



Amandine Clavaud

The pandemic in France

Women's rights put to the test

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About this publication

This note analyses the consequences of the Covid-19 pandemic on women's rights in France: Domestic violence has increased; access to contraception and abortion rights have been impacted; the care professions have been devalued even though they are on the front line; employment has been made more insecure; mental health has been affected; and women's representation has been lacking in the decision-making bodies that managed the crisis. While the public authorities took action, the response to the management of the crisis was not always appropriate or commensurate with the urgency of women's needs. Despite government measures, the unprecedented nature of the pandemic gave rise to responses that were not always equal to the urgency of women's needs. Finally, on the economic and social levels, the long-term consequences include a further deepening of the structural gender inequalities in society. In order to respond to these challenges, various levers can be mobilised, such as the aggregation of gendered data, an increase in funding dedicated to women's rights, or "egalitarianism" to deploy the gender dimension in all public policies.

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Today, more than two years after the Covid-19 pandemic, all the indicators show how consequential it has been for women's rights in France. Domestic violence has increased; access to contraception and abortion rights have been impacted; the care professions have been devalued even though they are on the front line; employment has been made more insecure; mental health has been affected; and women's representation has been lacking in the decision-making bodies that managed the crisis. Despite government measures, the unprecedented nature of the pandemic gave rise to responses that were not always equal to the urgency of women's needs. Finally, on the economic and social levels, the long-term consequences include a further deepening of the structural gender inequalities in society. We can already see that women will be paying the price for years to come.

SUCCESSIVE CONFINEMENTS AND RESTRICTIONS

France experienced three successive lockdowns, in line with other European countries, in 2020 and 2021. The first, decreed by President Emmanuel Macron from 17 March to 11 May, involved a ban on all unjustified travel beyond one kilometre; the closure of all but so-called "essential" shops (food and basic necessities), as well as restaurants, bars and cultural venues. Schools and universities were also closed, only to reopen on 22 June, shortly before the summer holidays.

In the autumn, when the second wave appeared, a 9 pm curfew was announced on 17 October. This turned out to be only the beginning of the second lockdown, which ran from 29 October to 15 December. The rules were the same as the first one, except that schools, colleges and universities remained open, with a mixture of face-to-face and distance learning for the higher levels.

France was then subject to another curfew from January to June 2021. Initially set at 8 pm (until 16 January), it was changed to 6 pm until 20 March and then moved back to 7 pm until 19 May, followed by 9 pm until 9 June and finally 11 pm until 20 June. This curfew period was accompanied by a third, hybrid lockdown from 3 April to 3 May, involving a ban

on inter-regional transport, the synchronisation of school holidays across France, and a week of remote schooling.

All these measures included the restriction of travel between départements and/or regions; the obligation to telework for jobs where possible; the closing and reopening of shops according to the changing pandemic situation; and the enforcement of capacity limits in public venues. They went hand in hand with a vaccination campaign and the introduction of a vaccination and health pass. But what were the effects of all these heterogeneous measures on women's rights?

AN UNPRECEDENTED INCREASE IN DOMESTIC VIOLENCE

As soon as lockdowns were announced across the world, reports of domestic violence began to increase exponentially, to such a degree, indeed, that UN Secretary General António Guterres spoke of a "shadow pandemic". The day before the first lockdown in March 2020, France's minister for gender equality, Marlène Schiappa, issued a press release to explain that "the period of crisis we are experiencing and the confinement to the home may unfortunately generate the conditions for domestic violence".¹ She pointed out that "the eviction of the violent spouse must be the rule".

At the beginning of the lockdown, the national anonymous helpline, 3919 – managed by the Fédération nationale Solidarité Femmes (FNSF), a network of 73 associations that help women who are victims of domestic violence – faced a "drastic drop in the volume of calls from women", as revealed in a joint press release from minister Marlène Schiappa and her Italian counterpart, Elena Bonetti. And for good reason: how can you call for help when you are trapped behind closed doors with your assailant?

Nevertheless, very quickly, the FNSF and all the other NGOs in the field saw a renewed and unprecedented increase in the number of calls to the helpline and requests for help. This required them to reorganise internally because of the travel restrictions, the safety precautions taken for the staff con-

¹ Press release, State Secretariat for Equality between Women and Men and the Fight against Discrimination, 16 March 2020.

cerned,² and also, sometimes, a reduction in staff, some of whom had been affected by the coronavirus or because they were at risk. The FNSF pointed out in a press release that “[the] call centre [...] has been transferred to mobile phones” so as to be operational from Monday to Saturday from 9 am to 7 pm.³

The upward trend in violence was unequivocal. At the end of March 2020, the Paris police noted a 36 per cent increase in reports of domestic violence in one week; in rural areas it was 32 per cent. This is borne out by national figures from the Ministry of the Interior: the government platform *arretonslesviolences.gouv.fr* recorded a 40 per cent increase in such reports during the first 2020 lockdown and a 60 per cent increase during the second. The FNSF handled 164,957 calls to its helpline, an increase of more than 70 per cent compared with 2019.⁴ The number of calls concerning domestic violence increased by almost 20 per cent.⁵ Furthermore, domestic violence may also mean family violence. Four out of five female victims of domestic violence have at least one child (83 per cent). Almost 20,000 children are thought to have been affected.⁶ The ministerial statistical service for internal security (SSMSI) indicates that there was a 9 per cent rise in complaints of domestic violence. Here, too, there was also an upward trend since 2018 (+10 per cent) and 2019 (+14 per cent).⁷

Faced with this urgent situation, in order to circumvent violent spouses, the public authorities had to adapt the reporting methods usually used. Several measures were put in place to enable female victims of domestic violence to alert the police, whether in pharmacies via a special code (by asking for a “19” mask), thereby prompting the pharmacist to raise the alarm,⁸ through help stations in shopping centres,⁹ or by text message to a special number, 114.¹⁰ These measures were supplemented by the provision of 20,000 hotel night-stays and the announcement of additional funding of 1 million to associations helping women. In 2021, following the measures promised at a special conference on domestic violence and in view of the urgency created by the health crisis, the 3919 hotline hours were extended in May to 24 hours

a day, Monday to Friday, and 9 am–6 pm at weekends. From August the service was made available 24/7.¹¹

The successive lockdowns, which exacerbated gender-based and sexual violence, further highlighted existing public policy shortcomings. Questions have been raised concerning the training of the relevant actors, the quantity of emergency accommodation available and the level of state funding, in particular for the feminist associations responsible for much policy implementation. While efforts have been made to increase the amount of emergency accommodation – reaching 7,820 places by December 2021¹² with a budget of €3 million – around four out of ten women victims of violence are still not offered accommodation, according to a report by the Women's Foundation and the National Federation of Women's Solidarity.¹³

The increase in demand for support from women victims of domestic violence goes beyond even periods of lockdown, in the wake of the #MeToo movement. Thus, the year 2021 saw a 33 per cent increase in sexual violence, continuing the increases seen in previous years. It should be noted that this figure includes a significant proportion of incidents that took place prior to the past year.

Finally, while France saw a drop in the number of so-called femicides (murders of women because they are women) in 2020, it rose again the following year when restrictions were lifted, often being committed during or following a separation. In 2019, 146 femicides were committed, compared with 102 in 2020. In 2021, 122 women were murdered by their spouse or ex-spouse.¹⁴ The challenges are therefore immense in the fight against gender-based and sexual violence, and all the more so in the context of Covid-19, with victim services under particular strain.

WOMEN'S HEALTH AT RISK: BETWEEN NOT SEEKING CARE, OVEREXPOSURE TO THE VIRUS AND REDUCED ACCESS TO REPRODUCTIVE HEALTH RIGHTS

The lockdowns had several effects on women's health. The first was to reduce the number of consultations in health centres, due to the travel restrictions. Appointments with GPs and specialists dropped considerably. Forgoing health care among women was already higher before the pandemic, and this has been reinforced: “64 per cent of women declare that they have forgone a medical procedure they needed,

² It should be noted that France did not have masks during the first months of the health crisis.

³ Press release, Fédération nationale Solidarité Femmes, 22 March 2020.

⁴ “Observatoire des violences conjugales 2021: Extrait de l'analyse globale des données issus des appels au 3919-Violences Femmes Info. Year 2020”, Fédération nationale Solidarité Femmes, November 2021, p. 2.

⁵ *Ibid.*, p. 2.

⁶ *Ibid.*, p. 6.

⁷ Service statistique ministériel de la sécurité intérieure, Insecurity and crime in 2020: statistical review, 29 April 2021.

⁸ “Confinement: les violences conjugales en hausse, un dispositif d'alerte mis en place dans les pharmacies”, *Le Monde* with Reuters, 27 March 2020.

⁹ Christine Mateus, “Violences conjugales: Marlène Schiappa annonce des points d'accueil dans les centres commerciaux”, *Le Parisien*, 28 March 2020.

¹⁰ Winny Claret, “Le 114, un numéro d'alerte par SMS contre les violences conjugales pendant le confinement”, *France Bleu*, 1 April 2020.

¹¹ Marlène Thomas, “Violences faites aux femmes : le 3919 disponible 24/24 en semaine”, *Libération*, 25 May 2021.

¹² Emmanuel Macron's government has pledged to attain 9,000 emergency accommodation places dedicated to women victims of violence by the end of 2022. See press release, “Comité de suivi du Grenelle des violences conjugales du 11 janvier 2022”.

¹³ Fondation des femmes and Fédération nationale Solidarité Femmes, “Où est l'argent pour l'hébergement des femmes victimes de violences?”

¹⁴ “Étude nationale sur les morts violentes au sein du couple en 2021”, ministère de l'Intérieur, 26 August 2022.

compared with 53 per cent of men".¹⁵ Several factors may explain this: closure of certain medical facilities, fear of infection or a concern not to overload health professionals. This situation was discussed in a document of the Economic, Social and Environmental Council (CESE) authored by Dominique Joseph and Olga Trostiansky, "Health crisis and gender inequalities", in March 2021.

While men have been more affected by the virus in terms of infection, hospitalisation and mortality, women have nevertheless been overexposed to Covid-19 because they make up the majority of workers in jobs requiring face-to-face contact, particularly in the care professions. An EIGE report revealed that women represented 72 per cent of positive cases among healthcare workers internationally in April 2021.¹⁶ In France, women represent 78 per cent of staff in public hospitals, including nearly 90 per cent of nurses and care assistants, and 89 per cent of the staff of elderly care homes.¹⁷ Women are also numerous in primary education, at 82 per cent, and make up 80–90 per cent of shop cashiers.¹⁸

Covid-19 led to a reorganisation of health services and thus contributed to delays in obtaining appointments, as healthcare workers were posted to Covid-19 units as back-up, or were themselves infected or quarantined.

Family planning services were not spared. The pandemic led to changes in reception and care procedures, sometimes to the detriment of women's health and wellbeing, in a context in which, it should be remembered, knowledge of the virus was initially limited. Some hospitals refused to allow women to be accompanied at childbirth.¹⁹ Such provisions go against the recommendations of the World Health Organisation (WHO), which reaffirmed the need for every woman to have the right to a safe childbirth, including the presence of persons of her choice.

Access to contraception and abortion was put to the test during the health crisis. As of 15 March 2020, following a decision by the Ministry of Health and the secretariat responsible for gender equality, women were able to "access the contraceptive pill directly at the pharmacy, without going through a doctor and on the basis of an old prescription"; this was also the case for emergency contraception. The press release also emphasised that abortion is "considered an emergency procedure" for which "continuity must be ensured". Community doctors and midwives were authorised to prescribe abortions, and teleconsultation has been developed to support women who have recourse to it.

Very quickly, women's groups, led by Family Planning, expressed their concerns about the impact that Covid-19 might have on access to contraception and abortion, because the management of time windows for proper treatment is crucial. Sarah Durocher, co-president of Family Planning, stated that the association had experienced "an increase in the number of calls to the government's freephone number [0 800 08 11 11]".²⁰

The health crisis, and in particular the initial lockdown, has reopened the debate about the time limit for seeking an abortion. The closure of borders because of lockdowns, and therefore the limitation of travel, prevented women from travelling to a neighbouring country with less restrictive legislation (the legal time limit in France is set at 12 weeks) – such as the Netherlands or Spain – in order to have a late-term abortion. Each year, between 3,000 and 4,000 French women are affected by this scenario.²¹ On 19 March 2020, the senators of the Socialist group in the French Senate, led by Laurence Rossignol, former Minister for Women's Rights, tabled an amendment to extend the legal time limit for abortion by two weeks and to abolish the second-consultation requirement for minors. This amendment was rejected, but civil-society mobilisation continued in the form of advocacy work and, among other things, a petition entitled "Covid-19: abortions cannot wait! For an emergency law", launched by the organisation Abortion Collective in Europe "Women decide", which brings together several feminist associations, trade unions and political parties. There was also an appeal by more than a hundred abortion professionals, supported by personalities from the worlds of politics and culture, who called for emergency measures and declared they were ready to challenge the law.²² In August 2020, a bill to strengthen the right to abortion by extending the deadline to 14 weeks and abolishing the double conscience clause was tabled in the National Assembly by the non-party MP Albane Gaillot. Rejected in the Senate, where the political right has a majority, it was filibustered in the National Assembly by MPs from Les Républicains.²³ It was then put back on the agenda and eventually adopted on 2 March 2022. The measure provides for the extension of recourse to abortion from 12 to 14 weeks; the extension of competence for surgical abortions to midwives; the perpetuation of the extended time limit for non-hospital abortion to seven weeks; abolition of the two-day cooling-off period; and the inclusion of a pharmacist's refusal to provide contraceptives as a breach of professional obligations in the public health code.²⁴

But despite the measures taken to facilitate access to contraception and abortion, and their strong civil society support,

¹⁵ Dominique Joseph and Olga Trostiansky, "Crise sanitaire et inégalités de genre", CESE, March 2021.

¹⁶ EIGE, Gender Equality Index 2021: Health, 28 October 2021, p. 124.

¹⁷ See the data from Drees on health professions, and more particularly nurses, or Ehpad staff.

¹⁸ Raphaëlle Rérolle, Marie-Béatrice Baudet, Béatrice Gurrey and Annick Cojean, "Coronavirus : dans toute la France, les caissières en première ligne", Le Monde, 22 March 2020.

¹⁹ Ibid.

²⁰ Interview with Sarah Durocher, "IVG pendant le confinement : 'une augmentation du nombre d'appels sur le numéro vert'", Europe 1, 16 April 2020.

²¹ Marie-Noëlle Battistel and Cécile Muschotti, Information report on access to voluntary interruption of pregnancy (IVG), 16 September 2020

²² Collective, "Il faut 'protéger les droits des femmes et maintenir l'accès à l'avortement'", Le Monde, 31 March 2020.

²³ Marlène Thomas, "Proposition de loi sur l'IVG : LR fait 'de l'obstruction organisée'", Libération, 16 February 2021.

²⁴ Vie publique, Loi du 2 mars 2022 visant à renforcer le droit à l'avortement, 3 March 2022.

the Covid-19 pandemic has weakened women's health and sometimes reinforced existing regional health care inequalities. It has caused a break in the continuum of care, particularly among the poorest, the most precarious and marginalised (including rural women and girls, LBTQI people, those with disabilities, migrant and refugee women).²⁵

ECONOMIC CONSEQUENCES OF THE HEALTH CRISIS: WOMEN ON THE FRONT LINE

The near complete shutdown of the economy during the lockdowns had immediate effects and will have long-term consequences for women's employment. Women were at the forefront of the Covid-19 crisis, particularly because they make up the majority of workers in the care professions: healthcare professionals, educational staff, home helpers, cleaning staff, and so on. As we have seen, women account for 78 per cent of staff in public hospitals, almost 90 per cent of nurses and care assistants, 89 per cent of staff in elderly care homes,²⁶ 82 per cent in primary schools, and 80–90 per cent at supermarket checkouts. Hitherto, these professions had been invisible. Now they are finally seen by French society as essential. As Sandra Laugier, a philosopher, pointed out: "There is something extremely new in the fact of paying attention to people whose service was once taken for granted and whose occupation now appears to be central to the functioning of our societies."²⁷

Although the health crisis has revealed the indispensable nature of these professions for the proper functioning of society, however, they are still undervalued socially and in terms of wages. In 2018, the European Datalab stated that the wages of nurses in France were lower than the average in other European countries.²⁸ Although an increase in the number of nursing staff was agreed at the end of a government consultation (Ségur de la Santé), the profession is still suffering significant job losses due to its lack of appeal and attrition caused by the health crisis.

The report by France's CESE watchdog on the "Health crisis and gender inequality", presented by Dominique Joseph and Olga Trostiansky, warned of the fate of these jobs, which "constitute precariousness traps"²⁹: less well paid than other professions, they are often subject to fixed-term or part-time contracts, even though a large proportion of them are performed by single women with children.

And the pandemic has only worsened women's economic and social vulnerability. Internationally, the employment rate for women has fallen by 2.5 per cent compared with 1.9 per cent for men in Europe and Central Asia, according to data from the International Labour Organisation (ILO).³⁰ In France, for women "who were in employment on 1 March 2020, only two out of three were still working two months later, compared with three out of four men", an INED study highlighted.³¹ Under the partial-unemployment scheme introduced by the government, allowing one parent to take care of the children during the first lockdown, "it is the mother who stopped working in 21 per cent of cases against 12.1 per cent of fathers".³²

The pandemic accelerated the persistent inequalities between women and men in the workplace. This further reduced women's income, which was already 28.5 per cent lower than men's for the aggregate of all working hours. In fact, 41 per cent of women under 65 said that their income had fallen since the first lockdown.³³ France's Association for Managerial Employees (APEC) confirmed this trend – which included the more privileged socio-professional categories – in its annual barometer of executives' salaries: men have received more pay rises than women.³⁴ In the long term this loss of income will be mechanically reflected in lower retirement pensions.

In addition to this financial insecurity, there are the negative effects of telework. Here again, it is women who have suffered, as the conditions under which they have teleworked differ from those of men. "48 per cent of women teleworking were locked down with one or more children, compared with 37 per cent of men"; "only 25 per cent of women, compared with 40 per cent of men, were able to telework in a dedicated room, underscoring the less favourable housing conditions", pointed out a report by the Women's Foundation on the impact of Covid on women's employment.³⁵

In this already unequal context, another element has been added to women's burdens: the management of domestic tasks and even home schooling, which is unequally distributed within couples. This "mental burden"³⁶ has increased with Covid-19. A survey conducted by Harris Interactive in April

²⁵ "No lockdown for sexual and reproductive health and rights, How can the EU protect sexual and reproductive health rights in times of Covid-19?"

²⁶ See the data from Drees on health professions, and more particularly nurses, or Ehpad staff.

²⁷ Claire Legros, "Le souci de l'autre, un retour de l'éthique du € are € ", *Le Monde*, 1 May 2020.

²⁸ David Marguerit, "What level of pay for hospital nurses in Europe", *European Datalab*, 3 December 2020.

²⁹ Dominique Joseph and Olga Trostiansky, "Crise sanitaire et inégalités de genre", *Cese opinion*, 24 March 2021, p. 32.

³⁰ International Labour Organisation, "Building a more equitable future: women's rights at work and in the workplace at the heart of post-Covid recovery", 19 July 2021.

³¹ Anne Lambert, Joanie Cayouette-Remblière, Élie Guéraud, Guillaume Le Roux, Catherine Bonalet, Violaine Girard, Laetitia Langlois, "Le travail et ses aménagements : ce que la pandémie de Covid-19 a changé pour les Français", *Ined*, July 2020

³² Women's Foundation, "L'impact du Covid-19 sur l'emploi des femmes", 17 March 2021.

³³ Anne Lambert, Joanie Cayouette-Remblière, Elie Guéraud, Catherine Bonalet, Violaine Girard, Guillaume Le Roux, Laetitia Langlois, Coronavirus and Containment: Longitudinal Survey, Briefing Note No. 9, vague 11, "Logement, travail, voisinage et conditions de vie : ce que le confinement a changé pour les Français", *Ined*, 11 May 2020.

³⁴ APEC, *Baromètre de la rémunération des cadres*, 22 September 2021.

³⁵ Women's Foundation, "L'impact du Covid-19 sur l'emploi des femmes", 17 March 2021, p. 25.

³⁶ Term popularised in France, notably by the cartoonist Emma in the comic strip *Autre regard* (Éditions Massot, 2017).

2020 – during the first lockdown – confirmed this unequal distribution within couples. “The majority of women consider that they spend more time on it than their spouse (58 per cent).”³⁷

All these elements – financial insecurity, the weight of the mental burden, the anxiety-inducing health situation – have contributed to an increase in psychosocial risks. In *La société fatiguée* (The tired society), a study carried out by the Fondation Jean-Jaurès and the CFDT trade union, the French were asked to describe their state of mind. Some 26.5 per cent of women under 35 declared themselves to be “tired”, which was 10 points more than the national average and 12 points more than men.³⁸ This state of tiredness, which reflects a decline in wellbeing among women, was particularly noticeable at the end of the second lockdown at the end of 2020: “58 per cent of female employees said they were in psychological distress”.³⁹ This situation of psychological fragility – which includes anxiety and sleep disorders, burnout and depression – was found in particular among women working in care professions and among students.

The government has begun to address the issue of mental health by providing free sessions with psychologists, despite complaints from the profession concerned. It is still too early to measure the impact of this, as it was introduced only in early 2022. What is certain is that the economically and socially deleterious effects of the pandemic on the women mentioned above will be felt in the long term.

INVISIBILISATION OF WOMEN IN DECISION-MAKING PROCESSES AND STIMULUS PACKAGES: HOW TO MAINSTREAM GENDER IN PUBLIC POLICY

While women have been at the forefront of the response to the pandemic, they have been in a minority in the decision-making on the crisis. Of the eleven members of the technical advisory council set up by the French government, only two are women: Lila Bouadma, an anaesthetist, and Leticia Atlani-Duault, an anthropologist.

In addition to this lack of parity, the pandemic has seen an invisibilisation of women in the media. The CSA, France’s media watchdog, found in a study that the proportion of women on air had not changed during the first lockdown. It was already lower than that of men, but the proportion of women experts had decreased even further.⁴⁰ The national broadcasting archivist, INA, added to these findings: “during the lockdown, women’s speaking time decreased on television

and radio”.⁴¹ This monopolisation by men was also reflected in their propensity to produce scientific articles, unlike women.⁴²

Unfortunately, the government’s recovery plan has been directed mainly towards the green and digital transitions. It does not mention any specific measures for women, nor does it even use the term “women”, which has been denounced by women’s groups. As noted, the French authorities did enact measures during the lockdowns to ensure the continuity of public services and to allow charities to continue to help women resist sexism and sexual violence and to access sexual and reproductive health care. But the fact remains that no measures specifically targeting women have been taken to resolve the crisis.

As 2022 marked the first post-#MeToo presidential campaign, the political parties had to take a stand on gender-equality issues. But such questions were not put on the agenda during the presidential debates, as they should have been. Nevertheless, we should note the unanimity of candidates on the political left over the financing – to the tune of a billion euros – of measures against sexism and sexual violence, notably femicide, a proposal put forward by women’s groups. Conversely, the candidates from the right and the far right approached gender equality from a law-and-order angle, instrumentalising women’s rights by linking them to issues of crime and immigration.

To better defend women’s rights – an imperative highlighted by the pandemic – a number of levers remain available:

- aggregate gender data in an effort to understand the differential impact of the pandemic on women and men;
- increase funding for women’s rights through a full government ministry, and better support for women’s organisations
- finance € billion of measures to fight gender-based and sexual violence, as budgeted by women’s organisations, in order to increase the number of shelter places and improve training for the relevant people;
- reduce the existing regional divide in access to contraception and abortion by increasing the funding for family-planning services;
- promote comprehensive sex education;
- make equal pay a reality;
- extend paternity leave and reform parental leave;
- strengthen gender parity in executive and decision-making bodies and in elected offices;
- promote feminist diplomacy to bring women’s rights into international forums;

³⁷ Harris interactive, *The impact of confinement on gender inequality*, 15 April 2020.

³⁸ Jérémie Peltier, “Fatigue de l’opinion” in *La société fatiguée*, Fondation Jean-Jaurès and CFDT, 26 November 2021, p. 21.

³⁹ Dominique Joseph and Olga Trostiansky, “Crise sanitaire et inégalités de genre”, *Cese opinion*, 24 March 2021, p. 14.

⁴⁰ CSA, “La représentation des femmes dans les médias audiovisuels pendant l’épidémie de Covid-19”, 23 June 2020.

⁴¹ Rémi Uro and David Doukhan, “Pendant le confinement, le temps de paroles des femmes a baissé à la télévision et à la radio”, INA, 9 September 2020.

⁴² The Women’s Foundation, “The impact of Covid-19 on women’s employment”, 29 March 2021, p. 17.

- use egalitarian conditionality, 43 as recommended by France’s High Commission for Gender Equality in one of its reports, to put forward the gender dimension in all public policies.

Emmanuel Macron's new government will need to address all of these issues – the fight against sexist and sexual violence; the strengthening of sexual and reproductive health and rights; gender equality in the workplace and elsewhere; and mental health – in order to solve the problems that the pandemic has revealed. The “great cause of the five-year term” cannot wait another five years.

43 Promoted by France’s High Commission for Gender Equality in “Pour une éga-conditionnalité systématique des financements publics” (2016), this concept refers to “conditioning access to public contracts on respect for gender equality and the implementation of actions to promote it” (p. 2).

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Front cover: picture alliance/Westend61

Design concept: www.bergsee-blau.de

Layout: www.stetzer.net

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