiveness and financial performance. Diverse leaders are more likely to understand their communities and make more meaningful decisions that reflect those communities.

More women's voices on key decision-making tables could draw attention to the rapid unravelling of Canada's care infrastructure that has been occurring in response to the pandemic.

Women are seeing first-hand how precarious the arrangements are for child-care and elder-care. Even the most robust of child-care options during the pandemic – regulated spaces, which account for only 27 percent of care for children age 0 to 12 years – are facing remarkable economic challenges.

The finances of child-care centres are often precariously balanced between incoming parental fees and government subsidies with outgoing costs for physical and human resources. Faced with diminished fees, they are now teetering at a precipice. And those located in schools are facing eviction due to the need for space to enable social distancing. Informal child-care options that draw upon older parents and neighbours are also narrowing as our social bubbles shrink.

The unravelling of our patchwork of elder-care infrastructure has been particularly lethal. The higher number of deaths for women (5,063, as of Oct. 7, 2020) compared to men (4,324) in Canada are due largely to deaths in long-term care.

More women's voices could make clear how our lack of care infrastructure is our Achilles heel.

If we are to be a resilient society, we need to build a stronger care infrastructure – from child-care and education and into health and social care of our society's sick and elderly.

We need to realize that this care infrastructure, largely provided by women, is the foundation that keeps our economy going. The rallying cry emerging from this pandemic has been that care work makes all work possible.

More women's voices could shift the dialogue from seeing care as a cost to seeing care as an investment with long-term benefits. As argued in a recent Broadbent Institute report, Funding Childcare to Stimulate the Economy: "Boosting child-care will create service sector jobs, respond to both demand and supply-side shocks, and ensure parents, particularly women, are able to re-enter the labour market."

The connection between care work and the economy has largely remained ignored. With so few women making decisions, this connection continues to be overlooked.

We are at a critical juncture. We can go forward on important policy issues critical to women's participation in the economy, but we can also backslide.

We need to enable women, and diverse women's voices, to be present and amplified, not muted or ignored. We need to hear their case for how our care infrastructure should be central to pandemic recovery responses and not a tangential concern swept to the sidelines.

* Note to readers: This article has been updated to include Karen Stone in a mention of Canada's female deputy ministers of health.

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[5] https://childcarecanada.org/category/tags/women
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[7] https://childcarecanada.org/taxonomy/term/8142