CONVERGE COVID-19 Working Groups for Public Health and Social Sciences Research

Research Agenda-Setting Paper

This paper was written to help advance convergence-oriented research in the hazards and disaster field. It highlights areas where additional research could contribute new knowledge to the response to and recovery from the pandemic and other disasters yet to come. Questions about the research topics and ethical and methodological issues highlighted here should be directed to the authors who contributed to this paper.

Working Group Name:

Gender and Intersectionality Research on COVID-19

Working Group Description:

This Working Group tracks and shares COVID-19 research related to gender issues and reports on gaps within it. The group strives to ensure that pandemic information on gender relations is based on systematic research to the extent possible; intersectional by multiple identities; includes masculinities and other genders; presents analyses by sexual as well as gender differences; and incorporates—while going beyond—a focus on the potential vulnerability or victimization of diverse women.

Priority Research Topics and Specific Research Questions:

Priority Research Topics	Potential Research Questions
1. Gender and generations: Quarantine effects on diverse children and on older persons by gender across regions and within households	• Rates of educational and mental health issues reportedly are rising across nations among children affected by quarantine, although these reports vary in terms of disaggregating by sex and age, and few deal with race or ethnicity, LGBTQIA identities, and persons with disabilities; how do educational and mental health issues differ among children of any gender, including the gender nonconforming; those of racial and ethnic minorities; those with disabilities; and those in regions with insecure internet access? • How have older persons by gender—geographic region, and relative household income levels (particularly those with fewer resources and pre-existing health or disability issues)—coped with quarantines? • Rates of widowhood reportedly have increased in nations with aging populations and the relatively higher COVID-19 mortality rates of older males; how do post-pandemic socioeconomic and health conditions vary among widows of diverse racial and ethnic identities, health and disability statuses, and rural/urban areas? • Some analysts predict rates of arranged marriages in certain regions, and unplanned pregnancies across regions despite the more generally predicted "baby bust," to rise along with a drop in graduation levels among adolescent girls relative to the pre-pandemic period; at the same time, advocates report newly rising rates of female genital mutilation; how have younger women of different social identities in rural and urban areas across nations coped with the pandemic economic and educational contexts and what are the long term outcomes?

2. Gender and work: the COVID-19 pandemic and intersectional socioeconomic disparities	• Based on pre- and early reports, during quarantine women relative to men have lowered paid incomes; reduced productivity; and impeded job and career options; how are employment conditions found to vary among women of diverse ethnic and racial groups and by occupation, including research and academia, particularly in poorer regions and nations? • Based on pre- and early reports, during quarantine most women relative to men have higher levels of domestic and care work; how do unpaid work conditions vary among households by pre-existing divisions of labor, income levels, geographic regions, and members' racial, ethnic, and sexual identities? • Financial data show drastic drops in migrant remittances globally; pre-pandemic research shows remittances as varied by gender in quantity, frequency, and use; using a gendered lens, how are migrants, their families, and their social networks getting by during the pandemic? • Where sex work is criminalized, and quarantines and social distancing are in effect, sex workers have been further marginalized, increasing their vulnerability in terms of economic and physical safety; how have sex workers of all genders and sexual identities, and other social identities, coped with the pandemic?
3. Gender, intersectionality, and security issues	• Media reports and pre-existing research indicate that women, particularly those of racial and ethnic minorities, are represented disproportionately among health care workers dealing with COVID-19 cases, fatalities, and personal protection equipment issues; what are the experiences of health care workers by all genders and intersectional identities in rural and urban areas, and are the workers coping as essential workers within the pandemic and simultaneously as household and community members? • Emergency management is central within pandemic sociopolitical network systems; how are those of different genders at each hierarchical level within emergency management differentiated by roles, responsibilities, wages, and career opportunities? • Media reports during the pandemic highlight gender differences in among various policymakers, legislators, health officials, and law enforcement officials; how might distinctions in leadership style and received public support or hostility be tied to dominant gendered social norms? • Food collection, processing, and distribution during the pandemic are critical elements of pandemic socioeconomic network systems; what identities are represented among these essential workers, how might their pandemic experiences differ in rural/ urban areas, and how have they coped as essential workers within the pandemic? • Advocates in poorer nations and regions report in terms of gendered aspects of food security that poorer women growers, fishers, herders, and market vendors across nations are disproportionately impacted by quarantine effects; how are diverse poorer women food producers and vendors coping during the pandemic and how are their circumstances affecting communities and supply systems?
4. COVID-19 and reproductive health	• Early research reports indicate pre- and post-natal conditions for women have been negatively affected during the pandemic; how have poorer pregnant women, particularly those of relatively marginalized social identities within nations been affected by COVID-19? • In both higher- and lower-income nations, contraceptive services have been reduced by quarantines; how has contraceptive use by persons of different genders, ages, and disability statuses been affected by the pandemic? • Economists predict, based on pre-pandemic patterns and current conditions, that fertility rates will decline (a "baby bust"); do post-pandemic pregnancy rates differ between wealthier and poorer nations and how are local familial and social relations, and economies, affected?
5. Gender-based violence (GBV) and intersectionality	• Pre-pandemic research predicted, and early reports indicate, that GBV rates rose during the pandemic, particularly as part of lockdown intimate partner violence; how have GBV rates and experiences differed by racial and ethnic identities within nations and by urban/rural areas and income levels within nations—and not only among those who identify as women? • Survey data indicate increased rates of violence against women with disabilities across nations during quarantine lockdowns; how have pandemic GBV rates and experiences among those with disabilities compared across genders, race and ethnic groups, age levels, income-levels, and types of disability?

	• Preliminary and journalistic investigations show increased levels of discrimination and exposure to violence among LGBTQIA+ persons during quarantines; how are experiences of violence and vulnerability during the pandemic related to gender binary norms and policies? • Pre-pandemic research shows that refugees and migrants disproportionately are vulnerable to GBV; what do refugees and migrants say are their experiences with possible victimization and social safety networks during the pandemic?
6. Gendered and intersectional pandemic communication and advocacy	• How have those who identify as women relative to those who identify as men experienced digital and cyber security during the quarantines? • How has access to information about the pandemic and quarantine policies, and the sharing of information differed by gender, age, disability status (including the issue of masks blocking facial communication to the Deaf), race/ethnic group, LGBTQIA+ identity, and geographic region?

Ethical / Methodological Considerations:

Pre-pandemic standards for conducting research with those suffering trauma or sudden hardship, particularly with victims of gender based violence, during or after a disaster are always part of any research concerns and particularly those seeking insights into issues of inequality and disparity. With pandemic lockdowns, additional cyber security issues as well as new issues of connectivity arose related to the need to shift to remote and online forms of data collection. Finally, social media sources and big data sets have been used to collect, collate, describe, and predict gendered and intersectional outcomes during the pandemic; as quarantines end, and in-person (if masked and at two meters' distance) interactions begin again, how might a return to more traditional forms of data collection affect what was reported using extracted data sources?

Other Frameworks, Considerations for Collaboration, and/or Resources:

Our Working Group has been collecting documents and links to webinars and other media, although thus far primarily in English; we also have produced an annotated list of those items. We next want to make those resources open and accessible: perhaps if we can, it would be simplest to link them to our CONVERGE website at https://converge.colorado.edu/resources/covid-19/working-groups/population-groups-organizations-social-institutions/gender-and-intersectionality-research-on-covid-19. Going forward, those of us focused on selections from among the topic areas and research questions have begun to discuss future projects.

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