



THE IMPACT OF COVID-19 ON WOMEN IN HAWAII AND ASIA-PACIFIC

BY JENNIFER HOWE

Jennifer Howe, MA (University of Durham, UK) is a research intern at Pacific Forum.

Introduction

Women's voices are [missing](#) from Hawaii's Covid-19 economic response and recovery plan while the pandemic [exacerbates existing inequalities](#) that hinder female empowerment. The coronavirus crisis is negatively affecting women's economic participation and empowerment, has led to greater rates of gender-based violence, and has disrupted access to sexual and reproductive health. This article reviews the current literature for Hawaii, the United States and Asia and the Pacific to examine the ways that Covid-19 is disproportionately affecting women. It is divided into three sections: economy, gender-based violence, and sexual and reproductive health. It concludes with policy recommendations for the State of Hawaii and governments in Asia and the Pacific considering deepening structural inequalities.

1. Women's Roles in the Economy

The pandemic has [wreaked havoc](#) on the global economy: unemployment rates have soared and global trade has foundered. While the aftershocks have been felt by all members of society, women are bearing the brunt of the economic fallout. The following discussion highlights how women in Hawaii, the United States and Asia and the Pacific are uniquely affected by the current economic downturn by examining the unequal burden of childcare, female unemployment, and the plight of female healthcare workers.

Childcare

With the closure of schools and without friends and grandparents to help,¹ the time and energy needed to carry out childcare has [increased considerably](#). This

will have the greatest impact on single parents, [most of whom are women](#). In Hawaii, [43 per cent of low-income households and 20 per cent of above low-income households are headed by a single parent](#).

Even in households with two parents, mounting childcare demands are likely to take a greater toll on women, who spend more time looking after children than men. In the US, women spend [on average four hours per day](#) performing unpaid labor which includes childcare, shopping and housework, while men spend just two and a half hours. American women are also [eight times more likely](#) to manage their children's schedules than their male counterparts. In Asia and the Pacific, women undertake [four times more](#) unpaid care work than men. The unequal division of labor illustrated by these figures suggests that women, as the primary caregivers, will [more readily](#) leave their jobs if work arrangements cannot be adjusted to accommodate childcare. Moreover, because women are typically paid less than men, [there is more incentive for the female partner to quit](#). Some women have also [reported](#) feeling pressured to leave their jobs to care for children in order to be considered "good mothers." If women forego work to care for children because of the pandemic it will [limit the amount of time](#) they are able to spend on education and career progression and, by extension, impede their economic participation and empowerment.

Unemployment and Gender

Women's participation in the economy is being negatively affected by the virus outside the domestic sphere. In the US, [close to 60 per cent](#) of those who lost their jobs in April 2020 were women. A [recent study](#) by the Bureau of Economic Research revealed that more men than women hold "highly telecommutable jobs." This could be because women are overrepresented in the service sector in the US and [more broadly](#), a sector that has been [seriously impaired](#) by the virus. In the US, women make up [70 per cent of all waiters, 77 per cent of clothing and shoe store cashiers, and 88 per cent of the maids and housekeepers working in traveler accommodations](#). In Hawaii, where the economy relies heavily on tourism, [many low-wage service jobs are held by women](#). This is corroborated by the fact that [57 per cent](#) of Hawaii's unemployment claimants in April 2020 were women, despite them accounting for [just under half](#) of the state's workforce.

¹ Babysitters in New York, where the virus is rampant, have [refused](#) to look after the children of first responders for fear of contracting the disease.

Women in Asia and the Pacific are also facing high levels of unemployment. The garment industry, for which more than three-quarters of the workforce is female in [several Southeast Asian countries](#), has experienced a [dramatic downturn](#) since the beginning of the outbreak. There has been a slump in demand due to non-essential service retailers being shut, leading to the closure of thousands of garment factories.

The coronavirus outbreak has had an acute effect on the informal sector. The International Labour Organization (ILO) warned that [1.6 billion informal workers are at risk of losing their jobs](#). Many jobs in the informal sector, which includes domestic work, daily wage work and self-employment, [depend on social interaction and travel](#)— both of which have been restricted as a result of the pandemic. In Asia and the Pacific, [60 per cent of all non-farm workers](#) are in the informal sector, with women making up a [large proportion](#) of this figure. Informal workers are extremely [vulnerable](#) as they lack basic social security and are, as such, usually ineligible for unemployment benefits and typically have little to no savings at their disposal. [UN Women reported](#) that many female migrant workers in Asia and the Pacific have been forced to return to their home countries where they face loss of income and stigma for fear that they might be carrying the virus.

Female Healthcare Workers

Globally, women represent [70 per cent](#) of the healthcare workforce. In Hawaii, women constitute almost [three-quarters of all healthcare workers](#) and in Southeast Asia, approximately [80 per cent of all nurses](#) are female. Women working in this sector face a host of challenges including the inability to protect themselves, low wages, and immense anxiety as they juggle childcare with work.

The fact that women make up the bulk of healthcare workers means many of them are routinely exposed to the virus. This is compounded by [the global shortage of personal protective equipment](#) (PPE) due to high demand. In Thailand, access to life-saving protective equipment has been further restricted by [state officials selling PPE on the black market](#). Moreover, there are concerns that in [circumstances where PPE is scarce, male healthcare workers will be prioritized](#) due to gender power dynamics. In addition, [most PPE is designed to fit men](#), making it difficult for female healthcare workers to sufficiently protect themselves.

Women working in healthcare occupations are frequently [underpaid](#), particularly nurses and nursing home employees. There is, on average, [a gender pay](#)

[gap of 28 per cent](#) in the health sector. If paid sick leave is not afforded to women working in low-paid health care jobs, they may be [forced to decide](#) between providing for themselves and their families, and putting the health of those they are caring for and the community at risk. Female healthcare workers may also be [expected to provide care for their families](#). It is unsurprising that women working in the health sector who are required to juggle their incredibly demanding jobs with the practical and emotional needs of their families are [experiencing immense stress](#).

Summary

It is clear that the pandemic is having an adverse effect on women's roles in the economy. Domestic pressures are preventing women from participating in the workforce which is aggravated by high female unemployment. Women working in the informal economy are in danger of losing their jobs, which will leave them in extraordinarily vulnerable positions. Finally, female healthcare workers are continually exposed to the virus without sufficient protection, often while receiving low wages and being expected to care for their families. Women's economic empowerment is [essential](#) to the realization of women's rights and, as such, the economic effects of the pandemic [threaten to overturn](#) what little progress has been made toward gender equality.

2. Gender-Based Violence (GBV)

One of the most disturbing developments during the pandemic has been the rise in gender-based violence, [defined](#) by the European Commission as, "violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately." While this type of violence can be experienced by both sexes, women are [far more likely to be victims](#). Examples of GBV include domestic violence, sex trafficking and sexual harassment, all three of which have increased since the onset of the pandemic. The following investigates how and why GBV has spiked in Hawaii and Asia and the Pacific.

Domestic Violence

Domestic violence has surged since the beginning of the pandemic. Reports of domestic violence have [risen significantly in Hawaii](#) in recent weeks. Malaysian domestic abuse hotlines announced a [57 per cent increase](#) in calls since their lockdown began, and a Singapore-based hotline recorded a [33 per cent increase](#) in calls in February this year over February

last year. In China, [domestic violence reports doubled](#) after quarantine measures were put in place.

Previous pandemics like that of the 2013-2015 Ebola outbreak in West Africa have been associated with [a spike in domestic abuse](#), and [intimate partner violence became more pervasive](#) during the 2008 Recession. [Hingorani explains](#) that events like pandemics and recessions cause the abuser to feel that they are losing control, and so they use violence to regain a sense of control.

The rise in abusive behavior is accompanied by stringent lockdown measures [which make it far harder](#) for victims to flee. The measures mean many are trapped with their abusers and may struggle to reach out to a support network, fueling social isolation. Victims may avoid asking for help for fear of their abuser finding out. Callers to domestic violence hotlines [have said](#) they are incapable of getting away from their abuser long enough to plan their departure. The financial downturn will further hinder the ability to flee, as [financial independence is often a prerequisite](#) for leaving. Moreover, shelters providing assistance to domestic violence survivors may have been told to close their doors to contain the virus. Health services available to survivors may also be [diverted or reduced](#) in an effort to fight the virus. The culmination of these factors has been described as an [“explosive cocktail”](#) by anti-abuse advocates.

Sex Trafficking

Sex trafficking is [expected to increase](#) as a repercussion of the pandemic. High rates of unemployment are likely to push individuals, [particularly those marginalized by gender, race or immigration status](#), into the sex trade. The rise in sex trafficking will be devastating for Hawaii, where it is already prevalent. A [recent survey](#) revealed that out of 363 social service recipients in Hawaii, nearly 100 had been victims of sex trafficking. Of these, 83 per cent were female and 64 per cent identified as being all or part Native Hawaiian. Sex trafficking will also doubtless [increase in Asia](#) due to the economic fallout of the virus.

Security Force Harassment

In Asia and the Pacific it is feared that stationing security forces in civilian areas to implement social distancing will [result in higher rates of GBV](#). A number of women in the Philippines have already [reported](#) being harassed by male security agents at checkpoints.

Summary

The pandemic has triggered an alarming rise in violence against women. The spike in domestic abuse has mirrored lockdown measures, while the economic effects of the virus are likely to result in higher rates of sexual exploitation and the presence of military personnel has led to sexual harassment. Higher rates of GBV are highly detrimental on two levels: not only do they leave women and girls defenseless to abuse, but they also [reinforce a societal disregard](#) for women’s rights.

3. Sexual and Reproductive Health (SRH)

Sexual and reproductive health (SRH) services – that is, pre and post-natal care, safe abortions, contraception, and treatment for sexually transmitted diseases, all of which are considered [crucial](#) to women’s health and sexual and reproductive rights – have been cut back as a consequence of the pandemic.

Clinics providing SRH services are being forced to close in attempts to prevent the virus from spreading, and their staff and equipment are being redirected. [The International Planned Parenthood Federation \(IPPF\) has said](#) that more than 5,600 of its member clinics have shut worldwide. In Asia and the Pacific, 633 mobile clinics have closed as of April 2020. Women may [avoid](#) appointments and hospital visits for fear of contracting the virus. Constrained access to SRH during the Ebola outbreak in Sierra Leone was a major factor in [3,600 maternal and neonatal deaths and still births](#). Other issues include disruptions to supply chains, which has caused [a global shortage in vital contraceptives](#).

Travel restrictions may also prevent individuals from reaching SRH facilities. Hawaii [has just three abortion clinics](#), two of which are on Oahu and one is on Maui. Women from islands where clinics are not available [are often required to travel](#) to receive treatment. Innovative methods are being used to enable access to abortions for women living in remote areas of the state, such as [TelAbortions](#). Nevertheless, [less frequent](#) inter-island travel services are likely to make it harder for women to obtain abortions.

Summary

Covid-19 is interfering with services that are indispensable to women’s safety. Constraints on these services mean women are more likely to suffer complications during childbirth. Without contraception and with lockdown measures preventing access to family planning clinics, the pandemic is having a harmful effect on women’s

sexual and reproductive rights, which [will strengthen](#) patriarchal notions of women's sexuality.

Policy Recommendations

It is clear that the coronavirus outbreak is impeding women's economic participation and their safety and wellbeing, which is in turn having a profoundly negative effect on gender equality and women's rights. It is critical that governments and leaders across Asia and the Pacific, Hawaii, and elsewhere address the impacts the virus is having on women to mitigate their severity. The following are policy recommendations for the State of Hawaii and the broader region, including some good examples that are already in practice.

Women and the Economy

1. As stated in Hawai'i State Commission on the Status of Women's (HSCSW) "[Feminist Economic Recovery Plan for COVID-19](#)," childcare should be made free for all healthcare and essential workers. Countries in Asia and the Pacific have introduced similar schemes; [the Australian government has committed to](#) providing free childcare for 1 million families during the pandemic. Paid sick leave and family leave should also be available so that low-paid healthcare workers are not [required to choose](#) between the safety of those they are caring for and earning enough to support their family.

2. Women's needs and input should be made an integral part of economic response and recovery plans. Sex-disaggregated data on the economic effects of the pandemic must be collected. In [Fiji](#), a working group formed by the Minister for Women is providing analysis of the economic impact the virus is having on women and girls. Similarly, [the HSCSW convened a working group](#) with representatives from sectors that have a predominantly female workforce. Through their Feminist Economic Recovery Plan, the HSCSW relayed concerns raised during the working group session on how response and recovery plans will address the needs of women.

3. Governments should consider [buoying up](#) sectors that employ higher numbers of women through grants and loans to prevent female unemployment.

4. Social protections, particularly income replacement, should be [extended to informal workers](#). Cash transfers could be used where access to credit is limited. [The Thai government has implemented](#) a 3-month cash transfer program for workers who are not eligible for the Social Security Fund.

5. Barriers to women's economic empowerment should be removed to counteract some of the effects the virus is having on female economic participation. [This could include](#) reducing taxation for women-led companies or using women-led companies for the production of food, PPE and other essential supplies.

6. Governments must attend to the needs of female healthcare workers by ensuring that all women working on the frontlines have access to PPE and that the equipment provided is not the "[standard](#)" [male size](#), which leaves women exposed. Feminine hygiene products [should also be provided](#) to female healthcare workers.

Gender-Based Violence

1. Services that assist survivors of GBV, such as shelters and hotlines, should be categorized as essential. Given that women's groups [are the most valuable tool](#) in countering GBV, it would be beneficial to not only ensure these services remain open, but also provide them resources to cope with the upsurge in violence. [The Vietnamese Department of Gender Equality has established 18 essential crisis shelters](#) to tackle GBV amid the pandemic. [The HSCSW has called for](#) empty hotel rooms and schools to be used as shelters so that domestic violence survivors are able to quarantine in safety.

2. Governments should make it easier for victims of domestic violence to reach out by using [pharmacies and grocery stores](#) as places where victims can alert staff to abuse.

3. Guidance for victims of domestic violence should be placed online. The HSCSW has provided [guidelines](#) for victims of landlord sexual exploitation. The Australian Government has also placed [instructions](#) online on how to reach out if you are in lockdown with an abusive partner.

4. Judicial services should remain open and accessible. Legal services could be moved online. In Beijing, for example, [hearings are being held virtually](#).

5. Governments should [work with](#) the health sector and civil society organizations to design ways in which healthcare can be accessed by GBV survivors. [Referral pathways should be updated](#) that take into account restraints on healthcare. First responders should be [informed of updated referral pathways and trained to handle GBV](#).

Sexual and Reproductive Health

1. To ensure continued access to quality sexual and reproductive health, [family planning and community health centers should be considered essential](#). Governments should not divert equipment and staff from these facilities, but instead [send resources](#) so workers can adequately protect themselves and provide a safe environment for patients.

2. [Healthcare should be free for pregnant women and marginalized groups](#). This is particularly important in Southeast Asia, where [many migrant workers and displaced people are not able to access healthcare](#).

3. Tele-medicine should be harnessed. Through online appointments, [patients would be able to receive contraception, STI test kits, prenatal and postnatal care and counseling](#). In Asia and the Pacific, where [just 41 per cent of women versus 55 per cent of men](#) have access to the internet, forming policies to narrow the digital gender gap is a necessary step in increasing the efficacy of tele-medicine services.

4. Home medical workers should be mobilized for women who are unable to travel or who are fearful of going to hospital to give birth. [The HSCSW has emphasized](#) the vital role homebirth midwives can play in providing safe care to rural areas of Hawaii.

5. Restrictions on movement should be relaxed for those travelling for medical care in places such as Hawaii, for which individuals using inter-island travel to receive medical assistance [would not be required to self-quarantine](#).

Conclusion

This article looked to Hawaii, the United States, and Asia and the Pacific to pinpoint the ways that the pandemic is uniquely affecting women. Three major issues were highlighted, those being women's economic participation, the sharp rise in gender-based violence, and disrupted access to sexual and reproductive health services.

The second section considered how governments could work to lessen the severity of the pandemic's impact on women. Policy recommendations emphasized the need to safeguard women in the public and private spheres. Recommendations included schemes to protect female workers and GBV survivors. They underscored the need to preserve sexual and reproductive health services by ensuring facilities remain open and making medical assistance widely accessible.