Applying Gender-Based Analysis Plus to the COVID-19 Response in British Columbia

This briefing reports on preliminary findings of the ongoing Gender and COVID-19 Research Project. It provides a snapshot of results from qualitative research conducted through in-depth interviews with those most at risk of COVID-19 and the socio-economic effects produced by government responses, including on frontline health, care and service industry workers; parents and other care providers; those who lost work due to COVID-19 and newcomers. Findings are organized according to the domains of the COVID-19 Gender Matrix, applying an intersectional analysis that considers gender alongside additional equity factors.

Access to Resources

About a third of frontline workers interviewed (all of whom were women) had either been tested for COVID-19 or self-isolated because of experiencing COVID-19 related symptoms. All expressed frustration regarding lack of access to testing or waiting times for results:

“What I found a little bit frustrating was... they said it would be forty-eight to seventy-two hours, then I would get the results. But it actually – by the end of it – it was over ten days before I got the results, and I had to keep phoning into the hotline constantly.”

Frontline worker, woman

Having to self-isolate and wait for test results impacted income security, as workers had to use sick days, if they had them:

“So then I did have to take a week off, but fortunately I had enough sick days, so it was covered for me, the first week.”

Frontline worker, woman

About a third of respondents had to access healthcare services, either for themselves or for family members, during COVID-19 related restrictions. The virtual services provided for minor or routine complaints were generally felt to be adequate. However, in cases where emergency care was required restrictions on companions impacted quality of care, particularly for the elderly and for newcomers who relied on family members for communication with health professionals:

“I diagnosed her with a Urinary Tract Infection over the phone and had to call the ambulance, but I couldn’t go with her. She is starting to have dementia and didn’t know what was going on. I couldn’t do anything to help.”

Woman speaking about an elderly relative

Parents shared numerous strategies for ensuring their children had continued access to education despite school closures, but a number struggled with resource requirements. One mother explained the only way her son could engage in online classes was by using her phone, which was inadequate for the activities required. Newcomer parents felt unable to support their children with online instruction, as they lacked English fluency and knowledge of the school system. One noted that she could not afford the books her daughter wanted read:

“My daughter ask me I want to have – I want to order this book, this book if she find it online and I explain for her I couldn’t pay lots of money for book, for buying book... And before COVID we borrow at library and from library and the first month, I think everywhere were closed and she told me I read some of them twice or three times. It’s boring. I need more books.”

Newcomer mother

A number of informants were engaged in adult education programs. While the temporary suspension of some courses and the movement to online caused initial concern, many appreciated the
While most interviewees were able to access the necessities they and their families needed, single mothers interviewed spoke repeatedly of the challenge of getting groceries and other supplies:

“I wasn’t scared about getting sick but my fear was I don’t have food for my son in the fridge. That was my biggest fear because I know I have money in my bank account, but there is nothing in the store and I feel like I’m supposed to not take my son… I want to get groceries, it was a long line – my son doesn’t have – like he doesn’t want to be standing, right, he doesn’t want to be standing, waiting in the line, he’s going to – he wants to jog, he wants to grab things.”

Single mother

Most respondents felt they had good access to information about COVID-19, often noting they regularly watch provincial and federal briefings. The majority of those working relied on regular information from their employers. Despite the perception that information about COVID-19 was adequate, there was confusion regarding related policies and guidelines, particularly as restrictive measures were being eased:

“I didn’t know what is happening, I feel like totally ignorant of the of the topic and I feel like we need more education like… there was, “We’re in phase one, we’re in phase two”, I said what is that, I don’t have any idea what it’s for; that, that means I have to stay home, just to go outside for essential... what is essential?”

Mother

Most newcomers said they had not seen any information about COVID-19 in their first language, with the two exceptions having received information from a mosque and non-profit organization. Two of the men interviewed explained they provided all information to their wives, who did not speak English as well as they did, and one mother relied on her children to translate COVID-19 related information:

“I watch the news but I don’t understand. I ask my kids, what they saying?”

Mother, newcomer
Labour/Roles

While a few interviewees lost work due to layoffs or cancelled contracts related to the economic impacts of COVID-19, the majority interviewees who were economically affected left work due to fear of infection, or due to lack of childcare:

“I left my job at [omitted], I think it was late March. I said I would come back when there were some better precautions. Precautions there I don’t think suited me, I think I have vulnerability because I’m older, I’m 70, I’m also, I have repeated pneumonias which have been life-threatening. So, I just said I can’t be here, I left.”
Frontline worker, woman

“I stopped working, actually, because I was afraid for my family, so a major decision... The second reason why I left my work, so my kid – she’s five years old, she left preschool, because schools are closed, the preschool closed.”
Frontline worker, father

For newcomers, the loss of their first job in Canada was particularly hard:

“That was her job, she just started. She was so happy. Now she got like seriously? When I started it’s up like this... because she was with the kids because the kids not supposed to go to school.”
Newcomer, speaking about his wife

Lack of access to affordable childcare was identified as a barrier to returning to work:

“I’ve had one interview on the phone, but the kids were in the background. She asked how I would manage with them. I said I don’t know, because I don’t. How can I pay childcare before I have a job? She didn’t call back.”
Single mother

Parents repeatedly spoke about the challenge of juggling work and childcare, and in most families this burden fell primarily on the mother:

“I mean, I became, you know, the person responsible for the kids 24/7 and it sort of became obvious that I’m the person responsible for the kids. I mean, we both need childcare to work, right, my husband also needs childcare and he wants to go to work, but I don’t think he really gets that.”
Mother

“And, again, it’s not just for obviously for women but women often come, they end up being, taking the brunt of this. And to me like the childcare or the lack of, or the lack of school system, I mean, it’s more than just doing the physical care.”
Mother

“Well just from being like in a dual role of being from full-time mom to full-time worker and then back to full-time mom you know like it’s non-stop. I don’t – there is no break.”
Mother

However, families where the mother was a frontline worker often saw a switch in roles, with the father staying home with the children:

“The role reversal of me working and my husband not has been entertaining to say the least. So now that he’s home with two kids by himself he’ll never say that it’s hard because he’ll never say it out loud, but he’ll say it’s different.”
Frontline worker, mother
Social Norms

Overall, it was felt that the care work being done in the home, primarily by women, was under recognized and underappreciated:

“So, there’s this whole other layer of, it’s not exactly work and you can’t really quantify it but you’re doing it all the time. Like oh how do I make sure that they still keep in touch with their friends, how do I make sure that they have the clothes that they need because, you know, nothing is open. They’re still eating normal food and they’re keeping a routine, like all those things that it’s sort of a, it’s all my mind, mind work”

Mother

“So hence when something like this happens and we were asked to work from home, and also homeschool our kids at the same time it’s kind of like we understand that’s two jobs, but yet the system doesn’t recognize its two jobs and there’s no consideration made around it.”

Single mother

Single moms and newcomers particularly noted how difficult it was to cope with competing demands without the support of social networks:

“I don’t have family or relatives and – of course, if I’m sick, not one of my neighbours is going to look after my son because they don’t want to get sick either, they are single moms too.”

Frontline worker, newcomer, single mom

“... how do I make sure that they still keep in touch with their friends”

While the majority of interviewees spoke about experiencing some degree of COVID shaming (being made to feel guilty for being perceived as not following social distancing measures), this experience was heightened for single parents and newcomers. For single moms, this shame was associated with having to take their children shopping for necessities:

“And then I just took my son with me and I go to the cashier who was like, ‘Why are you taking your kid to get groceries’ and I was just, ‘I don’t know where to put him’, like I can’t leave him alone, right... I feel like I was being a very bad mom.”

Single mom

Newcomer experiences of COVID-19 shaming were combined with racism. One respondent stated:

“I was a little bit nervous to go like downtown. I hear some people are saying somethings to Asians. And then so yeah, my friend told me that happened in the downtown a little bit so yeah, it’s just a little bit scared.”

Newcomer

A frontline worker shared an experience of a newcomer client:

“She’s a senior and she’s living in like city housing, a big apartment but she has a coughing, like it’s like an allergy, she’s...
allergic. One day she called me, and she was crying, she said ‘everyone is running away from me and they know I have this coughing. I am not sick and I didn’t get the’ – and she’s wearing a hijab. And now – actually in the process she’s asking me I have to find her a place, she want to change her apartment because she’s not happy at all the way the people they look at her, and actually they didn’t help her.”

Frontline worker

All respondents expressed increased stress and anxiety related to COVID-19:

“I was so stressed. I was so tired at that point, like it was a nightmare. It was a nightmare for me, I’m talking about the end of March and the first few weeks of April.”

Single mom

Frontline workers particularly identified the impact of stress on their wellbeing:

“I think there is a lot of hidden anxiety, you know, we’re all, yeah, I’m fine, I’m fine, I’m fine. And then all of a sudden you’ll be doing something else and you’ll burst into tears for no reason. You’re like, okay, why did I cry.”

Frontline worker, woman

Mothers expressed the challenge of trying to remain “positive” and “energetic” in front of their children, and how this compounded their anxiety:

“And when are we actually going to talk about our pain, and suffering when our kids are not around to listen?”

Single mom

Most fathers did not mention their own anxiety but referred to needing to support their partners who they recognized as experiencing anxiety either related to childcare burdens or being frontline workers:

“She started to show signs of depression in the beginning of the pandemic, because she thinks that this will take a very long time. But I’m always trying to support her psychologically, saying I am with you and I will not let you be by yourself... because she is home all day with the children, doing the cooking, the cleaning...”

Father

“I worry about [partner]... she needs a time to convey her feelings and her worries of that given day, and she needs that outlet.”

Father, partner to frontline worker

Power and policy

The decision to limit family court proceedings negatively impacted a number of single mothers interviewed. In one case the father had stopped paying child support and the mother had no recourse due to court closures. Having also lost work due to COVID-19 she explained her financial situation as,

“I feel powerless. It is a nightmare.”

Single mother

In another case, a mother had to continue to have face to face interactions with a formerly abusive partner as their court hearing, set for May, was delayed:

“So, it was already difficult and now with the whole COVID-19 thing the courts are still not open and I’m not sure when they will be open. So, it’s just – it’s making things I think even worse.”

Single mother

The same interviewee was unable to access CERB because she had been laid off a few days prior to the program being introduced. This, combined with inability to enforce child support payments from her ex-partner due to court closures and job loss, put her in an extremely vulnerable position:

“My ex does not provide any support to me. Just [child’s] daycare alone is close to $2,000 a month and as you can imagine I need to have daycare in order for me to be able to go to work. And so it’s been very tough because it’s pretty much like whatever I make I’m paying in rent and childcare, and food and that sort of thing. And I had hoped that this year I would be able to kind of get ahead of things however it just completely
dropped off and now I’m in a worse position than I was last year. So, it’s been really tough.”

Single mother

A number of interviewees had difficulty accessing CERB for similar reasons, or because they had recently begun working following being on parental leave or recently arriving in Canada, so had not made the $5000 in the previous year to qualify. As one respondent noted:

“It’s not fair. We are all in the same boat and have the same needs but some people are getting $2000 a month and some are getting $400 [from EI].”

Mother

Lack of policy clarity and firm guidelines for frontline workers, particularly early into the response, led to feelings of frustration, helplessness and having to assume decision-making burdens they were unprepared for:

“And in the beginning, I think, from the government... There wasn’t a lot of direct communication as far as, okay, you can have these many children in your centre, you can have this many staff. There wasn’t a lot of directives, it was just very vague and you were sort of left hanging.”

Frontline early childhood educator, woman

“Those first couple of weeks we just made a lot of executive decisions. We felt like there was a lot of – a massive lack of clarity from management and directors in how that translates to our frontline work. So, we kind of took what we could from the information we received from management, directors, and we interpreted it and translated it to our services.”

Frontline long-term care provider, woman

However, overall respondents viewed federal and provincial government responses favourably, often stating they were “proud” to be place that was managing the response well and recognizing the political and other leads have “never gone through this before either. They’re trying to figure it out as they go as well. I mean, this is new territory for all of us.”

Frontline worker, woman

METHODS

The data in this brief is drawn from interviews with key affected constituent groups, including frontline health care and service industry workers (15), parents (21), those who lost work due to COVID-19 (12) and newcomers (10). Sampling was voluntary, with requests for participants circulated through social media posts, unions and non-profit organizations. 20 women and 5 men volunteered to participate, with ages of interviewees ranging from 20 to 70. All interviews were located in the Vancouver Coastal, Fraser and Vancouver Island health regions of British Columbia.

Interviews were conducted over the phone or by electronic means between 1 May 1 and 15 June 2020. Informed consent was obtained from interviewees, with ethics approval provided by Simon Fraser University. Interviews were recorded and transcribed for analysis. Framework analysis, based on the COVID-19 Gender Matrix, was used to provide initial rapid results, which illustrate the multidimensional effects of the COVID-19 response. Following guidance from UN Inter-Agency Standing Committee, this brief prioritizes rapid analysis over perfect analysis. More in-depth research analysis will be provided in due course.

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