

# Final Report

## COVID-19 Impacts on the Livelihoods and Well-being of Women in the Yukon

*Toward a Resilient and Inclusive Recovery*



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September 2023

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Suggested citation:

Hope, A., Mason, A., & MacPhail, F. (2023). *COVID-19 Impacts on the Livelihoods and Well-being of Women in the Yukon: Toward a Resilient and Inclusive Recovery*. Yukon Status of Women Council.  
<https://www.yswc.ca/our-publications>

All images were created with the assistance of DALL·E 2

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# Acknowledgements

First and foremost, we wish to express our profound gratitude to the women who participated in this study. Their unparalleled expertise and knowledge were the cornerstone upon which this project was built. Their courage to be vulnerable and willingness to share their experiences not only enriched the research but also added depth and authenticity to its findings. Their contributions cannot be overstated, and we are deeply indebted to them for their trust and collaboration.

We extend our heartfelt appreciation to Dr. Bryan Smale and Dr. Mingjie Gao with the Canadian Index of Wellbeing (CIW) at the University of Waterloo. Their unwavering commitment and diligence in assisting us to disaggregate the CIW data by gender were pivotal to the success of our project. Their expertise and knowledge of the data played a crucial role in fine-tuning multiple iterations. Their dedication went above and beyond, and for this, we remain deeply grateful.

Our deepest appreciation goes to the research advisory members who graciously dedicated their time to review and offer invaluable input to our work. Their commitment to ensuring our research was anchored in community needs was instrumental to the authenticity and relevance of our findings. Recognizing that many of them are often spread thin across multiple commitments, their willingness to lend us their expertise speaks volumes of their dedication. We are thoroughly thankful for the guidance and unwavering support they have bestowed upon us.

Victoria Faulkner Women's Centre	Queer Yukon
Children of the Taku Tlingit Society	Yukon Women in Trades and Technology
Yukon Anti-Poverty Coalition	Government of Yukon's Women and Gender Equality Directorate
Safe at Home Society	Yukon Bureau of Statistics
Whitehorse Aboriginal Women's Circle	Lois Moorcroft
Yukon Women's Transition Home	Jonna Reaume
Dawson Women's Shelter	Mona Luxion

**Funding for this project was provided by:**



The Yukon Government's COVID-19 Recovery Research  
Program



Women and Gender  
Equality Canada

Femmes et Égalité  
des genres Canada

The Government of Canada's Women's Program

# Executive Summary

## COVID-19 Impacts on the Livelihoods and Well-being of Women in the Yukon

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# Research Objective and Focus

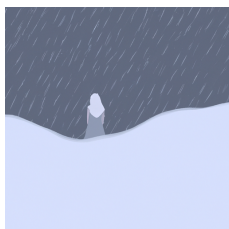
This study aims to unravel the intricate ways the pandemic affected the livelihoods and overall well-being of Yukon women. Centering on themes like the she-cession, the care penalty, and the shadow pandemic, the research intends to provide a nuanced understanding of the pandemic's gendered impacts in the Yukon.

## Guiding Approaches

The research was steered by several guiding approaches:

- **Livelihoods View of the Economy:** Recognizing that well-being is determined not just by market incomes but also by non-market work and access to public services.
- **Well-being:** Capturing a broad understanding of well-being, transcending just economic aspects.
- **Feminist, Intersectional Perspective:** Addressing the varying experiences of women based on multiple intersecting factors.
- **Community-Based, Mixed Methods Approach:** Grounding findings in the real-life experiences of Yukon women.

## Key Definitions



### She-cession

An economic downturn disproportionately affecting women's paid work.



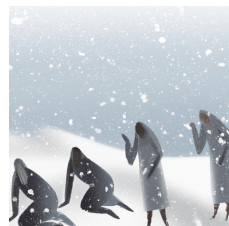
### Shadow Pandemic

A surge in gender-based violence during the COVID-19 period.



### Care Penalty

Economic and social disadvantages from undertaking a significant share of unpaid and paid care work.



### Precarity

A state of existence lacking predictability or security, especially in employment and income contexts.



## Qualitative Data

In-depth interviews with **51** women-identified Yukoners were conducted. **Over half** of the participants were Indigenous, and we were able to undertake an intersectional and disaggregated analysis



## Quantitative Data

### YSWC Survey

The YSWC survey designed and implemented by our team received 148 responses. Most of these data were able to be disaggregated by both Indigeneity and gender.

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### CIW Survey

The Canadian Index of Wellbeing (CIW) Survey refers to the Yukon Community well-being Survey conducted by the Canadian Index of Well-being at the University of Waterloo. The YSWC commissioned a set of gender-disaggregated tables based on the CIW survey which were prepared by Bryan Smale and Mingie Gao (Smale & Gao, April 2023).

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### YBS Data

Publicly available data from the YBS surveys “Impacts of COVID-19 on Yukon Residents, April 2020”, “Impacts of COVID-19 on Yukon Residents: Mental Health and Perceptions of Safety, May 2020”; and “Yukon Employment and Skills Survey Data (multiple years)” were commissioned by YSWC. These data were not able to be disaggregated by Indigeneity.

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### Statistics Canada

Several data tables from Statistics Canada were used to explore the research questions, some of which were able to be disaggregated by both gender and Indigeneity.

# Findings

## ***Finding 1: Loss of paid work and delayed recovery for women and emergent gender paid work gap.***

The onset of the pandemic saw women's employment rate in the Yukon dip from 69.6% to 66.5%. While the initial effects mirrored those for men, women's employment recovery has been protracted, and over three years later, it still lags behind pre-pandemic levels. Contrarily, men's employment rates began to climb post-January 2021, suggesting a gendered pattern to the economic rebound, indicative of a 'he-recovery'.

## ***Finding 2: Loss of paid work among women was primarily in private sector.***

Forced closures of non-essential businesses and shifts to remote working models impacted some women. Some women transitioned to self-employment, potentially in response to these private sector job losses. Notably, sectors demanding physical proximity, such as hospitality and arts, were hardest hit. Personal accounts spotlighted job insecurity in private sector roles, varying based on factors like pandemic timelines, life stages, and specific job types. However, those with higher educational levels and stable past employment appeared more resilient.

## ***Finding 3: Impacts of paid work losses were greater for women with intersectional identities.***

Before the pandemic, Indigenous and Racialized women already grappled with higher rates of precarious work than their Caucasian counterparts. Data suggests the protracted recovery in women's employment has especially weighed on Indigenous and Racialized women. Those in the public sector fared better, facing fewer job losses.

***Finding 4: Non-market economic activity increased for some women but decreased for others.***

During the COVID-19 pandemic, the engagement in non-market activities saw a significant shift. For many Yukon women, activities such as local food harvesting, home gardening, and cooking became more prevalent. Data from the YSWC and CIW surveys indicate varied patterns among women: while some women increased their engagement in these non-market tasks, others decreased their participation. It is notable that women with higher incomes seemed more engaged in non-market activities. This indicates that improving livelihoods through such activities may have inherent income and resource constraints.

An intricate web of challenges, most acutely felt by Indigenous women, came to light. The qualitative insights depict a paradox: while non-market activities such as hunting and gathering could help in reducing living expenses, financial barriers or transportation constraints often limited these efforts. Despite intentions to cut down on costs, engaging in such activities sometimes meant additional expenses, particularly if individuals needed to own vehicles or access resources necessary for activities like harvesting. The pandemic also added layers of complexity; restrictions on travel and supply chain disruptions impacted the feasibility of many non-market tasks.

***Finding 5: Public services and financial supports played an important role for many women during the pandemic.***

Public services and financial supports played an indispensable role in supporting women's livelihoods during the pandemic. YSWC survey data reveals a heavy reliance on key services: shelters, rent subsidies, food banks, and support mechanisms for escaping domestic violence, among others.

Women in precarious work situations relied more heavily on these services than those in stable employment. Over 90% of such women accessed at least one public service, as opposed to 66% of women in stable employment. The financial aid figures paint a similar picture; a staggering 85% of women in precarious paid work accessed at least one financial support program, in comparison to 43% of their counterparts in stable paid work.

The survey responses also illuminated racial disparities. Indigenous participants, facing significant employment instability, were more likely to tap into these formal financial support channels. The extent of their precarious situations went beyond just employment, touching aspects like financial insecurity, housing challenges, and even technological access barriers. In contrast, Caucasian women's narratives often reflected stability and security.

Feedback on these support systems was mixed. While many acknowledged the significance of supports like CERB and food banks, there was consistent feedback that these measures were not completely addressing the needs. Issues such as benefit "clawbacks" with CERB and concerns about food bank provisions were prominent.

***Finding 6: Paid care and essential workers were more likely to continue going to the workplace during the pandemic and faced increased risks.***

Women, primarily those in health and essential roles, faced greater exposure risks due to close interactions with others. Tasks became more intricate due to the addition of stringent safety protocols and patient care complexities. Shifts became more prolonged, with some reporting up to 20-hour work days due to staffing inconsistencies. Women dominate the paid care sector in the Yukon, holding 79% of roles in health care and social assistance based on 2021 Census data. The pandemic introduced an additional category of "essential workers," spanning roles from childcare to food distribution.

***Finding 7: Women engaged in health care and essential services bore a disproportionate share of adverse well-being effects.***

Women engaged in health care and essential services bore a disproportionate share of adverse well-being effects. Data suggests that 48% of health workers and 52% of essential workers reported pandemic-induced deteriorations in mental health, a figure higher than that of non-essential workers. This data indicates an exacerbated "paid care penalty" during the pandemic, suggesting that because of the elevated

occupational hazards and mental stress these workers faced compared to other occupations with similar skills, responsibilities, and education. The qualitative feedback provides a deeper, more nuanced understanding. Paid care workers, more than other essential workers, emphasized the strain on interpersonal relationships and the pronounced feelings of isolation they experienced. In contrast, other essential workers voiced concerns about their mental, emotional, and physical well-being more frequently.

***Finding 8: During the pandemic, unpaid care work increased for many Yukon women.***

Women in the Yukon, mirroring global and national trends, shoulder the majority of unpaid care, which includes childcare, care for the elderly, and health-related support. According to the CIW survey, 29% of women took on child care, 14% cared for older or dependent adults, and 37% provided health-related or personal care, all figures surpassing their male counterparts. School and childcare centre closures, along with healthcare service limitations due to the pandemic, escalated the need for unpaid care within households. YSWC survey data revealed that 41% of women felt an upswing in their unpaid care duties during this time. Zeroing in on women already engaged in unpaid care, this statistic rose to 57%.

***Finding 9: The unpaid care penalty increased for women.***

The CIW survey data showed that women providing unpaid care experienced noticeably more stress than their non-caregiving counterparts. For instance, 29% of those caring for children reported significant stress, opposed to the 19% who didn't provide such care. Women reported intensified responsibilities, navigating both care roles and paid work while grappling with emotional pressures. The lack of childcare facilities, magnified by pandemic precautions, disrupted routines. Many felt forced into compromising decisions between professional and personal roles. Providing multifaceted support to intimate partners posed additional strain. Women shared the emotional challenges of supporting partners through job losses, mental illnesses, or substance abuse.

Women's concern for the well-being of close contacts and families heightened. Adopting safety measures, they often self-isolated, minimizing interactions with other people to shield the vulnerable. An underlying emotional burden permeated these narratives. Concerns for family health and well-being added to women's pre-existing care responsibilities, creating an intricate web of stress. Beyond immediate family roles, women extended care to colleagues and community members. This manifested through volunteering or mutual aid groups, demonstrating their unwavering commitment to societal well-being.

***Finding 10: Women experienced a decline in well-being.***

The pandemic saw an alarming decline in Yukon women's overall well-being. 39% reported deteriorating physical health, while a staggering 46% reported adverse impacts on their mental health. The YSWC survey showed 74% of women indicating a downturn in their overall well-being, based on a broad well-being indicator. Indigenous women particularly faced exacerbated impacts, with the most notable differences seen in cultural well-being and substance use. Cultural norms and practices were significantly disrupted, and the ongoing opioid crisis hit Indigenous communities harder than their Caucasian counterparts.

***Finding 11: Women experienced a decline in economic well-being and the decline was particularly pronounced for women with intersectional identities***

Approximately 60% of women felt an increased sense of economic precariousness. Indigenous and Racialized women bore the brunt more, with 72% reporting economic challenges, as opposed to 52% of Caucasian women, based on the YSWC survey. Women without job benefits like sick leave or flexible hours faced disproportionate mental health repercussions, based on the CIW survey. Personal narratives from Indigenous women and those in unstable employment positions echoed these quantitative findings, portraying a landscape of heightened economic vulnerability.

***Finding 12: Increased violence against women constituted a shadow pandemic, particularly among women with intersectional identities***

Alongside the primary health crisis, the Yukon witnessed a 'shadow pandemic' of escalated violence against women. Pre-existing patterns showed the Yukon's violence rates against women being notably higher than the national average. However, the pandemic conditions aggravated this, with up to 34% of women indicating increased gender-based violence. Certain demographics, notably Indigenous women, women living outside of Whitehorse, and those in financial distress, faced heightened risks.

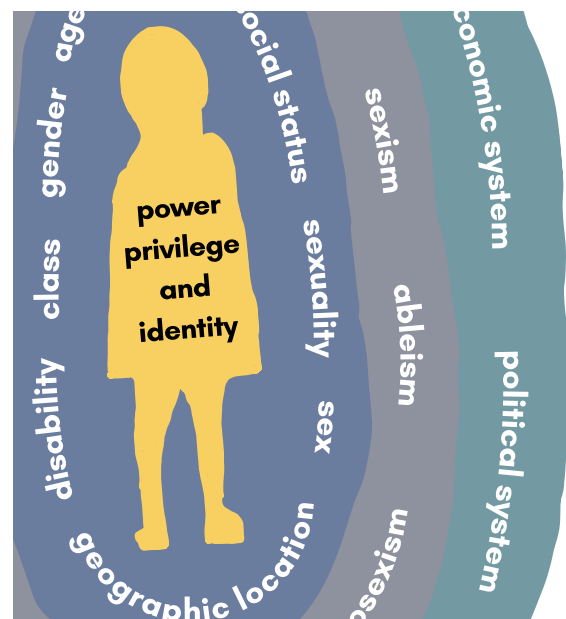
## Unravelling Nuances through Intersectional and Disaggregated Data

This project places a spotlight on the necessity of intersectional and disaggregated data. Indigenous women faced pronounced challenges during the pandemic, from job losses to securing basic needs. However, in the absence of disaggregated data, these lived-realities would have been hidden. To ensure policy recommendations genuinely represent Yukon women's needs, decisions must be grounded in comprehensive data – both qualitative and quantitative. The project also emphasizes the need for policy and decision makers to be critically conscious of data quality and application in their processes. This research focuses on redressing systemic disparities through:

**Direct measures:** Addressing the disproportionate adversities experienced by women, particularly Indigenous women and,

**Indirect strategies:** Promoting the adoption of intersectional and disaggregated data for astute policy and decision-making.

Recommendations derived from these findings target both direct and indirect approaches to mitigate the identified systemic disparities.



# Introduction

The COVID-19 pandemic has had profound implications for people globally, but its impact has been unevenly distributed across gender lines. The gendered implications for women have unfolded in a number of areas, creating new inequities, as well as exacerbating pre-existing gendered disparities. Put differently, women with intersecting identity components faced a more significant share of negative consequences.

**Paid Work Impacts:** Women have been disproportionately affected by the economic downturn caused by the pandemic. Many women work in sectors heavily hit by lockdowns and restrictions, such as retail, hospitality, and care work (Alon, Doepke, Olmstead-Rumsey, & Tertilt, 2020). Additionally, women are overrepresented in informal employment in many parts of the world, which lacks job security and benefits (ILO, 2020). The significant reduction in paid work hours for women, especially those who are young, earn lower wages, or have children, has resulted in the economic downturn from the pandemic being termed a “she-cession”<sup>1</sup> (Yalnizyan, 2020; Scott, 2021). This contrasts with the “he-cession” label given to the 2008-09 global financial crisis (MacPhail, 2017).

**Unpaid Care Work:** Women have notably shouldered a greater burden of unpaid care due to school and childcare centre shutdowns (Power, 2020), as well as the care requirements of those affected by the virus. This has accentuated the “care penalty”<sup>2</sup> often borne by women. Shifts in unpaid care have limited women’s ability to engage in paid work and have increased stress and mental well-being challenges (Usher et al., 2020), along with a myriad of other impacts associated with taking on a greater share of unpaid work. As Smith-Carrier and Halpenny (2020) explained, when reflecting on Hoschild’s (1989) work, women not only bear the weight of managing paid and unpaid work, but also the educational demands of children as women are burdened with a new, “third shift”. The unpaid care expectations of women shifted dramatically during the pandemic.

**Gender-Based and Domestic Violence:** The pandemic has contributed to the increase in gender-based violence (GBV), as well as the exacerbation of ongoing situations of violence. Isolation, economic stress, and other pandemic-related factors are believed to exacerbate domestic violence, leading to what is termed as a “shadow pandemic”<sup>3</sup> (U.N. Women, 2020).

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<sup>1</sup> A more fulsome definition of “she-cession” will be discussed later within this section.

<sup>2</sup> The definition of the “care penalty” will be further unpacked within this section.

<sup>3</sup> The “shadow pandemic” will be further defined in the definitions contained in this section.



**Paid Care and Essential Work:** Though numerous women saw a decrease in paid work opportunities, many people who were categorized as essential workers encountered greater stress, increasing work responsibilities, and an elevated risk for COVID-19 exposure. Many women who were in frontline positions had to navigate both the implications of being essential workers during the pandemic, while also meeting unpaid care needs outside of work.

When considering the application of trends across Canada and globally to the Yukon, it is imperative to reflect on the unique economic, geographic, and socio-demographic features that shape the lived realities of women in the Yukon. Compared to other parts of Canada, the Yukon, for example:

- Has a relatively large tourism sector (Wang, 2020)
- Greater importance is given to traditional food gathering (Walker, et al., 2017)
- Has a small population with a high Indigenous share of the population (YBS. Aboriginal Peoples Census, 2016)
- Has a multitude of self-government agreements,
- Is characterized with one urban centre with many rural and remote communities
- Has poor transportation options within and between communities, particularly given the expansive geographical area
- Offers poor access to affordable and reliable communication (internet and phone options; large areas without cell coverage)
- Possesses a centralized hospital in the capital, with most communities having smaller community health centres (with Dawson City having a hospital, but without the same services available in Whitehorse)
- Rolled out pandemic travel restrictions that limited entrance into the territory and effectively kept case counts low; had high vaccine and masking uptakes (McPhee-Knowles, Hoffman, & Kanary, 2022)
- Is located in a northern space that is often not included in nationally-scoped research
- Has data limitations that mean difficulty accessing data that are disaggregated and intersectional (small population; concerns surrounding confidentiality)

The research findings, therefore, contribute to the emerging literature that explores the gendered impacts of the pandemic, but adds important contextual considerations of the Yukon. Therefore, the findings will expand the understanding of the she-cession, women's care penalty, the shadow pandemic, and the particular livelihood challenges of specific groups occupying varying social locations in the Yukon. Using an intersectional lens and a disaggregated approach (where possible), we will centre the role of precarity in relation to and emanating from the pandemic's impacts.

## Research Objective and Questions

To understand how and why the COVID-19 pandemic has impacted the livelihoods and well-being of women in the Yukon and to examine how policies and programs can promote a resilient and inclusive recovery in the territory.

To achieve the research objectives, the research assesses the following questions:

1. How has the COVID-19 pandemic affected people's **livelihoods**?
2. How has the COVID-19 pandemic and its impact on livelihoods affected **well-being** beyond income?
3. What have been the impacts of federal and territorial **responses** on livelihoods and well-being?

## Guiding Approaches

**Livelihood View of the Economy:** A livelihood view of the economy recognizes that people meet their needs through combinations of market and non-market work (unpaid care work, traditional food collection, sharing and exchange), and access to publicly provided services (Chambers & Conroy, 1991; Elson, 2010). A livelihoods approach was selected because it goes beyond a market and income focus and raises the visibility of unpaid work. In particular, it is inclusive of unpaid care work and time allocated to the non-market activities, which also contribute to well-being. Additionally, a livelihoods perspective is more inclusive of people who meet their basic needs through non-market activities and who have limited access to income generated from paid work. This research purposefully included women with no, low, or unstable market income, although it is important to recognize a high percentage of participants in the study had paid work.

**Well-being:** A more holistic and inclusive understanding of well-being is taken that spans physical and mental well-being, social well-being, cultural well-being, and safety from physical and emotional violence. While the YSWC survey provided specific domains for participants to rate, women who participated in the open-ended interviews had more freedom to explore and explain the ways in which their well-being was impacted. More discussion surrounding the data collection approaches is found in the methodology section.

**Feminist, Intersectional Perspective:** Adopting an intersectional feminist lens means that this research prioritized understanding the impacts and consequences for well-being among women and recognizes these experiences vary with other social location factors (Crenshaw, 1991; Hankivsky, et al., 2014; Public Health of Canada, 2019). This also meant clearly defining the inclusion for this study to be open to all women, including trans women, as well as people of other marginalized genders who feel a sense of shared identity or experience with women.

**Community-Based, Mixed Methods Approach:** While the specific approach to data collection will be discussed in the methodology section, it is important to recognize that the research was approached and guided with the intention to ground the findings based on the lived realities of women living in the Yukon. Without the expertise and wisdom of women with lived experience, collected in a variety of ways to capture this complexity, we believe that policy or program recommendations derived would miss perspectives particularly from women who are marginalized.

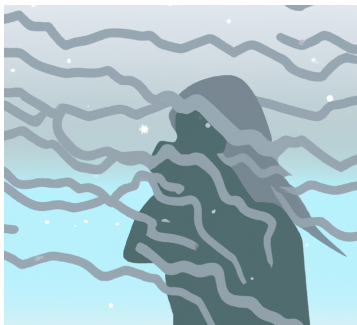
## Definitions



The term "**she-cession**" is a relatively recent term that refers to an economic downturn where job and income losses are affecting women more than men. This term was primarily used to describe the economic impact of the COVID-19 pandemic on women, noting that they have been disproportionately affected by the downturn compared to previous recessions, where men were often more affected (Alon, Doepke, Olmstead-Rumsey, & Tertilt, 2020; Yalnizyan, 2020; Scott, 2021).



The term "**shadow pandemic**" refers to the increase in gender-based violence that has accompanied the COVID-19 pandemic, with lockdowns and social distancing measures leading to a surge in reports of domestic violence worldwide. The United Nations first used this term in 2020 to highlight how the crisis is exacerbating pre-existing gender inequalities and violence against women (Bradbury-Jones & Isham, 2020; U.N. Women, 2020 ).



The “**care penalty**” refers to the economic and social disadvantages experienced by individuals, predominantly women, due to their larger share of unpaid care work, which includes activities such as child care, elder care, and household chores. This can manifest in various ways, including lower wages, fewer career advancement opportunities, and less time for leisure or other activities, compared to individuals who do not undertake such work (Budig & England, 2001). While the

monetary size of the paid care penalty is not assessed here, the focus is on the adverse well-being impacts of the greater unpaid and paid work burdens during the pandemic.



**Precarity** refers to the condition of existence without predictability or security, particularly in terms of employment and income. It characterizes a state in which individuals and families cannot predict their future or adequately plan for it due to unstable employment, fluctuating incomes, and a lack of a social safety net. Standing argues that a new class, the "precariat", has emerged in the global capitalist system, characterized by individuals living in a continuous state of precarity, often facing

short-term and insecure forms of employment, inadequate labour rights, and minimal social protection. This class, according to Standing, not only faces economic challenges but also experiences a loss of identity, voice, and agency, leading to broader societal implications and challenges for social cohesion and democracy (Standing, 2014).

Standing's (2014) exploration of precarity emphasizes the profound socio-economic changes in the global labour market and highlights the need for policy adjustments to address the rising inequalities and vulnerabilities faced by the precariat.

Within this research, precarity was indicated in many ways including conditions that relate to being precarious. For example, lack of access to transportation or technology, inability to adjust to inflation, loss of paid work and/or inability to find paid work, and reliance on social services and supports.

# **Literature Review: COVID-19 Pandemic On Livelihoods, Care Work and Well-Being of Women in Canada**

## **2.1 Meaning of livelihoods, care work and well-being**

Livelihood encompasses market work, non-market economic activities and access to publicly provided goods, services, and supports which people use to meet their needs (Chambers & Conroy, 1991). Market or paid work refers to wage employment and self-employment which generates earnings and income. Non-market economic activities refers to work which generates goods and services, such as traditional food production and harvesting. Essential public services and supports, from both government and non-governmental organizations, such as employment insurance benefits, food banks, education and skill training programs, also contribute to livelihoods.

Care work is different from other types of work because it involves deeper emotional and physical commitment, influencing the health and skills of recipients (England & Folbre, 1999; England, Budig, & Folbre, 2002). Care work can be paid or unpaid. Paid care work includes, for example, nursing, teaching, and care of the elderly in long term care facilities and children in childcare centres; and unpaid care work includes looking after people at home such as children, the elderly and people needing assistance.

Well-being goes beyond income, highlighting aspects such as health, safety and decision making.

To understand the pandemic's impact on Canadian women's livelihoods, care work, and well-being, a brief COVID-19 timeline in Canada is presented.

## **2.2 Timeline of COVID-19 events and government actions and overview of broad economic impacts in Canada**

Following the pandemic declaration on March 11, 2020, Canadian governments implemented measures to curb COVID-19's spread and alleviate its impacts. Provincial and territorial governments took the lead on areas such as health, education, childcare, and employment, and these are crucial to understanding the pandemic's influence on women's work and well-being.

By mid-March 2020, public health orders were implemented; borders were shut with all restrictions on international travel in place until October 1, 2022. Restrictions ranged from limits on inter-provincial travel, size of public gatherings, to self-isolation mandates. Non-essential businesses, such as restaurants in the accommodation and food services category, and spas and gyms in the personal services, were closed in late March 2020. Essential sectors like agriculture and mining maintained operations with safety measures. Provinces adjusted employment regulations: Quebec introduced a 10-day leave and BC allowed unlimited care-related leave. Remote work policies were modified, and safety protocols in sectors like long-term care were strengthened.

Schools shifted to online teaching in March 2020, with some exceptions for essential workers' children. The 2020 academic year saw sporadic openings, with physical distancing and masks. Most regulated child care centers closed, with only emergency centers operational, leading to a sharp decline in enrollment (Friendly, et al., 2021; Vickerson, et al., 2022).

Federal and provincial governments introduced financial relief programs like the Canada Emergency Response Benefit (CERB), Canada Recovery Benefit, and Canada Emergency Wage Subsidy, and targeted support for hard-hit sectors and gender-based violence service providers (Smallman, 2022).

By September 2021, 80% of eligible Canadians were vaccinated (Statistics Canada, March 2022).

However, the pandemic's economic toll was significant. Economic activity, measured by gross domestic product, declined 15 percent between March and April 2020, rebounding to pre-pandemic levels only by the end of 2021 (Statistics Canada, June 2021 and November 2022). The labour market witnessed drastic changes: over 3 million jobs were lost between February and April 2020 and the unemployment rate reached 13.0 percent (calculated from Statistics Canada Table 14-10-0287-01). While employment rates recovered by February 2022, they were accompanied by an inflation surge in essential goods such as food and shelter.

## **2.3 Pandemic impacts on livelihoods, care work and well-being of women in Canada**

Based on the literature, the impacts of the pandemic on the livelihoods, care work and well-being of women in Canada are discussed below. The results are summarized in Figure 1 (next page).

**Figure 1**

*Impacts of the Pandemic on Livelihoods, Care Work and Well-being of women in Canada:  
Summary of the Literature Review*

<b>Livelihoods: Market Work and Non-Market Economic Activity</b>	
<b>Impacts on Market Work</b>	
She-cession	Women incur disproportionate loss of paid work
Job losses concentrated in certain sectors	<ul style="list-style-type: none"> <li>• Pandemic vulnerable sectors: Accommodation and food services; Information, culture and recreation; Other services, except public administration</li> <li>• Jobs not feasible to do remotely</li> <li>• Low wage jobs</li> </ul>
Distribution of impacts among women	<ul style="list-style-type: none"> <li>• Indigenous and racialized women particularly disadvantaged</li> <li>• Greater likelihood of adverse impacts among older and younger women, women with less education, among mothers (particularly single mothers)</li> </ul>
Uneven recovery	<ul style="list-style-type: none"> <li>• Slow recovery of women's paid work</li> <li>• Particularly in pandemic vulnerable sectors</li> </ul>
<b>Impacts on Non-market Economic Activity</b>	
Non-market work	Increase in food production for some people but limited evidence on changes in non-market work
<b>Care Work</b>	
Increased paid care work penalty	<ul style="list-style-type: none"> <li>• Intensified (increased complexity and risk) paid care work</li> <li>• Increased paid care work penalty</li> </ul>
Increased unpaid care work penalty	<ul style="list-style-type: none"> <li>• Increased amount of unpaid care work</li> <li>• Increased unpaid care penalty</li> </ul>
<b>Well-being</b>	
Decline in well-being	<ul style="list-style-type: none"> <li>• Decline in well-being across range of well-being dimensions</li> <li>• More pronounced among low-income households, Indigenous people (not sex-disaggregated)</li> </ul>
Shadow pandemic	<ul style="list-style-type: none"> <li>• Increased violence against women</li> <li>• Likelihood higher among some groups e.g. Indigenous women, LGBTQ2 women, women with disabilities, young women</li> </ul>

## 2.3.1 Impacts on women's livelihoods in Canada

### Market/paid work

#### *She-cession*

The COVID-19 crisis led to an economic downturn, often termed a “she-cession”, signifying the heightened impact on women’s employment compared to men’s. This phenomenon’s severity varies globally due to the size of the sectors at risk, institutional arrangements for care, and government measures to mitigate employment losses, such as wage subsidies and unpaid leave provisions (Bluedorn et al., 2021; ILO, 2021).

In Canada, there is evidence of a she-cession. Women’s employment fell by 17.6 percent between February and April 2020, compared to a 15.2 percent decline for men, indicating a she-cession (see also Schirle, 2022).<sup>4</sup> As employment declined, some women became unemployed and others left the labour force.

#### *Job losses concentrated in certain sectors*

The pandemic hit sectors hardest that: provided non-essential services, required close physical proximity among workers, or between workers and the general public, and/or where it was less feasible for workers to perform the work remotely or online. Notably impacted were labour intensive sectors such as accommodation and food services, wholesale and retail trade, and personal services. Women are particularly impacted by pandemic job loss because they are disproportionately employed in the pandemic vulnerable sectors (ILO, 2021; Kabeer, et al., 2021; Scott, 2022).

In Canada, between February and April 2020, job losses were concentrated among low-wage jobs, especially in the sectors of retail trade and accommodation and food services, although this is not sex-disaggregated (Lemieux, et al. 2020). Specifically for women, 34 percent of all jobs lost were in the pandemic vulnerable sectors, defined, following Scott (2021) as accommodation and food services, information, culture and recreation, and other services (except public administration).<sup>5</sup> By May 2020, only 10 percent of employees in accommodation and food services worked from home, compared to 59.6 percent in public administration and 71.2 percent in financial activities (Clarke & Hardy, 2022). Although these statistics are not sex-disaggregated, these statistics indicate a potential disparity where women in sectors allowing remote work retained jobs, whereas those in sectors like food services faced layoffs.

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<sup>4</sup> Calculated from Statistics Canada. Table 14-10-0287-01.

<sup>5</sup> Calculated from Statistics Canada Table: 14-10-0022-01.



### *Distribution of impacts among women*

The pandemic accentuated the economic challenges for women, especially those with intersecting identities such as Indigeneity, race, disability status, class and citizenship status. The labour market, like other institutions, is structured by systems of colonialism and racism, resulting in women with intersecting identities being placed in jobs with low wages and poor working conditions.

In Canada, racialized and Indigenous women already disadvantaged in the labour market due to colonialism and racism were further adversely impacted by the pandemic. As Alook, Block and Galabuzi (2021) establish, racialized women and Indigenous women had lower employment rates than their white and non-Indigenous counterparts before the pandemic. Their over-representation in sectors hit hardest by the pandemic, such as food services and retail trade, widened the gap. By mid-2020, Indigenous women's employment was still only 88 percent of its pre-pandemic level compared to 93 percent for women's employment overall (Bleakney, Masoud & Robertson, 2020). In addition, COVID-19 has led to increased financial insecurity, particularly among Indigenous, racialized, and LGBTQ2+ peoples, reinforcing pre-existing economic vulnerabilities (Alook, Block & Galabuzi, 2021; Propenko & Kevins, 2020).

Additionally, the pandemic disproportionately affected immigrant women, especially recent arrivals, since they had larger employment declines than other women (Hou, Picot & Zhang, 2020). Women temporary foreign workers, many in frontline and paid care occupations, faced not only high risk of exposure to COVID-19 but also potential deportation if laid off (Banta & Pratt, 2022).

### *Uneven recovery among women*

Women's paid work has been slow to recover due to slow economic growth in the pandemic vulnerable sectors where women comprise a large share of paid work.

In Canada, job recovery has been uneven, with women's paid work in sectors such as accommodation and food, being slow to recover. For example, in February 2021, women's employment in the accommodation and food services sector reached only 76 percent of its February 2020 level.<sup>6</sup> Employment recovery has been especially slow for older women, single mothers, and women with intersecting identities (Scott, 2021; Alook, Block & Galabuzi, 2021).

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<sup>6</sup> Calculated from Statistics Canada Table 14-19-0344-01.

## **Non-market economic activity**

Globally, reduced paid work has led to people to undertake more non-market economic activities to meet their basic needs. With greater time available, people may turn to traditional harvesting of foods and allocating time to producing goods and services within the household, thereby reducing the need to purchase market goods. Studies in high-income countries have focused on food production to reduce food insecurity during the pandemic (see Mead, et al., 2021).

### *Increase in non-market work for some people*

Changes in non-market activity during the pandemic in Canada is an understudied area, however, research suggests an increase in own food production during the first summer of the pandemic (Mullins, et al., 2021).

## **2.3.2 Impacts on women's care work in Canada**

Despite the value of care work to recipients and society more generally, people providing care, the majority of whom are women, experience financial and social penalties for this work. The financial penalties contribute to gender inequalities in the labour market beyond current wages to influence career trajectories, lifetime earnings, pensions and poverty.

In Canada, care work, paid and unpaid, is predominantly undertaken by women. Women comprise 75 percent of all paid care workers in 2016 (Khanam, et al., 2022), with women of colour, immigrants and temporary foreign workers being disproportionately employed in lower wage paid care work (Ivanova, 2021). Regarding unpaid work, women undertake a greater share of unpaid domestic and care work than men. For example, in 2015, women aged 25-54 years averaged 3.9 hours per day of unpaid work, compared to men's 2.4 hours; and this gap increased when taking account of tasks performed simultaneously such as cooking and childcare (Moyser & Burlock, 2018).

### *Increased paid care work penalty*

The paid care wage penalty means that paid care jobs on average offer lower hourly pay, compared to similarly skilled jobs (England, et al., 2002, for the U.S.; Lightman, 2018, for Canada). Folbre, Gautham, and Smith (2021), for the U.S., find that essential care workers, like those in health care, education, and social assistance, earn 18 percent less than essential workers in other industries.

The COVID-19 pandemic has increased complexity, difficulty and risks associated with providing paid care work and thus, at a given wage, the penalty has increased.

The intensification of paid work and additional risks of the work has adversely impacted workers' well-being, as indicated by alleviated anxiety and depression among this group of workers (Smith, et al., 2021).

At the onset of the pandemic, many governments created new essential worker categories and provided wage subsidies to the newly deemed essential workers in recognition of the importance of the work.

#### *Increased unpaid care penalty*

The pandemic intensified unpaid care work due to school and childcare closures, shifting responsibilities back to households. Both women and men increased time allocated to schooling and unpaid care work in the home, with the amounts depending upon work arrangements and employment status (Craig & Burchill, 2021, for Australia). Nonetheless, the challenge of meeting unpaid care needs was particularly difficult for parents, and mothers, rather than fathers, exited the labour market in order to provide unpaid care (Fabrizio, Gomes & Tavares, 2021, for the US). In other households, other family members have met the care needs, reflecting changes in intergenerational allocation of unpaid care work.

In Canada, mothers experienced larger employment declines than fathers, widening the gender employment gap among parents (Qian & Fuller, 2020; Schirle, 2022). As businesses and schools reopened after September 2020, the gap began to narrow for certain more educated groups, but not among women with lower education levels who were more likely to be employed in the female-dominated service sectors (Qian & Fuller, 2020). Evidence for Canada and Australia indicates that women's unpaid care work increased more than men's during the pandemic and women in households with children were more likely to experience inferior mental health outcomes (Johnston, et al., 2021). These results indicate an increase in the unpaid care penalty.

### **2.3.3 Impacts on women's well-being in Canada**

#### *Decline in well-being (multiple indicators)*

The pandemic has adversely impacted people's well-being. It has directly caused death and sickness, contributed to declines in physical health due to delays in screening and treatment, and reduced access to sexual and reproductive health services (Tuite & Thampi, 2022). Mental health declined and stress increased due to fears of contracting and/or transmitting the virus to other people, social isolation, and reduced access to some services normally provided by governments, non-profit organizations and businesses. The loss of market work contributes to greater financial insecurity, or a decline in economic well-being.

In Canada, in April 2020, 89 percent of women reported being somewhat, very or extremely concerned about their own health due to COVID-19 and 72 percent reported being somewhat, very or extremely concerned about family stress from confinement during the pandemic (Statistics Canada, April 2020).

People from low-income households or marginalized communities faced intensified challenges due to more limited ability to isolate, greater workplace exposure to the virus, and higher economic vulnerability. Notably, 60 percent of Indigenous people reported that their mental health had declined (become “somewhat worse” or “much worse”) since physical distancing started, compared to 52 percent of non-Indigenous people. Moreover, higher percentages of people in gender diverse groups reported more COVID-19 related concerns than the general female population (Moyser, 2020).

#### *Increased violence against women: the shadow pandemic*

The pandemic has exacerbated violence against women worldwide, resulting in the term “shadow pandemic” (UN Women, 2021; Gilchrist, et al., 2023). Violence against women occurs in public and private spaces and includes: physical, verbal and emotional abuse; being controlled, manipulated and denied basic needs; sexual harassment; sexual assault; rape; murder, child marriage. Gender-based violence refers to harmful acts against people, and disproportionately affects women and girls; and it arises from gender-based structures and power differentials arising from colonialism, patriarchy, racism and homophobia, among other forms of oppression, and disproportionately affects women and girls (UN Women). Intimate partner violence, or domestic violence, is a form of gender-based violence (GBV) which occurs within an intimate partner relationship.

While it is difficult to estimate increases in GBV globally, the UN Population Fund estimated that “if the lockdown continues for 6 months, 31 million additional [GBV] cases can be expected” (UN Population Fund, 2020). Risk factors for women include being low income, isolated and lacking access to services. The pandemic has accentuated these risks through loss of paid work, stay-at-home orders, family stress, and health and supportive service (e.g. shelters, hotlines) closures (WHO, 2020).

There have also been increases in violence against women in Canada (Patel, 2020). Measuring this rise is difficult, but is indicated given that calls to women’s helplines have drastically increased. For example, a 400 percent increase in calls to an Ontario helpline (in April 2020) and also a BC helpline (in April and May 2020) occurred (Women and Gender Equality Canada).

At the start of the pandemic, 18 percent of women reported being somewhat, very or extremely concerned about violence in the home (Statistics Canada, April 2020). Financial

stress is a statistically significant determinant of women's concern about violence in the home and women who report higher concerns about maintaining social ties (concerns of isolation) are more likely to report concerns about domestic violence (Beland, et al., 2020). The federal government responded to the trend and allocated additional resources to organizations serving people fleeing violence (Government of Canada, 2020).

Prior to the pandemic, violence against women was already widespread. Although quality data about the occurrence of GBV or IPV is difficult to obtain, some reports suggest over 40 percent of women have experienced a form of IPV, with more than 10 percent experiencing it in the last 12 months (15 years of age and over, self-reported, 2018). The likelihood of violence disproportionately impacts Indigenous women, LGBTQ2 women, and people with disabilities, young women, and women with low income. Escaping violence presents more barriers for women in rural, remote and northern communities given difficulties accessing services far from home, insufficient access to phone and internet services, and lack of shelters and transitional housing. See Moffit, et al. (2022).

## **2.4 Implications of the literature for the analysis of pandemic impacts on women in the Yukon**

The literature review informs the analysis of COVID-19 impacts on women in the Yukon in five main ways.

1. It provides a framework for examining the effects of the pandemic on women in the Yukon, focusing on livelihoods, care work, and well-being.
2. It identifies the gaps in the literature, notably the limited information about the territories, since most of the quantitative results pertain to the ten provinces. Further, there is limited information about non-market activities such as traditional harvesting. While many of the useful data series such as the monthly number of people employed available in the Labour Force Survey (LFS) can be disaggregated by a variety of characteristics, such as age, sex/gender, visible minority status, race, immigrant status, Indigeneity (for people living off reserve), for the ten provinces, such disaggregations are not possible for the Yukon due to sample size. This is a major limitation for the analysis in the Yukon which is addressed in the methodological discussion in Section 3.
3. It presents key findings about the impacts on women in Canada which enables a comparison with the findings from the Yukon.
4. The framework assists in the deriving policy implications from the Yukon analysis.

5. A general literature gap is the long-term consequences of the COVID-19 pandemic, including changes in gender norms and lasting social and economic consequences such as the increased and continuing high rate of inflation along with high interest rates have led to a social crisis, particularly for low income people. Long term unemployment has risen and high inflation has outpaced wage growth for many workers. It remains to be analyzed whether some of the changes induced by social isolation, lockdowns, and school and childcare centres will lead to changes in gender norms: will the greater involvement of fathers in care work lead to lasting changes in gender care responsibilities?; and will the rise in violence against women which occurred during the pandemic be reversed now that social isolation is no longer required, and greater programming around violence is put into action? Other livelihood outcomes of COVID-19, such as long term unemployment and widowhood, may also have lasting implications for some groups in terms of poverty, lifetime earnings, career progression, and gender equality. The literature on changes in gender norms and long term consequences is still unfolding, however, we are aware of the potential longer term consequences and to the extent possible, reflect upon these in our analysis.

# Methodology

## 3.1 Conceptual framework: concepts and key hypotheses

The impacts of the pandemic on women may differ from the impacts on men due to social norms influencing roles, behaviours and institutions including policies and programs. In this project, women refers to people who identify as a woman, inclusive of trans women, as well as people of other marginalized genders who feel a sense of shared identity or experience with women.<sup>7</sup> The term gender is used here to refer to the social construction of what it means to be female or male, including the social and cultural expressions of what it means to be female or male; and gender identity is the expressed preference of the person, as female, male or gender fluid. The importance of avoiding binary categorization of women/men is recognized.

The impacts of the pandemic on women's livelihoods, care work, and well-being are context specific. The pandemic impacts on women in the Yukon may differ from other parts of Canada given unique features of the Yukon's economic structure including main industries and occupations, demographic composition, colonialization legacy, institutional structures and policies, and evolving First Nations self-governance agreements. Further, the pandemic impacts intersect with the opioid crisis and existing precarities related to paid work, housing, and income intensifying the adverse pandemic impacts. Thus, selected attention is given to the analysis of these interactions.

Taking an intersectional feminist perspective, this research prioritizes understanding the impacts and consequences for well-being among women and gender diverse people, and recognizes these experiences vary with other social location factors (Crenshaw, 1991; Hankivsky, et al., 2014).

The main components of the conceptual framework and key hypotheses guiding this project are described below and summarized in Figure 2 (next page).

## Livelihoods

Livelihoods refers to the ways people meet their needs through combinations of market work, non-market work and access to publicly provided services and supports. Market or paid work refers to wage and salaried employment and self-employment which generate earnings and

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<sup>7</sup> We are grateful to Mona Luxion for their support in developing this definition.

**Figure 2***Conceptual Framework: Livelihoods, Care Work, and Well-being*

Livelihoods			Paid and unpaid care work	Well-being
Market or paid work	Non-market work	Publicly provided services and programs		
Loss of paid work, particularly in sectors where remote work is not feasible	Increased non-market work	Increased use of financial supports	Increased paid and unpaid care work	Decline in well-being
She-cession: Women experience greater loss of paid work than men due to sex segregation in paid work	Substitution of non-market work time for paid work time (which is lost)	Difficulties accessing some programs	Increased paid and unpaid care penalties	Shadow pandemic: Increased violence against women

income. Non-market work refers to unpaid work time in which people combine their labour with the natural environment to harvest, fish, and garden to produce goods and services used to meet their own basic needs or to share and/or exchange with others. People also use publicly provided goods and services such as food banks and health services, as well as financial supports to meet their basic needs. Livelihoods are gendered because women and men have access to different resources and assets and social norms, and women are constrained by social norms.

The research questions addressed with respect to livelihoods are:

- Was the pandemic-induced recession a she-cession? This may occur if, due to sex-segregation in the labour market, women are disproportionately employed in sectors where economic activity declined. Following Scott (2021), the pandemic-vulnerable sectors include accommodation/food services, wholesale and retail trade, information, culture and recreation and other services (except public administration).
- Among women with paid work, did a gap emerge between those who could perform the work remotely and those who could not?



- Did precarious paid work increase during the pandemic as economic activity declined, particularly in the pandemic-vulnerable sectors? Precarious paid work refers to work which is of short duration, temporary, and uncertain.
- Did women who lost paid work diversify their work time and undertake non-market activities to meet their basic needs, compared to women who maintained access to paid work during the pandemic?
- What types of services and supports did women access during the pandemic? Did the loss of paid work during the pandemic increase women's need to access public services and supports to meet their basic needs?

## Care work

Care work involves greater emotional, personal, physical, moral attachment and commitment, than other types of work. Care work can be paid or unpaid. Paid care work is undertaken by people in occupations such as nursing, child and elder care, and social work. Unpaid care work is undertaken in a person's own home, as well as in other people's homes and includes the care of children, elderly, and people needing daily assistance.

The research questions addressed with respect to care work are:

- Did the paid care work penalty increase? The paid care work penalty occurs when, on average, paid care workers receive a lower wage, are exposed to higher risks and/or work more intensively compared to other occupations requiring similar levels of education and skills. The paid care work penalty is examined in terms of non-monetary i.e. well-being dimensions, rather than the monetary or wage dimension.
- Did women who provided unpaid care during the pandemic experience greater adverse impacts on their well-being?

## Well-being and violence against women

Well-being refers to a wide range of dimensions including physical and mental health, economic security, balanced time use, being safe from physical and emotional violence, and having opportunities to participate in decision-making.

The research questions addressed with respect to well-being are:

- Did the pandemic have adverse impacts on the well-being of women?
- Is there evidence of a shadow pandemic, meaning was there an increase in violence against women?

## 3.2 Research design and data collection issues

### **Research design and Research Advisory Committee**

A Research Advisory Committee (RAC) was formed early in the research process and the project has benefitted from RAC guidance throughout the project. The researchers are extremely grateful for the great breadth and depth of guidance and knowledge that was shared with the project team, and the time each person took to help us further learn.

### **Researchers' positionality**

The researchers recognize their positionality as settlers and acknowledge that a long tradition of scientific colonialism exists in the north, whereby settler researchers enter Indigenous spheres as a means of acquiring data. While the research project does collect demographic parameters about Indigeneity and explores the role of various social locations in the shaping of Yukon women's experiences, it does not have a specifically Indigenous focus and is not conducted on settlement lands. The researchers are also cognizant of being white women with paid jobs and that these identities confer power and privilege which may constrain and bias data collection, analysis, and policy recommendations.

Given some understanding of these positions, the researchers sought to incorporate a culturally safe approach to data collection, and one which is inclusive and respectful of Indigenous women in the Yukon. To meet this objective, the RAC was established early in the research process and guidance was sought on all aspects of the research process as noted above.

### **Mitigation of risks**

To reduce COVID-19 exposure risk for participants, RAC members, and researchers, the number of physical face-to-face meetings were limited. Communication with RAC members occurred through email, phone and zoom calls. Survey data and interviews were primarily collected through an online tool and interviews were primarily conducted by phone or zoom calls. As COVID-19 conditions lessened, some interviews were conducted in person if requested by the participant; in these cases, the interviewer wore a mask.

The project followed a process of informed consent, so that participants would be aware of risks and be aware of actions that could be taken to reduce their risks by, for example, withdrawing from the project at any time. The project was reviewed by the Research Ethics Board at the University of Northern British Columbia. The review encompassed all research materials including participant recruitment materials, information letter, informed consent forms, survey questions and process, interview questions and process, and non-disclosure agreements. These research materials are available by request.

## **Honoraria**

As a symbol of recognition and appreciation of people's time, knowledge, and costs of participation such as those related to travel and childcare, honoraria were provided to interview participants and members of the RAC.

## **3.3 Data collection methods**

Data were collected from primary and secondary sources to develop a comprehensive body of evidence to analyze the research questions.

### **Primary data collection**

#### *Survey of Impacts of COVID-19 on Yukon Women*

As part of this project, a survey was undertaken to collect data on the broad impacts of COVID-19 on livelihoods, care work, and well-being of women in the Yukon, hereafter referred to as Yukon Status of Women Council survey (YSWC survey). The survey data enable analysis of the impacts of COVID-19 among women reflecting on intersectional differences. The survey contains data on Indigeneity, race, sexual orientation, disability, current housing situation which enable an examination of how impacts vary among women.

Wording of questions reflect input from partner organizations and RAC and the participant recruitment methods were designed to reduce barriers and facilitate the participation of women who may be excluded from other surveys, particularly women who experience housing and income precarities. The survey is not based on random sampling of women and caution must be taken in interpreting the results; for example, an indicator of the average response from this survey should not be taken to reflect the average for all women in the Yukon, 19 years of age and over.

Survey participants were recruited through announcements on YSWC social media, organizations partnering on this project, and other local NGOs. Paper posters of the participant recruitment announcement were posted in 50 locations in Whitehorse, in addition to focused posters at selected women's organizations in Whitehorse, as well as Dawson Women's Shelter. In addition to this, the project was discussed on CBC's Midday Cafe to recruit participants and a recruitment notice was shared in a newsletter sent out by an employee at the Office of the Science Advisor.

The survey was undertaken primarily online, hosted on a Survey Monkey platform, licensed by UNBC, which is FIPPA compliant. Paper copies of the survey were made available for potential participants to pick-up from the office of YSWC and at some partner organizations; along with the paper copy of the survey questionnaire, an envelope addressed to YSWC (and stamp) were included so that the completed questionnaire could be returned.

The survey questionnaire consisted of questions in five main categories: demographics (e.g., age, location); gender identity and sexual orientation; work (e.g., paid, unpaid care work, non-paid activities to meet basic needs e.g., gardening, sewing, hunting, gathering, fishing) and financial security; access to services and programs; and social consequences (e.g., mental health, IPV, social isolation, housing, stress). Most questions took a multiple-choice form, with several questions being open-ended to enable participants to express the impacts of COVID-19 in their own words. Survey participants were also asked to indicate their willingness to be contacted for a follow-up interview.

The online survey was available for about two months (May 30 to August 8, 2022). The average completion time was 15 minutes.

The survey generated a total of 148 observations.

Basic demographic data from the YSWC survey are presented in Table 1 (next page). The YSWC survey includes high inclusion of women residing outside of Whitehorse, Indigenous and racialized people, and women with different sexual orientations and gender identities. One of the key strengths of the YSWC survey is the greater representation of some groups of women in the YSWC survey sample, such as Indigenous and racialized women, and women identifying with a disability, which enables intersectional analyses.

YSWC survey data are analyzed using frequencies and cross-tabulations; and the data are presented in table and graph formats.

### *Semi-structured interviews*

Semi-structured interviews were undertaken to collect data on the impacts of the pandemic on women's livelihoods, care work, and well-being. The data are particularly useful for analyzing relationships among different livelihood components, the variation across identity groups and social location, understanding the severity of the impacts, and for amplifying Yukon women's voices. We recognize though that sample size and confidentiality issues will prevent full examination of changes in paid work and identities and particularly analysis of multiple identities such as age, location, and sexual orientation.

The interview guide consisted of 15 overarching open-ended questions (with associated probes). A timeline of COVID-19 events in the Yukon was provided to participants (via email, mail, or in-person), which was intended to spark a participant's memory about events that have occurred at varying points of the pandemic. Interview participants were recruited through the survey and additional posters distributed through our partner organizations. The secondary recruitment was deemed necessary to recruit participants who are particularly marginalized in terms of housing, internet access, and low income who are less likely to have participated in the online survey. Additionally, there were recruitment notices on local radio (CHON FM and CBC North).

**Table 1***Basic Demographic Data from the YSWC Survey*

Characteristic	%	Characteristic	%
Age (n=146)		Annual personal income, before taxes (n=148)	
19-24	12	<\$30,000	23
25-34	35	\$30,000-\$49,999	21
35-44	32	\$50,000-\$69,999	20
45-54	13	\$70,000-\$89,999	18
55+	8	\$90,000+	16
		Prefer not to answer	3
Race/ethnicity (n=147)		Location in Yukon (n=147)	
Indigenous (First Nations, Inuit, or Métis)	31	Within Whitehorse city limits	70
Racialized	9	Subdivision outside of Whitehorse city limits	16
Caucasian	60	In one of the communities	14
Sexual Orientation (n=146)		Identify as having a disability (n=148)	
Heterosexual/Straight	66	Yes	30
Two-Spirit, Lesbian, Bi-/pansexual, Queer, or other sexual identity minority	23	No	68
Prefer not to answer and other	12	Prefer not to answer	2
<i>Note:</i> *respondents could select all that apply so the total percentage exceeds 100.  Source: YSWC survey.		Gender* (n=146)	
		Cisgender woman	82
		Transgender woman	7
		Two-Spirit, Non-binary, Gender non-conforming	10
		Prefer not to answer and other	7

An initial pilot of 8 interviews was conducted to test the wording and nature of responses. Based on the analysis of the pilot interviews, no changes were made to the interview guide. Data collected in the pilot stage are analyzed along with the remaining interviews.

The total sample is comprised of 51 participants; 17 who were selected from the group of survey participants who expressed willingness to participate in a follow-up interview and an additional 34 participants recruited through the secondary recruitment method. See Table 2 for key demographics.

The interviews were recorded, if permitted by the participant, using a smartphone or through a Zoom recording. Audio recordings of interviews were transcribed using the Trint transcription software and confirmed and the recordings were deleted. The interview data have been coded and analyzed using Atlas.ti software.

We sought to include participants from a wide range of participants reflecting identity and social location factors identified (such as age, location, having children, sexual orientation). Given the primacy of understanding the impacts of COVID-19 on paid work, about two-thirds of the people selected for the interview had paid work prior to the start of the pandemic and within this selected group, there is a mix of people who continued with paid work during the pandemic and those who did not.

**Table 2**

*Key Demographics from YSWC Interview Participants*

Characteristic	n	%
Ages 19-64	41	80
Age 65+	10	20
Location - Whitehorse	39	77
Location - In a Community	12	13
Indigenous	27	53
Caucasian	24	47
Caregiver of Dependents	14	27
Unhoused/Precariously Housed	21	41
Disability	10	20

## **Secondary data sources**

Quantitative data related to pandemic impacts on livelihoods and well-being were collected from publicly accessible tables from Statistics Canada and the Yukon Bureau of Statistics (YBS). Regarding livelihoods, the employment rate indicator is used to analyze changes in paid work at the onset of the pandemic and the following recovery. The employment rate captures only whether a person had paid work in a given month and it does not indicate the quantity of work i.e. number of paid work hours. Data on the monthly employment rate disaggregated by sex are drawn from the Statistics Canada Labour Force Survey from publicly available tables. The main disadvantage of the employment rate data for the Yukon derived from these sources is that the data are not available by Indigeneity, race, education and other factors which are necessary for intersectional analysis.

Regarding well-being, indicators on mental health, stress and financial security are used to examine pandemic impacts on well-being. These data are drawn from Statistics Canada surveys as presented in reports available on the YBS website. Estimates of the impacts of the pandemic on well-being are sensitive to the survey date and thus attention is given to dates of data collection. The main limitation of these well-being indicators for the Yukon, as for the employment rate data, is that intersectional analysis is not possible because the data are not disaggregated across identities or social location factors.

These data are complemented by a set of custom tabulations based on data from the Government of Yukon Community Well-being Survey (hereafter referred to as the CIW survey to avoid confusion with YSWC). The CIW survey was undertaken for the Yukon government by Dr. Smale, Director, Canadian Index of well-being, University of Waterloo. The survey was conducted at the beginning of the pandemic, between early August and mid-September 2020, and has a large sample size of 4,991 residents aged 18 years of age or older (Smale & Gao, 2021). Through conversation and an iterative process with the authors and Dr. Smale, he and his team provided a set of custom tables on indicators related to livelihoods, care work, and well-being, disaggregated by sex, for the age group 19 years and older. These tables are particularly useful given the relatively large sample size and sex disaggregation. The sample may not include women experiencing housing, income, and other precarities. The researchers are extremely grateful to Dr. Smale for his expertise, time, and effort in creating these tables.

Overall, these secondary data are presented in tables and figures to highlight key impacts of COVID-19 on women in the Yukon. The analysis provides context and background for more detailed insight into causal mechanisms and meaning using interview data.

# Results

## Pandemic Impacts On Women's Livelihoods, Carework, And Well-being In The Yukon

### 4.1 Yukon government responses to the pandemic and timeline

The Yukon government declared a Public Health Emergency and State of Emergency, respectively, on March 18 and March 27, 2020, and subsequently implemented a wide range of measures to reduce transmission of the COVID-19 virus and improve financial security.<sup>8</sup>

In response to key pandemic events, the Yukon government implemented its responses in five phases: Phase 0 - mid-March to mid-May; Phase 1 (Restart) – May 15 to June 30; Phase 2 (Recover) – July 1 to July 31; Phase 3 (New Normal) – August to December; and Phase 4 (Post-vaccine) starting in January 2021. Responses related to travel, business and organization closures, education, childcare, and employment protections are particularly relevant for understanding changes to women's livelihoods, care work, and well-being. A wide range of programs to increase financial security and well-being of Yukon residents were introduced starting or announced in March 2020 with many continuing for several years. A timeline of the pandemic highlighting key events and government responses in the Yukon is included in Appendix A, along with a brief description of key responses.

The findings of the pandemic's impacts on women in the Yukon are discussed with respect to livelihoods (4.2), carework (4.3) and well-being (4.4).

### 4.2 Pandemic impacts on women's livelihoods in the Yukon

Women have different livelihood combinations of paid work, non-market activities, and public services and supports to meet their basic needs and needs of family members and others. For the majority of women, paid work is the main way to meet their basic needs and how this changed during the pandemic is analyzed below.

Since changes in paid work are overall related to market/economic activity, changes in economic activity in the Yukon are noted first.

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<sup>8</sup> These orders were ended just over three years later, in August 2021 and November 2021, respectively.



Economic activity in the overall Yukon economy, measured by gross domestic product adjusted for inflation (real GDP), increased during the pandemic. In the Yukon, the level of real GDP was higher in 2020 and 2021, compared to 2019; and real GDP growth was positive in 2020, in contrast to the negative growth in each of the ten provinces.<sup>9</sup>

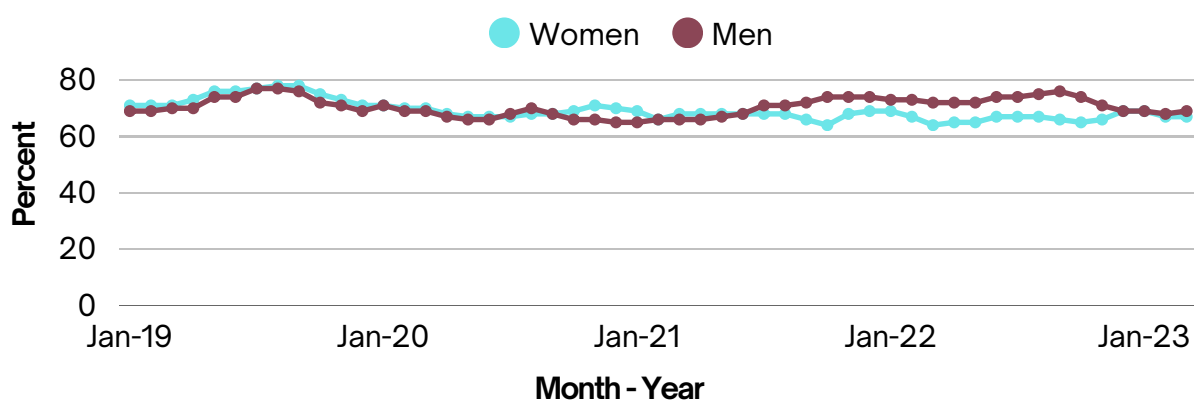
This increase in economic activity reported for the entire territorial economy in 2020 masks substantial declines in economic activity in some industrial sectors. While there was GDP growth in the goods-producing industries and the mining sector in particular, there were large declines in some of the services-producing industries; and for example, sectoral GDP declined by 37 percent in accommodation and food services category and 34 percent in arts, entertainment and recreation category.<sup>10</sup> Given that women and men have paid work in different sectors of the economy it is necessary to examine the pandemic impacts on paid work for women and men separately.

*Finding 1: Loss of paid work and delayed recovery for women and emergent gender paid work gap*

At the onset of the pandemic, women lost paid work which adversely affected livelihoods and ability to meet basic needs. Women's paid work, measured by the employment rate, dropped 3 percentage points from 69.6 to 66.5 between February and May 2020 (see Figure 3). At this early stage of the pandemic, there is no evidence of she-cession given that the employment rate declines were similar for women and men.

**Figure 3**

*Employment Rate (%), Monthly, Yukon, Women and Men, 15 + Years, January 2019-March 2023*



Source: Monthly seasonally unadjusted employment rate from Statistics Canada, Table 14-10-0292-01.

<sup>9</sup> YBS. Yukon Economic Accounts 2021, page 1; Statistics Canada. Catalogue no. 11-631-X. <https://www150.statcan.gc.ca/n1/en/pub/11-631-x/11-631-x2021002-eng.pdf?st=z8x1aqrk>

<sup>10</sup> Calculated from YBS. Yukon Statistical Review 2021. Tables 11.9 and Table 11.11.

Women have experienced a very long delay in recovery of paid work. More than three years into the pandemic, women's employment rate is still 2 percentage points below the pre-pandemic level. Using February as the comparison month, women's employment rate was 70.8 percent in 2019, 69.6 percent in 2020, 66.3 percent in 2021, 66.9 percent in 2022, and 67.3 percent in 2023.<sup>11</sup>

The delay in recovery of paid work for women is accompanied by a gender gap in paid work emerging in January 2021, disadvantaging women. The gender gap in paid work is particularly notable given women and men's similar engagement with paid work prior to the pandemic. While women's employment rates remained low in the pandemic, men's employment rates started to rebound after January 2021. Thus, the gender gap in employment rates reached almost ten percentage points in the fall of 2022 indicative of a he-recovery.

*Finding 2: Loss of paid work among women was primarily in private sector*

The paid work losses due to the pandemic were spread unevenly across the private and public sectors and industrial sectors. To prevent transmission of the virus, non-essential businesses were ordered to close at the onset of the pandemic, along with businesses which could not follow public health and safety guidelines. Many businesses, non-government organizations and government organizations at various levels were able to move some work online and enable employees to work remotely. Travel restrictions also affected the demand for services, particularly those related to tourism.

Women lost paid work primarily in the private sector, compared to the public sector. The number of women employees in the private sector dropped substantially at the onset of the pandemic, corresponding to YG's Phase 0 (see Figure 4, next page). Although there was some rebound in the fall of 2020, women employees continued to lose jobs in the private sector throughout 2021 and the share of employees in the private sector continued to fall. The loss of wage employment in the private sector may have pushed women into self-employment as suggested by the rise in the number of women self-employed workers. Although sex/gender-disaggregated data are not available, the industrial sectors which experienced the largest job losses between 2019 and 2021 are: accommodation and food services, followed by wholesale and retail trade, and transportation and warehousing.<sup>12</sup> These are the pandemic-vulnerable sectors which provide services requiring considerable physical proximity among workers and between workers and customers and consequently, would have experienced greater impacts during the pandemic.

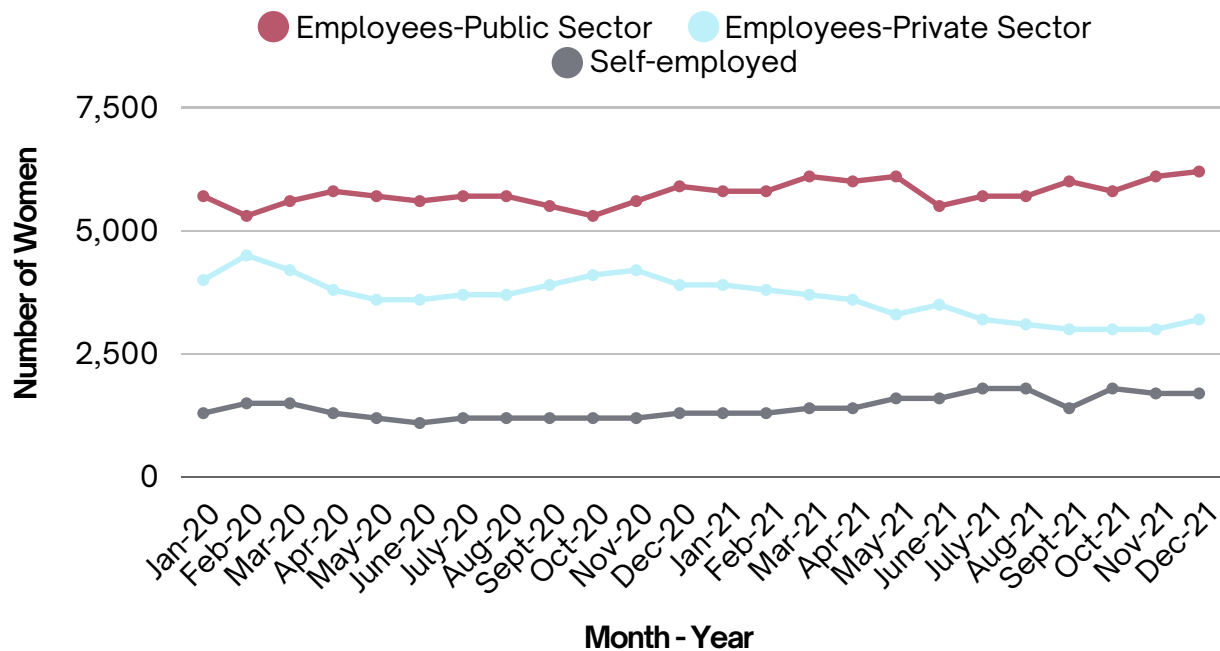
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<sup>11</sup> The increase in women's employment rate in the New Normal Phase 3 (August – December 2020) was short-lived.

<sup>12</sup> See YBS. Survey of Employment, Payrolls and Hours 2021, page 5. Sex-disaggregated data on the number of wage/salary jobs (employees) by industrial sector by month are not publicly available and therefore, it is not possible to establish the percentage of women's lost jobs accounted for by these sectors.

**Figure 4**

*Employment by Class of Employment, Monthly, 2020 and 2021*



Source: YBS. Yukon Statistical Review 2020 and 2021, Table 3.7.

Data from the qualitative interviews supported the disproportionate loss of work for women in private sector positions, which contrasted with women who worked in the public sector. Respondents reported perceptions or direct experiences of precarity in the following types of work: creative and arts-based roles; contract, part-time, temporary, seasonal, and gig-type work; consultancy work, service and hospitality, frontline administrative roles; and NGO work. There were also participants who had to navigate difficulty finding work, which translated into fluctuating instances of short-term, insecure work and use of social assistance. See Figure 5 (next page) for a comparison of how often loss of or inability to find work was described by women who worked in precarious careers, when compared to those who had non-precarious careers.

While women working in the private sector correlated to some precarity, interview data indicate this was not a uniform experience. The precarious nature of working in the private sector could vary as a function of timing of the pandemic or pandemic-related government responses, the point in a person's life, or the type of work within the private sector they were doing, and was differentially felt by women who have intersecting identity features (discussed in the next section).

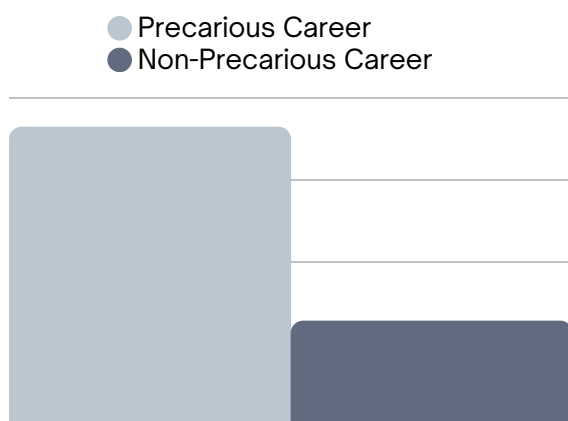
The pandemic's initial stages brought about a pervasive sense of uncertainty, which caused concern for some about security of work and finances. Pandemic-related responses, such as

mandatory vaccination requirements, impacted some women's ability to find and maintain paid work. Additionally, a woman's life stage contributed to shaping paid employment experiences. Young women, especially those entering the workforce out of school, faced added layers of uncertainty. They were grappling with both the pandemic's disruptions and the challenges of launching their careers or pursuing further studies.

Private sector instability was easier for some women to buffer or navigate, on the other hand. For example, participants working in consultant-type roles described being able to pivot or enact resilience, which meant they could find and secure new, stable work. It is important to emphasize that those participants working in the private sector who did not lose paid work had higher levels of education and had relatively stable employment histories and experiences. Women in other industries and with intersecting identity characteristics were less likely to be able to shift to new work.

**Figure 5**

*Frequency of Loss of, or Inability to Find Work Discussion, Disaggregated by Degree of Career Precarity*



Source: Interview data.

*Finding 3: Impacts of paid work losses were greater for women with intersectional identities*

The pandemic reinforced the economic disadvantages experienced by women with intersecting identities such as Indigeneity, race, disability status, and location.<sup>13</sup> In 2020, Indigenous women had more vulnerable positions in the labour market given a lower employment rate, higher unemployment rate, and lower median employment income, compared to all Yukon women, all Yukon men, and Yukon Indigenous men, based upon 2021 Census data. The example of an intersectional impact is illustrated using the YSWC survey data which indicates that Indigenous and Racialized women

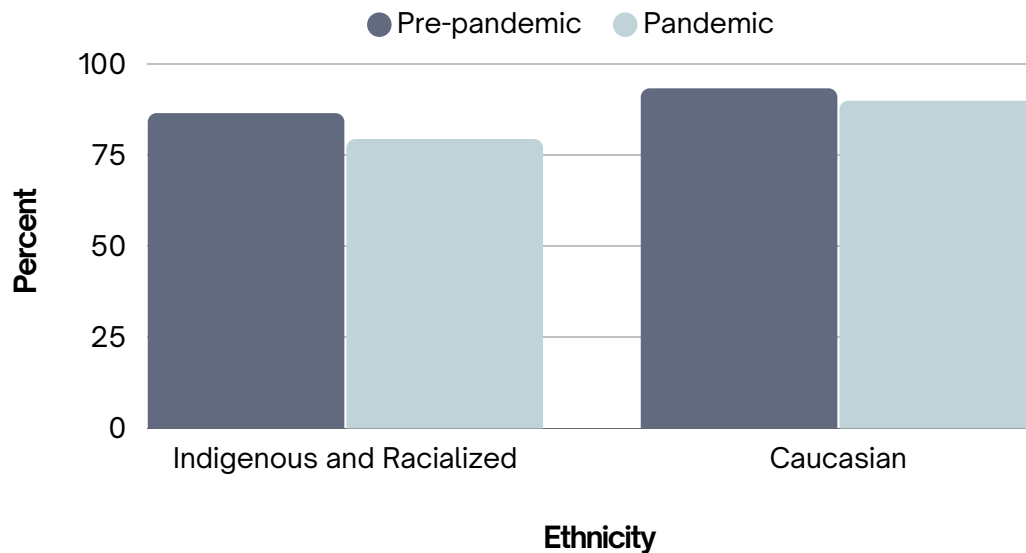
experienced disproportionate adverse impacts in paid work (see Figure 6, next page). Prior to the pandemic, high percentages of both Indigenous and Racialized women and Caucasian women had paid work; and Indigenous and Racialized women had a higher rate of precarious paid work, compared to Caucasian women, indicated by the higher percentage reporting that their paid work was unstable, 55 and 37 percent, respectively (see Figure 7, next page).

<sup>13</sup> The distribution of the paid work losses among women with intersectional identities including Indigeneity cannot be analyzed for the Yukon using the Statistics Canada data discussed so far because the small sizes limit the availability of publicly accessible disaggregated employment data.

Comparing the pandemic to the pre-pandemic period, Indigenous and Racialized women experienced larger declines in both paid work and stable work, compared to Caucasian women.

**Figure 6**

*Pre And Pandemic Access To Paid Work, Disaggregated By Ethnicity*



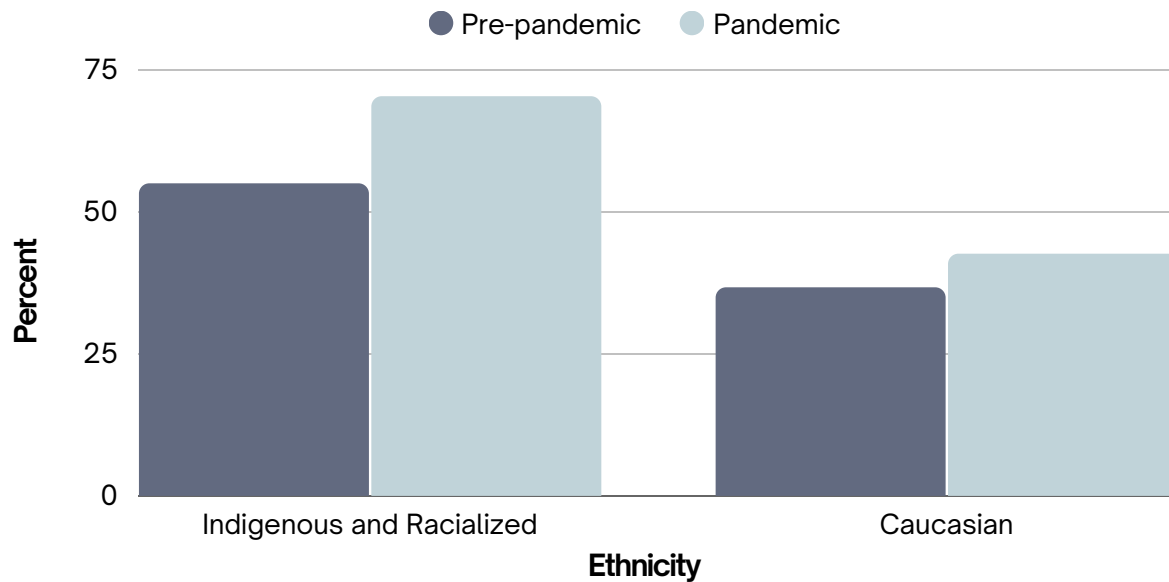
Source: YSWC survey data.

The greater adverse paid work impacts experienced by Indigenous and Racialized women, compared to Caucasian women, may arise in part from their greater employment in the private sector. For example, based on the YSWC survey, prior to the pandemic, 42 percent of Indigenous and Racialized women were employed in the private sector, compared to 32 percent of Caucasian women.

Two findings combined suggest that the slow recovery in women's paid work may have been disproportionately experienced by Indigenous and Racialized women. As discussed above, the number of women employed in the private sector declined since the start of the pandemic from the YBS data, and a higher percentage of Indigenous and Racialized women than Caucasian women were employed in the private sector, from the YSWC survey. Therefore, it is inferred that Indigenous and Racialized women in particular may have borne the burden of the delayed recovery in paid work, although this result needs to be confirmed with a larger sample and using data on the monthly number of women employed by race/ethnicity. Women with paid work in the public sector were better protected from paid work losses as noted above.

**Figure 7**

*Pre and Pandemic Unstable Paid Work, Disaggregated by Ethnicity*



Source: YSWC survey data.

The economic disadvantages experienced by women with intersecting identities such as Indigeneity and disability, for example, were also exemplified in the qualitative interviews. Indigenous women and those living with disabilities struggled with precarious work, exemplified in gig or contract based work, administration, NGO, hospitality and food services, education, and construction and camp-based work. These women were more often faced with difficulty pivoting to new roles or finding other work. The vulnerability experienced by women was magnified when multiple intersecting aspects of their identities, such as disability and Indigeneity, came into play, affecting not only their employment but also various other dimensions of their social lives.

For Indigenous women, finding jobs and maintaining stable employment was notably harder than for the Caucasian participants. The pandemic amplified several challenges in maintaining and seeking paid employment, including gaps in employment history, perceptions of inadequate qualifications (e.g. technological literacy), lack of access to technology required to find or maintain paid employment, transportation limitations, or discriminatory hiring practices. These challenges further intersected with considerations such as managing risk of exposure, navigating substance use, vaccination requirements, and pre-existing employment precarity.

*Finding 4: Non-market economic activity substantially increased for some women but decreased for others*

Women combined paid work with various non-market activities in order to meet basic needs. Non-market activities such as harvesting of local foods, growing food, and cooking meals at home increased during the pandemic as women lost paid work and had more time or need to undertake these activities. Evidence from both the YSWC survey and CIW survey custom tables indicate that substantial percentages of women engaged in more non-market activities during COVID, however, other women decreased the amount of time allocated to non-market activities.

Women who were laid off during the pandemic might have had more time to allocate to non-market activities in order to improve their livelihoods. However, data from the CIW and YSWC surveys suggest that women with access to greater resources such as income were more likely to engage in non-market activities. This suggests that there are income and resource constraints to improving livelihoods through non-market activities.

The qualitative data reveal an intricate web of systemic challenges that disproportionately affect certain individuals, particularly Indigenous women, when attempting to mitigate the cost of living during difficult times. These accounts shed light on the catch-22 situation: the need to partake in non-market activities such as hunting or gathering as a means to decrease living expenses, but being constrained by financial barriers or transportation access. Non-market activities, then, have the potential to be counterproductive; that is, despite trying to reduce costs of living, they actually incur more costs, or require a level of financial security and employment stability such that an individual owns a vehicle and has access to paid vacation, among other resources required to go out harvesting and hunting.

The amount of time and effort needed to complete non-market activities, or pandemic-related impacts (travel restrictions; supply chain) were other limitations to non-market productivity. Time and energy expenditures required to lower cost of living could be particularly challenging for women doing paid work with increased workloads (e.g. frontline and public facing) and carrying higher amounts of unpaid care responsibilities, while impacts of the pandemic on travel (e.g. travel outside of the Yukon to traditional territory) or on the supply chain (e.g. inability to secure parts to repair transportation) could hamper participation in these types of activities.

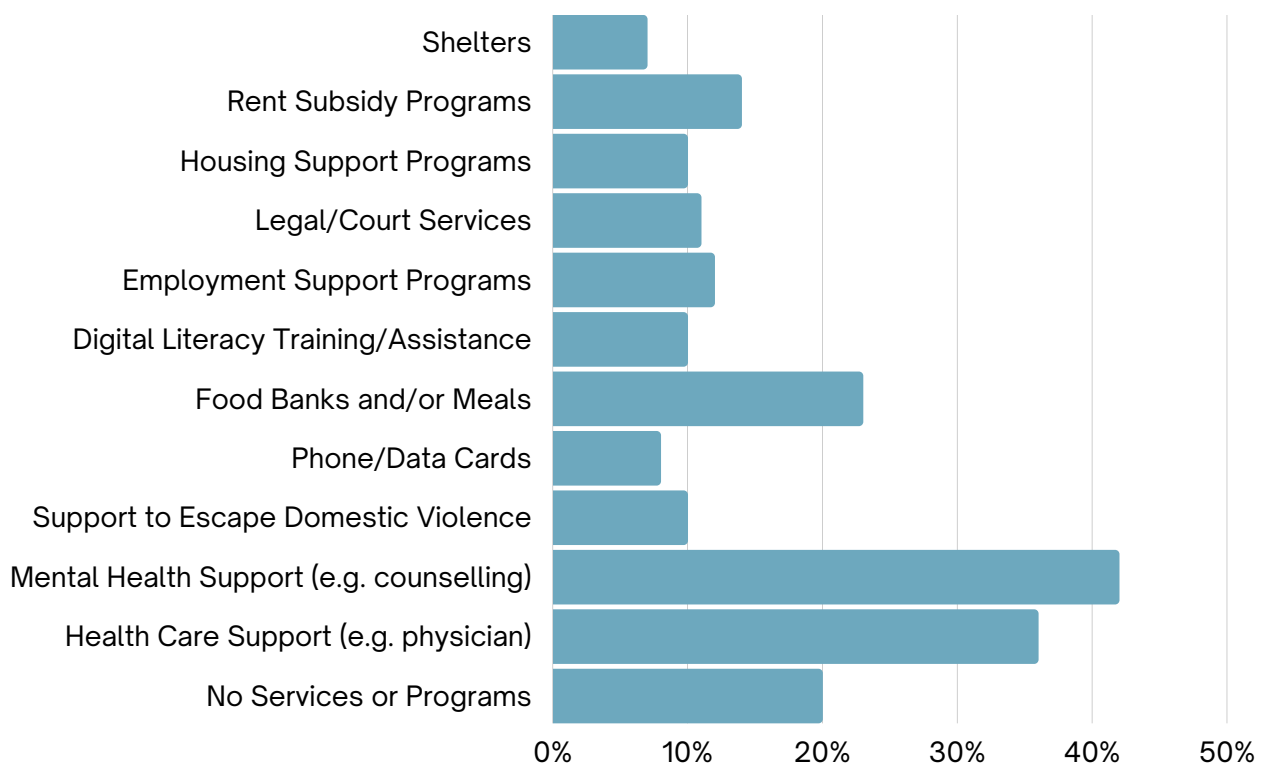
While non-market activities might not have been accessible in terms of time, finances, or physical access, traditional food sharing was a resilience mechanism employed by some participants in order to address financial and food insecurity. This communal practice was highlighted as a way to meet basic needs and access traditional foods.

*Finding 5: Public services and financial supports played an important role for many women during the pandemic*

Public services and financial supports are important parts of women's livelihoods and mechanisms for meeting basic needs. Key public services are: shelters, rent subsidy programs, housing supports programs, legal/court services, employment support programs, training or assistance to improve skills, food banks and/or meals, phone/data cards, support to escape domestic violence, mental health services, and physical health services. Data from the YSWC survey demonstrates that the majority of participants accessed some public services to meet their basic needs. Only 20 percent of all participants indicated that they did not use any of the services listed on the survey (see Figure 8). Many participants accessed key services to meet basic needs; 7 percent of women used shelters, 14 percent used rent subsidy programs, and 23 percent used food banks and/or meals; and 10 percent of women used supports to escape domestic violence. These data indicate the importance of these services to women in the YSWC survey but caution needs to be given in extrapolating to the entire population of women in the Yukon.

**Figure 8**

*Access to Public Services and Programs During the Pandemic*



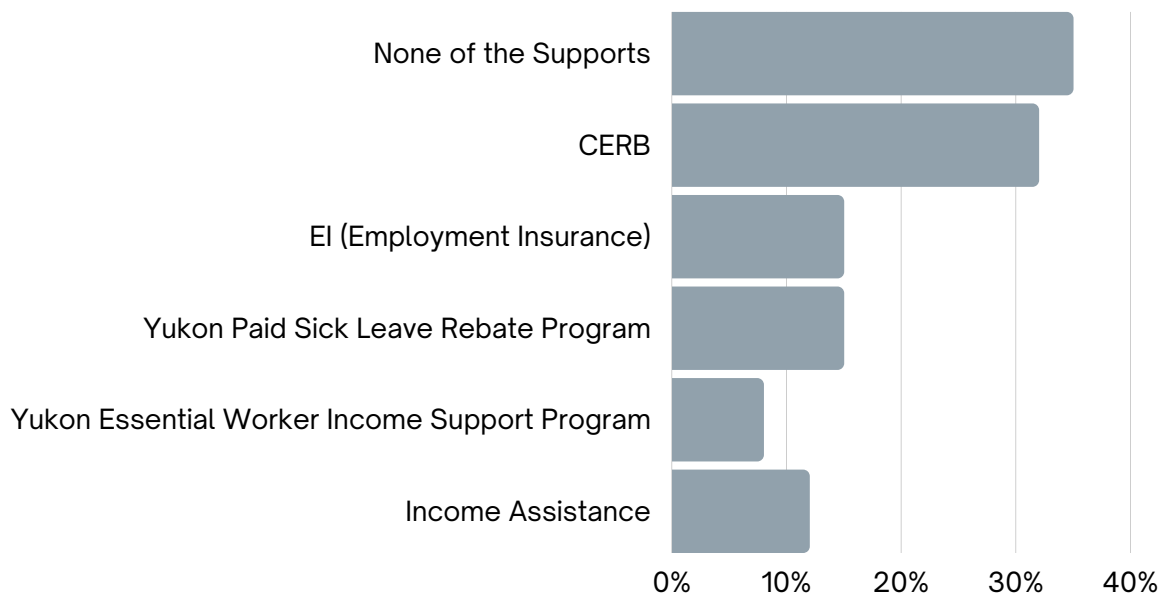
*Note.* Respondents can access more than one service/program, n=145. Source: YSWC survey data.



The public services were accessed by all women as well as women with paid work. Financial supports made available from various levels of government were accessed by women so that they could meet basic needs. As shown in Figure 9 derived from the YSWC survey, financial supports were accessed by the majority of participants, and only 35 percent reported that they did not use any of the support programs listed. The federal Canadian Emergency Response Program (CERB) was accessed by the largest percentage of participants with 32 percent of participants indicating they accessed such programs in the YSWC Survey. Territorial supports such as the Yukon Paid Sick Leave Rebate program and Yukon Essential Worker Income Support program were accessed by 15 and 8 percent of participants, respectively.

**Figure 9**

*Access to Public Financial Supports During the Pandemic*



*Note.* Respondents may receive more than one form of support, n=144. CERB refers to the Canadian Emergency Response Program: assistance for being directly impacted by COVID-19 both employed and self-employed. Income assistance includes assistance delivered by the Yukon government, CIRNAC or a self-governing First Nation. Source: YSWC survey data.

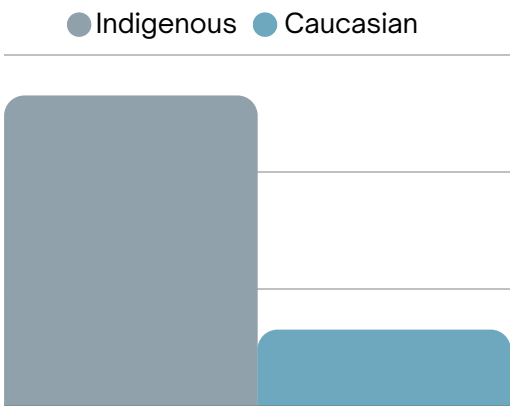
Results from the YSWC show that women with precarious paid work were more likely to access these financial supports, compared to women with stable paid work. Based on the YSWC survey, 85 percent of women with precarious paid work accessed at least one financial support, whereas 43 percent of women with stable paid work accessed at least one financial support.

The qualitative data also highlighted that many of the participants accessed various forms of formal financial assistance and/or services to meet their needs. It is vital to recognize that use of supports and services was not equally distributed amongst Caucasian and Indigenous participants. See Figures 10 and 11 for comparisons of these disaggregated responses.

Women with precarious paid work have greater need for public supports and services. In the interviews, Indigenous participants reported far more often that they accessed formal financial supports (e.g. EI, CERB, and SA), as well as programming (e.g. food bank; gender-specific NGO organization; shelter; Blood Ties). This finding aligns with the earlier discussion where Indigenous participants reported a higher rate of loss and instability in their employment. Indigenous participants were utilizing these formal channels as forms of resilience; that is, they accessed and navigated numerous different supports in the attempt to meet basic needs, often without access to reliable transportation.

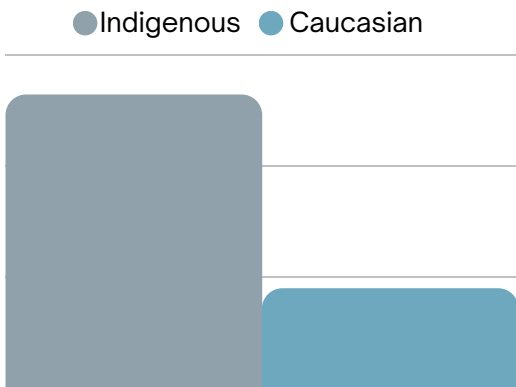
During the pandemic, Indigenous participants not only faced instability in paid employment (e.g., roles susceptible to job loss and challenges in finding work) but also frequently sought support due a lack of stable, secure work. Their discussions further highlighted the depth and intensity of their precarious situations beyond just employment (see Figure 12, next page). For instance, Indigenous women discussed the wide reaching impacts of precarity in terms of financial insecurity, food insecurity, housing-related issues (security; safety; suitability), lack of transportation, inability to meet basic needs, lack of access to technology and technological literacy, and heightened difficulty responding to inflation. For Caucasian women, the inverse relationship existed for when characteristics of stability

**Figure 10**  
*Frequency of Discussion Surrounding Financial Supports, Disaggregated by Indigeneity*



Source: YSWC interview data.

**Figure 11**  
*Frequency of Discussion Surrounding Service Use, Disaggregated by Indigeneity*

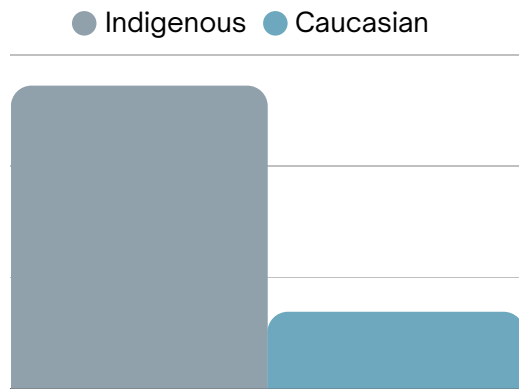


Source: YSWC interview data.

and security (housing; financial; other indications of privilege) were discussed (see Figure 13).

**Figure 12**

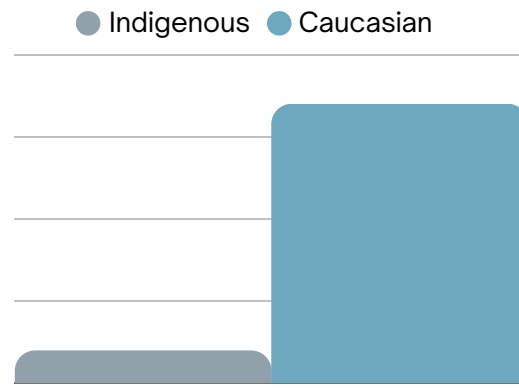
*Frequency of Discussion Indicating Precarity, Disaggregated by Indigeneity*



Source: YSWC interview data.

**Figure 13**

*Frequency of Discussion Indicating Stability and Security, Disaggregated by Indigeneity*

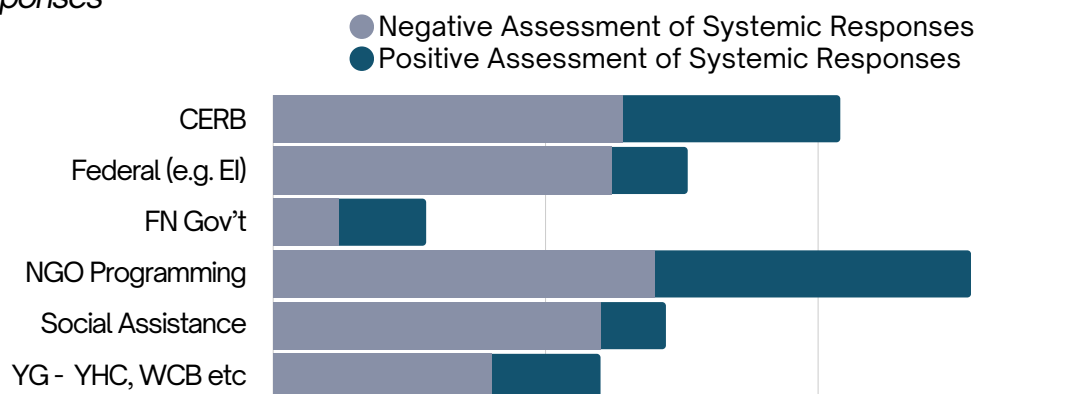


Source: YSWC interview data.

While various supports and services aim to help in crucial areas, feedback from participants indicated that many of these supports didn't fully meet their existing needs. The graph below demonstrates this clearly (see Figure 14).

**Figure 14**

*Comparison of Frequencies of Negative and Positive Assessments of Systemic Responses*



Source: YSWC interview data.

For instance, social assistance (SA) and federal assistance programs, like EI and CIRNAC, were more often viewed negatively than positively. Meanwhile, the difference between positive and negative perceptions of NGO programs and CERB was less pronounced.

Many participants acknowledged the critical role of food banks. However, they also highlighted issues with accessing these services during the pandemic and expressed concerns about the quantity and variety of food available. While the food bank was seen as a helpful resource, it often did not fully address participants' food insecurity. Similarly, CERB was frequently mentioned as a beneficial support, but it was not without its criticisms. Some participants pointed out challenges, such as uncertainty over eligibility and issues with benefit repayments ("clawbacks").

Overall, these insights provide a deeper understanding of the precarious situations described earlier. They underscore the idea that many systemic support measures did not and are not fully meeting the needs of Yukon women.

## **4.3 Pandemic impacts on women's paid and unpaid care work in the Yukon**

Women's paid and unpaid care work increased during the pandemic. Paid care work of health professionals such as nurses, care aides and doctors increased as they addressed the health needs of people sickened by the COVID-19 virus. Since some health care facilities, child care centres, and schools closed and this care work moved to the household, unpaid care work in the home also increased. Restrictions on social gatherings increased social isolation, and along with anxiety about the virus itself, mental health of many people declined which also increased the amount of unpaid care work provided to support the mental health of others.

### **4.3.1 Paid care and essential work**

Paid care work in the Yukon is performed mostly by women, as in Canada generally and globally. A measure of paid care work is the number of employed persons in the industrial sector of health care and social assistance. Based on this indicator and 2021 Census data, women account 79 percent of employment in the health care and social assistance sector (Statistics Canada, Census Profile 2021).

During the pandemic, the Yukon government recognized the value of health care workers and in addition, recognized a new group of essential workers. Essential workers were deemed to be workers providing critical goods and services including workers providing childcare services, support for vulnerable people, and in food production and distribution such as work in grocery stores. In recognition of the importance of the work undertaken by low-income

essential workers, the Yukon government provided a wage supplement of up to \$4.00 per hour (up to \$20.00 per hour for up to 16 weeks).

*Finding 6: Paid care and essential workers were more likely to continue going to the workplace during the pandemic and faced increased risks*

During the pandemic, health care and essential workers worked more than many other workers who were not considered essential workers. In the pandemic period, they were more likely to continue to go work in their workplaces for a variety of reasons including that their work could not be done remotely and they were less likely to be laid off. Based on the CIW survey data, health care and essential workers were more likely to remain working during the pandemic compared to other workers. Among women, 58 percent of healthcare workers and 67 percent of other essential workers continued to go to work in their workplaces, compared to 34 percent of workers not classified as health or essential (Smale & Gao, April 2023, custom table).

The complexity and risks associated with health care and essential work during the pandemic increased. Since women health care and essential workers were more likely to perform the paid work in their workplaces, they were also more likely to be exposed to the virus given the requirement to work with others and the general public. In addition, health care and essential workers faced increased complexity of tasks given the care of patients sickened by the virus in hospital and the need to carefully follow safety protocols in the workplace to avoid contracting or transmitting the virus.

The impacts of the COVID-19 pandemic on women in the Yukon, especially those in paid care and essential roles, have been significant and multifaceted. The narratives from the qualitative interviews provided insights into the hardships, sacrifices, and adjustments faced by these women in their professional and personal lives during the pandemic.

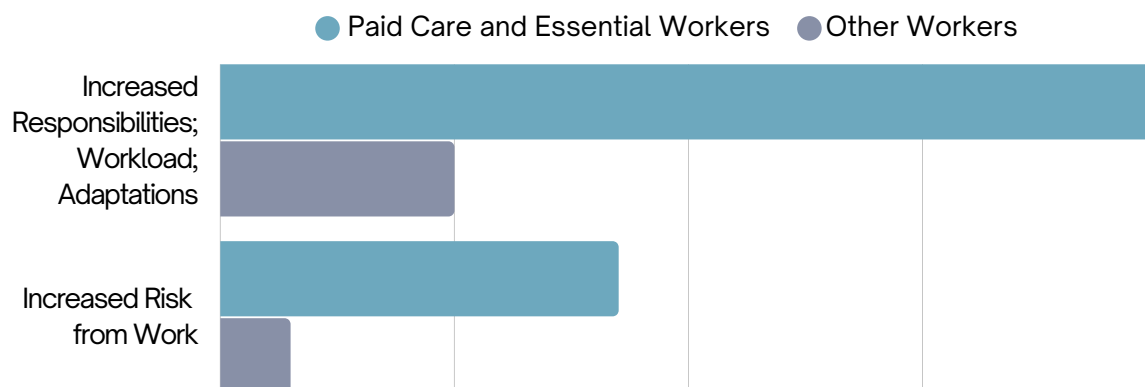
For many care and essential workers, their job expectations shifted. The regular assurances of being able to refuse certain tasks vanished. They worked longer hours, with one woman reporting that she worked 16 to 20 hours daily. Staffing challenges were rampant. Inconsistency in staffing made it uncertain how many would be on shift on any given day. For some, this also translated into picking up shifts or taking on more responsibilities to fill these gaps.

Within the paid care and essential sector, many people discussed extra time taken to prevent exposure to COVID-19 for themselves and people accessing these spaces. They reported cleaning extensively, sanitizing constantly, and working to modify risk of passing on the virus in the family and social circles. One of the women interviewed emphasized how healthcare workers modified their behaviour, more than any other sector, in the bid to maintain essential

services without disruptions. Their duties extended beyond their job descriptions, encompassing societal responsibilities like ensuring minimal exposure outside their workplaces. See Figure 15.

**Figure 15**

*Frequencies of Discussions Surrounding Impacts for Paid Care and Essential Workers Compared to Other Workers*



Source: YSWC interview data.

*Finding 7: Paid care and essential workers were more likely to experience adverse well-being impacts during the pandemic indicative of paid care penalty*

Since many women health care and essential workers performed work in their usual workplaces such as hospitals, care facilities and grocery stores, it is expected that they would experience greater adverse impacts on their well-being, compared to workers who continued to work but could do so remotely. Adverse well-being impacts are measured by the amount of perceived stress in life on most days due to COVID-19 and experienced negative impacts to mental health due to COVID-19 based on the CIW survey data.

Among all women, both health care and essential workers were more likely to experience adverse well-being impacts during the pandemic, compared to workers not classified as essential. As shown in Table 3 on the next page, (derived from the CIW survey, Smale and Gao, April 2023, custom tables), 48 percent of health workers and 52 percent of essential workers reported negative impacts on their mental health, compared to 44 percent of workers not classified as essential. Regarding perceived stress, 56 percent of healthcare workers and 59 percent of essential workers reported somewhat extreme stress levels during COVID-19, compared to 47 percent of non-essential workers.

**Table 3**

*Women's Stress and Negative Mental Health by Paid Care Work, Essential Work, and Other Types of Work*

Type of Work	Stress and Mental Health				
	Perceived Stress Most Days				
	Not Very Much		Somewhat to Extreme		Total
	n	%	n	%	
Health Care	116	44	148	56	264
Other Essential	203	41	298	59	501
Not Classified as Essential	1,177	53	1,025	47	2,202
Total	1,496	50	1,471	50	2,967
	Experienced Negative Impacts to Mental Health				
	Did Not Experience		Did Experience		Total
	n	%	n	%	
Health Care	137	52	127	48	264
Other Essential	239	48	262	52	501
Not Classified as Essential	1,234	56	974	44	2,208
Total	1,610	54	1,363	46	2,973

*Note.* Not very much stress includes not very stressful and a bit stressful; somewhat to extreme stress includes somewhat, quite and extremely stressful. Source: Smale & Gao (April 2023), custom table.

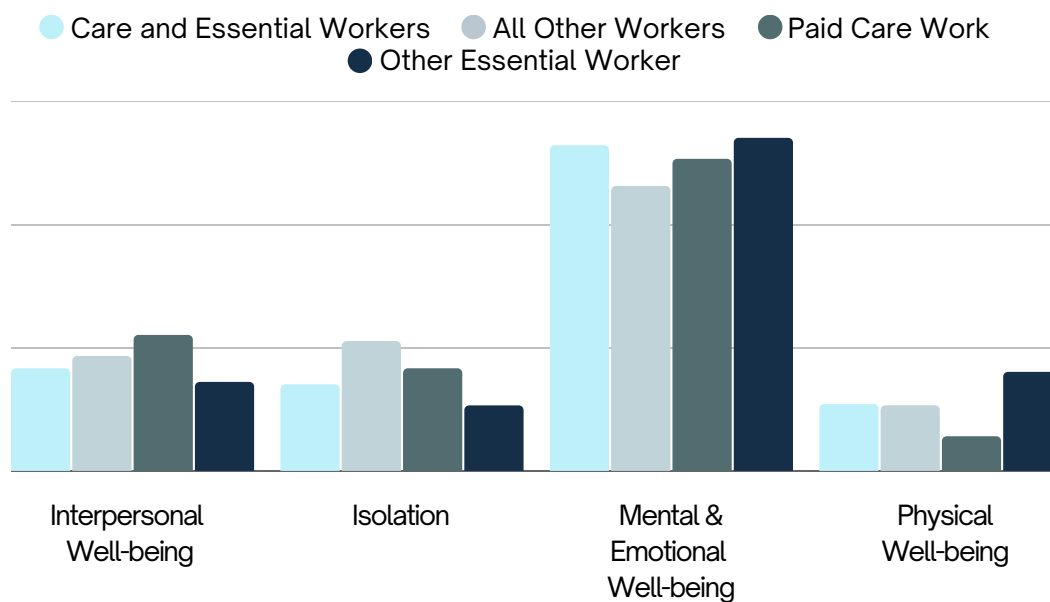
Focusing on health care workers, these adverse well-being impacts indicate that the paid care wage penalty was accentuated during the pandemic. A paid care penalty exists if the wage associated with paid care work is lower than the wage associated with other paid occupations which require similar levels of education and skills. The size of the paid care penalty is not assessed here in monetary terms. Rather the argument is that for the given wage, any care wage penalty was increased during the pandemic because health care workers performed work in the workplace rather than remotely, the complexity of the work and risks increased, and workers experienced greater adverse well-being impacts compared to other workers.

The qualitative interviews shed light on the well-being impacts experienced by paid care and essential workers. In the accompanying graph (Figure 16), the first bar represents feedback from paid care and essential workers, while the second bar represents other workers. Overall, paid care and essential workers talked more about challenges to their mental and emotional well-being than other workers did. However, other workers discussed various other well-being concerns more often.

It is important to note, however, that when we separately examine paid care workers and other essential workers (represented by the 3rd and 4th bars), distinct patterns emerge. Paid care workers frequently mentioned challenges related to interpersonal relationships and feelings of isolation. In contrast, other essential workers primarily highlighted concerns about their mental, emotional, and physical well-being.

**Figure 16**

*Well-being Discussion Frequency Differences for Paid Care and Essential Workers (Combined), All Other Workers, as well as Paid Care and Essential Workers (Disaggregated)*



Source: YSWC interview data.



## 4.3.2 Unpaid care work

Similarly to paid care work, women undertake the majority of unpaid care in the Yukon, as in other parts of Canada and around the world. Unpaid care work refers to a wide range of work caring for children, elderly, and dependent adults in the family [or otherwise] and includes personal and health-related care, and teaching and emotional supports. Based on the CIW survey, among women: 29 percent provide unpaid care to children in the family or otherwise; 14 percent provide unpaid care to an older or dependent adult; and 37 percent provide unpaid health-related or personal care to others. For each of these indicators, the percentages of women providing unpaid care is higher than for men (Smale & Gao, April 2023, custom table).

*Finding 8: During the pandemic, unpaid care work increased for many women.*

The closure of schools and childcare centres increased the need for unpaid care and schooling responsibilities within the home; and restricted access to health care services and direct care of people sickened with the virus also increased unpaid care work in the home. Results from the YSWC survey demonstrate that the unpaid work burden increased for many women, and particularly for women with dependents. See Table 4.

**Table 4**

*Changes in the Amount of Women's Unpaid Work During the Pandemic*

	Greater Amounts of Unpaid Work	Same or Less Unpaid Work	Does Not Do Unpaid Work
All Respondents	41%	32%	27%
Respondents Who Provide Unpaid Care	57%	43%	-

Source YSWC survey data.

In the YSWC survey, among all women, 41 percent indicated that they provided greater amounts of unpaid work during the pandemic. Some women do not provide unpaid care and when focusing on women who do provide unpaid care, 57 percent indicated that they provided greater amounts of unpaid care during the pandemic.

*Finding 9: The unpaid care penalty increased for women*

Women's unpaid care work time should improve the well-being of children and other people, however, it may be associated with some negative consequences for women care providers due to the loss of time for leisure, education, or participating in meaningful events, amplified by the increase of unpaid work during the pandemic. In addition, women may experience an

employment and income cost if they need to reduce paid work hours or exit the labour force in order to provide greater amounts of unpaid work time. The employment and income costs for some women are not examined due to data limitations.<sup>14</sup>

Focusing on the well-being impacts, the association between provision of unpaid care work and well-being is examined for several different types of unpaid care work and where well-being is measured by perceived stress levels. Based on the CIW survey, in general, a higher percentage of women who provided unpaid care reported perceived stress as quite or extreme, compared to women who were not providing unpaid care. See Table 5. For example, 29 percent of women providing unpaid care to children in the family or otherwise reported quite or extreme stress, compared to 19 percent of women who did not provide this type of care.

**Table 5**

*Stress and Unpaid Care Work Among Women, by Type of Unpaid Care Work*

Type Of Unpaid Care	%	
	Care Is Not Provided	Care Is Provided
<b>Unpaid Care To Children In Family Or Otherwise</b>		
Not Very Stressful	20	15
A Bit, Somewhat Stressful	61	56
Quite, Extremely Stressful	19	29
n	2198	917
<b>Unpaid Care To An Older Or Dependent Adult</b>		
Not Very Stressful	20	12
A Bit, Somewhat Stressful	60	57
Quite, Extremely Stressful	21	31
n	2674	426
<b>Unpaid Health-Related Or Personal Care To Others</b>		
Not Very Stressful	22	13
A Bit, Somewhat Stressful	59	60
Quite, Extremely Stressful	19	27
n	1954	1169

Source: Smale & Gao (April 2023), custom tables.

<sup>14</sup> Sex-disaggregated data for people with and without children needed for this analysis is not publicly available in the Statistics Canada Labour Force Survey and the sample size in the YSWC survey is too small.

The impact of the COVID-19 pandemic on Yukon women's unpaid care work has been profound, exacerbating existing pressures and responsibilities. In the qualitative interviews, the participants provided insights into the multifaceted aspects of this care penalty, spanning various domains of care, risk management, worry, and community care.

In the realm of care for children and dependents, the burden on women has intensified. They spoke of heightened responsibilities including, for some, the challenges of maintaining paid work expectations while being a caregiver, all while managing personal well-being and work performance. The emotional strain was palpable, encapsulated by one woman's description of unacknowledged burdens placed "on the backs of women." The instability of childcare, coupled with COVID-19 precautions, disrupted work routines. Some made difficult choices, opting for fewer work contracts or adaptation of work to handle increased childcare duties.

Balancing household tasks, childcare, and work responsibilities, particularly while working from home, emerged as a common struggle. For those women with paid-employment that could pivot to remote work, working from home made it more difficult to manage both roles, particularly without dedicated home-office spaces. This challenge was compounded for those without local family support, particularly if social supports resided outside of the territory (limited by travel restrictions). The economic pressures intertwined with caregiving, and led to feelings of frustration and helplessness for some participants.

The theme of the care penalty extended to intimate partners and other family members (mothers; aunties, etc.). Respondents revealed the intricate nature of supporting romantic partners, encompassing emotional, mental, and financial aspects. For the participants who provided care for their intimate partner, there was strain and impacts experienced that stemmed from supporting a partner dealing with a variety of possible situations (e.g. job loss, mental illness, other illness, substance and alcohol use). The narratives highlighted the emotional toll of constant companionship and the complexities of providing multifaceted support.

In terms of risk management, participants displayed a heightened concern for their families' and closer contacts' well-being during the pandemic. Sacrifices were made to protect vulnerable people, which also encompassed extended family and communities. The weight of responsibility often led to isolation, with participants limiting interactions for safety. Risk mitigation strategies included tangible actions like mask-wearing and hand sanitizing, driven by personal health concerns and social responsibility.

Worry emerged as another significant theme, with participants experiencing escalating emotional stress alongside increased caregiving responsibilities. Many participants discussed that worry about family, both close and extended, was common and caused significant concern. The pervasive worry for loved ones' health and well-being became an invisible emotional burden that was greatly heightened during the pandemic, which added to the already amplified care workload many women experienced.

A final area that emerged when considering the care penalty was caring for one's broader community. Women embraced roles beyond their care responsibilities for family to include caring for colleagues and contacts in one's community. One way unpaid care manifested was through volunteerism or collective care of people in closer social circles. Volunteering and offering support to others to help them meet their basic needs was one way this unfolded and, for some, acted as a coping mechanism. Solidarity and collective care were also described within some professional settings, where care amongst colleagues was heightened during the pandemic.

The care penalty experienced by women during the pandemic encompassed a spectrum of challenges across care for children, family, and partners, risk management, worry, and community care. Women's resilience and compassion shone through, yet the toll on their well-being is evident. Taken together, the narratives in the interviews underscore the need to recognize, value, and support women's care work comprehensively, acknowledging their diverse roles and contributions.

## **4.4 Pandemic impacts on women's well-being in the Yukon**

For many women, the pandemic led to a decline in well-being, increase in precariousness, and an increase in violence against them. Each impact is analyzed below.

### *Finding 10: Women experienced a decline in well-being*

The decline in well-being is evident across a wide variety of well-being indicators and data sources. For example, measuring well-being in terms of individual physical and mental health, based on the CIW survey, 39 percent of women reported that the pandemic had negative impacts on their physical health and 46 percent indicated negative impacts on their mental health. In the YSWC survey, using the broader definition of well-being, 74 percent of women reported a decline in well-being (see Table 6, next page).

Echoing the quantitative results, interview participants' accounts emphasized the significant effect of the pandemic on their mental and emotional well-being. Throughout the discussions, mental and emotional aspect of well-being was the most frequently cited concern, influenced by factors like pandemic-related responses, uncertainty, changes in care responsibilities, insufficient supports and services, loss of social connection, and reduced support, among others.

When examining a broad range of well-being issues, it became clear from Indigenous participants' narratives that certain aspects of well-being were more negatively impacted compared to those of Caucasian participants (see Figure 17, next page).

Figure 17 illustrates that Indigenous participants reported a higher frequency of impacts in almost all well-being areas, with the exception of interpersonal well-being. The most striking disparities were seen in cultural well-being and substance use. The pandemic either amplified or contributed to these marked differences. Cultural well-being was significantly altered due to pandemic-related responses. Substance use and substance use disorders affected Indigenous participants directly, as well as indirectly through grief. The Indigenous women experienced severe ramifications of the opioid crisis, which deeply touched their friends, family, and communities, impacting them more profoundly than their Caucasian counterparts.

**Table 6**

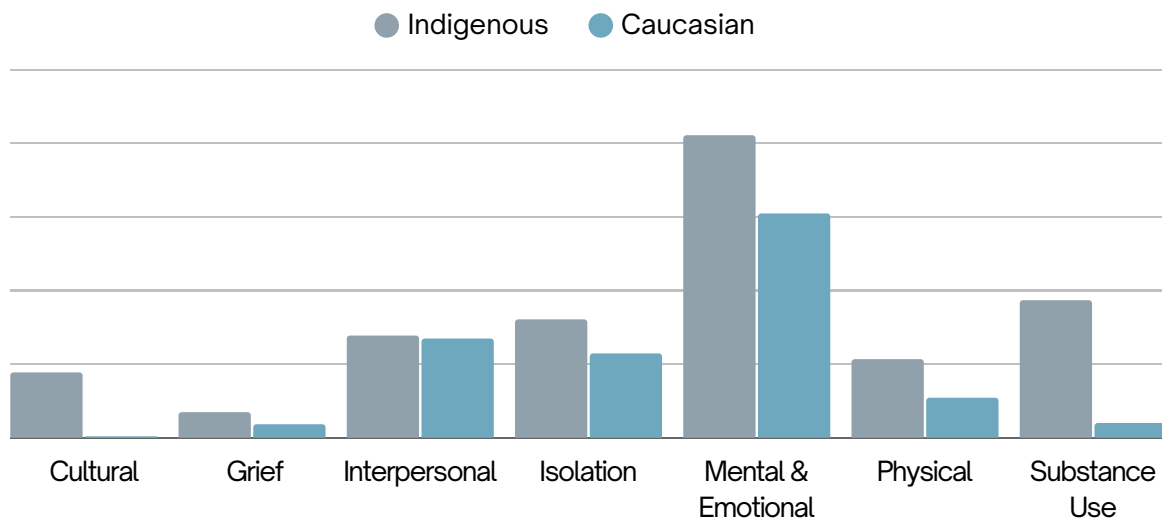
*Impact of the Pandemic on Well-being, Selected Indicators*

Data Source	%
<u>CIW Survey</u>	
Experienced negative impact of pandemic on own physical health	39
Experienced negative impact of pandemic on own mental health	46
Stress in life since beginning of COVID	
Not very, a bit	51
Somewhat, quite, extremely	49
<u>YSWC Survey</u>	
Decline in well-being (broadly defined*)	74

*Note.* \* Well-being defined as physical, mental/emotional (e.g stress), and social well-being (e.g. isolation); domestic violence, gender-based violence (e.g. physical, emotional, control, harassment, assault, throwing things, outbursts); and ability to gather for cultural ceremonies and events.

**Figure 17**

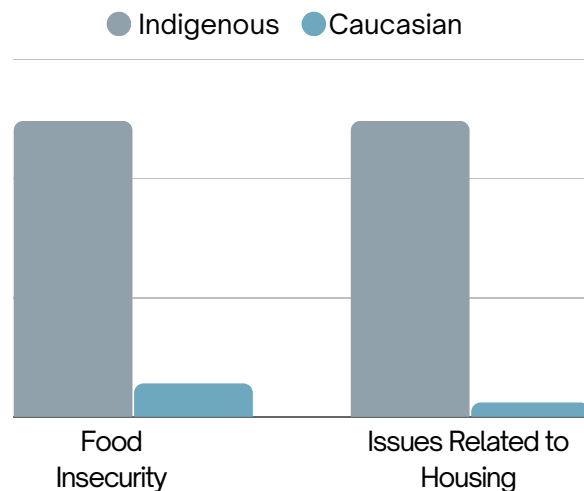
*Frequency of Well-being Impacts Discussion, Disaggregated by Indigeneity*



Source: YSWC interview data.

**Figure 18**

*Food Insecurity and Housing-Related Issues Discussion Frequency, Disaggregated by Indigeneity*



Source: YSWC interview data.

It is also important to highlight two more points that, while related to precarity and encompassed in other analyses, need to be emphasized in relation to health and well-being. Indigenous women also experienced housing-related issues and food insecurity far more often than Caucasian women (see Figure 18). Access to housing (safe, affordable etc), as well as food, greatly contributes to and shapes other aspects of well-being.

*Finding 11: Women experienced a decline in economic well-being and the decline was particularly pronounced for women with intersectional identities*

As noted in the methodology, economic well-being or ill-being is

measured in terms of financial uncertainty, stress, and/or difficulty meeting basic needs. Using this indicator, based on the YSWC survey, 60 percent of women responded that the pandemic had caused a moderate or great deal of precariousness (see Table 7, next page).

During the pandemic, some groups of women were more likely to experience a decrease in economic well-being, measured by the indicator financial insecurity, stress, and/or difficulty meeting basic needs. For example, 72 percent of Indigenous and racialized women reported a moderate or great deal of economic ill-being, compared to 52 percent of Caucasian women.

The nature of paid work also affected how women's well-being was impacted by the pandemic. Drawing on the CIW survey, the likelihood of experiencing negative impacts to mental health were higher among women who had non-standard employment (including irregular shifts, being on call, and seasonal work), did not have sick leave benefits, or did not have flexible work hours, compared to their counterparts. For example, 62 percent of women who did not have sick leave benefits experienced negative impacts on their mental health, compared to 45 percent of women who did have sick leave benefits (Smale & Gao, 2023, custom table).

The narratives in the qualitative data supported the unequal experience of economic ill-being, as seen in the YSWC survey data below (see Figure 19, next page). Indigenous participants discussed economic ill-being more often than their Caucasian counterparts.

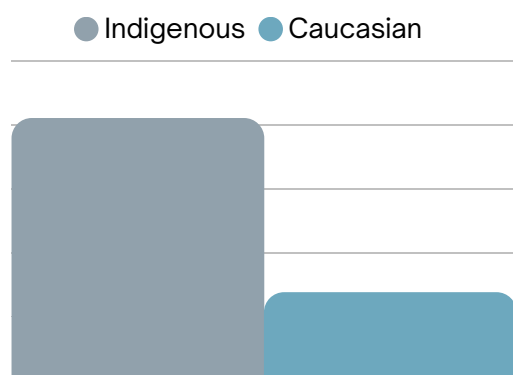
**Table 7***Women's Economic Well-being by Selected Characteristics*

Economic Well-being: Financial Insecurity, Stress, and Difficulty Meeting Basic Needs	%		
	None or Little	Moderate or Great	Total
<b>All Respondents</b> n=146	40	60	100
<b>By Work Status</b> n=127			
All Paid Work	45	55	100
Stable Work	60	40	100
Precarious/Unstable Work	31	69	100
<b>Race/Ethnicity</b> n=146			
Indigenous and Racialized	28	72	100
Caucasian	48	52	100

Source: YSWC survey data

**Figure 19**

*Frequency of Discussion Indicating Financial/Economic Ill-Being, Disaggregated by Indigeneity*



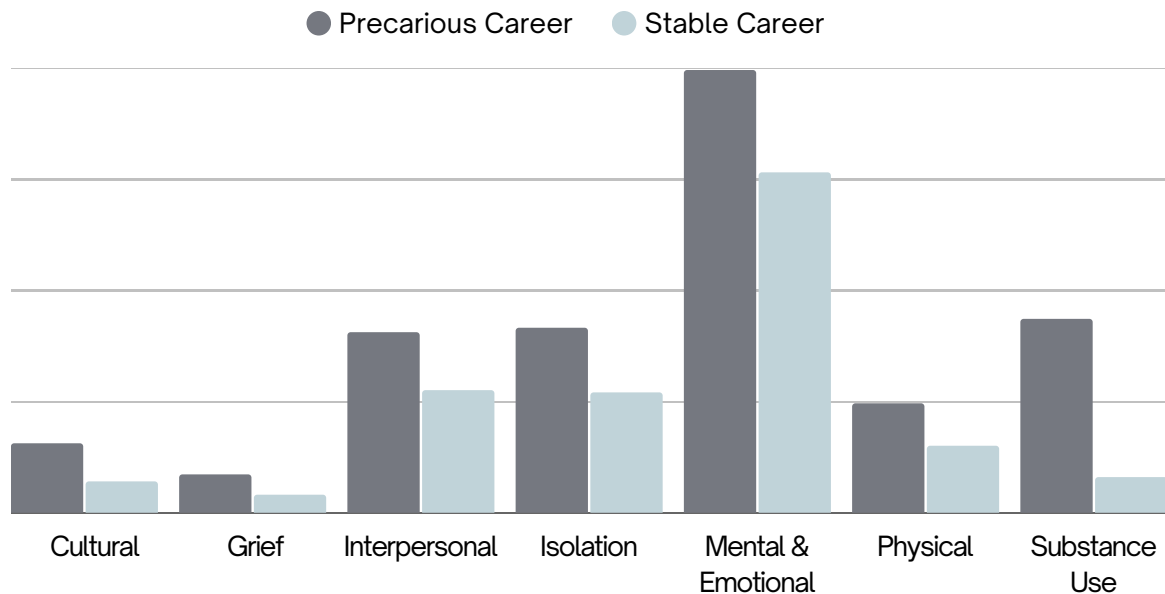
Source: YSWC interview data.

As one person put it, “You just get by, by the hair of your chinny, chin chin”. The pandemic both created precariousness in new ways, while also exacerbating pre-existing conditions.

When contrasting the stories of women with unstable paid work (e.g. part-time, contract, or inconsistent employment) to those with stable work, it was clear that those in precarious positions experienced a more significant impact on their well-being. That is, participants with unstable paid work described impacts to their well-being more often or to a greater degree than participants occupying stable positions (see Figure 20, next page).

**Figure 20**

*Well-being Discussion Frequencies, Disaggregated by Precarious vs. Stable Career*



Source: YSWC interview data.

*Finding 12: Increased violence against women constituted a shadow pandemic, particularly among women with intersectional identities*

Prior to the pandemic, violence against women was pervasive in the Yukon, higher than violence against men and higher compared to women for Canada overall. Data on police-reported data understate the extent of violence against women but nonetheless provide evidence that violence against women in the Yukon is widespread and greater than in other parts of Canada. More specifically, the rate of police-reported intimate partner violence among women aged 15 to 89 years, was 2.9 times that of men and 3.1 times that of women in Canada. Regarding police-reported non-intimate partner violence, women in the Yukon widespread and greater than in other parts of Canada. More specifically, the rate of police-reported intimate partner violence among women aged 15 to 89 years, was 2.9 times that of men and 3.1 times that of women in Canada. Regarding police-reported non-intimate partner violence, women in the Yukon experienced a rate 4.0 times that of women in Canada overall. See Conroy, et al. (2021, Table 2.7).



Based on previous work of the YSWC and other studies, some groups of women are more likely to experience violence, including women living with disabilities, Indigenous women, racialized women, young women and girls, LGBTQ2 people, and gender diverse people. The lack of transportation, services, and social safety nets and greater use of firearms in the Yukon contribute to higher rates of violence against women (YSWC).

There is evidence of a shadow pandemic in the Yukon meaning that the pandemic was associated with a rise in violence against women. Factors such as increased social isolation requirements, housing unaffordability, increased financial insecurity, and increased anxiety and stress, compounded existing and ongoing power imbalances between women and men.

Surveys attempting to capture changes in violence against women during the pandemic tend to ask a question regarding concerns about violence in the home. Using this type of question, the CIW survey found that 6 percent of women were somewhat, very, or extremely concerned about violence in the home, in the summer 2020. Based upon a Statistics Canada survey, 13 percent of girls and women aged 15 to 34 years of age reported being concerned about violence in the home (YBS, April 2020).

**Table 8**

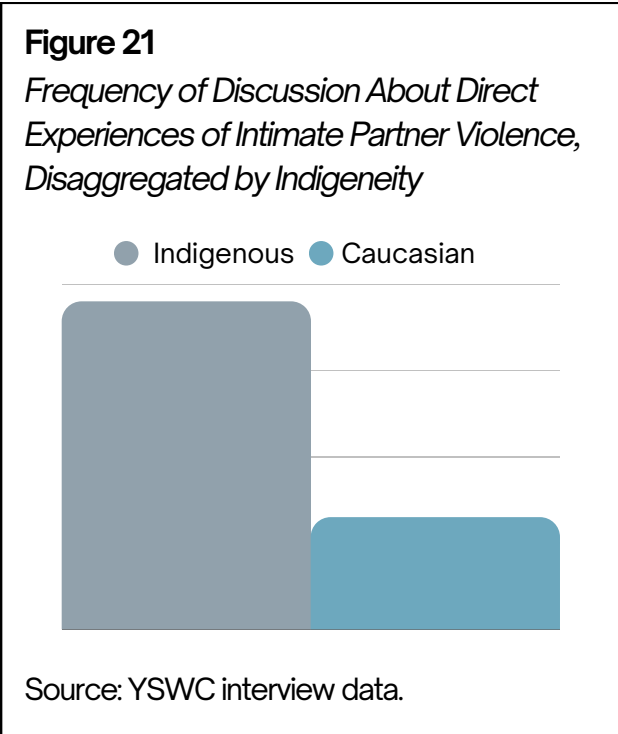
*Perception of Increased Gender-Based Violence by Selected Characteristics*

Characteristic	%	
	None	Increased a Little, Moderate Amount or Great Deal
All Respondents	66	34
Race, Ethnicity (n=109)		
Indigenous and Racialized	46	54
Caucasian	77	23
Stability of Paid Work (n=95)		
Precarious/Unstable	56	44
Stable	73	27

Source: YSWC survey data.

The YSWC used a different approach to assess changes in violence against women during the pandemic, as discussed in the methodology. Respondents were first asked whether in general their well-being declined, stayed the same or declined during the pandemic. Then for participants who indicated that in general their well-being had declined, they were asked

specific questions about changes in specific categories of well-being, including domestic violence/gender-based violence. Based on this survey, among women for whom well-being had declined, 34 percent indicated that gender-based violence had increased a little, a moderate amount or a great deal. See Table 8, previous page. Providing a description of the meaning of gender-based violence that is broader than physical and sexual assault may contribute to a higher percentage of women reporting violence compared to a question which refers only to concerns of violence in the home.



While perceptions of increased gender-based violence are held by just over a third of all women in the YSWC survey, some groups of women were more likely to experience violence and found it more difficult to escape violence. Location (eg. living in a community outside of Whitehorse versus living in Whitehorse), financial insecurity, and racial/Indigenous identity were key intersections in understanding women’s experience of violence. Based on the YSWC survey, higher percentages of women experienced increased gender-based violence who lived in the communities outside of Whitehorse, experienced financial uncertainty and difficulty meeting their basic needs, or had Indigenous or racial identity, compared to their peers. As shown in Table 8,

a higher percentage of Indigenous and racialized women reported increased gender-based violence compared to Caucasian women, with the percentages being 54 and 23 percent, respectively. Further, a higher percentage of women with unstable jobs, compared to those with stable jobs, experienced increased gender-based violence.

In the qualitative interviews, participants across various backgrounds relayed experiences that are representative of the shadow pandemic. Aligning with the quantitative findings above, narratives clearly demonstrated that Indigenous participants endured a more intense landscape of domestic violence intertwined with unique socio-cultural contexts (see Figure 21). The narratives from participants’ revealed many commonalities between individuals in relation to experiences of the shadow pandemic.

Exacerbation of Pre-existing Abuse: For many, the pandemic did not initiate domestic violence but instead intensified or altered it. Pre-existing verbal, emotional, and physical violence was heightened during lockdowns and increased time spent together.

**Economic Strain and Financial Control:** Economic challenges during the pandemic, such as job losses, led to increased stress, identity crisis, and tensions within households. Financial control was a form of violence where one partner exerted power over the other, often due to their economic dependence.

**Isolation and Lack of Escape:** The lockdowns and stay-at-home orders meant survivors were constantly in close quarters with the person perpetrating violence. This isolation intensified feelings of being trapped and made it difficult for survivors to find respite from violent environments.

**Restricted Access to Support Systems:** Several participants mentioned reduced access to support facilities, counselling, and shelters. Institutions like Kaushee's, which might usually offer refuge, were either unavailable or not perceived as safe options during the pandemic.

**Alcohol and Substance Use:** Increased alcohol and substance consumption, partly as a coping mechanism during lockdowns, led to more conflicts and violence in relationships.

**Cultural and Socio-Economic Factors:** Indigenous participants highlighted an intersectionality of their Indigeneity, socio-economic status, and experiences of domestic violence. Their unique societal positions exacerbated the effects of isolation and domestic strife.

**Mental and Emotional Health Decline:** The pandemic's strain not only manifested in physical or financial terms but also took a toll on the mental and emotional well-being of individuals. This decline further compounded issues in relationships.

**Community Violence:** There was also an increase in violence within community settings, such as shelters. Such environments, which might usually be considered refuges, were considered unsafe for a variety of reasons.

**Judicial Challenges and Delayed Justice:** Survivors faced hurdles when seeking justice, from pressing charges against abusers to navigating court trials. Delays in court proceedings added to their trauma.

**Children and Parenting:** The shadow pandemic also impacted parenting and child-rearing. Some faced child apprehensions, while others had to protect their children from witnessing or experiencing abuse.

In summary, the 'shadow pandemic' underscores the complexities of gender-based violence during an unprecedented global crisis. Economic strains, heightened emotional stresses, increased substance use, and restricted access to support systems compounded existing relationship dynamics and challenges, leading to an intensified experience of gender-based violence.

# Discussion and Policy Implications

The COVID-19 pandemic adversely impacted livelihoods, care work, and wellbeing of women in the Yukon, exacerbating many of the inequalities and disadvantages experienced by women. The impacts have been gendered with women experiencing greater harms than men as indicated by the he-recovery, care penalties and shadow pandemic. The mixed methods, community-based approach of this study was integral to painting a fulsome picture of the impacts on Yukon women, establishing some of the disproportionate ways in which the pandemic unfolded.

As the Yukon recovers from the health, social and economic shock, there are opportunities to promote gender equality and strengthen inclusion and resilience. In this section, the findings are integrated to draw main conclusions about the impacts of the pandemic on women's livelihoods, carework and well-being. Reflecting on these conclusions, several policy implications are discussed. These implications are formulated in response to the direct findings for the Yukon in this report while taking account of the broader literature on gender just and feminist economic recovery plans (see for example, Sultana & Ravanera, 2020; OECD, 2021; UN Women, 2021; Rutgers CWGL, 2021).



## Livelihoods

### *Paid Work and Precarity*

Yukon women did not experience a she-cession, as there was a similar decline in employment rates for men and women. This is contrary to trends noted for Canada as a whole (Yalnizyan, 2020; Scott, 2021) and in other countries (Bluedorn, et al., 2021; ILO, 2021). It is critical to note, however, that women in the Yukon, in comparison to men, experienced a prolonged delay in the recovery of paid work and ongoing gender gap in employment rates emerged, translating into a "he-recovery." The he-recovery arose in part because of sex segregation in paid work. Thus, programs to dismantle traditional gendered patterns of paid work are important for promoting gender equality in the labour market and include gender aware training and employment supports, and hiring practices.

The delayed recovery was experienced predominantly among women with paid work in the private sector,

rather than the public sector, and among women with precarious, unstable paid work, compared to those who had stable work. These results align with other studies which highlight that women have disproportionately faced job losses due to the pandemic, given their overrepresentation in the sectors most susceptible to the pandemic's effects (ILO, 2021; Kabeer, et al., 2021; Scott, 2022). This delayed recovery in paid work resulted in loss of earnings during the pandemic period and longer term adverse repercussions for pensions and career mobility. The delayed recovery of paid work among women, particularly in the private sector, indicates the need to invest in and support stable paid work for women and women's businesses.

There has been a rise in self-employment among women during the pandemic. Therefore, it is important that Yukon Business support programs are inclusive of women owned and operated businesses. Further research is needed on women's businesses to determine whether the government eligibility criteria and targeted focus for support are inclusive of women's businesses.

Diversifying the economy, particularly along the lines of the caring economy discussed below, will provide opportunities for strengthening livelihoods.

The evidence presented indicates that numerous women with paid jobs still turned to public services and financial supports, yet these services and supports did not always meet their needs, and it is clear that some Yukon women will continue to grapple with the implications of financial precarity (e.g. food insecurity; housing insecurity). These circumstances are further complicated as they unfold in the context of an inflation crisis, which also carries gendered implications (see Ferber, Swindells, & van der Merwe, 2022).

Women with unstable or precarious paid work needed to access financial supports more than people with stable work and had worse well-being outcomes. These findings indicate the importance of promoting stable, high quality paid work. These services are critical for maintaining basic needs and require government investment and intervention to improve housing security and overall well-being.

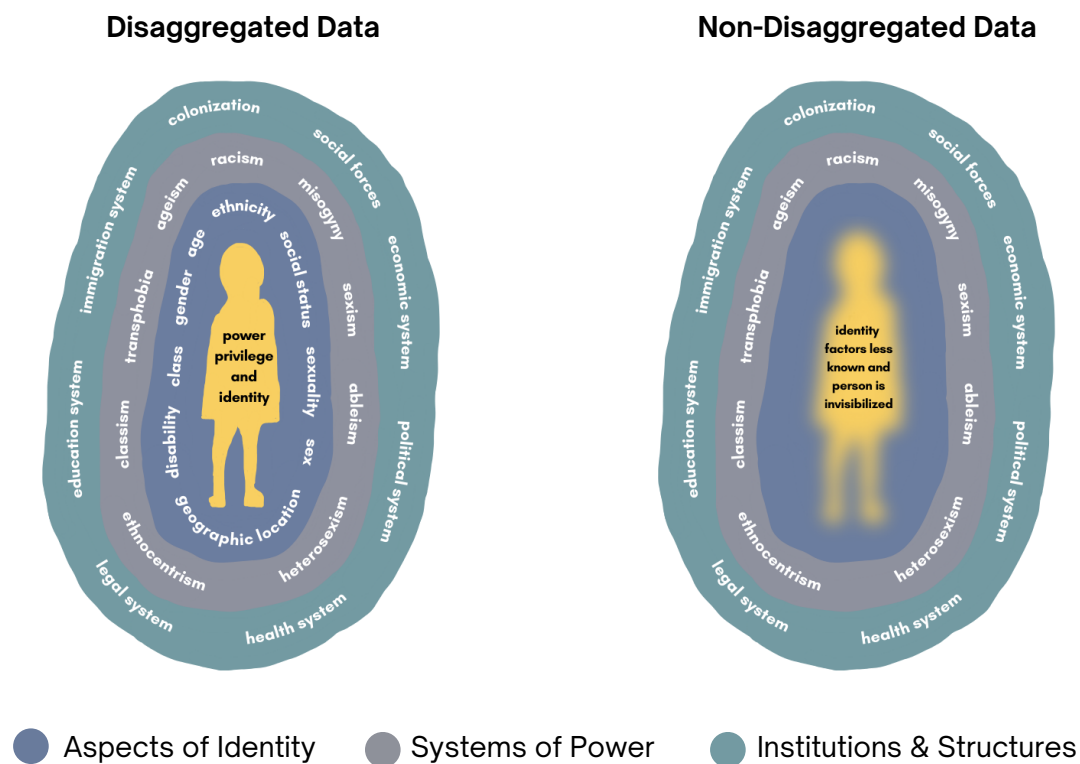
The finding that women with access to sick leave, benefits and job protections had better well-being outcomes than women who did not points to the importance of improving and extending high quality employment standards including sick leave, and benefits to precariously employed workers, including workers newly deemed essential. Such programs can build upon the Yukon Paid Sick Leave program.

The capacity to examine the combination of gender and ethnicity in this research project revealed specific dimensions of Indigenous and Racialized women's experiences in the Yukon, trends which are frequently masked by the lack of disaggregated data.

Disaggregation, then, is an invaluable tool that, when possible, helps to break down aspects of a person's identity, so that structural and institutional impacts can be interrogated (see Figure 22). As the results illuminated, Indigenous and racialized women, in particular, experienced more significant declines in employment and stable work and slower recovery of paid work, which echoes the points raised by Scott (2022), Bleakney, et al. (2020), and Alook, et al. (2021). Further, Indigenous participants narrated a vivid picture of the ways in which the pandemic magnified and created new barriers to maintaining and seeking paid employment, including technology and transportation barriers, and discriminatory hiring practices, reinforcing the systemic obstacles this demographic disproportionately navigates.

**Figure 22**

*Visualization of Disaggregated vs Non-Disaggregated Data and Intersectionality*



*Note.* An intersectional analysis requires disaggregated data. Disaggregated data has been broken down by a person's aspects of identity (eg. sex, gender, ethnicity). Without disaggregated data, we cannot make links between a person's aspects of identity and how those aspects relate to systems of power, institutions & structures.

The Yukon Advisory Committee on MMIWG2S+’s Implementation Plan for Changing the Story to Upholding Dignity and Justice: Yukon’s Missing and Murdered Indigenous Women, Girls and Two-Spirit+ People Strategy (2023, p. 31) recommends “invest[ing] in the education, leadership and employment of Indigenous people.” Objectives laid out to address education

and employment in the plan directly relate to the findings above, and be an effective first step toward diminishing the disproportionate differences observed.

### *Non-market activities*

There was an increase in non-market activities by women during the pandemic as some women allocated more time to harvesting of local foods, gardening, and other activities to reduce costs and meet their basic needs. Analysis of non-market activities as a supplement to other financial income, again, revealed that experiences were not homogenous. For some, these activities increased during the pandemic, as a coping mechanism to offset lost income, or even as a form of leisure that had an added bonus of cost-savings. However, barriers such as economic restrictions, transportation issues, and time constraints made it challenging or impossible for some women to participate in these activities.

Collective ways to undertake non-market activities could be explored; such mechanisms might include for example, allocating land for community gardens, public transportation, and group harvesting of local foods. Recognizing and supporting traditional livelihoods of Indigenous women are important, and specific mechanisms are also offered in the previously mentioned Yukon Advisory Committee (2023) on MMIWG2+ Implementation Plan for Changing the Story to Upholding Dignity and Justice: Yukon's Missing and Murdered Indigenous Women, Girls and Two-Spirit+ People Strategy.

### *Public services and financial supports*

During the pandemic, a myriad of public services and supports were rolled out across federal, territorial, First Nations, and non-governmental platforms. For instance, the federal government launched the Canadian Emergency Response Benefit, while the Yukon Government set in motion the Yukon Essential Worker program. Meanwhile, NGOs stepped up by offering phones and data cards. Some of the NGO services, however, were scaled back or halted temporarily to mitigate the virus's spread.

Broadly speaking, supports from federal and territorial sources played a pivotal role in sustaining many women during the pandemic, as evidenced by the uptick in the implementation and utilization of these public financial supports. While not every woman increased her reliance on these resources, it was noted that women with paid work still needed to access these financial supports and services. Women in unstable employment situations leaned more heavily on these services compared to those in steady jobs, underscoring the imperative of cultivating stable employment conditions for women moving forward.

Indigenous women, in particular, commonly discussed accessing formal financial supports and programs. For most, they were accessing supports and services in the attempts to meet their basic needs. All of the women in the interviews demonstrated great adaptability and

strength in addressing difficult pandemic-induced circumstances; however, the resilience of the Indigenous participants who faced overlapping and compounding challenges, in addition to job loss and job precarity (e.g. moving away from one's community, homelessness or housing insecurity, food insecurity, ramifications of the opioid crisis), was overwhelming. Many Indigenous women spent a great deal of time and energy to navigate complex systems and employed a multitude of adaptive strategies. It is crucial to acknowledge the extensive work done to 'get by', which results in a considerable strain, but also leaves little time or capacity to engage in systemic advocacy. Levac, et al. (2022) describes this process of simultaneous invisibilization and hyper-visibility: considerations of marginalized communities are excluded from policy and decision-making processes, as demonstrated by an absence of available disaggregated data, while also being placed into the spotlight as they respond to a lack of food, housing, income, and bodily security, perpetuating harmful stereotypes.

The Yukon Advisory Committee on MMIWG2S+'s Implementation Plan for Changing the Story to Upholding Dignity and Justice: Yukon's Missing and Murdered Indigenous Women, Girls and Two-Spirit+ People Strategy (2023) identifies strategies that resonate with these findings. First, the plan notes that there is a need to "acknowledge and increase actions that strengthen connections to the land, language, culture, spirituality and traditional livelihoods" (p. 14). The strategy encompassing land connections and traditional livelihoods, as well as the one identified in the previous section regarding employment, are two ways to address financial precarity. Ideally, this would help to ameliorate the disproportionate amounts of invisibilized work women do to meet their needs. Moreover, while we cannot undervalue the significance of accessible, culturally sensitive, and responsive services and supports, it is vital to tackle the structural injustices rooted in and reified by racism and colonialism to foster a more equitable environment.

A longer-term key strategy to counteract the disparities faced by people with precarious paid work or no paid work due to age, disability, and/or discrimination and difficulties accessing and navigating systems would be the implementation of a Universal Basic Income (UBI). UBI provides access to a guaranteed income without conditions that serves to increase income security. As Smith-Carrier and Halpenny (2020) discuss, disparities disadvantaging Canadian women, which were accentuated by COVID-19, underscore the need for a UBI. It can enhance bargaining power in paid employment, housing options, health, and economic independence. They recommend a permanent UBI to replace emergency benefits, ensuring income security (Smith-Carrier & Halpenny, 2020). UBI is an equitable approach to mitigate disparities, foster gender equality, and facilitate an inclusive recovery in Canada. As Zelleke (2011, p. 40) said, "A universal, unconditional basic income does not promise a gender-symmetrical society [...] But it may lead to a society in which remaining, and perhaps essential gender differences do not penalise women (or men) who choose not to pursue androcentric ideals of citizenship by relegating them to poverty, dependence on their spouses or employers, and second-class citizenship".



## Care Work

Women shouldered additional burdens related to paid and unpaid care work during the pandemic, with negative well-being consequences for many women.

Many paid care workers, such as nurses, and newly deemed essential workers, continued to go to their workplaces during the pandemic. Workers in both groups experienced greater virus exposure than other workers and the work was more complex than prior to the pandemic given the need to follow safety protocols. The increased complexity of paid care work and essential work during the pandemic, combined with greater negative impacts on well-being among these workers, supports the increased paid care penalty hypothesis. This finding for the Yukon that healthcare workers were more likely to experience adverse well-being impacts echoes the finding for Canada as whole (Smith, et al., 2021).



Given the importance of paid care work and essential work and increased paid care penalties, there is a need to improve working conditions and supports for paid care workers as this would improve well-being of the paid carers as well as contributing to improvement in paid care overall. Given rising job vacancies in paid care positions across the country, a strategy for developing a high-quality paid care work force is needed in the Yukon and across the country. The coordinated Canada-Wide Early Learning and Child Care agreements provides a start for developing plans for the broader paid care sector.

The importance of unpaid care work was also recognized during the pandemic, and the report documents the rise in unpaid care penalties experienced by women who provided that care. This greater visibility of unpaid care for well-being as well as the unpaid care penalties points to the need to enhance childcare and family supports, as well as health and education services. The findings underscore the importance of supporting, for example, the Universal Child Care program to improve accessibility and availability of childcare. However, it is also necessary to improve working conditions and supports for paid childcare workers, as above. The Multilateral Early Learning and Child Care Framework is one initiative to support high quality childcare and support for childcare workers. Universal child care represents just one part of the solution. It's crucial that families are provided with adequate paid leave options. Additionally, organizations should move to adopt more adaptable work strategies, ensure that part-time employees receive rights comparable to their full-time counterparts, among other necessary changes.

Investing in the health and care infrastructure and services positively impacts well-being but it also helps to diversify the economy and improve resilience. Investments in the care infrastructure have been shown to have strong job creation impacts and positive multiplier effects on the economy (see Addati, et al., 2018). There is opportunity to build upon the Yukon government's Putting People First report to diversify the economy and strengthen care.



## Well-being and Gender-based Violence

The pandemic adversely affected Yukon women's well-being, with the well-being of Indigenous and racialized women being disproportionately impacted. The pandemic impacted well-being through a direct route on physical health for example, and indirect routes through its impact on livelihoods and care work. The virus had a direct impact on women's own physical health if they contracted the virus. The pandemic initiatives to curb virus spread also had negative impacts on mental health,

social/emotional well-being, social isolation, and cultural well-being. The adverse impacts on well-being were experienced widely among women in the Yukon and affected many different well-being dimensions. The findings of adverse well-being impacts correspond to those documented for women in Canada as a whole (Zajacova, et al., 2020; Moyser, 2020). The ability to examine the intersections of Indigeneity enabled a more fulsome understanding of the inequitable implications of the pandemic for Indigenous and racialized women, which emphasized the gravity of pre-existing disparities further exacerbated by the pandemic.

The report found evidence of a shadow pandemic in the Yukon. High percentages of women were concerned about violence during the pandemic, and many women reported an increase in GBV, and the use of supports to escape domestic violence. The present study also aligned with national trends that saw increases in GBV during the pandemic (Patel, 2020). Pandemic-related responses (e.g. stay-at-home orders), economic strains, housing unaffordability, heightened emotional stresses, increased substance use, and restricted access to support systems compounded existing relationship dynamics and challenges, leading to an intensified experience of gender-based violence.

Indigenous and racialized women and women residing in rural spaces experienced a disproportionate rise in GBV. Identities are intertwined with precariousness, as people who are navigating socio-economic challenges face a heightened risk of GBV (Government of Canada, 2022); thus, rates of GBV (beyond the immediate shadow pandemic observed) could continue to rise. This is particularly salient in rural, remote, and northern locations, such as the Yukon, where GBV rates are already higher than other places in Canada (Nonomura, & Baker, 2021).

The shadow pandemic has raised awareness about GBV and the need to provide support services which are culturally safe and appropriate and to work toward eliminating intimate partner violence and GBV. Appropriately monitoring and addressing the economic implications of the pandemic for women supports Pillar 5 (social infrastructure and enabling environment) of the National Action Plan to End Gender-Based violence (Government of Canada, 2022).

The Yukon Advisory Committee on MMIWG2S+’s Implementation Plan for Changing the Story to Upholding Dignity and Justice: Yukon’s Missing and Murdered Indigenous Women, Girls and Two-Spirit+ People Strategy (2023) has identified community mental wellness as a key area to address, with associated action points. One of the plan’s objectives is to “Increase and improve access to mental wellness support services that are culturally based” (p.15). Furthermore, the plan aims to:

*Provide and improve community-based, culturally relevant mental wellness support for victims of violence, perpetrators of violence, children witnessing violence, victims of sexual abuse, and other family and community members. Develop community-led accessible and appropriate options for detox, treatment, aftercare, healing, and recovery. (Yukon Advisory Committee, 2023, p. 15)*

These objectives, along with an aim to “create safe and affordable transportation and communication options to and between Yukon communities” (Yukon Advisory Committee, 2023, p. 28) are crucial steps to take in the Yukon, in light of the results of this study. Indigenous women navigated a much more difficult pandemic landscape, including unequal outcomes related to mental well-being, GBV, substance use and the opioid crisis, lack of access to phones/internet, and transportation access. Addressing transportation and communication is particularly salient given the finding of increased GBV for women living rurally, because of the difficulties accessing services far from home, insufficient access to phone and internet services, and lack of shelters and transitional housing when fleeing violence (Moffit, et al., 2022). The strategies detailed above would begin to address the existing disparities highlighted in the study, fostering a more robust system in the process. Building systemic resilience is essential in bracing for future crises, as they frequently lead to spikes in GBV and reductions in mental well-being. The BC Association of Aboriginal Friendship Centres and Battered Women’s Support Services (2022) report Road to Safety report contains a set of recommendations, many of which may be useful to governments and organizations in the Yukon.

### **Governance for a Gender-just Recovery**

The pandemic led to greater need for coordination among government levels and integration of programs. Building on these initiatives there is opportunity for further strengthening governance for a gender-just recovery.

It is important to diversify leadership and bring women, and particularly Indigenous women, racialized women, marginalized genders, people living with disabilities into leadership roles while recognizing colonial histories.

In our data-driven world, we need to carefully reflect on what constitutes quality data. One of

the key themes illuminated by this study was that Indigenous women navigated more challenges during the pandemic, as well as the ongoing repercussions. That is, the pandemic created and exacerbated existing disparities that made Indigenous women much more precarious in their access to basic human rights, such as housing and food security, and economic security. They were overrepresented in job losses and difficulties finding work, as well as in accessing financial support and programming to meet their basic needs. All of this together meant that they were often scrambling to piece together supports to just 'get by'.

Without intersectional, disaggregated data, however, these findings would be shrouded - hidden within aggregated data sets that do not capture an accurate picture of what unfolds for people who live in the margins of the margins.

While access to datasets from Statistics Canada, Yukon Bureau of Statistics, and the CIW yield important findings and illuminate vital trends, the inability to disaggregate along multiple aspects of identity means the nuances related to who may be marginalized within a given context are missed. If we were not able to disaggregate by both gender AND Indigeneity/ethnicity in this study, the recommendations that emanate from the results would not adequately capture the complexities of the participants' lived realities. Accessing only aggregated data would create a large shift in both the findings and implications derived from this work.

Thus, evidence-based policymaking to promote gender equality and gender-just recovery requires gender aware policy design, monitoring and evaluation. This also requires data which can be disaggregated by sex/gender and also by other intersections particularly Indigeneity, race, location and education to understand how gender intersects with other types of disadvantages. Policy and program evaluation can use such data to better evaluate successes.

When developing policy recommendations and making decisions, it is imperative that these activities are rooted in high quality data (intersectional, disaggregated, and accessible). Without doing so, policies and decisions are not reflective of nor responsive to the realities of all people in a community.

Evidence from this research reinforces the need for data disaggregation and a paradigmatic shift wherein validity is found in a variety of different types of data (e.g. qualitative). The results should compel community-based researchers and advocates, alike, to ensure that quality data are being used for all policy development and decisions. We should ask policy and decisions makers the following:

Can you demonstrate your understanding of the gaps in socio-economic data in our community? How do you plan to address these?

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Given the low-quality of data available regarding [insert issue - eg. gender-based violence] in our community, how do you make decisions that are informed by evidence?

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Can you describe how your department/government uses disaggregated data in its decision-making processes?

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Does your department/government have a framework for policy development and decision making that accounts for the lack of quality data [about issue] in our community?

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How does your department/government prioritize evidence in its decision-making process?

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Can you describe how your department/government develops evidence-based policies? What does your department consider “evidence”?

In short, the research findings aim to address systemic disparities in two overarching ways:

1. Directly: Addressing the disproportionate ways certain women’s livelihoods and well-beings were impacted, including Indigenous women.
2. Indirectly: Recognizing the importance and necessity of intersectional and disaggregated data for informed policy-making and decision-making processes.

Detailed recommendations to address both the direct and indirect methods to tackle the highlighted systemic disparities experienced by women in the Yukon are summarized in the final section.

“Data is not just about data. Data is about the very arrangements of power, profit, inclusion, and equality that structure our society.  
Open North

# Policy Recommendations

## Recommendations related to livelihoods and precarity



Recommendation	Rationale	Evidence
Boost infrastructure in remote areas	Tackle issues such as technological access which has been a barrier for some Indigenous women.	Finding 3: Impacts of paid work losses were greater for women with intersectional identities
Implement a Universal Basic Income (UBI) to Address the Care Penalty and Provide Financial Security: Start pilot programs within 1-2 years, with a full-scale rollout in 3-5 years.	With many women taking on unpaid caregiving roles during the pandemic, and the evident instability in the job market, a UBI can provide a safety net, ensuring all citizens, regardless of their employment status, have their basic needs met. Women with precarious work, especially Indigenous women, have been particularly hard-hit during the pandemic and require further assistance.	Finding 2: Loss of paid work among women was primarily in private sector, Finding 3: Impacts of paid work losses were greater for women with intersectional identities, Finding 5: Public services and financial supports played an important role for many women during the pandemic

Revise and Improve Public Services Based on User Feedback: Within 1-2 years, gather feedback, and implement revisions to public services.	Feedback from respondents indicates gaps in the public services provided. These need to be addressed to better cater to their needs.	Finding 5: Public services and financial supports played an important role for many women during the pandemic
Subsidize and promote Indigenous-led non-market activities	Financial constraints, rather than time, were the primary barriers preventing Indigenous women from engaging in non-market activities. Support to help women become more self-sufficient will ensure aspects of their well-being.	Finding 4: Non-market economic activity substantially increased for some women but decreased for others
Enhance support for private sector women workers: extend sick leave protections for employees in private sector; support increased flexible schedules	Immediate financial relief for women, particularly in the sectors most affected.	Finding 2: Loss of paid work among women was primarily in private sector
Launch job training and reskilling programs targeting women: strengthen women's access to training and paid work in public and private sectors inclusive of all women, in Whitehorse and communities	Address the skills gap, enhance employability, and target sectors with growth potential.	Finding 2: Loss of paid work among women was primarily in private sector



## Recommendations related to paid and unpaid care work



Recommendation	Rationale	Evidence
Develop comprehensive childcare support program	The significant drop in women's employment rates during the pandemic, despite economic recovery phases, suggests external barriers such as childcare responsibilities	Finding 6: Paid care and essential workers were more likely to continue going to the workplace during the pandemic and faced increased risks, Finding 8: During the pandemic, unpaid care work increased for many women, Finding 9: The unpaid care penalty increased for women
Comprehensive review and redesign of Territorial responses to disasters	Addressing any systemic gaps and ensure future readiness against similar disasters.	All findings
Implement flexible working hours and childcare services for care workers.	Addressing the unpaid care penalty by offering institutional support to women workers will foster workplace equality and support single mothers.	Finding 6: Paid care and essential workers were more likely to continue going to the workplace during the pandemic and faced increased risks



Provide skill training for care workers on digital platforms to enable remote care services.	Given the importance of remote services during the pandemic, digital literacy and affordable/reliable access to digital infrastructure is critical.	Finding 3: Impacts of paid work losses were greater for women with intersectional identities
Promote skills development, appropriate compensation, and improvements in working conditions for paid care work (including health, education, child and elder-care services).	The "paid care penalty" was accentuated during the pandemic. Providing financial recognition for the increased complexity and risk would help acknowledge their essential roles and alleviate financial stress.	Finding 7: Paid care and essential workers were more likely to experience adverse well-being impacts during the pandemic indicative of paid care penalty
Develop a systems navigation platform for navigating governmental and non-governmental services	To provide a centralized space that helps individuals seamlessly find and access services offered by both governmental and non-governmental organizations, enhancing the efficacy of existing community support structures.	Finding 5: Public services and financial supports played an important role for many women during the pandemic
Enhanced mental health support for paid care and essential workers	With the evident increase in mental health challenges among essential workers, especially care workers, swift action is vital.	Finding 7: Paid care and essential workers were more likely to experience adverse well-being impacts during the pandemic indicative of paid care penalty

## Recommendations related to well-being



Recommendation	Rationale	Evidence
Enhance Mental and Emotional Support Services - establishment and continuation of permanent facilities	The majority of women, especially those belonging to younger age groups and Indigenous backgrounds, reported deteriorated mental health.	Finding 10: Women experienced a decline in well-being; Finding 11: Women experienced a decline in economic well-being and the decline was particularly pronounced for women with intersectional identities
Prioritize Social and Cooperative Housing Initiatives	The pandemic exacerbated housing insecurities, particularly among Indigenous women. Prioritizing social and cooperative housing initiatives will ensure that public investments don't disproportionately benefit the private sector but instead directly address community needs.	Finding 5: Public services and financial supports played an important role for many women during the pandemic; Finding 10: Women experienced a decline in well-being ; Finding 12: Increased violence against women constituted a shadow pandemic, particularly among women with intersectional identities

Improve housing security for women, especially Indigenous women

The pandemic has aggravated housing insecurities, especially among Indigenous women.

Finding 10: Women experienced a decline in well-being; Finding 11: Women experienced a decline in economic well-being and the decline was particularly pronounced for women with intersectional identities

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Strengthen food security in the Yukon by ensuring sufficient core funding for existent food banks, and investment in food banks in rural communities

The pandemic has underscored the deep-rooted food insecurities prevalent in the Yukon, particularly among Indigenous women.

Finding 10: Women experienced a decline in well-being; Finding 11: Women experienced a decline in economic well-being and the decline was particularly pronounced for women with intersectional identities

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Enhance Socio-Economic Data Collection and Review Cell Suppression Rules

Informed policy-making requires accurate and detailed socio-economic data. Enhanced data collection, including disaggregated data, can guide policies more holistically, highlight areas of concern, and measure policy effectiveness. Reviewing "cell suppression rules" across Yukon legislation is crucial to ensure more nuanced and comprehensive data is available.

All findings

Strengthen supports for women escaping GBV, eliminate barriers to access, ensure inclusive of all women - especially those in the communities

With the rise in domestic and intimate partner violence during the pandemic, focused efforts are needed to address this 'shadow pandemic'.

Finding 12: Increased violence against women constituted a shadow pandemic, particularly among women with intersectional identities

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Implement a safe supply program tailored to the unique needs of women, in particular Indigenous women, who are impacted by the opioid crisis.

The opioid crisis has disproportionately affected Indigenous women in the Yukon. A Safe Supply Program would mitigate the risks associated with street drugs, and reduce overdose deaths.

Finding 10: Women experienced a decline in well-being

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Recognize the care penalty and incorporate it into financial and social support planning.

The care penalty was exacerbated during the pandemic, impacting women's economic and mental well-being.

Finding 6: Paid care and essential workers were more likely to continue going to the workplace during the pandemic and faced increased risks, Finding 8: During the pandemic, unpaid care work increased for many women, Finding 9: The unpaid care penalty increased for women

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Launch a Yukon-centric public awareness campaign on the impacts of the pandemic on women, particularly focusing on the shadow pandemic.

Community-wide awareness can be a deterrent to potential abusers and support for victims.

Finding 12: Increased violence against women constituted a shadow pandemic, particularly among women with intersectional identities

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# Appendix A:

## Timeline of COVID-19 Events and Yukon Government Responses

### **Brief description of key Yukon government responses**

In response to key pandemic events, the Yukon government implemented its responses in five phases: Phase 0 - mid-March to mid-May; Phase 1 (Restart) – May 15 to June 30; Phase 2 (Recover) – July 1 to July 31; Phase 3 (New Normal) – August to December; and Phase 4 (Post-vaccine) starting in January 2021. The Yukon government responses are briefly described below, drawing on the Yukon government document *A Path Forward: Yukon's plan for lifting COVID-19 restrictions* (Yukon government, July 31, 2020) and material from Yukon government websites.

Recommendations to restrict non-essential travel into the Yukon territory and into rural Yukon started in mid-March 2020, along with self-isolation requirements for people entering the Yukon. The travel restrictions are expected to impact economic activity, particularly in the tourism sector, as well as general well-being. The restrictions on non-essential travel into the Yukon were more strongly enforced starting in mid-April. Starting in Phase 2 (July 2020), a travel “bubble” was introduced allowing residents of British Columbia, Northwest Territories, and Nunavut to enter without isolation and with other Canadians allowed to enter but with isolation requirements.

Physical distancing was promoted and limits on the size of social gatherings introduced. Initially, in Phase 0, gatherings were limited to 50 people or less, however, this was reduced to 10 people by the end of March. The limits on size of social gatherings, including spiritual and recreational gatherings, are expected to adversely impact wellness. Physical distancing and limits on social gatherings continued through the three phases with some expansion of the size of the “bubble” in Phase 2.

In early April 2020, definitions of critical services and essential workers were provided to further guide decisions on business and service closures, as outlined in the Civil Emergency Measures Health Protection Orders (Yukon government, 2020, July 10). Critical goods and services were defined as those in healthcare, emergency life-saving, infrastructure essential for supply of energy and water, food and medicine, information and communication, transportation and key government services supporting the COVID-19 response. Essential workers were defined as workers providing health services (e.g., therapists, home care support), food and medical services (e.g., grocery stores, pharmacies), energy and utilities, transportation related to supporting the COVID-19 response, key government services, and other services such as childcare workers, and workers providing supports for vulnerable

people. Critical and deemed essential service workers were still required to follow all public health guidelines. Remote work was encouraged.

These definitions determined which business and organization were required to close at the beginning of the pandemic. Since childcare workers were deemed essential, daycares remained open, although initially only for children of critical and essential workers. Summer day camps and recreational programming could operate in Phase I, however, overnight camps were not permitted. Decreased accessibility of childcare and the possibility of COVID-19 virus exposure in childcare centres may lead parents/guardians to reduce paid work in order to provide more care hours at home; other caregivers may have been able to manage additional childcare at home through remote work, shift arrangements, and/or greater intergenerational caregiving without decreasing paid work.

In-person schooling was suspended on March 18th, 2020 and shifted to online education for the remainder of the school year; there was also a recommendation to keep children home from spring break day camps/day care. Children returned to in-person schooling in September 2020. In June 2021 a “Social Firebreak” was requested to reduce transmission of the virus and parents/guardians were asked to keep children home from school. As for childcare, the online education and exposure concerns may have led some caregivers to reduce paid work or seek alternative ways to combine paid and unpaid care work to meet the additional schooling time requirements. These changes may be associated with increased stress and declines in well-being.

Some businesses and organizations were deemed non-essential and required to close. Bars and personal care services (e.g., barber shops, hair salons, nail salons) closed, respectively, on March 22 and March 26, 2020. Restaurants were allowed to provide takeout and delivery only. In mid-March, public recreation facilities, public campgrounds, and libraries all closed. Non-urgent hospital services and dental services were suspended and visitors to hospitals were prohibited under most circumstances. The business and organization closures are expected to result in direct loss of paid work for women and contribute to decreases in well-being more generally for people using these services. In Phase 1, some of these non-essential businesses could reopen with restrictions on capacity and if physical distancing could be achieved. Similarly public campgrounds could reopen (June 4) and recreation centres and libraries reopened but with limited capacity.

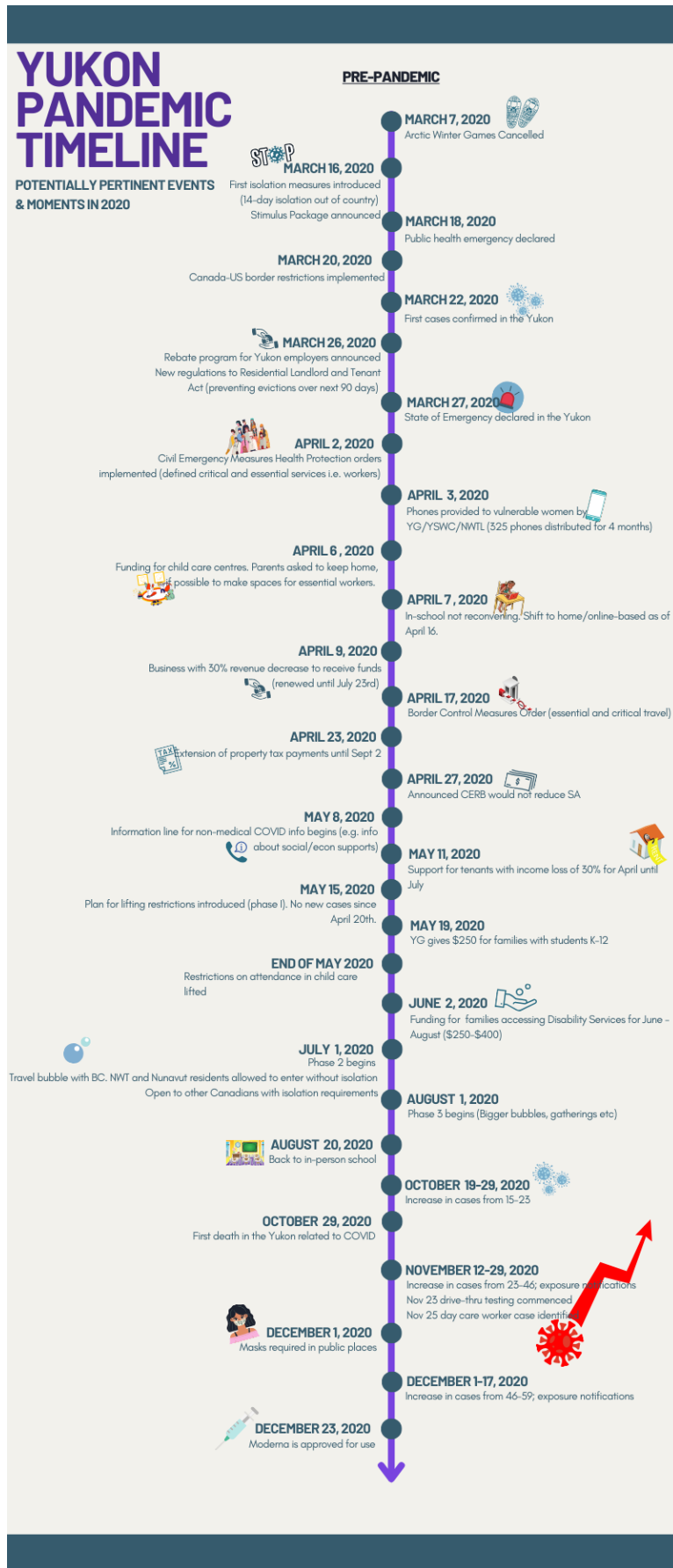
Other non-essential businesses could continue to operate if the required infection prevention measures were adopted. This regulation applied to businesses in sectors such as mining, manufacturing, construction, agriculture, forestry, food processing (e.g., butchers), outfitters, and guided tourism operators, and included work camps and various types of accommodations. In addition, remote work was encouraged.

Regarding supportive changes to employment standards and regulations, the government introduced the Paid Sick Leave Rebate program which provided up to 10 days of wages for employees and self-employed people who were unable to work due to COVID-19 infection (March 26, 2020 to March 31, 2023).

Economic stimulus packages for businesses were initiated with some focused specifically on mining and tourism. Financial aid was provided for not-for-profit/non-governmental organizations, such as the Relief and Recovery Fund, to improve safety in the workplace and for sports and recreation groups. Funding for childcare operators to help them remain open was introduced (April 6, 2020). Financial supports for individuals include the: K-12 educational support to families (May 19, 2020); no reduction in social assistance benefits for individuals receiving Canada Emergency Response Benefit (April 27, 2020); Yukon COVID-19 Caregiver Program top-up of Canada Recovery Caregiving Benefit or provision of benefit for families not eligible for Canada program (June 2, 2020 to December 2022). The Yukon Essential Workers Income Support Program provided low-income essential workers with a wage subsidy of \$4.00 per hour to a maximum of \$20.00 per hours for up to 16 weeks (October 15, 2020 to February 15, 2021). Extensions were permitted for property tax payments (April to September 23, 2020). Financial support for tenants with income loss of more than 30 percent was provided (April until July, 2020). Apart from direct financial supports, new regulations to the Residential Landlord and Tenant Act were introduced to prevent evictions for 90 days (March 2020) and phones were made available to vulnerable women (April 3, 2020).

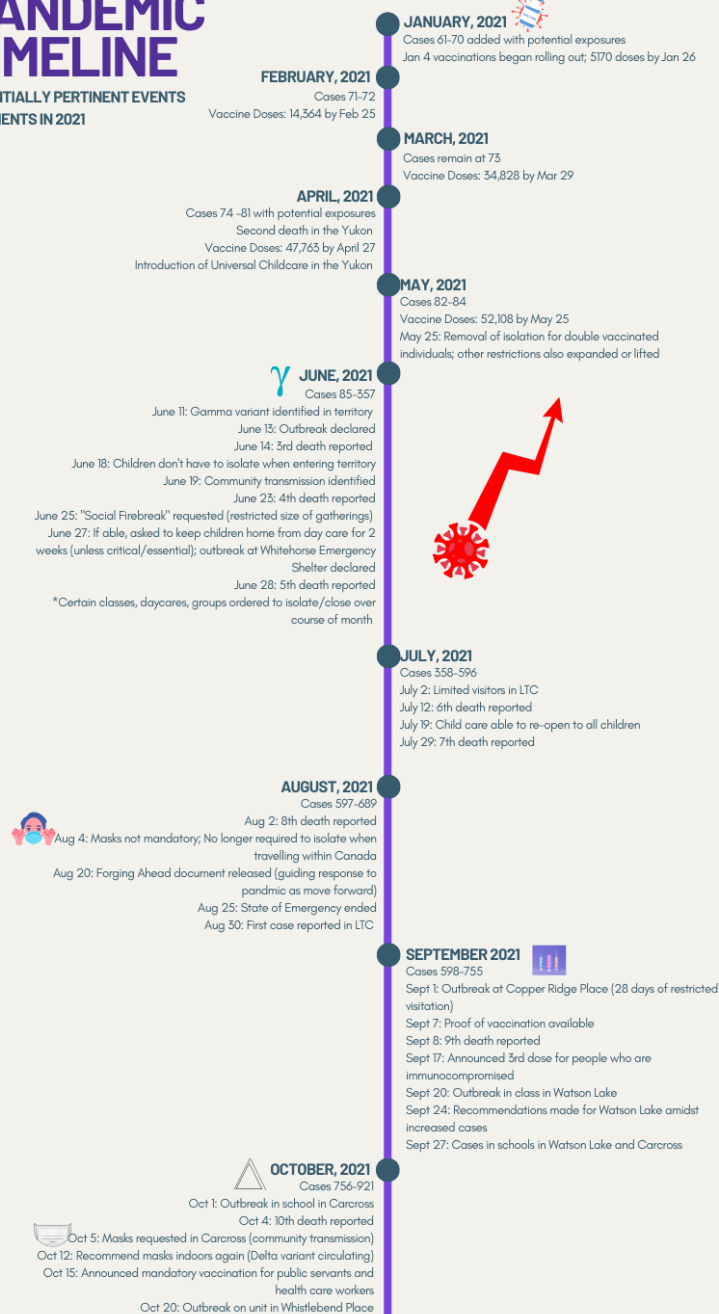


Interview participants were provided a copy of this timeline to aid in recall of events



# YUKON PANDEMIC TIMELINE

## POTENTIALLY PERTINENT EVENTS & MOMENTS IN 2021



Information sourced from Yukon Government's COVID-19 news releases.