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Spotlight on the gendered impacts of COVID-19 in Australia: a gender matrix analysis

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ABSTRACT
The gendered impacts of the COVID-19 pandemic in Australia, beyond infection and fatality rates, can be seen across a range of broader social and economic issues including care overload, domestic violence, unemployment and job loss, and housing insecurity. On the whole, government public policy in response to the effects of the COVID-19 pandemic has not adequately addressed or prevented the inevitable gender impacts that have emerged. To what extent did governments have ‘early warning’ of these impacts? Using a matrix methodology to shine a light on a range of COVID-related gender impacts in Australia, this article indicates how the impact of the pandemic was exacerbated by already existing unequal gendered power relations. Our findings, identifiable in real time through news media reports, reveal that these debilitating effects extended to other social identifier groups (for instance, elderly, ethnic minorities, disabled) who were similarly caught up in underlying uneven power relations and structures.

KEYWORDS
COVID-19; gender analysis; Australia; pandemic; equity

Introduction

Ever since COVID-19 became public knowledge in early 2020, the lives of millions of people have been affected. However, there is strong evidence suggesting that the social and economic impacts of COVID-19 are different for different groups of people. In this paper we seek to place the spotlight on the disproportionate socio-economic impacts the first year of the pandemic had on women in Australia. It is most important to do so given that rapid research into the gendered impacts of pandemics and other health emergencies has historically been largely overlooked, often with detrimental effects on response and recovery, as shown by a multitude of studies examining gender inequality in the context of disasters and emergencies.¹

The COVID-19 viral disease was first reported in January 2020 and was declared a pandemic by March 2020 by the World Health Organization (WHO). It has spread

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across the world in successive waves leading to millions of deaths, long-term disability due to the disease, severe economic disruption, and the deepening of social crises. Men are over-represented in terms of fatality rates, however research on the impacts of COVID-19 reveals the negative social, economic and security impacts experienced by women as well as a number of other groups identified by their inter/intra group differences: LGBTQA+ (lesbian, gay, bisexual, transgender, queer or questioning), elderly people, people with disabilities, Indigenous peoples, homeless people, and ethnic minorities.

Beyond illness and death, regional and global comparative studies have provided a clearer picture of the generational impact that COVID-19 will have on progress in gender equality. Dang and Nguyen’s findings, based on research in six countries across three continents, reveal that women are 24% more likely to suffer permanent job losses. De Paz et al. have found that, overall, more women are exposed to the virus due to their presence in the health sectors and occupational sex-segregation. The long-term implications of this are unclear, but in the short term, Miyamoto discusses the impact of the disease on the predominantly female global healthcare workforce as including higher rates of stress, exhaustion and illness combined with additional caretaking responsibilities due to lockdowns.7

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6 de Paz and others (n 2). See also Malte Reichelt, Kinga Makovi, and Anahit Sargsyan, ‘The Impact of COVID-19 on Gender Inequality in the Labor Market and Gender-Role Attitudes’ (2020) 23(51) European Societies S228.

7 Miyamoto (n 2).
In addition to the financial and emotional effects, there have been documented increases in domestic violence levels and compromised access to sexual and reproductive health care. In Australia, research has revealed women are reportedly at higher risk of poorer mental health as a result of the pandemic and the pandemic has increased women’s vulnerability to all forms of gender-based violence. In Australia, childcare obligations have created a disproportionate effect on women. Internationally, based on an online cross-sectional study on the impact of the COVID-19 lockdown in Spain, Aúsín et al. argue that women show more symptoms of depression, anxiety and PTSD than men. Similarly, García-Fernández et al. conducted a study that shows women experience higher levels of anxiety, stress and depression exacerbated by increasing levels of violence and loneliness. This resonates with a similar study conducted in China by Liu et al. and another study located in the UK.

On the whole, the public policy of governments around the world in response to the crisis has not adequately prevented or addressed the gender gaps that have emerged in poverty, food security, safety, education, race, disability and reproductive health. Global research on gender and COVID-19 has suggested the need to critically examine what gendered, and other social group identifiers impacts, were known at the earliest stages of the COVID-19 response. In the Australian case, to know what information was available to inform both federal and state governments’ responses in ‘real time’ we need to understand whose experiences were being documented and reported in the early stages of the pandemic.

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11Naomi Pfitzner, Kate Fitz-Gibbon and Jacqui True, ‘Responding to the “Shadow Pandemic”: Practitioner Views on the Nature of and Responses to Violence Against Women in Victoria, Australia During the COVID-19 Restrictions’ (Report, Monash Gender and Family Violence Prevention Centre 2020).

12Regan M Johnston, Anwar Mohammed, and Clifton Van der Linden, ‘Evidence of Exacerbated Gender Inequality in Child Care Obligations in Canada and Australia During the COVID-19 Pandemic’ (2020) 16(4) Politics & Gender 1131.


the pandemic. To investigate this further, we adopt a gender matrix analytical tool to examine real time knowledge about the gendered relations and environments affected by the COVID-19 pandemic and response within Australia.

This paper asks: ‘What was known, in real time, about the gendered impacts of COVID-19 in Australia?’ In the paper we apply a rapid gender matrix analysis during the first wave of the COVID-19 pandemic in Australia to collect, collate, analyse, and identify gender differences being reported in ‘real time’ in relation to the same experience. In this instance, due to the rapidity and unpredictability of the pandemic in the first year, the primary source material consists of open access news reports that analyse the gendered effects of the COVID-19 pandemic in Australia. The matrix methodology is reliant, primarily, on the news media content to identify the then-emerging conversations about who was most affected in the first year of the pandemic.

Our rapid gender matrix analysis of the impact of the COVID-19 pandemic in Australia confirms the collective global experience: that gender regression was being documented in real time. In Australia, due to the federal and state level public health responses to COVID-19, we identified more stories of women than men experiencing economic, social and security harm due to the lockdown. We also found that, as tempting as it might be to blame the pandemic for the unequal situations, the reports tend to identify intersecting inequalities that were present in most affected groups before the outbreak of COVID-19. In the reports, the populations identified most at risk of health care, economic, and security deprivations are those already identified as ‘vulnerable’ or ‘marginal’. This included not only women but also First Nations people, ethnic minorities, the elderly, and disabled. Our study of gendered impacts of COVID-related public health measures uncovers daily forms of discrimination, hence enabling us to gain more nuanced (and complete) understanding of the impacts of the pandemic, which included increased labour market inequality, escalating risks to women who are over-represented in the frontline healthcare workforce, social care systems breakdown, and heightened physical insecurity and safety risks. The pandemic did not cause but exacerbated well-entrenched gender and other social inequalities. In Australia, as elsewhere, the gender analysis matrix reveals that it was possible to identify harms to multiple populations in real time. Crucially, the matrix recorded little evidence of federal or state government intervention to prevent these harms during the same period. In this paper we first detail the logic and design of the gender analysis matrix methodology, then the data collection method, followed by the results of the matrix study. We then conclude with a discussion on the implications of our findings.

Matrix methodology: gender power relations in real time

Gender matrices are an analytical tool primarily used within international development studies and health systems analysis to rapidly inform and evaluate interventions. The gender matrix framework offers a structure for systematic gender analysis of the effects

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19 Rosemary Morgan and others, ‘How to Do (or Not to Do) … Gender Analysis in Health Systems Research’ (2016) 31(8) Health Policy and Planning 1069.
of any given event and/or intervention, including analysis of how gendered power relations manifest as inequalities or inequities, and the institutional structures that determine differential health, social, and economic outcomes.20

The gender matrix was originally designed as a practical tool to help identify and integrate gender impacts into policy.21 The value of the matrix is that it focuses on the interaction between social groups (gender but also ethnicity, homelessness, disability, elderly, etc.), impact areas (economic, health, social, cultural and political), and institutional location of impact—resources in finance, labour in the workplace, norms in the family, authorities such as police, laws in legislation. A crisis, a change of policy, or a new health service, requires understanding of the interaction between social group(s), impact area(s), and institutions(s).22 In the case of COVID-19, the pandemic is having different economic, social, political and security impacts on different social groups that require different institutional responses. Traditionally, the matrix data collection has been sourced from interview or survey respondents.23 However, prior to the outbreak of COVID-19, data collection was already evolving to accommodate digital harvest methods, conversation analysis, and open access reports in situations where it was too difficult or dangerous to conduct individual respondent surveys or interviews.24 In this paper, we used the gender analysis matrix to assess open access media sources reporting the real-world effects of political responses and government policy during COVID-19 response.

As noted above, the gender matrix recommends data collection on social groups beyond cisgender women and men categories. As such, we collected data on groups who identify or are identified by their intragroup differences to highlight the discreet but also intersecting ways in which inequality was experienced during the first wave of the pandemic, i.e. Asian women, elderly men, LGBTQQA+ youth. The intersectional concept itself emerged from concern that focus on single inequalities, i.e. sex, would exclude other types of inequalities, i.e. race, as attested by the seminal 1989 work of Kimberlé Crenshaw.25 In feminist studies, as Carastathis notes, intersectionality ‘has become the predominant way of conceptualizing the relation between systems of oppression which construct our multiple identities and our social locations in hierarchies of power and privilege’.26

Our research paper investigates the public discussion of impacts (economic, social, political and security) identified as gendered (descriptions of behaviours, roles, concerns, and identities of individuals associated with sex, i.e. women and childcare) during the pandemic. To identify what was ‘known in real time’ we selected a source where there was public discussion (discourse) that was open access (public). Discourse, or ‘language in use’, needed to be a form of conversation. Media reports, editorials, and

20JHPIEGO (n 18).
22Morgan and others (n 19).
23ibid.
24Isadora Quay, ‘Rapid Gender Analysis and Its Use in Crises: From Zero to Fifty in Five Years’ (2019) 27(2) Gender and Development 221; Peterman and others (n 9).
advocacy media briefing reports on voice, experiences, and situations in ‘real time’ are useful sources for matrix analysis in real time. We note that there is a need to be aware of the stereotypical gender representation and gender framing in such reports. Feminist discourse analysis suggests that awareness of these stereotypes actually requires the study of ‘conversations’ about gender from institutions like the media in order to analyse the ‘plural and competing discourses constituting power relations’. In this case, the pandemic was an inescapable impact. How the public was collectively experiencing and understanding its impact required access to an institutional source of public discourse that was rapidly reporting the impact of the pandemic on gender and intersecting social groups. In this paper we selected the media for our matrix data source.

Public discussion and representation of how different social groups were most affected, and the concerns they were expressing, was continually reconstructed during the first year of the crisis. The social relations and impact phenomena reported in the media and ‘grey literature’ is data that we could safely collect, in the place of interviews, surveys and focus group discussions. In a situation where there was uncertainty about the lockdown duration and understanding of the degree of intrusion it would have on different social groups, we turned to an open access news aggregate site as the most appropriate open data source to capture discussion about the impact of the pandemic on different social groups, with a particular focus on gender representation and experience. We selected Google News archive as our data source for two reasons. First, we wanted our search to be transparent and replicable; with the sources we use accessible to readers of this article. This is not possible for a subscriber-only news aggregate site such as Dow Jones Factiva. Second, we wanted a site that would capture how journalists, civil society, think tanks, advocacy groups, and public commentators were reporting lived experience during the pandemic. Google News aggregates articles from thousands of publishers and magazines, and was therefore a more suitable choice than alternative aggregate sites, for example LexisNexis Australia, to capture community level discourse and experiences.

Data collection

To identify and document the gendered impacts of the COVID-19 pandemic during Australia’s first year of the pandemic, we adopted the Smith et al. Gender and COVID-19 matrix used to compare gender power relations being reported in real time during their respective outbreaks in Canada, China, Hong Kong and United Kingdom (see Figure 1).

In a similar way to that study, we sought to examine real time media reports in a single case (Australia) of gendered experiences (men, women, non-binary, and additional social stratifiers, i.e. race, homeless, elderly, disabled) documented during

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30Catherine D’Ignazio and Lauren F Klein, Data Feminism (MIT Press 2020) 125.
the first wave of the COVID-19 pandemic in Australia, from 27 February 2020 (first recorded case) to 27 February 2021. A Google News Archive online search was conducted for the time period using keyword searches (see Table 1). Each report was recorded in an Excel spreadsheet. The recording method required the two authors to independently review the reports and enter the data in the matrix. Then the matrices were compared and differences in recording were discussed iteratively and with reference to the JHPIEGO codebook.

The first vertical column of the Gender and COVID-19 matrix provides six impact options (risk, illness, health service, social, economic and security). The first horizontal row provides five institutional locations of where impact is felt/occurring (access to resources, labour roles, norms and beliefs, power, institutions/laws [legislation]). The matrix provides 30 cells for entry—that is 30 different types of impacts and effects to study. Each report is entered in a cell that intersects, or corresponds, with both the gendered impact of the crisis (vertical) and location of impact (horizontal). The frequency of report entries in a cell, as well as the intersections of impact and location allow us to identify, for example, who is reported to be carrying out the majority of essential labour tasks in the community and how this is impacting on risk and vulnerability of infection. The matrix recorded 451 reports. All 30 cells were populated with reports and we provide a link to the matrix for readers to view.

![Figure 1. COVID-19 Gender Matrix Code Table.](https://www.genderandcovid-19.org/matrix/)

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32On the use of Google News please note that it is a ‘news aggregator service developed by Google. It presents a continuous flow of links to articles organised from thousands of publishers and magazines’.

33JHPIEGO (n 18).

34See Figure 1; Morgan and others (n 19).

<table>
<thead>
<tr>
<th>Country</th>
<th>Time period</th>
<th>Sources</th>
<th>Keyword Searches</th>
</tr>
</thead>
</table>

1. COVID OR CORONAVIRUS AND GENDER OR WOMEN AND AUSTRALIA
2. COVID OR CORONAVIRUS AND MIGRANTS, REFUGEES, DISABLED, INDIGENOUS, ELDERLY, LGBTQI, HOMELESS

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<thead>
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<th>Keyword Searches</th>
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<td>Nikkei Asia</td>
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highest being 25 reports under security (impact)/power. Each cell showcases a mix of cohorts. For example, the reports in the economic (impact)/institutions (laws) cell discussed the economic impact of the pandemic on women (20 reports), migrants (2 reports), the homeless (1 report) and (overall) the lack of government (federal or state) legislative response. Of the 23 reports, only 2 reports note legislation change in response to the pandemic (both reports were on the federal government JobKeeper social welfare scheme) (Table 2).

Similar to the Smith et al. experience, our research question focused on real time knowledge of group experiences, but our findings revealed multiple intersecting factors shaping experiences of COVID-19. Using a multistep, iterative thematic analysis approach,36 the two authors reviewed the combined data to identify common themes. Thematic identification was a two-step process. First, the highest volume of entries was in the risk, economic, and security impacts, and these impacts most often intersected with resources, power, and institutions/laws. The second step was to map the conversation emerging between impact, institution, and gender. The two authors noted and compared the conversation themes they individually identified, then reviewed and refined through further discussion. Below, we present four primary themes most discussed in the matrix to illustrate the degree to which inequalities were being identified at the onset of the pandemic: labour market inequality between men and women (economic impact); an immediate care system breakdown for elderly and disabled populations during the COVID-19 pandemic which placed a disproportionate burden on carers (often women) (social impact); high representation of women in the healthcare sector which meant that they faced disproportionate risk and work-care imbalance (health impact); and highly gendered experiences of physical insecurity and safety for women but also ethnic minority groups (security impact).

Results: COVID-19 and gender in Australia

The matrix identifies and reveals patterns of wage, health, safety, care, and racial inequalities that existed prior to COVID-19, but the combination of public health measures that required people to stay in their homes of residence and socially distance resulted in mass loss of casual employment, and reduced access to health and social services. Despite the general occurrence of socio-economic harms due to the (necessary) public health measures to contain the spread of the virus, reports reveal that women were being disproportionately affected.

Table 2. Matrix search reports numbers.

<table>
<thead>
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<th></th>
<th>Access to resources</th>
<th>Labour/Roles</th>
<th>Norms/beliefs</th>
<th>Power/Decision Making</th>
<th>Institutions/laws</th>
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<td>14</td>
<td>25</td>
<td>16</td>
</tr>
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</table>

36Greg Guest, Kathleen M MacQueen, and Emily E Namey, Applied Thematic Analysis (Sage 2012).
In this section, we discuss the content of some of the reports across the four primary themes that we have identified in our matrix as most commonly appearing at the intersection of impact and location: economic, social, health, and security. These four themes, and the stories reported within these themes, illustrate the degree to which it was possible to identify group vulnerabilities at the immediate onset of the pandemic.

**Economic: labour market inequality**

The COVID-19 pandemic aggravated already existing skewed power relations and gender-related dynamics that are fundamentally unjust. While Australia is an economically rich and democratically stable country, and it has largely escaped the mass casualties of COVID-19 that other countries have experienced, the public health response (a combination of containment measures or ‘lockdown’ restrictions and closures with testing and contact tracing) created unequal gendered stressors on the Australian population. Our research reveals that while women lost more jobs than men (5.3% to 3.9%), due to the gender pay gap—reportedly at just under 14%—the total wages paid to men have decreased more than those paid to females.

According to Ryan Batchelor, ‘women entered this pandemic facing more precarious employment with higher rates of casual employment, lower pay, and higher levels of underemployment. Women across the labour market are being affected, and few appear to be immune’. Women are over-represented in part-time (and casual) employment, as well as dominant (56%) in those sectors hit hardest by the pandemic such as hospitality, travel, and entertainment, however by July 2020 there were reports of losses in the white-collar professional sector as well. The data confirms that young people in general are the group most devastated by the pandemic in terms of employment prospects, especially young females.
Pandemic-heightened poverty was not restricted to women as the challenge of ‘putting food on the table’ extended to other social groups including people with disability, young people, elderly, and Indigenous Australians.44 Foodbank reported that demand for food relief was 47% higher in September 2020 than it was in pre-COVID times and in a separate report, the organisation noted the impact of panic buying on the elderly, the disabled and any other individual who was unable to go shopping on a regular basis.45

Construction and infrastructure projects dominated the recovery efforts, while little policy leverage was used to assist the many women who lost their jobs in other industries.46 Growing talk by the end of the data collection (end of 2020) pointed to Australia experiencing a ‘Pink Collar recession’ with figures showing consistency in displaying the gendered disadvantage to women in Australia’s economic recovery.47

As some reports noted, women lost more jobs than men and yet more men were receiving the JobKeeper subsidy due to eligibility rules: this reflects structural inequalities as well as an emphasis on supporting building and construction-related industries in the federal government-stimulated recovery effort.48 Data also reveals that refugees, asylum seekers, international students, temporary visa holders and casual workers without jobs or access to either JobKeeper or JobSeeker were negatively impacted by the pandemic.49 Federal government policy was also criticised in reports in relation to the ‘lagging’ paid parental leave scheme: a scheme that had not kept up with the affordability and wage standards of high-income countries and also one that the government did not adapt to pandemic circumstances, for example, with guaranteed funded placements in childcare.

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46Richardson and Dennis (n 38).
during lockdown to assist with return to work after public health measures were lifted.\textsuperscript{50} Childcare itself is an industry dominated by female workers that could have collapsed at lockdown time, and even in post-lockdown times childcare workers might lose their jobs.\textsuperscript{51}

Overall, the pandemic exacerbated problems that were already present for women and other social groups: financial insecurity, precarious employment, and depleted or no superannuation.\textsuperscript{52}

\textbf{Social: gendered norms and impacts}

While women (especially those in low-income families) have always been burdened with more unpaid domestic work, since the occurrence of the pandemic this workload increased with the same or more household chores and added caring responsibilities including home schooling as schools and childcare centres were closed during various lockdowns.\textsuperscript{53} According to Cheng, ‘women are performing the majority of household duties, despite men and women both spending more time at home as a result of the COVID-19 pandemic’.\textsuperscript{54}

The pandemic had little effect on the sharing of housework and childcare, with women still doing the lion’s share even by global standards: according to a report, Australian women do 311 min per day compared to the OECD female average of 263.4.\textsuperscript{55} Nevertheless, it seems that Australian fathers did increase their contribution to housework and childcare since the pandemic, reported as a possible window of opportunity to change established gendered practices.\textsuperscript{56} The provision of free childcare by the federal government during the first wave lockdown was reported as a welcome but temporary (three months) measure then replaced by a subsidy scheme contingent upon income levels,
activities, and childcare cost, with reports that many women will have to reduce their hours or stop working altogether. Some reports focused on the lack of government action in addressing this issue. Ziwica noted that

It is not enough for Australia’s Minister for Women to very occasionally … acknowledge the social and economic impacts of COVID-19 on women, yet pursue, or endorse by way of complicit silence … a recovery agenda that either ignores or disadvantages women.57

The matrix revealed a number of negative effects of the pandemic within the LGBTQA+ community. A study undertaken at Melbourne University that found 61% of transgender people experienced clinically significant symptoms of depression and more than 11% reported feeling unsafe at home during the early days of the pandemic.58 It was also noted that there was a lack of adequate access to health services and specialised LGBTQA+ services, with the comment that the federal government’s mental health funding often overlooks this cohort.59 Other groups such as prisoners may not readily come to mind, but prisons in general were also deemed ‘the perfect breeding ground for COVID-19’, and specific more vulnerable groups inside those walls were at even higher risk, for example prisoners with disabilities and chronic health conditions.60

Health: gendered labour and access to care

As in many other countries women also constitute the majority of the healthcare workforce61 in Australia, which means that they are more exposed to disease and risk of transmission to their own families.

Reports tended to focus on healthcare workers’ risk of exposure, home care sacrifice, and abuse. Many healthcare workers temporarily removed themselves from their families to avoid infecting them with the virus, with at least one worker sleeping in her own garage.62 The risks to healthcare workers (including disability care workers) in the early stages of the pandemic were exacerbated by shortages of protective equipment, medical equipment like syringes, and medication.63
Medical staff, especially nurses, have been at continuous and even heightened risk of physical and verbal abuse since the pandemic began. Nurses and other medical staff were at one point in April 2020 told not to wear their scrubs outside the hospitals.\textsuperscript{64} Healthcare workers' experience of racism featured strongly in our findings, where, for instance, a medical staff member of Asian appearance was told to stay away from a child she was treating by the child's parents.\textsuperscript{65}

The pressure and abuse took its toll on healthcare workers. According to a study by Mental Health Australia,

74\% of healthcare professionals said restrictions resulting from COVID-19 outbreaks have had a negative impact on their mental health and wellbeing. Of the respondents, 86\% said that working in healthcare during the COVID-19 pandemic has increased the amount of stress and pressure they experience in the workplace.\textsuperscript{66}

Furthermore, 66\% of the survey's respondents made the point that family and friends had been an extremely important source of support.\textsuperscript{67}

Moreover, despite more women taking up careers as pharmacists, medical practitioners, midwives, nurses and laboratory workers, news reports revealed that they are still underrepresented in leadership roles and senior positions in these industries.\textsuperscript{68} This type of inequality was in turn reported as the underrepresentation of women in the COVID-19 response of governments at all levels of government as well as other sectors including academia and business.\textsuperscript{69} The lack of representation of women first response health care workers in the health industry—at the decision-making level and especially in various COVID-19 response leadership teams at federal and state governments' levels—has clearly affected the flow of information to decision makers as well as individual safety.\textsuperscript{70}


\textsuperscript{67}ibid.

\textsuperscript{68}WGEA (n 39) 2.


The pandemic also had a gendered effect on sexual and reproductive health care. Access to sexual and reproductive services was negatively impacted, due to the reallocation of resources in response to the current health crisis, thereby affecting services like safe abortions, contraceptives services, and clinical management of rape.\(^{71}\) The data from our matrix shows that organisations like Marie Stopes had to make a number of changes—for example, increasing the delivery of medical termination via telehealth and the closure of regional clinics in favour of a centralised model—in order to continue to deliver essential reproductive and sexual services.\(^{72}\) This organisation called on the federal government to commit more funds to sexual and reproductive care, in particular to make abortion an essential service and to increase access to virtual services in these areas.\(^{73}\)

The COVID-19 pandemic also limited access to care for different social groups. Throughout the first year of reporting on the pandemic’s impacts, there were articles about the health risks faced by First Nation Indigenous peoples. Historically, the Indigenous populations are subject to a higher rate of infectious diseases and unequal health outcomes.\(^{74}\) In June 2020, the peak body for Aboriginal-controlled health services in the Northern Territory contested the Northern Territory government’s decision to reopen its borders to other states.\(^{75}\) Given the remoteness of some of the communities, the delivery of medical services in the event of a pandemic was reported as a serious challenge.\(^{76}\) The risk that COVID-19 especially posed to Indigenous populations revealed prior inequity of their health care determinants compared to the wider Australian population.

People with disabilities, already highly susceptible to contagious diseases, faced a number of social and economic discrimination issues related to lockdown: for instance, access to personal protective equipment (PPE), medication and health services, availability of healthcare workers and food shopping. Furthermore, figures suggest that by April 2021 only 6% of this cohort had been vaccinated.\(^{77}\) The federal government was


criticised in a statement by the Centre of Research Excellence in Disability and Health as not doing enough to ensure disabled people are protected and considered.78 These health researchers also made a number of recommendations for disabled people and the healthcare workforce including access to testing and treatment for clients, setting up a committee of experts, protective equipment for healthcare workers, and paid time off for families and carers.79

Similar problems were reported in the already precarious aged care sector where, in a number of facilities, several deaths occurred within the first nine months of the pandemic.80 Our research found reports of elderly patients with COVID-19 being turned away from hospitals and being kept sedated in nursing homes.81 At one of the hearings of the Royal Commission into Aged Care Quality and Safety, Peter Rozen QC stated that: ‘68 per cent of all COVID-19 deaths in Australia relate to people in residential aged care; one of the highest rates of deaths in residential aged care as a percentage of total deaths in the world’.82 Finally, there were reports of elderly patients and carers feeling they had been discriminated against by healthcare professionals as well as individual experiences of the elderly being ‘written off like an old car’.83
Security: gendered experiences of safety

Physical safety was strongly associated with gender and other social identifiers (race, disability, and age) in the matrix reports.

First, the effect of COVID-19 discussed in real time pertains to an increase in domestic violence, due to heightened financial stress, increased consumption of alcohol, lockdown measures, and the ensuing social isolation.\(^8^4\) 1800 RESPECT reported a 20% increase in the use of the online chat reporting tool between April 2019 and April 2020.\(^8^5\) Reports indicate that since the pandemic began, new and more complex forms of violence have been emerging with a corresponding increased complexity in women’s needs, as well as the reduced ability to seek and access help.\(^8^6\) Moreover, a larger proportion of women have been experiencing violence, both physical and sexual, for the first time.\(^8^7\)

Another area related to domestic violence that was impacted by the pandemic was the relative lack of secure housing for women at risk.\(^8^8\) Precariousness for the homeless and other financially insecure people also increased, including renters on low wages who had been struggling despite some landlords reducing rents and a moratorium on evictions until September 2020 that was mandated by the federal government in March.\(^8^9\) Those living in overcrowded, inadequate and informal living arrangements faced a higher risk of exposure to the virus.\(^9^0\)

Finally, existing group stratifiers like disability and race had further implications for women facing violence at home during lockdown. The Royal Commission into Disability (established prior to the pandemic) reportedly heard there was no federal government COVID-19 plan for the disability sector in April 2020, as well as a lack of consultation during the early stages of the pandemic.\(^9^1\) It came to light during a Commission

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hearing in 2020 that there had been an increase in violence against women with a disability during the pandemic, but no federal government response to address this harm.\footnote{Ursula Malone, ‘Government Coronavirus Plan Did Not Include People Living with Disability, Royal Commission Told’ \textit{ABC News} (18 August 2020) <www.abc.net.au/news/2020-08-18/disability-royal-commission-to-shed-light-coronavirus-pandemic/12568436> accessed 5 November 2021.}


**Discussion**

The matrix included a column for the collection of reports that demonstrated how and when policy and legislation were adapting to the findings of negative impacts on the social groups studied in the matrix. Similar to the O’Keefe, Johnson and Daley\footnote{Patrick O’Keeffe, Belinda Johnson, and Kathryn Daley, ‘Continuing the Precedent: Financially Disadvantaging Young People in “Unprecedented” COVID-19 Times’ (2021) Australian Journal of Social Issues <https://doi.org/10.1002/ajs4.152>.
} study, a striking feature of the matrix is that the affected groups’ experiences documented above are frequently ‘invisible’ in government policies, at both federal and state levels. Despite the reports of harm that people were experiencing there were few reports, with the exception of the Disability and Aged Care Royal Commissions, on the follow up response to news reports of these gendered and social impacts. The research also revealed little evidence of any level of government proactively seeking to consult with and include the experiences of marginalised or discriminated groups in the design of COVID-19 related policies to mitigate the economic, social, and security impact of these policies.

In the first year of the COVID-19 pandemic, there were consistent and early reports of the economic, social, health, and security impacts on groups most affected. Often the impact on these groups was connected to their prior experience of discrimination, marginalisation or vulnerability. For example, women’s high representation in Australia’s health care workforce meant that they, and the health care sector, would experience high levels of work-care balance stress during the pandemic. In sum, this was predictable.
Another example is women’s high representation in casual contract employment before the pandemic, which meant that they would be more likely to lose employment and income due to lockdowns and care obligations. These impacts were documented by government agencies like the Workplace Gender Equality Agency between May and June 2020.\(^98\) However, a gender informed analysis of the health emergency in March 2020, for example, might have predicted these impacts given the high representation of women in most affected workplace sectors and casual labour.

The matrix also revealed impacts specific to this pandemic that created new risks for social groups that required rapid response. Race and physical insecurity overlapped, for example, with Asian ethnic populations experiencing heightened racial attacks due to association of COVID-19 infection with Asian ethnicity. Persons with a disability and the elderly experienced immediate loss of access to social services due to the health risks faced by these populations, which limited their access to care, shops and services. The LGBTQA+ population were particularly affected by the lockdown measures which heightened some groups’ experiences of isolation and marginalisation.\(^99\) Despite these impacts being recorded in real time, public policy responses to these reports were muted at best and silent at worst.

**Conclusion**

*What was known, in real time, about the gendered impacts of COVID-19 in Australia?* The gender analysis matrix reveals it was possible to identify very early and throughout 2020 reports of inequalities being exacerbated by COVID-19. The pandemic escalated existing labour market inequality between men and women, a high representation of women in the healthcare sector meant that they faced disproportionate risk and work-care imbalance, there was an immediate care system breakdown for elderly and disabled populations during the COVID-19 pandemic which placed a disproportionate on carers (often women), and there were highly gendered experiences of physical insecurity and safety for women but also ethnic minority groups.

The recommendations from this study are twofold. First, there is a need to include the gender and social experiences of health emergencies in health emergency preparedness and response.\(^100\) Prior to the outbreak of COVID-19, and in the early stages of this pandemic, there was little guidance on the prioritisation of collecting intersectional data and including gender expertise in the design of pandemic response.\(^101\) Group representation in infections and fatalities may not be the same as group representation in economic, social and security vulnerability during the emergency. A gender matrix analysis, in real time, affords those interested in public health compliance to identify the economic, health, social and security drivers that may determine which populations are able to adhere to public health directives.

In the Australian case, the second recommendation is to promote the design of intersectional response frameworks to emergencies that accommodate differentiated social risk and impact. Feminist and gender expertise is a form of knowledge and power that

\(^{98}\) WGEA (n 42); WGEA (n 39).

\(^{99}\) Nielsen (n 59); Krause (n 3); Salerno and others (n 3).

\(^{100}\) Wenham and Davies (n 1).

\(^{101}\) ibid; see also World Health Organization (n 16) 1.
can improve emergency response.\textsuperscript{102} This knowledge needs to be recognised at the federal and state government level as expertise. When we look carefully at what was known in real time, a rapid gender matrix analysis points to uneven power relations and structures underpinned by discriminatory practices on the basis of factors including gender, race, age, sexuality and physical ability. This research reveals that it is possible for policy makers to rapidly identify—and address—the unequal and discriminatory political, social and economic impacts of this health emergency and other emergencies in the future.

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