



Women & COVID-19

As COVID-19 continues as a public health emergency in Connecticut and throughout our country, women are disproportionately impacted in every aspect of their lives from their health care and education, to their economic security and safety. Any response to this crisis must center the needs of women, especially women of color, in the solutions.

Education

Women hold the majority of student loan debt in the U.S.

- Women hold nearly two-thirds of the student debt in the U.S. In total, they hold close to \$929 billion of the overall student debt in the United States.ⁱ
- As the gender wealth gap continues to grow, so does student debt for women. Women with bachelor's degrees who work full time make, on average, 26% less than their male peers, which delays their ability to pay off their debt.ⁱⁱ
- The wealth gap also plays a role in student debt for women of color. Having less family wealth to rely on explains why Black women and Latinas need to borrow to finance their education.ⁱⁱⁱ

Economic Security & the Essential Workforce

Even without a pandemic, women are more likely to live in poverty than men in Connecticut.

- Eleven percent (11%) of women in Connecticut live in poverty, with white non-hispanic women the least likely to suffer from poverty. In cities like Hartford, the percentage of women living in poverty jumps to 31%.^{iv}
- Women and women of color make up 67% of the low wage workforce in Connecticut. During the COVID-19 crisis, this makes women more vulnerable to job loss and less likely to have access to paid sick leave or paid family and medical leave to care for themselves or their families.^v
- Across the state 47.8% of women under 65 do not have an income sufficient to cover household essentials. These women workers are more likely to not have the ability to work remotely for their jobs, further preventing them from having a stable income for their families during the pandemic.^{vi}
- The sectors most affected by the economic downturn will be those that have high female employment including hospitality, restaurants and the travel industry.^{vii}

The gender wage gap exacerbates the economic impact of COVID-19 on women in frontline jobs.

- About 80% of healthcare workers nationally are women. According to the [National Women's Law Center](#), women make up 85% of home health and personal care aides, with 59% of them being women of color. Due to the wage gap, they lose \$5,000 a year. Eighty-eight percent (88%) of registered nurses are also women.^{viii}
- Sixty-six percent (66%) of grocery store workers are women, and 43% of them are women of color. Women in this occupation lose \$3,000 a year to the gender wage gap.^{ix}
- Ninety-three percent (93%) of child care workers are women, and 44% of them are women of color. They lose \$5,000 a year to the gender wage gap.^x

- According to a recent report from the Centers for Disease Control and Prevention, women account for 73% of the U.S healthcare workers that have been infected and diagnosed by the virus since the pandemic began.^{.xi}

Women, especially women of color, are overrepresented in low-wage jobs on the frontlines of the crisis that lack access to critical policies like paid sick leave or paid family leave.

- Low-wage workers are least likely to have access to employer-provided paid family and medical leave. Just 5% of low-wage workers have access to paid family and medical leave through their employers.^{.xii}
- Part-time workers are the least likely to have access to benefits or continue to be paid during a downturn. Women are twice as likely as men to work part-time, making coronavirus-related business closures particularly devastating to mothers.^{.xiii}
- There are 5.8 million people working in healthcare jobs that pay less than \$30,000 per year in the U.S. Half are nonwhite, and 83% are women.^{.xiv}

Caregiving

Women, especially women of color, continue to shoulder the majority caregiving responsibilities to their families, including child care and eldercare.

- More than 25 million women — almost 1 in 7 — provide care to family members or friends, according to the National Partnership for Women and Families.
- Due to work from home policies for non-essential workers, the vast majority of caregiving responsibilities will fall to women in the household.
- Based on research conducted by LeanIn.Org, women are more likely than men to be concerned about being able to pay rent/mortgage (38% women vs 29% men), paying for healthcare or medical needs (32% women vs 26% men), and paying for groceries (30% women vs 21% men).^{.xv}

Violence Against Women

For survivors of domestic violence, COVID-19 creates additional danger.

- Victims of abuse, domestic violence and human trafficking have limited choices but to social distance or quarantine themselves with their abusers. COVID-19 enhances abusers’ ability to isolate their partners from other family, friends or networks.
- Shelters, domestic violence or homeless, are also facing increased issues with adhering to CDC guidelines for social distancing and disinfecting.

Health Disparities

The COVID-19 crisis compounds existing health disparities among women of color in Connecticut.

- Minority populations are at a greater risk of contracting COVID-19 since many have pre-existing health conditions that make them more vulnerable to the virus. These conditions include asthma, diabetes, heart disease and high blood pressure.^{.xvi}
- While data collection is currently incomplete, early research from the University of Connecticut on COVID-19 outcomes indicates that Connecticut’s residents who are Black have higher rates of infection and death in comparison to the percentage of the population they represent in the state.^{.xvii}
- The maternal mortality rate of the general population in CT is currently 19.0 per 100,000 births, a 5.8 jump within one year from 2018. In Connecticut, the maternal mortality rate for black women is 48 per 100,000 births compared to 14.8 for white women.

- In Connecticut, babies born to black mothers are more than three times more likely to die in their first year of life, and babies born to Latina mothers are more than twice as likely to die in their first year than those born to white mothers.

Women, especially women of color, often lack access to quality, affordable health care.

- In Connecticut, 6.1% of women aged 19-64 are uninsured and 11.1% of women reported not receiving health care at some point in the past 12 months due to cost.^{xviii}
- Women who are marginalized, including black women, women of color, women with disabilities, women who are transgender, women with low incomes already face significant barriers to care, including the cost of care and discrimination in the health care system. In the wake of COVID-19, these barriers will likely worsen.
- Women who pay out of pocket for critical reproductive care, including abortion and contraception, because of insurance coverage restrictions spend the equivalent of more than one-third of their monthly income. Even outside of a recession, these costs force women to choose between the care they need and paying bills.^{xix}

COVID-19 increases health risks for women who are pregnant.

- Pregnant women may be separated from their children at birth if the mother tests positive for COVID-19, reflecting yet another way the virus can affect women differently than men.^{xx}
- The Center for Disease Control (CDC) recommends pregnant women with the virus not only be separated from their child after birth until they are no longer infectious, but to also discard their breast milk until they are illness free.^{xxi}
- In a study by the Lancet on nine pregnant women infected with COVID-19, all of the women gave birth via cesarean section, to minimize the babies' exposure to the virus. If this becomes common practice, women may not have options available to them to a natural birthing process.^{xxii}

Women Missing from Leadership

Women's leadership is critical to address the disproportionate impacts of COVID-19.

- Women remain just 1/3 of our state legislature with only 7 women of color (6 women in the House of Representatives, 1 woman in the Senate).
- Women's leadership in this crisis is essential for representation and also to uniquely address the disproportionate effects of the COVID-19 crisis. To keep the inequities faced by women and women of color at the forefront of ongoing legislative decisions and policy-making, we must ensure that Connecticut's COVID-19 taskforce and leadership teams have strong representation from women of color.^{xxiii}

- i [AAUW, "Fast Facts: Women & Student Debt", n.d. Washington](#)
- ii See note i
- iii See note i
- iv [CT Data Collaborative, "The Connecticut Women and Girls Data Platform", 2020.](#)
- v [Cochrane, A., Farrar, K., & Steadman J., "Gender equity needs to go viral", April 2020. CTMirror.](#)
- vi See note iv
- vii [Gupta, A., "Why This Economic Crisis Differs From the Last One for Women", March, 2020. The New York Times.](#)
- viii Raghu, M. & Tucker, J. "The Wage Gap Has Made Things Worse for Women on the Front Lines of COVID-19", March, 2020. The National Women's Law Center.
- ix See note viii
- x See note viii
- xi [Gebeloff, R. & Robertson, C. "How Millions of Women Became the Most Essential Workers in America". April, 2020. The New York Times.](#)
- xii [NBC Connecticut, "CT Comptroller Estimates \\$170 Million Deficit Due to Coronavirus Pandemic", April, 2020.](#)
- xiii See note vii
- xiv See note xi
- xv [LeanIn.org Poll, "LeanIn.Org/Survey Monkey Paid Leave Findings", April, 2020.](#)
- xvi See note v
- xvii [Stuart, Christine. "UConn Researchers Find Blacks are Disproportionately Impacted by COVID-19. April 2020.](#)
- xviii [National Women's Law Center. Connecticut data.](#)
- xix [National Women's Law Center. Promoting Equitable Access to Health Care in Response to COVID-19. April 2020.](#)
- xx [Mandavilli, A. "What Pregnant Women Should Know About Coronavirus", April, 2020. The New York Times.](#)
- xxi See note xx
- xxii See note xx
- xxiii See note v