

This fact sheet is part of a series of fact sheets exploring the intersectional impacts of COVID-19 on women in Canada. This fact sheet explores the experiences of racialized women during COVID-19 pandemic in Canada. It draws on non-government and government reports/surveys together with academic research and media reports.

Introduction:

The pandemic affects all people and communities in Canada, although the effects are not equal (Public Health Agency of Canada, 2020). The diverse impacts of COVID-19 are deeply rooted in pre-existing socio-economic inequalities based on race, gender, ability, income, wages, health, housing, etc—due to all these factors; racialized people are hit the hardest by this pandemic—in particular women. For racialized women the challenges of COVID-19 may be acutely felt—who are more likely to be underpaid and/or excluded entirely from the paid workforce than other groups. Research from the Canadian Centre for Policy Alternatives (CCPA) suggests (drawing on data from 2016) that a disproportionate number of racialized Canadians (60%) were in the lower half of family income distribution compared to non-racialized families (47%). Especially, racialized women were more likely to be excluded with the “highest rate of unemployment at 9.6%, followed by racialized men at 8.8%, non-racialized men at 8.2%, and non-racialized women at 6.4%.” (Block et. al. 2019, pg 4). Regarding income, racialized women are more likely to be in precarious jobs and are likely to be in positions providing (under) paid care to others (Morris & Sinnott-CRIAW-ICREF 2003).

Racialized women and labour market precarity:

In the first weeks of the pandemic, women aged 25-54 were twice that of similarly aged men, to be working part-time and in precarious work (Scott 2020). Further, in the two months of the pandemic alone, 1.5 million women lost their jobs, which has resulted in the lowest labour force participation rate for women since the 1990s (Royal Bank of Canada, 2020). After the COVID-19 restrictions were eased in July 2020, there were some signs of job recovery. The Labour Force Survey (2020) reports that employment rose faster for women (+ 3.4 %) than men (+1.5%) in July; however, the racialized gap continued in the labour market such as South Asian women (20%) and Black women (18.6%) felt the highest unemployment during this time (Statistics Canada 2020).

¹ To conceptualize racism, this fact sheet draws on CRIAW-ICREF factsheet (Morris 2002, pg 2). In this factsheet racialized women refers to anyone who experiences racism because of their race, skin colour, gender, history, ethnic background, accent, immigration status, location, health, culture, language, income, occupation, age, ability, education, or religion.

Racialized women workers are disproportionately represented in precarious work that is underpaid, hourly, and non-unionized, with either limited benefits and protections in their contracts, or with no contracts at all, jobs which have been significantly affected by the crisis (Ivanova 2020). In BC, for example, half of all B.C.'s pandemic job losses were concentrated in the lowest paid 20% of workers; workers who are disproportionately women, racialized, Indigenous, and recent immigrants (Ivanova, 2020). Similar, results were found in Ontario, where racialized women, Indigenous women, single mothers, low-income women, immigrant women, women with disabilities, and those living in rural areas experienced the highest income loss as a result of COVID-19 shutdowns (Dessanti, 2020, pg 3).

One important consideration is that racialized women are concentrated in public-facing sectors where working remotely may not be an option. In the first days of the pandemic, significant job losses occurred in sectors where women, and particularly racialized women, are disproportionately represented, including care and social services, accommodation and food services, education, and retail (Ferrer & Momani 2020). As many of these women were forced to leave the labour industry and will be involved in multiple care responsibilities such as childcare, caring for sick family members, and home care (Scott 2020). The worry is that the post-pandemic labour market might look different with more businesses and jobs moving online, which may be challenging for some groups of women. The question remains how we will address these existing social-economic inequalities in our system—so that no women are left behind in the post-pandemic recovery phase.

Employment barriers and over-represented in the care economy:

The disproportionate representation of racialized women, which includes immigrant women in Canada's care economy, is a significant part of a longer history of Canada's immigration policy, and the undervaluing (and underpaying) of care work and the work of racialized and immigrant women (Turcotte & Savage, 2020). Women make up to 90% of nurse aides, 91% of orderlies and patient service associates, including 90% of home support workers (PSW), housekeepers, and related occupations (Statistics Canada 2016). Among them, racialized women work in these jobs at nearly three times their share of the total labour force (Statistics Canada 2016). The relatively low requirements for entry into work as a personal support worker (PSW) mean that for newcomer women to Canada, low-paid precarious work is often an entry point into the workforce in Canada.

Evidence shows that this virus is hard on people with underlying medical conditions, especially senior persons. That is the reason why the long-term care homes turned to be an epicenter, at least 600 nursing and retirement homes across Canada has had COVID-19 outbreaks (Tait, 2020).

Racialized women are more likely to be involved in much of the frontline work of pandemic-related care. People working as nurse aides, orderlies, and in-home care, as well as those working in other aspects of support work in long-term care facilities and hospitals, are at a high risk of exposure to COVID-19. For people in low-paid care work who have to continue to provide that care through the pandemic are also less likely than their higher-paid counterparts to be in a position to reduce their exposure (or their risk of exposing others) to the virus. For example, bulk grocery purchases decrease the number of trips to the store, but this is often an impossibility for those with low income and living pay cheque to pay cheque, not to mention that bulk purchases are nearly impossible to bring home without the use of a personal vehicle. A situation faced by many women who cannot afford to own a car.

Although racialized women are disproportionately providing essential work, their contributions are low-paid and extremely devalued. Most surprising is, to date, there is no clear disaggregated (race+gender+income) mortality data of COVID-19 exposure and death.

Poverty, housing and COVID-19:

Women form the majority (about 53%) of people living in poverty in Canada (Leaf-Faej 2009). Evidence suggests that racialized women are disproportionately affected by poverty because of their race, gender, language, health, age, income, education, and others (Morris 2002; Leaf-Faej 2009). At the same time, these groups of women are over-represented in precarious occupations, earn less, save less, are over-represented in unemployment, and underemployed (CRIA W-ICREF 2016).

A recent study indicates that in Toronto, rates of COVID-19 are higher in the lowest-income areas of the city, neighbourhoods that are predominately comprised of diverse racialized communities. The report from Toronto Public Health suggests a strong link between overcrowded living conditions and the spread of the virus, in part because when people do test positive or are exposed to COVID-19, they cannot self-isolate. For example, the case counts averaged 568 per 100,000 people living in overcrowded housing; in less crowded housing, that number was 144 per 100,000 people (Mowat & Rafi 2020, pg 50). With a higher rate of unemployment among racialized women, they are disproportionately primary caretakers in their households and are more likely to be in neighbourhoods and households at high risk of COVID-19 exposure—not only experiencing that exposure, but also caring for those who may fall ill. Access to sufficient, affordable housing is a pressing public health issue before, during, and after the pandemic.

Recommended actions:

- Provide training on the application of a 'feminist intersectional lens' to the public and private sectors. Policymakers/decision-makers, employers, and businesses need to understand the intersecting experiences of oppression and need to be responsive and address current, inequitable policy outcomes.
- Expand the collection of disaggregated data related to COVID-19 exposure, death, and recovery, based on sex, gender, race, ethnicity, income, health, and housing status. Additional data on employment status, gender-based violence, and education may also support an inclusive and responsive policy.
- Reinvestments in the public health sector, with special attention to long-term care, home care and other areas of the healthcare sector with low waged precarious workers. Federal transfers to the provinces need to be increased and tied to universal public health systems.
- Specific and targeted actions are needed to address the under/devaluation of racialized care work by increasing wages, unionization, and strengthening labour laws to protect people in precarious work.
- Implement a concrete affordable housing plan by formulating inclusive housing policies and approaches using GBA+ and intersectional lens.

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