



Nelli Kampouri

The Impact of Covid-19 on Greece's Gender Gap

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About this publication

The Greek government's response to Covid-19 was horizontal and gender-neutral. There was no gender assessment or consultation with gender-policy actors. The lockdowns exacerbated gender employment and unemployment gaps and made young, migrant and precariously employed women more vulnerable in the labour market. The care workload increased as a result of the extensive closures of schools and kindergartens, and although men began spending more hours on care, the care gap between men and women worsened. Gender-based violence also increased during the lockdowns. Despite awareness raising the government failed to adopt an effective policy to prevent gender-based violence. In general, the pandemic state of emergency was used to legitimise the marginalisation of gender issues and the silencing of voices pointing out the risks that women would be hit disproportionately by the widening of the gender employment, unemployment and care gaps, and a rise in gender-based violence as a result of the lockdowns.

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The Impact of Covid-19 on Greece's Gender Gap

INTRODUCTION

The Greek government took early containment and mitigation measures that proved effective in slowing the spread of the virus. These measures included the following, among other things: the cancellation of public events, the issuing of strict stay-at-home orders for the majority of the population, excluding essential workers; the closure of non-essential businesses and educational institutions; the temporal and spatial restriction of movement; mandatory teleworking for most public servants and many private sector workers; and the intensification of policing. These have been lauded as a 'great success'. Up to June 2020, the first wave of the virus seemed to have been largely suppressed with fewer than 3,000 total cases registered and fewer than 200 Covid-19-related deaths reported during the first three months of the crisis.¹ The subsequent waves of the pandemic were not handled with similar positive results, however.

Since the autumn of 2020, Greece has suffered at least three additional Covid-19 'waves' that overwhelmed the public health system, particularly during the dominance of the more transmissible and virulent Delta variant. Although the Greek government re-introduced similar containment and mitigation measures, these proved far less effective in alleviating human suffering and loss. These measures were not, this time around, taken early enough and as a result the public health system reached its limits, following decades of austerity policies involving underfunding and understaffing. Public health policies were increasingly balanced with economic necessities and priorities, especially the opening of the tourist industry during the summers of 2020 and 2021. Furthermore, an evidence base that could guide the effective localisation of containment measures taking into consideration up-to-date epidemiological criteria seemed to be lacking, while the national tracking and tracing system for interrupting chains of transmission of SARS-CoV-2 proved to be operating at best in a sketchy fashion. As a result, the existing weaknesses of the national health system in terms of capacity and quality of services were exposed and policing of those who did not conform to the restrictions intensified.

Since the autumn of 2021, policies have focused on raising Covid-19 vaccination rates among the general population. The Greek government shifted towards an approach characterised by washing its hands of responsibility, claiming that public health containment measures were no longer necessary because mass vaccinations marked the 'end' of the pandemic and put the blame for any hitches on the anti-vax movement and on vaccine hesitancy. Up to mid-May 2022, more than 3.3 million confirmed cases and around 30,000 coronavirus-related deaths had been officially registered in Greece, making it no longer a model of controlling the virus, but a European country with relatively high Covid-related death rate.

CHANGES IN THE LABOUR MARKET

The labour market in Greece is marred by stark and deeply entrenched gender inequalities, which are also reflected in the country's position at the bottom of the European Gender Equality Index since 2010. The pandemic has exacerbated these gender disparities, unrestrained by the Greek government's horizontal and gender-neutral economic and social policies, which have not managed to boost women's opportunities in and access to the labour market.

The partial economic recovery from the pandemic observed in the third quarter of 2020 has not benefitted women equally in Greece. Although the annual unemployment rate fell to 14.7 per cent in 2021 from 17.6 per cent in 2020, gender disparities are stark, with female unemployment reaching 18.9 per cent compared with 11.4 per cent for men.² Women disproportionately lost their jobs at the onset of the pandemic and they have also encountered greater obstacles to re-entering the labour force in the period after the end of the first Covid-19 wave in summer 2020.

An additional assessment on the basis of the relevant indicators on gender equality set by the European Union for monitoring progress towards the Sustainable Development Goals (SDGs) paints an even more dire picture. The gender employment gap in Greece is currently the second largest in the EU. Although it fell from 20.7 per cent in 2019 to 19.4 per cent in

¹ See the National Public Health Organization (NPHO) daily COVID report on 1 June 2020 at

² Eurostat data at

2020, it rose again to 19.8 per cent in 2021, a trend which raises serious concerns about the effectiveness of Greece's recovery and resilience plan in promoting gender equality in practice.³ In line with the country's significant data gaps when it comes to gender, the Greek authorities have not provided any update on the gender pay gap since 2018, when it stood at 10.4 per cent.⁴ Although this is below the current European average, it should be seen as reflecting a 'positive selection' effect, which means that women actually working full-time in Greece have potentially higher full-time wages than the average woman's wages because of women's overall lower employment rates.⁵

Data on labour market developments in 2021 indicate that young, low-educated and migrant women continue to be seriously impaired in their participation in the Greek labour market. The employment rate for young women living in Greece (aged 15 to 24) was merely 11.1 per cent compared with 15.6 per cent for men in the same category and a 30.3 per cent EU average. The employment rate for women with low educational attainment levels (0 to 2) living in Greece was 27 per cent compared with 50.5 per cent for men in the same category (International Standard Classification of Education – ISCED) and a 35 per cent EU average. The employment rate for non-EU female citizens residing in Greece was 36.6 per cent compared with 73 per cent for men in the same category.⁶

A recent report by EIGE concluded that the pandemic has heavily impacted workers with non-standard employment contracts, including the self-employed, and temporary, part-time and informal workers.⁷ In Greece, women are disproportionately overrepresented among these non-standard forms of work, as well as in the sectors hardest hit by the government's containment measures, such as accommodation, food services and hospitality. Although no official data are available that can help us to fully assess these developments, several civil society organisations have concerns over the intensification of precarious employment and labour conditions, which disproportionately affect women in Greece.⁸ An additional indication of the negative impact of the pandemic on the feminisation of precarious labour conditions in Greece is reflected in the results of the Eurobarometer survey published in March 2022 on 'Women in the times of Covid'. Greece fares worse than most EU Member States in relation to financial fragility and financial independence: 60 per cent of Greek women agree that the pandemic has had a negative impact on their income, while 45 per cent of Greek women stated that because of the pandemic's impact on the job market, they could do less paid work (meaning less work for a salary or wage) than they wanted, and 31 per cent respond-

ed that the pandemic has made them either much more or somewhat more financially dependent on their partner.⁹

COVID-19 AND POVERTY

On the basis of the 2020 Survey on Income and Living Conditions of Households (EU-SILC), poverty and social exclusion in Greece are decreasing, albeit at a slower pace than in the previous three years. This trend can largely be attributed to the impact of the pandemic.¹⁰ With 28.8 per cent of its population at risk of poverty or social exclusion, down from 30 per cent in 2019, Greece remains the third most poverty-stricken country in the EU, after Bulgaria and Romania.¹¹

The already significant gap in poverty rates by sex in Greece seem to have been exacerbated by the Covid-19 crisis. The 1.6 percentage gender gap that was recorded in 2019 (30.8 per cent of women compared with 29.2 per cent of men were estimated to be at risk of poverty and social exclusion) rose starkly to 2.1 in 2020 (29.9 per cent of women compared with 27.8 per cent of men were facing this risk). Gender gaps in poverty risk rates have been persisting or increasing for several vulnerable groups of women. Sharp increases were recorded in the gender gaps for the at-risk-of-poverty rate for several categories of vulnerable groups including: (i) economically inactive persons, where the at-risk-of-poverty rate was 25.6 per cent of women compared with 22.8 per cent of men, (ii) elderly people, especially those aged over 75, where the at-risk-of-poverty rate for women aged 75 years and over amounted to 17.2 per cent, while for men it was at 9.7 per cent, and (iii) non-EU citizens residing in Greece, for whom it was 54.7 per cent compared with 49.8 per cent for men and women respectively, (iv) women aged 18–59 years of age, living in households with very low work intensity face this risk at an estimated level of 17.3 per cent while men in the same social group are at 14.0 per cent.¹²

A worse picture is likely to emerge when the forthcoming 2021 EU-SILC is published. The full impact of the Covid-19 pandemic on the feminisation of poverty in Greece will probably surface in the coming years. Alarms raised by international and national organisations have been voiced to this effect, including concerns about the exacerbation of gender gaps in terms of financial fragility and poverty in Greece, while the gradual phasing out of the Greek social economic support measures in 2021 and the largely inadequate public health policy response to the pandemic from autumn 2020 onwards will probably contribute towards increasing these risks.¹³

³ Eurostat data [at](#)

⁴ Eurostat data [at](#)

⁵ European Institute for Gender Equality (EIGE): Gender inequalities in care, and consequences for the labour market; available [at](#)

⁶ Eurostat data (LFSI_EMP_A) and (LFSA_ERGAN).

⁷ European Institute for Gender Equality (EIGE): Gender equality and the socio-economic impact of the COVID-19 pandemic; available [at](#)

⁸ SOLIDAR (2021): Social Rights Monitor 2020 – European Trends; available [at](#)

⁹ Eurobarometer (2022): Flash survey – Women in times of COVID-19; available [at](#)

¹⁰ No official up to date data are available yet on the full impact of the pandemic on poverty at a national level, because publication of the results of the 2021 Survey on Income and Living Conditions of Households is still pending.

¹¹ Eurostat data (ILC_PEPS01).

¹² See ELSTAT's press releases on the EU-SILC [for 2019 at](#) and [for 2020 at](#)

¹³ European Institute for Gender Equality (EIGE): Gender equality and the socio-economic impact of the COVID-19 pandemic; available [at](#); SOLIDAR (2021): Social Rights Monitor 2020 – European Trends; available [at](#); UN Women (n.a.): Greece – Data; available [at](#)

COVID-19 AND HEALTH RISKS

According to national aggregated data provided by the National Public Health Organization (NPHO), up to mid-May 2022, there are no significant gender disparities in infections; women account for approximately 51 per cent and men for 49 per cent of registered cases, a difference that largely reflects the higher female population in the country. By contrast, Covid-19 fatalities are not equally distributed by gender. Approximately 3,000 more men than women have died of SARS-CoV-2 complications, accounting for a 54.8 per cent share of total fatalities.¹⁴

Further interpretations of these findings need to be cautious. On one hand, no dedicated studies have been conducted on analysing the higher Covid-19 death rates among men in Greece. Recent publications in other countries suggest, however, that factors related to biological sex, such as sex-specific hormones or the immune response play a minor role compared with social factors, such as gendered health behaviours, occupational exposures, pre-existing health conditions and demographics. On the other hand, these general findings should not overshadow the extent to which the virus has disproportionately affected vulnerable groups of women, especially health workers. Once more, no dedicated studies are available on the impact of Covid-19 on this group in Greece, but preliminary data published by the World Health Organisation (WHO) indicates a significantly higher infection and fatality rate for health workers compared with the general population on a global scale. Women's share of employment in this sector stands at 61 per cent in Greece, although this figure might be higher due to the high prevalence of undeclared care work even inside public health institutions.

In addition, the Greek government's decision to sideline largely the private health sector in the national Covid-19 health response, combined with the high levels of out-of-pocket health spending in Greece has raised serious concerns about the accessibility and affordability of care, especially for those living at the risk of poverty (a group in which women are overrepresented). A clear indication of this gendered impact is reflected in the fact that Greece registered one of the highest rates of self-reported unmet needs for medical care in 2020 in Europe, with significant gender disparities: 7.6 per cent for women compared with 5.4 per cent for men. Overall, the lack of available sex-disaggregated and gender-sensitive data makes it difficult to study the gender aspects of the impact of the pandemic on health in Greece. The indicators adopted by the Greek authorities to assess the wider effects of Covid-19 on health risks and outcomes are predominantly gender-neutral and do not comprehensively cover issues of gender health equality.

COMBATING THE SOCIAL EFFECTS OF THE CRISIS

The policies aimed at combating the social effects of the health crisis were horizontal and gender-neutral, focusing

mainly on retaining jobs, controlling unemployment and mitigating the risks of economic stagnation caused by the lockdowns. The state of emergency that was declared legitimised the marginalisation of gender issues and the silencing of voices that pointed out the risks of women being disproportionately hit by the widening of the gender employment, unemployment and care gaps, and the rise in gender-based violence as a result of the lockdowns. There was no prior gender assessment of the policies adopted to combat the spread of Covid-19, which were fast-tracked, nor were feminist and LGBTQ groups or gender experts invited to contribute to policymaking or participate in expert committees.

COVID-19 AND SCHOOLS

The policies against Covid-19 reversed progress previously achieved on work-life balance between men and women through the development of a network of public care structures and the funding of places in private structures, all-day schools and the extension of parental leave for mothers and fathers. When the lockdown began, a new law had just been introduced, which added two additional years (kindergarten) to the nine years of obligatory education (primary and high school) (Article 34 of 4704/2020). In March 2020, all schools and centres for the care for children and the elderly were closed except for schools and care centres for children and adults with disabilities. In total, schools remained closed for 38 weeks.¹⁵ The negative impact of these closures on work-life balance was worsened by the fact that live-out domestic and care workers, who play a very important role in substituting the state in the provision of care, were forced to stop working because of movement restrictions. At the same time, older family members who traditionally support households with unpaid care responsibilities had to follow strict self-isolation rules as a high-risk group.

As education moved online and a programme of distance learning began nationwide for a few hours per day, education – of young children especially – became particularly hard to operationalise. Kindergartens went online and all-day schools that gave working parents an opportunity to balance family responsibilities with full-time employment stopped operating. Distance learning began without prior preparation: the Webex platform was used for the first time, teachers had no training in digital learning methods, there was no online material to use, and parents and children were unaccustomed to using digital tools. Lower income households faced additional difficulties because of lack of suitable equipment and internet connections, which were addressed through the 'Digital Care' programme, which provides 200-euro vouchers for the purchase of digital devices. In the first years of the pandemic, the distance learning network suffered many technical issues that brought efforts to continue the educational programme to a standstill, forcing many parents – especially of younger children – to spend extra time resolving network problems, supporting children with

¹⁵ UNESCO (2022), 'Total duration of school closures'; available at: <https://en.unesco.org/covid19/educationresponse#durationschoolclosures>

¹⁴ Relevant dashboards available at: <https://covid19.ihu.gr/>

schoolwork, helping them to concentrate and cover learning gaps both during classes and while they were doing their homework.

Rather than prioritising the needs of young children, emphasis was placed on graduating students, who were in the process of passing university entrance exams. To address the overcrowding of the distance learning network, the Ministry of Education introduced a rotating system that overburdened parents with young children even more, as high school classes were held in the morning, while those for kindergarten and primary school were held after midday. Except for some educational television programmes broadcast during daytime, working parents had no other support during these hours. Moreover, from May 2020, parents were forced to make continuous readjustments to their professional lives as children stayed home for long periods of time. First, there was a period during which a system of alternate attendance days was adopted to reduce the number of students in class. This was followed by the roll-out of the vaccination programme, after which full-time attendance was permitted for all students with masks and regular testing, but lockdowns and class closures after infections continued to disrupt parents' work–life balance.

As hours spent on childcare, elderly care and the care of sick family members rose abruptly, the government provided a legal framework for the introduction of 'special purpose leave', consisting of four days of parental leave, one of which must be taken as annual leave. Although compensation was high, the addition of an extra day of annual leave acted as a disincentive for parents. Moreover, special purpose leave was available only to parents and carers of elderly and people with disabilities working remotely, while essential workers did not get the same access to parental leave or to care structures. Although nurses and other health workers, the majority of whom are women, were represented as heroes in government rhetoric, there were no special arrangements to facilitate the reconciliation of their paid and unpaid care needs.

Before the pandemic the gender care gap in Greece was higher than the EU average: the percentage of people caring for or educating their children or grandchildren, the elderly or people with disabilities every day was 38 per cent for women and 20 per cent for men, while the percentage of people doing cooking and household work was 85 per cent for women and 16 per cent for men.¹⁶ During the pandemic, men in Greece began spending more time on unpaid care, but women's unpaid workload increased too. As a result, the gender care gap remained stable. Research conducted during the first phase of the pandemic showed that 60 per cent of research participants believed that the division of labour within the household has not changed during the pandemic, despite increased responsibilities.¹⁷ A EUROFOUND survey

found that the percentage of time that women in Greece devoted to domestic work during the pandemic was 13–14 hours higher than that of men.¹⁸ Although no data are available on parental leave, overall, the pandemic brought to the forefront the need to renegotiate the gendered division of labour within households and at the societal level, to challenge prevailing stereotypes about motherhood and fatherhood, femininity and masculinity, and to adopt policies that promote more equal gender distribution of care within households.

THE PANDEMIC AND GENDER-BASED VIOLENCE

The lockdowns made the lives of victims of gender-based violence even more precarious, as they were stranded in bounded private spaces with perpetrators, who could control every aspect of their lives. At the same time, structures for the counselling, support and protection of victims of gender-based violence were forced to move many of their activities online. Shelters for victims of violence against women continued to accept victims in need during lockdown. Data from SOS helplines shows that violence against women has risen during the pandemic: in 2018, there were 104 calls to the 197 SOS helpline from female victims and 59 from third parties. While the number of calls remained stable during 2019, it rose to 114 and 92, respectively, in 2020. A similar increase can be observed in the data from the nationwide helpline (15900) for violence against women.¹⁹ Moreover, consultation with stakeholders showed that there was more demand for counselling services and legal help during the lockdowns than in the past.

Data from the Greek police is incomplete but points to the fact that allegations against perpetrators of domestic violence, an indicator that has followed an upward trend since 2012, increased from 3,815 cases in 2018 to 4,171 in 2019 and 4,264 in 2020. However, some crimes, such as femicides, have remained stable since 2019: ranging from 12 in 2018 to eight in 2019 and in 2020. Data collected through the justice system are even more incomplete but illustrate a drop in the number of convictions of male perpetrators during the first wave of the pandemic. For example, convictions for 'violence committed against family members' decreased from 1,320 in 2019 to 656 in 2020. Following ratification of the Istanbul Convention in 2018, there was an increase of 83.2 per cent in prosecutions of male perpetrators, which was attributed to the broadening of the definition of gender-based violence to include members of families or partners who do not have a formal relationship with the perpetrators, or are in a relationship but do not live with the victim. Nevertheless, this was followed by a 50.3 per cent decrease in 2020,²⁰ which shows

¹⁶ European Institute for Gender Equality (EIGE): Gender inequalities in care, and consequences for the labour market; available at [\[link\]](#)

¹⁷ Simeonaki, M./Chatzivarnava E./Kazani, A./Stamatopoulou, G./Athanasopoulou, A./Parsanoglou, D. (2020): 'Work, family, companionship, and parenthood during the first wave of the COVID-19 pandemic', in: Kinoniki Politiki, 13, December, 5–42.

¹⁸ Eurofound (2020): Living, working and COVID-19. Luxembourg: Publications Office of the European Union, Denis Bouget, Slavina Spasova and Bart Vanhercke.

¹⁹ General Secretariat for Demographics, Family Policy and Gender Equality [GSDFPGE] (2021): Second Report on Violence against Women. Athens: GSDFPGE

²⁰ Ibid.

that judicial procedures slowed down during the lockdowns and there were more delays in the judicial system than in the past. This continued even when the courts opened because of backlog cases. From the available data, we can draw the conclusion that violence against women has increased in Greece and that victims were in more danger than in the past. Nevertheless, it was underreported, especially to the judiciary.

In January 2021, former sailing champion Sofia Bekatorou disclosed that she had been raped by a functionary of the Greek sailing federation when she was younger. This testimony had a domino effect, with many further disclosures of gender-based violence, giving birth to the Greek #MeToo movement, which began a process of societal awareness-raising, whose impact is yet to be fully understood. The Greek #MeToo has brought together second, third and fourth wave feminists and LGBTQ activists in protests, demonstrations and public debates. It has also made it acceptable in Greek society to use terms that were previously considered out of bounds, such as femicide. Although the widespread media coverage of gender-based violence cases often exhibits sensationalism, it has contributed to making gender-based violence visible during the Covid-19 crisis and has put pressure on the government, political parties and other social actors to include it in their agenda. One tangible result at the policy level was that efforts intensified to coordinate the network for protection of victims of violence against women, which comprises counselling centres, shelters and helplines. Moreover, the Greek police has inaugurated new units specialising in gender-based violence and has started collecting more detailed data on violence against women, including on different types of gender-based violence and relations between victims and perpetrators. There are no data from previous years with which to compare this, however. At the same time, except for the campaign 'Break the violence', there have been no significant efforts to promote the prevention of gender-based violence, especially in younger age groups, and to educate the public about social aspects of the problem. One of the most important issues facing the Greek system of victim protection and prevention is that it is based on biological gender, and excludes gender-based violence victims such as gay men and trans women.

POLICY RECOMMENDATIONS

The pandemic has highlighted that gender issues should be at the core of plans for exiting the Covid-19 crisis that Greece is facing despite the reduction of infections and deaths. The current right-wing government has published a recovery plan that has been approved by the European Commission, which refers to the gender dimension but does not propose concrete measures to overcome it. Moreover, a gender bias runs through the plan. One of the few proposed measures is the introduction of the so-called 'neighbourhood nannies' programme, which is aimed at providing unemployed women with job opportunities in the care sector and working women with publicly funded care for infants. By framing the issues of care and work-life balance as a women's issue only, and excluding fathers from care, the plan reinforces conservative notions of femininity and masculinity. This gendered bias is in

line with the decision of the current government to rename the main body responsible for policymaking in this area – currently the General Secretariat of Gender Equality – the General Secretariat of Demographics and Family Policy and Gender Equality. This move has been opposed by all prominent feminist groups and thinkers in Greece. To promote a viable policy agenda for a post-pandemic recovery, care should be placed at the core of future and funding:

- There has been an alarming rise in gender pay and employment gaps recorded in Greece, reversing previous progress. This issue should be at the top of the policy agenda, challenging notions of recovery based on growth in male dominated sectors. To do so, it is crucial to propose policy solutions that create quality jobs in care that have positive effects across society: considerable investments in accessible, affordable and quality childcare, as well as elderly care facilities and services will have the double benefit of boosting women's employment and at the same alleviating the obstacles of unpaid workload that prevent many women from integrating into the labour market
- One area that needs to be strengthened is the public health care system, which is underfunded and understaffed following processes of privatisation and deterioration. In this context, it is crucial for political forces to develop in collaboration with trade unions proposals for improving the working conditions and salaries of workers in this sector, the vast majority of whom are women.
- An agenda for a care economy should also address the high levels of poverty that have been exacerbated during the pandemic from a gender perspective. Policymaking should focus on the precarious working and living conditions of groups of women who are usually silenced in public discourse, most notably inactive and migrant women, as well as those living in households of low work intensity, which are most at risk of poverty. Furthermore, it should focus on bringing to the forefront Greece's gender pension gap and the ways in which it affects older women at-risk-of-poverty.
- Also, policies promoting work-life balance should be placed at the top of a care economy agenda. This should be done in a way that challenges stereotypes about women's reproductive role and emphasises the need to renegotiate gender roles and to share care responsibilities between men and women. Moreover, issues related to LGBTQ caregivers, who are often excluded from relevant policies because of gender bias, should also be at the top of the agenda.
- Although the #MeToo movement has brought gender-based violence into the spotlight, there is still a lot missing from the current debate. On one hand, there is a gap between the feminist and LGBTQ activist responses to gender-based violence and the official policies adopted to protect victims. On the other hand, the question of prevention and the role of the police and the judicial system remain grey areas. An agenda promoting a care econo-

my should include policies aimed at the prevention of gender-based violence, the development of synergies between activists and politicians and reform of the police and judicial systems in order to include the gender dimension.

- Finally, the collection of data is a precondition for more effective policymaking on gender inequality. But there are a lot of gaps in the available data and several key institutions are persistently failing to produce reliable data. This situation undermines all efforts to progress into evidence-based policymaking on gender equality.

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The Greek government's response to Covid-19 was horizontal and gender-neutral. There was no gender assessment or consultation with gender-policy actors. The lockdowns exacerbated gender employment and unemployment gaps and made young, migrant and precariously employed women more vulnerable in the labour market. The care workload increased as a result of the extensive closures of schools and kindergartens, and although men began spending more hours on care, the care gap between men and women worsened. Gender-based violence also increased during the lockdowns. Despite awareness raising the government failed to adopt an effective policy to prevent gender-based violence. In general, the pandemic state of emergency was used to legitimise the marginalisation of gender issues and the silencing of voices pointing out the risks that women would be hit disproportionately by the widening of the gender employment, unemployment and care gaps, and a rise in gender-based violence as a result of the lockdowns.