

Irina Fernández Lozano

Covid and Gender in Spain

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About this publication

In the report Covid and Gender in Spain, Irina Fernández Lozano draws on a range of statistics to conduct a comparative analysis of the initial and medium-term impacts of the pandemic on men and women, covering the areas of unemployment, poverty, health issues, violence, and social aspects. She also discusses the political measures taken and their effectiveness, as well as the negative impact they had on women, for instance in relation to part-time work or the Covid furlough scheme (ERTE).

By way of example, in terms of unemployment rates women were harder hit than men (particularly women aged 55-59 and women with less than secondary education). Consequently, the traditional gap in poverty rates between the sexes has not reversed and may have even widen with the pandemics. While the overall mortality rate is higher for men than for women, the effect on mental health and, consequently, on suicide rates was also considerably higher among women. The author explains how pre-existing problems in the care sector such as the high percentage of women performing unpaid work were made more visible by the pandemic. In addition, she flags the peculiar situation of Spain, which has a relatively low fertility rate and very high life expectancy, which also impacts the higher proportion of women engaged in care work.

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Covid-19 and gender in Spain

INTRODUCTION

The first Covid-19 cases were detected in Spain in January 2020. The incidence then grew rapidly until a state of alarm was officially declared on 14 March 2020. The health authorities have identified six waves since the outbreak of the pandemic (RENAVE 2022; RTVE 2022), according to the incidence of the disease and its mortality rate: spring 2020 (when a peak of around 250 cumulative deaths¹ was reached); autumn 2020; winter 2020 (when the second highest mortality rate, around 150 cases, was reported); spring 2021; summer 2021 (the only period when the number of diagnosed cases for men was higher than for women, owing to the incidence among young people), and winter 2021-2022 (when the first omicron cases were detected, diagnosed incidence increased sharply to reach a peak of 3,418 cases by 21 January 2022, while mortality hit 30 cumulative deaths, similar to the previous wave). In short, the peak in mortality was reached in March 2020 (wave one) while the peak in (diagnosed) cases was reached almost two years later, in January 2022 (wave six). In March 2022, Covid started to be viewed in a similar manner to the flu.

With regard to the public measures introduced to cope with the health emergency, a state of alarm was declared for two periods as a result of the pandemic: from 14 March to 21 June 2020 and from 25 October 2020 to 9 May 2021. During the first one, there was a blanket closure of schools and other education centres for the first time in recent history. Children and adults (save for those working in services deemed essential) stayed at home with very few exceptions in an unprecedented situation handled positively by Spanish society. This was also a time when many emergency measures were taken by the central government to cushion the blow of the crisis in different areas. Of all the protection instruments introduced, probably the one that had the greatest impact (given the large number of beneficiaries) was the temporary layoff scheme (ERTE in the Spanish abbreviation). This was a tool already in existence that companies facing exceptional difficulties could turn to. It was adapted to the pandemic fol-

lowing a process of social dialogue between the employers and trade unions, making it more flexible and widening its scope, both for employees (with more flexible access to unemployment benefits) and for companies (with more access too to exemptions from social security contributions). In April 2020, at the height of its use, there were around three-and-a-half million people under this protection in Spain, compared to around 58,000 people covered by ERTes in the previous peak, in July 2008. The number has gradually decreased since then. Other labour market measures included greater protection for workers against dismissal, Covid-related short paid leave, and the promotion of telework as the priority form of work when possible. These measures, however, could not prevent an initial blow by Covid to (mostly temporary) employment, as will be seen in this report. Immigrants and young people (those overwhelmingly employed on temporary contracts) were the most affected by the overall drop in employment in 2020. Many families had to cope with home schooling for the first time, as they dealt with telework during the approximately three months that the schools were completely closed (from 16 March to mid-June, when the academic year ends in Spain).

In the following sections, when analysing the effect of Covid-19 on different aspects of gender equality, where possible both the initial impact (i.e. comparing late 2019 to the second quarter of 2020) and the medium-term impact (i.e. to the most recent data available) will be assessed.

COVID AND CHANGES IN THE LABOUR MARKET

In general, the initial impact on employment losses (Q2 2020² compared to Q4 2019 jobs) was higher for women than for men,³ due in part to a composition effect. First, because of the differential employment loss for part-time vs full-time employees. The initial decrease in the volume of part-time workers was 16 per cent (as against 5 per cent among full-time workers). Losses were similar for part-time women and men, but since it is a highly feminised group (74 per cent of

¹ In this report, figures for both deaths and diagnosed cases are presented as cumulative cases over 14 days. In the cases of deaths, per 1 million inhabitants while in the cases of incidence, per 100,000 inhabitants.

² Referring to the second quarter of 2020.

³ All employment figures are taken from the Spanish Labour Force Survey.

part-time workers were women in 2019), this had a clear gender impact. Second, losses were concentrated in sectors with a medium to high presence of women. Almost half of the employment lost was in the “catering and commerce” occupational group (60 per cent of these workers were women in 2019). “Elementary services occupations” (81 per cent women) was the second big group to be affected (mostly among cleaning staff). We must bear in mind that these are relatively important groups within the Spanish occupational structure (which is highly polarised, with a high presence of low-qualification services and focused on tourism). The increase in unemployment rates (Figure 1) could have been higher if: 1) people willing to work but unable to look for employment because of the restrictions had been considered as unemployed rather than inactive (activity rates decreased considerably, particularly among non-Spanish people, in this first stage of the pandemic), and 2) the protection mechanism provided by the ERTes had not been adapted to the pandemic and widely used, as people under an ERTE are technically considered as employed.

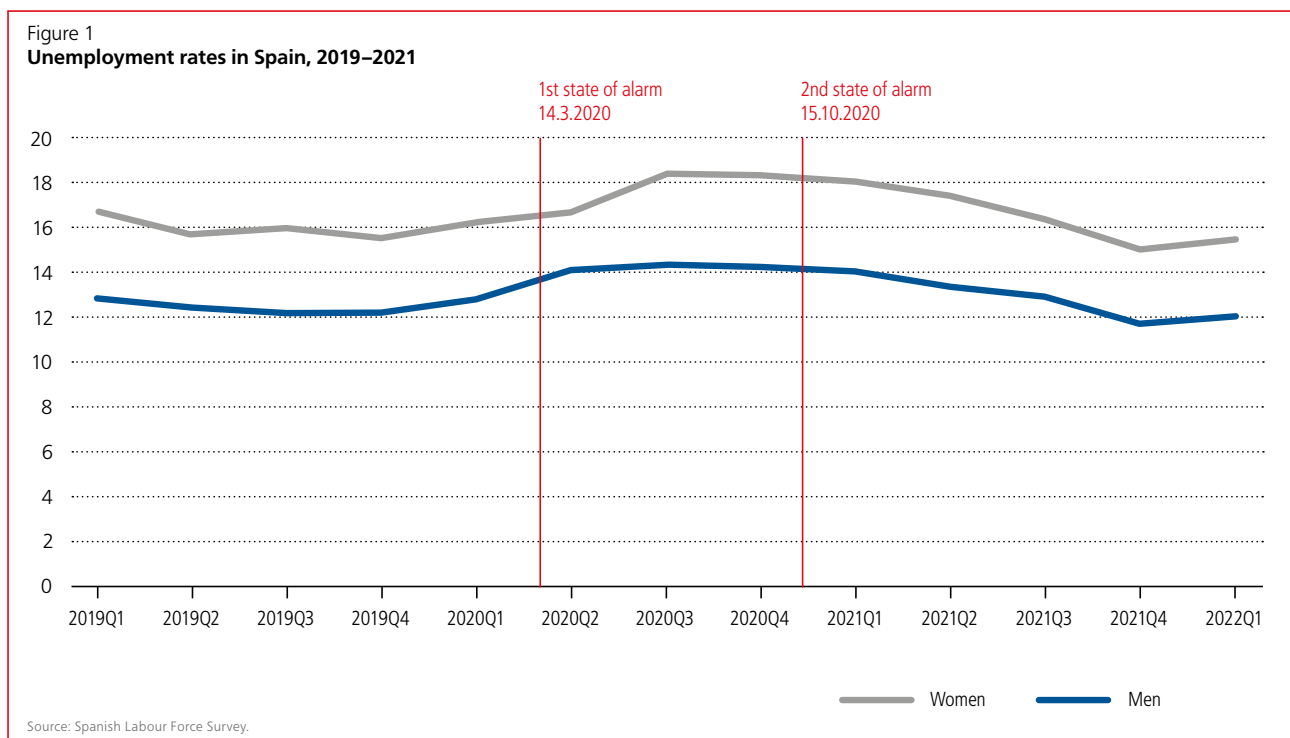
In terms of age, in relative terms (percentage of jobs lost) very young people (under 25) were hit harder than other groups when comparing Q4 2019 and Q2 2020. For example, the volume of employed people aged 20–24 was reduced by a quarter for both women and men. This age group accounts for a small proportion of the entire working population, however, especially for women, who stay in education for longer. In absolute terms, the biggest cut in jobs was for women aged 30-39 (228,700 fewer jobs in Q2 2020 than in Q4 2019, compared to 212,400 fewer employed men in the same age group). The loss in fixed-term jobs amounted to 23 per cent, compared to 3 per cent among permanent employees. However, the gender effect is not so clear here. The percentage employment loss for temporary employees was even slightly lower for women than for men (20 per cent as

against 23 per cent). By the end of 2019, 50 per cent of temporary employees were women, although they accounted for a bigger proportion of women.

Generally speaking, non-Spanish workers were more affected by employment loss than those who held Spanish nationality. However, the gap was slightly higher for men. Among women, there were 7 per cent fewer employed Spanish women in Q2 2020 than in Q4 2019, compared to 11 per cent for non-Spanish female workers. Only women and men from non-EU European countries saw employment increase, a group which in 2019 represented 7.7 per cent of foreign female workers and 5.3 per cent in the case of men. In addition, there is evidence that among foreign women aged 45-54 who lost their jobs (mostly as domestic workers), many of them became inactive rather than unemployed (Consejo Económico y Social 2021: 322), although activity rates had recovered for all women by 2022.

Overall, after peaking in Q3 2020 unemployment rates had recovered by 2021 (Figure 1). However, this is not the case when specific groups are examined, such as women aged 55-59 (unemployment is still 3.2 percentage points above the 2019 high) or women with less than secondary education (2.2 percentage points above the 2019 high for those who had completed primary education and over 4 percentage points for those with a lower level). There is a clear gender gap here, since for men there has been an almost total recovery for all education and age groups. Special attention must be paid then to women over 55 and/or with a lower level of education (to a large extent they coincide, given the unprecedented rise in educational attainment in Spain in recent decades) in view of their relatively low employability.

Lastly, we must not forget that over 60,000 women (as against around 54,000 men) remained on ERTes at the end



of 2021. This means that they had had their paid work time totally or partially reduced for two years. They now represent a small percentage of the entire female working population (less than 1 per cent), but they are clearly identifiable in terms of their employment sector, as 60 per cent of them belong to four sectors: food and beverage services, accommodation services, travel agencies, tour operators and related services, and retail trade.

COVID AND POVERTY

As mentioned, vulnerability and low employability are not gender neutral as women over 50 and those with lower educational attainment are facing more problems returning to the labour market after Covid than their male counterparts. In line with this, two-thirds of all households who have received the minimum basic income (IMV in Spanish) introduced in 2020 have a female head of the family, among who a third are single mothers (Consejo Económico y Social 2022: 66f). According to the Survey on Living Conditions, the number of people at risk of poverty or social exclusion (AROPE indicator) has increased by 1.2 percentage points for women (hitting 27 per cent in 2020) and by 1 percentage point for men (hitting 25.6 per cent in 2020). However, these figures are based on material deprivation from 2020 but on income from 2019, so there is no clear evidence yet on how the pandemic has affected the gender gap in poverty and social exclusion in the EU and Spain.

COVID AND HEALTH ISSUES

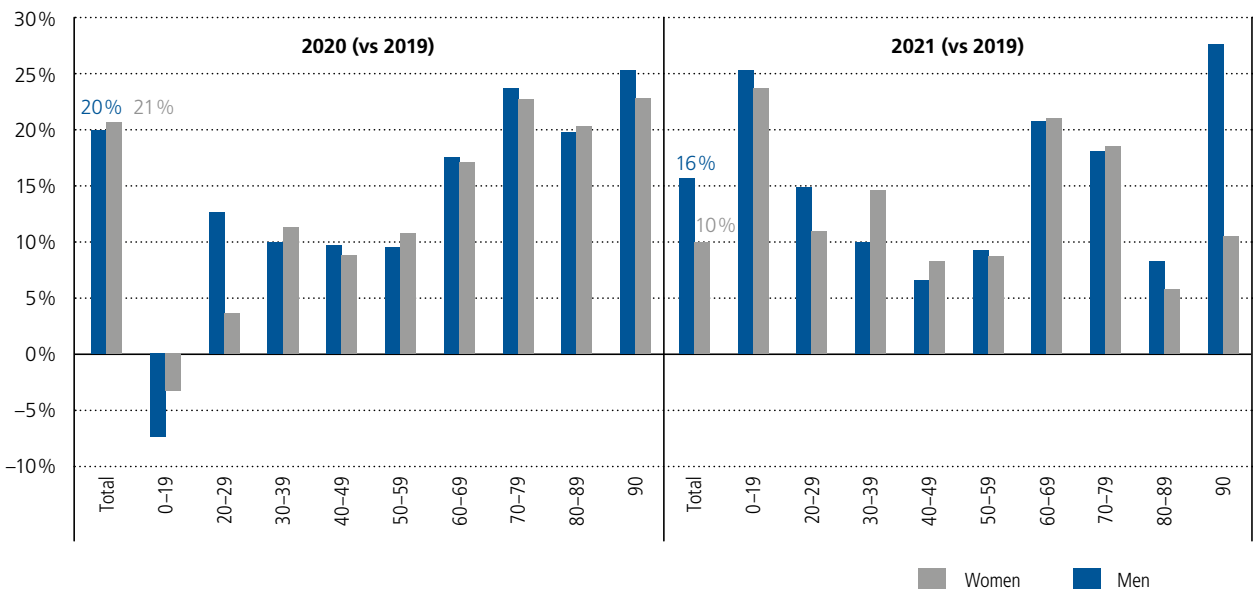
In total, more than 8 million people were officially diagnosed with Covid in Spain (from mid-June 2020 to January 2022, in other words, from the second to sixth waves), of who 52.3

per cent were women. Therefore, the disease has been more frequently detected in women, but this is not reflected either in the number of deaths or in the number of hospital cases (including people needing intensive care), which in all cases are higher for men. Female overrepresentation among diagnosed cases is linked to the disproportionate number of women working in essential jobs, as well as taking on unpaid care work, i.e. being in closer physical proximity to other people.⁴ By way of example, between waves two and six, 4.2 per cent of diagnosed cases among women were health workers, as against just 1.3 per cent among men (RENAVE 2021: 29).

Looking at excess mortality after the pandemic gives us a picture of the impact of Covid avoiding diagnosis underrepresentation. Even if Covid generally causes more deaths among men, excess deaths (in percentage terms over 2019 figures) were slightly higher for women in 2020 (21 per cent vs 20 per cent). Moreover, the figures were very similar for men and women except for young people (among who excess deaths were disproportionately higher for men). In 2021, however, the number of deaths was considerably higher for men than for women. In all age groups excess deaths have been lower for women except for those aged 30–49. It must be noted that even in 2021, 16 per cent more men and 10 per cent more women died compared to 2019 (Figure 2). In absolute figures, mortality remains higher for men than for women in all age groups except for people over 80, in which women are overrepresented. This is line with the notable gender gap in life expectancy of around 5.6 years in 2020, according to Eurostat.

⁴ It is important to note that during the first wave of the pandemic, many of those who died in old people's homes were not officially registered as Covid deaths. In Spain, most of these residents are women, so the gender gap in infections has probably been even higher (Consejo Económico y Social 2022: 28).

Figure 2
Excess mortality (compared to 2019), in percentage of deaths



Source: Prepared by the author based on Eurostat, 'Deaths by week, sex and 10-year age group (demo_r_mwk_10)', extracted on 12.5.2022.

The health consequences of Covid do not only affect the physical wellbeing of infected people. According to the Centre for Sociological Research in Spain (CIS in Spanish), the institute responsible for public opinion surveys, 22 per cent of the adult female population and 9.4 per cent of men had had some form panic or anxiety attack following the outbreak of the pandemic⁵. Women are generally more worried about the social and health consequences of the pandemic, according to the same source (Centro de Investigaciones Sociológicas 2021). The number of suicides increased in 2020 over 2019, by 12.3 per cent for women and 5.7 percent for men. So the traditional gender gap in this cause of death (more prevalent among men) has been closing since the start of the pandemic (Universidad de Granada 2022: 46, based on official data from the National Statistics Institute).

According to the European Institute for Gender Equality (EIGE), from 2019-2021 “access to health structures” is the subdomain in which the decrease in the gender equality index has been highest (Table 1).

COVID AND COMBATING THE SOCIAL EFFECTS OF THE CRISIS

While there is no direct gender bias in the measures taken to combat the social effects of the crisis, it may be considered that particularly those aimed at dealing with post-Covid work-life balance (WLB) needs did not incorporate a sufficiently clear gender perspective. Essentially, there were two measures that parents took to care for their children during lockdown: 1) an increase in the use of telework and 2) unpaid short spells of leave via a special WLB programme (the “Me Cuida” plan). However, there is considerable evidence to suggest that when WLB strategies involve a reduction in income (i.e. unpaid leave or work time reduction), the users are overwhelmingly women. Moreover, in practice, access to this leave must be negotiated with the companies, so access has not been easy, particularly for men.

COVID AND SCHOOLS

Spain was one of the OECD countries where schools remained closed for the shortest period during the first year-and-a-half of the pandemic (OECD 2021: 11) and several measures were introduced to ensure support for online teaching and provide services (such as school meals) to the most vulnerable groups. However, the effect of this closure and the pandemic in general on Spain’s future generations is still unclear. Apart from the total lockdown (when only essential workers went to their workplace), many families had to adapt their WLB strategies to partial confinements in schools from September 2020 to spring 2022, when they were lifted. According to a survey carried out during May and June 2021,

around 40 per cent of families with children under 18 had to cope with at least one partial confinement. Accordingly, around 40 per cent of fathers and mothers also acknowledged unpaid care work had increased for them since the start of the pandemic (Jurado et al. 2021: 71f). These similar figures must not obscure the fact that starting levels are quite different for men and women. The latter group performed 67 per cent of all unpaid work before the pandemic (Sevilla et al. 2021: 4). This is keeping with the fact that mothers feel “exhausted” more frequently than fathers (30 percent as against 46 per cent) (author’s own conclusion based on Jurado et al. 2021). Unfortunately, the Spanish Time Use Survey (STUS) has not been released since 2010.

COVID AND VIOLENCE AGAINST WOMEN

Over the course of 2020, there were two (only apparently) contradictory figures with respect to the incidence of violence against women. On the one hand, the number of deaths attributed to gender violence⁶ (47) was the lowest since official figures began to be recorded in the early 2000s. This was clearly due to the low number (with respect to the average) during the second quarter of 2020. Reports to the police also decreased in 2020 and 2021 compared to 2019. On the other hand, during the second quarter of 2020, the number of calls to the specific emergency number increased by 51.4 per cent over the first three months of the year (Universidad de Granada 2022: 25f.) Therefore, the decrease in the number of deaths can be interpreted as an effect of the increased control exercised over women at specific moments during the pandemic rather than as a real decrease in all types of violence against women. An indicator of this is the fact that the peaks in number of deaths in 2020 came in January (before the state of alarm) and in August (when the restrictions associated with the first state of alarm had been lifted), amounting to eight in both cases. It must also be noted that during 2020 the number of female victims of a homicide not considered to be gender violence (54) was the highest of the previous five years, increasing by 38 per cent over the 2015-2019 average. This fact, which requires further research, may point to the need to broaden the concept of gender violence to include murders committed by men who are neither partners nor ex-partners.

POLICY RECOMMENDATIONS

Of all people diagnosed with Covid in Spain since the outbreak of the pandemic, more than a half have been women, which is a result of the different social positions of men and women (with the latter performing more activities that require close physical proximity to other people, essentially care work). However, probably the biggest impact of the pandemic on gender equality is social rather than health related. Women have been more affected by the shift in social practices brought about by the pandemic, which have basically 1) turned social, leisure, and work activities towards the

⁵ Admittedly, this cannot be attributed specifically to Covid as data from previous years for the same matter is not available. However, it does show that a remarkable proportion of the female population has dealt with at least one mental health episode over the last two years.

⁶ Defined as homicides committed by the woman’s partner or ex-partner.

private sphere, i.e. increasing the amount of unpaid care work, and 2) increased the amount of care work in general due to Covid-related measures. By way of example, and despite generally stricter cleaning protocols in public spaces, in 2021 there were around 80,000 fewer cleaners or domestic workers in Spain, compared to 2019. This is in keeping with the fact that “time” is the only domain where no progress had been made between 2019 and 2021 in the EIGE Gender Equality Index (Table 1) and shows that (the lack of) joint responsibility is a clear obstacle to gender equality in Spain, in a context where not only Covid but the general ageing of society are increasing the need for care work.

In short, Covid has made the existing care crisis more visible. In Spain, there are specific features such as one of the lowest fertility rates in the EU, coupled with a very high life expectancy, especially for women, who require assistance for day-to-day activities during the last 16 years of their life, on average⁷. Gender equality, including closing labour market gaps, requires a major boost in joint responsibility for care work

⁷ Healthy life years in 2019 (the last data available) stood at 70.4 for women, while life expectancy was 86.7 (Eurostat).

Table 1
Gender Equality Index scores. 2013–2021

Time	2013	2019	2020	2021	Change 2019–2021	Overall trend for domain 2013–2021
Overall Gender Equality Index	66.4	70.1	72.0	73.7	3.6	
Work	71.8	72.9	73.2	73.7	0.8	
Participation in work	77.0	79.1	79.3	80.2	1.1	
Segregation and quality of work	66.9	67.1	67.5	67.8	0.7	
Money	77.1	76.7	77.8	78.4	1.7	
Financial resources	70.4	72.2	72.3	73.5	1.3	
Economic situation	84.4	81.4	83.6	83.7	2.3	
Knowledge	63.5	67.4	67.6	67.9	0.5	
Attainment and participation	71.8	76.0	76.6	76.4	0.4	
Segregation	56.2	59.7	59.7	60.3	0.6	
Time	60.8	64.0	64.0	64.0	0	
Care activities	60.9	74.5	74.5	74.5	0	
Social activities	60.6	55.0	55.0	55.0	0	
Power	52.6	62.0	69.4	76.9	14.9	
Political power	73.7	76.8	82.5	86.5	9.7	
Economic power	33.3	53.4	64.8	70.1	16.7	
Social power	59.4	58.1	62.7	75.1	17	
Health	88.6	90.1	90.1	90.3	0.2	
Health status	92.4	94.1	94.4	95.2	11	
Healthy behaviour	78.6	78.6	78.6	78.6	0	
Access to health structures	95.7	98.9	98.7	98.6	-0.3	

Source: Prepared by the author based on EIGE database, extracted on 12.5.2022.

among men, women, companies, and the state. Public measures could include:

- 1 Releasing the STUS to obtain post-Covid official data on gender gaps in time use, an area where Spain clearly lags behind with regard to other gender equality indicators.
- 2 Removing current bureaucratic barriers to the use of paternity leave for families that wish extend the time the baby is cared for at home, promoting men's involvement in care at the time that "everything starts".
- 3 Activation policies must consider gender-specific vulnerability niches such as women over 50 or those with lower educational attainment, who have specific difficulties returning to the labour market after periods of unemployment.
- 4 Actively promoting the engagement of men not only in childcare but also in the care of the elderly with public campaigns and other incentives such as gender neutral WLB policies (i.e. those that do not penalise workers economically).
- 5 Promoting quality employment in the care sector, as well as a new elderly care model based on care at home rather than institutional care.
- 6 Promoting and incentivising the adoption by companies of innovative strategies that allow better WLB arrangements without lowering either productivity or workers' income.
- 7 Incorporating a stronger "mental wellbeing" dimension into public health strategies. There is clear evidence that the combination of overwork and the uncertainty brought about by Covid is impacting the mental health of the population, particularly women.

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