

The impact of COVID-19, and policies to respond to the outbreak, on women in the UK

This briefing provides initial findings of a UK-based research study conducted with women most at risk of COVID-19 and the socio-economic effects produced by the government response. This qualitative study was conducted through in-depth interviews with women including: healthcare workers, care workers, migrant women, pregnant women, new mothers, parents, and those working in industries disproportionately affected by lockdown, including the hospitality, restaurant, and recreation sectors.



THEMES

Health impacts

Almost all participants discussed their anxiety or mental health concerns during COVID-19 and its accompanying lockdown. This ranged from worrying about money, future job security, their children and schooling, and about being infected with COVID-19. Concerns about mental health were particularly acute amongst healthcare workers. Those who had been victims of domestic violence referred to lockdown as forcing them to relive their experiences of being unable to leave their house at the hands of their aggressor.

"I'm sick and tired, I'm sick of just existing together. I think it's really – it's so difficult. It's difficult for all of us; we're happy, we're in a really fortunate position. But it feels really hard, like I feel tired and I'm not a tired person. But I feel really mentally tired. And I think this – it – that's a mixture of doing everything here, and being around it, like I'm sitting here looking at a pile of washing that stresses me out."

"I'm exhausted but I was exhausted before. Mental health, it's detrimentally affected my mental health... I've never felt the level of anxiety that I did when

he was recovering. Like in some ways, basically I feel fine because we don't have the initial social stressors that that we had before COVID. So in some ways, I feel better and in many other ways I feel just this ongoing like, I don't know, some feeling of exhaustion that doesn't go away."

- Mother of one-year-old whose partner was ill with COVID-19

"I'm sick and tired, I'm sick of just existing together."

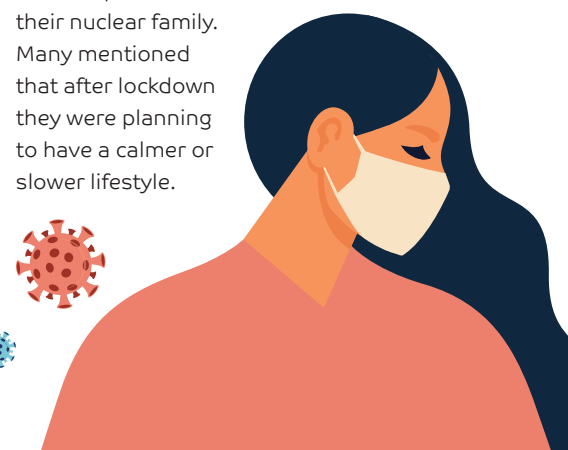
"I found the past month or so I really burned out because I was working 24/7 whilst also handling the kids and real life and the fact that going to the supermarket takes two hours and general stuff that we're all having to deal with. So I had to start putting in a few boundaries to say, right I'm not answering any emails after 18:00, just generally trying to contain my work life a little bit because it was getting scary and it was getting sort of, emailing things about work at midnight, not sleeping very well. To be honest, I've not slept very well throughout this whole period."

Many women who had stopped formal employment due to furlough and were undertaking all the childcare discussed

a changing sense of self, with feelings of low self-worth and a loss of identity. This contrasted with comments by health care workers who had a renewed sense of identity because of their work, and its wide public recognition.

"I'm very fortunate that – I mean – the money is very helpful but we wouldn't be able to survive on what I – from my job. But it's much more important to me than that in the sense that I enjoy going to work, it gives me another identity, it gives me an identity which isn't that of a wife or a mother. I like working with other people, I like to get out of the house. I like – I like knowing that I'm good at my job."

On a positive note, most participants felt **physically healthier**, having undertaken more exercise as a consequence of the exercise exception in the lockdown policy. They also stated that family dynamics had improved having been able to spend more time with their nuclear family. Many mentioned that after lockdown they were planning to have a calmer or slower lifestyle.





"If anything, I'm healthier because I have more time. I'm sleeping more, and I'm exercising daily, which I didn't take the time to do before. And also in terms of eating, because we are not eating on the go; we are always at home; we are cooking healthy meals and I'm more in control, for sure. Because at the office, you know, there is always that person bringing chocolates.

So, health: definitely better. Wellbeing: well, I guess wellbeing is attached to health; mental as well. But in terms of mental wellbeing, I've been affected by, well, my pregnancy care and the way it's been done."

Access to healthcare services was a frequent concern – with details of cancelled healthcare and dentistry appointments, although also noting that many said that they wouldn't have gone any way because of risk of disease transmission within clinic settings.

When asked their thoughts on the intersectional impacts of the outbreak, a number of women highlighted the increased risk of Black and Minority Ethnic groups and the need for better communication to these groups about their risks and policies to protect/support them, particularly healthcare workers.

"I think my biggest bug bear about the handling of this whole thing is that vulnerable people – and I'll just speak about pregnant people in this regard – why is it that we just can't get our hands on an antibody test. Because, number one, that would have helped me for the whole situation, if I could have just found out that I already had it because it was highlight likely that I had, then people would have been more willing to see me

and help me out...And now obviously I'm going into hospital for scans and my first maternity appointment was done over the phone so that's fine. But then I had my 12-week scan in the week and you have to go into hospital for that. And that's fine but, again, I'd be less nervous if I'd just known if I'd already had it."

"I've not had a risk assessment, or someone's approached me and said we're doing a risk assessment. But one of the things I'm actually going to ask... is we were told this week in July my team... might be put on a rota to go into the office in Nottingham from July. Now, A, I've not agreed to that, and B, what risk assessment are you going to do on me as a BAME female before I step foot in that office?"

Access to resources

The majority of those we interviewed had experienced limited economic impacts, either through working at home, being on furlough, or because

of a partner's support. However, the most economically distressed, by design, might not have had time to be interviewed. Our sample participants on the whole felt that they were "better off" during COVID-19 than others in society, recognising they had access to food, housing, money and children were safe.

Several with small children mentioned the costs of paying for childcare, despite not using it, and what effect ceasing paying for this would have on future access to services. Those who highlighted this issue as a concern at the beginning of lockdown said that this issue had been rectified as childcare centres, in particular, eventually decided not to continue requesting fees. Two of the women most economically distressed had begun new jobs at the start of March but were not scheduled to receive payment until the end of March and thus were **not considered eligible for the government's furlough scheme** – one was put on unpaid leave, another lost her job.

"It's just been a rollercoaster really, so I've been up and down. I've had really, you know, really bad weeks, and the

"It's just been a rollercoaster really, so I've been up and down."

"If anything I'm healthier because I have more time."



first really bad week I had, I did consider asking work if I can be furloughed, because I thought it's just going to be much easier. But because I'm already working part-time to fit around school hours, I can't – I just can't financially afford to take a 20% pay cut. It's just not possible. I didn't see how that would work, so I just carried on, regardless."

"I knew I had to be at home with the children because I'm on the minimum wage."

"I knew I had to be at home with the children because I'm on the minimum wage, just above the minimum wage, so my husband's work takes priority because he's the one who pays the mortgage and pays for the food and all of that kind of stuff."

Practically, a number of respondents mentioned **Brexit stockpiling** had put them in a good position for the start of lockdown and able to ensure access to food:

"So, I, from 2018, had some long-term stored food, and I think that helped me a lot at the start of the lockdown. But I knew that we wouldn't be starving in the medium term, and similarly, I'd made my parents have a messy Brexit stockpile. So, that was a huge relief."

Labour/roles

All mothers with school aged children discussed **increased burden of work** during lockdown – both informally having to look after children, and home school, and to do this around their formal paid work. Those who didn't work prior to the outbreak reported increased domestic load – more cooking, more people at home, and no time for a break as always in the house with their children.

Those who remained in paid employment detailed the **juggling act**

between having to do full hours of paid employment and childcare, even if they physically couldn't do it because of their care responsibilities at home.

This was amplified as many stated their **work volume had increased** because of COVID-19 changes, and so were working longer hours, with most in paid employment discussing working early in the morning and late at night to get it done. Most stated that their (male) partners had taken on some of the childcare role, but for the most part this was not considered to be an equal split.

"Well work has changed because we are at home all the time and I'm juggling it



a lot and say, "Please don't schedule things for the afternoon because it's just not going to happen."

The **mental load** for organising domestic activities and responsibilities remained with the mother, even when men were actually carrying out the tasks. Even in instances where the man had been furloughed, and the woman



with the home schooling side of things which is sort of less home schooling and more general supervision and trying to find something, you know, vague educational to occupy the children. And so it's meant that I've shifted my working day and so I start much earlier in the morning and finish up at lunchtime and then we swap over. So it's meant that I've had to kind of check in with work

not, we heard of women continuing to support the home schooling. To this extent, we also heard a number of cases where **women had asked for furlough**, or taken it if offered to be able to manage competing priorities. More positively, some women stated that self-isolation allowed partners to see the **invisible labour** that happens in households. Single mothers and



women whose partners had been sick or hospitalised with COVID-19 were particularly overburdened and felt considerable strain due to the lack of available support from family members per lockdown requirements.

"I just feel like the housework is never-ending."

"My son is with me one week and then with his dad the next week. On the weeks when my son is with me it is hell. I am working on average eight to ten hours a day at work at the moment because there's so much going on, but then I am trying to home school my son and manage the house."

"I'd say I've got a triple burden, a triple load that my partner that I live with is not picking up any of that slack. I am still sort of managing the shopping, managing the washing, managing cleaning the house, trying to do the home schooling and keep my son entertained and trying to be available all working hours for my employer and to get my work done."

"And his – his life has changed in the sense he's working from home, but otherwise it's not really changed because he's still working... Whereas my life has changed utterly."

Norms/Beliefs

The majority of our participants stated that they had **stopped watching the news** and didn't watch the daily 10 Downing Street briefings due to fatigue and/or it induced anxiety and frustration.

"... my life has changed utterly"

Mothers pregnant for the first time were sad for the **missed experience of pregnancy** – not being able to shop for a buggy, share their pregnancy with their family, participate meaningfully in antenatal groups. In particular several stated sadness at **not being able to have their partner attend scans in hospitals**, reinforcing gender roles, and those who have given birth during lockdown for **not being able to introduce their baby** to their wider family and friends. For some this was a blessing in disguise being able to cocoon with a newborn without interference.

"No partners are allowed [in hospital]; it's just you. That's kind of an isolating feeling I guess. Normally, with any kind of health concerns, my husband would want to be there too. Like definitely

when I went in for that scan on Tuesday and they were making sure that nothing was wrong with the baby, it's so nerve-wracking to go in for that ultrasound anyway. And then when you think something could be wrong."

"And sad, I think, more than anything about missing the fun things that are supposed to happen when you're pregnant. Like a baby shower, and going shopping for a buggy, and stuff like that. Such minor issues compared to what most people are dealing with, but it just, you know, you look forward to these things."

Most women we spoke to talked of **sense of duty to do things** during the outbreak. This ranged from healthcare workers feeling obliged to support the frontline work, even those who were not in those roles currently. Other women discussed volunteering through making masks, working in mutual aid groups, shopping for neighbours who were shielding or checking in on family members by phone/Zoom.

"[Women are being treated predominantly] As carers, primarily. I mean, when you get a lot of videos and memes and things around - with women are represented as doing the washing up, looking after the kids, tying the kid to the floor while they're trying to get their work done. So the imaging and the messaging – and I think it's the same in the way it's working for female staff in the NHS as well – is you've got to be a superhero, you've got to look after your kids, you've got to manage the house, you've got to keep your husband out of the way, and get on with the other life that you normally do, which is working as well, and somehow fit it in."



Power

Women did not feel that they have had a voice in decision-making in the outbreak, and **nor did they feel their perspectives, needs or the differential impact of lock-down had been recognised by policymakers.** Single parents and those who were unable to seek support through the government furlough scheme felt the most ostracised by government. In particular, single households had consistently formed “bubbles” with another person or family in March/April to be able to manage childcare/working/ shopping etc.

“A voice, no. No because it’s very fast and sort of ... there’s no time to be asking people to give their opinion... there’s no point where the government have asked people what they think. So it feels paternalistic, you know, it’s for your own good...”

“I think the disabled voice is left out of most conversations sort of on the government level anyways. And I think it’s been amplified with this thing. We are the people who are most at risk in terms of various conditions that we’ve got. But, we’ve had weeks and weeks of knowing that we need to

shield ourselves for twelve weeks, and still nothing.”

“And we’ve seen the guidance that says, you know, when you’re at home, don’t be within, you know, however many metres of another person. But when you need care and you require personal care, obviously people need to be within that distance of you. How do we protect ourselves and protect the people who are looking after us?”

“I think the disabled voice is left out of most conversations...”

“And yeah, I think we haven’t really been consulted as we are today. I mean, even me, you know, with all of my conditions, I still actually haven’t had my text or my letter come through to say that I am extremely vulnerable.”

Women felt that a **lack of visibility of women** in the government response contributed to this lack of considerations of the gendered effect of the outbreak:

“The team that are leading the government response doesn’t have a woman on it. We are barely seeing Priti Patel. It’s mainly been all male cabinet ministers that have been public facing. I don’t think women are being considered. I think that you can



see that in things like the furloughing scheme, so you can only be furloughed full time, which is forcing women, who we know already pick up the primary caring role, it’s going to force them to be the one in the household that takes that full-time furloughing role.”

“I think if the government had a view to the gendered impact they would absolutely make furloughing part-time so that parents could try and share it more equally, a bit like me and my partner have done. I think that they didn’t consider, and still haven’t considered, women in terms of domestic abuse. I think we’ve had 16 homicides now that are domestic abuse all male perpetrated against women and children. And still we don’t have the domestic abuse commissioner in that COVID-19 highest level government response planning meetings, it’s just absolutely outrageous.”

Interestingly, some Muslim women interviewed discussed feeling **empowered to wear a face veil** in public again because of the increased use of face masks, something which politically they did not feel they had been able to in recent years.

“I decided to take off the face veil, because the [political] climate was just getting really unbearable...but now I think I took it off too early, and I’m a bit more relaxed about going out and about [in it], potentially... Everyone’s



got a scarf wrapped around their faces. That awkward moment of, 'Oh, I look like you now.'"

Institutions/Laws

Some of those interviewed thought the **government had done what it had to** in the wake of the epidemic, others thought there had been **failures by government** during the last six months. The interviews we conducted after 10 May all discussed uncertainty about regulations, **inconsistency of messaging**. Many parents were uncertain about whether to send their children back to school when able to. There were particular policy concerns around priority testing for single parents to allow access to additional support, pregnant women seeking priority supermarket slots, withdrawal of social support for disabled people and those who fell through the gap for furlough scheme as new joiners.

"The way in which the government, particularly, and to some extent the public, are treating the NHS, is that they are doing wonderful things, being amazing, being great, but we're not really actually helping them do their jobs, nor do half of us understand what they – I mean things like: there's a lack of critical care nurses, but we don't have a

system that allows us to get critical care nurses in that we need, now or before, in any coherent way. 44% of our medical and clinical staff are black and ethnic minority, and huge numbers are women, and huge numbers of women will be black and minority ethnic women, who will probably be – as women – having a whole other life that they also need to still manage."

"There was quite a long time where there was no specific guidance on people receiving care in their own home. And particularly for people who employ their carers privately, that's only been in the past week that we've had information – I think end of last week."

"Signed my contract on the 26 February and started the 2 March...Two and a half weeks later I was told I would take leave, because our biggest clients were horse racing venues around the country. So of course, you know, they got closed down, we lost loads of clients or lots of them got put on hold. So I'm vaguely – this was before the government announced furlough...and I just found out I wasn't eligible for that, because my job provision had been made for the 22 March. So I completely missed out on the furlough. I'm not eligible for Universal Credit."

METHODS

This data came from interviews with key affected constituent groups. This included healthcare workers, migrant workers, parents with school aged children or younger, pregnant women, new mothers, and those working in high risk industries (those defined by ONS to be the most exposed to lock-down measures). 68 interviews were conducted between April – June 2020 (covering the changes in government lockdown requirements). This sample size is consistent with previous qualitative research in public health outbreaks.

Interviews provide illustrative examples of how people are/were affected according to their position, income, physical safety, distribution of labour and services and access to resources. Participants in affected constituency interviews were recruited purposefully through social media adverts and through distribution of invitations to take part through women's organisations. Oral consent and/or written consent was obtained and interviews were recorded and transcribed for analysis.

Thematic analysis has been used for rapid results for dissemination for policymakers. Following guidance from UN Inter-Agency Standing Committee, we prioritised rapid analysis over perfect analysis. **More in-depth analysis will be provided in due course, after further parts of the project are complete.**

ACKNOWLEDGEMENTS

For more information on this project, please contact Dr Clare Wenham, Assistant Professor of Global Health Policy, LSE: c.wenham@lse.ac.uk

This project forms part of a wider comparative study of the gendered impact of COVID-19 in Canada, Hong Kong, China and UK. More information can be found: <https://www.sfu.ca/fhs/gendercovid.html>

This work was supported by the Canadian Institutes of Health Research under grant OV7-170639

