

Report of the Rapid Assessment Surveys on the Impacts of COVID-19 in the Caribbean (ENERICOV-2020)

ECLAC Subregional Headquarters for the Caribbean

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Introduction

This report contains the findings of the COVID-19 Rapid Gender Assessment in the Caribbean commissioned by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and the Economic Commission for Latin America and the Caribbean (ECLAC), in collaboration with the International Telecommunication Union (ITU).

The objective of the study is to conduct a quantitative assessment of how women and girls, and men and boys are differently impacted by COVID-19 across Caribbean countries and territories. Building on existing gender analyses of the pandemic's impacts in the Caribbean, the current study is intended to inform member States' policy response to address the impact of COVID-19 on women and girls, thereby promoting gender equality and the empowerment of women and girls.

The assessment includes a desk review and a survey of residents of 17 Caribbean countries and territories.¹ The desk review is focused on existing gender analyses of the pandemic's impacts in the Caribbean and covers the COVID-19 Human and Economic Assessments of Impact (HEAT) Reports jointly produced by the United Nations Development Programme (UNDP), United Nations Children Fund (UNICEF) and UN Women and the report of the joint Inter-American Development Bank/Cornell University Coronavirus Survey.

The survey for the current study was carried out using a questionnaire adapted from the UN Women Rapid Gender Assessment Questionnaire. The instrument was reviewed and updated to ensure comprehensive coverage of different areas of impact. Due to COVID-19 and the related mobility restrictions, the conventional way of collecting data through face-to face interviews with groups or individuals was not feasible, hence the survey was conducted using online platforms that included UN

¹ Anguilla, Antigua and Barbuda, Bahamas, Barbados, Belize, Cayman Islands, Dominica, Grenada, Guyana, Jamaica, Panama, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands

Women website and social media pages, and via SMS messages disseminated to mobile phone subscribers in the study countries.

Analysis of survey responses for the current report provides a context for assessing the gender difference, if any, of the impacts of the COVID-19 pandemic across different sectors. Following a human rights-based approach, the results of the assessment provide rich insights on how response measures to future shocks and emergencies could be made more gender-sensitive in order to more effectively cater for the most vulnerable in the society.

I. Background

Coronavirus Disease 2019 (COVID-19) has affected almost all countries globally, including those in the Caribbean. As of 19 September 2022, the Caribbean has had 4,236,877 confirmed cases of COVID-19; of this number, 35,585 deaths were recorded across 35 countries and territories². The social and economic impacts of COVID-19 in the Caribbean are already significant, compounding decades of low economic growth and resulting in rising poverty and inequalities.

The pandemic is expected to have a substantial impact on Caribbean women's equality and autonomy by exacerbating their social and economic vulnerabilities particularly for women and girls that lack a support system and those more vulnerable, including older women, women with intersecting vulnerabilities, women identifying as LGBTI, women with disabilities, rural women, poor women, and migrant women. Also affected are the working-class women. Fifty four percent of women in the Caribbean work in sectors that have been hardest hit with jobs and income losses, including tourism, manufacturing and wholesale and retail trade.³ Another dimension of impact is in the burden of care for COVID-19 patients in the health sector. The pressure on health systems has a significant impact on women as they account for 72.8 per cent of people employed in that sector.⁴

The COVID-19 crisis has reinforced and amplified pre-existing inequalities between men and women. It has made visible the specific challenges faced by women, because not only are poverty levels higher in female-headed households in the Caribbean, but the greatest burden of unpaid care activities is borne by women. The added burden of educating children due to school closures as a result of COVID-19 predominantly fall on women as well. Meanwhile, measures to contain the spread of the virus, including school closures and stay-at-home orders, have posed a serious threat to the safety of many women and children, as reflected in the spike in cases of domestic violence against them since the start of the pandemic. Victims of such violence are forced to spend more time with their abusers limiting their ability to seek help.

Despite women's disproportionate contribution as healthcare workers, educators, caregivers, and community leaders in the Caribbean, they are not necessarily included in the management of the COVID-19 response. This impacts women's ability to ensure their specific vulnerabilities are adequately addressed and capabilities utilized in responding to the pandemic. To ensure the efficacy of socio-economic recovery policies and interventions for COVID-19 and to promote gender equality and the autonomy of women and girls in the Caribbean, is essential that these policies and interventions are informed by a clear understanding of the socio-economic vulnerabilities and impacts of the pandemic on all genders.

² CARPHA, 'Tracking COVID-19: Monday 19th September, 2022'

<https://carpha.org/Portals/0/Documents/COVID%20Situation%20Reports/Situation%20Report%20247%20-%20September%2019%202022.pdf>

³ ECLAC (2021), 'The economic autonomy of women in a sustainable recovery with equality', 10 February 2021.

⁴ Alicia Bárcena, ECLAC Executive Secretary, 'Latin America and the Caribbean and the COVID-19 pandemic: Economic and social effects and the impact on women's live', PowerPoint from 8 April 2020.

II. Literature Review

The COVID-19 pandemic is a disaster that has exacerbated social and economic vulnerabilities. In the early stages of the pandemic, Caribbean governments implemented a variety of emergency response measures to curb the spread of the disease. Subsequently, governments introduced recovery measures, or plans for such, as a way of stabilizing economies and livelihoods. Most of the emergency measures employed to combat the pandemic have resulted in high economic and social costs⁵. There is initial anecdotal evidence to suggest that the cycle of restrictions that included lockdowns, border closures, quarantines, curfews, and other measures resulted in the deepening of existing gender inequalities. The impacts of these restrictions have been mostly felt by sectors that predominantly employ women such as tourism, manufacturing, and services, including health care. Furthermore, these restrictive measures have resulted in additional pressures on women as primary caregivers due to school closures; an increase in sexual and gender-based violence; a decrease in the overall quality of life; and greater difficulty accessing sexual and reproductive health (SRH) services due to the disruption in the health sector (IDB/Cornell Coronavirus Survey, 2020)⁶.

A. Impact on the economy:

The disruption of economic activities due to COVID-19 measures resulted in shutdown of Caribbean economies, with huge impact on employment and incomes in the subregion. According to the IDB study, the burden of COVID-19 has not been equal across the population. Reports show that there is a widening of the gender gap and women are coping worse with the social and economic impacts of the COVID-19.

⁵ To both governments and households.

⁶ Giles Alvarez, L. & Khadan, J. (2020).

Prior to the pandemic, many women in the Caribbean work in areas characterized as low-income jobs and historically experienced inequity in their wages, though the scarcity of research and data has inhibited the monitoring of progress in reducing the gender wage gap⁷. Additionally, women have higher unemployment rates than men. Women are most at risk to be affected by the decline in or complete closure of the tourism sector in many Caribbean countries due to the COVID-19 crisis. Although women have a lower labour force participation rate than men (68.5% versus 73.9%), data suggest that (56%) of employees in the tourism industry are women (ILO 2018), suggesting that the sudden shutdown of the tourism sector would have greater impact on women (UNDP HEAT Reports 2020). There is a strong likelihood that most women employed in the tourism, retail and service sectors who already earn less than their male counterparts, have no safety net in the face of unemployment due to the crisis.

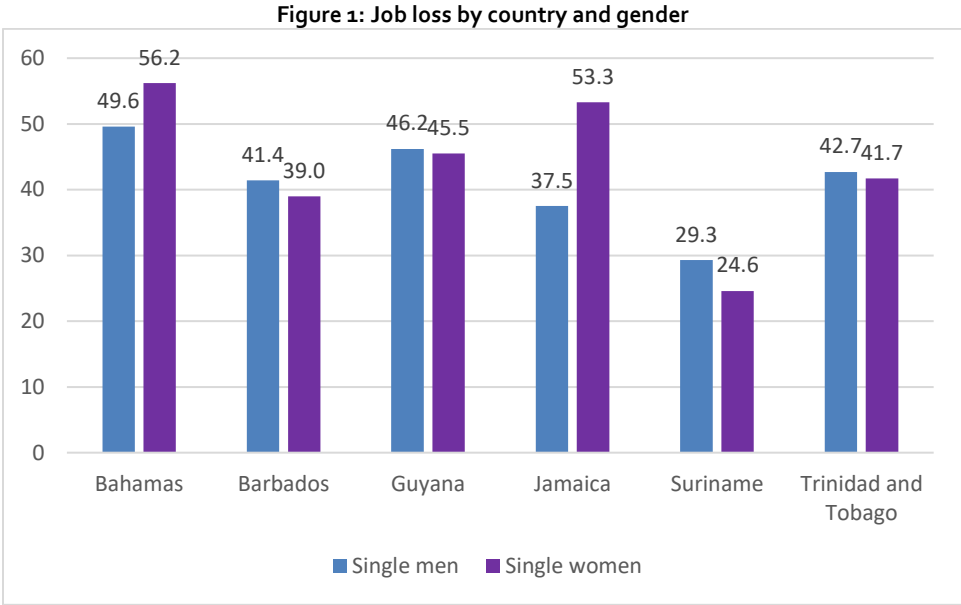
Single-parent-households are more disproportionately headed by women. Also, women more generally support larger households than men. As such, any substantial impact on women's income will have direct and severe impacts on the children in their care. These shocks to tourism, the knock-on effects on other sectors and the resultant impact on unemployment will translate into a significant impact on children, since they already represent a substantial portion of those in poverty and the disproportionate impact on single mothers will further reduce their capabilities (IDB/Cornel study). Evidence from HEAT Reports⁸ suggest that women have a higher dependence on remittances and are more adversely affected by the social disruption caused by COVID-19.

Loss of income

Studies on the socioeconomic trends surrounding COVID-19 in the Caribbean job losses and business closures are the most reported COVID-19 impacts (Arteaga Garavito et al., 2020). The incidence of job losses varied by gender where, at the regional level, more women reported job losses than men. Across the six countries surveyed by Garavito et al. (2020), approximately 40 per cent of single males lost their jobs in April 2020, compared to 47 per cent of single females. These job losses were statistically significant for countries more dependent on tourism such as Bahamas and Jamaica (see Figure 1).

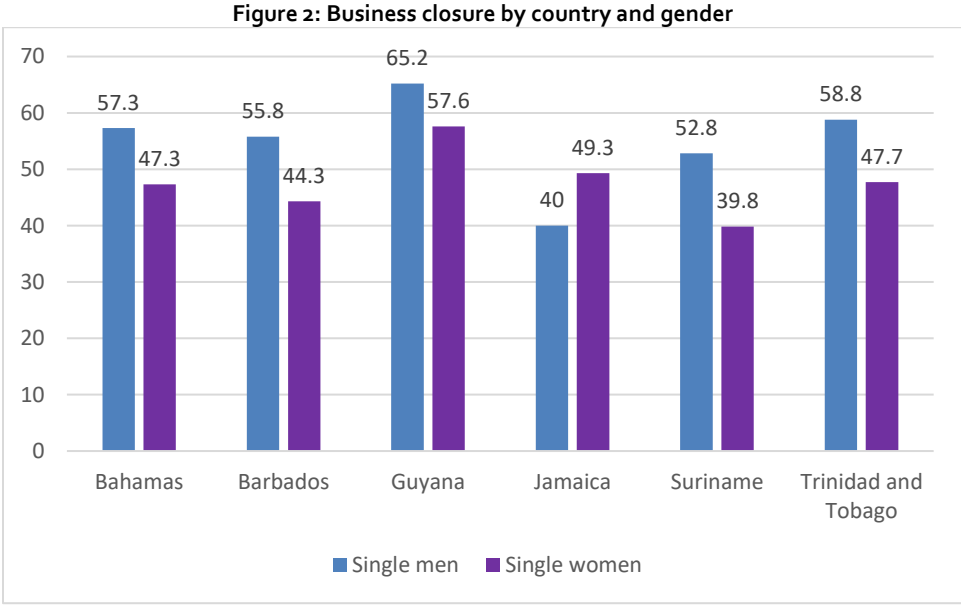
⁷ UN Women

⁸ Human and Economic Assessment of Impact (HEAT) Reports



Source: Garavito et al, 2020.

On the other hand, business closures have been greater amongst single males (see Figure 2). The percentage of business closures was greater among single men than single women across five of the six countries surveyed, Jamaica being the exception. However, Alvarez and Khadan (2020) noted that there have been pre-existing inequalities in business ownership by gender where business owners in the Caribbean has been overwhelmingly men.



Source: Garavito et al, 2020.

B. Social Impacts

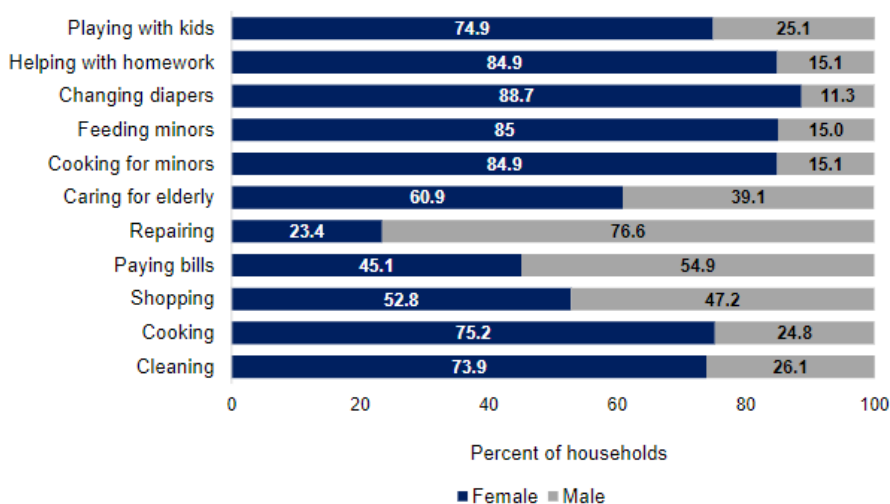
Unlike the economic cost of COVID-19 that have been borne by governments, businesses, and households, the social costs associated with the pandemic that affect the overall health, well-being, and quality of life of men and women, are borne by individuals and their households (see IDB/Cornell, 2020).

Care Work

A few studies have highlighted the impact of the COVID-19 crisis on unpaid care work and domestic work, and how this disproportionately affects women. The IDB/Cornell study and the HEAT Reports revealed that the prevalence of unpaid care work increased substantially during the crisis due to school closures which have prompted many employees with school-aged children to take leave to care for their young children. On average, 78.6 per cent of women reported that they took responsibility for domestic care work (Cornell/IDB study 2020). As Figure 3 shows, more than half of households surveyed indicated that all household chores, except repairs and bill payment, was done by a woman.

On the other hand, the COVID-19 pandemic has also highlighted the gender inequality in social and employment benefits concerning parental leave as social insurance benefits were largely targeted toward women and mothers.⁹ In St. Vincent and the Grenadines, for example, women are entitled to more employment benefits than men and were more likely to benefit from social protection than men; 72 per cent of women benefitted from the National Insurance Scheme whereas 58.4 per cent of men benefitted.

Figure 3 Percent of households reporting women/men in charge of domestic chores, April 2020



Source: IDB/Cornell Coronavirus Survey 2020

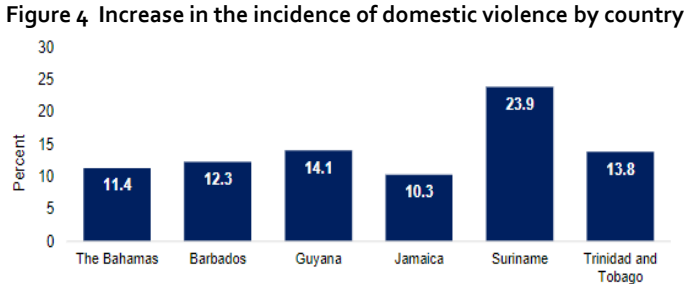
Gender-based Violence

It has been reported by some countries that the lockdowns as a mitigation measure for the pandemic has also led to an increase in the incidence of gender-based violence. Women and girls in particular face the risk of sexual abuse, exploitation, and violence as a direct result of economic and social stress. There

⁹ (Barbados HEAT Report)

is however limited data though to measure the prevalence of the problem of violence against women, particularly in the Caribbean region.¹⁰ Based on estimates, an increase in the incidence of GBV has been reported during the pandemic for both men and women despite the typical proportion of GBV cases being statistically higher among women than men.¹¹

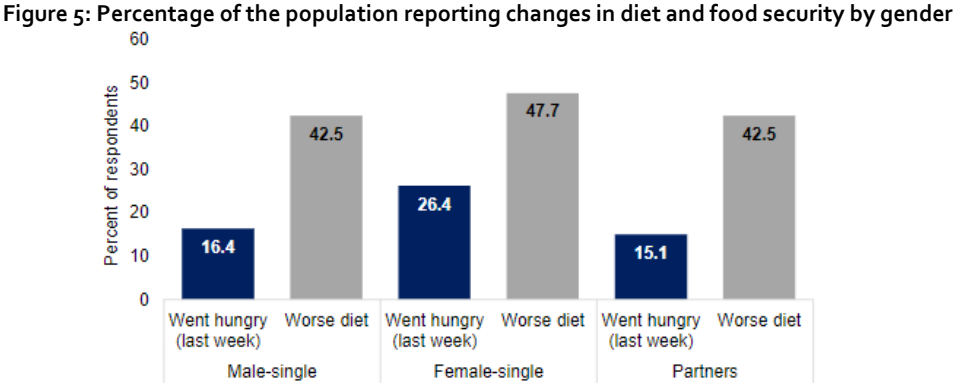
The region as a whole recorded an increase in reported domestic violence against women, similar to trends reported in other countries across the globe (UN, 2020). The result of the IDB/Cornell Survey showed that the increase was greatest in Suriname (23.9 per cent) and lowest in Jamaica (10.3 per cent) among the six countries studied. The increases cases of reported domestic violence was more prominent among lower income households.



Source: IDB/Cornell Coronavirus Survey 2020

Quality of life

The COVID-19 impact on quality of life has a gender dimension with single women reporting a higher perception of hunger and unhealthy diet than single men and partnered persons (see Figure 5)



Source: Source: IDB/Cornell Coronavirus Survey 2020

¹⁰ IDB/Cornell Study 2020
¹¹ HEAT Report - Barbados

Access to health care

The initial response of Caribbean governments to the pandemic was to deploy resources, reprioritize health care and build capacity to deal with COVID-19 through the creation of parallel health care systems and allocating already challenging health resources and personnel to quarantine locations. However, this action resulted in the interruption of health service delivery particularly sexual and reproductive health (SRH).

C. Gender-sensitive Social Protection measures

COVID-19 task forces

Gender inequalities have also been observed in management of the COVID-19 crisis response as most teams failed to adequately include women. The UNDP gender tracker shows that 50 task forces were set up across the Latin American and Caribbean region without equal representation of females and males. The teams were mainly composed of men with only 29% of task force members being women on average and only 8 per cent of the task forces achieving gender parity. Without women's equal leadership and participation, COVID-19 responses will be less effective at meeting the needs of women and girls, and this will have short- and long-term consequences for entire communities (CARE 2020).

Gender sensitive measures

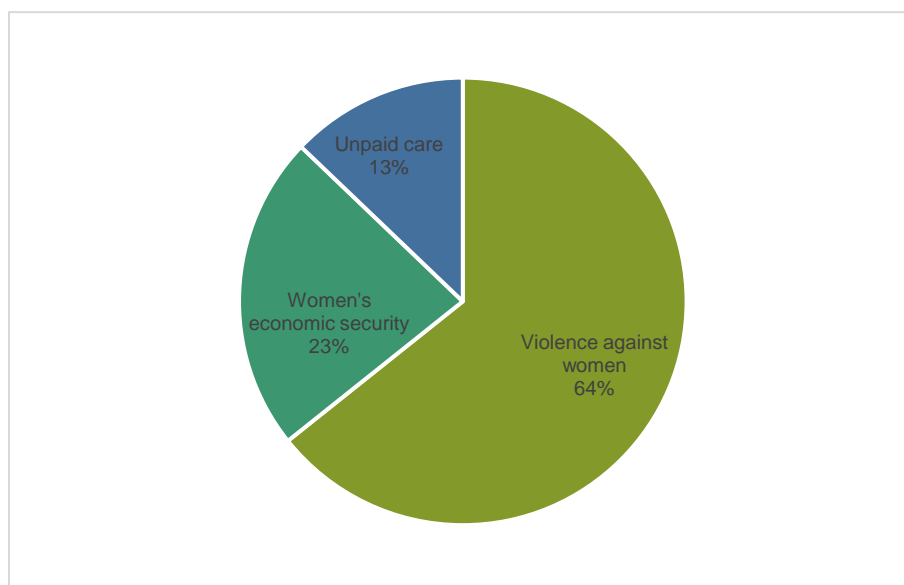
In the Caribbean, of the 26 ECLAC member States and associate member States¹² whose responses have been tracked by the UNDP-UNW Tracker, 69 per cent (18 out of 26) have taken at least one gender sensitive measure (see Table 1). In line with what has been happening globally, data suggest that in the subregion, policies and measures taken have largely been to address violence against women (64 per cent), followed by measures to address women's economic security (23 per cent), and measures to address unpaid care work (13 per cent).

D. Lessons learned

This review of recent literature on the impact of COVID-19 in the Caribbean reveals that the ongoing pandemic has the potential to reinforce existing inequalities, and erode the gains made by Caribbean countries in promoting gender equality in light of the Sustainable Development Agenda. The evidence shows that Caribbean women are disproportionately affected by the pandemic in terms of job loss, gender-based violence and other aspects of quality of life such as diet and health. Data collected in the first year and a half of pandemic suggests that the pandemic has probably worsened the socioeconomic inequalities between men and women.

¹² These countries include: Anguilla, Aruba, Antigua and Barbuda, Bahamas, Barbados, Belize, British Virgin Islands, Cayman Islands, Cuba, Curacao, Dominica, Dominican Republic, Grenada, Guyana, Haiti, Jamaica, Montserrat, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Sint Maarten, Suriname, Trinidad and Tobago, Turks and Caicos, United States Virgin Islands

Figure 6 Gender-sensitive measures in response to the COVID-19 pandemic (70 measures across 26 member states)



Source: Author's calculations based on UNDP-UNW COVID-19 Global Gender Response Tracker Policy Measures Dataset. Living database, version 2 (March 22, 2021). Accessible at <https://data.undp.org/gendertracker/>.

Table 1
Number of gender-sensitive measures registered in the Caribbean, by type and country

Member state/Associate member state	Violence against women	Women's economic security	Unpaid care	Total Gender-sensitive measures
Anguilla	0	0	0	0
Antigua and Barbuda	4	2	0	6
Aruba	0	1	0	1
Bahamas	0	1	0	1
Barbados	4	0	2	6
Belize	2	1	0	3
British Virgin Islands	0	0	0	0
Cayman Islands	0	0	0	0
Cuba	2	0	2	4
Curacao	0	0	0	0
Dominica	3	0	0	3
Dominican Republic	6	1	0	7
Grenada	0	1	0	1
Guyana	3	0	1	4
Haiti	1	0	0	1
Jamaica	3	4	0	7
Montserrat	0	0	1	1
Puerto Rico	1	0	0	1

Member state/Associate member state	Violence against women	Women's economic security	Unpaid care	Total Gender-sensitive measures
Saint Kitts and Nevis	3	1	0	4
Saint Lucia	0	2	0	2
Saint Vincent and the Grenadines	0	1	0	1
Sint Maarten	0	0	0	0
Suriname	6	0	0	6
Trinidad and Tobago	7	1	2	10
Turks and Caicos	0	0	0	0
United States Virgin Islands	0	0	1	1
TOTAL	45	16	9	70

III. Results of Rapid Gender Assessment

A. Data analysis

The survey resulted in 2242 completed responses from 17 Caribbean countries and territories. The distribution of respondents is presented in table 2 and shows that more than 90 per cent of the survey participants came from six countries, namely Barbados, Dominica, Guyana, Jamaica, Saint Lucia and Trinidad and Tobago. Data were analysed using SPSS and MS Excel and descriptive statistics employed in performing the gender analysis.

B. Profile of respondents

Table 2 outlines the key demographic characteristics of the sample of 2242 respondents, disaggregated by sex. Of the total 72.1 per cent were women and 25.6 per cent were men while 0.3 percent were other and 2 percent preferred not to say. Therefore, only respondents that indicated a gender of male or female (representing about 96.2 per cent of the total sample) were included in the gender analyses reported in this study.

Table 2
Distribution of respondents by key demographic characteristics by sex (%)*

Variables	Categories	Total (n=2242)	Men (n=565)	Women (n=1592)
Age group	18 - 25	20.8	22.2	20.0
	26 - 35	31.9	31.4	31.9
	36 - 45	23.6	22.2	24.5
	46 - 55	14.4	14.9	14.6
	56 - 65	6.3	6.0	6.5

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Variables	Categories	Total (n=2242)	Men (n=565)	Women (n=1592)
	65+ years old	2.7	3.4	2.5
Marital Status	Single (never been married)	48.5	48.9	48.3
	Married	21.9	23.4	21.7
	Living with partner/Cohabiting	16.0	15.1	16.3
	Married but separated	3.3	4.1	3.1
	Divorced	4.8	4.3	5.2
	Widowed	1.6	0.7	1.9
	Prefer not to answer	3.9	3.5	3.3
Level of education	None	0.2	0.2	0.1
	Some Primary	0.9	0.5	0.8
	Completed Primary	1.4	1.2	1.3
	Some Secondary	7.8	10.1	7.0
	Completed Secondary	32.9	35.6	32.2
	Some University	15.3	15.2	15.3
	Completed University	15.7	12.9	16.9
	Postgraduate Education	11.3	10.1	12.0
	Some Vocational/Technical Training	4.1	4.3	3.8
	Completed Vocational/Technical Training	7.3	8.0	7.2
	I do not know /Cannot Recall	0.3	0.2	0.3
Prefer not to answer	2.8	1.6	3.1	
Sexual Orientation	Bisexual	3.2	2.0	3.6
	Gay	0.4	1.4	0.1
	Heterosexual or straight	78.8	84.0	80.7
	Lesbian	0.9	0.0	1.2
	Other	0.2	0.4	0.1
	Pansexual	0.1	0.0	0.1
	Prefer not to answer	14.7	12.1	14.2
	Queer	0.0	0.2	0.0
Ethnicity	African	0.0	0.0	0.1
	Afro-descendant or black	59.8	58.3	60.8
	Asian	0.7	0.9	0.6
	European-descendant or white	1.3	2.1	1.1
	Indigenous	1.9	2.1	1.6
	Indo-descendent or Indian-Caribbean	6.0	7.6	5.4
	Mixed race	22.7	22.5	22.9
	Other	1.2	0.7	1.3
	Prefer not to answer	6.2	5.7	6.2
	South American	0.0	0.0	0.1
Countries of residence	Barbados	20.2	19.8	20.5
	Dominica	9.5	10.8	9.1

Variables	Categories	Total (n=2242)	Men (n=565)	Women (n=1592)
	Guyana	18.4	15.8	19.2
	Jamaica	20.2	22.3	19.1
	Saint Lucia	8.1	5.8	9.2
	Trinidad and Tobago	13.9	15.6	13.3
	Other Countries	09.6	9.9	9.6

Source: ECLAC and UN Women based on data from COVID-19 Rapid Assessment Survey.

* Note that percentages may not sum up to 100 per cent due to rounding error.

B. Sources of COVID-19 Information

Reliable, clear and trustworthy sources of information on Covid-19 are important in mitigating the risks associated with the virus and reducing its spread. This information greatly influences persons' knowledge and actions as it relates to Covid-19 protocols and hygienic practices, restrictions and vaccinations. This study examined the sources of COVID-19 information on (a) Risk of Infection, Handwashing and Physical Distancing, (b) Restrictions (quarantines, curfews and lockdowns, (c) Number of infections and deaths and (d) Vaccinations.

The top three sources for information about COVID-19 were the Internet and social media (Facebook, Instagram, Twitter, etc.), Official Government websites, and traditional media (Radio/TV/Newspaper). Across all types of COVID-19 information, at least 4 in 10 respondents (41.3 percent) indicated that they got their information about COVID-19 from the internet and social media while 21.1 and 20.7 percent mentioned Official Government websites and traditional media (Radio/TV/Newspaper) (see table 3). The findings showed that there were no significant differences in the main sources of information between women and men

When considering age, persons 45 years old or younger were most likely to be get their information about COVID-19 from the internet and social media while persons over 45 years were more likely to be get their information from other sources. Comparatively, women 46-65 years old were a little more likely to get their information from the internet/social media than men of the same age bracket. Furthermore, women over 45 years old were more likely than men in the same age bracket to use the official government websites. At the same time, men over 45 years old were more likely to get their information from the radio than other men. Also, persons 56 – 65 years old were more likely to get their information from traditional media (33.7 per cent) whereas those aged 18 – 25 years were more likely to receive info from the internet/social media (57.1 percent). In general, the older the respondent, the less likely they were to get COVID-19 information from the internet and more likely to receive information from traditional media or official government websites.

Table 3
Main sources of COVID-19 information by gender

	Risk of Infection, Handwashing and Physical Distancing		Restrictions (quarantines, curfews and lockdowns)		Number of infections and deaths		Vaccinations	
	Men	Women	Men	Women	Men	Women	Men	Women
Internet and social media	48.2	46.2	42.4	41.6	39.7	39.4	38.0	35.4
Official Government websites	16.3	19.8	19.3	22.5	21.7	23.1	20.8	22.8
Radio / TV / Newspaper	19.0	17.8	22.9	20.2	24.6	23.0	21.9	20.0
Public service announcement/speaker	2.8	3.1	4.6	5.4	4.3	3.5	4.5	5.7
Phone/Cell phone (text, call, WhatsApp etc)	6.2	4.7	4.8	3.5	4.3	3.1	2.5	3.6
Community, including family and friends	1.6	1.9	2.1	2.4	1.8	1.6	2.5	2.8
Health centre/Family doctor	2.7	2.3	1.1	1.3	0.7	1.3	4.5	5.2
NGO/Civil society organization/Religious organizations	0.2	0.1	0.0	0.1	0.2	0.4	1.3	0.4
Other	1.2	1.3	1.1	0.8	0.5	0.9	1.4	1.0
Don't know about COVID-19 Risks/ Didn't get any information	0.5	0.1	0.4	0.4	0.9	0.7	0.5	0.6
Prefer not to answer	1.2	2.7	1.4	1.9	1.4	3.0	2.0	2.5

Source: ECLAC and UN Women based on data from COVID-19 Rapid Assessment Survey.

Most respondents were well informed about COVID-19; they suggested that the information they received was clear and helped them prepare. This was especially true for information on Covid-19 Risks. However, more than a tenth of the respondents found the information confusing or contradictory. A higher percentage of men (21 per cent) compared to women (13 per cent) considered information about COVID-19 to be contradictory or confusing. This was most often the case with young people; with 23 per cent of those who felt that the information was confusing aged 18 to 29 years. A larger percentage of women (83 per cent) believed that they had received clear information about the virus that helped them to be properly prepared to deal with the risk. This percentage was lower among men (73 per cent (See table 4).

At least 7 in 10 respondents found the information about COVID-19's risk of infection, handwashing and physical distancing to be clear and helpful (74.3 per cent). This was especially true for government websites for which 79.1 per cent indicated that the information was clear and helped them to prepare.

On average, women were more likely than men (75 per cent compared to 72.6 per cent) to find the information received to be clear and helpful. At the same time, men were, on average, slightly more likely to report that the information they received about Covid-19 was contradictory or confusing (16.6 per cent compared to 14.6 per cent). This variation is most significant for persons 56 years and older where women over 56 years old were less likely to find the information received confusing or contradictory than men in the same age group (9.9 per cent for women compared to 20 per cent for men).

Table 4
Quality of Information received about COVID-19 by gender

	Clear and helped me prepare		Clear but it came too late for me to prepare		Confusing/ Contradictory		Don't Know	
	Men	Women	Men	Women	Men	Women	Men	Women
Risk of Infection, Handwashing and Physical Distancing	79.5	80.5	3.6	3.2	13.9	12.3	3.0	4.0
Restrictions (quarantines, curfews and lockdowns)	74.3	77.2	6.0	5.8	16.0	13.4	3.7	3.5
Number of infections and deaths	69.4	70.6	6.4	6.3	17.4	15.9	6.8	7.2
Vaccinations	67.3	71.7	7.1	5.6	18.9	16.6	6.7	6.1

Source: ECLAC and UN Women based on data from COVID-19 Rapid Assessment Survey.

C. Vaccination Status

Just over two-thirds of the respondents indicated that they had been vaccinated at the time of the survey. This proportion did not vary significantly by gender (see table 5), however, women were marginally more likely than men to be vaccinated (69.2 percent compared to 67.5 percent respectively). In general, the older the respondent, the more likely they were to be vaccinated. Some level of vaccine hesitancy mainly associated with personal concerns, vaccine efficacy and safety also played a major role in survey respondents' refusal to be vaccinated.

Table 5
Vaccination status of respondents by gender and age group (January 2022)

	Vaccinated		Unvaccinated	
	Men	Women	Men	Women
18 – 25 years	64.5	63.0	20.7	25.1
26 – 35 years	69.4	65.9	21.8	20.3
36 – 45 years	65.0	73.1	18.7	15.4
46 – 55 years	66.7	72.3	8.6	11.8
56 – 65 years	70.6	79.6	14.7	4.1

Source: ECLAC and UN Women based on data from COVID-19 Rapid Assessment Survey.

*Only the responses from persons who identified as men and women shown

D. Employment and Livelihood Resources

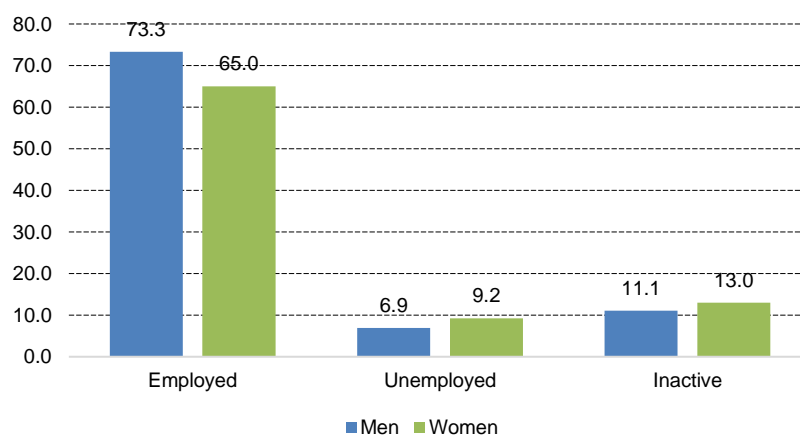
The emergency responses to the pandemic aimed at safeguarding lives and avoiding overwhelming the healthcare system of the subregion had some debilitating effects on employment and economic activities. Particularly, the Caribbean's dependence on the tourism sector negatively impacted the economies of the subregion due to the direct result of nationwide lockdowns and border closures that

halted tourist arrivals . Further, the pandemic appeared to exacerbate the existing vulnerabilities and inequalities of marginalized populations, including women.

Labour force participation before Covid-19

Prior to Covid-19, male respondents enjoyed a higher rate of employment (73.3 per cent compared with 65 percent of women). However, persons not active in the labour market were more likely to be women (13 percent) than men (11.1 percent). This finding is not unusual as men generally outnumber women in labour statistics in the subregion. This gender- gap in employment and labour participation is replicated across age-groups. There is also an age dimension to the employment trend noted. As figure 8 shows, the highest rates of employed persons were in the 26 to 55 years age group (80.9 percent for men and 73.6 percent for women) while the highest rate of unemployment was in the 18 to 25 years age group for women (16.4 percent) and the 26 to 35 years age group for men (11.6 percent). As expected, the highest proportion of inactive persons were those over 65 years old (61.1 percent for men and 57.9 percent for women). This further reflects the economic vulnerability of youth, especially young women in the Caribbean.

Figure 7
Economic status by gender



Source: ECLAC and UN Women based on data from COVID-19 Rapid Assessment Survey.

Most respondents had formal employment before the pandemic with more men being formally employed than women (61.2 percent men compared and 56.4 percent respectively). Men were also more likely to own businesses that employed persons than women (4.5 percent) compared to 2.7 of women (see table 6).

Table 6
Employment status prior to Covid-19 by gender

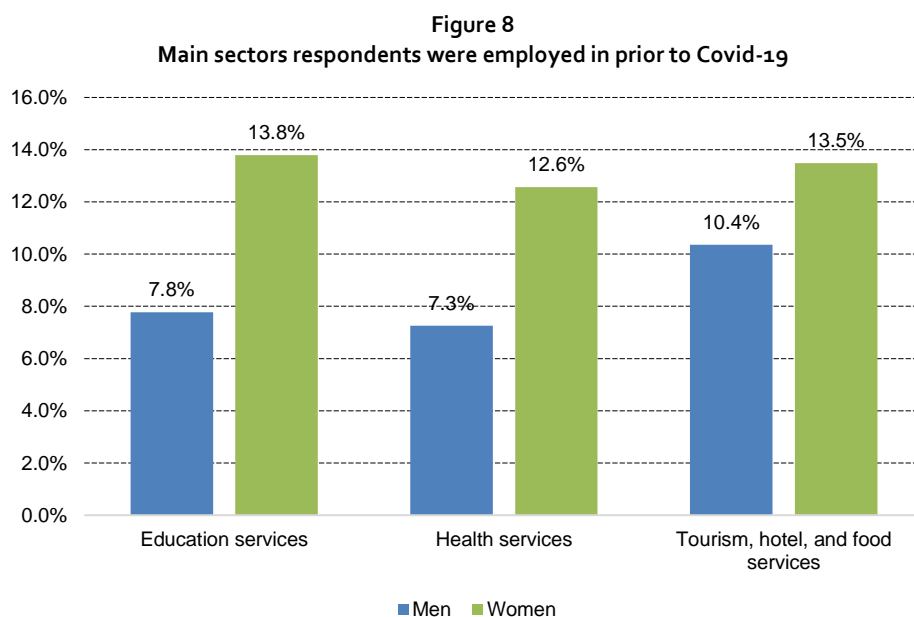
	Men	Women
I worked for a person/company/institution/household (for pay)	61.2	56.4
I had my own business/freelanced and I employed other people	4.5	2.7
I had my own business/freelanced but I did not employ other people	5.1	4.5
I helped (without pay) in a family business	2.5	1.4
I am retired, pensioner	3.6	3.4
I did not work (I was not looking for a job and I was not available to work)	1.5	3.6
I did not work because I am studying full-time	5.1	4.3
I did not work, as I have a long-term health condition, injury, disability	0.9	1.6
I did not work, but I was looking for a job and I was available to start working	6.9	9.2
Other	4.0	6.4
Prefer not to answer	4.7	6.5

For those who were formally employed, over half indicated that their employers made contributions toward pension and health insurance on their behalf. This was statistically more significant for men (55.8 percent) when compared to women (50.8 percent). A less than 5 per cent of respondents (4.5 per cent for men and 2.7 percent for women) owned a business and employed others. Businesses run by women were marginally more likely to be unregistered when compared to men (33 per cent and 31.3 per cent respectively).

Sectors employed in prior to Covid-19

One-third of the respondents were employed in tourism, hotel and food services (12.8 percent), education services (11.8 percent) and health care services (11 percent) prior to the pandemic, with higher proportions of employed women working in these sectors than men. The tourism sector was at extreme risk as a direct result of the pandemic due to border closures and lockdowns. 13.5 percent of women were employed in this sector compared to 10.4 percent of men (see figure 9).

Within the tourism sector, 4 in 10 were employed in the food and beverages services industry (43.9 percent men and 41.5 percent women). This was followed by hotels, guest houses and other accommodation services where a larger proportion of women were employed (33.3 percent) compared to men (19.5%). The Travel, tour and reservation services industry was more occupied by men (14.6 percent) compared to 11.9 percent for women.



Source: ECLAC and UN Women based on data from COVID-19 Rapid Assessment Survey.

Changes to Employment Status during COVID-19

The study evaluated changes to employment status in five quarters since the Caribbean recorded its first case in April 2020. Nearly half of the respondents reported a change in their employment status during Covid-19. During the five quarters assessed, 7.9 per cent of women reported a job loss compared to 6.2 per cent of men (see figure 10). As Table 7 shows, for every quarter, relatively more women than men lost their jobs during the pandemic. The highest percentage of job loss was during January-March 2021 for women (8.5 per cent) and April-June and October-December 2020 for men (6.5 per cent). The women who lost their jobs were mostly younger; aged 18 – 25 (9 per cent) and aged 26 – 35 years (8.4 per cent). Comparatively, more men aged 46 – 55 and aged 26 – 35 years lost their jobs (8.1 and 7.9 per cent, respectively). This trend was consistent for all quarters.

Across all periods, the pandemic did not result in changes to the employment status of four out of 10 respondents, with 45.7 per cent of men compared to 42.9 per cent of women. Loss of hours with reduced pay affected men more than women over the periods. On average 13.2 per cent of men reported decreased hours with reduced income compared to 11.9 per cent of women. Respondent (4.3 per cent of women and 5.3 per cent of men) also reported increased hours of work with additional compensation during the pandemic. Notably, 16.0 per cent of women and 15.5 per cent of men indicated that they had increased hours of work without additional compensation during the pandemic. Less than a tenth of respondents (8.5 per cent of women and 8.1 per cent of men) had reduced hours of work with no reduction in their compensation.

Figure 9
Proportion of respondents reporting a change in the number of hours worked during Covid-19, by gender

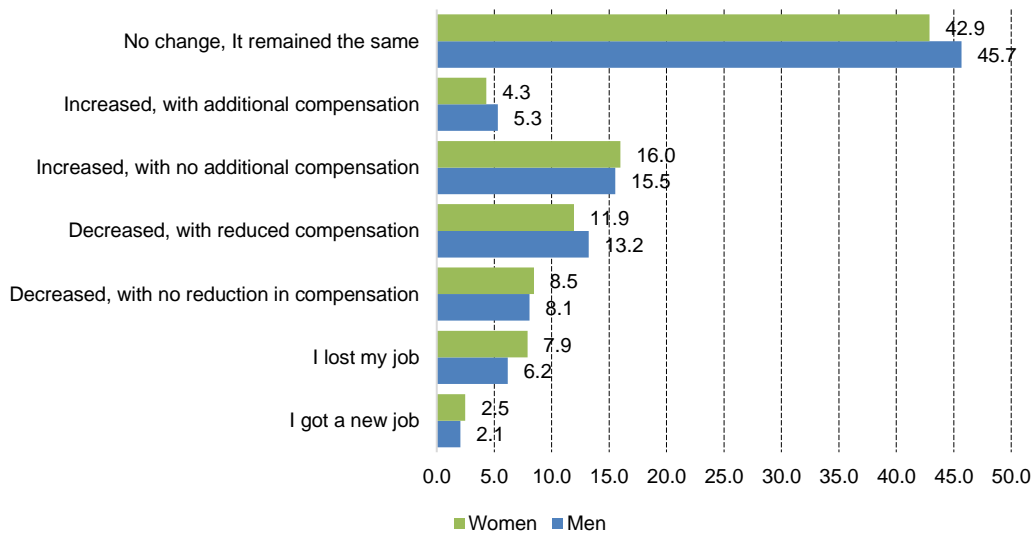


Table 7
Proportion of respondents reporting a change in the number of hours worked during Covid-19, by gender

		Apr-Jun 2020	July-Sept 2020	Oct-Dec 2020	Jan-Mar 2021	Apr-Jun 2021
No change, It remained the same	Men	46.2	45.0	45.4	45.7	46.1
	Women	45.0	43.0	42.4	42.3	41.8
Increased, with additional compensation	Men	5.1	5.4	5.2	5.2	5.7
	Women	3.5	4.1	4.4	4.4	5.2
Increased, with no additional compensation	Men	14.5	16.0	15.5	16.0	15.7
	Women	14.5	15.4	16.8	16.7	16.6
Decreased, with reduced compensation	Men	14.5	13.3	13.9	12.5	11.9
	Women	12.8	13.3	11.7	11.0	10.9
Decreased, with no reduction in compensation	Men	8.6	9.2	8.2	6.8	7.6
	Women	9.8	9.0	7.8	8.2	7.5
I lost my job	Men	6.5	5.7	6.5	6.3	6.0
	Women	7.4	7.6	7.9	8.5	8.1
I got a new job	Men	0.8	1.6	1.9	3.3	2.7
	Women	1.5	2.4	2.7	2.4	3.5

Figure 11 illustrates changes in employment status of respondent across the three main sectors examined. Those employed in the tourism sector were particularly hard hit by the pandemic. Within this sector, a greater proportion of women (23 per cent) than men (15.2 per cent) reported job loss. More women 7.6 per cent) than men (0.5 per cent) also indicated getting a new job. However, more men (7.6 per cent) than women (1.8 per cent) reported increased working hours with additional compensation.

Across the three sectors, there was a significant incidence of working increased hours without additional compensation during the pandemic. Among those employed in education services, 29 per cent of men and 24.8 per cent of women worked additional hours without being compensated for those hours. In health services, women (27.1 per cent) were significantly more likely than men (12.9 per cent) to work additional hours without additional compensation. In the tourism, hotel and food services sector, 11.2 per cent of men and 8.6 per cent of women had a similar experience. The trend of change in employment status across the three sectors is fairly consistent across the five quarters (see table 8).

Figure 10
Proportion of respondents reporting changes in working hours by sex within sectors



Table 8
The proportion of respondents reporting changes to work hours by main sectors and gender within periods

	Apr-Jun 2020		July-Sept 2020		Oct-Dec 2020		Jan-Mar 2021		Apr-Jun 2021	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
No change, It remained the same										
Education services	40.7	45.5	42.3	45.0	42.3	44.2	42.3	44.2	42.3	39.7
Health services	60.7	47.5	53.6	42.4	50.0	43.1	50.0	44.9	53.6	43.7
Tourism, hotel, and food services	30.0	26.6	25.0	28.0	33.3	25.6	30.8	25.6	33.3	26.2
Increased, with additional compensation										
Education services	11.1	4.5	7.7	6.1	15.4	7.0	7.7	7.0	7.7	6.9
Health services	3.6	2.5	7.1	4.2	7.1	6.0	7.1	5.9	3.6	10.1
Tourism, hotel, and food services	7.5	0.8	7.5	0.8	7.7	2.4	5.1	2.4	10.3	2.4
Increased, with no additional compensation										
Education services	33.3	22.7	30.8	22.9	26.9	24.8	26.9	25.6	26.9	28.2
Health services	14.3	26.7	14.3	28.8	10.7	28.4	10.7	27.1	14.3	24.4
Tourism, hotel, and food services	10.0	7.0	17.5	5.6	7.7	8.8	10.3	12.0	10.3	9.5
Decreased, with reduced compensation										
Education services	7.4	3.0	7.7	3.8	3.8	2.3	7.7	2.3	7.7	4.6
Health services	7.1	9.2	3.6	10.2	7.1	8.6	7.1	9.3	7.1	8.4
Tourism, hotel, and food services	30.0	28.9	22.5	27.2	17.9	24.8	20.5	20.0	17.9	19.8
Decreased, with no reduction in compensation										
Education services	3.7	17.4	3.8	14.5	3.8	11.6	3.8	11.6	3.8	12.2
Health services	7.1	2.5	10.7	2.5	10.7	2.6	7.1	0.8	10.7	2.5
Tourism, hotel, and food services	7.5	5.5	12.5	6.4	12.8	6.4	10.3	5.6	10.3	4.8
I lost my job										
Education services	0.0	3.1	0.0	3.1	3.8	2.3	7.7	3.1	3.8	2.3
Health services	10.7	3.4	10.7	3.4	10.7	3.4	7.1	2.5	7.1	5.0
Tourism, hotel, and food services	12.5	23.2	12.5	23.2	17.9	23.2	17.9	22.4	15.4	23.0
I got a new job										
Education services	0.0	0.0	3.8	0.0	3.8	1.6	3.8	0.8	7.7	2.3
Health services	0.0	0.0	0.0	2.5	0.0	1.7	7.1	2.5	3.6	5.0
Tourism, hotel, and food services	0.0	1.6	0.0	4.0	0.0	4.0	2.6	5.6	0.0	23.0

Source: ECLAC and UN Women based on data from COVID-19 Rapid Assessment Survey.

The informal sector

Besides big losses in the tourism sector, respondents who worked in the informal sector such as Domestic and care workers also experienced challenges. Women, who generally make up a larger proportion of this sector than men were more disproportionately affected where, 13.3 percent of women in domestic care work indicated that they lost their job compared to 2.2 per cent of men who work in the same sector. In farming and agricultural services sector, 7.4 per cent of women compared to 2.8 per cent of men lost their job. No men reported job loss in the hairdressing and beauty services sector while 2.0 per cent of women in this sector reported job loss and another 34 per cent reported decreased working hours for reduced compensation. For domestic care work and farming and agricultural services, more men (17.8 per cent and 24.3 per cent, respectively) than women (3.3 per cent and 17.6 per cent, respectively) had decreased hours of work with reduced compensation (see Table 9).

Table 9
Proportion of respondents who worked in informal sectors* who lost their job or worked fewer hours for reduced compensation, by gender

	Domestic, care work		Farming and Agricultural services		Hairdressing and beauty services	
	Men	Women	Men	Women	Men	Women
I lost my job	2.2	13.3	2.8	7.4	0.0	2.0
Decreased, with reduced compensation	17.8	3.3	24.3	17.6	0.0	34.0

Source: ECLAC and UN Women based on data from COVID-19 Rapid Assessment Survey.

Business performance

Businesses in the region have been severely affected by the pandemic. The survey shows that 77.1 percent of men and 71.3 per cent of women closed their businesses or witnessed decline in business activities. By age group, the pandemic was especially tough on female business owners aged 18-35 years. Close to half of women (45.7 per cent) in this age bracket reported having to close their businesses compared to 36.4 percent of male business owners of the same age who closed their businesses. Both women and men business owners, self-employed persons were more likely to report a decline in business than business owners you were employers. On the other hand, employers were more likely than self-employed persons to close down their businesses during COVID-19(see table 10).

Table 10
Proportions of respondents who faced disruptions in business performance by gender with age group, business registration status and employment status

Overall?		Declined		Closed Down	
		Man	Woman	Man	Woman
Age group	18-35	36.4%	23.9%	36.4%	45.7%
	36-55	57.9%	46.9%	26.3%	28.6%
Business registration status	Formally registered	40.0%	40.7%	36.0%	23.7%
	Not registered	80.0%	31.4%	13.3%	45.7%
Employment status	Employer	47.8%	30.0%	39.1%	40.0%
	Self-employed	52.0%	43.3%	16.0%	29.9%

Source: ECLAC and UN Women based on data from COVID-19 Rapid Assessment Survey.

Changes in working arrangements

Early in the pandemic, more persons reported that they worked from home or in a hybrid mode, but this gradually declined as the Covid-19 pandemic continued or as restrictions were lifted (see table 11). During April -June 2020, more women reported that they were working from home (18.3 percent) compared to men (15.6 percent). As of June 2021, this declined to 12.4 percent of women and 10.3 of men, representing a decline of 5.9 percentage points for women and 5.3 percentage points for men. Much more men continue to work outside the home during the pandemic than women. The switch to hybrid work mode declined marginally by 1.1 percentage points for women and marginally increased for men (0.2 percent).

With schools being closed for most of the period and the relative switch to online schooling, most persons employed in the Education sector resorted to work from home. This is especially the case for men more than women. At the start of the pandemic (April-June 2020), 53.8 percent of men reported that they used to go to work but started to work from home compared to 45.2 percent of women. By April-June 2021, 46.2 percent of men in this sector were still working from home (down 7.6 percentage points) compared to 27.8 percent of women (down 17.4 percentage points). This may be an indication that more women work in administrative or clerical positions in the education sector than men, which could account for this large disparity.

Table 11
Changes in working arrangements overtime by gender

	Apr-Jun 2020		July-Sept 2020		Oct-Dec 2020		Jan-Mar 2021		Apr-Jun 2021	
	M	W	M	W	M	W	M	W	M	W
Yes, I used to go to work but now I work from home	15.6	18.3	12.8	12.9	10.8	11.8	10.5	12.1	10.3	12.4
Yes, some days I go to work and other days I work from home	15.2	16.0	15.4	17.0	15.6	15.9	15.2	15.9	15.4	14.9
No, I used to go to work and now I am still going out for work	37.3	26.9	39.6	29.7	41.2	32.6	41.8	33.0	42.2	34.6
No, I still work from my own home, as previously	4.5	6.9	4.5	8.0	5.3	8.4	5.5	8.3	5.1	8.0

Source: ECLAC and UN Women based on data from COVID-19 Rapid Assessment Survey.

Women in the age bracket 36-55 (41.6 per cent) were more likely than men of the same age bracket (33.9 per cent) to work from home or in hybrid format during April-June 2020. This gap narrowed over the next year to 34.3 per cent for women and 30.0 per cent for men during April-June 2021.

During April-June 2020, women aged 36-55 years, married, separated, or divorced, or working¹³ were more likely than men of the same characteristics to have worked from home or in hybrid mode. By April-June 2021, this gender difference had narrowed where only women who were divorced or working in government or professional, business services or real estate were more likely to work from home or in hybrid mode than their male counterparts (see table 12).

Table 12
Proportion of respondents reporting that they worked from home or worked in hybrid format by gender

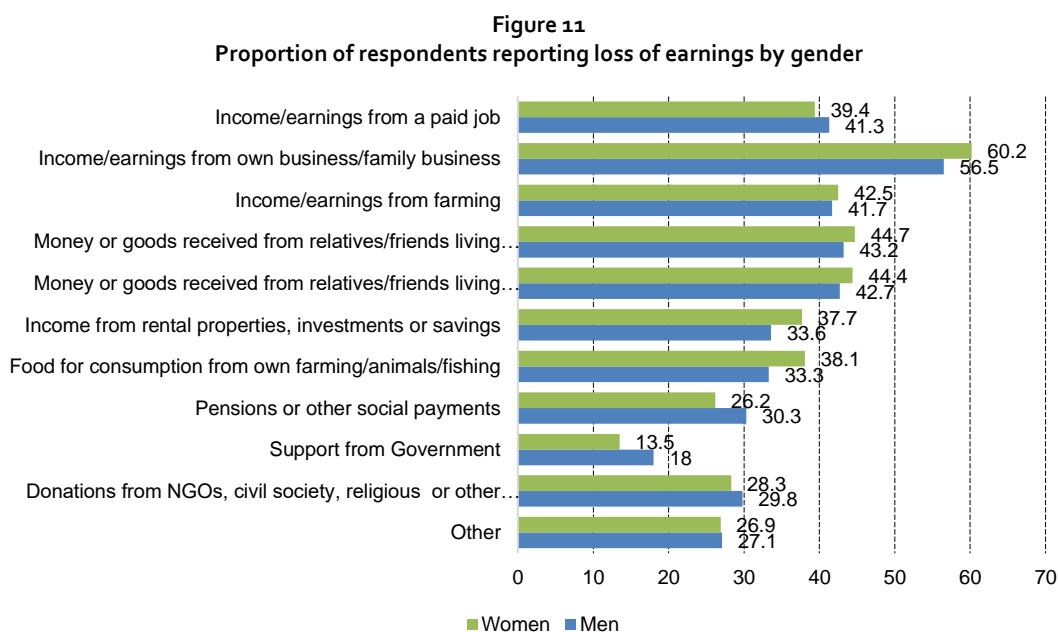
		Apr 2020-Jun 2020		Apr 2021-Jun 2021	
		Men	Women	Men	Women
Age group	18-35	42.5	43.1	23.5	23.7
	36-55	33.9	41.6	30.0	34.3
	56+	29.2	29.0	22.9	19.4
Marital status	Single (never married)	31.1	34.2	26.4	28.2
	Married	34.1	40.2	28.4	29.7
	Living with partner/Cohabiting	30.5	28.1	25.0	23.7
	Married but separated	21.1	27.9	21.1	21.0
	Divorced	23.8	32.4	9.5	23.0
Sector employed	Financial and insurance services	44.4	61.7	44.5	44.6
	Government*	50.0	76.2	37.5	52.4
	Professional, business services or real estate	45.4	64.8	36.4	48.1

¹³ Specifically in the financial and insurance services, government or professional, business services or real estate.

Change in livelihood resources

Projections of the impacts of COVID-19 include the erosion of the economic security and spending power of persons. Overall, over half the respondents (52.5% women; 51.4% men) indicated that their total household incomes declined since the advent of COVID-19. Additionally, as a consequence of COVID-19 protocols and restrictions, businesses were projected to face losses. The survey results show that the biggest losses to the respondents were from their personal or family businesses. More women (60.2%) in particular reported losses in business earnings due to COVID-19 than men (56.5%) (see figure 13).

The Caribbean region is heavily dependent on remittances. As Figure 13 shows, women were more likely than men to experience decreases in remittances receipt (44.5 percent compared to 42.9 percent). Earnings from farming and a paid job were also among the top affected incomes sources. Men were marginally more likely than women to experience losses in personal income (41.3 percent compared to 39.4 percent) while women were marginally more likely than men to experience losses in farming income (42.5 percent compared to 41.7 percent). Furthermore, men were more likely to experience reduction in pension or other social security payments (30.3 per cent compared to 26.2 per cent) and other forms of support from the government (18 per cent compared to 13.5 per cent).



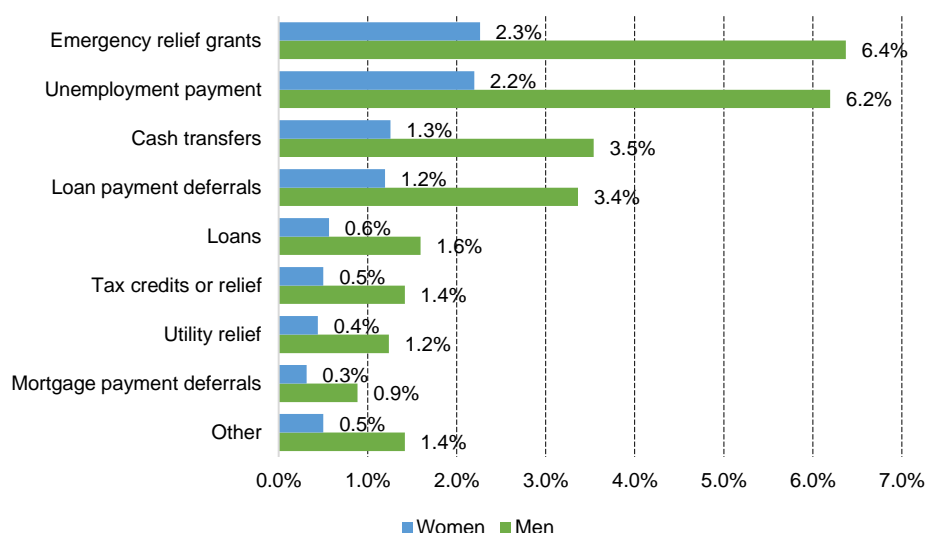
Source: ECLAC and UN Women based on data from COVID-19 Rapid Assessment Survey.

Financial Support from the government

One-fifth of the respondents (21.7 percent women and 20.4 percent men reported receiving some type of financial support from the government. Most respondents received unemployment payments and/or emergency relief grants in alignment with the social protection measures launched or bolstered by Caribbean governments in aid of persons facing job loss and loss of means of livelihoods as a result of the pandemic. However, the support was not universal and a larger proportion of men than women reported receiving support from the government in all categories (see figure 14). A higher proportion of

men (6.2 per cent) than women (2.2 per cent) indicated that they received unemployment benefits. Similarly, a greater proportion of men (6.4 percent) reported receiving emergency relief grants than women (2.3 percent). In general, men were almost three times as women to indicate that they received any form of assistance from the government than women.

Figure 12
Proportion of respondents in receipt of financial support from the government by gender



Source: ECLAC and UN Women based on data from COVID-19 Rapid Assessment Survey.

In-kind support from the government or NGOs, civil society, and other non-profits

Respondents were more likely to be recipients of any in-kind support from the government (23.2 percent) than from the NGOs, civil society, and other non-profit organizations (18.1 percent). This mainly included food and supplies for prevention of infection (gloves, masks, sanitizer, etc.), with slightly higher proportion of women than men indicating that they received food from the government (14.7 per cent compared to 12.9 per cent) or supplies for prevention of infection from either the government (8.9 per cent compared to 7.6 per cent) or non-profit organizations (7.5 per cent compared to 6.2 per cent) (see table 13).

Table 13
Proportion of respondents in receipt of in-kind government and NGO support by gender

	Government support		NGO/ Non-profit support	
	Men	Women	Men	Women
Food	12.9	14.7	10.8	11.0
Supplies for prevention (gloves, masks, sanitizer, etc.)	7.6	8.9	6.2	7.5
Personal hygiene supplies (menstrual supplies, baby diapers, etc.)	2.3	2.4	2.1	2.4
Seedlings for planting	1.9	1.6	1.9	1.3
Other	3.2	3.3	3.4	2.3

Source: ECLAC and UN Women based on data from COVID-19 Rapid Assessment Survey.

E. Household activities and care work

As a result of the restrictions imposed by governments in response to the pandemic including remote work, online schooling and mandatory lockdown measures, more persons spent time at home. This is thought to significantly increase the amount of time spent doing household tasks and caring for family members and children, especially for women as domestic and care work is being performed by women as a part of social norms in the Caribbean.

Household activities and care work prior to Covid-19

Prior to the pandemic, women reported doing more household tasks than men. On average, 58.5 percent of women reported doing at least one household activity compared to 47.6 percent of men – a 10.9 percentage point difference (Figure 14). Similarly, women reported doing at least one care activity than men (49.9 percent compared to 34.3 percent) (see Figure 15).

Figure 13
Household activities performed prior to Covid-19 by gender

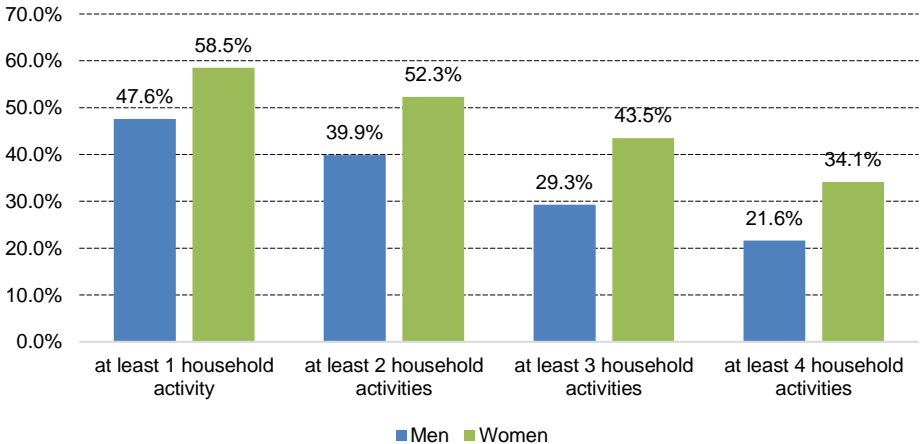
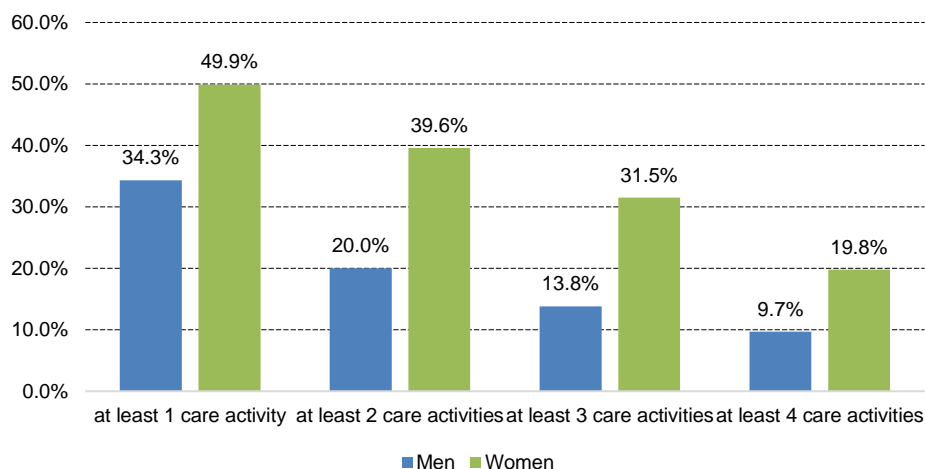


Figure 14
Care activities performed prior to Covid-19 by gender



Increase in time devoted to household and care activities.

More than half of the surveyed women indicated that they performed household activities and care work prior to COVID-19, except in the case of home improvements, decorations, and repairs, assisting the elderly, sick or disabled adults with administration and accounts, and taking care of pets. On the contrary, less than half of men surveyed reported doing household activities or care work prior to the pandemic, except in paying bills (in person or online) and collecting water, firewood, or fuel (see Table 15).

Table 14
Distribution of household activities and care work prior to Covid-19 by gender

	Me		My spouse/ partner		Equal		Someone else		Prefer not to answer	
	M	W	M	W	M	W	M	W	M	W
Household activity										
Food and meal management and preparation	36.7	66.0	22.3	5.8	19.3	12.3	15.9	12.3	5.8	3.5
Cleaning (e.g. clothes, household)	38.7	68.7	18.0	4.7	27.9	14.1	10.2	9.2	5.1	3.3
Paying bills in person	54.4	53.1	8.1	14.9	15.5	12.7	15.5	15.1	6.5	4.1
Paying bills online	56.9	61.0	7.8	10.6	11.4	9.7	13.3	10.8	10.6	7.9
Home improvements, decorations and repairs	46.4	44.6	9.2	17.2	22.9	14.8	14.0	17.6	7.5	5.8
Shopping for own household/ family members	42.4	63.7	16.8	6.9	22.6	16.7	12.2	8.5	6.1	4.1
Collecting water/firewood/fuel	51.8	42.3	8.1	19.4	16.8	16.8	10.7	12.5	12.7	8.9
Care work										
Playing with, talking to and reading to children	32.6	61.9	16.1	3.6	37.1	22.0	4.5	5.3	9.8	7.1
Instructing, teaching, and helping children with school work	37.0	67.3	18.7	3.5	27.4	15.8	8.3	6.2	8.7	7.2
Caring for children, including feeding, cleaning, physical care	25.4	61.9	19.8	3.8	34.5	21.6	10.8	6.1	9.5	6.6

Assisting elderly/sick/disabled adults in the household with medical care, feeding, cleaning, physical care	32.3	54.0	12.9	4.4	25.2	19.2	12.3	8.1	17.4	14.3
Assisting elderly/sick/disabled adults in the household with administration and accounts	37.8	49.2	10.5	6.5	21.7	16.5	9.8	9.5	20.3	18.4
Affective/emotional support for adult family members	34.7	59.5	10.7	3.4	33.3	23.0	8.4	4.0	12.9	10.1
Pet care	41.2	43.3	8.3	10.4	27.9	22.3	9.8	13.3	12.7	10.7

As a result of the pandemic, one-third of the respondents indicated that the volume of household activities and care work they performed increased. This was the case for both men and women as they both reported devoting significantly more time to household activities and care work as a result of the pandemic. Specifically, for household activities, 4 in 10 respondents reported increases in shopping for own household/ family members and paying bills online (see figure 16). Almost Forty-four percent of women reported increased shopping for household/family members compared to 40 percent of men. Additionally, 42.3 percent of women reported that they increased online bill payment (42.3) when compared to men (39.9 percent).

There was increased performance of care work across genders. Relatively more women indicated devoting more time to care activities than men with the exception in assisting the elderly, sick or disabled adults in the household and taking care of pets (see figure 17).

Figure 15
Proportion of respondents who reported increased devotion to household activities as a result of Covid-19 by gender

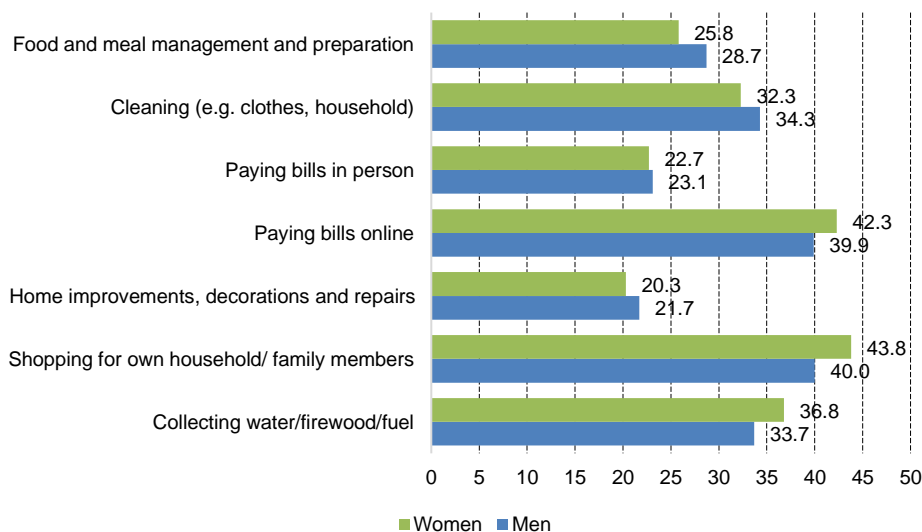
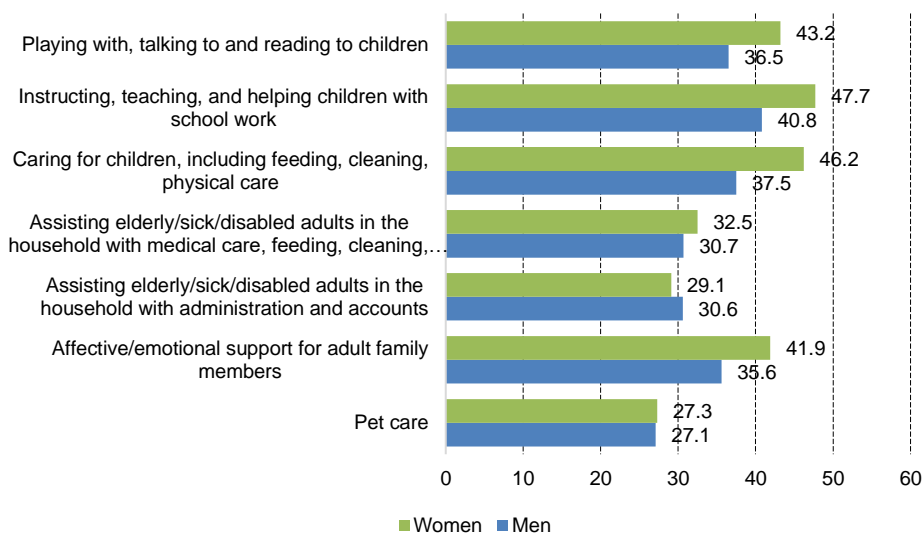


Figure 16
Proportion of respondents who reported increased devotion to care activities as a result of Covid-19 by gender



Changes in household task allocations

Approximately half of the respondents indicated that their household members participated more with household chores and caring for the family since COVID-19. A greater proportion of men than women reported increased participation from their partners since the start of the pandemic (54.8 percent compared to 46.6 percent for women).

Table 15
Changes in participation in household and care activities since the spread of the Covid-19 pandemic by gender

	Men			Women		
	Yes	No	Prefer not to answer	Yes	No	Prefer not to answer
My partner participates more with household chores and caring for family	54.8	31.2	13.9	46.6	43.8	9.6
My daughter(s) participate(s) more with household chores and caring for family	47.4	36.3	16.3	50.3	37.5	12.2
My son(s) participate(s) more with household chores and caring for family	44.5	38.8	16.7	46.9	40.0	13.1
Other family/household members participate more with household chores and caring for family	49.4	36.3	14.3	49.8	40.9	9.3
We hired a new domestic worker/babysitter/nurse	10.6	74.1	15.3	11.5	76.5	12.1
Our domestic worker/babysitter/nurse now works longer hours	13.4	67.0	19.6	11.3	70.8	17.9
Our old domestic worker/babysitter/nurse no longer works for us	17.8	58.1	24.1	18.6	60.0	21.3

More married men (63.1 per cent) compared to married women (52.4 percent) reported increased participation from their partners with household and care activities. The widowed/divorced women (29 per cent) reported increased help from other family members with household and care work. Additionally, survey results show that, the larger the household the greater the participation rate from household members in household chores and care work.

V Conclusions

Considering the socio-economic impact of the COVID-19 pandemic and the government policy measures to address it, governments have implemented some measures, but prior studies have indicated that such measures have not taken into consideration pre-existing gender inequalities in their pandemic response in the context of the disproportionate impact of the pandemic across genders. The HEAT Reports recommended “further gender targeting in social assistance programs and the collection of gender-disaggregated data that will allow for a more thorough investigation of the gender effects of these types of shocks.” The current report is in part a direct response to that call. It contains the findings of the COVID-19 Rapid Gender Assessment in the Caribbean conducted by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and the Economic Commission for Latin America and the Caribbean (ECLAC), in collaboration with the International Telecommunication Union (ITU).

The impact of COVID-19 in the Caribbean has been felt by all, however, the data show that women and marginalized populations have been disproportionately affected and that COVID-19 will further exacerbate the conditions of those already vulnerable and living in poverty and may, as well, result in an increased proportion of persons living in poverty. Therefore, Caribbean Governments should consider targeting women, especially those employed in those sectors most vulnerable to shocks, for income support in times of emergencies as they are at high risk of falling into poverty.