

Impacts of the Pandemic

on Women and
their Families
in Nova Scotia

The women's stories shared in this research are testimony to the **diversity** of women's experiences, and the **strength and resilience** of women, during challenging times created by a global pandemic.



**Nova Scotia
Advisory Council on
the Status of Women**

Context and Methodology

The Nova Scotia Advisory Council on the Status of Women commissioned research on the impacts of the ongoing COVID-19 pandemic on the lives of women and their families in Nova Scotia, using both qualitative and quantitative components.

Between June and October of 2021, Status of Women arranged for interviews and consultations with over fifty women from a range of diverse backgrounds, occupations, ethnocultural and geographic communities to document their experiences and perspectives.

Participants included both staff and clients of formal and informal women serving organizations, groups, government, university, and community-based agencies serving women of African Nova Scotian and Indigenous descent; women of colour; immigrant women; women entrepreneurs; women with disabilities; queer women; seniors; victims of domestic violence; sex trade workers; and other key informants.

Data gathering and analysis was conducted in accordance with principles of Gender-Based Analysis¹.

These narratives were transcribed and subject to thematic analysis, leading to documentation of the following significant impacts and concerns. Quantitative labour force data was provided by the Nova Scotia Department of Labour, Skills and Immigration².

1 Government of Canada Women and Gender Equality Canada GBA+ Online Training <https://women-gender-equality.canada.ca/en/gender-based-analysis-plus/take-course.html>

2 Data from Information Note: Labour Market Outcomes of Women and the Impact of COVID (2021/11/10) supplied by Research & Analysis, Research, Accountability and Intergovernmental

Women and Work

Before the pandemic

women experienced a gender pay gap³.

Women in Nova Scotia working full-time, already earned 90% of the median hourly rate for all occupations. The largest gender pay gap is in jobs in education, law, social, community and government services. Nova Scotia's employment rate was also 2.5% lower than the national average.

Women, and especially young women, lost jobs in the service sector, in small firms, and in jobs that were impacted by public health restrictions. These jobs have lower wages, part-time hours, and provide more precarious employment.

"[I] probably worked more hours than I have ever worked. As it went on, it was exhausting. All the organizing, planning, home schooling, on top of working...it was very difficult. Women were managing their own fear and everyone else's fear. My children were afraid, I was afraid to go out, to get groceries – it all fell to women."

Earnings

women earn 90% of median hourly rate

³ There is still a significant gender wage gap in Canada. Women earn on average \$0.89 for every dollar earned by men. For certain groups of women – such as trans women, women with disabilities, Indigenous women, racialized women and newcomer and immigrant women – the gap is even greater. Source: Canadian Human Rights Commission <https://www.payequitychrc.ca/en/resources/infographics-0>

Women and Work

During the first two months of the pandemic, many Nova Scotians lost their jobs.

Women lost **26,700 full-time jobs** (-15.1%), while men lost 18,500 full-time jobs (-9.3%).

By September 2021, **7,600 full-time women's jobs had yet to recover from pre-pandemic levels.**

Full-time Jobs

**women lost 26,700
men lost 18,500**

In contrast, there has been **growth in women's part-time jobs**, which is 7,800 (14.1%) higher. As a result, the proportion of employed women with full-time status in Nova Scotia has decreased by 3.3 percentage points over the course of the pandemic, while the full-time proportion of employed men has increased by 1.9 percentage points.

Full-time Jobs

**women decreased 3.3%
men increased 1.9%**

Women and Work



Women, and especially young women, lost jobs, in the service sector in small firms and in jobs that were impacted by public health restrictions. These jobs have lower wages, part time hours, and provide more precarious employment.

Women's employment recovery is largely represented by part time employment with lower earnings – in jobs which are typically without benefits and less secure.

Women and Work

Women's Voices



“It’s amazing to do this work in the community and experience the power of the community by gathering together, even cooking together – this has been hard on women and their families – to keep that tradition going.”

“Many Indigenous women and girls are amazing crafters. They often also teach and facilitate craft making – beading, woodwork, ribbon skirts, or whatever their speciality. They couldn’t do that anymore this year. They were usually given an honorarium for doing this. It is difficult for them to make their craft at home and sell it online because craft selling involves touching and feeling and experiencing their work.”

Women and Caregiving



Women in Nova Scotia echoed the concerns heard by women globally: already tasked with doing most of the care labour, generally unpaid and underpaid, this burden increased significantly during the pandemic.

“The pandemic blurred the divide between the home and work world. It placed a lot of pressure on women.”

Women and Caregiving

Women's Voices



“The division of labour seems to be more equitable in queer relationships. We tend to write our own script. My partner and I have had a finely run machine at home. Cisgendered women however have suffered greatly. I have seen the contrast. Women in hetero relationships have definitely had a heavier load.”

“We saw the caring of community, women caring for the health and safety of community. Women provided the emotional care – women physically caring for their household, and providing that same level of care of community. We saw women rallying together to provide resources, reach out with phone calls and social distanced visits. There was special attention paid to our seniors and elders to ensure they were taken care of so that they weren’t put at risk. Many people did basic things like shopping, dropping off bags of food and prepared meals. This was a sustained level of giving and doing... a heavy load.”

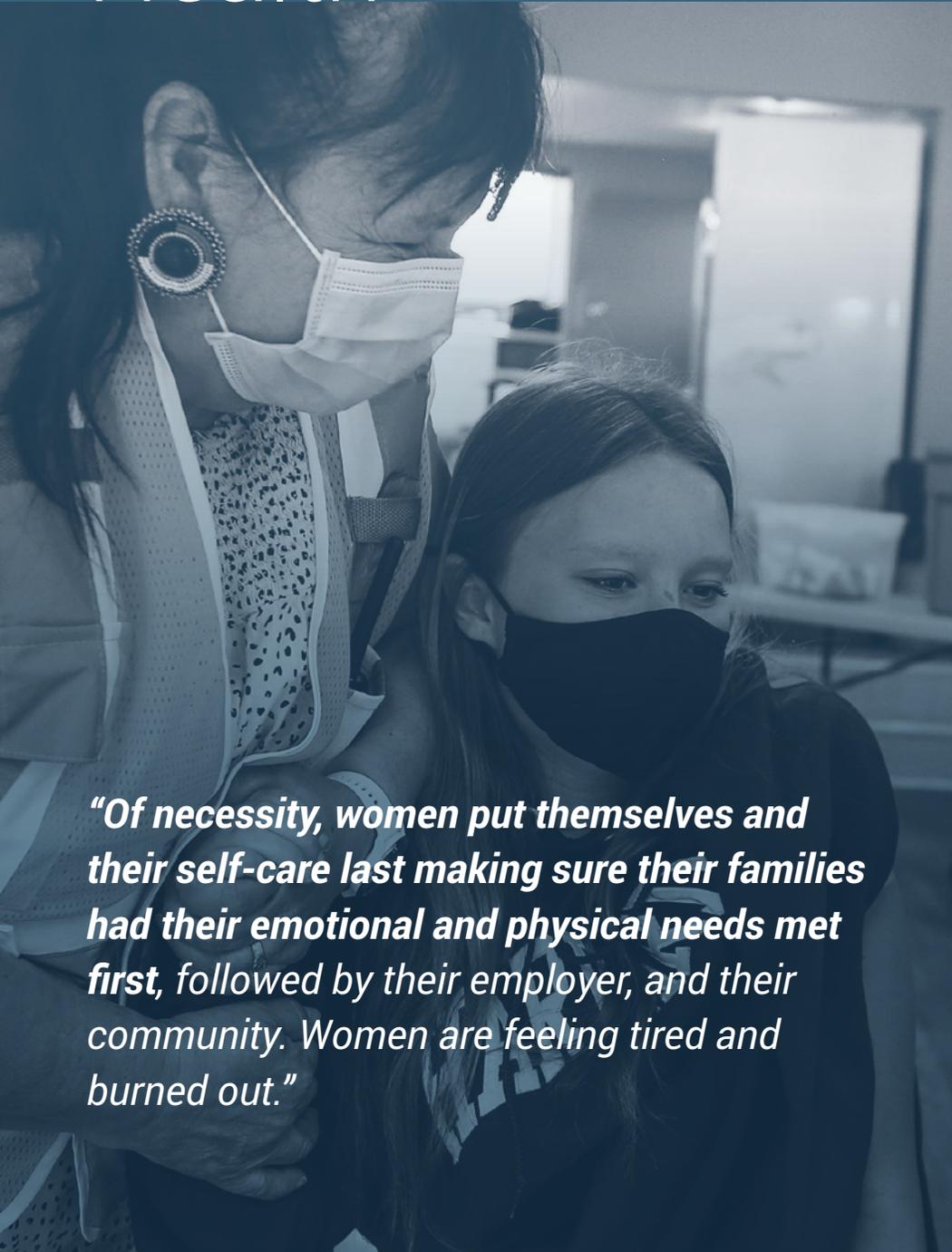
Women and Caregiving

Women's Voices



“On reserve we don’t have a long-term care home and home care is very limited. During lockdown, our home care workers weren’t allowed to go into homes. Grandmothers couldn’t go to give the support to the parent in caring for the grandchild. We have seen more hospital admissions – for failure to thrive, more admissions of care recipients due to caregiver burn out. Women who are caregivers are exhausted and sometimes require hospital admission themselves. Home care is very limited in terms of respite hours it provides. The nature of caregiving under lockdown means there are no other supports for caregivers. And with medical appointments for care postponed, people are sicker, and the caregiver burnout is high and more common this year.”

Women and their Health

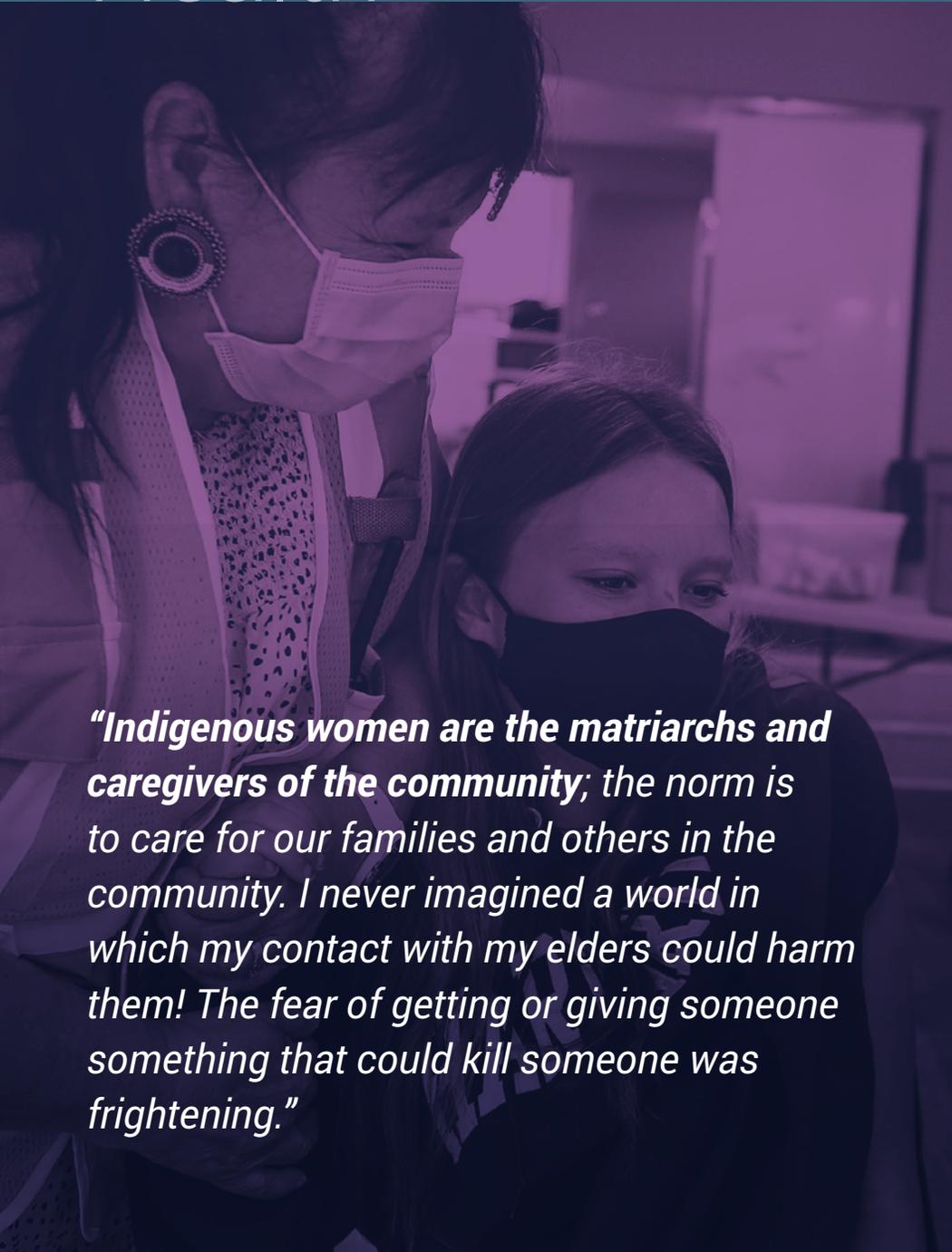


“Of necessity, women put themselves and their self-care last making sure their families had their emotional and physical needs met first, followed by their employer, and their community. Women are feeling tired and burned out.”

Nova Scotians experienced more anxiety (25%) and depression (17%) than their Canadian counterparts.⁴

⁴ Mental Research Canada. Source: <https://static1.squarespace.com/static/5f31a311d93d0f2e28aaf04a/t/6038203f6a639e356c55461e/1614291009266/MHRC+Poll+5+Final+Public+Release.pdf>

Women and their Health



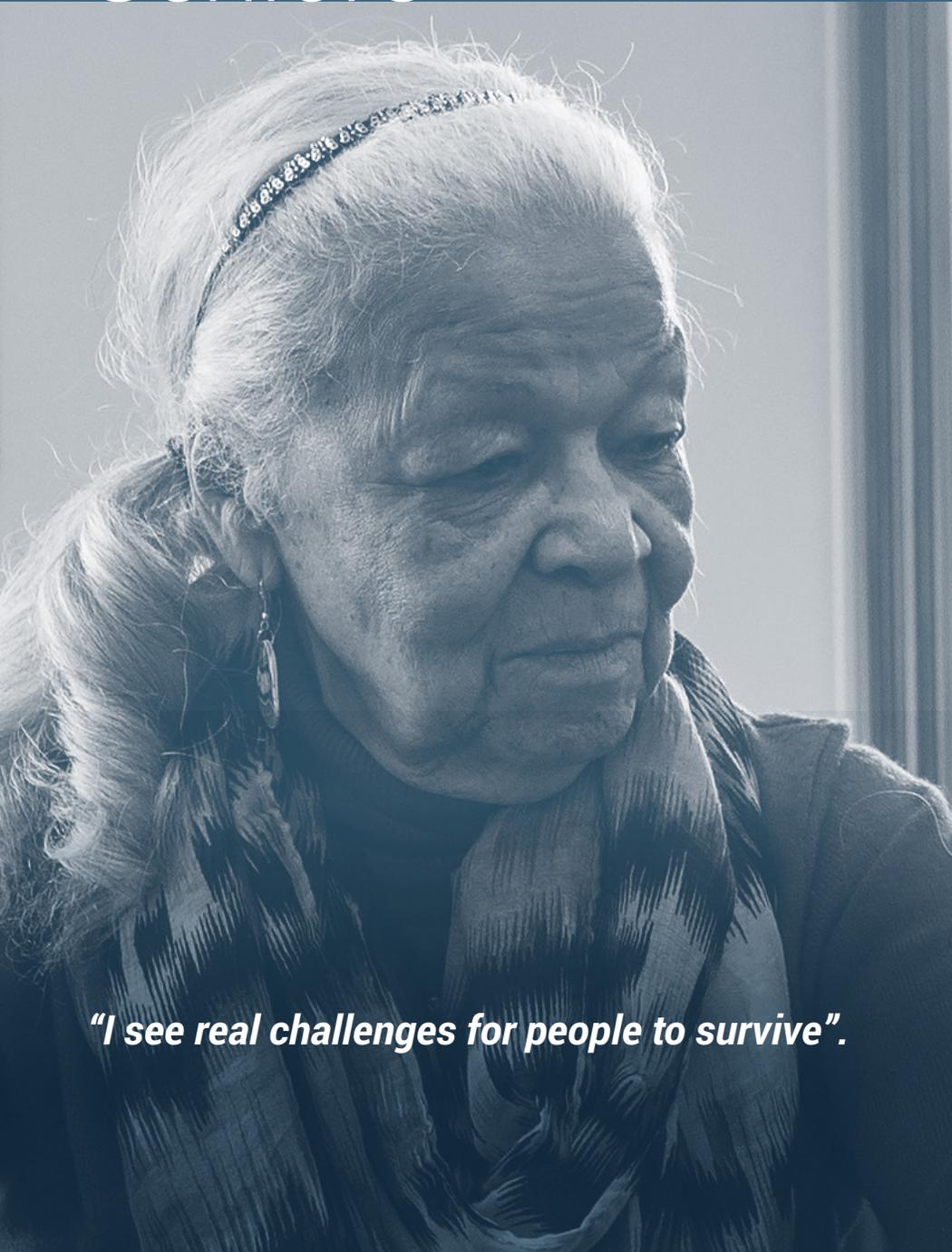
“Indigenous women are the matriarchs and caregivers of the community; the norm is to care for our families and others in the community. I never imagined a world in which my contact with my elders could harm them! The fear of getting or giving someone something that could kill someone was frightening.”

Women's Voices

“There were so many limitations to getting medical attention unless you showed up in an emergency room. There was no human-centred approach. I have family members with health challenges. I had a constant worry about access to health care services.”

“The increase in the price of food negatively impacts health. Families in poverty are unable to afford healthy food with the result that women with diabetes are having difficulty managing their disease (blood sugars affected) ... and “women in poverty feed others first”. Children are also undernourished affecting their health and ability to learn.”

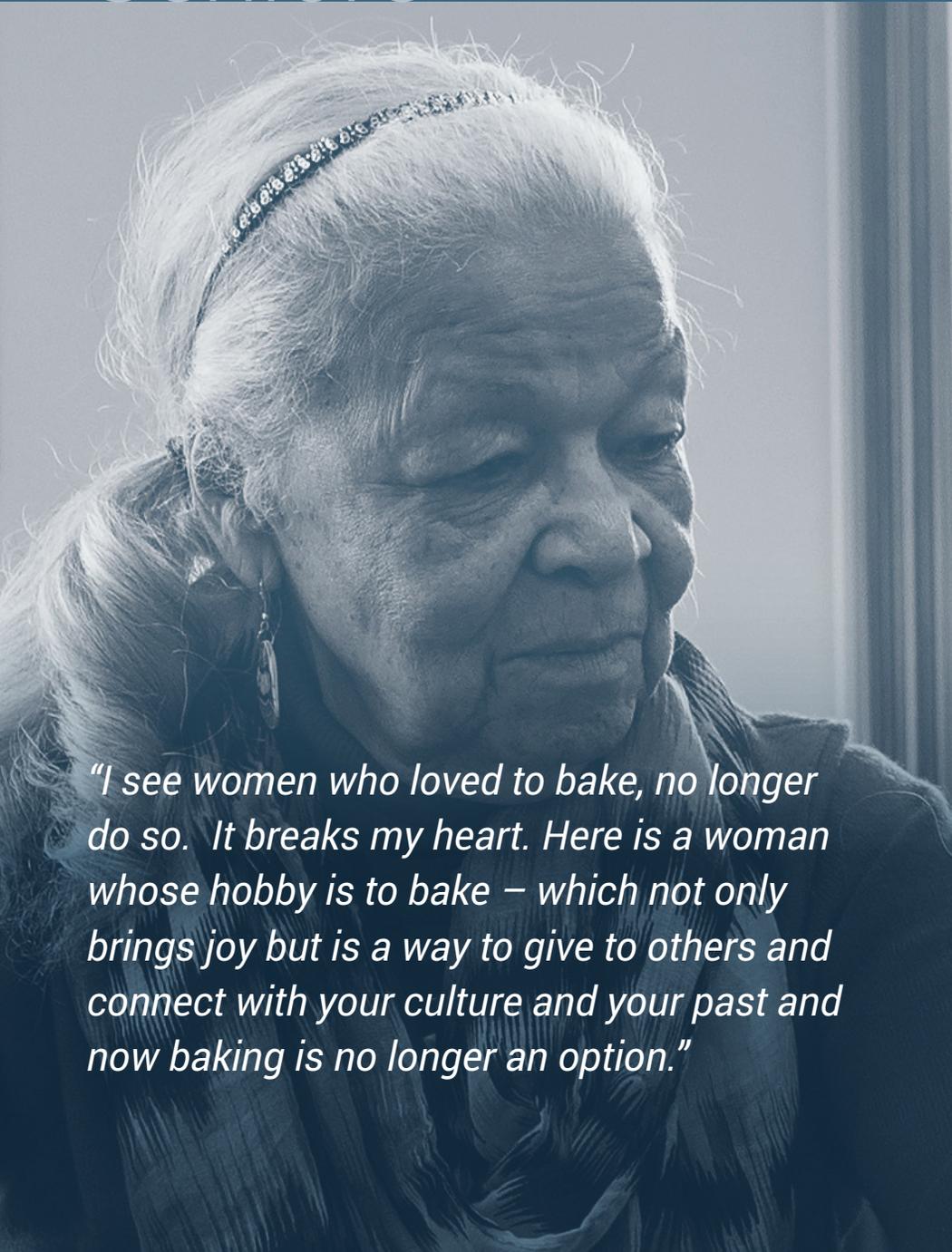
Women who are Seniors



Seniors are particularly vulnerable to the health impacts of COVID-19, including a higher risk of hospitalization, health complications, and death.

"I see real challenges for people to survive".

Women who are Seniors



"I see women who loved to bake, no longer do so. It breaks my heart. Here is a woman whose hobby is to bake – which not only brings joy but is a way to give to others and connect with your culture and your past and now baking is no longer an option."

In Nova Scotia, many of the COVID-19 related deaths were seniors and more women died than men. The rate of COVID-19 infection for women in the 80+ category is double (672.1 women per 100,000) that of men (335.2 per 100,000).

**Deaths
of +80**

**672.1/100,000 women
335.2/100,000 men**

Many senior women have limited financial resources – living on low, fixed incomes and struggle with increased costs of basics – groceries, delivery charges for prescription medications and housing. The inflation rate rose over the course of the pandemic – the highest it has been in 18 years (Sept 2021).

Women who are Seniors



“Online fraud - I met a wonderful new friend online who didn't want anything...until they did.”

From a caregiving perspective, **senior women were left to fare by themselves** at home caring for elderly spouses or others without formal caregiver support during the pandemic – some of whom may have been frail themselves. (Also, in caregiving).

The pandemic also **increased the number of senior women in their 80s providing childcare** when day care agencies closed their doors which had an impact on senior women's health and on their food budget.

Senior Safety Coordinators reported that the **women they worked with encountered more instances of scam and online fraud**. At a time when public health restrictions were deepening isolation, relationships and social connection shifted to online. People are falling much deeper into these seductive relationships during COVID as they are so desperate for social contact and engagement.

Women and Violence

Participants reported violence and abuse against women rose during the pandemic.



“In the beginning, we had the silence. The lines went quiet. *Women who normally check in didn’t. It was our highest anxiety period ever. We knew that women were living in very dangerous environments. This lasted about 4-6 weeks until we figured out different ways to reach out to our clients. It was very challenging for us as service providers. After that, our shelter returned to being full.”*

Women and Violence



"We have an open-door policy with past clients but when COVID first hit, we had to stop that drop in aspect of service, so we lost touch with clients who came by for a coffee or needed something from our community supplies (e.g. diapers) or for support."

Transition Houses had different levels of occupancy during the various phases of the pandemic, partly due to public health lockdown measures and partly due to women's fear of getting COVID in a congregant setting.

Transition houses reduced capacity by not sharing rooms, resulting in women leaving abusive relationships being placed in hotels through local arrangements. All organizations shifted to online delivery of programs.

Women and Violence

Women's Voices



“It took a lot of work on our part to let people know we are still here. We had to change how people contacted us. We had to share information in our newsfeed, hoping women got to see it in a more discreet manner – not in their browser where an abusive partner might see it. We tried to engage as many (social media) platforms as possible.”

“Women resort to [social media dating site] to find someone and somewhere to live because the housing situation has been terrible for years but has been made worse by COVID. The rental market prices keep going up and now most folks couldn’t buy a home here because prices are through the roof. We are always at capacity now, we have turn-aways that we would never have had before. I don’t know where these women are going to go.”

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“...women demonstrated strength and resilience in the face of demands and ‘stepped up’ to develop ways to care for their community. Community support networks developed organically in many communities. Many examples shared during the interviews were stories about women creating both informal and formal supportive networks, providing emotional, pragmatic, practical support in their social circles, and in the broader community.”

Bibliography and additional resources available at:
women.novascotia.ca/covid-bibliography