



Healthcare's Shadow Pandemic: Women Forced out by Sexual Harassment and Inequality



With women representing 70% of the workforce and 90% of nurses, the clinical care setting is in a “shadow pandemic” prompted by a severe lack of preparation, resources and COVID-19 lockdown measures, warns a global gender equality advocacy group.

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[Women in Global Health](#) (WGH), an international gender equality advocacy group, released a new initiative targeting a “shadow pandemic” among women, which has been prompted by a lack of resources and COVID-19 lockdown measures during the outbreak.

In the clinical care setting, where women make up 70% of the workforce and represent 90% of nurses, this crisis is especially acute.

“Women are exhausted and planning to leave the profession,” said WGH executive director Dr. Roopa Dhatt in a recent statement. “Health workers in around 90 countries have gone on strike. This is the point — a break in history — to turn this around. This is not a women’s issue, it is a global health security issue,” she said.

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Research, conducted by Women in Global Health, discovered women earn an average of 28 per cent less than the men they work alongside and over a million do unpaid work or are massively underpaid.

Compared to men, in recent years, women have lost more jobs, taken on more unpaid work, experienced more gaps in personal needs such as reproductive health services, cancer screenings, health education and have suffered an increase in domestic violence.

Women in Global health submitted [an open letter](#) ahead of the G7 summit held in June, urging industry leaders to invest in women in healthcare, who despite making up the majority of the workforce are “clustered into lower paid and lower status roles.” And, the authors said, with little power to change their working environments, women are harassed and discriminated against at higher rates by both male colleagues and their patients.

In the healthcare setting, WGH found that working women represent only about 25% of the industry’s leadership. At the same time, sexual harassment is considered a “major problem for women health and social care workers, but rarely recorded or sanctioned,” according to the organisation who found that only 37% of countries have an official programme for preventing and reporting attacks on health care workers. Clearly, the extraordinary work by women in the pandemic has not translated into an equal seat at the decision-making table — a 2020 article in BMJ showed that 85% of national COVID-19 task forces had a majority male membership.

“Health systems and health security will be stronger when the women who deliver health and care have an equal say in the design of national health plans, policies and systems,” conclude the authors.

Another variable that came to light in the WGH research is the outsized role in medicine and care work that women play has also put them at a much higher probability of contracting COVID-19. As of January, 2021, the research shows 1.2 million healthcare workers were infected with COVID-19.

“The world cannot expect women to go back to business and inequality as usual post-pandemic.” Said Dr. Dhatt.

Sources: genderequalhcw.org, [BMJ](#)

Photo: Courtesy of [WGH](#)

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