



Claudia Wiesner

Covid-19 and gender – Comparative report

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About this publication

This report summarises the findings on the effects of the Covid-19 pandemic and its handling in 15 European states (most of them EU member states) that have been analysed in respective country reports (for detailed references, see page 3 and 29): Bulgaria, Croatia, Cyprus, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Spain, Sweden.

About the author

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	Special Thanks and detailed references	3
1.	THE PANDEMIC IN EUROPE, GDP AND GENDER EQUALITY	4
2.	OVERVIEW OF MAIN GENDERED EFFECTS IN THE COUNTRIES STUDIED	8
3.	COVID-19 AND CHANGES IN THE LABOUR MARKET ..	14
4.	COVID-19 AND POVERTY	16
5.	COVID-19 AND HEALTH	18
6.	COVID-19 AND CARE	20
7.	COVID-19 AND VIOLENCE AGAINST WOMEN	24
8.	SUMMARY OF THE CORE FINDINGS	26
9.	POLICY RECOMMENDATIONS	27
	List of figures and tables	28
	References	29

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Barkardóttir, Freyja (2022): The gendered effects of the Covid-19 crisis in Iceland, <https://library.fes.de/pdf-files/bueros/stockholm/19732.pdf> (15.12.2022)

Clavaud, Amandine (2022): Women's rights put to the test,
English: <https://library.fes.de/pdf-files/bueros/paris/19505.pdf> (15.12.2022)
French: <http://library.fes.de/pdf-files/bueros/paris/19503.pdf>
German: <http://library.fes.de/pdf-files/bueros/paris/19505.pdf>

Del Boca, Daniela (2022): The impact of Covid-19 on Italy's gender gap,
English: <https://library.fes.de/pdf-files/bueros/rom/19618.pdf> (15.12.2022)
Italian: <https://library.fes.de/pdf-files/bueros/rom/19617.pdf>
German: <http://library.fes.de/pdf-files/bueros/rom/19616.pdf>

Eneva, Stoyanka (2022): COVID Impact on Gender Inequalities in Bulgaria, https://bulgaria.fes.de/fileadmin/user_upload/documents/publications/2022/COVID_Impact_on_Gender_Inequalities_in_Bulgaria_WEB_ENG.pdf (15.12.2022)

Fernandez Lozano, Irina (2022): Covid and gender in Spain,
English: <http://www.fes.de/cgi-bin/gbv.cgi?id=19868&ty=pdf> (22.12.2022)
Spanish: <https://library.fes.de/pdf-files/bueros/madrid/19869.pdf>

Haupt, Marlene; Zimmermann, Sandra; Müller, Laura (2022): Auswirkungen der COVID-19-Pandemie auf die Geschlechterverhältnisse, <http://library.fes.de/pdf-files/a-p-b/19864.pdf> (22.12.2022)

Kampouri, Nelli (2022): The Impact of Covid-19 on Greece's Gender Gap, <https://library.fes.de/pdf-files/bueros/athen/19554.pdf> (15.12.2022)

Kažoka, Iveta; Pelse, Dārta; Tarasova-Dubkeviča, Sintija (2022): Covid-19 and gender in Latvia,
English: <http://library.fes.de/pdf-files/bueros/baltikum/19916.pdf>
Latvian: <http://library.fes.de/pdf-files/bueros/baltikum/19917.pdf>

Kováts, Eszter (2022): The Effect of Covid-19 on Women in Hungary – A Short Analysis of Social, Economic and Policy Changes, <https://library.fes.de/pdf-files/bueros/budapest/19548.pdf> (15.12.2022)

Maskalan, Ana; Gvozdanović, Anja (2022): Covid-19 i rodna ravnopravnost: Slu aj Republike Hrvatske, <https://library.fes.de/pdf-files/bueros/kroatien/19587.pdf> (15.12.2022)

Mesiäislehto, Merita (2022): The gendered effects of the Covid-19 crisis in Finland, <https://library.fes.de/pdf-files/bueros/stockholm/19723.pdf> (15.12.2022)

Pilvre, Barbi (2022): Covid and Gender in Estonia, <https://library.fes.de/pdf-files/bueros/baltikum/19485.pdf> (15.12.2022)

Pavlou, Susana Elisa (2022): Covid and Gender, <http://library.fes.de/pdf-files/bueros/zypern/19817.pdf> (15.12.2022)

Sotirovic Pilinkaite, Vilana; Tretjakova, Vaida (2022): Report on Covid and Gender: Case of Lithuania, <https://library.fes.de/pdf-files/bueros/baltikum/19531.pdf> (15.12.2022)

The Swedish country study by Lina Stenberg will be published during 2023.

¹ The comparative report was written parallel to the country studies, in part using a draft version of the respective country study as a source. Therefore, the country studies are referenced here and might not be explicitly referenced in the report text.

1

THE PANDEMIC IN EUROPE, GDP AND GENDER EQUALITY

From March 2020, the Covid-19 pandemic hit Europe in several successive waves. The pandemic took a high death toll (Figure 1)

Facing this immediate threat to their populations and the breakdowns of their healthcare systems, since March 2020, European nation states reacted with a series of lockdowns and school closures that aimed at limiting the effects and the spread of the pandemic. The economy was severely affected by these measures throughout the EU, resulting in a marked decrease in GDP in all countries studied. This decrease had especially negative effects for groups that were already poor. As the table below indicates, several of the countries studied had already been marked by relatively high social inequality, expressed by GINI indices over 30 or even around 40 points (Table 1). Accordingly, Covid-19 has become not only a health issue, but also a major challenge for the labour market and social policy, and a driver for social inequality.

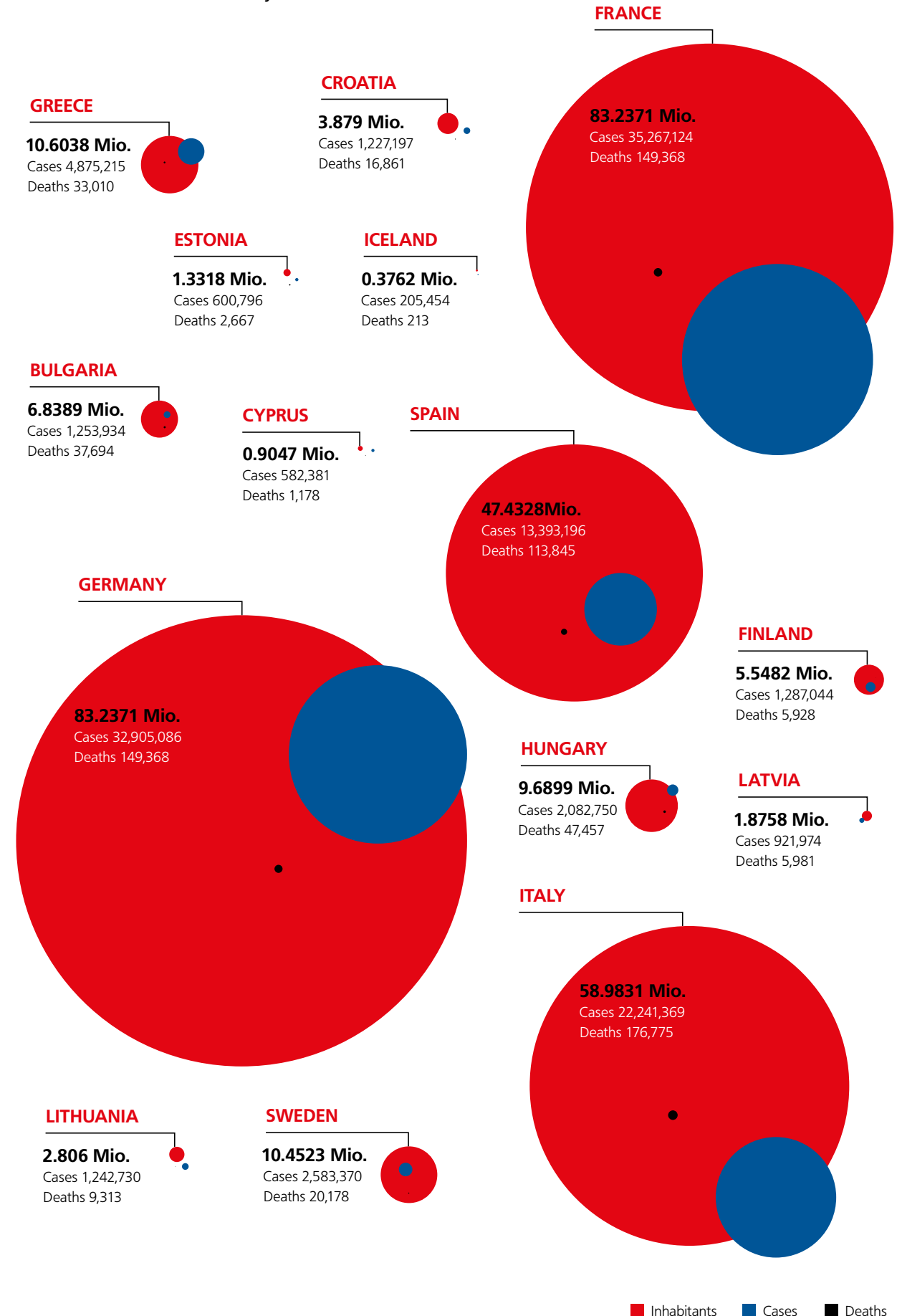
The pandemic had major negative effects on gender equality issues, too: besides the gendered labour market effects such as raising female unemployment that will be discussed below, economic sectors dominated by women were much more affected. Lockdowns and closures of schools and pre-schools had clear negative effects on the mental health, educational progress and social segregation of children. Moreover, they impacted negatively on parents, as they forced them to integrate care work and paid work – which in many cases and countries resulted in women taking on a greater share of the burden, including negative effects on their employment and work situation. In short, a lack of childcare and lockdowns impacted negatively on existing gender care gaps and women's economic self-determination. Last but not least, the pandemic and the social tensions related to it almost everywhere in Europe resulted in an increase of violence against women.

The national backgrounds for these gendered pandemic effects, however, were different in several respects. First, gender inequality and the level of development differed in the countries studied (Figure 2).

Second, the Covid-19 measures took place in different national settings and welfare systems, ranging from Finland that put an emphasis on redistribution and the establishment of childcare services, to countries such as Germany with its conservative welfare state oriented towards the male-bread-

winner model that strongly relied on transfer payments but much less on infrastructures in the pandemic, to southern welfare states that neither offered good infrastructures nor much in terms of transfer payments. This led to different national patterns and gendered effects that will be summarised in the following section.

Figure 1
Cases and deaths in the countries analysed



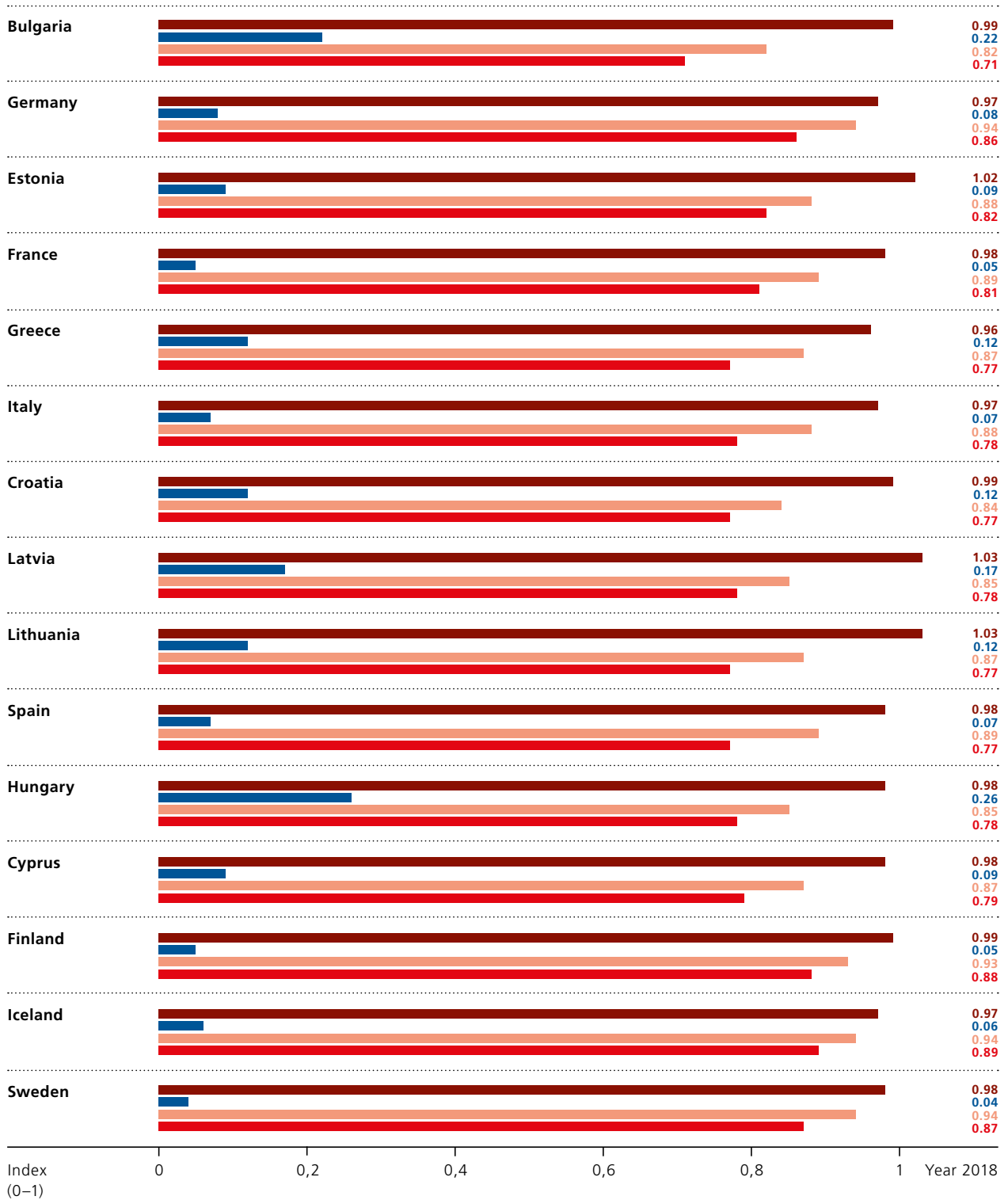
Source: Eurostat (2022) and WHO, John Hopkins University (23.09.2022), own representation.

Table 1
Reduction of GDP in first pandemic year

Country	GDP loss 2020–2021, est. (as of April 2020) billions	GDP purchasing power parity, 2020, est. billions	GDP growth 2020, est. (prior est.) %	Gini index 2020	Gini index 2021
Bulgaria	–10.9 \$	165.1 \$	–4.0% (+3.2%)	40.0	39.7
Germany	–290.7 \$	4,160.9 \$	–7.0% (+1.2%)	30.5	30.9
Estonia	–3.1 \$	44.5 \$	–7.5% (+2.9%)	30.5	30.6
France	–223.6 \$	2,860 \$	–7.2% (+1.3%)	29.2	29.3
Greece	–36.9 \$	293 \$	–10.0% (+2.2%)	31.4	32.4
Italy	–177.1 \$	2,244.8 \$	–9.1% (+0.5%)	32.5	32.9
Croatia	–13.1 \$	103.1 \$	–9.0% (+2.7%)	28.3	29.2
Latvia	–6.3 \$	54.7 \$	–8.6% (+2.8%)	34.5	35.7
Lithuania	–6.9 \$	95.3 \$	–8.1% (+2.7%)	35.1	35.4
Spain	–198.9 \$	1,781 \$	–8.0% (+1.8%)	32.1	33.0
Hungary	–19.8 \$	327.4 \$	–3.1% (+3.3%)	28.0	27.7
Cyprus	–2.5 \$	34.7 \$	–6.5% (+2.9%)	29.3	29.4
Finland	–19.4 \$	251.4 \$	–6.0% (+1.5%)	26.5	25.7
Iceland	–1.4 \$	18.7 \$	–7.2% (+1.6%)	n.a	n.a
Sweden	–39.7 \$	529.8 \$	–6.8% (+1.5%)	26.9	26.8

Source: UN Women (2022), EUROSTAT (2022), the World Bank (2022), own representation.

Figure 2
Gender equality and human development indices



Source: UN Women (2022), own representation.

2

OVERVIEW OF MAIN GENDERED EFFECTS IN THE COUNTRIES STUDIED

The country reports¹ focus on different aspects of the impact of the Covid-19 pandemic in relation to gender inequalities and discrimination. The reports are based on, albeit with different emphases, different data bases and different lengths, on six key dimensions: labour market, poverty, health, education and childcare, gender-based violence and crisis response measures. The following summarises the key findings from the reports. The summaries differ as the reports differ regarding the information they provide, i.e. differences in the summaries relate to differences in the information provided in the country reports.

2.1 BULGARIA

In the labour market, already existing gender inequalities increased, but in a differentiated way. Female-dominated sectors were highly affected, and as almost everywhere, low-skilled women were disadvantaged the most. In contrast, highly skilled women scored better. In general, the labour force recovery was more robust for men. The gender pay gap was and remains particularly high in feminised occupations. More women slipped into poverty, mostly older women. There is also an extreme gender care gap, and a very high number of children do not attend daycare. As a consequence, the report suggests the need for policies for workplace protection against discrimination and for, for better public child care services in order to enable a more equal redistribution of child care between parents. It urges for a fair redistribution of pandemic recovery funds, paying particular attention to the increased vulnerability of women, and to the intersection of inequalities such as gender, age and ethnicity.

2.2 CROATIA

The report underscores that the consequences of the pandemic were mostly borne by women in Croatia. The pandemic increased existing gender and social stratification, and also the gender care gap. Female-dominated sectors were most affected by the pandemic, as everywhere in Europe.

Telework was put to effect, but only for higher educated women. This means there was a class effect among women, as almost everywhere. Measures and compensations primarily targeted formal work. Poverty rates for women and especially elderly women increased – again, as almost everywhere. As an exception, in Croatia more women than men were infected with Covid-19. The pandemic measures also caused severe problems in healthcare and women faced complications, for instance when it came to giving birth. Domestic violence increased.

The Covid-19 crisis thus did not cause, but highlighted and exacerbated the pre-existing problems that women face in Croatian society. Especially vulnerable were housewives, mothers, rural women, young women and women with lower education levels. For most of these groups of women, the impact of the pandemic has not been adequately investigated or dealt with so far, which further emphasises the need to systematically research and address the social and economic challenges they face on a daily basis. It is therefore necessary to implement policies that directly promote gender equality, especially those that deal with improving the social position of the aforementioned groups of women who are at increased risk of negative consequences of the pandemic (from even greater poverty to gender-based violence).

2.3 CYPRUS

In Cyprus, female labour market participation is anyway lower than men's, but, as an exception among the countries studied, female labour market participation did not decrease in the pandemic. Men were even more likely to lose their jobs. Nevertheless, the Covid-19 pandemic and related policy measures decisively affected women. The existing childcare gap widened due to the suspension of in-school teaching, and affordable childcare shut down. As a result, women were filling the gap in childcare, with consequences on their careers, well-being and safety. Home schooling seems to have worked well, though. Regarding healthcare, it was difficult to access contraception during the pandemic. Furthermore, reported domestic violence increased in Cyprus by up to 58 per cent. Policy responses under the Emergency Measures Taken to Cope with the Covid-19 Pandemic Act lacked a comprehensive gender perspective. They focused mainly on leave allowances for parents during the suspension of in-school operation of public and private schools.

¹ The country reports have been published as part of a cooperation project between FES offices in Europe.

2.4 ESTONIA

Estonia has a highly gender-segregated labour market. The labour market effects of the pandemic nevertheless have been unclear, with more women than men losing their jobs in 2020–21, as the tourism and hospitality industry (both female dominated) were hit by the restrictions. The data from 2021, however, do not show that more women were affected by the Covid-19 crisis. Both men and women who lost their jobs in 2020 found new jobs the same year. Nevertheless, the weaker position of women in coping with the Covid-19 crisis was acknowledged and declared openly by the Estonian government already in 2021. Women were working in medicine, social work, care and education, areas most affected by the pandemic. The care workload on women increased as they also needed to oversee remote schoolwork at home. Inequalities grew as most families are unable to hire nannies and tutors. Covid-19 has had a major impact on the mental health of parents and children. The help from state and local governments was insufficient. Crisis communication was regarded as very poor. Messaging concerning school suggested reorganisation of domestic and work life sometimes very abruptly, overnight. There was no reported increase in domestic violence.

2.5 FINLAND

In Finland, the Covid-19 crisis highlighted many already existing structural problems related to gender equality, such as strongly segregated labour markets and unequal division of care responsibilities between parents. Since the majority of workers in the sectors affected by the crisis (accommodation and food services) were women, women's employment decreased more compared to men's at the outbreak of the pandemic. The pandemic had a relatively strong effect on female employment in comparison to the other countries. But it was temporary. By 2021, employment rates for both women and men generally recovered to pre-pandemic levels.

Working mothers, as almost everywhere, experienced more difficulties combining work and family life and more changes in their workload compared to working fathers during spring 2020. But in Finland closures of childcare institutions were relatively short. In Finland, early childhood education centres remained open (in spring 2020 it was only recommended to keep small children at home) and schools were only closed for shorter periods of time during the pandemic, for only two months in total. This protected parents (particularly mothers) from a greater care burden. Families' experiences of the Covid-19 crisis and its effects on well-being and work and family life were strongly polarised. For some families, social distancing measures enabled them to more freely organise their work and spend more time with family. For others, the periods of social distancing measures meant increased pressure to manage both work and family life. By autumn 2020, experiences in the reconciliation of work and family life returned to pre-pandemic levels. Thus, the pandemic had only modest effects on care-work balances, and – as an exception in Europe – there was no increase in domestic violence.

Female teachers and healthcare workers, however, experienced health difficulties – this was a downside of short school closures. The risk of infection during the pandemic was in sum significantly higher for female workers compared to male workers. In 2021, the occupations with the highest number of registered infections were health care, home care and retail.

One of the central long-term consequences of the crisis is the increase of mental health problems, such as anxiety, depression and eating disorders, particularly among girls and young women. In spring 2021, 30 per cent of the girls and 8 per cent of the boys reported feelings of anxiety. There was a higher fear of poverty among women. As in Germany, a high level of social welfare benefits and compensations were paid out. The existing social security system together with the temporary benefits introduced at the outbreak of the pandemic succeeded fairly well in protecting households against economic shocks caused by the crisis. Temporary policy measures mitigated the negative effects equally for men and women. Those who benefited most from the temporary benefits were single parents and people living alone. There was no financial compensation for care. Despite its own gender equality goals, the government did not consider the gendered impacts of the Covid-19 pandemic when designing policies to tackle the negative impacts of the crisis. For example, support for businesses was not targeted towards sectors that suffered from the crisis. There was no investment in care, but considerable support for male-dominated industries (like in Germany). In sum, most of the gendered impacts of the Covid-19 crisis were short-term. Despite its weaknesses, the Finnish welfare state and society protected people from long-term negative consequences on gender equality.

Tackling the consequences of the Covid-19 crisis requires gender-aware responses. These include guaranteeing access to services for victims of domestic violence, improving support, particularly for young people suffering from mental health problems, and improving the working conditions of workers in the education and care sectors.

2.6 FRANCE

In France, the pandemic overall had a decisively negative impact on gender equality. Like in most other countries, the pandemic led to higher female unemployment and increased the gender care gap. Comparatively harsh Covid-19 measures with long lockdowns and decisive restrictions on individual freedoms went along with an increase in domestic violence. Women suffered from reduced access to healthcare, in particular they had problems in accessing contraception and abortion. Like in several other European countries, there were high rates of infection among female healthcare workers. Women were under-represented – like in most other countries – in crisis management bodies.

2.7 GERMANY

Germany displayed similar pandemic effects on the labour market as the other countries: the pandemic hit female-dom-

inated sectors particularly hard. When it came to tackling the effects, Germany's conservative welfare state model played a decisive role. It is still strongly oriented to the male breadwinner model, meaning government measures focused on monetary transfers instead of creating structures. Regarding compensation for unemployment, payments are based on net salaries and these are lower for most women than for most men because of a) the gender pay gap and b) the specific German marriage taxation model that incentivises married women to pay a higher tax rate than their husbands. This, in return, leads to relatively low female net salaries, which in turn lead to relatively low compensation payments. Moreover, in the federal state Germany, there were strong regional differences because of different policies of the federal states, the *Länder*. On the whole, life satisfaction decreased, stress increased, like everywhere in Europe. Schools were closed for a particularly long period of time. The gender care gap increased, but this was socially stratified: higher and better educated social strata organised care more equally. Domestic violence increased. The German rescue package, like the Finnish one, showed a massive gender imbalance, directing most of the funds to male-dominated economic sectors (Wiesner 2020, Wiesner 2021).

2.8 GREECE

Since the autumn of 2020, Greece suffered several waves of Covid-19 that overwhelmed the public health system and demonstrated the ineffectiveness of the national tracking and tracing system and resulted in increased numbers of severe illness, hospitalisations and deaths. Greece displays a high level of gender inequality in the labour market and the recovery has been less beneficial for women than for men. The Greek government's horizontal and gender-neutral policies against the spread of Covid-19 have exacerbated gender disparities in the labour market, including the widening of gender gaps in employment and unemployment. The state of emergency legitimised the marginalisation of gender issues. Moreover, the pandemic most affected workers with non-standard employment contracts. The pandemic also increased the rate of female poverty. Young, migrant, and precariously employed female workers were especially precariously vulnerable. Gender gaps in poverty risk rates increased for several vulnerable groups of women, including inactive, older, and migrant women. Although male mortality rates were higher, there are indications that government policies failed to meet the health needs of women from at risk groups including public sector health workers and poor women.

Schools were closed for a total of 38 weeks. Much like in other countries, parents and teachers were forced to switch to online classes, turning parents into web administrators and assistant teachers. Extensive school, pre-school and day care centre closures had a very negative impact on work-life balance, which was exacerbated because live-out domestic and care workers and extended family members were forced to stop working because of self-isolation and movement restrictions. Although men in Greece began spending more time on unpaid care, women's unpaid workload increased too. The gender care gap remained stable despite increased

responsibilities, as fathers stepped in. Although health workers, a majority of whom are women, were presented as heroes in government rhetoric, there were no special arrangements to facilitate the reconciliation of their paid and unpaid care needs.

Violence against women increased, as the available data from SOS helplines and the police indicate, and victims were in more danger than in the past. Nevertheless, it was under-reported, especially to the judiciary. The emergence of the #metoo movement brought more public awareness and sensitivity towards gender-based violence, and led to the inauguration of special policy units, but the government has failed so far to develop effective responses to promote the prevention of GBV.

2.9 HUNGARY

Regarding the situation of women on the labour market during the pandemic, at least three aspects need to be mentioned: the female employment rate (more women lost their jobs than men, especially due to impacts on sectors like tourism and the hospitality industry); in the sectors mostly affected by the virus and the containment measures – health care, education and the social sector – women are overrepresented; and the situation of women in transnational care migration became more visible and exacerbated during the pandemic. The gender bias of the containment measures of the Hungarian government manifested itself in a lack of acknowledgement of female-dominated sectors and a lack of cushioning of the work-life balance aspects of the restrictions for couples caring for children or elderly people. However, in the second and fourth/fifth waves, the government postponed for as long as possible or even decided against school closures precisely to prevent overburdening families and to ensure that parents could keep their jobs. In line with global trends, reported cases of domestic violence and demand for related services increased during the lockdown in Hungary. As feminist organisations have repeatedly stressed, violence did not increase, but rather escalated in intensity. Women in households where less severe forms of control and coercion were being exercised by the male partner prior to the pandemic faced a deterioration of their situation.

2.10 ICELAND

The report shows that the pandemic highlighted some existing inequalities that remain in Icelandic society today. While schools were closed for shorter periods than in other countries, all school operations and related activities were strongly reduced during 2020 and 2021 and much school activity was moved into the home for extended periods of time. However, at no point were people restricted from leaving their homes and it remained the government's stated goal throughout the pandemic to prioritise keeping schools open. The economic and social impact of the pandemic was decisive and negative. Statistics from the ILO, World Economic Forum and Statistics Iceland show that women in Iceland were more likely than men to drop out of the labour market

during the Covid-19 pandemic. Unemployment is disproportionately high among individuals with a foreign background in Iceland and the proportion increased during the pandemic. Nearly a third of workers reported financial difficulties and reduced financial standing from 2020 to 2021 according to the Icelandic Labour Market Research Institute.

Women in Iceland have a longer life expectancy than men but a shorter life expectancy at good health. Men are generally more likely than women to rate their physical and mental health as good or very good. Furthermore, fewer women rated their physical and mental health as good or very good in 2020 compared to 2019. Meanwhile, more or the same proportion of men rated their mental and physical health as good or very good in 2020 compared to 2019.

The Icelandic rescue packages showed a strong gender bias, too: 85-90 per cent of the jobs created through the Icelandic government's investment scheme in response to the Covid-19 pandemic were jobs in heavily male-dominated sectors. Expensive government schemes to alleviate the economic burden of the pandemic such as an extension of income-related unemployment benefits and an allowance to withdraw private pensions disproportionately benefited men because of the gender pay gap.

Women perform and are responsible for the majority of unpaid domestic and care work in Iceland. Women in the public sector were more likely to work from home than men. Men who did stay at home increased their share of domestic work. The partial lockdown due to the Covid-19 pandemic in 2020 highlighted already existing structures of inequality in Icelandic households. Iceland saw an increase in violence at the hands of a spouse/former partner during the two years of the Covid-19 pandemic and also an increase in cases of violence by a family member. During 2020 an unusually low number of rape cases were reported which could possibly be attributed to restrictions on gatherings, events and bars.

2.11 ITALY

Italy was the first European country to report coronavirus cases. The number of cases increased rapidly and severe measures were implemented to contain the virus. The severity of the measures had an impact on several areas: labour market arrangements, school closures, the division of labour within the household, as well as gender violence. Female labour market sectors were most affected. Due to school closures, the already existing gender care gap grew in the pandemic. Authorities offered less child care than in the rest of Europe. Women spent significantly more hours performing housework or child care than their partners. The division of labour within the household appears to be strongly affected by gender norms that are rooted in Italian culture. These results indicate that longer mandatory paternal leave could help significantly to address the gender imbalance within the family. There was an increase in domestic violence.

2.12 LATVIA

Latvia was marked by the highest death rate in Europe. Latvia is an exceptional case when it comes to the gendered economic effects of the pandemic. Despite gender-specific labour market gaps, a gender pay gap and female economic dependence, Latvian Covid-19 restrictions and social support policies in some respects may have been more advantageous for the average woman than for the average man unless she fell ill with a serious form of Covid-19. There was a high level of working from home, and on average, women have more opportunities to work remotely. There was also a functional social safety net that led in 2021 to increased earnings for senior citizens (there are twice as many female senior citizens in Latvia compared to male senior citizens). There were several compensation payments, e.g. to families. On the whole, social effects were buffered well, contrary to many other countries.

There are, however, notable exceptions to this finding. They concern first women with small and school-age children. Single parents, as well as parents with at least three children reported the largest toll of the pandemic on their mental health. Unlike other workers who could benefit from working remotely, for parents with school age children it signified more duties to take care of their kids during working hours and to ensure that their children were capable of following the school programme. Experiences with home schooling were negative. Second, women are at a higher risk of poverty. Third, healthcare and social work are female-dominated, as everywhere in Europe – with the ensuing higher risk for infection. The pandemic, however, had a relatively minor impact on female mental health.

The authors of the report recommend continuing granting unconditional support to parents as part of a crisis-response tool-kit for future crises, and providing more help to parents when it comes to organising distance learning for their children.

2.13 LITHUANIA

The Covid-19 pandemic revealed the negative consequences of structural gender inequalities more often experienced by women in Lithuanian society due to pay gaps, care gaps, pension gaps, life expectancy gaps and other structural reasons. Female-dominated sectors were most affected by the pandemic. Women's unemployment thus grew significantly faster than men's, because women mostly work in the sectors which were partially or completely shut down during the lockdown. But there were compensation payments. The risk of being infected by Covid-19 was also higher for women because they are more likely to work in healthcare and social work. Additionally, women make up most of the workforce in grocery stores, drug stores and other places where working from home is not an option.

Long-term school closures had an impact on care work. The already existing gender care gap grew. Based on duties being unevenly distributed anyway, working mothers twice as often as men experienced difficulties balancing work and care duties while working at home when their children

stayed at home due to closed schools, kindergartens and informal education activities. Most single parents are women and they experienced more difficulties in the labour market and taking care of their children. During the pandemic the risk of poverty increased among single mothers.

Regarding healthcare, there were problems with access to abortion. The Covid-19 pandemic also had a negative impact on the dynamics of domestic violence in Lithuania. Though in 2020 there were less registered cases of domestic violence crime than in 2019, the number of murders at home increased by almost one third (from 21 cases in 2019 to 28 cases in 2020) as well as the number of cases of severe health impairment. Some experts noted that due to the lockdown people were forced into isolation and this led to an increase in domestic violence but a decrease in reporting about it.

2.14 SPAIN

In the Spanish labour market, female-dominated sectors were most affected. Part-time workers – most of them women – were also strongly affected. In terms of unemployment rates women were hit harder than men (particularly women aged 55–59 and women with no secondary education). This automatically led to a clear gap in poverty rates between the sexes that lasts through today. Women were more often infected with Covid-19 because they performed healthcare and care work (similar to other countries). While the overall mortality rate was higher for men than for women, the effect on mental health and, consequently, on suicide rates was also considerably worse among women. Pre-existing problems in the care sector such as the high percentage of women performing unpaid work were made more visible by the pandemic. The gender care gap increased, and there was more unpaid leave for women. There was also an increase in domestic violence.

2.15 SWEDEN

Sweden is an exception in its handling of the pandemic because of its liberal policies that put an emphasis on individual freedoms. Sweden has one of the most gender-segregated labour markets in the world. The visible gender effects of the pandemic had a strong class component, affecting less educated and less wealthy persons much more than higher social strata. Many women were infected at work. As according to the Swedish country report, schools were never closed. More concretely, “all primary and most lower secondary schools remained open in 2020 and 2021, while upper secondary schools were fully closed for about 80 days over the same period” (OECD 2021: 10). This is why the UNESCO table below indicates school closures. Accordingly, women with children experienced less stress than in the rest of Europe. This is a finding that stands out positively in comparison with the other cases. However, there was a significant increase in domestic violence.

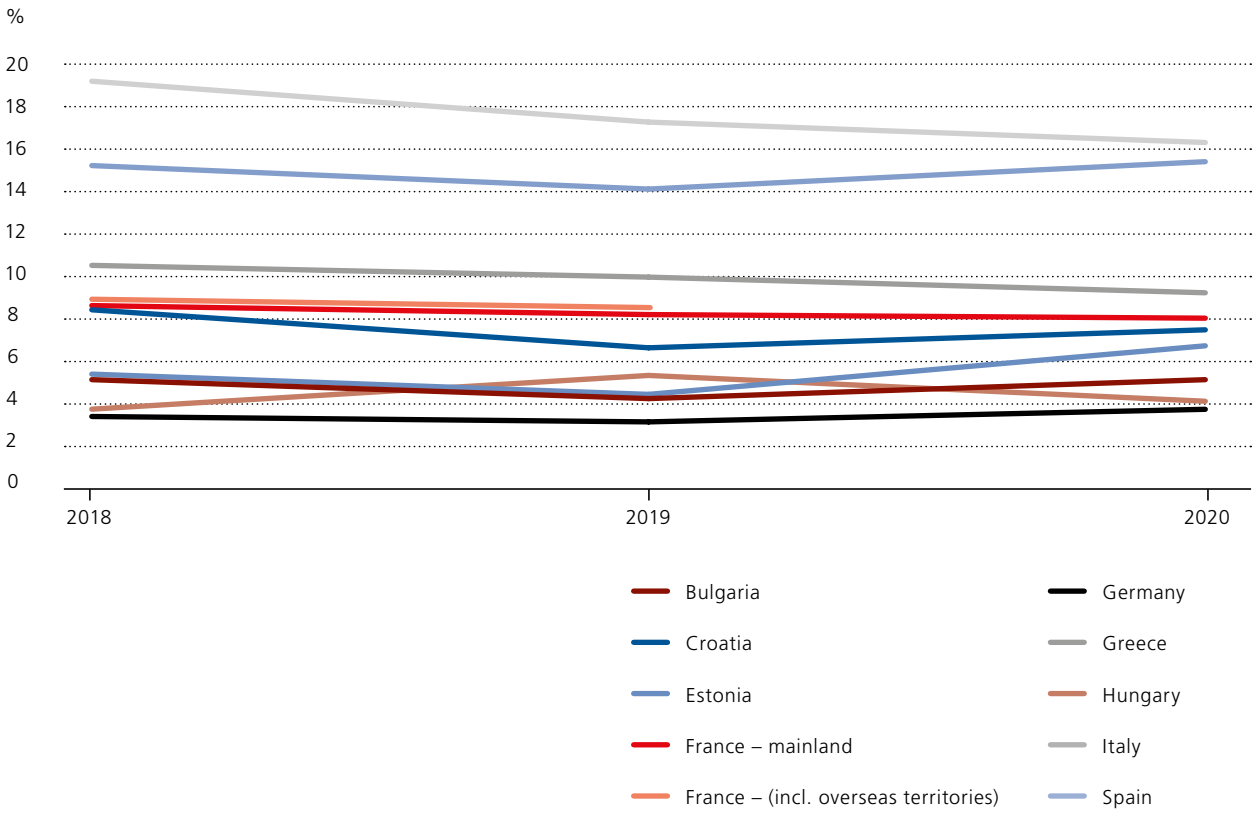
3

COVID-19 AND CHANGES IN THE LABOUR MARKET

In most of the countries studied, female labour market participation is lower than male labour market participation, labour markets are gender-segregated, and there is a gender pay gap and a gender care gap (see also Wiesner 2020 and 2021). In most of the countries studied, female unemployment rose more strongly in the pandemic than male unemployment. This directly relates to female-dominated sectors being most affected by the pandemic. The following tables summarise, first, the general situation regarding unemployment in the years prior to the pandemic, and, second, the gendered effects of the first pandemic months (Figure 3).

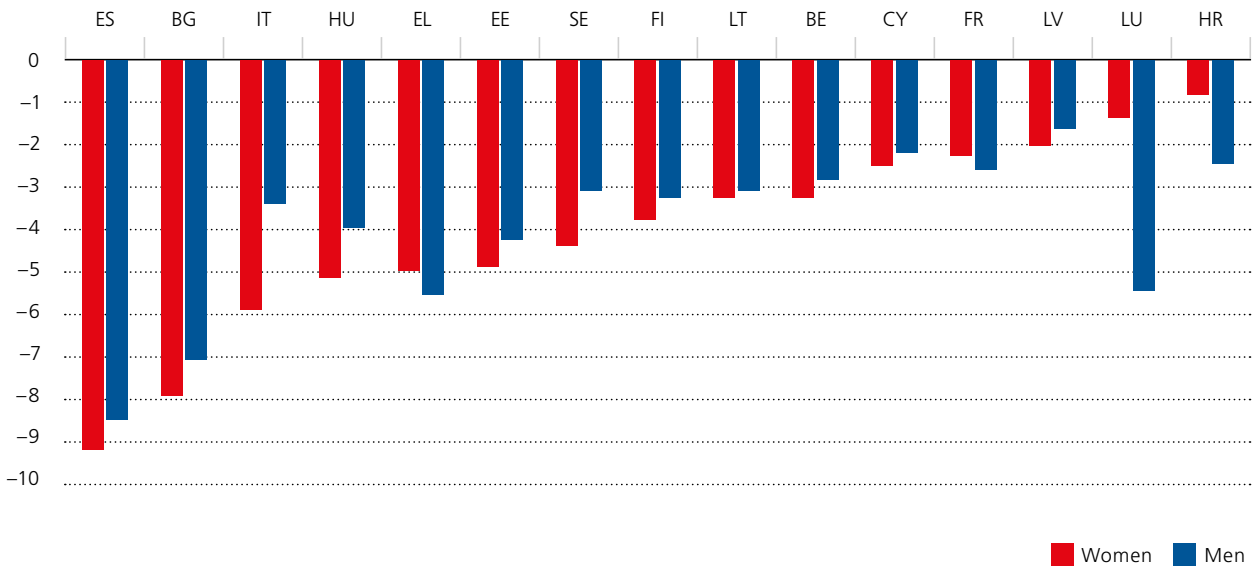
The table below shows that in almost all countries, women experienced a stronger increase in unemployment than men. Spain, Bulgaria and Ireland experienced the greatest impacts on both women's and men's employment, with twice the average reduction observed in the EU. In Italy, Malta and Poland, large drops in employment have widened existing gender gaps (Figure 4).

Figure 3
Unemployment



Source: SOLIDAR 2021, pp.18,26,54,65,75,84,93,102,146, own representation.

Figure 4
Impact of the Covid-19 pandemic on employment in Q2 2020 (*) by sex and country (%) , 15+ years, EU-27)



Source: European Institute for Gender Equality (EIGE) (2021a, p.10) .

4

COVID-19 AND POVERTY

The situation regarding poverty and social inequality differs starkly in the countries studied, as the resume on the GINI coefficient shows. Social inequality is highest in Bulgaria (Figure 5).

Similarly, gender equality differs considerably, as the following overview of the gender equality index shows (Figure 6).

As the results of the reports show, poverty rates for women and especially elderly women increased almost everywhere. This finding is underlined by the following data from Eurobarometer studies (Table 2).

The numbers above match the findings described in the country reports: the countries that experienced considerable gendered effects on income show the highest percentage of answers saying that women were “much more dependent”, i.e. Bulgaria, Greece, Croatia and Cyprus.

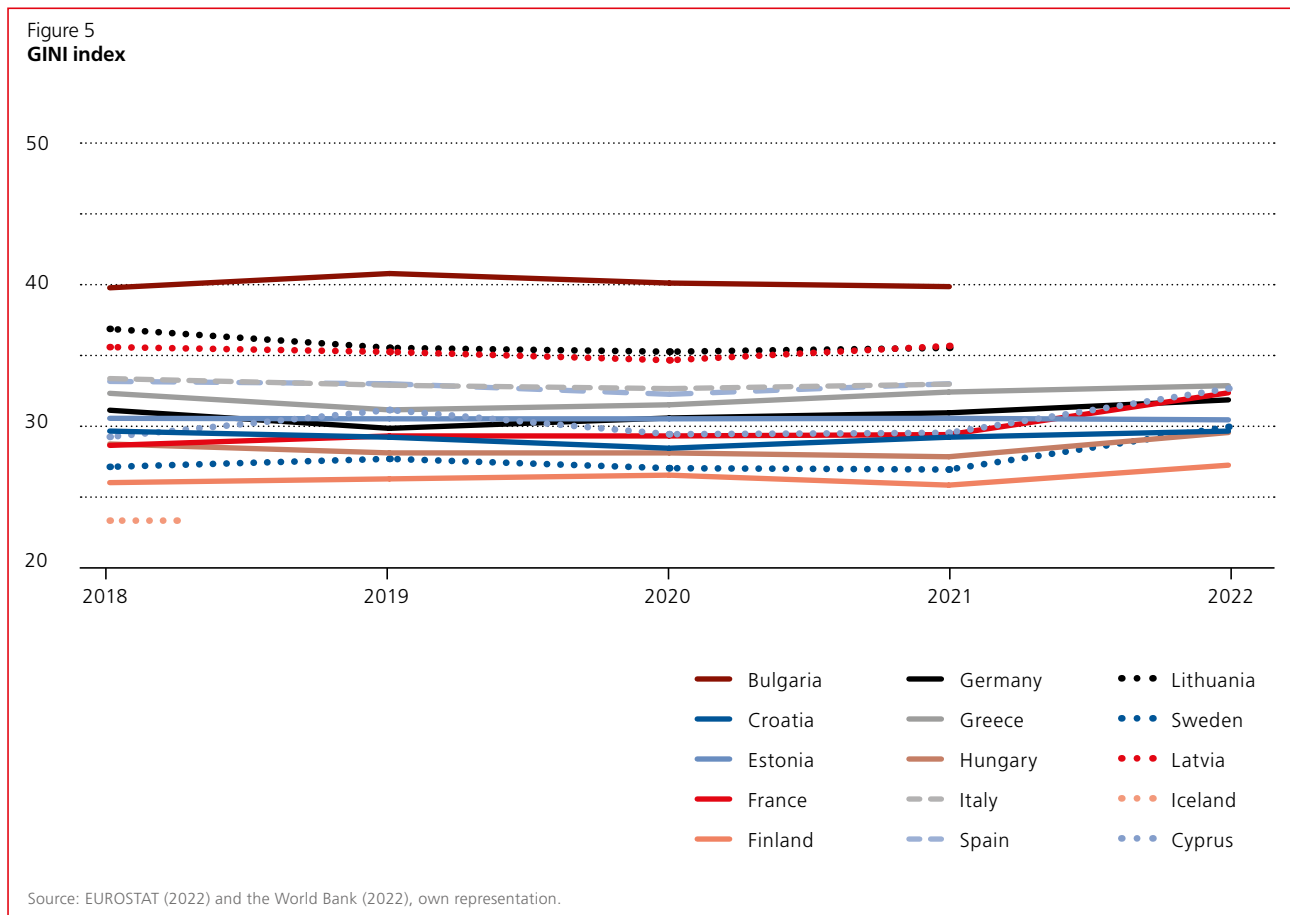
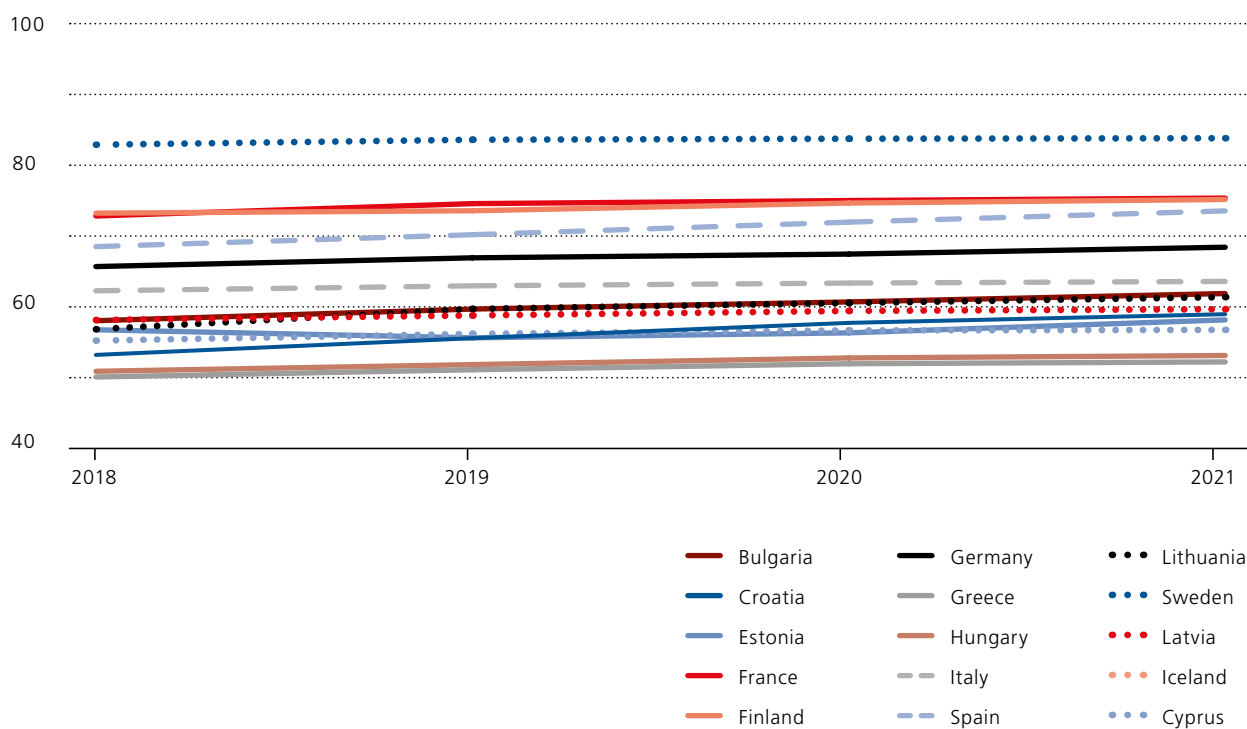


Figure 6
Gender equality index



Source: European Institute for Gender Equality (2021).

Table 2
Financial independence of women

Country	Much more dependent	Somewhat more dependent	No change	Somewhat less dependent	Much less dependent	Don't know/ prefer not to say
Bulgaria	15	22	45	5	4	9
Germany	4	9	75	4	4	5
Estonia	5	12	74	2	2	6
Greece	16	15	45	7	6	4
Spain	8	13	69	4	3	4
France	5	9	76	1	3	7
Croatia	11	16	66	2	2	3
Italy	8	12	64	5	4	8
Cyprus	18	16	47	7	6	6
Latvia	9	17	64	4	2	5
Lithuania	8	11	73	2	2	5
Hungary	10	13	65	2	4	5
Finland	4	9	81	1	2	2
Sweden	6	9	76	2	5	5

Source: Eurobarometer (2022): 36, own representation.

5

COVID-19 AND HEALTH

The gendered effects on people's health and in healthcare were also clearly visible. The reports underline that in all countries life satisfaction decreased in particular for women and stress increased. There was a high mental load and many people felt unwell, as the following table shows (Table 3).

Moreover, throughout Europe healthcare workers were mostly female and often underpaid. Since healthcare and social work are female-dominated sectors everywhere in Europe, there was a higher risk of infection for women working in these areas.

Women in a number of countries experienced serious problems accessing female-specific healthcare services. In particular, access to contraception and abortion (mentioned especially in France, Lithuania, Cyprus) was difficult, as was giving birth (mentioned especially in Croatia).

The pandemic also led to an increase in fears and worries (Table 4).

Table 3
Mental health of women

Country	Lockdown and curfew measures, limiting your options to shop, go out, go to events, etc.		Limitations on the number of people you could meet at home		Travel restrictions, limiting your options to go abroad		Workplace and office closures and their effects (temporary/forced unemployment, homeworking, etc.)		School and childcare closures and the need for home-schooling/caring for children at home	
	Major impact	Minor impact	Major impact	Minor impact	Major impact	Minor impact	Major impact	Minor impact	Major impact	Minor impact
Bulgaria	40	35	41	37	39	37	44	33	38	40
Germany	34	37	36	35	29	38	17	29	19	28
Estonia	25	47	20	51	23	45	17	46	18	39
Greece	58	19	43	29	41	31	41	29	33	39
Spain	47	25	41	32	34	40	35	33	30	38
France	44	32	38	33	35	38	22	42	21	39
Croatia	42	30	37	39	38	37	33	35	31	37
Italy	47	27	37	35	37	35	35	32	30	35
Cyprus	54	26	37	36	48	27	40	33	29	40
Latvia	31	46	32	43	25	48	25	47	25	47
Lithuania	32	45	30	46	29	44	22	48	24	38
Hungary	37	34	33	38	30	38	29	35	27	35
Finland	31	46	26	52	21	57	15	53	14	46
Sweden	30	39	33	39	29	46	20	44	15	42

Source: Eurobarometer (2022): 42, own representation.

Table 4
Fears and worries of women

Country	Worried about/missing friends/family	Feeling worried/anxious and getting stressed out	Worried about my future	Feeling trapped/stuck at home	Feeling lonely/isolated	Feeling bored/fed up/going stir crazy	Feeling depressed/suffering from depression	Worried about others developing mental health problems	Concerned about my mental well-being	None of these	Don't know	Prefer not to say
Bulgaria	56	41	55	35	34	42	31	18	19	5	0	0
Germany	32	25	24	21	21	25	19	25	18	23	1	0
Estonia	44	32	28	27	24	37	21	22	17	17	1	0
Greece	62	59	50	54	40	31	25	33	31	7	0	0
Spain	63	43	41	28	26	30	23	24	28	7	0	0
France	34	28	24	23	24	23	14	14	13	24	0	1
Croatia	67	45	43	43	38	36	21	28	24	5	0	0
Italy	36	49	38	30	36	36	21	19	19	9	1	0
Cyprus	60	61	43	49	43	24	26	29	26	6	0	0
Latvia	52	27	31	24	16	28	18	19	16	13	1	1
Lithuania	61	38	33	35	23	22	11	23	15	12	1	0
Hungary	43	27	33	19	26	15	16	18	15	18	0	0
Finland	60	34	22	26	30	48	21	25	15	16	1	0
Sweden	57	28	27	35	35	42	35	18	19	14	1	0

Source: Eurobarometer (2022): 47,49, own representation.

6

COVID-19 AND CARE

School closures were pertinent in the pandemic, although their duration differed considerably in the countries studied. It is to be noted that the following UNESCO table indicates a school closure duration for Sweden, although the Sweden report states that schools were never closed. As explained above, this refers only to Swedish upper secondary schools, while all primary and most secondary schools remained open (OECD 2021: 10; Vlachos et. Al 2021: 1)² (Figure 7).

The following table indicates that a huge number of children and families were affected by school closures (Table 5).

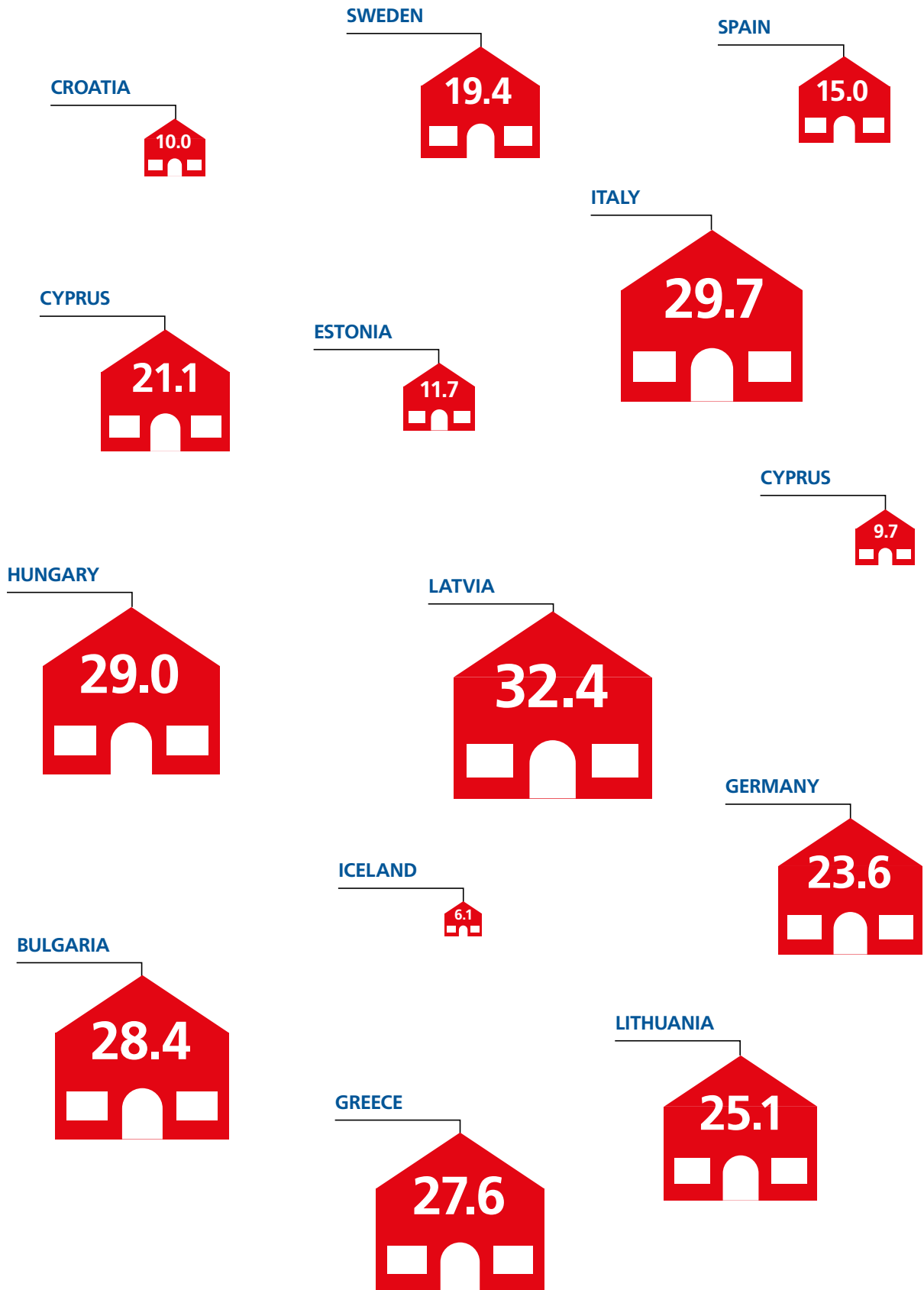
As a consequence of school closures, home schooling fell on parents and kids alike – with a negative impact. The gender care gap grew in almost every country studied, even where schools were largely kept open (Iceland). In some, rare cases the gender care gap stayed the same (Greece).

In this context, working from home is not a sure remedy. It might enable having kids at home, but it increases stress and mental load and also possibly the gender care gap, since in many countries more women than men engaged in home schooling.

Last but not least, there was a class effect among women almost everywhere during the pandemic: telework was possible mostly for better educated people, while less educated women could not profit from it and workers who had to be physically present such as female healthcare workers experienced high infection rates. All this had a negative impact on work-life balance (Table 6).

² “At the onset of the pandemic, Swedish upper-secondary schools moved to online instruction, while lower-secondary schools remained open.” (Vlachos et. Al 2021: 1)

Figure 7
Duration of school closures (weeks)



Source: UNESCO (2021).

Table 5
Learners affected by school closures by sex

Country	F	M
Bulgaria	602,818	621,588
Germany	7,335,508	8,047,187
Estonia	137,897	134,884
France	7,697,382	7,764,958
Greece	1,063,550	1,140,982
Italy	5,354,356	5,522,436
Croatia	400,056	387,132
Latvia	200,593	196,189
Lithuania	292,515	293,605
Spain	4,829,174	4,877,110
Hungary	884,912	906,846
Cyprus	90,357	90,260
Finland	713,309	696,015
Iceland	50,686	47,538
Sweden	1,357,901	1,307,509

Source: UN Women (2022), own representation.

Table 6
Impact on work-life balance of women

Country	The pandemic has had a negative impact on my work-life balance	The pandemic has had a negative impact on my income	Because of the pandemic's impact on the job market, I could do less paid work than I wanted to (meaning less work for a salary or wage)	Because of the pandemic my professional decisions changed (such as changing jobs)	Because of the increase in work at home, I could do less paid work (for a salary or wage) than I wanted to do	Because of the pandemic I am considering/have decided to permanently reduce the amount of time I allocate to paid work
Bulgaria	50	57	40	45	32	22
Germany	46	30	26	23	20	19
Estonia	35	23	16	21	13	13
Greece	59	60	45	47	38	30
Spain	36	40	31	25	26	22
France	39	34	28	29	22	22
Croatia	46	48	34	35	27	20
Italy	52	46	42	29	31	23
Cyprus	68	57	38	49	33	28
Latvia	43	37	26	29	20	23
Lithuania	45	29	27	29	24	16
Hungary	51	46	38	28	34	18
Finland	36	27	17	16	10	6
Sweden	35	27	20	8	16	1

Source: Eurobarometer (2022): 33, own representation.

7

COVID-19 AND VIOLENCE AGAINST WOMEN

Violence against women increased in most of the countries studied. The following data from Eurobarometer findings (Iceland is not an EU member) and UN Women highlight the percentage of women affected by domestic violence during the pandemic (Table 7 and 8).

Table 7
Violence against women

Country	Online harassment/ cyber violence	Street harassment	Domestic violence or abuse	Economic violence	Harassment at work
Bulgaria	16	16	19	30	15
Germany	13	12	11	10	7
Estonia	10	5	8	10	12
Greece	28	33	25	26	22
Spain	14	17	12	11	13
France	12	17	15	12	16
Croatia	29	22	24	22	24
Italy	15	15	11	13	8
Cyprus	26	24	24	30	20
Latvia	20	9	14	19	11
Lithuania	17	10	15	17	9
Hungary	17	12	12	18	6
Finland	22	15	8	8	9
Sweden	15	10	10	8	10

Source: Eurobarometer (2022): 24, own representation.

Table 8
Violence against women

Country	Women and girls subjected to IPV in last 12 months, latest 2007–2017 (%)	Children subjected to phys. punish./ psych. aggr. by caregivers last month, latest 2005–2019 (%)	Adolescents aged 15–17 who have experienced sexual violence, latest 2005–2018 (%)		Intentional homicide victims, latest 2005–2017 (per 100,000 people)		Intentional homicide victims by intimate partner/ family-related, latest 2005–2017 (#)	
			F	M	F	M	F	M
Bulgaria	9	/	/	/	1	1.6	/	/
Germany	5	#	#	#	0.9	1	238	87
Estonia	4	#	#	#	0.7	3.7	#	#
France	7	#	#	#	0.7	1.7	167	65
Greece	8	#	#	#	0.5	1.4	#	#
Italy	7	#	#	#	0.4	0.7	109	40
Croatia	4	#	#	#	0.4	0.8	18	4
Latvia	7	#	#	#	4.1	4.6	#	#
Lithuania	6	#	#	#	3.6	5.7	15	12
Spain	2	#	#	#	0.5	0.8	67	24
Hungary	8	#	#	#	1.4	3.7	45	37
Cyprus	3	#	#	#	1	1.5	4	0
Finland	8	#	#	#	1	2.3	16	11
Iceland	#	#	#	#	0.6	1.2	1	0
Sweden	#	#	#	#			19	8

Source: UN Women (2022), own representation.

8

SUMMARY OF THE CORE FINDINGS

The reports indicate that a number of negative effects on gender equality occurred in most states studied, or at least often:

In most cases

- Lower female labour market participation and gender-segregated labour markets led to women being more affected than men by negative impacts on labour markets.
- Healthcare workers were mostly female and faced a higher risk of infection.
- Existing gender care gaps and gender pay gaps increased as women performed more care work.
- Home schooling had a negative impact both for parents and kids.
- Maintaining work-life balance became more complicated; stress and mental load increased more for women than for men.
- Domestic violence increased.
- Rescue plans lacked gender perspectives or even displayed significant imbalances.

Often

- Women were under-represented in pandemic decision-making bodies.
- There were higher levels of unemployment among women.
- There was more poverty among women, in particular old-age female poverty.
- A class effect among women, with lower social strata being more negatively impacted by the pandemic was visible.
- Access to female-specific healthcare (contraception, abortion, giving birth) was complicated.

The most vulnerable groups throughout Europe were

- Parents, especially mothers
- Female healthcare workers
- Older women
- Pregnant women and women with health problems
- Less educated women
- Migrant women
- Women who were victims of violence

Some national specificities deserve mentioning:

- In Cyprus, female-oriented public services such as reproductive healthcare and childcare were particularly difficult to access.
- Germany, with its conservative welfare state, relied strongly on monetary transfers instead of creating new or additional care structures, instead of keeping the existing ones open. Monetary transfers also applied when it came to compensating unemployment, and they had a visible gender impact, because married women often have a lower net salary under the German tax regime, which imposes higher tax rates on married women who hence have lower net salaries. Germany also showed regional differences in its Covid-19 policies.
- Finland with its policy of keeping child care largely open experienced only modest effects on care-work balances. There was also no increase in domestic violence.
- Latvia, contrary to many other countries, displayed a relatively minor impact on female mental health, which probably relates to the fact that the social effects of the pandemic were buffered well.

9

POLICY RECOMMENDATIONS

Some of the policy recommendations given in the 15 country reports have a specific national connotation, addressing specific national problems. They are not presented here in detail. The following summarises the policy recommendations that appeared repeatedly and address the overall problems present throughout Europe (see also Wiesner 2020 and 2021). They concern different policy areas:

Gender care gap

- support equal task-sharing in care work
- extend paternity leave (and in some countries also maternity leave, as their length differs decisively in Europe)

Child care

- increase the supply of child care, extend child care opening times
- ensure child care in schools and day care institutions during the pandemic

Social services

- more support programmes for women and improved information and accessibility with regards to services
- online services, also for mental health
- better protection, working conditions and payment for healthcare workers
- keep women's emergency institutions (such as shelters) open

Policy planning and policy making

- gender-balance in decision-making bodies in the pandemic
- gender mainstreaming and gender budgeting in all policy areas, also in future emergency measures
- include class differences and regional disparities in strategies
- include effects of the pandemic on social inequalities in policy design
- gender-balanced recovery plans
- direct recovery funds towards particularly economically disadvantaged groups
- empirical research on mid- and long-term impacts of the pandemic in all areas mentioned, as well as on the policy impact of the pandemic measures and compensations
- strengthen public healthcare systems
- investment in the care economy
- fight violence against women and sexualised violence

List of figures and tables

- 3 Figure 1
Cases and deaths in the countries analysed
- 5 Figure 2
Gender equality and human development indices
- 13 Figure 3
Unemployment
- 13 Figure 4
Impact of the Covid-19 pandemic on employment in Q2 2020
- 14 Figure 5
GINI index
- 15 Figure 6
Gender equality index
- 19 Figure 7
Duration of school closures
- 4 Table 1
Reduction of GDP in first pandemic year
- 15 Table 2
Financial independence of women
- 17 Table 3
Mental health of women
- 17 Table 4
Fears and worries of women
- 20 Table 5
Learners affected by school closures by sex
- 20 Table 6
Impact on work-life balance of women
- 23 Table 7
Violence against women
- 23 Table 8
Violence against women

References

- Eurobarometer (2022): Flash survey - Women in times of COVID-19; available at: <https://webgate.ec.europa.eu/ebsm/api/public/deliverable/download?doc=true&deliverableId=80615> [accessed sept 12th, 2022]
- European Institute for Gender Equality (EIGE) (2021a): Gender equality and the socio-economic impact of the COVID-19 pandemic; available at: https://eige.europa.eu/sites/default/files/documents/20211734_mh0921078enn_pdf.pdf [accessed sept 12th, 2022]
- European Institute for Gender Equality (2021): Gender Equality Index data from 2013 - 2021, available at <https://eige.europa.eu/gender-equality-index/2020/BG>, [accessed sept 20th, 2022]
- EUROSTAT (2022): Gini coefficient of equivalised disposable income - EU-SILC survey; available at: http://appsso.eurostat.ec.europa.eu/nui/show.do?lang=en&dataset=ilc_di12, [accessed sept 20th, 2022]
- EUROSTAT (2022): Population and population change statistics; available at https://ec.europa.eu/eurostat/statistics-explained/index.php?title=Population_and_population_change_statistics#EU_population_shows_a_slight_decrease_in_2021, [accessed oct 20th, 2022]
- Johns Hopkins University (2022) "COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University" available at: <https://coronavirus.jhu.edu/map.html>, [accessed sept 23rd, 2022]
- OECD (2021) The State of Global Education: 18 Months into the Pandemic, 19 October. Available at: https://www.oecd-ilibrary.org/education/the-state-of-global-education_1a23bb23-en;jsessionid=EMnAiLoHPFK-Prq1hNy6iSiUpW-LJt12YQ2KsoDsUq.ip-10-240-5-119 [Accessed: 19 October 2022].
- SOLIDAR (2021); Social Rights Monitor 2020 - European Trends; available at: https://www.solidar.org/system/downloads/attachments/000/001/408/original/Social_Rights_Monitor_2021.pdf?1638292164 [accessed sept 12th, 2022]
- The World Bank (2022): Gini index | Data; available online at https://data.worldbank.org/indicator/SI.POV.GINI?name_desc=false [accessed sept 23rd, 2022]
- UNESCO (2021): UNESCO figures show two thirds of an academic year lost on average worldwide due to Covid-19 school closures; available online at <https://en.unesco.org/news/unesco-figures-show-two-thirds-academic-year-lost-average-worldwide-due-covid-19-school> [accessed sept 19th, 2022]
- UN Women, 2022: COVID-19 and gender monitor, <https://data.unwomen.org/resources/Covid-19-and-gender-monitor> [accessed sept 12th, 2022]
- Vlachos, Jonas, Edvin Hertegård, and Helena B. Svaleryd. 2021. "The Effects of School Closures on SARS-CoV-2 Among Parents and Teachers." *Proc. Natl. Acad. Sci. U.S.A.* 118 (9): 2020. <https://doi.org/10.1073/pnas.2020834118>.
- Wiesner, Claudia (2020): Das Konjunkturpaket der Bundesregierung und seine Auswirkungen auf Frauen und Männer. In: Kassler Diskussionspapiere (9). https://www.uni-kassel.de/fb05/fileadmin/datas/fb05/i3DiskussionsPapiere_9-2020_Wiesner_031220_02.pdf [accessed sept 21st, 2022]
- Wiesner, Claudia (2021): Das Konjunkturpaket der Bundesregierung und seine Auswirkungen auf Frauen und Männer. In: Wirtschaftsdienst 101 (1), S. 21–24. DOI: 10.1007/s10273-021-2820-x.
- Del Boca, Daniela (2022): The impact of Covid-19 on Italy's gender gap, English: <https://library.fes.de/pdf-files/bueros/rom/19618.pdf> (15.12.2022) Italian: <https://library.fes.de/pdf-files/bueros/rom/19617.pdf> German: <http://library.fes.de/pdf-files/bueros/rom/19616.pdf>
- Eneva, Stoyanka (2022): COVID Impact on Gender Inequalities in Bulgaria, https://bulgaria.fes.de/fileadmin/user_upload/documents/publications/2022/COVID_Impact_on_Gender_Inequalities_in_Bulgaria_WEB_ENG.pdf (15.12.2022)
- Fernandez Lozano, Irina (2022): Covid and gender in Spain, English: <http://www.fes.de/cgi-bin/gbv.cgi?id=19868&ty=pdf> (22.12.2022) Spanish: <https://library.fes.de/pdf-files/bueros/madrid/19869.pdf>
- Haupt, Marlene; Zimmermann, Sandra; Müller, Laura (2022): Auswirkungen der COVID-19-Pandemie auf die Geschlechterverhältnisse, <http://library.fes.de/pdf-files/a-p-b/19864.pdf> (22.12.2022)
- Kampouri, Nelli (2022): The Impact of Covid-19 on Greece's Gender Gap, <https://library.fes.de/pdf-files/bueros/athen/19554.pdf> (15.12.2022)
- Kažoka, Iveta; Pelse, Dārta; Tarasova-Dubkeviča, Sintija (2022): Covid-19 and gender in Latvia, English: <http://library.fes.de/pdf-files/bueros/baltikum/19916.pdf> Latvian: <http://library.fes.de/pdf-files/bueros/baltikum/19917.pdf>
- Kováts, Eszter (2022): The Effect of Covid-19 on Women in Hungary – A Short Analysis of Social, Economic and Policy Changes, <https://library.fes.de/pdf-files/bueros/budapest/19548.pdf> (15.12.2022)
- Maskalan, Ana; Gvozdanović, Anja (2022): Covid-19 i rodna ravnopravnost: Slučaj Republike Hrvatske, <https://library.fes.de/pdf-files/bueros/kroatien/19587.pdf> (15.12.2022)
- Mesiäislehto, Merita (2022): The gendered effects of the Covid-19 crisis in Finland, <https://library.fes.de/pdf-files/bueros/stockholm/19723.pdf> (15.12.2022)
- Pilvre, Barbi (2022): Covid and Gender in Estonia, <https://library.fes.de/pdf-files/bueros/baltikum/19485.pdf> (15.12.2022)
- Pavlou, Susana Elisa (2022): Covid and Gender, <http://library.fes.de/pdf-files/bueros/zypern/19817.pdf> (15.12.2022)
- Sotirovic Pilinkaite, Vilana; Tretjakova, Vaida (2022): Report on Covid and Gender: Case of Lithuania, <https://library.fes.de/pdf-files/bueros/baltikum/19531.pdf> (15.12.2022)
- The Swedish country study by Lina Stenberg will be published during 2023.

Country studies²

- Barkardóttir, Freyja (2022): The gendered effects of the Covid-19 crisis in Iceland, <https://library.fes.de/pdf-files/bueros/stockholm/19732.pdf> (15.12.2022)
- Clavaud, Amandine (2022): Women's rights put to the test, English: <https://library.fes.de/pdf-files/bueros/paris/19505.pdf> (15.12.2022) French: <http://library.fes.de/pdf-files/bueros/paris/19503.pdf> German: <http://library.fes.de/pdf-files/bueros/paris/19505.pdf>

² The comparative report was written parallel to the country studies, in part using a draft version of the respective country study as a source. Therefore, the country studies are referenced here and might not be explicitly referenced in the report text.

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Covid-19 and gender – Comparative report

This report summarises the findings on the effects of the Covid-19 pandemic and its handling in 15 European states (most of them EU member states) that have been analysed in respective country reports (for detailed references, see page 29): Bulgaria, Croatia, Cyprus, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Spain, Sweden.