

## Mind the Gender Gap:

A picture of the socioeconomic trends surrounding COVID-19 in the Caribbean with a gender lens

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# Mind the Gender Gap

## A picture of the socioeconomic trends surrounding COVID-19 in the Caribbean with a gender lens

Laura Giles Álvarez and Jeetendra Khadan

### Executive Summary

This paper provides an insight on the gender impact of the COVID-19 pandemic in the Caribbean. The analysis makes use of the April 2020 online COVID-19 survey that the Inter-American Development conducted in all six Caribbean Country Department member countries. We find that the pandemic is having different effects on men and women. For example, job losses have been more prevalent amongst single-females, whilst business closures have been more prevalent amongst single-males. Quality of life also seems to have worsened more for single-females than for single-males and partners (married or common law partnership) and domestic violence against women has been on the rise. Although the coverage of social assistance programs has increased substantially during the pandemic, we find that more targeting of households with single females could be beneficial, particularly as they show lower levels of financial resilience. Going forward, we recommend further gender targeting in social assistance programs and the collection of gender-disaggregated data that will allow for more thorough investigation of the gender effects of these types of shocks.

**Jel Codes: J16 and J18**

**Keywords: COVID-19, gender gap, financial inclusion, social support mechanisms, domestic violence.**

## 1. Introduction<sup>1</sup>

**COVID-19 is having devastating health and economic impacts in the Caribbean region.** Since recording the first cases of COVID-19 in March 2020, the pandemic has posed a heavy burden on health systems in the region, it has led to a halt on key sources of economic activity for these countries - such as tourism - and it is greatly straining social protection systems. Most countries have had two surges of cases and are still struggling to manage both the health crisis and the socioeconomic impact of the pandemic.

**The burden of COVID-19 has not been equal across the population.** Although the pandemic has spared no one, not everyone has felt its socioeconomic consequences in the same way. Historically vulnerable sectors of the population are either facing more severe consequences or have less resources to face the negative impacts of COVID-19. This puts their livelihoods at greater risk than other sectors of society. For example, reports show that women are faring worse with regards to the economic impacts of COVID-19, as they generally earn less, save less, and tend to hold more insecure jobs or are more likely to live in poverty than men (see UN, 2020; World Bank, 2020 and World Trade Organization, 2020). The prevalence of unpaid care work has also increased substantially during the pandemic, as schools have closed, and families are spending more time at home. This is having a greater impact on women than on men, who typically take on a greater burden of house tasks related to care. Deeper economic and social stress, coupled with movement restrictions and social isolation, have also led to an exponential rise in gender-based violence (UN, 2020).

**This policy brief analyses trends in key socioeconomic indicators surrounding the COVID-19 shock with a gender lens.** We provide an overview of the results from the [online socioeconomic survey](#) conducted by the Inter-American Development Bank. The survey covers all six countries of the Caribbean Country Department (CCB) – also known as the C-6 countries.<sup>2</sup> The sample size of the survey in the C-6 countries is 12,624 individuals and the data collection period took place throughout 2-weeks, from April 16 to April 30, 2020.<sup>3</sup> Given that most of the data was collected at household level, and does not allow for an individual level disaggregation of the effects of COVID-19, we proxy gender in many sections of this paper by comparing single-females to single-males and partnered couples.<sup>4</sup> Section 2 reviews preexisting gender gaps in the region, Section 3 looks into the effects of COVID-19 by gender and Section 4 concludes.

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<sup>1</sup> The authors would like to thank Diether Beuermann and Laurence Telson for their insights and comments on this note. The authors would also like to thank Henry Mooney and Victor Gauto for providing key information on policy measures in Jamaica and Guyana respectively.

<sup>2</sup> The C-6 countries include The Bahamas, Barbados, Jamaica, Trinidad and Tobago, Suriname and Guyana. Throughout this paper, this survey will be referred to as “the IDB/Cornell Coronavirus Survey”.

<sup>3</sup> Individual data was confidential, in accordance with the standards set by the Internal Review Board of Cornell University, which approved the IDB/Cornell Survey. The data collected has been reweighted exploiting information from representative household level surveys across Caribbean countries. Some data for Suriname was collected in June 2020 and has also been used as part of the sample.

<sup>4</sup> In order to be able to study gender disparities in this note, we make use of the civil status of the respondents to classify them as single-females, single-males and partners. Female respondents who indicated being either widowed, not married, or not in a domestic partnership are termed ‘single-female’. Male respondents who indicated he was either widowed or not married or not in a domestic partnership are termed ‘single-male’. Respondents who indicated he or she was married or in a domestic partnership are termed ‘partners’. This approach is used in other gender analyses of the impact of the pandemic using the same database, for example: <https://blogs.iadb.org/ideas-matter/en/gender-gaps-in-the-time-of-covid-19/>

## 2. Gender Gaps in the Caribbean

**Gender inequality in the Caribbean remains a barrier to human development and economic growth.** Although girls in the region have a higher educational attainment than boys, women still face lower participation in the labor market and higher income vulnerability than men (Sutton and Ruprah, 2017; Novta and Wong, 2017). This has negative implications for human development and potential economic growth for the region (Hakura et al. 2016 and Morrison et al. 2007). Moreover, despite improved scoring on indicators that measure gender inequality (such as the Gender Inequality Index (GII)), women in the region still hold fewer positions of power, they are less represented in boards of directors and are less likely to own businesses than men.

**Although the average GII score for C-6 countries has improved, the region fares worse than Europe and East Asia in terms of gender gaps.** The GII is a broad measure of gender gaps that allows for comparable scoring and ranking across countries. It measures gender inequality across three areas - reproductive health, empowerment and the labor market, allowing for country comparisons across time and between countries and regions. The C-6 countries fare well in terms of gender inequality, scoring on average 0.38 in the 2018 GII (0 being perfectly equal and 1 being perfectly unequal), with an average rank of 88 out of 189 countries.<sup>5</sup> This scoring is equal to the average scoring for the whole Latin America and Caribbean region (0.38), yet lower than that of Europe and Central Asia (0.28) and of East Asia and the Pacific (0.31), and higher than that of Arab States (0.53), South Asia (0.51) and Sub-Saharan Africa (0.45).<sup>6</sup> The average score of the C-6 countries in the GII index has improved over the past two decades, particularly so in the second decade of the 2000s: from 0.44 in 2000 to 0.43 in 2010, to 0.38 in 2018.<sup>7</sup> Within the region, Barbados scored best on the 2018 GII (0.26 with a rank of 55 out of 189 countries), Guyana scored the lowest (0.49, ranking 123 out of 189 countries) and all six countries in the region experienced improved scores between 2010 and 2018 (Figure 1).

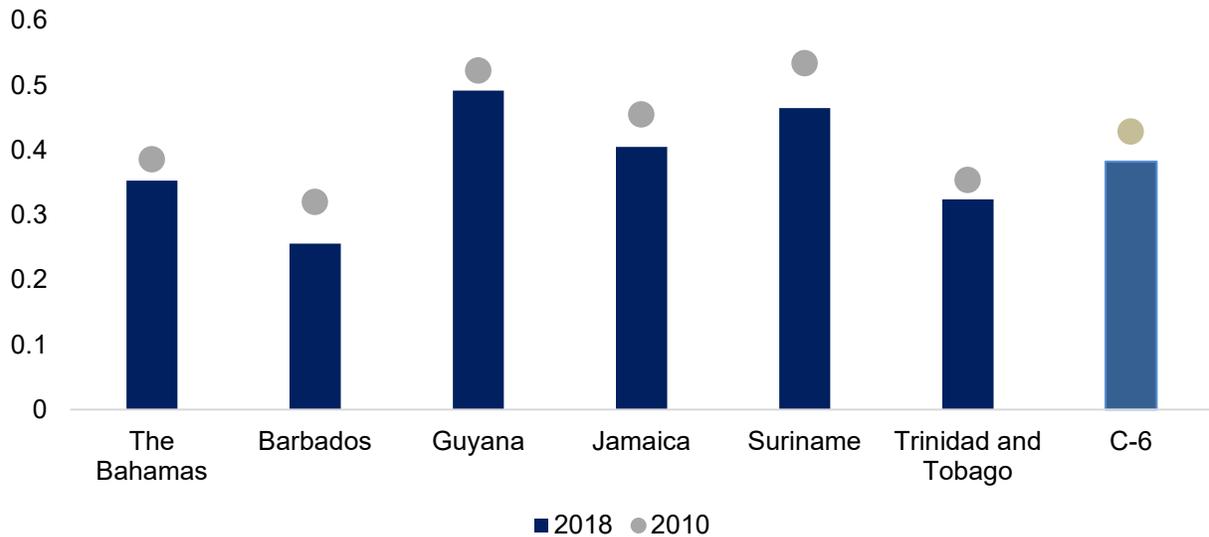
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<sup>5</sup> This index measures differences by gender across three dimensions—reproductive health, empowerment and the labor market. The GII score ranges from 0 (women are equal to men) to 1 (gender inequality is highest). The averages expressed in this section are calculated as the arithmetic average using the source data from the index: <http://hdr.undp.org/en/composite/GII>

<sup>6</sup> A lower average maternal mortality ratio (107.1 deaths per 100,000 live births), a higher proportion of seats in parliament held by women (26 percent), a higher percentage of women aged 25 and older with at least some secondary education (76.6 percent) and a higher labor force participation rate of women (53.5 percent) than the world average, contributed to this score; counteracted by a higher adolescent birth rate (births per 1,000 women between the ages of 15 and 19).

<sup>7</sup> Although most regions in the world experienced improved scores in the GII between 2010 and 2018, the C-6 countries had the second greatest decrease in their GII score (measures as a percentage change), preceded only by the Europe and Central Asian region.

**Figure 1. Gender Inequality Index, score**



Source: Human Development Report Data. <http://hdr.undp.org/en/data>

**Despite recording a higher education attainment, women’s labor market participation rate remains lower than men’s.** The 2020 Human Development Report outlined that in 2018 76.6 percent of women had achieved at least secondary education compared to 72 percent of men, on average across the C-6 countries. In Jamaica and Guyana in particular, women outperformed men in education - 12 percent and 27.7 percent more women had at least a secondary level of education in 2018 in Jamaica and Guyana respectively. Yet this higher educational attainment amongst women does not translate into higher labor market outcomes. Only 53.3 percent of women participated in the labor market, compared to 72.4 percent of men on average across C-6 countries (UNDP, 2019). The labor market participation gap was greatest in Guyana (where women had 44 percent lower participation than men) and in Suriname (where women had 38.9 percent lower participation in the labor market than men) (UNDP, 2019). We also see sectoral gender disparities. Table 1 shows the percent of workers by sector and gender in C-6 countries. Female workers are more prevalent in the services sector, whilst male workers are more predominant in agriculture, electricity, manufacturing and mining.

**Table 1. Percent of employed population by gender and sector**

	Services		Agriculture, hunting, forestry and fishing		Manufacturing Industries		Mining		Electricity, gas and water	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
The Bahamas	45%	49%	1%	0%	1%	0%	2%	1%	NA	NA
Barbados	39%	48%	2%	1%	1%	0%	6%	3%	0%	0%
Guyana	36%	31%	14%	4%	1%	1%	6%	2%	5%	0%
Jamaica	33%	41%	14%	6%	0%	0%	4%	2%	0%	0%
Suriname	42%	33%	5%	2%	1%	0%	9%	4%	3%	0%
Trinidad and Tobago	46%	42%	2%	0%	1%	0%	5%	2%	2%	0%

Source: Compilation of Household Surveys.<sup>8</sup>

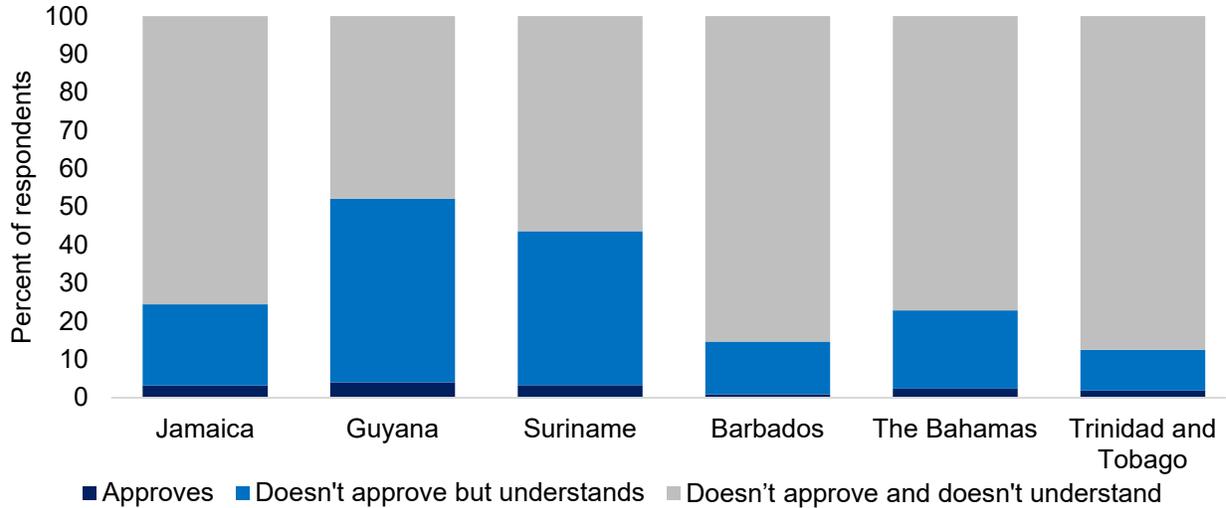
**Perceptions and attitudes towards domestic violence indicate that gender-based violence is still widely present across C-6 countries.** There is limited data to measure the extent of the problem of violence against women, particularly in the Caribbean region. However, there is evidence that tolerance of violence towards women can often be linked to higher levels of violence (Sutton and Ruprah, 2017). The 2014 and 2016 LAPOP surveys found that approximately 28 percent of the surveyed population (one in four respondents) condoned a husband hitting his wife if she neglected to do the household chores (Figure 2a).<sup>9</sup> In addition, almost 36 percent of respondents (approximately one in three) approved or understood a husband hitting his wife if she were unfaithful (Figure 2b). These results were significantly higher than the tolerance rates recorded for both Latin America and the USA (Sutton and Ruprah, 2017). In both questions Guyana and Suriname had the highest share of persons tolerating violence, whereas Barbados and Trinidad and Tobago had the lowest share of tolerance of the use of violence. Men were more likely than women to accept or tolerate violence. Factors such as age, living in rural areas, having a lower income, or having a history of physical punishment as a child were also associated with a higher rate of approval and understanding of violence (Sutton and Ruprah, 2017).

<sup>8</sup> The households surveys include the Bahamas 2013 Household Expenditure Survey, the Barbados 2016 Survey of Living Conditions, the Guyana 2017 Labor Force Survey, the Jamaica 2015 Survey of Living Conditions, the Suriname 2016/17 Survey of Living Conditions and the Trinidad and Tobago 2014 Survey of Living Conditions.

<sup>9</sup> Based on the survey, these persons either approved of the husband hitting his wife in this scenario or approved of him hitting this wife in this scenario.

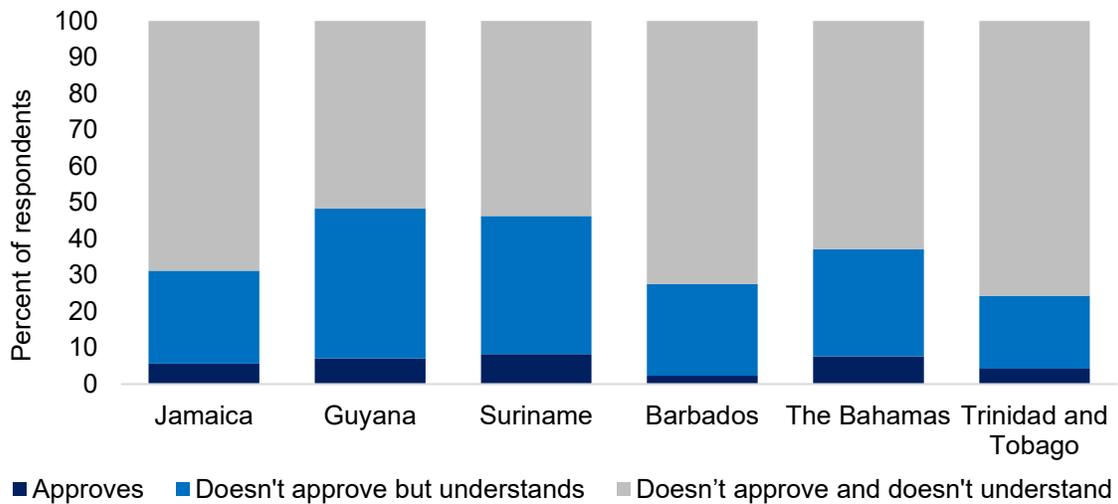
**Figure 2a. Perception of Domestic Violence**

His wife neglects the household chores. Would you approve of the husband hitting his wife, or would you not approve but understand, or would you neither approve nor understand?



**Figure 2b. Perception of Domestic Violence**

His wife is unfaithful. Would you approve of the husband hitting his wife, or would you not approve but understand, or would you neither approve nor understand?



Source: LAPOP (2014 and 2016).

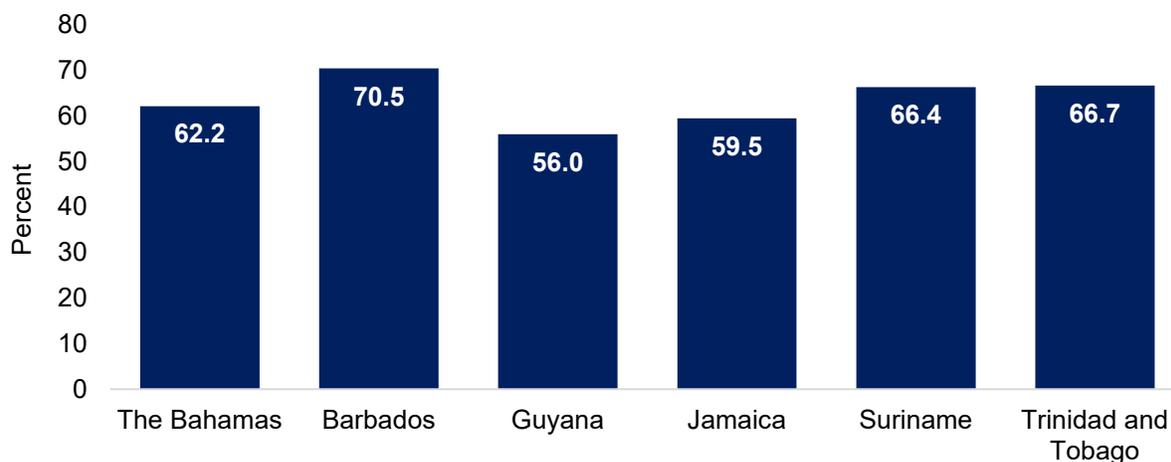
### 3. The Burden of COVID-19 by Gender

#### 3.1 Knowledge of COVID-19

There appears to be good knowledge about the symptoms and transmission mechanisms of COVID-19 in C-6 countries. Knowledge of COVID-19 amongst the population is critical in the

fight against the virus<sup>10</sup> and many of the C-6 countries have launched educational campaigns to inform their populations about COVID-19.<sup>11</sup> To understand the extent to which persons in the C-6 countries are knowledgeable about COVID-19, the IDB/Cornell Survey asked questions relating to persons' understanding of the symptoms of the virus, how it is transmitted and practices they can adapt to avoid infection. Reassuringly, the results showed that the majority of respondents correctly responded to questions on the usual symptoms of the coronavirus (Figure 3 for country averages). The respondents recognized the following symptoms: 66.7 percent identified a sore throat, 81.8 percent identified flu like symptoms, 5.8 percent identified a skin rash, 80.3 percent identified a fever, and 77 percent identified a dry cough. More importantly, 95.7 percent of the respondents recognized that infected persons can be asymptomatic. Two out of 3 respondents identified the recommended practices to mitigate COVID-19 infection.<sup>12</sup> Knowledge across countries and gender groups was similar (Figure 4). However, in some countries (Guyana, Barbados and Jamaica) there were significant differences in knowledge across income groups. For instance, 56 percent of respondents in the low-income category were able to correctly identify how the virus is transmitted compared to 64 percent of respondents in the middle-income category and 67 percent of respondents in the high-income category. There were no major differences in knowledge of how COVID-19 is transmitted between genders across countries. At the regional level, 63.7 percent of women reported knowledge of how COVID-19 is transmitted compared to 63.2 percent of men. The Bahamas and Suriname had the largest differences between gender groups across the six countries as shown in Figure 4.

**Figure 3. Knowledge of how COVID-19 is transmitted**



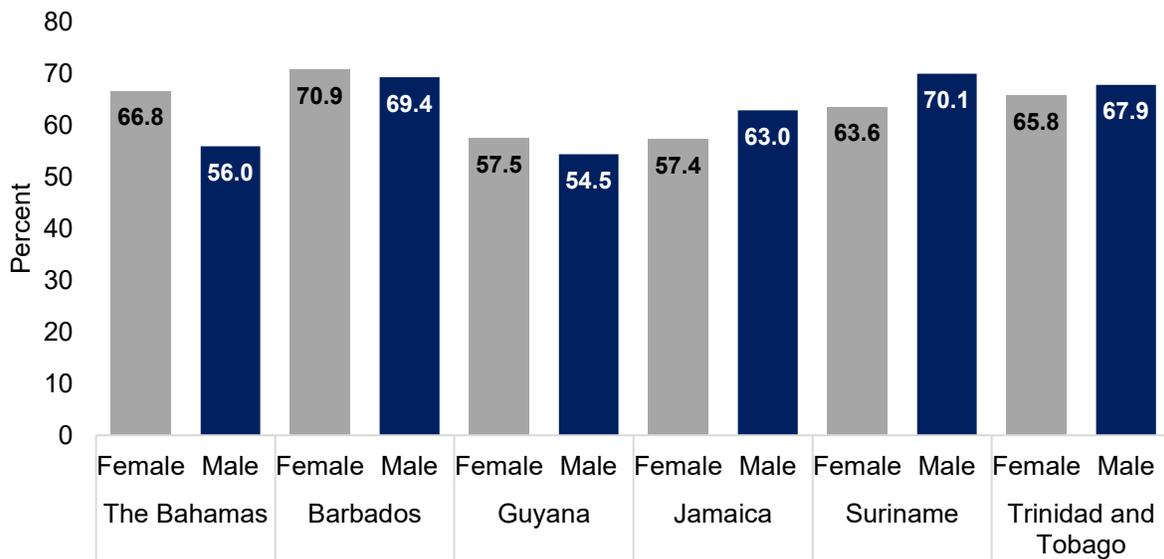
Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

<sup>10</sup> To read more on the symptoms of the virus see <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses#>

<sup>11</sup> For example, in the case of Barbados the Government Information Surveys shared a lot of information through social media on detection, prevention and mitigation measures that the population could take for COVID-19. According to the online survey, almost 60 percent of the population reported using social media always or almost always to obtain this type of information.

<sup>12</sup> It is important to note that evidence in some developing countries reveal that men and women differ in their beliefs and behavior with respect to the pandemic. It was found that women are more likely to take the pandemic seriously and more compliant than men which implies that public health communication should target men and women differently (Galasso, 2020).

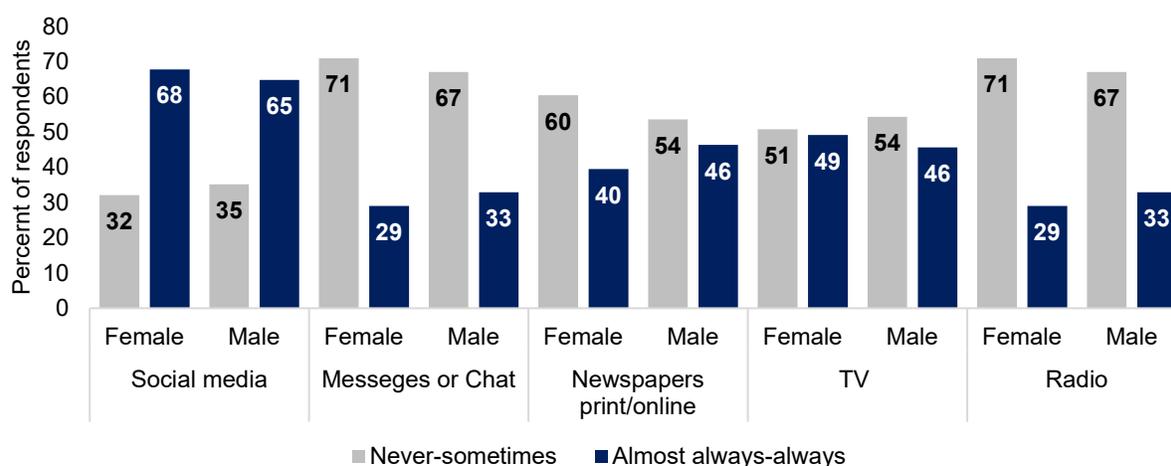
**Figure 4. Knowledge of how COVID-19 is transmitted, based on gender**



Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

**There were no substantial differences in the types of media used by gender.** The IDB/Cornell Coronavirus Survey also asked respondents to identify the frequency with which they obtained information from various sources about news and important events and COVID-19 (Figure 5). Social media was the most prevalent source of information used to obtain information on COVID-19, which was almost always or always used by 68 percent of female respondents and 65 percent of male respondents. This was followed by TV, highlighted as being used always or almost always by 49 percent of females and 46 percent of males in the survey. Messages or chats and radio were the least used means of communications, with 71 percent of women and 67 percent of men reporting never or sometimes using these sources of information for COVID-19 respectively. The use of newspapers and online media was the source of information that presented the greatest gender disparities. 40 percent of female respondents reported always or almost always using this source of media, compared to 46 percent of men. Whereas 60 percent of females never or sometimes used this source of communications, compared to 54 percent of men. Females reported using social media and TV more than men to obtain information on COVID-19, whereas men reported using messages or chats, newspapers and online media and radio more often than women.

**Figure 7. Information about COVID-19 by gender**



Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

### 3.2 The Economic Burden of COVID-19

**The economic burden of COVID-19 has been mostly felt through job losses and business closures (Arteaga Garavito et al. 2020).** Most governments in C-6 countries have adopted strict health measures to contain the operations of non-essential businesses, particularly in industries that have high human contact (Mooney et al. 2020). These measures have resulted in the temporary closure of businesses, lowered labor supply and demand, raised unemployment and severely reduced consumer and producer confidence. The burden is also having a disproportionate incidence on different population groups (Arteaga Garavito et al. 2020).

**The incidence of job losses varied by gender.** At the regional level, more women report job losses than men: 44.3 percent of women reported job loss compared to 36.5 percent of men. Job losses ranged from 50.2 percent in The Bahamas to 25.9 percent in Suriname (Figure 8). In terms of gender, about 40 percent of single-males across the C-6 countries lost their jobs in April 2020, compared to 47 percent of single-females.<sup>13</sup> This difference is statistically and economically significant and will likely exacerbate pre-existing inequalities in the labor market (Figure 9). The Bahamas recorded the highest share of single-females reporting job losses (56.2 percent) during the pandemic, whilst Suriname reported the lowest share of single-females reporting job losses (24.6 percent).<sup>14</sup> Worryingly, those that experienced job losses were mostly in low income groups (60 percent). These households were also less likely to have savings to buffer prolonged income shocks as well as alternative sources of finance to mitigate the shock (Figure 10).<sup>15</sup> Differences in job losses across educational categories were also observed: 60 percent of respondents with primary education or less reported job loss compared to 42 percent of respondents with

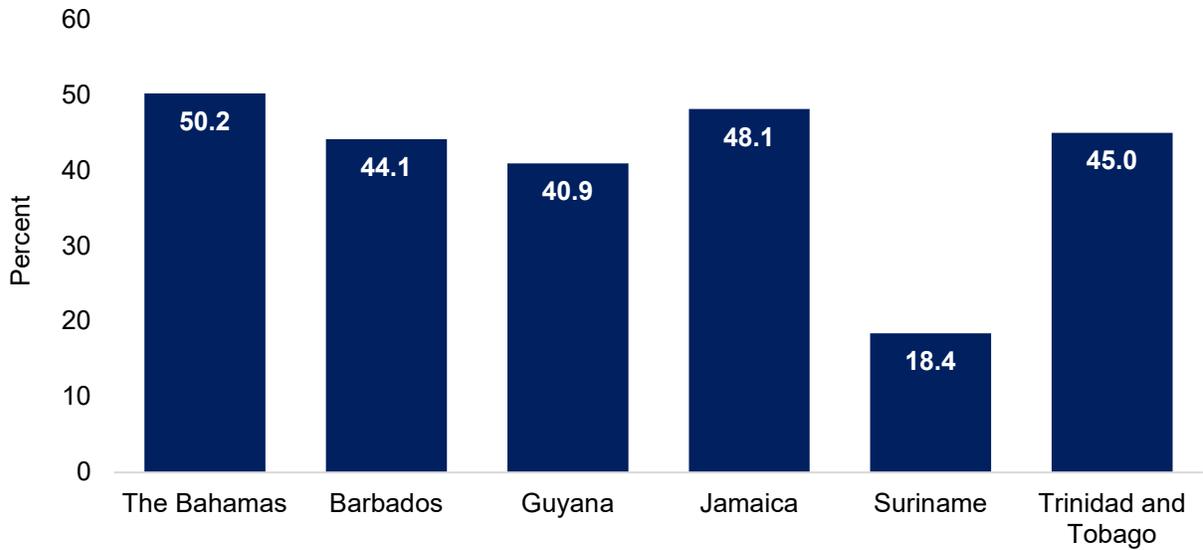
<sup>13</sup> Job losses were highest amongst tourism-dependent countries, namely The Bahamas, Barbados and Jamaica, which on average employed 55.6 percent, 38.9 percent and 28.7 percent of the population respectively between 2014 and 2018 (Mooney and Zegarra 2020).

<sup>14</sup> See Khadan (2020a and 2020b) for more details on Suriname.

<sup>15</sup> For a more detailed discussion of these issues in the case of Barbados, please see Arteaga Garavito et al. (2020).

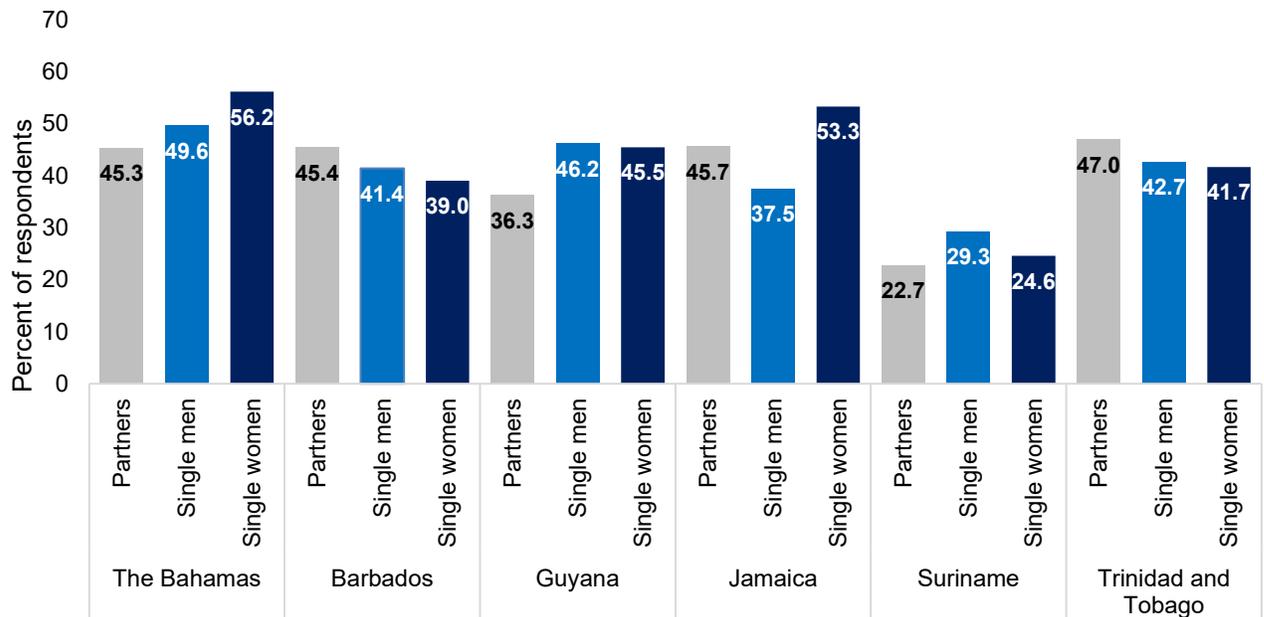
secondary education and 30 percent of respondents with higher education levels (technical/vocational and university).

**Figure 8. Job loss by country**



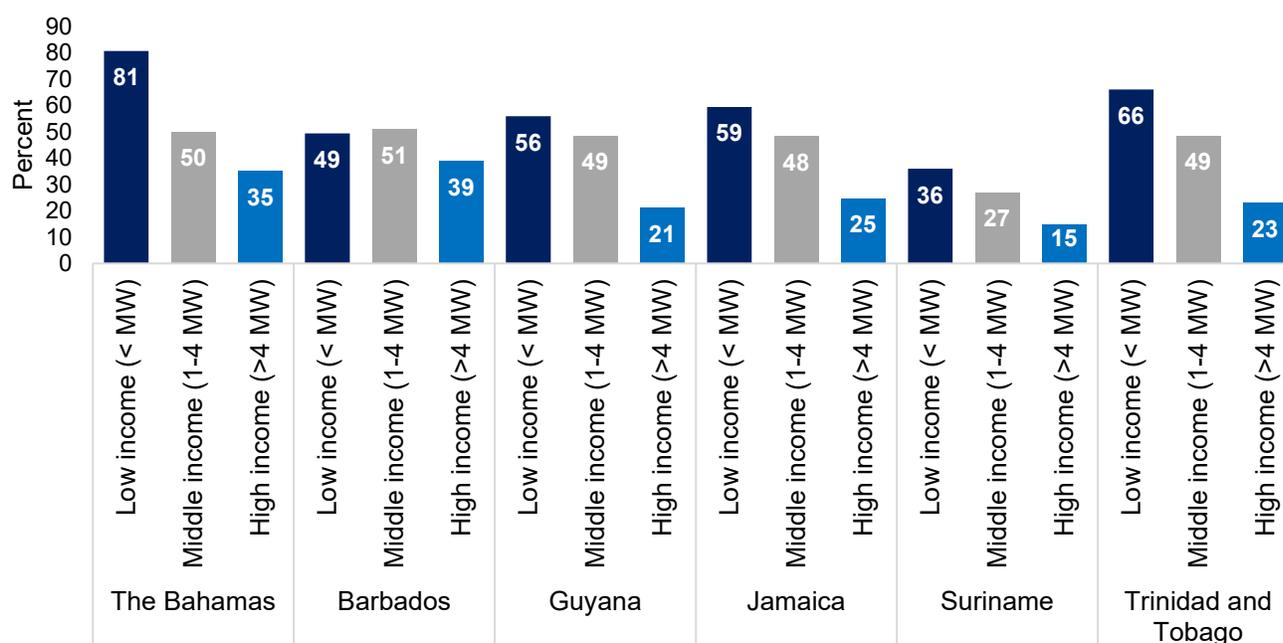
Source: Authors calculations based on data from IDB/Cornell Coronavirus Survey.

**Figure 9. Job loss by country and gender**



Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

**Figure 10. Job loss by country and income category**



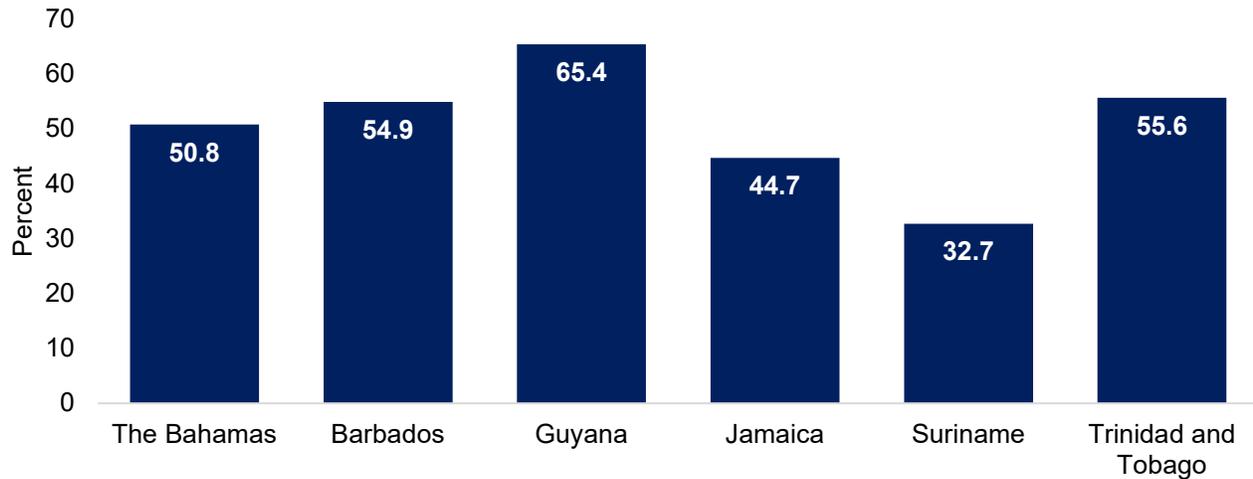
Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

NB: Income categories based on January 2020

**Pre-existing inequalities imply that COVID-19 could have disproportionate consequences on female-owned businesses in C-6 countries.** The 2014 PROTEqIN survey found that the gender composition of the owners/shareholders of firms in the Caribbean was dominated by men: 59 percent of owners/shareholders were all men; 14.5 percent were predominantly men; 13.1 percent were equally men and women; 5.2 percent were predominantly women; and 10.8 percent were all women. As a result of the ongoing pandemic, the IDB/Cornell Coronavirus Survey found that business closures were relatively high across C-6 countries, ranging from 65.4 percent for Guyana to 46.1 percent for Suriname (Figure 11). While the IDB/Cornell Coronavirus Survey does not allow for an explicit classification of female-owned versus male-owned businesses, we use the respondents' civil status to determine business closures by gender: that is, single-males compared to single-females.<sup>16</sup> Overall, the largest percentage of respondents reporting business closures were single-males with the exception of Jamaica, where 49.3 percent of single-females reported to have closed their businesses compared to 40 percent for single-males (Figure 12).

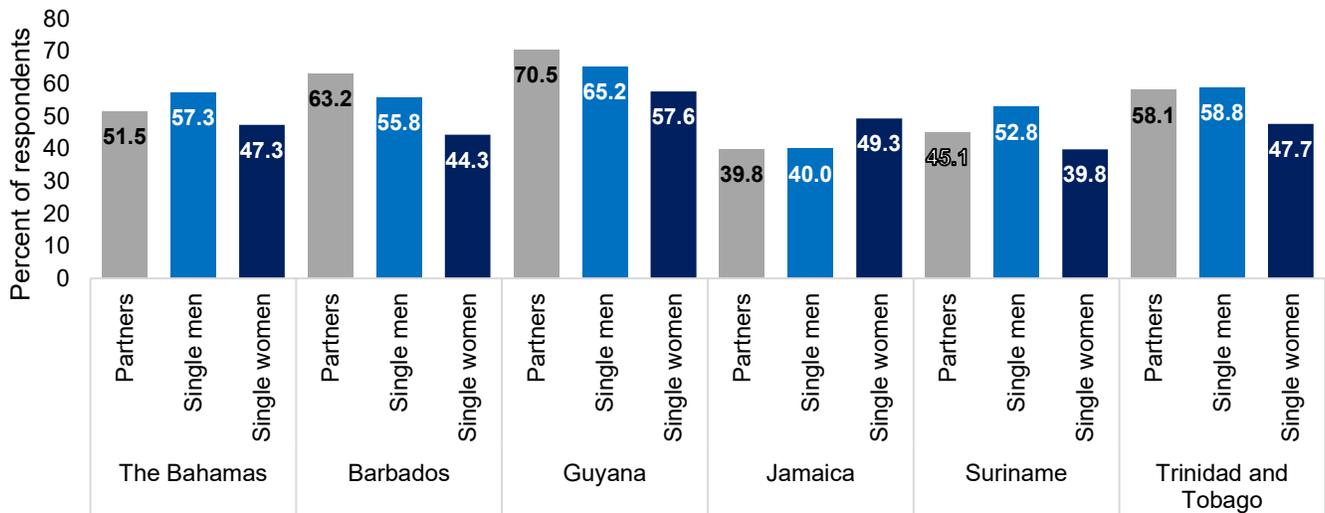
<sup>16</sup> See the introduction for a lengthier discussion on the classification used to distinguish females and males.

**Figure 11. Business closures**



Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

**Figure 12. Business closures by country and gender**



Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

**Falling income levels translated into lower living standards, particularly for women.**

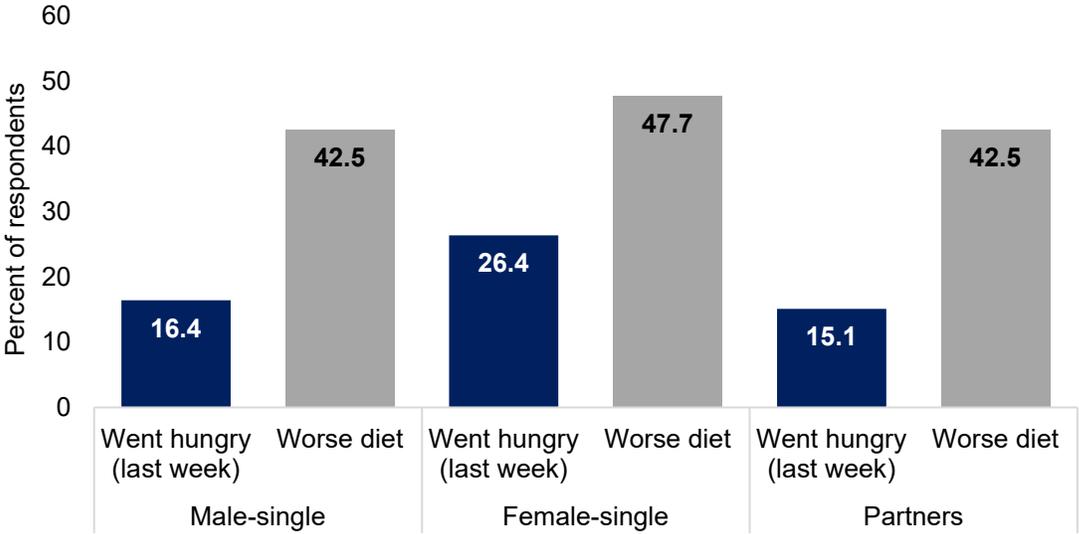
Changing dietary habits and the share of respondents reporting going to bed hungry were used as proxies to measure changes in living standards (also see Arteaga Garavito et al. 2020 for a similar approach).<sup>17</sup> Overall we find that partners reported higher living standards (Figure 13), echoing previous findings in the literature.<sup>18</sup> As seen in Figure 13, respondents of all civil status reported a worsening diet during the pandemic compared to January 2020. Yet this was more

<sup>17</sup> Also used in Arteaga Garavito et al. (2020) <https://publications.iadb.org/en/covid-19-the-caribbean-crisis-results-from-an-online-socioeconomic-survey>

<sup>18</sup> These results echo findings in the literature that singles (males and females) are more vulnerable. <https://academic.oup.com/ppar/article-abstract/25/3/102/1558698?redirectedFrom=PDF>

prevalent amongst single-females: 47.7 percent of single-females reported a worsening diet compared to 42.5 percent of single-males and partners. Out of the C-6 countries, single-females in The Bahamas reported the highest incidence of a worsening diet (56.2 percent), whilst partners reported the lowest incidence (34.3 percent of the population). With regards to hunger, more single-females also reported going to bed hungry in April 2020: 26.4 percent of single-females compared to 16.4 single-males and 15.1 percent partners. Single-females in Jamaica were the subgroup that reported the highest incidence of persons going to bed hungry (36 percent), over six times the incidence in comparison to single-males in The Bahamas and Barbados (5.6 percent respectively, the lowest rate in the region).<sup>19</sup>

**Figure 13. Percent of the population reporting changes in diet and food security by gender, C-6 average**



Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

**Financial resilience seems lower for single females, which restricts their ability to withstand shocks.** Ability to withstand hardship has been important during the COVID-19 pandemic and its economic consequences. Therefore, to assess this ability we look at the level of financial resilience by household type using a probit model as defined below:

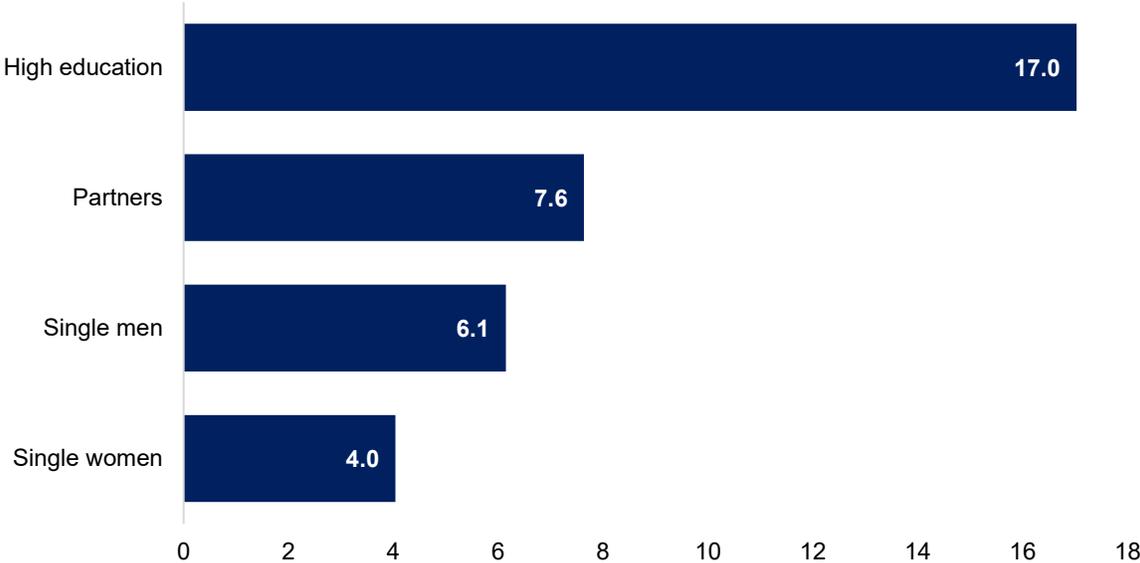
$$FR_i = \beta_0 + \beta_1 age + \beta_2 high\_education + \beta_3 single\_men + \beta_4 single\_women + \beta_5(partners)_i + \theta_c + u_j$$

Where  $FR_i$  refers to our measure of financial resilience, a binary variable equal to 1 if the respondent has savings equivalent to two weeks or more of consumption, and 0 for less than two weeks;  $single\_men$  is a binary variable equal to 1 if men were reported their civil status as single or divorced, and zero otherwise;  $single\_women$  is a binary variable equal to 1 if women were reported their civil status as single or divorced, and zero otherwise; partners is a binary variable

<sup>19</sup> Going to bed hungry was a question asked at the household level. To be able to discern between single-females and single-males, we present and compare the data between a female, single respondent and with a male, single respondent. The incidence of persons going to bed hungry was higher for these two groups than for a partnered couple.

equal to 1 if the respondent reported their civil status as married or living together (partners), and zero otherwise; *high\_education* is a binary variable equal to 1 if the respondents reported having education levels higher than secondary level, and zero if it is lower than or equal to secondary education; age refers to the age in years of the respondent;  $\theta_c$  is the country fixed effects,  $\beta$ 's are the coefficients to be estimated, and  $u_j$  is a normally distributed error term. The results show higher education levels are associated with stronger financial resilience. Single-females report a lower probability of having at least two weeks worth of savings, compared to partners, or single-males (Figure 14). Therefore households with single females likely has a lower ability to withstand hardship and has a higher probability of being more gravely affected by the economic effects of the pandemic. These results are particularly important when considering targeting social assistance programs. There is scope to expand research in these areas to better capture gender-related behaviours as it relates to the pandemic and financial resilience.

**Figure 14. Marginal effects associated with having more than two weeks of savings**



Marginal effects associated with having more than two weeks of savings

Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

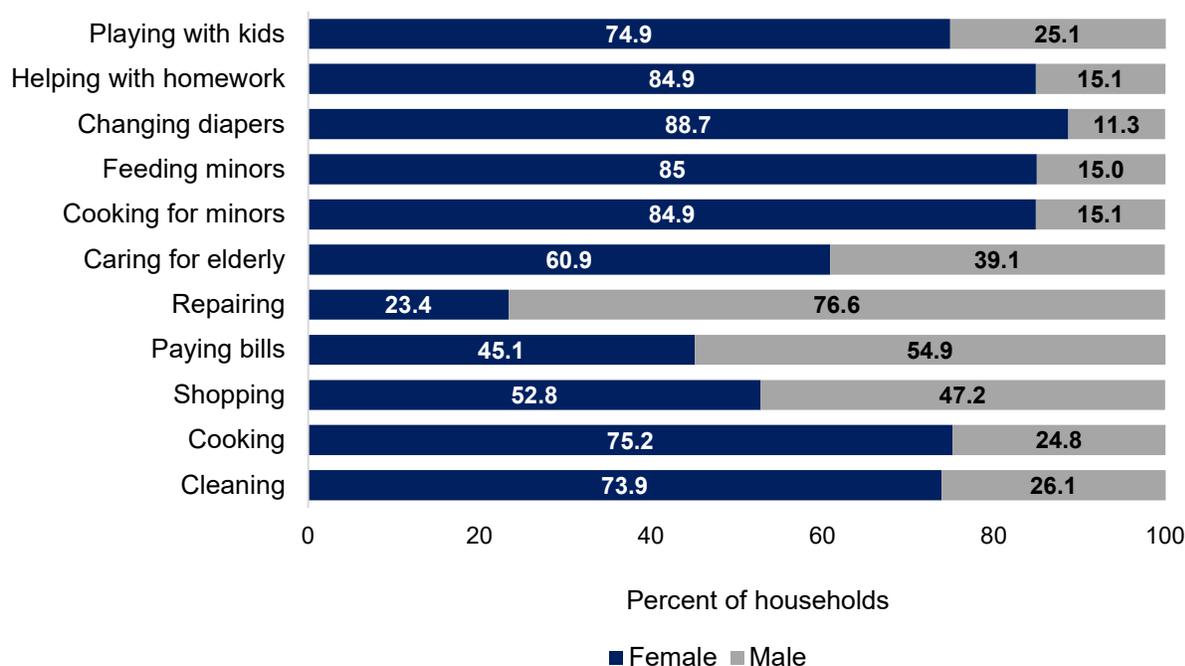
Note: Marginal effects are statistically significant at the 1 percent level.

**3.3 Social Context**

**COVID-19 resulted in substantial changes to people’s daily life and the organization of domestic chores.** Whether voluntary or mandatory, a large proportion of persons spent much more time at home during the pandemic, as mobility was restricted to stop the spread of the virus. By the end of April 2020, 4 out of the 6 countries had set a curfew or a lockdown to stop the spread of the virus, and by the end of July 2020 all 6 countries had set mobility restriction measures at some point during the pandemic. This had an impact on the volume and the distribution of household chores being done by men and women. The restrictions also increased the risks associated with domestic violence.

**During the pandemic, the burden of non-paid caring jobs fell disproportionately more on women.**<sup>20</sup> Growing international evidence shows that the additional workload associated with COVID-19 has had a greater toll on women than men (Del Boca, et al. 2020; Farré & Gonzalez, 2020 and; Sevilla & Smith, 2020).<sup>21</sup> The IDB/Cornell Coronavirus Survey included a set of questions on the burden of responsibility for selected household chores and childcare responsibilities.<sup>22</sup> As seen in Figure 15 below, out of the households that indicated either a woman or a man being the main person in charge of household chores, women bore the burden of 8 out of the 10 chores included in the IDB/Cornell Coronavirus Survey; whilst men were considered the main household member responsible for 2 of the 10 chores (repairing things around the house and paying the bills). For 7 out of 10 questions the gender divide was striking, with an average 78.6 percent of respondents signaling that a woman was in the main person in charge of the household chore. Most countries followed similar patterns for these chores.

**Figure 15. Percent of households reporting women/men in charge of domestic chores, April 2020**



Source: Authors calculations based on data from IDB/Cornell Coronavirus Survey.

**One of the disheartening consequences of the pandemic has been the reported rise of domestic violence towards women, particularly amongst lower-income households.** The region as a whole recorded an increase in reported domestic violence against women, similar to trends reported in other countries across the globe (UN, 2020). The increase was greatest in

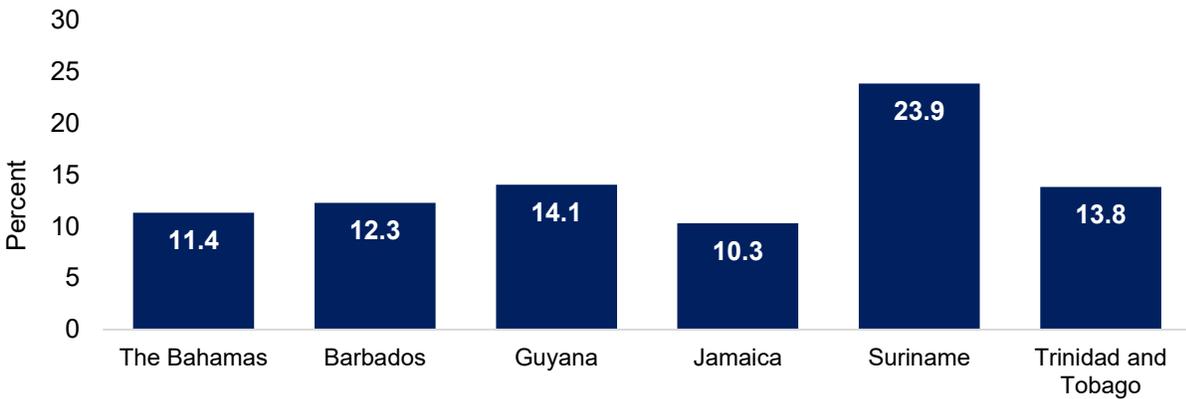
<sup>20</sup> The data presented in this section includes respondents by gender who indicated that themselves or their partner were the main person responsible for a task. It does not include respondents who highlighted that the distribution of tasks was equal, that it was the responsibility of another person or that was not applicable.

<sup>21</sup> <https://voxeu.org/article/women-s-work-housework-and-childcare-and-during-covid-19>

<sup>22</sup> The IDB/Cornell Survey had to restrict the amount of chores included in the question and those chores that likely increased due to the pandemic, as families spent more time at home and less help was available, were prioritized. That being said, these results do not show intra-household allocation of chores and responsibilities, which is more complex than could be covered in our survey.

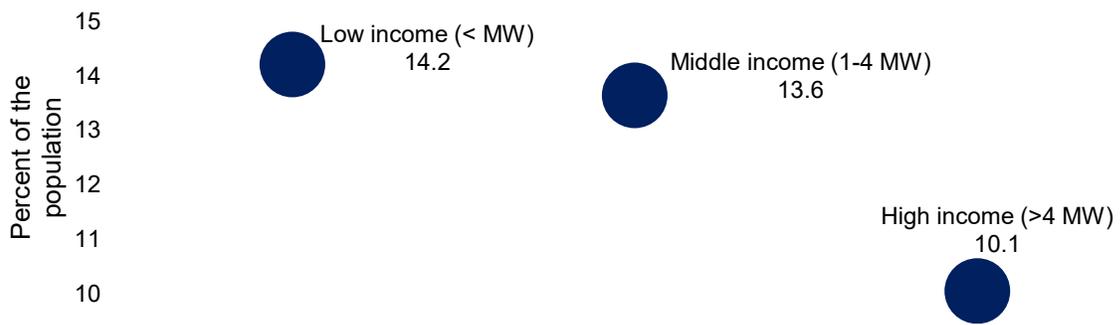
Suriname (23.9 percent of respondents) and lowest in Jamaica (10.3 percent). In the region as a whole, lower-income households reported a greater rise in domestic violence than higher-income households: 14.2 percent of households which earned less than the minimum wage before the pandemic reported a higher incidence of domestic violence against women, compared to middle-income households (13.6 percent) and high-income households (10.1 percent). When looking at each country individually, Suriname and Trinidad and Tobago indeed reported a much higher increase in domestic violence in low-income households. Barbados, Guyana and Jamaica, reported slightly lower incidence of domestic violence in low-income groups, compared to middle- or high-income households.<sup>23</sup> The Bahamas reported a higher incidence of domestic violence in high-income group households (Figures 16 and 17).

**Figure 16. Increase in the incidence of domestic violence by country**



Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

**Figure 17. Increase in the incidence of domestic violence by income group, C-6 countries**



Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

**3.4 Financial inclusion**

**Financial access and inclusion have increasingly been cited as positively linked to development outcomes, particularly for vulnerable groups.**<sup>24</sup> Financial inclusion was

<sup>23</sup> Data on the incidence of domestic violence must always be interpreted by care due to likely underreporting. Despite reweighting, the data for these graphs were obtained online and not using a representative sample, which could lead to underreporting of the incidence of domestic violence, particularly for lower income sectors of the population who are likely underrepresented in the sample.  
<sup>24</sup> Financial inclusion is typically defined as the proportion of individuals and firms that use financial services.

highlighted in the World Bank's 2014 Global Financial Development Report as an important factor for development and poverty reduction, as more vulnerable sectors of the population could benefit considerably from the use of payments, savings and insurance services. Policies that promote financial inclusion are thus increasingly highlighted as an important component of effective strategies to promote inclusive economic development (Giles Alvarez & Mooney, 2020).

**The COVID-19 pandemic has reinforced the importance of financial inclusion, especially for vulnerable households and small firms.** As the pandemic unfolds, there has been an increasing reliance on services such as mobile money, fintech services, and online banking to transact day to day business and facilitate the distribution of social support program.<sup>25</sup> However, as highlighted by IDB (2019) the region as a whole is challenged by unequal access to financial services, especially for vulnerable and marginalized groups within countries such as small and micro enterprises, those in the informal sector, poor and rural communities and minorities.<sup>26</sup> In that regard, we examine financial inclusion in the context of the ongoing pandemic with specific reference to gender.<sup>27</sup>

**Access to basic financial services such as bank accounts significantly vary across C-6.** Respondents from C-6 countries reported that on average, 82 percent of them had access to a bank account during the pandemic. There is significant heterogeneity in access to banks accounts across these countries. Jamaica reported the highest share of respondents with access to bank accounts (85 percent) whilst Suriname and Guyana are on the lower end of the range (Figure 18). Only 52.2 percent of respondents from Suriname reported having access to a bank account. For Guyana, the numbers were slightly better but still lower than the regional average: 64.1 percent reported having access to bank accounts. Access to financial services across C-6 countries appears to be similar for men and women, with small differences reported in some countries. At the regional level, 79.4 percent of men reported having access to a bank account during the pandemic compared 77 percent of women. Access to bank accounts across countries slightly favors men (except for The Bahamas). For The Bahamas, 84 percent of women reported having access to a bank account compared to 80 percent for men. More men had access to bank accounts during the pandemic than women in Barbados, Guyana and Jamaica. In Barbados, 74 percent of women reported access to a bank account compared to 83 percent for men (Figure 19).

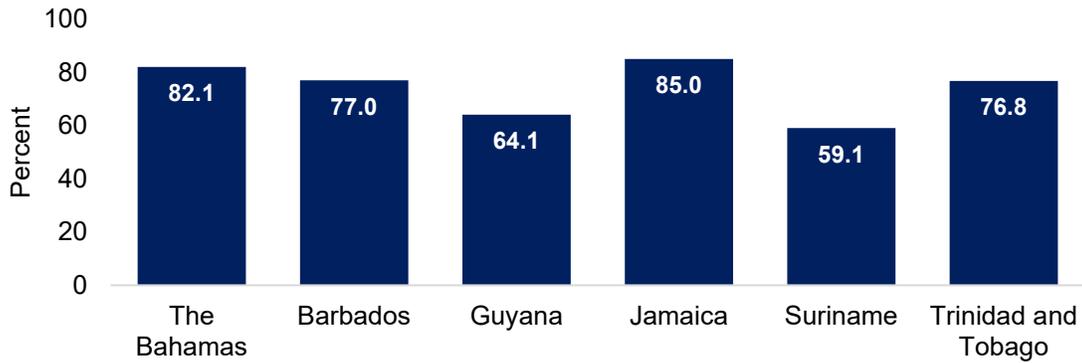
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<sup>25</sup> See <https://blogs.imf.org/2020/07/01/digital-financial-inclusion-in-the-times-of-covid-19/>

<sup>26</sup> <https://publications.iadb.org/en/caribbean-region-quarterly-bulletin-volume-8-issue-1-march-2019>

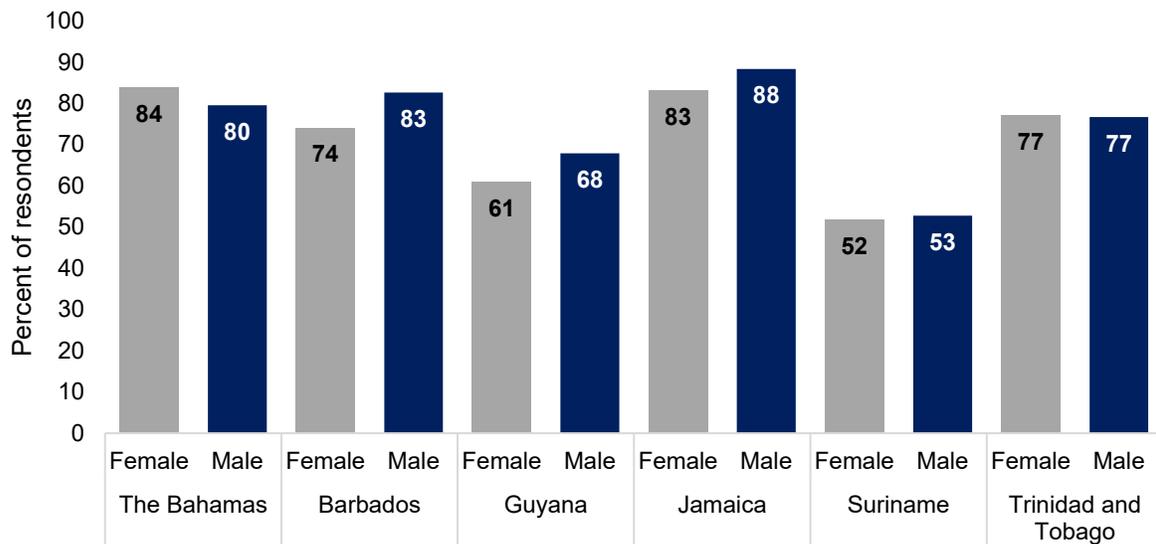
<sup>27</sup> [https://www.ilo.org/empent/areas/social-finance/WCMS\\_737729/lang--en/index.htm](https://www.ilo.org/empent/areas/social-finance/WCMS_737729/lang--en/index.htm)

**Figure 18. Access to a bank account**



Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

**Figure 19. Access to a bank account, by gender**



Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

### 3.4 Social support mechanisms

**Governments in the region responded to the challenges stemming from COVID-19 by rolling out support measures for individuals and firms.** Most countries responded promptly to the economic and social challenges stemming from COVID-19. Social security coverage was the main mechanism used to respond to the crisis in most countries - for example through a rise in paid claims for unemployment benefits. Existing social assistance programs were expanded, for example by providing unemployment benefits to workers that were not automatically covered by unemployment support and; new social assistance programs were created – such as the Barbadian ‘Adopt Our Families’ fund. Most countries have had to reimpose health and safety measures, after a second outbreak of the pandemic, and many of the tax relief and business support measures, such as moratoriums on credit payments, remain in place and are likely to be

expanded for a longer time than was originally envisioned. The table below presents a summary of the main measures carried out to date in the C-6 countries since March 2020.

**Table 2. Health and social measures in response to COVID-19**

	The Bahamas	Barbados	Guyana	Jamaica	Suriname	Trinidad and Tobago
<b>Health and safety measures</b>						
Curfew or lockdown	■	■	■	■	■	■
Additional funding for the health sector	■	■	■	■	■	■
<b>Social measures</b>						
More beneficiaries of unemployment benefits paid from a social insurance scheme	■	■		■	■	■
Expansion of existing social assistance programs	■	■	■	■	■	■
Creation of new social assistance programs	■	■		■		
<b>Support to businesses and workers</b>						
Financial support for SMEs	■	■	■	■	■	■
Work retention programs	■	■		■		

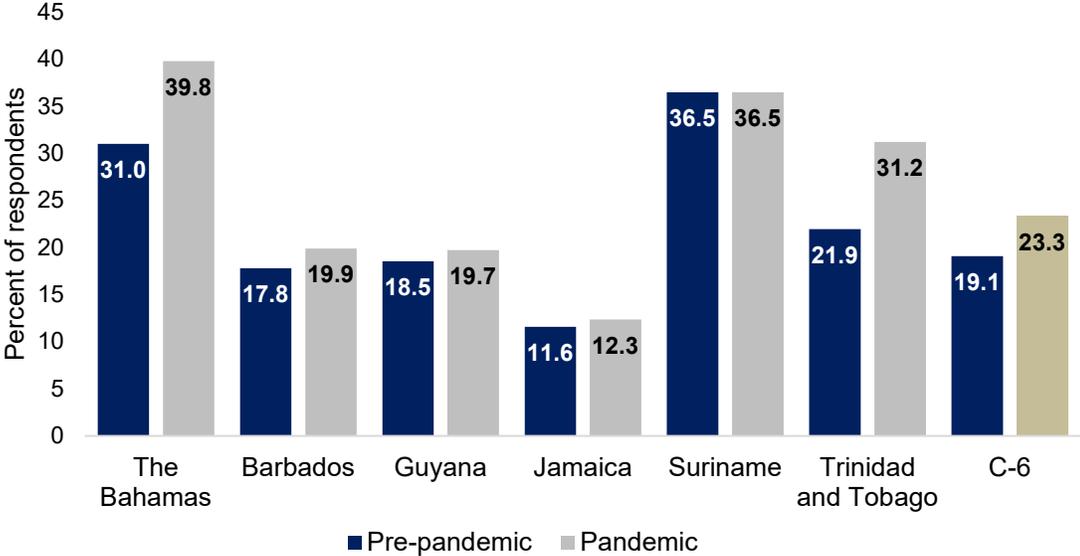
Source: Authors' calculations based on information from each respective government

**The expansion of social assistance programs increased overall coverage.** The total coverage of social programs in the C-6 countries expanded from 19.1 percent of respondents before the pandemic, to 23.3 percent during the pandemic. Five out of six countries expanded their social program coverage, highlighting The Bahamas (which expanded from 31.0 percent to 39.8 percent) and Trinidad and Tobago (which expanded from 21.9 percent to 31.2 percent).<sup>28</sup> Social programs in C-6 countries present leakage, but this also reflects a broad based social protection system that provides unemployment and pension benefits that could be better targeted to vulnerable groups. That being said, targeting seemed to improve during the pandemic in The Bahamas, Barbados and Trinidad and Tobago, with a larger share of lower income households receiving social benefits. In all countries except Jamaica, single-males received a higher share of benefits before the pandemic than single-females. Yet as seen in Figure 21 although all

<sup>28</sup> Cross country comparisons must be taken with care. As seen in Table 1, the IDB/Cornell Survey focused on a range of social programs per country. Social protection systems in these countries are wider than this set of programs and tend to include social security benefits and other, smaller targeted programs to different sectors of the population. Although "other programs" was also an option, the IDB/Cornell Survey likely does not capture the full social assistance coverage.

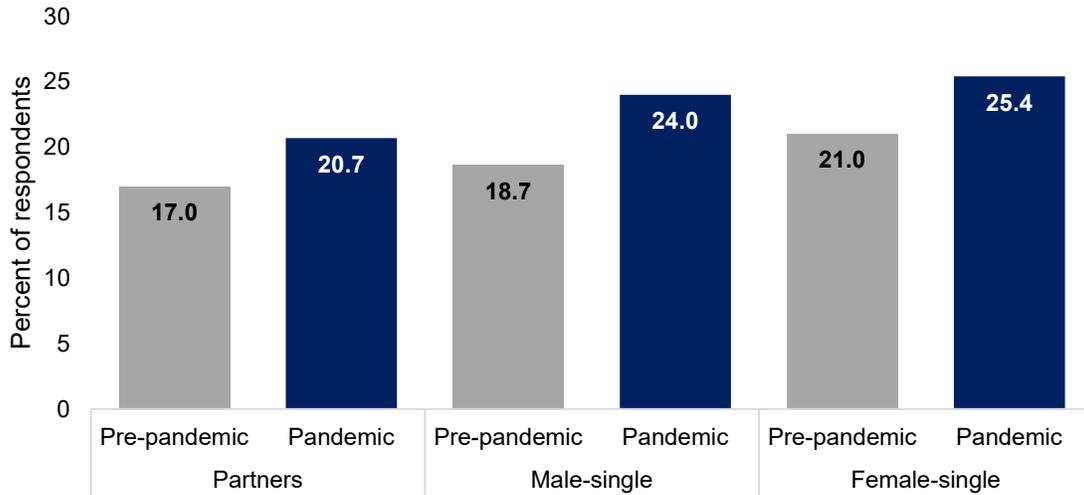
household types benefited from greater social assistance coverage, households with single females 0reported the lowest increase in coverage (measured in percentage increase). Breaking down these results by country, we see that only The Bahamas had a greater increase in social assistance coverage of households with single-females than households with single-males and partners. This is unsurprising given that none of the programs included in the IDB/Cornell Coronavirus Survey specifically targeted women nor children, except for the school meal vouchers or the school breakfast.

**Figure 20. Share of households receiving social benefits**



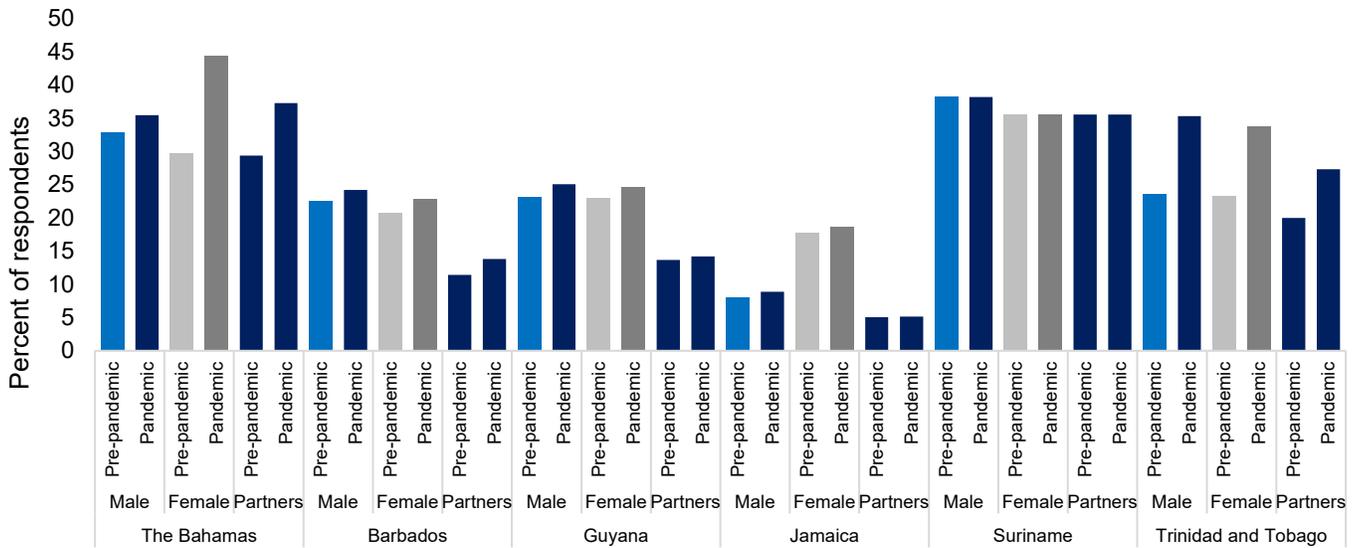
Source: Authors calculations based on data from IDB/Cornell Coronavirus Survey.

**Figure 21. Coverage of social benefits by civil status, average C-6**



Source: Authors calculations based on data from IDB/Cornell Coronavirus Survey.

**Figure 22. Coverage of social benefits by civil status and country for pre-pandemic and pandemic programs**



Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

**Table 3. Social programs included in the IDB/Cornell Coronavirus Survey**

The Bahamas	Barbados	Guyana	Jamaica	Suriname	Trinidad and Tobago
Unemployment Insurance (NIB)	Transfers from Welfare Department	School breakfast	PATH programme	Child Feeding Program	School feeding program
Food assistance vouchers	Transfers from Child Care Board	Old age pension	Covid Allocation of Resources for Employees (CARE) programme	Financial support	The Senior Citizen's program
School meal vouchers	Non-contributory pension scheme	Reception of hampers of food		Scholarships and awards	
	Increase in the rates and fees paid by the Welfare Department			General old-age provision	The targeted conditional cash transfer program
	Care packages				Publi assistance grant
	Adopt Our Families Fund				Old age pension
					Rent assistance grant
					Salary relief grant

Source: Authors' calculations based on data from IDB/Cornell Coronavirus Survey.

#### 4. Conclusion

**This policy brief examined the implications of the ongoing COVID-19 pandemic with a gender lens.** Prior to the pandemic, we observed inequalities between men and women. For instance, women are underrepresented in the labor market, face greater income vulnerability and a greater incidence of suffering gender-based violence than men. They are generally less represented in boards of directors and they are less likely to be business owners than men. Given existing inequalities, it is important to explore how the pandemic is affecting both gender groups. In that regard, we looked at three areas: (i) socioeconomic impact of the pandemic; (ii) individual's quality of life; and (iii) financial inclusion. The data used in the analysis is taken from an IDB/Cornell Coronavirus Survey of 12,624 individuals who responded over a 2-week period from April 16 to April 30, 2020.

**Early evidence shows that Caribbean women are disproportionately affected by the pandemic.** We found that more women reported job losses than men in most countries. However,

business closures were overall higher for men. Yet with women being underrepresented in the labor market and more so as business owners, these trends imply a potential worsening of economic inequalities between men and women in the Caribbean. We also observed an unequal impact of the pandemic on the quality of life between men and women. More single-headed female households reported going to bed hungry or eating less healthy than men. There was also a reported rise in domestic violence towards women, particularly amongst lower-income households and especially in Suriname and Trinidad and Tobago. Encouragingly, disparity between both genders in financial inclusion was not large (except for Barbados and Guyana), as measured by access to a bank account. The share of respondents from Suriname and Guyana with access to a bank account were amongst the lowest in the region. Reassuringly, we observed that the initial policy response provided support to all types of households. However single-female households did not experience the greatest increase in coverage. Although the reasons for this are likely complex and depend a multitude of factors, it could be advisable to further review targeting by gender and household type, particularly given that single-female households are those we found have the lowest level of financial resilience.

**The ongoing pandemic has the potential to reinforce existing inequalities, or worse, erode the gains made by Caribbean countries in promoting gender equality.** The implications of our early findings suggest that as policy makers continue to respond to the pandemic, refinement of the policy response in the context of the disproportionate impact of the pandemic across different groups in society should be considered on a country-by-country basis. The results presented in this note should also be taken with care. Many of the questions from the survey were household level questions and therefore female and male headed households are identified based on marital status. Although this is an imperfect measure, the results obtained are intuitive and provide an initial picture of the effects of the pandemic by gender in the region. Further work and data are needed, particularly at an individual level and capturing intra-household dynamics during the pandemic to inform policy makers going forward.

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