

Impacts of COVID-19 on Women in Japan: An interim report

This is an interim report as of 20 May 2020 focusing on the government's immediate responses to the COVID-19 pandemic: it is too early to discuss the full picture of the gender impacts of the pandemic, as the pandemic continues and the economic stimuli package is not known.

The Japanese government's approach to the pandemic can be characterized as request-based, which asks people to refrain from going out and doing business. The flip side of this approach is the stigmatization of the infected and the staff of the health care providers who treat the infected. It is this intolerance that overshadows the building of an inclusive and democratic society.

The major difficulty in analyzing the impacts of the COVID-19 pandemic is the **absence of gender-disaggregated statistical data**. Although the data do not show it, the many reports from the field clearly show that the COVID-19 pandemic exacerbates existing gender inequalities and hinder the empowerment of women and girls, and the promotion of gender equality.

1. What government measures in addressing the COVID-19 health and humanitarian crisis are exacerbating the existing gender inequalities?

Although inconsistent, the government has taken several measures against the COVID-19 pandemic. Among other things, **school closures** have had a significant impact on women with young children. In particular, the announcement of the sudden closing of schools, nursery schools and day care centers had a profound impact on **women who are single parents**. They were forced to choose between working and caring for their children at home, which led to unemployment and loss of income, leaving them in immediate need of money. Single parents were already poor before the pandemic because their household income was only 40 percent of those who were not. Those who were fortunate enough to be able to work from home were then forced to bear the **double burden** of paid and **unpaid care work**. Due to **gender norms** in Japanese society, women disproportionately bear the burden of caregiving.

The negative impact of the COVID-19 measures on women is specifically evident in the measures taken by the government to provide **special cash payments** to compensate for the loss of income due to the declaration of the state of emergency. Government payments were made on a per-person basis, but the **head of the household** was to receive everyone's share on behalf of the household. In Japan, the head of the household is generally male, thus impeding women's access to government cash payments.

This payment method has a serious impact on survivors of **domestic violence (DV)**. In response to a petition from a women's organization that has long supported domestic violence

survivors, the government has amended the procedure to allow survivors who flee their homes to receive the government payments individually. However, the amendment does not apply to survivors who live with their perpetrators.

Therefore, the government's gender-insensitive response has exacerbated an already pervasive gender inequality.

2. What government measures in addressing the COVID-19 health and humanitarian crisis are responsive to addressing the existing gender inequalities?

A small encouraging step was observed regarding responses to the DV survivors. The Gender Equality Bureau, the Japanese national machinery for gender equality, quickly announced to set up a 24-hour phone counseling service for DV survivors. Before the announcement, several women's groups, including the All Japan Women's Shelter Network, that support DV survivors, requested the government to take immediate action to protect women and children who are at risk of abuse at home. Although the results of helpline services are not known yet, the central government's quick action to help the DV survivors alarm society of the seriousness and urgency of the issue.

3. What gains since the 1995 Beijing World Conference on Women (WCW) do you see are in danger of being lost due to the existing and expanding COVID prevention measures? And how can the Beijing Platform of Action (BPfA) adopted at the WCW serve to facilitate the strengthening of an engendered response to the COVID health crisis?

By this time, fortunately the gains of the WCW and the BPfA are not seen as in danger due to the pandemic of COVID-19; rather as the gains served to correct the government's engendered responses. At the same time, the pandemic revealed that unachieved tasks of the BPfA had worsened gender inequality.

The major gains of the Beijing WCW are **the tenacity of activism and dedicated activists**. They contributed to strengthening engendered responses to COVID-19. For example, a group supporting DV survivors quickly sent a letter to the government to alert the dangers of an increase in DV during the stay at home request and had asked to take special measures. They also drew attention to the higher risk of infection in congested shelters and appealed to increase space and capacity.

Another example that led women's organizations to voice their concern at an early stage is by single mothers and their supporters, including a civil society organization called Single Mothers' Forum. They raised the urgency of poverty relief as many single parents who work informal jobs tend to be fired first, leaving them with little savings. Moreover, single parents

need to take care of their children at home upon the closure of schools and nursery schools, which impedes their work for income.

Women with disabilities and their supporters also took actions immediately after the pandemic began. They called special attention to the sexual violence risk that women with disabilities may face. The risk has existed prior to the pandemic and is likely to increase during the crisis. Considering the invisibility of their presence, the group requested for their participation in decision making on countermeasures against the pandemic.

Many other women's organizations also appealed to the government and called upon political parties to integrate gender aspects into the policies and measures in the responses to the pandemic.

Women share the majority of jobs as **essential frontline workers**, such as nurses, caregivers, and cashiers in supermarkets. Their working conditions are often unstable and precarious due to the new liberal economic policies that seek short term benefits and continuous manpower shortage because of poor working conditions. Lack of personal protection equipment (PPE) expose health care staff to a higher risk of infection. Also, many cases were reported that their children were refused to attend nursery schools due to stigmatization. Insufficient infection testing accelerated the anxiety of infection among citizens. Some medical staff said they did not go back home because they were afraid of spreading infection to their families, even though they were not infected, this increased their mental stress.

The caregivers to the elderly were most severely impacted both in terms of economy and health stress. They were low paid, with casual and informal employment before the pandemic. This precarious working condition was worsened by the pandemic because many service providers, which were often private businesses, closed or reduced services, thus many care workers lost their jobs and income. Due to the nature of care work, caregivers cannot stop physical contact with recipients, a job which requires unusual meticulousness, resulting in increased stress from work. Many caregivers are mothers and are forced to stop or reduce work outside the home for childcare due to the declared state of emergency. If the provision of care service stops, it will impact family members of the elderly: they, again mostly women, may lose a job in order to take care of the elderly at home.

Elderly people, of which the majority are women, also face new types of difficulties under the pandemic. In addition to the danger that older people are more prone to serious illness, social distancing reduces their mobility, which in turn leads to physical weakness. As Japan is a hyper aged society, the pandemic impacts both caregivers and women of old age on their work and life.

Young women, especially **homeless young women** and those who cannot stay home safely due to child abuse, are left in a dangerous situation during the state of emergency. It is said in Tokyo alone the number of homeless people who stay in an internet café at night

reaches 4,000. As internet cafés were closed due to the state of emergency, many dwellers became homeless. Young women and girls who seek a place to stay at night are at a high risk of sexual exploitation and trafficking.

Access to **sexual and reproductive health services** has become a serious issue for young women and pregnant women in a different way. During the stay at home period, the risk of unwanted pregnancy is likely to rise, but mobility restriction hinders access to an emergency contraceptive pill, which is only available with a valid prescription from a doctor. The problem would be severe for **schoolgirls**. Due to social stigma, they may drop education. **Pregnant women** also encountered difficulties in access to delivery facilities. Women who were scheduled to deliver in their hometown especially faced problems due to restrictions on their travel outside the prefecture. They were left in a very anxious state because delivery facilities were wary of accepting new patients for fear of infection.

Migrant women are likely facing different problems from vulnerable Japanese people under the COVID-19 pandemic. Although their situation is known only sporadically, it was found that many migrants had lost their jobs. Language school students who work with informal employment in service industries have been especially hit hard. Some migrants are eligible to be a recipient of the cash transfer; however, lack of information and language barriers hinder them from receiving it. Some migrants have been put in the situation of non-visa status because they graduated schools during the pandemic but are unable to go back home due to border closure or cannot get a job in Japan. A few NGOs are supporting migrants, but their outreach is limited due to mobility restriction. The specific information on female migrants is unknown. People **in deportation centers** are at high risk of infection because of congestion, but no information is available about them.

The COVID-19 pandemic revealed the unsolved problem that is women's equal participation in **decision making**. The government set up several expert committees to cope with the pandemic, but the committee members are predominantly male. This reflects the lack of female policymakers and professionals in Japan, as well as the gender norm of men coming to the fore in a crisis. The presence and participation of the Gender Equality Bureau in the policymaking process and their action to integrate gender aspects in policies are invisible except for responses to domestic violence. Generally, the government countermeasures to the COVID-19 pandemic are blind to **the gender-differentiated impacts**. It seems the government failed to acknowledge that women are the real essential workers in society as they bear both paid and unpaid care.

4. How are donors responding and/or reacting to the health crisis?

The Japanese government announced to assist developing countries affected by COVID-19 in the Second Novel Coronavirus Disease (COVID-19) Emergency Response Package in March and at the Special ASEAN Plus Three (APT) Summit on Coronavirus Disease 2019 (COVID-19) held on 14 April. Although the language says it will strengthen international cooperation by contributing funds, neither comprehensive policy nor the specified budget amount is given. Furthermore, nothing is mentioned on women or gender in its announcement.¹

NGO staff that supports vulnerable people, such as slum dwellers and refugees in the field of sexual and reproductive health and education in developing countries, are forced to leave the fields. Despite this, they continue to work remotely and put forth efforts to raise funds to respond the needs of the vulnerable.

5. How can the 'new normal', brought about the COVID health crisis, create transformative spaces for women's empowerment, gender equality, and social inclusion?

The opportunities do exist to create transformative spaces for women's empowerment, gender equality, social inclusion, and a gender-sensitive "new normal".

One of the positive aspects found through this brief review is that women's tenacious activities greatly contributed to bringing about a transformative space. They effectively responded to the needs of the vulnerable and appealed to the government. Their advocacy drove the government to set up the 24-hour helpline for DV survivors and to amend procedures of cash transfer so that the DV survivors can receive it. These are small but significant changes.

The lessons we learned are the same as what we have experienced before; that is, the crisis hit vulnerable people more harshly than others. As explained above, single parents, DV survivors, caregivers, workers under informal employment, young homeless women, people with disabilities, migrants, and the elderly became more vulnerable. It is clear that building a system for the vulnerable is urgently needed.

Finally, what we confirmed is that gender inequality pre-existing the crisis makes the situation worse. The predominance of males as household heads, medical experts, and policymakers, as well as the fact that unpaid care work is disproportionately carried by women, function to disempower women in the cope with the crisis. The lessons we learned from the countermeasures of the COVID-19 pandemic are that the best preparedness for a crisis is gender equality before a crisis.

¹ The Japan International Cooperation Agency (JICA), an implementing body of Japanese Official Development Assistance (ODA), released a Guidance Note for Promoting Measures against Covid-19 from Gender Perspectives on June 22, 2020.

In sum, the recommendations for government is to recognize women as essential workers in society and put their needs at the center of measures against the pandemic. This should be the pillar of the coming economic policies; to build an inclusive society and a resilient economy and to “build back better” in a post-COVID era.