



# The experiences of women during the **COVID-19** pandemic.

Status quo and recommendations for post-crisis gender sensitive measures

Project implemented by:



AGENȚIA NAȚIONALĂ  
PENTRU EGALITATEA DE ȘANSE  
ÎNTRE FEMEI ȘI BĂRBAȚI

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*“It only took six months of a global pandemic to bring to light structural inequalities that have existed for decades.”*

*(Germain & Yong, 2020)*

## Introduction

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This research is part of the project "Women during and after coronavirus: Information, Research and Advocacy for Gender Equality", carried out by the FILIA Center in partnership with the National Agency for Equal Opportunities between Women and Men, with the financial support of Active Citizens Fund Romania, program funded by Iceland, Liechtenstein and Norway through the EEA Grants 2014-2021.

Periods of crisis bring with them negative effects on equality of chances in general, and on gender equality in particular. In such periods, when public attention is focused only on one topic, the specific experiences of women and other vulnerable categories tend to be ignored and gender inequalities tend to deepen. Previous research (Pasti, 2003, Miroiu 2004, Băluță, Bragă, Iancu, 2011) shows that women become the main loser when it comes to public policies and government measures taken in times of crisis.

The current COVID-19 pandemic is no exception and, as the data show, women are indeed differently affected, they do face greater dangers and increased risks (UNCTAD, 2020, World Economic Forum, 2020). Gender equality experts point out that in the absence of a gender perspective included in the measures taken to combat the crisis and in the package of post-recovery measures, gender inequalities will increase (Wenham et al, 2020). In fact, the UN recommends placing women and gender issues at the heart of Covid-19 actions and recovery measures.

Prior to the above-mentioned project, in the first months of the pandemic, the FILIA Center started a campaign to collect women's testimonials about their experiences during this period. The received testimonials in this very short time and the shared experiences of women made us understand the need for a broader campaign, integrated in a research and advocacy

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approach for a better understanding of the gender impact of the crisis and for the inclusion of women's needs in the political measures created to tackle the crisis and the post crisis period.

It is important to mention from the very beginning, that due to the time and resources constraints, the research is not nationally representative and does not offer an exhaustive take on the subject, being considered more of an explorative research. We do hope that this could be seen as a contribution to future research on this topic and we do express (in the limitation of our possibilities) our support for this type of initiatives.

**Our gratitude goes to all the women who took the time to answer our questions (both from the questionnaire and from the interviews) and who shared their experiences with us.**

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# 1. Methodological aspects

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The main objective of this research is to shed light on the understanding of the various experiences of women during the pandemic. Based on this research, the project team will develop a set of recommendations on crisis response and post-pandemic measures. These will be designed by having in mind the possibility of being integrated into the National Recovery and Resilience Plan, that will be developed according to the Emergency Ordinance. no. 155 of September 3, 2020 in regard to some measures for the elaboration of the National Recovery and Resilience Plan, necessary for Romania to access reimbursable and non-reimbursable external funds within the Recovery and Resilience Mechanism<sup>1</sup>.

The covered topics were access to information, the impact on work and livelihoods, access to health services and domestic violence.

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In accordance with the objectives proposed for this study, we opted for a double research approach, both quantitative and qualitative. The used research methods were: semi-structured interview, document analysis and questionnaire-based survey. The target group of the research was composed exclusively of women. The research period was between August and December 2020.

The questionnaire follows the model proposed by the UN for measuring the gender impact of the pandemic and has been adapted to the national specificities. The questionnaire was available online between 31.08.2020 - 06.09.2020 and recorded a total of 487 answers. After the database cleaning and coding process, a number of 443 valid answers remained.

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<sup>1</sup> The text of the Emergency Ordinance nr. 155 from the 3rd of September 2020, can be accessed here: <http://legislatie.just.ro/Public/DetaliiDocument/229799>



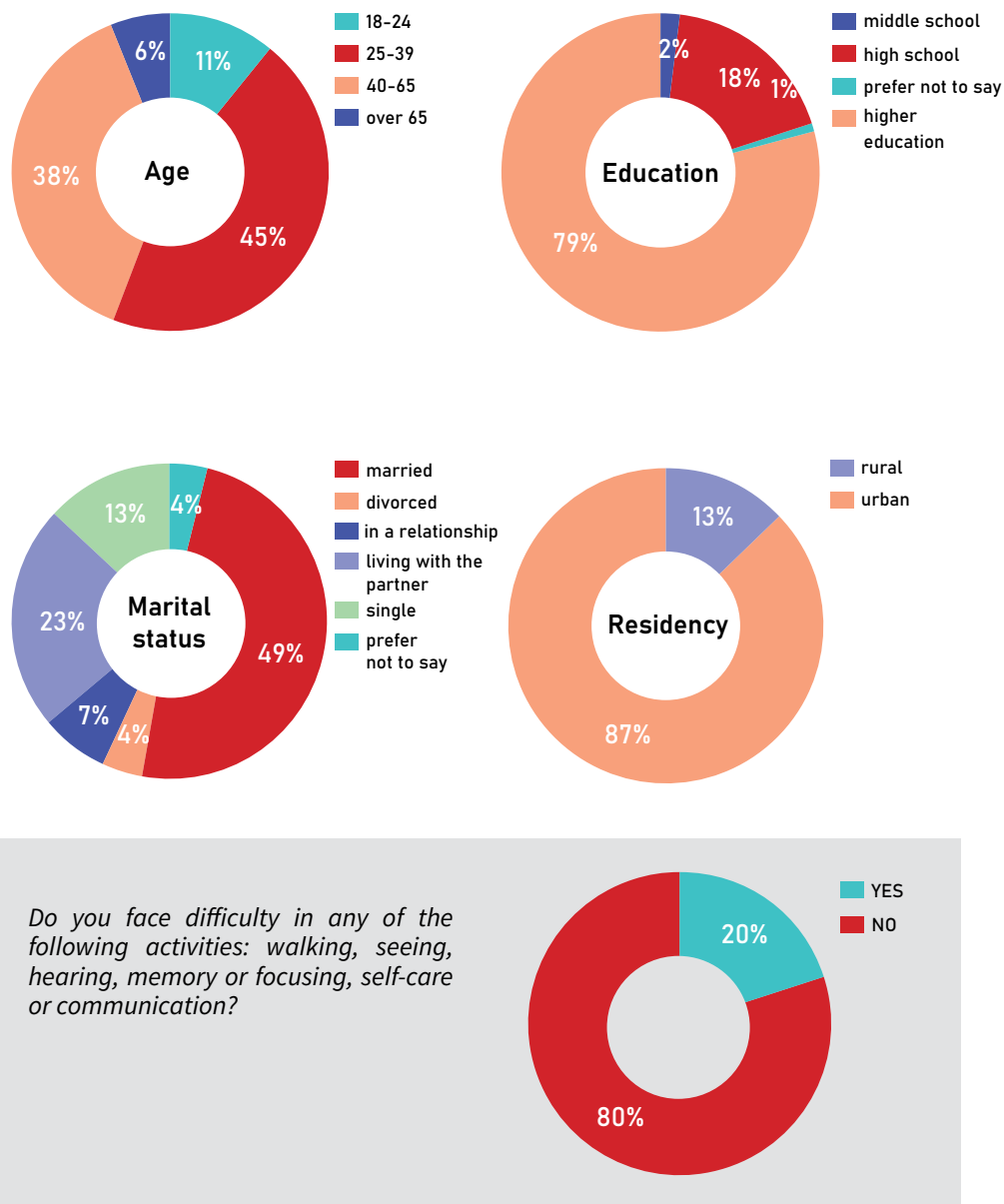


Chart 1: Socio-demographic characteristics

Regarding the demographic characteristics, the respondents of the questionnaire belong to the following age categories 25-39 years (45%), 40-65 years (38%), 18-24 years (11%) and over 65 years (6%). Most respondents are graduates of higher education (79%) and secondary education (18%). Regarding the marital status of the respondents: 49% of them are married; 23% live with their partner, 13% alone; 7% in a relationship but do not live with the partner; 4% divorced / separated and 4% widowed. The environment of residence of the respondents is urban in proportion of 87% and rural in proportion of 13%. Last but not least, 80% of the respondents appreciate that they do not encounter difficulties in carrying out activities such as walking, sight, hearing, memory or concentration, self-care or communication.

As the survey was completed through social media, we mostly reached women from urban areas, with higher education, aged between 25-39 years. We used targeted ads on social media so that the questionnaire also reaches among women in rural areas, aged between 40-65 years and over 65 years, with secondary education studies. But finally, only 56 women (13%) from rural areas completed the questionnaire and only 25 women over the age of 65.

We also conducted 8 interviews with women. Four of them were with

representatives of non-governmental organizations in the following fields: Roma women, minor mothers, survivors of domestic violence and migrant women. One interview was with a community nurse from a vulnerable community, two interviews were with women from rural areas and one was with a transgender woman from an urban area. The analysis of the qualitative data was done using the content analysis method.

We informed the representatives of the NGOs about the objectives of the research and asked for their consent to record the interview, stating that we will not communicate their name or the organization they belong to. This action was done in order to provide a comfortable setting in which they could share their work experience during the pandemic. One of the representatives of the civil society who participated in the interview asked if she had to formally answer or if it was fine speaking freely, and the interviewer encouraged her to speak as she wanted because her experience was valuable and there was no need to formalize. The interview with a transgender woman was made possible by a contact person, a transgender man, a member of the LGBTQIA + community, who made the recommendation and who was a factor of relatability for participating in the interview.

Regarding the women from local communities, who are part of ethnical minority groups, a direct relationship was involved, as they are members of the communities in which the FILIA Center operates and active participants in the initiative groups. Being a relationship built over time, the two women who participated in the interviews spoke openly about their experiences during the pandemic. At the same time, we must take into account the unequal power relations established between the interviewees and the representatives of the FILIA Center, considering the fact that support activities for women in the community were developed over time.

Lokot & Avakyan (2020) suggest that, although gender is the most commonly used filter for understanding the inequalities to which girls and women are exposed, these lenses can overlook a number of intersecting oppressions (such as class, race / ethnicity and gender) that generate specific situations of discrimination. An intersectional analysis starts from the premise that "women" are not a homogeneous group, but they can be exposed to intersecting oppressions that shape their experiences. This analysis tries to see beyond the genre, in order to understand the intersections between different hierarchies of power and forms of oppression as a way of deconstructing the different

lived experiences. However, the interpretation and analysis of the data is limited by the experiences of the authors and their identities as Cisgender women<sup>2</sup>, who are part of the majority ethnical group, with higher education and an economic status that does not involve challenges in surviving from one month to another. Given these limitations of the research, we tried as much as possible to give space to the voices of women who agreed to participate in interviews and played excerpts from interviews just to allow readers to enter the universe described by the women interviewed without the filter of the authors.

In this research, we also sought to understand how gender interacts with other variables, including age, disability, ethnicity, and economic status. Although the limitations assumed by an online research make a representative urban / rural comparison impossible, we aimed to capture certain differences in women's experiences. These differences can be the starting point for other, more comprehensive research. We considered the seven intersectional principles developed in Data Feminism (2020) - the authors argue how today, data is a form of power and can be used to expose injustice, to produce change, but also to discriminate. Therefore, the strategy proposed by the seven steps goes beyond gender binary and discusses who has and who does not

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<sup>2</sup> A cisgender person is a person that feels comfortable with the birth attributed gender, based on the definition supplied by the ACCEPT Association, available at <https://transinromania.ro/definitii/>

have power and how, through research, by collecting feminist data, these imbalances can be challenged and changed. (D'Ignazio & Klein, 2020) The principles to which the authors refer to the examination of power (conducting research starting from 3 essential questions: For whom? By whom? And with whose interests and objectives?); to the use of women's voices to challenge unequal power structures and include them in policy proposals that ensure an equitable distribution of resources; to the capitalization on emotions as part of the data collection process; to the rethinking of gender binary and hierarchies; to the embracing of pluralism by valuing multiple perspectives and contextualization. (D'Ignazio & Klein: 2020, pp. 2-5).

The present research has been designed to also include other genders. Ultimately, the fundamental commitment of feminist thinking is gender equality for all genders<sup>3</sup>. Understanding the impact of coronavirus requires focusing on its disproportionate effects on LGBTQIA + people. However, it is important to note that the lack of a specific analysis of the experiences of LGBTQIA + people in our research represents one important limitation. We had only one answer from a member of the LGBTQIA + community in the questionnaire and an interview with a transgender woman. This is caused by constraints related to our specific experience and expertise,

as well as time constraints imposed by the conditions of conducting research within a project. We do consider the existence of such research in the public space conducted by members /organizations of the LGBTQIA + community extremely important. The same logic is true for all the experiences that we, the authors, do not have and that have been omitted for reasons related to our limits and not by any means to their importance.

In the selection of people for interviews, the main objective was the diversity of experiences in order to cover a wider range (within obvious limits and without claiming to be exhaustive) of women's experiences. As feminist researchers, we need to listen and learn from their specific experiences, some of which came at the intersection of ethnicity, gender, and class, as a result of the current crisis.

<sup>3</sup> For details and definitions regarding gender please access: <https://transinromania.ro/definitii/>.

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## 2. The findings of the research

### 2.1 Access to information

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#### Status-quo

As COVID-19 spread around the world, more and more existing inequalities surfaced. We face an avalanche of information about the virus daily: official Government communications, news, opinion pieces, posts, materials about potential remedies, all of which are distributed online, broadcasted on TV / Radio, or in the press. This avalanche of information can ultimately lead to confusion.

Filtering the information and extracting what is essential, what is correct requires a minimum degree of digital literacy<sup>4</sup>: knowing how to check the source and its credibility, possibly checking more sources, checking the publication date, information about the author. According to the Eurostat data (2020), 43% of Romanians aged 16-74 had reduced digital skills in 2019, placing Romania first in the European Union in this regard. According to an

OECD report (2018), approximately 327 million fewer women than men own a smartphone and have access to the internet (a 26% gap). Also, according to UN Women (2018), 1.7 billion women in low- and middle-income countries do not own a mobile phone.

In Romania, according to a survey on access to information and communication technology, 75.7% of households had access to home Internet network, an increase by 3.3 percentage points compared to 2018, 61.8% of them concentrating in the urban environment. According to the study, mobile phones are the most used devices for accessing the Internet, 86% of the population using Internet on a smartphone in both urban and rural areas. (INS, 2019).

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<sup>4</sup> Digital alphabetization is the process of developing the capabilities of entities to constantly adapt to new technologies, to recognize the power of holding and using digital information, to distribute and communicate information in the virtual environment as defined by the European Parliament, available at : [https://www.europarl.europa.eu/doceo/document/E-8-2017-000569\\_R0.html](https://www.europarl.europa.eu/doceo/document/E-8-2017-000569_R0.html)

The qualitative data that was collected show that the main sources of information on COVID-19 used by respondents are official sources, such as websites or other authorities' platforms (42.4%), internet and social networks (36.1%), TV / Radio sources / Newspapers (14.4%), and to a much smaller extent: family doctor / other medical sources or community (including family and friends), as well as other communication channels (phone, WhatsApp, Viber) and NGOs.

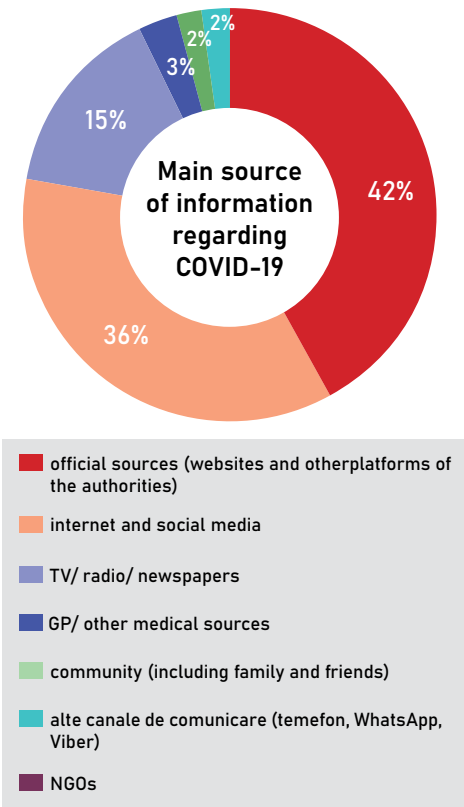


Chart 2: Information sources regarding COVID-19

The interviewed women also mention as sources of information about the new coronavirus, the television and the Internet:

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"As they say on the TV, as they say in the hospital (...) to wash your hands, to disinfect yourself, not to sit next to each other, if you are talking to someone to be two meters away, not to get in touch when someone from abroad comes back home." (woman, 35 years old, rural area)

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"Mostly from the TV and the internet." (transgender woman, 21 years old, urban environment)

One of the interviewed women is not connected to the electricity distribution network, therefore, in order to find out information, she must contact other people:

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"I sometimes go to my mother-in-law for the TV, for the news. (...) In the evening we go out to see the news and, from there, from friends, from in-laws, from those who have a TV.." (woman, 35 years old, rural area)

The interviewed NGO representatives also mention that the main pillars of access to information, among the communities in which they work, are through the representatives of local authorities (such as health mediator,

school mediator or community nurse) but also through the TV, internet and social networks:

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"The health mediator and the school mediator (...) were on the field, they were in the front line and they were super exposed and informed the people."

(Representative of Roma women's NGOs)

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"Our community is organized mainly in the online environment. Precisely because there is a lot of isolation and loneliness all together and the only access to social interaction is through the online environment. In the meantime, a very active online community has been built, especially on Facebook. And that's where this information somehow happens, that's where our active group is. As soon as a press article appears, it is shared in all these online groups."

(Representative of NGO-migrant women)

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"From the TV and from the leaflets I have shared, what I told them verbally. Now that we can't gather too many, it wasn't allowed. Those meetings that I used to have, I haven't done them anymore (...) There was this campaign- I'm glad it's over! - and also, I avoided some things because people confused things and thought I was the one campaigning."

(Community Assistant, Rural Environment)

## Identified problems

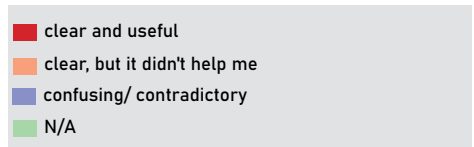
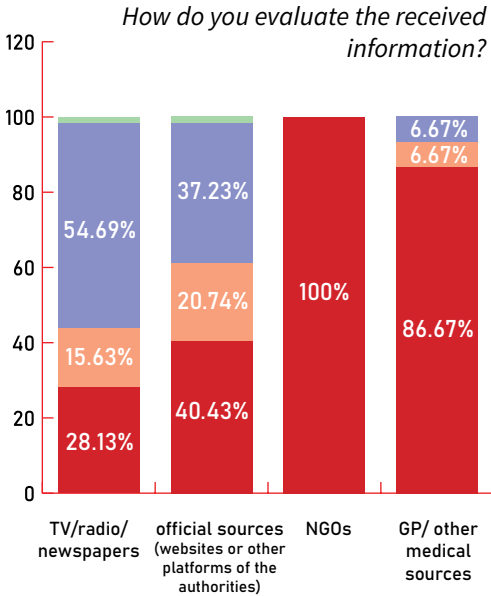
A first identified problem, supported by both quantitative and qualitative data, is the high degree of confusion among the population. Most women rate the received information as confusing and contradictory (43%) rather than clear and useful (38%). Some respondents rate the information received as clear, but still unhelpful for their preparation (16%).

**43%** received information as confusing and contradictory

**38%** received information as clear and useful

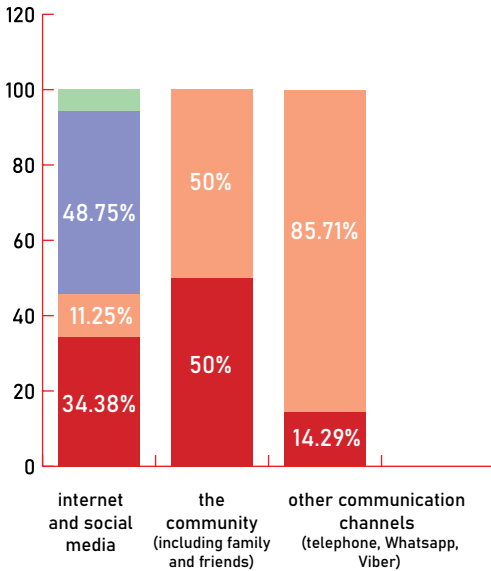
**16%** received information as clear, but still unhelpful

An association of the answers regarding the main sources of information and the evaluation of the received information indicates the highest degree of confusion in the case of telephone communication channels, WhatsApp, Viber (85.71%). Confusion is also high for TV / Radio / Newspapers (54.69%), community - including family and friends (50%), internet and social networks (48.75%) and official sources, such as websites or other authorities' platforms (37.23%).



The interviewed women feel suffocated by the volume of information to which they are exposed, they do not know what to believe, they feel the need to stay away from them. This context fuels panic and anxiety and can be a source of psychological unbalance.

"It kills us too much mentally, we fall into depression ... because we don't even know where to take it from and where to put it. We don't know what to think anymore." (woman, 35 years old, rural area)



"Sometimes I think that it seems a bit exaggerated, it seems to me like I don't know, those who give this news, they have that thing when they do it very pompously, very harsh and even lately I tried to stay away from the TV and stuff like these so that I don't hear anymore, you know, 1000 I don't know how many of us are infected or stuff like that, because it seems to me it's not possible, I don't know. I mean, I've seen statistics in other countries and how they present the current situation and say: they'll be fine, we'll be OK, if you need help, maybe they have a number that we can call you know what I mean?

Chart 3: The association between information sources and the evaluation of the received information



Unfortunately, I don't know if we have such a thing. (...) It seems to me that they put a lot of emphasis on... instilling fear in people. I understand that we need to be careful and protect ourselves, but I don't know, I think maybe it could be different.” (transgender woman, 21 years old, urban environment)

In a context in which public health is going through a crisis, the high volume of information, the accumulated stress fuels negative emotions such as anxiety and depression. All over the world, people live in fear of what the future holds. A study analyzing the exposure to COVID-19 information in the media, risk perception, social and geographical proximity and self-assessed anxiety in China highlights the role of media exposure in terms of anxiety level during the pandemic. One of the recommendations made by specialists is to adopt effective risk communication strategies to protect the mental health of citizens during such a crisis. (Liu, Zhang & Huang, 2020).

According to quantitative data, 67.36% of those who assessed the received information as confusing/contradictory consider that their mental health was affected as a result of the pandemic (stress, anxiety).

**67%** consider that their mental health was affected

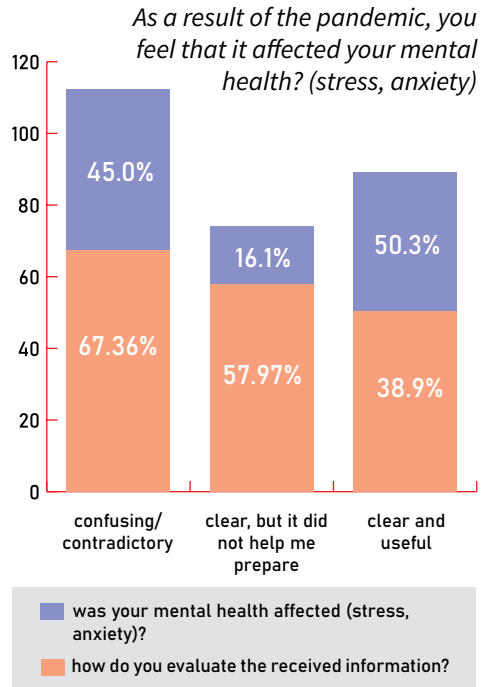


Chart 4: The association between the evaluation of received information and the impact of the pandemic on mental health

**The abundance of fake news, both online and offline aggravates the crisis we are in.** Representatives of the interviewed NGOs, who work with Roma women, underage mothers, migrant women working as caregivers, observe the circulation of fake news information among the communities they work with:

"There are also a lot of fake news in all this avalanche of communication, of course. There is a flow of information that happens in the online environment anyway and then in our community, automatically. What I noticed or what caught my attention in particular was the change in perspective regarding the pandemic. If at the beginning, even during the lockdown and maybe a little later, my colleagues took the prevention measures very seriously, they took these restrictions or the need to wear a mask, to wash your hands very seriously. (...) During the summer there was a shift in the perspective. (...) So after going on a holiday in Romania and spending four weeks there, they came back with a completely different vision of the situation. (...) many of these conspiracy theories have intervened: that the virus does not exist, that the mask harms our health, that everything is through Bill Gates."

(Representative of NGO-migrant women)

"[People] did not understand the danger to its true importance (...) they were most frightened and began to be more cautious when the first cases and the first deaths in the community appeared."

(Representative of Roma women's NGOs)

"At one point one of them repeats to us: when do we see each other, when do we see each other? We were telling them 'we can't see each other' 'Aah, but why? That this is a joke, someone told me (...) that everything is fake news to keep us in their houses and I don't know what, to steal and do I don't know what'."

(Representative of NGO-mother mothers)

Tedros Adhanom Ghebreyesus, the general director of the World Health Organization. Declared during the Munich Security Conference in February 2020: "We're fighting an 'infodemic'<sup>5</sup> as well as a pandemic. Widespread conspiracy theories that either refer to fighting the virus only as a pretext to introduce mandatory mass vaccination of the population, or to how Microsoft founder Bill Gates and the EU would try to monitor the population or to 5G technology (Lynas, 2020).

Regarding the severity of the pandemic, the opinion of Romanians is divided: half believe that the authorities have exaggerated the severity of the pandemic and the other half believe the opposite. (IRES, 2020) The avalanche of misinformation, fake news and conspiracy theories is not just an attack on health, but aims to undermine trust in governments and the media.

<sup>5</sup> "Infodemic [en: infodemic]" is a term used to illustrate a large volume of information, often false or unconfirmed, about a problem, especially a major crisis; spreading rapidly in the news, online and through social networks, this information fuels fear and speculation, making the problem more serious.

The degree of skepticism about the security measures taken by the authorities is very high. Out of 443 responses to the questionnaire, 64% of respondents do not know how to answer or do not want to answer, while 28% are critical, considering that the measures taken are neither adequate nor sufficient. Only 8% of respondents assess the measures taken as adequate and sufficient.

*How do you appreciate the safety measures taken by the authorities regarding the restraint of courses (school/kindergarten)?*

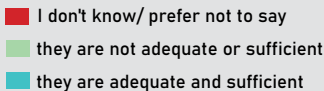
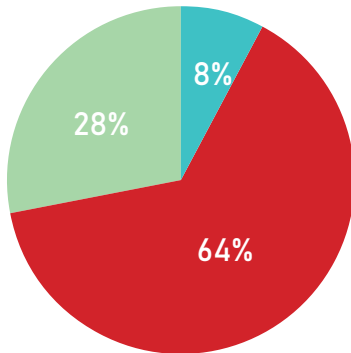


Chart 5: Appreciating the safety measures taken by the authorities

According to an IRES survey (2020), almost half of Romanians believe that the state hid important information in this crisis and the same percentage believe that the state and the press had an agreement to truncate, distort or limit information on COVID-19. Only a third of Romanians still see the state as a reliable partner (36%). The phenomenon of weakening the trust in the authorities goes beyond Romania's borders. A summary by the European Council on Foreign Relations shows that, on average, 33% of the more than 11,000 interviewed citizens say they lost confidence in their country's government during the pandemic. The highest trust in experts was recorded in Denmark (64%) and Sweden (61%), and the lowest in France (15%), Spain (21%) and Poland (20%). (ECFR, 2020)

**Therefore, ensuring access to information is essential to reduce the risk of transmitting the virus and to protect the population against misinformation, as well as to maintain confidence in the authorities.**

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## 2.2 The impact on work and living resources

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### Status-quo

The spread of the new coronavirus is not only a public health crisis, but also an economic crisis, and evidence from previous economic and health crises suggests that men and women experience this shock differently. While the financial crisis of 2008 was characterized by higher job losses in male-dominated sectors (especially construction and manufacturing), the Ebola crisis of 2014–2015 affected women more, firstly due to their role in care and secondly due to the loss of jobs in the feminized sectors (trade, HORECA). (OECD, 2020)

According to the European Women's Lobby, women and girls find themselves in vulnerable positions either because they are the sole caretaker of the household and face economic insecurity; either because they are exposed to the risk of violence from their partner at home; either because they are victims of trafficking in human beings for sexual exploitation; or because they

are already facing exclusion in our societies, such as older women, Roma women, migrants or undocumented women, homeless women, women with disabilities, women with precarious jobs. (EWL, 2020)

A study conducted by McKinsey & Company shows that women are more vulnerable to the economic effects of COVID-19 due to (pre) existing gender inequalities. The analysis of unemployment data in the US and India indicates a job loss rate among women about 1.8 times higher than among men. Globally, the job loss ratio is 5.7% among women compared to 3.1% among men. In addition, feminized jobs are 19% more at risk because of the pandemic than masculinized ones. Women hold 54% of the world's jobs in accommodation and food services (HORECA), which are among the sectors most affected by the crisis; 43% of retail jobs and 46% in other services, including arts, recreation and public

administration. Some sectors, such as the manufacturing industry, in which men are the vast majority, have also been severely affected by the crisis. (McKinsey & Company, 2020).

In Romania, the number of unemployed women increased by 50% due to the pandemic, while the share of unemployed men by only 16% (unemployment rate reaching 5.4% in July), according to the available data from the Social Monitor. Specifically, two-thirds of those who became unemployed in 2020 are women. Even though the unemployment rate remains higher among men in Romania, women have been hit hardest by job losses in recent months.

## Identified problems

According to quantitative data (443 responses), approximately 63% of respondents had the status of employees before the pandemic. Other respondents were listed on the labor market as entrepreneurs / freelancers without employees (7.2%), students (6.1%), women on childcare leave (4.3%), entrepreneurs / freelancers with employees (3.6%), looking for a job (2.9%) and in much lower percentages without a job due to medical reasons, retired, involved in informal work / without a work card (ex: nanny, housekeeper, in agriculture, etc.), students. Among the areas of work of

the respondents to the questionnaire are education (11.3%), IT (9.3%), services (3.8%), health (3.2%), NGO / civil society (2.7%), research (2.5%). Most respondents either work in another field of work (37.7%) or preferred not to answer (14.9%).

Compared to the majority of women who answered the questionnaire, the interviewed women earn their living through work in the informal economy sector (agricultural activities, marketing of animal husbandry products):

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"Now is the time with these different types of mushrooms. We go from time to time and collect sponges so that we can sell them and take an extra penny, so that we can at least get what we need."  
(woman, 36 years old, rural area)

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"For a while it was very difficult because I only had the allowance. I'm a housewife, he is a stay-at-home husband. At one point he said he wanted some goats and I said okay, let's take some goats to make some more money, to do something else because it was hard with the money."  
(woman, 35 years old, rural area)

We remind you that while the questionnaire circulated online and was completed mainly by women from urban areas (87%), with higher education (79%), for the interview method we included the perspective of some women from rural areas, from vulnerable categories, poorly represented, in order to capture experiences as varied as possible.

Other women worked as saleswomen in nearby cities where they lived and lost their jobs with the onset of the emergency, as many small local businesses went bankrupt:

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"They worked with a work permit in [the name of a city in Romania], at garments, at some shops, at boutiques and because of this period, they closed and had to give up." (Community Assistant, Rural Environment)

A different category includes women who work as caregivers in [the country where they work], being included in the legislation as authorized individuals (single-person companies, in German: gewerbe). Working as an authorized individual implies a different status in terms of the rights and obligations, they have compared to a person employed on a contract of employment.

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"Romanian caregivers who work in [the country where they work], work as authorized natural persons (PFA), this means that they did not have any kind of safety net. They had no access to unemployment, nothing. So actually, it was, all of a sudden, a period of two or three months - zero income." (Representative of NGO-migrant women)

In the context of the emerging crisis, women in the care industry have been in a situation of maximum vulnerability: on one hand, many Romanian caregivers can no longer go home, although their shift is over and they are exhausted; on the other hand, women in Romania cannot replace them, due to the risks and restrictions imposed to prevent the spread of the virus.

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"Not that they lost their jobs, but that everyone was looking to hire them during the period, because it was a care crisis, at least in [the country where they work]. Because the borders closed, they could not change shifts. It was a super difficult time. It was never a question of them losing their jobs. What happened, instead, was this period of two or three months when the lockdown was in place, and the borders were closed and the caregivers who were stuck in Romania were without financial income for months. (...) the caregivers who remained in the

lockdown, some of them, somehow managed to find ways to return home. Or the husband would come, for example, by car through the night corridor, through Hungary, and bring them back. So, some of them managed to come back and that means that the respective customers were left without an option. At the same time, caregivers in Romania could not come to fill the application. So, the demand remained, as a percentage, the same. The offer decreased due to the restrictions, especially at the borders' level and at the level of carriers, because as soon as the quarantine obligation was introduced, the carriers did not want to drive because the quarantined drivers would have entered in quarantine automatically. Romanian caregivers also travel, 90% in the vast majority, with transport minibuses. So not by train or public transport or I know and then the main transport channel between the two countries actually fell. (...) there were also caregivers who had relatives or friends in [the country where they work] and who, after finishing their shift, did not stay at work. So those who could and had the option did not extend their rounds because it is inhuman. After spending four weeks non-stop with a demented patient, stay another six weeks. (...) But most of them had to extend their shift to 8-10 weeks." (Representative of NGO-migrant women)

The collected quantitative data on the income situation before and during the pandemic show that before the pandemic, 32% of respondents had lower incomes than their partners, about 20% equal to their partners and 17% higher than their partners (while for 17% it does not apply, 7% had no income, 2% the partner had no income, 5% NS / NR).

*You would say that your income before the pandemic was:*

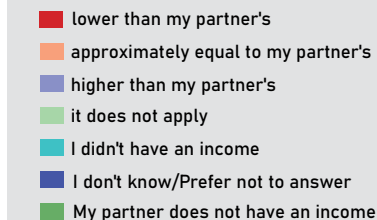
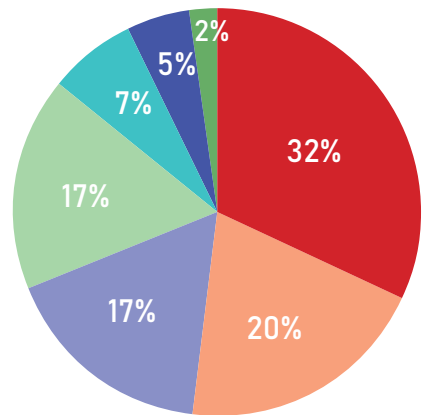


Chart 6: The evaluation of incomes before the pandemic

During the pandemic, 65% of individual incomes and about 54% of household incomes remained the same, while about 28% of individual incomes and 37% of household incomes decreased.

*During the pandemic...*  
*(procent)*

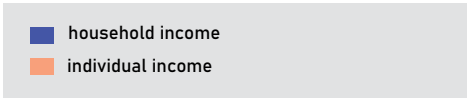
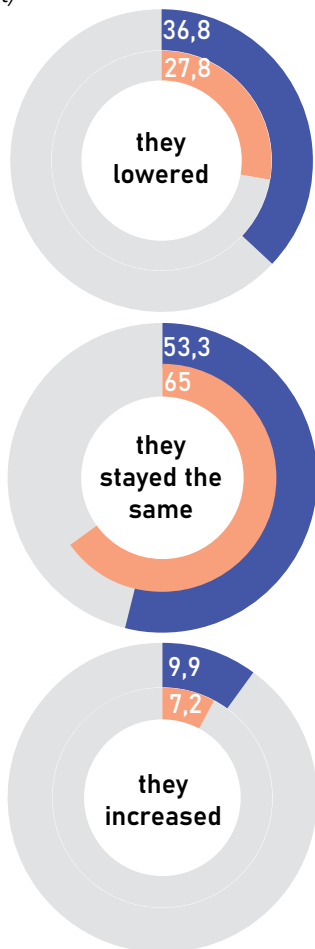


Chart 7: The change in individual incomes and households' incomes during the pandemic

The interviews bring to light extremely delicate situations from a financial point of view: before the pandemic, families lived on social assistance (welfare) and allowances. Because they could not manage with the money, they found alternatives on how to earn money through informal work. One of the interviewed women goes to the forest to collect mushrooms (ghebe, hribi) which she sells in the village. Another woman interviewed bought some goats and produces cheese that she sells to the other people in the village.

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"We live on allowances and social help. If I have a little more trouble with money, I have to go and get a million and give two back, because they are taking it with interest, but elsewhere I have nowhere to take it. (...) I go to work at the sponges and give a bucket or whatever I give there and take 5-6 hundred thousand (in the old currency). And from there you pay 5 lei for school - I have three who go to school, 150 thousand - I take another broth at home or another bread, I take another detergent because the children need to be washed. The money is flying. (...) I leave at 7 in the morning and come back at 4, I stay there all day. Until I



come, when I come, then I make food for them, poor souls ... If stay at home and see that I don't have anything, what can be done? Stealing? Where should I go? I have no choice. An allowance is not enough." (woman, 36 years old, rural area)

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"We took the goats, but we can't say now that we receive, I don't know how many millions. That's how I make cheese, I get a million or two, but that's more for the children. (...) It's hard because there is no money. The allowance or the help for children, at school ... to dress them, to buy them shoes, to pack their lunch every day, school supplies, lots of food - this is where the money goes. We don't drink, we don't smoke. Most of the money is spent on the children. There are 7, they are big, they have wishes." (femeie, 35 de ani, mediul rural)

The emergency state and the restriction measures that were imposed to prevent the spread of the virus, made it impossible for these women to earn money.

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"During the pandemic, nobody came to ask me for a kilo of cheese. (...) And before they really came. I had clients. I can't say that I had a significant number, but I have 100 goats there, I made from 3 to 5 kg of cheese. But during the pandemic they didn't come much and it was really hard. (...) There was a time

when I didn't have children's slippers. I had to wait until the allowance came, but...there are still debts, you still have to buy them food and you have to borrow for that ... when do you give them back? It was really hard for a while. I felt how hard it was. People were probably afraid, they were isolating." (woman, 35 years old, rural area)

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"Before, my husband went abroad, he went begging and singing. Now it is no longer possible to go there, maybe just if you go for work reasons, if you have a job, you have to have a job so that you can leave. And there those strangers avoid you, they don't come to talk to you anymore, to ask you what problems do you have, why do you beg for money, how many children you have. (...) Since this pandemic came, it's getting harder and harder for us (...) we haven't gone anywhere at all, because we have nowhere to go to work." (woman, 36 years old, rural area)

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"As mobility in the European space during this period was limited, many of them (men) returned home and had no sources of income at home. Women who are at home practice all kinds of informal work that involved interacting with other people and moving from one place to another these things could not be justified with the certificate (in the emergency state period). People had to

stay home. If, for example, they traded informally - it is a practice in poor communities, there are some women who buy goods from one side and sell them in the village by car or cart, or there are women who collect plastic or there are women who do all kinds of informal work, they were not able to do it anymore. Or those who did them, for example we have people who went with and sold animals, they assumed the action because they needed money to survive, they received many, many fines." (Representative of Roma women's NGOs)

Asked how did women and their families manage during this period, one of the NGO representatives says:

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"I couldn't find an explanation for how people survived. At least in the communities where we work (...) we brought them food, but we certainly didn't reach everyone - you can't, as an organization in the capital city, reach everyone. Anyway, the food was not enough, not enough for a month and a half, almost two while the state of emergency was in place. That's why it's hard for me to imagine how people did it. (...) They borrowed more from moneylenders or small shops in villages (...) buy on debt up to allowance, up to social assistance." (Representative of Roma women's NGOs)

In the absence of state provided financial support measures during the crisis for families in situations of economic precariousness, they did become the target of local economic exploitation.

Asked if they received any help from the authorities during this period, the vast majority of questionnaire respondents (95%) said no. Of those who answered affirmatively (only 4%), they specify the following as forms of help: technical unemployment, financial support in the form of salary / allowance / supplement / scholarship, information, medical treatment, protective masks, COVID-19 tests.

Asked if they received any form of help during this period, the respondents appreciate that yes, they did. Most of them received it from their family (57%) and to a much lesser extent from friends (7%). However, a significant percentage respond that they did not benefit from any form of aid (33%). Of those who claim to have received assistance, most specify that it was in the form of financial assistance, childcare / assistance, moral / mental / emotional support, shopping / various administrative activities, household activities / housework and in a much smaller measure money and food.

*Have you benefited from any help in this period?*

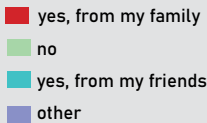
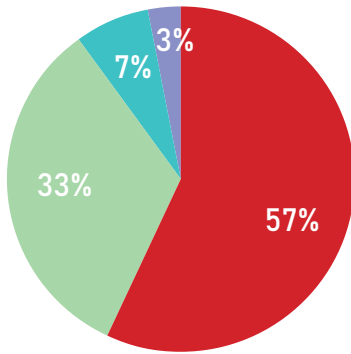


Chart 8: The appreciation of any form of help (during the pandemic)

The data capture once again the respondents' skepticism towards the authorities, the low degree of trust in the authorities and the placement of informal networks (family, friends) in the list of preferences for mutual help.

One of the interviewed women claims that she would have expected to receive help during this period from some NGOs rather than from the authorities:

"Not necessarily the authorities but rather the NGOs that take care of us, the LGBT people, to help us with food, with ... maybe we couldn't go out. (...)

The only NGOs I collaborate with or talk to like that are the LGBT-friendly ones (...) I suspect they would have understood the situation better and they would have understood me better (...) I don't want to generalize, there are also OK authorities, but it takes time until... especially in the case of trans or LGBT people." (transgender woman, 21 years old, urban environment)

The interviewed women claim that they received help from both local authorities and NGOs. Interestingly, the authorities handed out packages just before the local elections.

"We were given masks from the town hall, from the social center, but look, look, we don't have any masks to give to the children at school. (...) Some masks were given to the children and some food as well (...) just before the election." (woman, 36 years old, rural area)

"I received it from the girls in Bucharest<sup>6</sup>. We were given meat, we were given oil, we were given broth, we were given food (...). They gave some shoes to our children; they dressed the children. The project we are in (...), we were better helped by them than by the town hall. I'm serious. (...) Look, I was seriously left without food and when the girls sent us (...) these aliments,

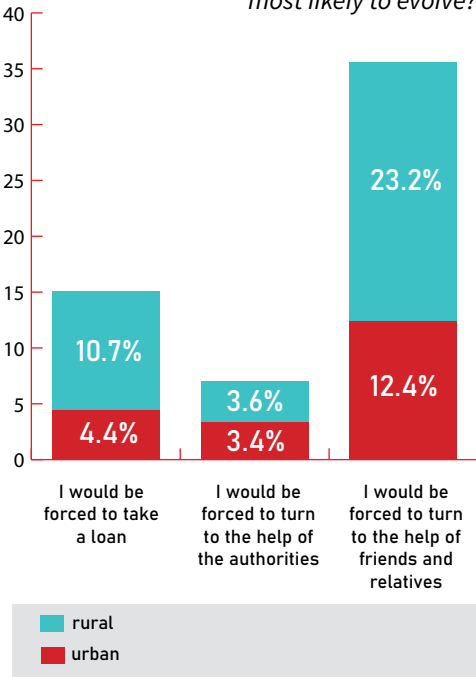
we were happy and said that this is a blessing from God.” (woman, 36 years old, rural area)

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"I was very happy that the school (...) knew the situation beforehand and my children passed the class. The situation with the light and the internet. (...) Because they had no internet or tablets to do their homework online. The school understood, they accepted that and so they did not fail them. And the mayor's office really helped me because they gave us a social aid, they added a supplement for the child. (...) They gave us food packages. I can't say anything, they really helped us. It was good for me to receive something.” (woman, 35 years old, rural area)

If the restrictive measures were reintroduced, most respondents, both in rural areas (41.1%) and in urban areas (31.3%), would consider it difficult to access medical services. A considerably higher number of respondents from rural areas also find it difficult for them and their families to cope with daily expenses (28.6%, compared to 13.2% for urban respondents) or to cope with utility costs (25%, compared to 11.6% in the case of respondents from urban areas). Also, 23.2% of rural respondents estimate that they will

have to seek for the help of friends and relatives (compared to 12.4% for urban respondents). 10.7% of rural women would have to apply for a loan, compared to 4.4% of urban respondents. And in this case, the appeal for help to authorities is considered by very few respondents - 3.4% from urban areas and 3.6% from rural areas.<sup>7</sup>

*If restrictive measures would be reintroduced, how is your income most likely to evolve?*



<sup>6</sup> The interviewed women are part of the target group of projects carried out by NGOs working in the field of women's rights; refers to members of NGOs that have distributed food packages.  
<sup>7</sup> We draw attention again to the fact that these differences are for guidance only, given the lack of national representation of the questionnaire and the disproportion of urban / rural responses.

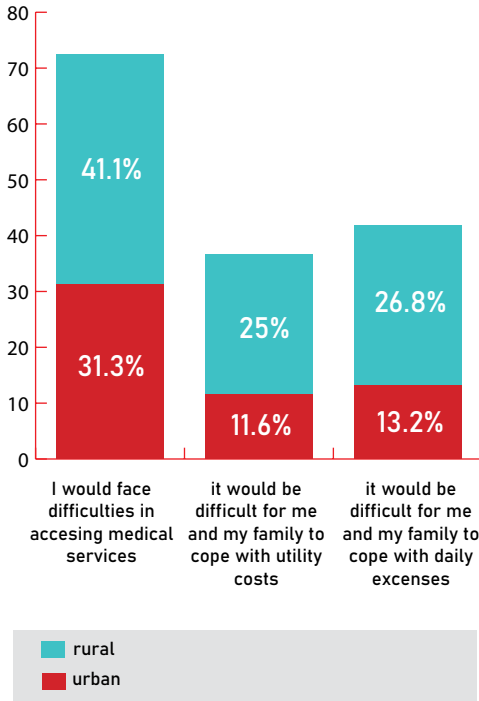


Chart 9: The evaluation of the impact of restrictive measures on incomes

Regarding the access to goods and services as a result of the pandemic, 51.79% of the respondents from rural areas and 35.92% of the respondents from urban areas consider that they encountered difficulties in accessing general medical services. Also, 35.71% of the respondents from rural areas and 20.93% of the respondents from urban areas consider that they encountered difficulties in

accessing public transport; 30.36% of respondents in rural areas and 13.70% of respondents in urban areas consider that they have encountered difficulties in procuring food; 28.57% of the respondents from rural areas and 15.76% of the respondents from urban areas consider that they encountered difficulties in procuring medicines; 16.07% of respondents from rural areas and 18.60% of respondents from urban areas consider that they have encountered difficulties in accessing medical services for maternal / reproductive health; 14.29% of respondents in rural areas and 6.46% of respondents in urban areas consider that they have encountered difficulties in accessing social services; 5.36% of respondents in rural areas and 7.75% of respondents in urban areas consider that they have encountered difficulties in accessing medical services for children; 5.36% of rural respondents and 1.03% of urban respondents consider that they have encountered difficulties in procuring contraceptives and 1.79% of rural respondents and 1.55% of urban respondents consider that they have encountered difficulties in having access to running water.

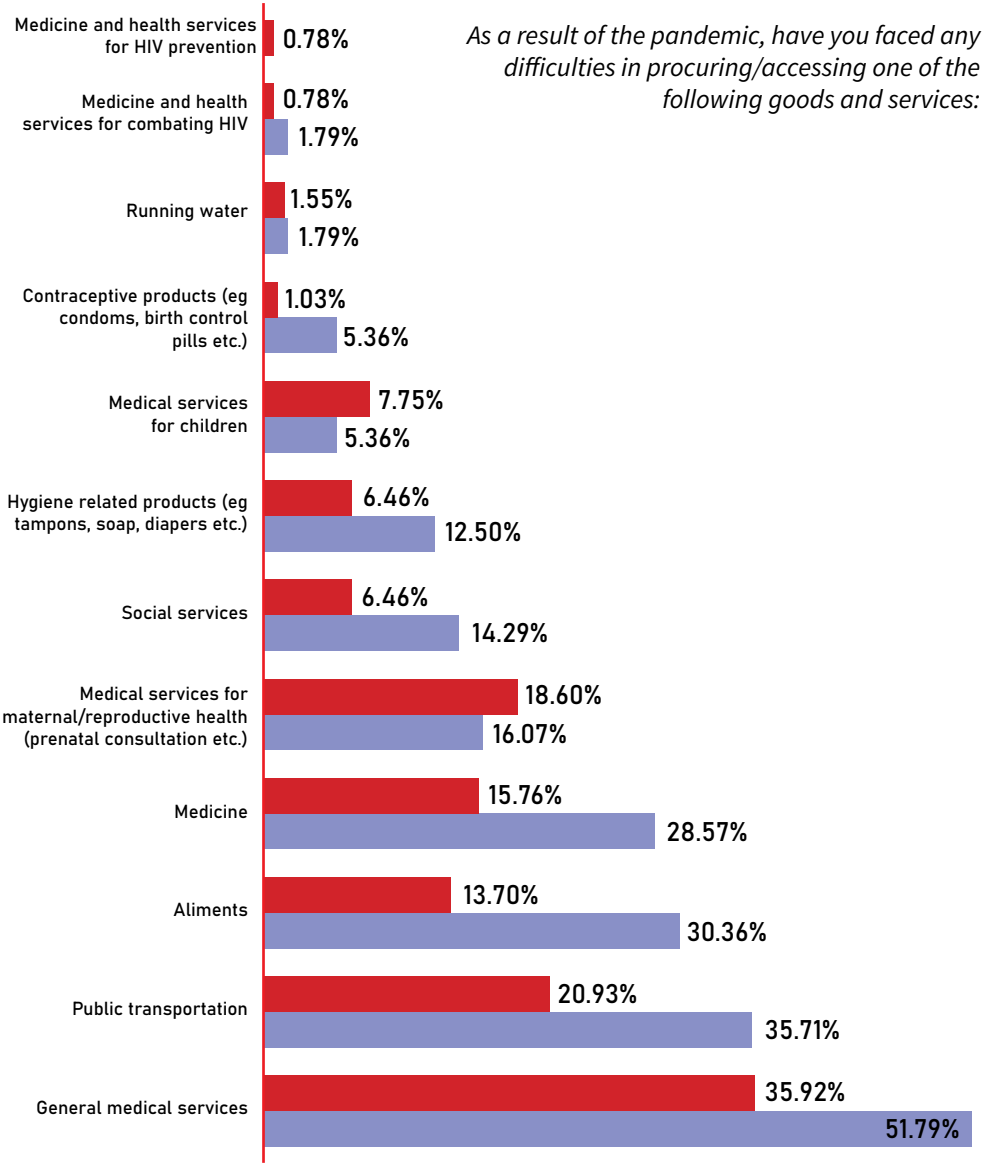


Chart 10: The evaluation of the impact regarding the access to goods and services



Although the data are not representative, the percentage difference in access to goods and services between rural and urban areas should be noted. In the case of general medical services, public transport, food, medicine, social services, as well as hygiene and contraceptive products, there were several responses from rural women. In the case of maternal / reproductive health and child health services, there were several responses from women in urban areas.

In the case of the interviewed women, the main challenges during the pandemic were on one hand financial (income generation), on the other hand space and living conditions. They express their desire to go abroad or to take a job in such a way as to manage better with money, to be able to improve their living conditions.

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"I would like to go somewhere abroad, to have a job with my husband, to take my children, so that I can get out of this poverty. As there are six of us, the boy sleeps on a bed and we sleep in another bed. So we have nowhere to lie like humans. Not to mention a bathroom. I have to take the kids out to wash, take a bath. (...) A bit is missing until the house falls on me seriously."

(woman, 36 years old, rural area)

"We would really like to go somewhere to work and do more things. But we can't because I can't leave the children. There isn't any food, there's not... I don't leave them with my husband. He is more with the animals (...) I would go somewhere, to earn more than somewhere, but now I have no choice because I am always with the children and that's it." (Woman, 35 years old, rural area)

The interviewed NGO representatives complete the picture of the obstacles generated by the pandemic with the loss of jobs and implicitly of income, violence at work and lack of state aid, or physical exhaustion:

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"What affected them very, very much was that they could not continue their work. Those who had completed the course and had already started working on nails, for example (...). For example, I had a girl (...) who earned somewhere around 2,000 lei and a few lei from doing manicure, and that a month after she finished the course. And the pandemic came and (...) lost that income and lost a lot of customers."

(Representative of NGO-mother mothers)

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"I had a case during the pandemic with a caregiver who was hit by her patient's wife. And I called the shelter for the victims of domestic violence in the city where she was, somehow trying to get her out of that situation as soon as possible, to offer her temporary accommodation until we unravel at the legal level what that means with a contract and company, with the contract with the family ... and the answer from the women's shelter was in this direction, that they are responsible for domestic violence and in this case it is not clear if it is domestic violence or violence at work, because in the case of domestic caregivers is the same space. (...) For them, this was the lesson: when you face violence with sexual harassment, all this fantastic service that exists in [the country where I work] does not apply to you or you somehow depend on the goodwill of the bureaucrats you come across on the phone." (Representative of NGO-migrant women)

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"I had the feeling that it was not so tragic for them because in Romania, most caregivers live in rural areas and somehow have a garden, family, relatives - so they somehow have a support network that they can turn to and on which they can count. I found it much more difficult for the women stuck here. And emotionally and mentally and physically. They

were actually exhausted, they could no longer stay at work and they had a choice, they had to stay at work, they were far from their families and they worried about their families, as the number of illnesses was increasing in Romania as well." (Representative of NGO-migrant women)

However, there have also been a few cases in which the difficulties encountered during the pandemic have pushed underage mothers to find a job in order to support their families:

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"Their mothers lost their jobs and were practically left without any money in the house. And then they said: well, what do I do? I'm going to work. Because it was even harder for someone over 50 to find a job in a pandemic, they said. One of them has found a job and has been working at a restaurant since May, packing food for delivery. (...) And the other has not one but two jobs. (...) She was employed at a stand in the mall, she has been working for three months already and in parallel, since the pandemic, (...) she works at Metro." (Representative of NGO-mother mothers)

This research reveals various experiences of women who lost their jobs and incomes in the pandemic, faced physical and mental exhaustion, violence at work, lack of living re-



sources (food, supplies for children, etc.). ) and who felt the lack of state aid. Both the collected quantitative and qualitative data indicate a low degree of trust in the authorities and a preference for solving possible problems through the use of informal networks..

In conclusion, the economic recovery should be equitable, taking into account the specific experiences of women and providing economic assistance measures, including direct transfers, tax exemptions for vulnerable women and their families, support measures for their reintegration. on the labor market, measures to reconcile paid and unpaid work.

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*Care work, both paid and unpaid, is crucial for the future of decent work [...] If not properly addressed, current deficits in the provision of care services and its quality will create a crisis severe global inequality and gender inequalities will increase in the labor market (IOM, 2018, p.XXVIII).*

## 2.3 Care and domestic work

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### Status-quo

In (2002) Martha Nussbaum named care as one of the main causes of other inequalities between women and men. Despite the progress, care continues to be a major obstacle for women in achieving gender equality, we are still talking about the “burden of care” (World Bank, 2017). The International Labor Organization stressed in (2018) that unpaid care work is a key factor in terms of access to the labor market and the quality of women's jobs. According to Eurostat data (2018), the gaps between women and men in the labor market increase from 17% (between women and men who have no children), to 30% (when we talk about the differences between women and men when they have 3 or more children in care (Eurostat, 2018).

According to the International Labor Organization, unpaid care activities performed by women represent 5.8% of Romania's GDP. The European Institute for Gender Equality (2020)

points out that before the outbreak of Covid-19, women in the EU spent 13 hours more than men each week on caring and housework (unpaid work). Regarding Romania, the data show that women are the ones who spent more time before the crisis, spending the most time caring for the family: 46% of women, compared to 25% of men. They had responsibilities of daily care for 1 hour or more. This is the largest gender gap (21 pp) in the EU. This gap increases with the appearance of children (82% and 52%). A study on unpaid care work and the labor market based on data compiled from time use questionnaires in 133 countries (2019) places Romania on the last place in Eastern Europe on the involvement of men in unpaid care activities - 32.1% (Charmes , 2019). In fact, according to the Gender Barometer (2018) conducted by the FILIA Center, 50.8% of Romanians consider that women are the mistress of the house, 57.6% that it is the duty of women rather than men to take care of

the house and only 32, 8% that men can raise children as well as women.

These differences are also found in the answers received in our research. Regarding meal planning, 65.46% of women answered that they mainly deal with this activity, 4.29% answered that the partner is responsible and 18.74% that they are both equally involved. The same difference can be observed in the case of cleaning time (60.27% Me, 3.84% Partner and 21.22% Both equally).

**It is very important to mention that meal planning and cleaning are the first two activities mentioned by respondents for which the time allotted increased during the pandemic.**

Gender inequalities deepen when we talk about women in rural areas with low incomes and education (Ryan & El Ayadi, 2020). In two of the interviews, two women from the rural area with low incomes tell:

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 "Yes, it's always like that here, always me. " I shop, I am responsible if the kids have something, any need, I don't know, I go. I'm more ... in the house. Of course, if it's not me, where's the pot? where are the pants? where is the shirt? Especially when I went to my mother's in Onești now at the funeral, you can imagine... she called me: but where is that? where is the oil? where is the flour? where are the clothes? where are

the shoes? That he came too. He came in the morning when I buried her that day, because I told the children to stay. What to do? So... stuff like that. On one hand, I may admit that I was guilty. It would have been better to say from the beginning, let's do them together. But I always said the same with the children, let them be, they are my children and ... I was always with the children, I sat at meetings at school, at the hospital, I dressed them, I [...] Housework and us who work as housewives .. It's like this: mostly myself. But, food, cleaning, washing the children, going to school with the children, meetings, clothes, take them to the hospital, I don't know treatment, anything in the household, it's me [...] I would go somewhere, to earn more from somewhere. But now I can't because I'm with the kids all the time"  
 (woman, rural environment, 35 years old)

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 "For now, my husband, to be honest, is doing absolutely nothing." So I am ... I get up in the morning, I cut wood, I make the fire, I put the food on the fire, I wake up my children, I dress them to go to school. If I do something for them in the morning, I make them breakfast, if not, I let them go hungry to school. And after I bring with me the wood from the forest, if I have to wash, I start washing, I clean my house"  
 (woman, rural environment, 36 years old)

Before COVID-19, who was the main responsible for the following activities in your household...?

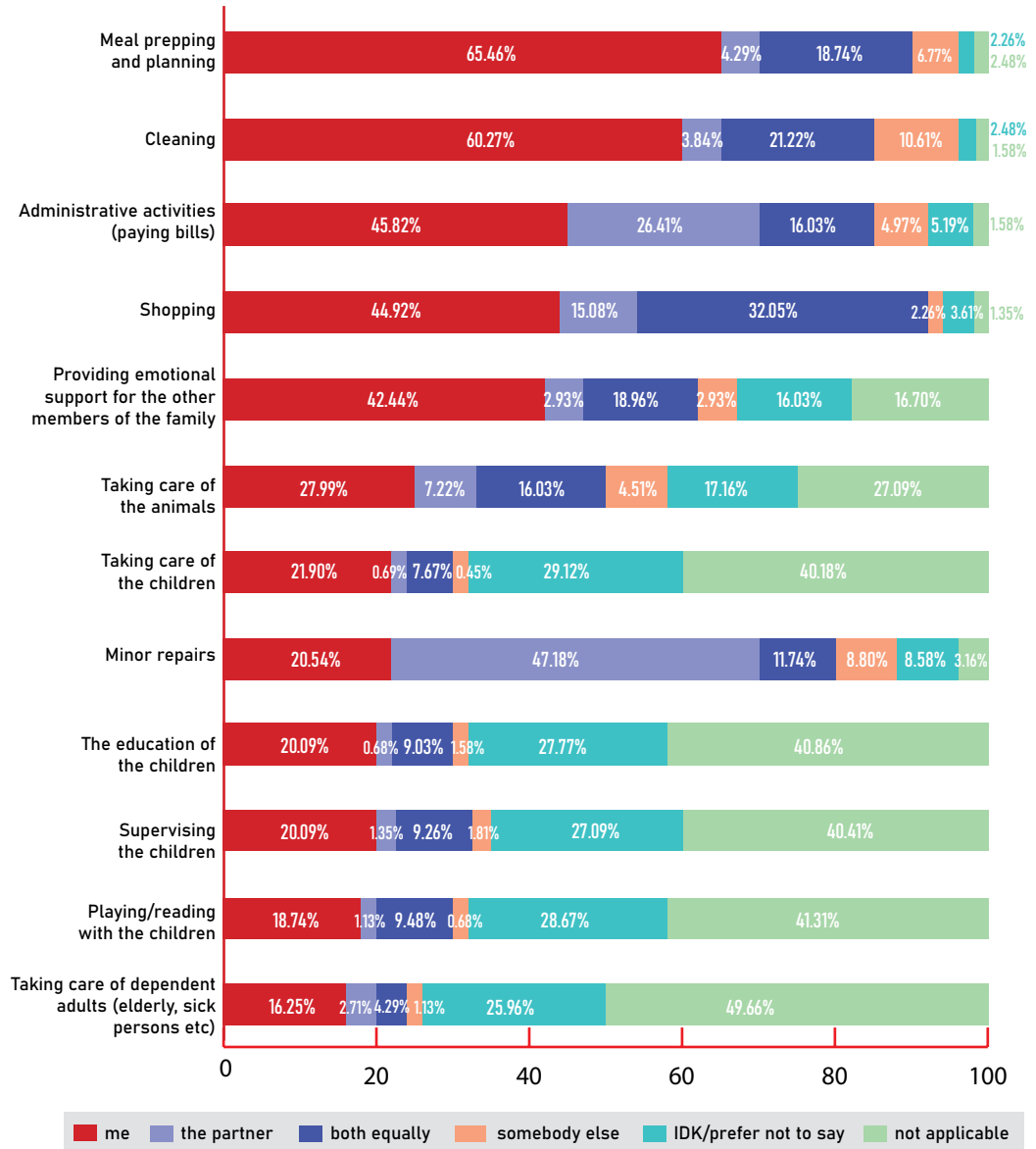
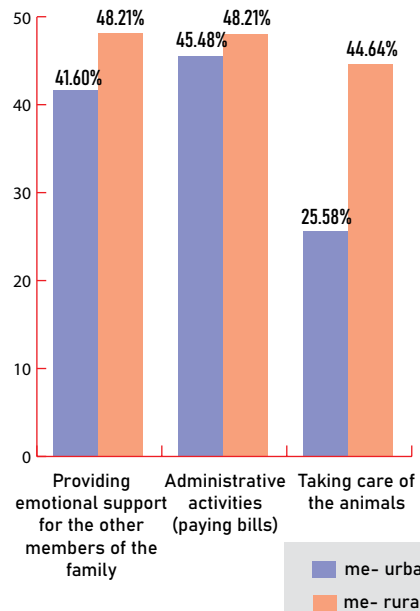
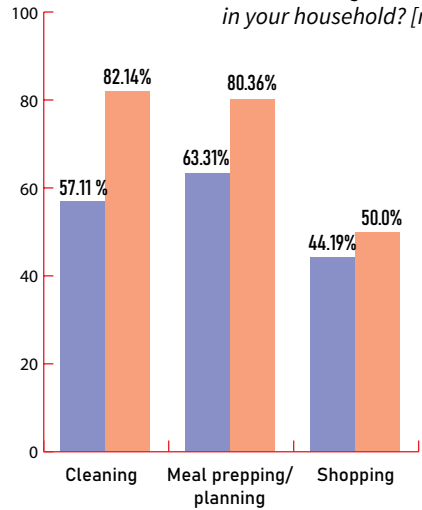


Chart 11: Activities distribution in the household before the pandemic

"They're the ones in charge." Even if they came from abroad, they are the ones who take care of the child. They take them to the hospital to have their vaccine done, they go with the child everywhere, they take care of them. [...] the vast majority of women are those who are literally exploited. If they were the ones responsible for everything before, now there is also the husband [...] who is another one to take care of." (community nurse, rural environment)

The differences between the urban and the rural environment<sup>a</sup> are also found in the quantitative data obtained. 82% of women in rural areas say they are mainly involved in cleaning, 80.36% in planning and cooking meals compared to 57.11% and 63.31% in urban areas. The differences are also observed in terms of activities with children: 32.14% rural compared to 20.41% urban (physical care of children); 32.14% rural compared to 18.35% urban (children's education) and 26.79% rural compared to 19.12% urban (child supervision); 26.79% rural compared to 17.57% urban (play / read with children).

Before COVID-19, who was mainly responsible for the following activities in your household? [me]



<sup>a</sup> We remind you that these differences are not representative, given the limitations of applying the online questionnaire. However, we consider them relevant to be presented as a starting point for further research and debate.

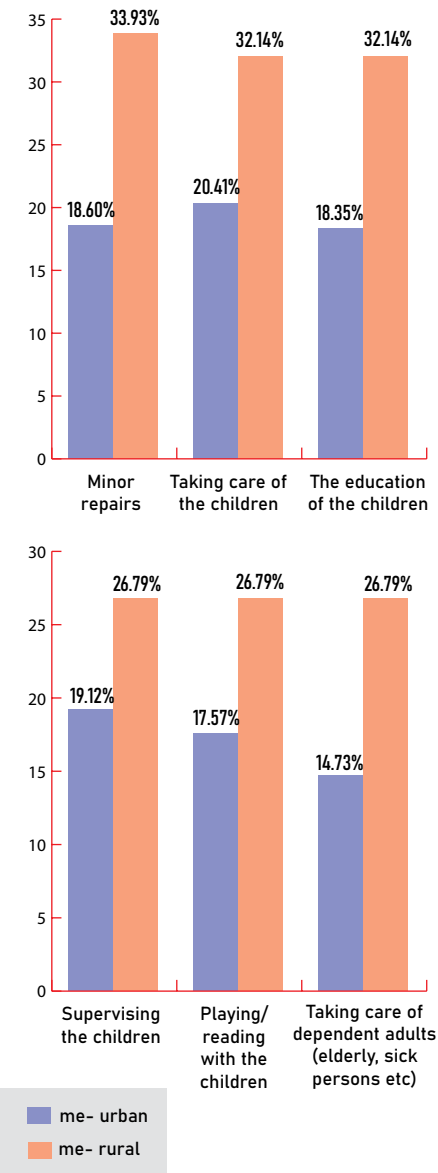
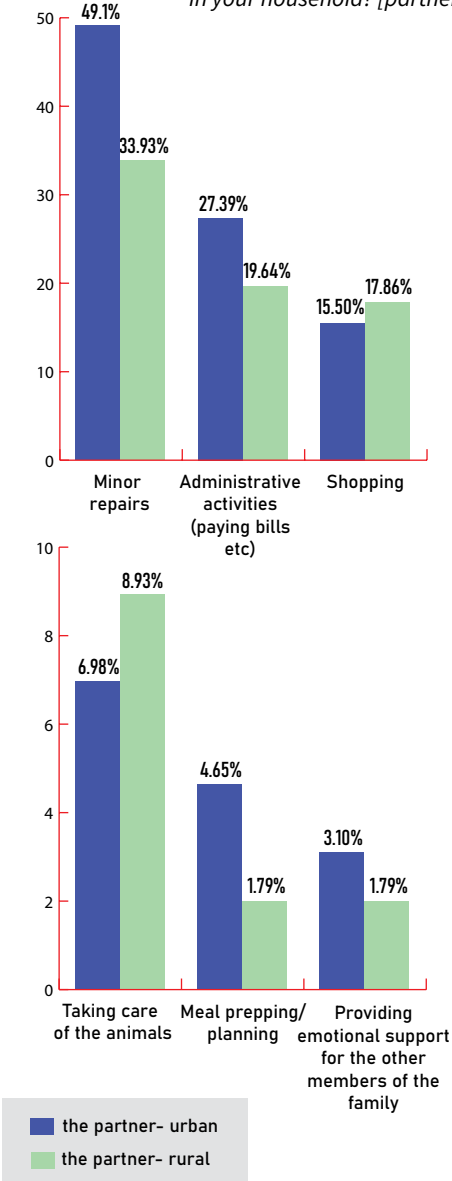


Chart 12: The rural-urban answers' distribution regarding household chores [me]

Before COVID-19, who was mainly responsible for the following activities in your household? [partner]



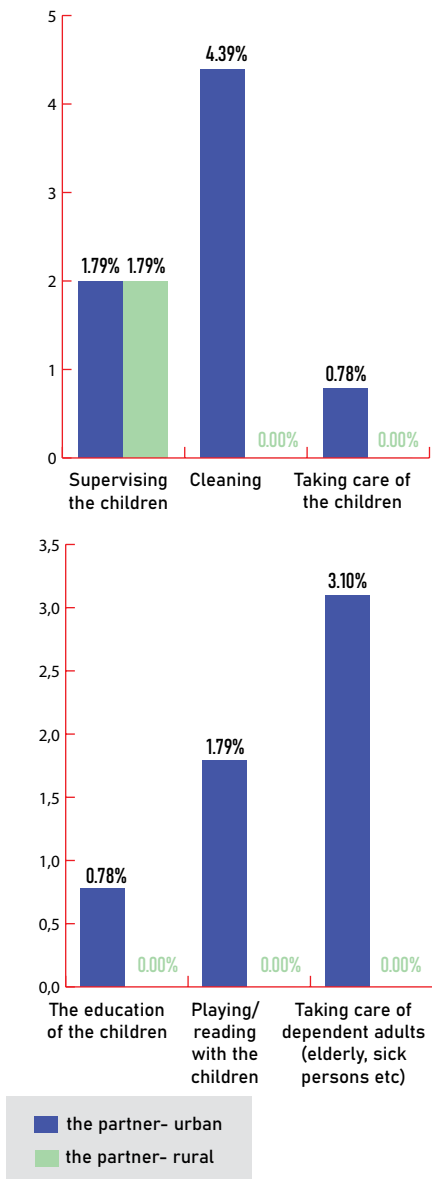


Chart 13: The rural-urban answers' distribution regarding household chores [the partner]

Regarding the partner's involvement in care and domestic work activities, the data obtained show that in rural areas it is significantly lower than in urban areas: in activities such as cleaning, supervision, education or childcare it is zero or almost zero.

An interesting aspect is related to the responsibility for minor repairs in the house, if in urban areas it belongs to the partner, in rural areas it is also the women who perform it. As one of the women interviewed in rural areas points out:

**Q:** And if something goes wrong in the household or something, who does it?

**A:** I do too. Anything, always me.. When I left my in-laws and moved into my parents' house, my husband really didn't want to. And there it was, there was a disaster, the ceiling was torn down, there were weeds, so it was indescribable. And if he still didn't want to, I said I'll do it myself. And that's always been the case with me. !! I said, let me do it, let me do it, let me do it and I do it all. (woman, 35 years old, rural environment)

## Identified problems

As mentioned above, the pandemic generated by the new coronavirus and the measures implemented to combat it have led to an intensification of care activities, as also highlighted by international institutions such as the United Nations (2020) or the European Institute for Gender Equality (2020). Working parents already faced multiple

challenges in providing daily care, and with the pandemic, the negative effects on women increased considerably (Power, 2020, p. 68). As it appears from the data collected in our research, the activities performed mainly by women are the activities that involved an increase in the time allocated to them during this period (meal planning and cleaning). Also, most respondents with care responsibilities mention an

*How did the allocated time for the following activities change during the pandemic?*

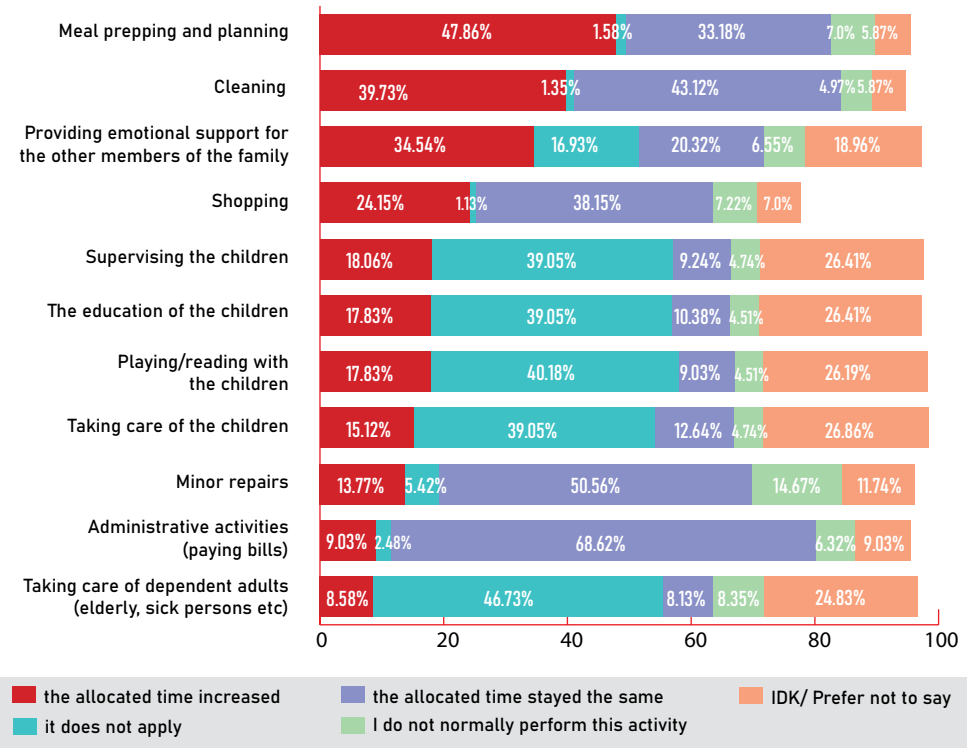


Chart 14: The modification of time allocated to private activities during the pandemic



increase in time allocated to activities dedicated to children (education, supervision, physical care, play). This increase involved an increase in stress and at the same time a decrease in the time and quality of their work.

The period of the pandemic, in addition to the intensification of care activities and the difficulty of maintaining a work-life balance, also meant the addition of new responsibilities for women related to maintaining health and preventing illness: the main challenge (on care) which has been mentioned being to ensure protection measures<sup>9</sup>.

Implementing protection measures becomes even more difficult for women in vulnerable categories. An example of this is the access to water. During the pandemic, in one of the poor communities where one of the interviewees works, they encountered difficulties in accessing water - the water pump broke down during the state of emergency, and the authorities refused to replace it on the grounds that people in the community have ruined it<sup>10</sup>. On top of this, the challenges of ensuring survival and the basic necessities for the family are added:

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**"And especially for women who have babies, it was extremely difficult. I remember when I took the food**

**packages, there was a mother who had her baby and a baby girl. So, she had two babies at home. And I brought her a pack of 10 kg of meat and a sack of potatoes and she was happy. She was also in quarantine that she had come in contact with another person who had come from outside, but the moment she saw the baby's milk, she literally got into a fight. She was patting her face with joy, she couldn't believe it, it was very difficult for her to get milk".**  
(NGO representative, Roma women)

An important challenge posed by the pandemic is related to the support provided by grandparents. In 2018, the World Labor Organization drew attention to the fact that grandparents, especially grandmothers, perform a significant part of unpaid care work. This is also obvious from the data provided by the UNDP Pandemic Care Report COVID-19, which shows that grandmothers spend an average of 5 hours a day on care activities (Duragova, 2020).

Providing this type of aid had become more difficult during the pandemic due to the increased risk that the elderly population is facing due to the virus. Duragova (2020) points out the following: "Informal care support, [...] has become more limited as older people are more susceptible to

<sup>9</sup> The data presented in the table only refer to those who responded that they encountered challenges.

<sup>10</sup> The example provided by the Roma women's NGO representative came in the context of mentioning how women in the community organized and lobbied at the local level for the respect of their rights.

*What were the main challenges you faced in performing caring tasks?*

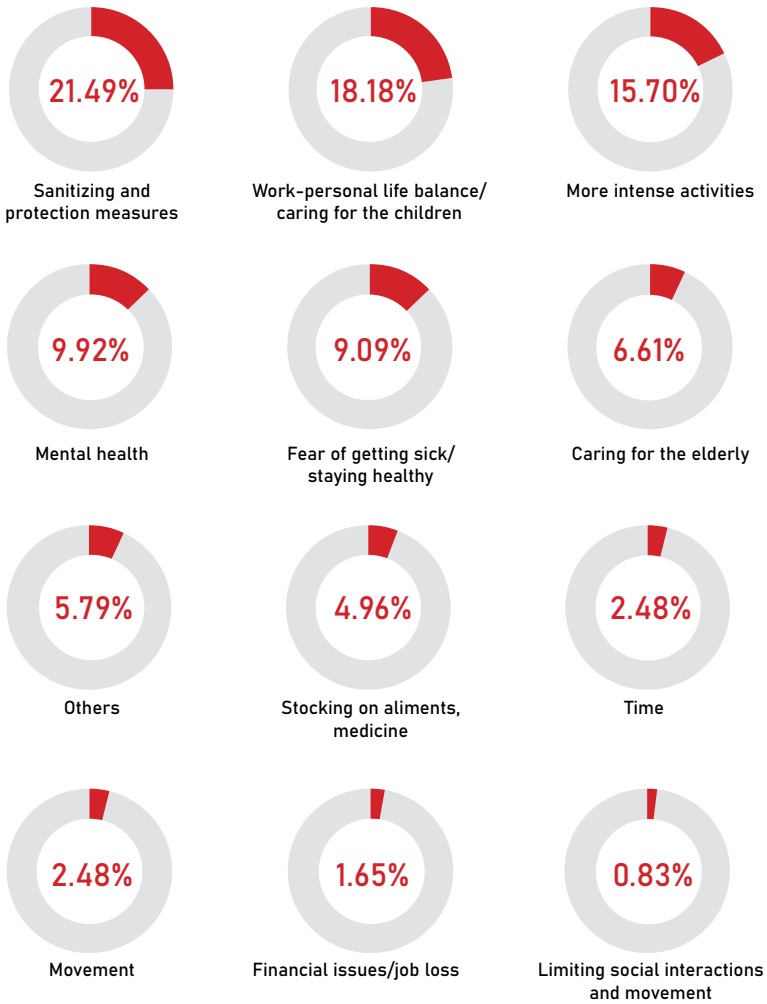


Chart 15: The main challenges in realizing care activities

COVID-19 and need to keep a physical distance from their family members. At the same time, they have a greater need for family members or social workers' support. This increases the volume of unpaid work for women, especially those who continue to work during the pandemic" (p.15). Most of our respondents said that during the pandemic they had to fend for themselves. They also indicated greater support from mothers (12%) compared to fathers (4%).

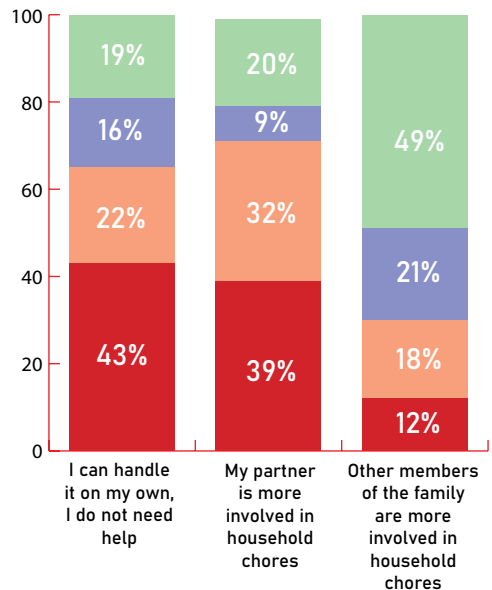
**12%** indicate greater support from mothers

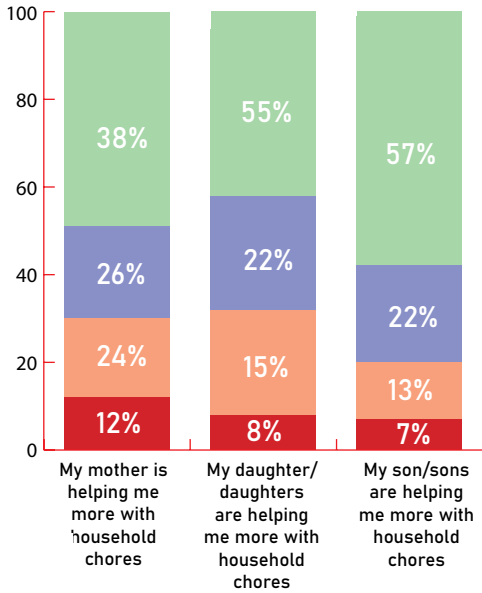
**4%** indicate greater support from fathers

Differences between the rural and the urban area can be observed in this case as well. 50% of the respondents from rural areas answered that they manage on their own, compared to 41.86% from urban areas. A significant difference can be observed in the case of partner involvement in household activities: 40.57% of respondents in urban areas mentioned an increase during the pandemic, compared to 27.79% in rural areas.

Another aspect that caught our attention was the involvement of sons / daughters in household chores: 21.43% of respondents in rural areas stated that their daughters / daughters are more involved in household chores compared to 6.46% those in the urban environment. Also, in the rural environment a significantly higher involvement of daughters than sons can be observed (6.72%).

*From the beginning of the pandemic...*





Moreover, it is very important to mention that the main source of aid mentioned by the respondents of the questionnaire in this period was the family (41%). In comparison, only 4% said they received support from the authorities.

**41%** recieved support from their families

**4%** recieved support from the authorities

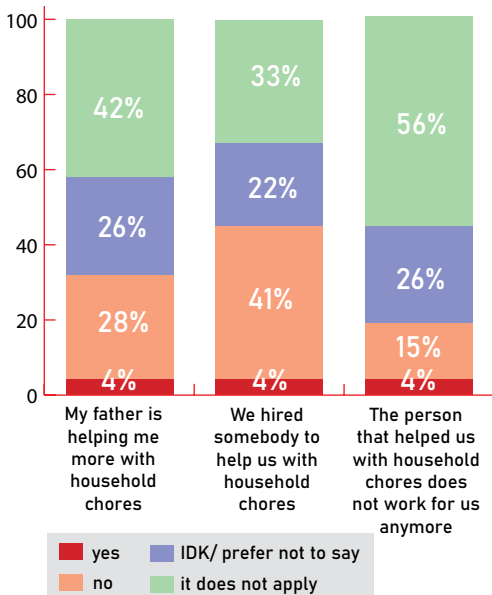


Chart 16: Involved individuals in household cores from the beginning of the pandemic

Measures taken regarding the schools and kindergartens' closure are predominantly affecting women, increasing the workload on childcare and education. Ensuring online education comes with a number of challenges, which have most often fallen to women and became even more difficult when it comes to vulnerable environments where children's access to online education is limited or non-existent. One of the NGO representatives interviewed, with a rich experience in working in vulnerable Roma communities, points out:

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**"This is a rupture from reality." Access to online education, at least for the community [the vulnerable community in which they work], is like this... we live in a parallel world! There is no such thing!"**  
 (representative of Roma women's NGOs)

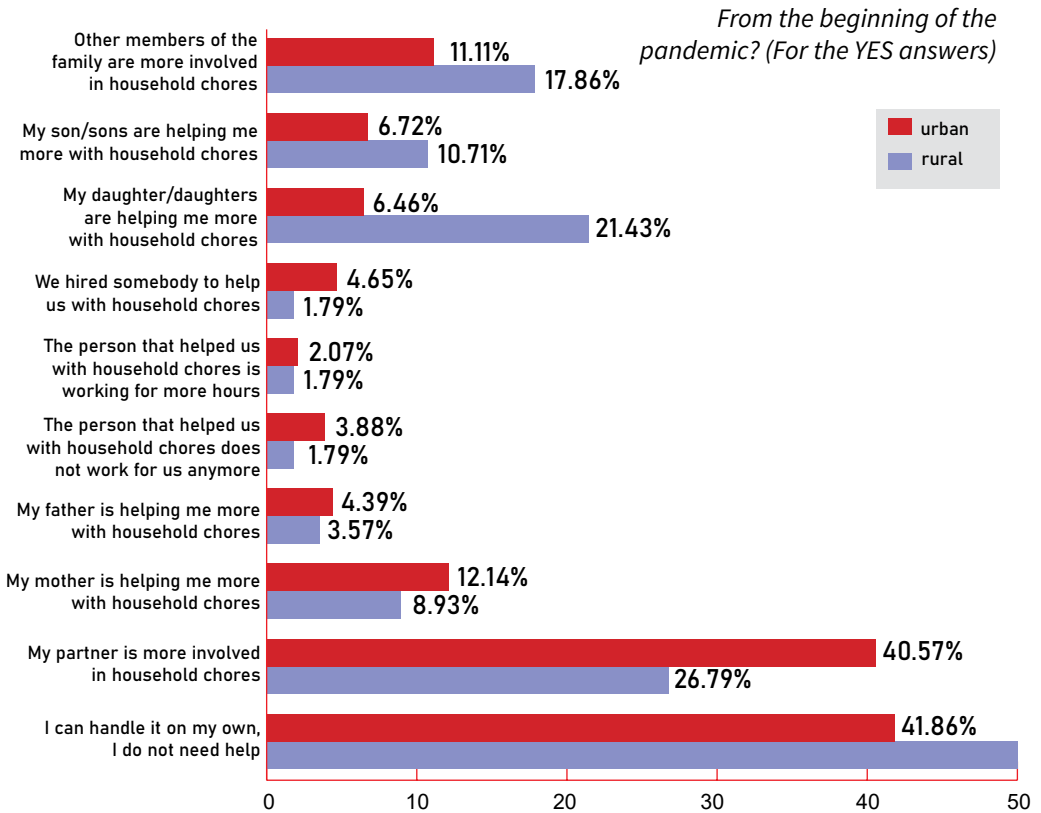


Chart 17: Urban-rural answers' distribution regarding involved persons in household chores from the beginning of the pandemic

A rural community nurse also mentions:

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"Some made great efforts, bought a computer at home or bought a better phone that children could watch lessons on,, but they didn't do too many activities [...] The teachers really complained that they couldn't do it online, that they have no one to talk to. That they have

**no children, no computer, no internet."**  
(community assistant, rural area)

Care work during this period is a vulnerability not only when it is done unpaid within the family, but also when we talk about the work of migrant caregivers. The representative of an NGO working with migrant women, carers, explains:

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"I mean, the women were somehow in a constant state of alert, in a continuous state of defense of ... something was going to hit you in the next second. This is in addition to the effort of the work they do, which in itself is an extremely exhausting job - to be 24/24, four weeks, one after the other between four walls with a person, often suffering from dementia. So to have all this stress of the pandemic ... it was horrible all this time, horrible! And it still is, in fact." (Representative of NGO-migrant women)

Even before the outbreak of the pandemic, a series of studies drew attention to the mental and physical exhaustion of the responsibilities of caring for people who perform this activity (Gérain, Zech, 2019). The increase in the time allocated to care and domestic work and adapting to new forms of work while trying to maintain a family-work balance are increased dangers to women's mental health and quality of life. In fact, the Center for Disease Prevention and Control (USA) draws attention to the danger that intensifying care needs can pose to women's mental health. Explaining the impact of the pandemic on young mothers, Lynn Craig (2020) points out:

"But it's only 24 hours a day and if they all take time, they have to give up on something. And in general [give up]

their well-being. Young mothers work much harder, at the cost of increasing stress and deteriorating their mental health"(p.3).

According to the data obtained through the online questionnaire, 62.11% of the respondents who stated that since the beginning of the pandemic they dealt with household chores on their own, also state that their mental health has been affected. In fact, this is one of the main challenges mentioned in relation to providing care and housework during this period. This theme is also found in the interviews.

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"So, they spent a lot of time at home with the kids and it was just as hard for them as it was for us. Their life is not better or worse than ours, it was just as hard for them. The same murmurs of "guys, I can't anymore" We have a WhatsApp group where we talk to them from time to time and they all said: "I can't anymore! Actually, I can't stay locked in the house anymore. One of them said she slapped him, meaning he just couldn't stand it anymore. And I can understand her. Not that she slapped him or anything .... Because we didn't have a moment to breathe. It was very hard for them with the children, very very hard. In fact, I think that was one of the worst parts that they couldn't even leave the house [...] From what I noticed, everyone was on the edge, the fact that

at some point they started to refuse to go online with us was a sign to me that they do not feel ok. They simply refused. Firstly because of what I said before, they were with the kinds all the time and still coping with this thing, secondly because I think online also requires a certain distance, a greater effort to have someone there and I don't think they were able to do that anymore. For me, that was an indicator to think that these girls are not okay. And many times, I didn't have that availability either. I mean, I have identified with this, when I wasn't feeling well, I didn't feel like going online and have meetings. After I have noticed that they were the same, I said no, this is an indicator that we can no longer cope with this and that it is difficult for us.]" (Representative of NGO-mother mothers)

"It was harder." It affected us because we felt a little more distant if I may say so, more distant as a couple, but not from quarrels or something, just out of this thing. We were afraid to have too much or like when he came, I had to tell him to go, disinfect himself, take a shower, wash his clothes. I was very careful and, in a way, it was a little weird for me, you know, it was different from how I was before. Yes, I think I changed, sometimes, out of anxiety or fear, I tended to be a bit stricter, there were things like "ah, you go to work again, you cannot stay home,

we expose ourselves". He said "I have to make some money, it is my work, I need to figure it out somehow. And we had these little fights." (transgender woman, urban environment, 21 years old)

"I was angrier, how can I say, a bit more impatient... Because, sometimes, you know how it is with seven children [...] You need to wake up early, dress them up, walk them to school. My husband takes care of the animals, we need to have a pig or something, because otherwise... and there are some situations in which I am a bit angrier, this is how I see myself sometimes. I am angrier and I blame it on the current situation...I said so many times that I will leave him, that I will take the children and leave, but it's not really like that" (woman, rural environment, 35 years old)

And migrant women in paid care work face mental health issues, especially in the absence of family and social network support:

"In Romania, most caregivers live in rural areas and somehow have a garden, family, relatives - so they somehow have a support network that they can turn to and rely on. I found it much more difficult for the women stuck here. And emotionally and mentally and physically. They

were actually exhausted, they could no longer stay at work and they had a choice, they had to stay at work, they were far from their families and they worried about their families as the number of cases was increasing in Romania as well. I mean, they were somehow in a state of constant adrenaline. [...] I received calls almost daily with caregivers crying on the phone, with nervous breakdowns, with panic attacks, so actually their mental health suffered visibly" (representative of NGO-migrant women)

In conclusion, the obtained data regarding the challenges of care and domestic chores are in line with academic literature and with the recommendations of gender equality experts. Without public policies to address the problem of care and that of domestic work, considering the context of the pandemic and the restrictive measures, the effects on gender equality, on women's participation in the labor market and their mental health will be irreversible and will create huge costs for the future society.



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## 2.4 Access to health services

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### Status-quo

In 2018, the World Bank highlighted the low budget Romania allocated to health care (5% of the GDP, compared to the average of 10% in EU countries). According to the European Gender Equality Index (2018), Romania ranks last (from the EU members) in the health sector with 71,2 points, compared to 88, which is the European average. As far as gender equality and access to health care is concerned, Romania is among the last five countries in the European Union. Romania also ranks last in satisfying medical needs for women with a low level of education or with disabilities (second last in the EU).

A World Bank report (2018) highlights the intersection between gender inequalities and other vulnerable identities when it comes to women's health:

**"The maternal mortality rate in 2014 reached a level of 31 deaths per 100,000 live births, among the highest values**

**among EU member states. Maternal mortality in Romania is 15 times higher among Roma women compared to non-Roma women [...] Women in rural areas, either belonging to minorities or with low incomes, have a high degree of vulnerability in terms of cervical cancer". (p.12)**

The same report points out significant disparities in access to urban and rural health services and identifies two types of problems that contribute to these inequalities 1) the limited number of GPs and 2) socio-cultural barriers in the access and the use of health services (p.13)

According to a representative study (Stativa et al, 2014) 78% of mothers did not fully benefit from prenatal health services, and those who benefited the least were women under 25, belonging to minorities, in rural areas and with a low level of education. In this regard, UNICEF drew attention in May c.y. to

the increased dangers that pregnant women may face regarding access to prenatal health services during the pandemic.

Also, even before the pandemic, organizations in the field noticed a worrying trend of restricting women's access to abortion services. According to the monitoring study carried out by the FILIA Center in partnership with ECPI - Euroregional Center for Public Initiatives, in April 2019, before the Easter holidays:

**"Of the 158 public hospitals that were contacted and that have the necessary infrastructure to perform abortions: Pregnancy abortions are performed at any time in 40 hospitals in 24 counties, none in Bucharest (25.3% of the hospitals that responded). There are no abortions on request during religious holidays in 36 hospitals in 19 counties (22.7% of hospitals that responded). There are no abortions on request in 51 hospitals in 29 counties (32.2% of the hospitals that responded)". (FILIA Center, 2019)**

The collected data by the FILIA Center at the beginning of the pandemic (April 2020) show an even greater difficulty for women in accessing abortion services: of the 112 monitored hospitals, only 12 hospitals (11%) had abortions on request, but in most cases only if the

pregnancy did not exceed 12 weeks. The situation improved in May 2020, but insufficiently after the intervention of the Minister of Health. According to the monitoring carried out by FILIA together with the Sex vs. Barza, from the 60 hospitals that the April 2020 research reported as not performing abortions based on the MIA order, due to the coronavirus crisis 20 had resumed the provision of these services. The latest data, collected by the Ministry of Health from 134 state hospitals and 16 hospitals, clinics and private practices show that out of the state hospitals 55 perform abortions on request (and one performs medical abortion) now, and (42.3%) 78 DO NOT perform abortions on demand now (57.7%)".

## Identified problems

Since the onset of the pandemic, there have been international concerns about its effects on women's access to health services. The WHO made a number of recommendations in March to ensure the continuity and prioritization of essential medical services that included maternal, sexual and reproductive health. At the beginning of this period, UNFPA estimated that there could be up to 7 million unintended pregnancies worldwide due to the crisis, with the potential for thousands of deaths due to unsafe abortion and complicated births due to inadequate access to emergency care.

<sup>11</sup> More details on the situation of access to abortion medical services can be accessed here: <https://coronavirus.centruflia.ro/avortul-si-covid19/>

Regarding the difficulty of access to goods and services as a result of the pandemic, access to general medical services ranks first (37.92%), and medical services for maternal and reproductive health (18.28%) are in third place.

Germin and Young (2020) point out that the pandemic brings to light a number of existing structural inequalities in the access of vulnerable women to health services. Their study shows that migrant and women from minority groups face many obstacles in accessing health services.

The data obtained from the questionnaire show that 51.79% of respondents in rural areas and 35.92% of respondents in urban areas consider that they had difficulties in accessing general medical services and 41.1% (rural area), compared to 31.3% urban area consider that they would have encountered difficulties in accessing medical services if restrictive measures were reintroduced.

The interviews also show that going to the doctor, health insurance and access to services were real challenges for women in vulnerable groups, depending more on the family doctor (GP).

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“Yes, there were a lot of problems. During this period it was very difficult for women to access maternity services. It was very difficult to terminate pregnancies and cases of children or extremely serious cases were always prioritized. Their gynecological problems or specific health problems that women have were not prioritized and anyway, especially in rural areas, access is already poor and limited. It was even harder during that time.”

(representative of Roma women's NGOs)

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“[...] the access to medical services is really a bit more difficult, but the doctor facilitated it somehow, he sent them to doctors from Bârlad or Vaslui, if there were cases”.

(community assistant, rural area)

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“[...] and even if you want to have an abortion, they won't schedule it because of this pandemic.”

(woman, 36 years old, rural area)

*As a result of the pandemic, have you encountered difficulties in procuring/accesses any of the following goods and services? [YES]*

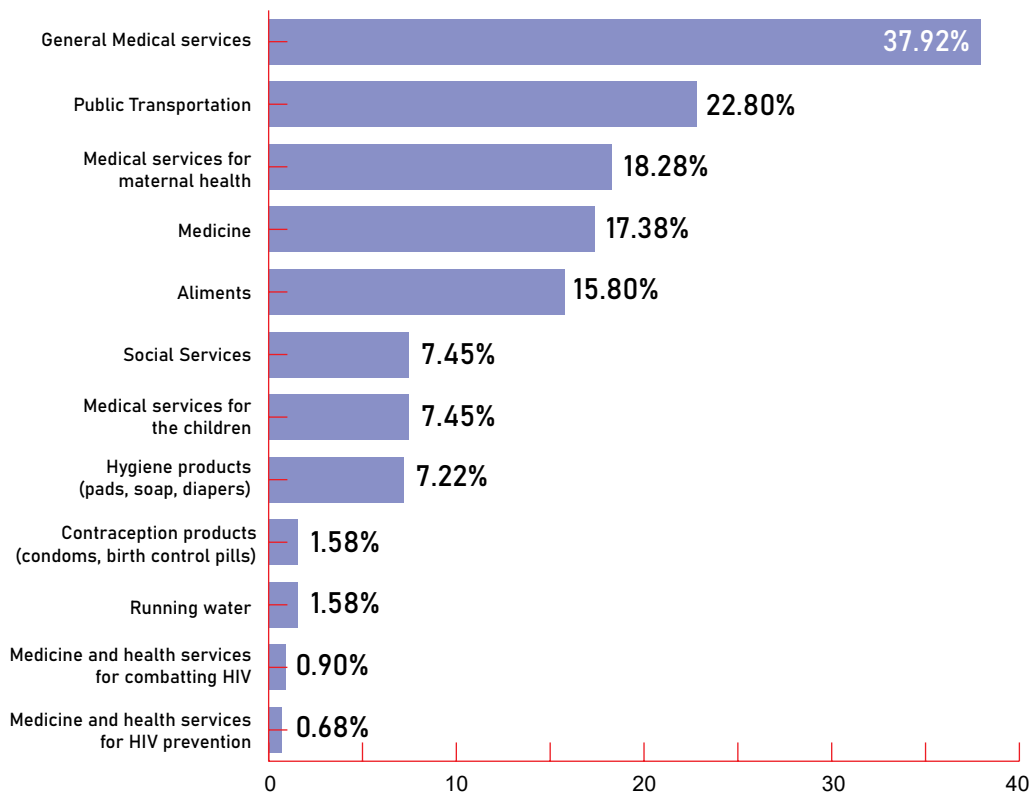


Chart 18: The impact of the pandemic regarding goods and services procurement/access (distribution of affirmative answers)

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"We are only allowed to go to the dispensary once a month with our children and we go then. If the doctor doesn't look at the child, consult him, look at the child's neck, look at his lungs, how does he know that my child can ... he tells me that he has a sore throat and that my child has a cold affecting his lungs. He gives me a treatment for him, maybe after 3-4 days and he has the symptoms again or maybe he has something else and he doesn't give me the treatment when I go and ask again.. He just gives me a prescription to buy it. He told me that every month, once a month, free treatment is given. What does that mean?" (woman, 36 years old, rural area)

One of the interviewed NGO representatives, who works with migrant women, talks about the difficulties they face in procuring medicines, as an effect of the pandemic. We were particularly struck by the solidarity between them and the support networks they have created:

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"This was one of the problems in the lockdown: that Romanian caregivers are also at an average age of 50 and they are close to the risk group and they also have certain health problems and take certain treatments. And they were stuck in [the country where they work], their medicines ran out, they had no way to recover and the situation was very, very bad because they were

treated by doctors in Romania. The doctors [...] did not want to give them medicines without knowing much about their health condition, they were not ready to show their documents because no one expected the lockdown. It was a very difficult period and they had to raise money in the community. Who has more money, should send [...] This is a community based on solidarity. even if it is so organic, instinctively supportive, not necessarily politically supportive and this is a solution for all crisis situations. When a woman is thrown in the streets, fundraisings are made in groups in order to pay for her transport in the country. These women know what are the hardships that can occur in the workplace, which means that they show solidarity very quickly with their colleagues". (NGO representative, migrant women)

According to the data obtained through the online questionnaire, difficult access to general medical services is among the effects of the pandemic, mentioned by people who have difficulty performing one or more of the following activities - walking, seeing, hearing, remembering or concentrating, self-care or communication. 48.86% of those who encounter difficulties mention difficult access to general medical services, 23.86% to sexual and reproductive health services, and 25% of them mentioned that they encountered difficulties in procuring medicines.

Do you encounter difficulties in realizing any of the following activities-walking, seeing, hearing, remembering or focusing, self-care or communication?	[Access difficulties] General medical services				
	Yes	No	Not applicable	IDK/IDA	
	Yes	48,86%	36,36%	3,41%	11,36%
	IDK/IDA	100,00%	0,00%	0,00%	0,00%
	No	35,03%	46,89%	8,47%	9,60%
Do you encounter difficulties in realizing any of the following activities-walking, seeing, hearing, remembering or focusing, self-care or communication?	[Access difficulties] Reproductive Health				
	Yes	No	Not applicable	IDK/IDA	
	Yes	23,86%	35,23%	15,91%	25,00%
	YDK/IDA	0,00%	100,00%	0,00%	0,00%
	No	16,95%	44,92%	23,16%	14,97%
Do you encounter difficulties in realizing any of the following activities-walking, seeing, hearing, remembering or focusing, self-care or communication?	[Access difficulties] Medication				
	Yes	No	Not applicable	IDK/IDA	
	Yes	25,00%	57,95%	2,27%	14,77%
	IDK/IDA	0,00%	100,00%	0,00%	0,00%
	No	15,54%	69,77%	2,82%	11,86%

Table 1: The association of disabilities with the access to general medical services

Tabel 2: The association of disabilities with the access to reproductive health services

Tabel 3: The association of disabilities with the access to medication

During the research, we asked Adina Paun<sup>12</sup>, an independent midwife and a FILIA member, to provide us with information regarding her perspective on women's experiences in accessing medical services during the pandemic, given her specific expertise. The text captures, in our opinion, essential issues on the topic and we decided

*Romania loves its children, at least declaratively. Romania is excited about small feet and puffy cheeks. Children have a special place in the fanciful statements and promises of central and local election campaigns, and in the pictures of social media officials. Unfortunately, Romania forgets that the health and future of these children are inexorably linked to the lives of a category of people that are only talked about in passing, often only as a carrier: women. Women mothers, grandmothers, nannies, aunts, nurses, doctors and more.*

*Is it a surprise to anyone that the Romanian health system is close to collapse? No. Which categories of patients are most quickly and acutely affected by this dysfunction? Those who were not a priority before. The lack of coherent policies on women's health before this crisis, the lack of clear guidance from the state in the pandemic to continue to deliver health services as safely as possible have made women's access to care even more limited. I am not referring here only to the shortcomings they have shared with men and children, as chronic patients,*

*oncologists and so on, but especially to the specialties that have to do with women's health in particular - gynecology and obstetrics. The fact that these patients remained in the care of no one as far as the central state apparatus is concerned is only a darker version of what happened before the pandemic.*

*The responsibility was thus shifted on luck. Some women were lucky enough to meet doctors who sought and found solutions to continue monitoring pregnancies, at least the bare minimum. Others have been fortunate enough to come across doctors who understand that some gynecological problems or on-demand / therapeutic abortions cannot wait until the pandemic subsides. The pressure of NGOs determined a firm position of the Minister of Health to provide the abortion service on request. This ministerial order helped some women - those who had the chance to fall in the number of weeks of pregnancy included in the small post-order opening, and those who had physical access to a hospital where this intervention is practiced, especially in a pandemic.*

*But what happened to the women without much luck? Unfortunately, they are one of the most affected categories of patients. The lower the pre-crisis chance (women without income or health insurance, from disadvantaged communities), the greater the impact. Mothers in the last stage of their pregnancies who were denied access*

<sup>12</sup> <https://www.adinapaun.ro/>

*to the only hospital in the city, infested with SARS Covid 19. Women without access to contraception and without access to abortion. Cancer patients without the resources to reach the place where more treatments can be done. Mothers separated from children after birth because the facilities of nursing homes do not allow good care together and so on.*

*Perhaps the best definition of such a system would be the following: there should be no women without medical luck in Romania.*

*The pandemic, like any crisis, showed more clearly the health flaws - no big surprises, nothing that was not known before. What is new, however, is that it has shown the lack of coherence of the women's care system for all sections of the population. Women in urban and rural areas, with an average income level or from disadvantaged backgrounds, with or without education, with or without a job, all felt the gentler or more pressing comfort of lack of chance.*

*The pandemic is not the time to build complex systems. The next few months will still be a wire dance between the resources of a health system pushed to the limit, the heroism of medical staff doing the impossible, and good luck.*

*But what we need to keep in mind after the storm is that women's health is a priority - for a quality of life that these people should have access to, and for the children around them, about whom we care so much. A solid system conceived as a unit during the fertile life of women and during the menopause is one that has the resilience to cope better with crises like this.*



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## 2.5 Domestic violence

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### Status-quo

International organizations signal that we are witnessing an increase in domestic violence during the COVID-19 pandemic, due to the economic and social tensions and the restrictive measures that limit movement and impose home isolation (UN Women, 2020). Violence against women increases in periods of crisis, like the ones usually generated by pandemics, and women in vulnerable groups, like elderly women, women with disabilities or women refugees are exposed to extensive risks. (World Health Organization, 2020). The Women Against Violence Europe (WAVE) Network, composed of more than 150 non-governmental organizations from 46 European states warn about the disproportionate risks that migrant women, Roma women, LGBTQIA+ persons or poor women face during the COVID-19 pandemic. (WAVE, 2020).

The National Agency for Equal Opportunities between Women and Men reports that during the emergency period, March 16, 2020 - May 14, 2020, out of a total of 603 received calls, 230 calls were in regard to domestic violence, compared to the same period last year when out of a total of 246 calls received, 164 calls were linked to domestic violence<sup>13</sup>. According to the data of the Network for Preventing and Combating Violence against Women, between March 16 and May 15, 2020, 482 telephone calls were registered calling the designated number for domestic violence<sup>14</sup>. The number of calls to the national hotline for victims of domestic violence increased after the first months of the Covid-19 pandemic, by the end of October there were a total of 1,394 calls in linked to domestic violence.<sup>15</sup>

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<sup>13</sup> Data available at the following address: <https://anes.gov.ro/plan-de-masuri-privind-prevenirea-si-combaterea-violentei-domestice-pe-fondul-masurilor-impuse-la-nivel-national-pentru-combaterea-raspandirii-covid-19/>

<sup>14</sup> Data received from ANES, at the request of the Network for the prevention and combatting violence against women - VIF Network.

<sup>15</sup> Data available on ANES Facebook page: <https://www.facebook.com/egalitatedesanse/posts/1830346667121967>

There has also been a significant increase in calls to national lines for victims of domestic violence in other EU countries, for example in the United Kingdom there have been increases in the number of weekly phone calls (by 66%) and the number of online visits on websites where women can request a time slot in which they can be contacted safely (up to 950% compared to periods prior to the imposition of restrictive measures)<sup>16</sup>. The number of telephone calls to support lines for victims of domestic violence has also increased significantly in other European countries such as Spain or Italy (CNN, 2020).

In Romania, we witness an increase in accessing the websites of associations that offer free support services and psychological counselling in the field of domestic violence, either by phone or in an online chat. Between 15th of March and 16th of May, during the emergency state, the number of visits on the A.L.E.G Association tripled in comparison to the same period of 2019<sup>17</sup>. Same applies for the “Si eu reusesc” platform, data show that the number of visits tripled between 15th of March and 16th of May, in comparison to 2019<sup>18</sup>. And in the case of the Sensiblu Foundation website we observe a 47% increase in the number

of unique visitors at the beginning of the emergency period, interested in the social services map, compared to the same period last year, later this number decreases compared to 2019<sup>19</sup>. In the case of the ANAIS Association’s “Izoleaza Violenta” campaign website, which was launched on April 1, 2020, during the emergency period, there is an increase in the number of visitors in April (from 380 unique visitors in March, to 827 unique visitors in April), after which there is a decrease in the following months<sup>20</sup>. The AcumŞtii.ro website, part of the ANAIS Association was accessed between April and October 2020 by over 15,000 unique visitors. These data show that, in Romania, there was a considerable increase in the need for counseling with the onset of the crisis period and the establishment of the state of emergency, a context in which many women had to spend more time in the presence of their aggressors.

Data from the Emergency Reception Unit at St. Pantelimon Hospital in Bucharest analyzed over a period of three months during the Covid-19 pandemic<sup>22</sup>, show that there is an almost fourfold increase in incidents of physical aggression due to domestic violence (Socea et al, 2020, p.1). The

<sup>16</sup> Data available in the press release of Refuge Association - <https://www.refuge.org.uk/refuge-reports-further-increase-in-demand-for-its-national-domestic-abuse-helpline-services-during-lockdown/>

<sup>17</sup> Data provided by our colleagues at the Association for Freedom and Gender Equality A.L.E.G.

<sup>18</sup> The website [www.sieureusesc.ro](http://www.sieureusesc.ro), administrated by our colleagues from the Association for Freedom and Gender Equality A.L.E.G.

<sup>19</sup> Data provided by our colleagues at the Sensiblu Foundation.

<sup>20</sup> Data provided by our colleagues from the ANAIS Association.

<sup>21</sup> Idem.

authors note that during the analyzed period there is a decrease in the number of patients with polytraumas due to car accidents or street assaults, compared to previous years, but there is a significant increase in the number of patients with polytraumas due to domestic violence, being in this case only woman (Socea et al, 2020, p.3). In the first nine months of 2020, the Police registered 20,565 cases of beatings or other violence that took place between family members<sup>23</sup>, with 1,361 more such cases than in 2019, these being only a part of the crimes included in Law no. 217/2003 on preventing and combating domestic violence. Although there is an increase in the number of domestic violence cases reported to the police, we cannot associate this dynamic exclusively with the COVID-19 pandemic. But correlated with the other data, regarding the increase in the number of calls to counseling and support services, we can say that one of the factors favoring the increase in the number of reported cases during this period is the crisis generated by the COVID-19 pandemic. Also, in the first nine months of the year, the number of calls to the 112 emergency service regarding conflicts and physical assaults with victims increased by almost 18% compared to 2019, with

70,889 such calls to 112 (Meseșan, 2020). During the same period, 6,472 protection orders were registered, the number of protection orders issued in urban areas being almost double those issued in rural areas, and at least 30% of protection orders were violated (ibid). The Network for the Prevention and Combating of Violence against Women (VIF Network), made up of 25 national non-governmental organizations, organized on October 25 the event "Together for the safety of women and during the pandemic", in which they called for 21 measures for the safety of women and girls, including the adaptation of women's assistance and counseling services to the difficulties and risks caused by the pandemic and the adoption of legislation on the implementation of a system of surveillance of aggressors using electronic bracelets<sup>24</sup>.

Regarding sexual violence in the family, for the crimes of rape, sexual assault and sexual intercourse with a minor, we find an increase of 19% compared to the previous year. In the first nine months of 2019, 286 such crimes were registered, and in 2020, 341 cases of rape, sexual assault and sexual intercourse with a minor that occurred in the family were registered in the same period.

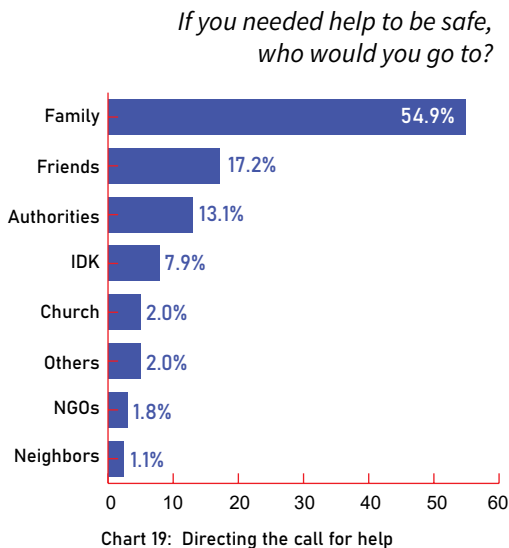
<sup>22</sup> The authors analyze the data on people who presented with polytraumas at the Emergency Reception Units in five hospitals in the capital from March 16 to June 15, 2017, 2018, 2019 and 2020.

<sup>23</sup> Data centralized by the General Inspectorate of the Romanian Police, requested by the FILIA Center through a request formulated based on Law 544/2001 on free access to information of public interest.

<sup>24</sup> The 21 measures for the safety of women can be consulted at: <https://violentaimpotrivafemalelor.ro/impreuna-pentru-siguranta-femalelor-si-pe-timpul-pandemiei/>

The number of juvenile victims in the case of these types of sexual violence crimes increased by 35% compared to 2019, in 2020 being registered 243 minor victims in cases of rape, aggression or sexual intercourse with a minor, more by 63 minors compared to 2019. Isolation in the domestic space, as a measure to reduce the spread of COVID-19, also meant that countless minors were forced to spend time with adult aggressors in the family, which led to increased sexual violence. Many of these cases have remained and remain unreported, given the unequal power relations between adults and minors. In addition, the transition to online school means that local actors, such as school representatives, who could have reported such abuse and where minors could seek support, can no longer do so, and these sexual abuses become invisible to the authorities.

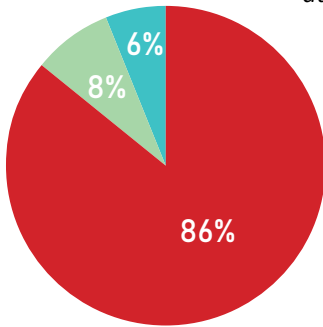
One of the questions asked in the online survey launched by the FILIA Center refers to the level of safety perceived by respondents. 8% of respondents specify that they do not feel safe at home since the Covid-19 pandemic began, and if they were to turn to someone for help, the top ranked response is the family.



Almost 55% of the women who completed the questionnaire said they would call a family member if they needed help to feel safe, followed by 17% of respondents who would call friends and 13% who would call the authorities, which indicates a lower confidence in the authorities during the pandemic when it comes to a private issue, related to the safety in the domestic space. The results of the 2018 Romanian Gender Barometer, published at the beginning of last year, shows an increased trust in the authorities, the police being the main answer indicated by the respondents (56%) when asked who should intervene if someone beats their partner (Gender Barometer,

2019 , p.56). Among the causes of the differences between the results of the barometer and the answers given by the respondents who completed the online questionnaire may be the fact that there was no clear communication from the authorities on combating domestic violence during the pandemic.

*Since the beginning of the pandemic, do you feel safe at home?*



yes

no

I don't know/ prefer not to say

Chart 20: The appreciation of the feeling of safety at home

## Identified problems

Family members spend more time in the same space, under conditions of stress and physical distance, contact with other people being limited, making it difficult for women in abusive relationships to seek help. The World Health Organization draws attention to

the risks of domestic violence, some of the possible risk situations being that the aggressor can use the restrictions imposed by the Covid-19 pandemic to limit the partner's access to counseling services or psychological support (WHO, 2020). One of the interviewed NGO representatives mentions the difficulties faced by women who wanted to use psychological and legal counseling services for victims of domestic violence, "one of the women spoke from the closet [...] There was also the problem with the statements. There was no way to reach us without the certificate [the association], we were closed. " (NGO representative - domestic violence).

The fact that many of the women had to stay at home with the aggressors during the emergency period increased the pressure on them, the risk of being exposed more and more often to violent situations, explains a psychologist who offers counseling at a foundation for the victims of domestic violence (Sandu, 2020), and aggressors pressure them to quit their jobs or try to convince them that it is dangerous to leave now. In addition to the aggressor's presence at home, the state of emergency and isolation at home made it difficult for women to access online counseling services and some of them cared for young children - "not all of them could wait an hour to talk about

problems and have everyone hearing what the others are saying because there were children around each of them”(NGO representative - domestic violence). With the imposition of the state of emergency, they developed an online information campaign, with an accessible language to reach as many women as possible, in the new conditions of social distancing.

The representative of the non-governmental organization who participated in the interview reported that they were contacted in large numbers by violence witnesses - “Witnesses to violence (friends, neighbors, daily members) called in large numbers to ask for information, in comparison to the past period”(NGO representative - domestic violence). One of the reasons why there were many more people surrounding the victim who contacted organizations in the field of preventing and combating domestic violence is the fact that the victims were permanently or for a very long time in the company of the aggressor, which is why they would not have been able to call support services directly. When we talk about domestic violence, there are also cases in which the aggressors can be identified among several family members, the victim being unable to find support or to be safe. One of the interviewed NGO representatives presents the situation of a minor mother she works with:

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For the first time at the organization, we saw the first case of domestic violence since we know these girls, in the sense that we had to get her out of the house because her father was beating her. It doesn't matter that he's back. It wasn't the first time he'd done that. [...] She also had a baby with a partner who beat her. She broke up with him in February-March, so in the pandemic, she kicked that one out of the house for beating her, after which her father started beating her because he broke up with the one who was beating her.

Another representative of non-governmental organizations points out that women from minority groups, such as Roma women, face multiple obstacles during the pandemic, at the intersection of the various systems of oppression they experience - **“Racism, hand in hand with patriarchy, and poverty.”** (NGO representative - Roma women). The same problems are exposed by researchers in other states - the intersection between racism and economic inequalities has the strongest impact on women of color - African American, Latin (Ruiz et al, 2020). International and European organizations emphasize in their recommendations the need for an approach that takes into account the particular and different risks to which women from different

vulnerable groups are exposed. Such an intersectional approach involves “ensuring the access of all victims of domestic violence to services and justice, taking into account their identities and the obstacles they face” (Bragă, 2020, p. 35) and is all even more necessary in times of crisis, when domestic violence intensifies and takes on new forms. One of the interviewed women, who works in a rural community as a community nurse, reveals one of the problems at the local level, which is exacerbated by the pandemic – the fact that there is an increase in school dropout and forms of sexual violence against which no one intervenes.

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“There are many girls who got married faster than they probably expected. At 14, 15. If they still met at school, they still had the opportunity to meet at school with their girlfriend, with their boyfriend, so, when the schools closed, [...] they got married, I already have a pregnant woman. [Partners] are 18 years old.” (community assistant, rural area)

Although punishments are provided in the Penal Code for sexual relations between minors and adults, many of these relationships, as a result of which births take place among minors, are ignored by the authorities. In 2019, 702 minors under the age of 15 were

registered as giving birth, 16,987 young women aged between 15 and 19 years. Of the 702 cases in which minors under the age of 15 were born in 2019, in 3 cases the father is under 15 years old, in 191 cases the father is between 15 and 19 years old, in 180 cases the father is over 20 years old. In the rest of the cases the age of the father (INS) is being undeclared. If for the age group between 15 and 19 years we cannot establish in how many such cases the father is a minor and the age difference between the two is not more than 3 years. In the 180 known cases we can speak concretely of cases of rape, the minor being unable to give consent.

**Fake news** is another challenge encountered by NGO representatives and exposed in interviews, being a reason why women avoided calling the 112 emergency service to report situations of domestic violence. Some of the women who faced violence from their partners considered that the 112 emergency service is busy with Covid-19 cases, and their problem is not serious enough to ask for the help of the authorities – “the idea that 112 only responds to Covid” (NGO representative – domestic violence).

Regarding the police intervention in cases of domestic violence, one of the representatives of the non-governmental organizations that participated in the interview indicated

that there is a good working relationship in Bucharest. This relationship is as a result of police awareness campaigns regarding the dynamics of domestic violence and information campaigns for victims through leaflets distributed in police stations, a way for beneficiaries to get in touch with the association<sup>25</sup>. At the same time, during the emergency period, there were situations in Romania in which the police did not issue a provisional protection order invoking the state of emergency and the fact that the aggressor had left the crime scene (Meseșan, 2020). A problem with police intervention is reported by another representative of a non-governmental organization, which supports the rights of Roma women and works in rural and urban communities and outside Bucharest, and which draws attention to a complaint against a young man who raped a minor "The police tried all the time to discourage the family, they did not send anyone... only this month<sup>26</sup> they sent the file to the prosecutor's office, as a result of the protest we organized" (NGO representative - domestic violence). With the pandemic and the austerity measures during the state of emergency, existing social tensions surfaced and racist attitudes towards the Roma community intensified, including abuses by law enforcement. The European Roma

Rights Center has recorded several cases in Roma communities where force has been disproportionately used or Roma have been subjected to degrading and humiliating treatment. (ERRC, 2020) Romani Criss and the Civic Union of Young Roma in Romania sent an open letter in April 2020 requesting the dismissal of the Minister of Internal Affairs as a result of events in which the police used force disproportionately in Roma communities<sup>27</sup>. The escalation of various forms of hatred and prejudice against the Roma minority, also by the authorities, is an additional obstacle for Roma women who wish to report abuse, in this context being more reluctant to appeal to the authorities.

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"The inaction of the authorities was more obvious, violence against Roma women was not prioritized on their agendas before, but now in the context of the pandemic, not at all. [...] Situations that the police knew and tried to mediate, such as a rape in which the victim was a minor and tried to make the parents feel guilty that the girl had followed the boy's advances and that, for example, in fact, they have a relationship." (NGO representative - Roma women)

<sup>25</sup> The non-governmental organization operates in Bucharest, being in collaboration with the police in the capital.

<sup>26</sup> The interview was conducted in October c.a., and the complaint regarding the rape case, referred to in the interview, was registered with the police in March 2020.

<sup>27</sup> Romani CRISS and the Civic Union of the Roma Youth from Romania have sent an open letter as a consequence of these abuses, asking the dismissal of the Minister of the Interior - <https://www.agerpres.ro/comunicate/2020/04/24/comunicat-de-pres-a-romani-criss--492595>



During the state of emergency, access to public services was not facilitated for victims of domestic violence, and victims who came to seek support in crisis situations, including seeking emergency shelter, needed evidence that they were victims, same as before the start of the state of emergency, one of the interviewed NGO representatives pointed out. "To come with a protection order, with a complaint to the police. [...] if you go to a public service, you leave your home, you haven't been to the police, you don't have documents, you need them to give you a lawyer and in return you find the person at the entrance who asks you "Where is the proof that you are a victim?" (NGO representative - domestic violence). For these reasons, private social services collaborate and constantly maintain communication in order to provide an immediate support network for women who need to enter a shelter in an urgent situation.

The new conditions imposed by the Covid-19 crisis have also created obstacles for the proper conduct of legal and psychological counseling activities offered by non-governmental organizations to women facing partners' domestic violence. Non-governmental organizations providing services to the victims of domestic violence have had to adapt to the provisions imposed during the state of emergency and during the

pandemic, respecting social distance and all measures to prevent the transmission of Covid-19. The resources of organizations are limited and there was not public funding to ensure the continuity of these services and their adaptation to the new provisions, in the conditions of intensified domestic violence. In addition, due to the increase in the number of women seeking psychological counseling, the non-governmental organization whose representative participated in the interview had to hire new team members to meet the demand for services, on the one hand, and to ensure the continuity of services if someone on the team gets sick.

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 "I took another back-up, that is, I took another psychologist and another lawyer [...] A volunteer also came". [...] if we enter a quarantine, then what do we do with the beneficiaries? Where do I send the beneficiaries? To what services? Where do I transfer them?"  
 (NGO representative - domestic violence)

The available space of the organization did not allow the development of group psychological counseling sessions as before, that would respect the physical distance, the team having to organize two support groups, instead of one: "we can no longer function with many people and not only that this is the

law, but we are simply afraid of the risk of infection. (NGO representative - domestic violence). It was necessary to develop new procedures for working with beneficiaries online, in order to provide security to both employees who provided psychological counseling and beneficiaries. They adapted the program of counseling sessions so that the women are safe: "I asked them, if they are not sure or if they can't talk, it's better not to do it, we change the time, we move it to another day". (NGO representative - domestic violence)

Although there is an intensification of domestic violence during the pandemic and a greater demand for services that provide assistance and shelter to victims of domestic violence, there has been no financial support from the state for these services. In the context of the Covid-19 pandemic, domestic violence support and counseling services may face medium- and long-term challenges in terms of staff retention, loss of funding, difficulties in transposing their services online or in securing conducting counseling activities safely (Speed et al, 2020, p. 34). In addition, Military Ordinance no. 8 of 09.04.2020 prohibits the suspension or cessation of social services and says that the staff serving the centers are provided with the necessary sanitary and protective equipment by the social

services<sup>28</sup>, without specifying solutions for the funds needed to operate the centers so as to comply with the new regulations imposed.

## **"Justice has moved online"**

(NGO representative - domestic violence)

Access to justice during the state of emergency was limited for many of the women who wanted to obtain a protection order. Protection orders were treated as emergency by judges, but the procedure for obtaining protection orders was moved to the online environment: "[The lawyer] had protection orders online with the judge, it was a new experience, [...] when the judge said at 10 o'clock they started their Zoom, they also agreed with the prosecutor and, as in a courtroom, they were only online" (NGO representative - domestic violence). For non-governmental organizations that provide legal advice and representation services for women who want to obtain a protection order, online court hearings also have positive aspects - "she is not obliged to meet with him, she is not obliged to expose herself in courtrooms, she has not the risk of being followed" (NGO representative - domestic violence).

At the same time, these online court hearings and the registration in the

<sup>28</sup> Art. 9 and art. 11 of the Military Ordinance no. 8 from 09.04.2020, available at: [https://stirioficiale.ro/hotarari/ordonanta-militara-nr-8-din-09-04-2020?fbclid=IwAR2CrH7z0tU1lrr\\_eC0rcLkXhGFCsqvdl89ld9bYIMYgKzGdMCGK\\_mtKa0](https://stirioficiale.ro/hotarari/ordonanta-militara-nr-8-din-09-04-2020?fbclid=IwAR2CrH7z0tU1lrr_eC0rcLkXhGFCsqvdl89ld9bYIMYgKzGdMCGK_mtKa0)

registry of the application for an online protection order during the state of emergency exclude women who do not have the necessary skills to complete such an application electronically, do not have the necessary devices, such as a laptop and a printer or do not have access to the internet or electricity. This obstacle to access to justice was extended during the alert period, when, although court hearings were held in court, in order to be able to register the request for a protection order, you must make an online appointment. The representative of the NGO in the field of domestic violence points out that even in situations where there are women who manage to find the application online and download it, they usually do not complete it well and even if they send it online to the registry, the application will be rejected: in fact, they give you a line, there [in the request]. And you have to tell everything, in that turn you have to make it three pages, in which to do the action. [You have to] know what to look for, to know how to complete" (NGO representative - domestic violence). Although it can be considered a positive aspect in the context of the pandemic and maintaining physical distance, the fact that justice has moved online, as mentioned by one NGO representative, without taking into account the different needs of women, excludes many women who do not have the necessary skills to modify the electronic document or the necessary devices.

In conclusion, in Romania, same as in other states of the European Union or around the world, there is an **intensification in the number of cases of domestic violence**, especially during the state of emergency when many women were forced to spend a lot of time in the company of their aggressors in the domestic space. This increase in the number of cases of domestic violence is signaled both by complaints to the police and by the number of calls to 112 or counseling and support services, by telephone or online, provided by non-governmental organizations. However, in order to understand the extent of the domestic violence during the pandemic, it is necessary to take into account the fact that many of the cases of domestic violence remain unreported, so invisible to the authorities and the general public, and what we know from public data is only a small part of the total number of cases of violence. In addition, the difficulties that women face at the intersection of systems of oppression - racism, classism, sexism - make getting out of a relationship of domestic violence much more difficult, especially when faced with racist or sexist attitudes from the authorities. Access to justice and the preparation of the file for the issuance of a protection order were difficult for many women even before the pandemic, **but the transition to online justice during the state of emergency only excluded almost completely women**

**belonging to vulnerable groups** who do not have access to the necessary resources (electricity, internet, electronic devices), they do not have the necessary skills to complete an application in electronic format, they have visual / hearing deficiencies or they do not speak Romanian.

**In the new global crisis, generated by COVID-19, women's safety remains at the periphery of political interests, same as during the economic crisis, with no public funds being allocated to ensure the opening of crisis centers or the continuation of counseling and support services for victims of domestic violence, adapted to a growing need.**

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## 3. Good practices examples

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The consequences of the outbreak of the COVID-19 pandemic are unprecedented and are felt around the world in terms of education and care of children, family illnesses and loss of individual and / or household income. In addition, according to a UNICEF report, restrictions on free movement have increased the risk of abuse, neglect and violence. This information is also supported by the research results, presented in the previous sections.

However, there are also some promising practices for integrating a gender-sensitive approach into the management of the current pandemic. In this section we will present a series of good practices that could set a precedent for post-crisis measures as well.

### Access to information

OHCHR presents some of these in the COVID-19 and women's human rights newsletter: Guidance, published in

April 2020. For example, in China, NGOs have published guides and organized workshops on how to protect victims of domestic violence and where to seek help in crisis situations. Similarly, information regarding the telephone numbers where cases of gender-based violence can be reported, as well as ways to report cases of violence online, has been promoted in Uruguay, Lebanon and Morocco. Other states have launched information campaigns on care and protection services, disseminated through various communication channels - social media, radio, television and press - in order to reach as many women as possible: # NoEstásSola (in Costa Rica), #SegurancaEmlsolamento (in Portugal) or "Estamos Contigo: La Violencia de Género la Páramos Unidad" ("We are with you: United we stop gender violence" - in Spain) through which materials about general services provided to victims were developed, as well as a psychological helpline available 24/7 and accessible

also through WhatsApp, as well as legal services available in 52 languages and accessible to people with disabilities.

## The impact on labor and living resources

According to European Women's Lobby, the Latvian authorities have adopted a series of gender sensitive socio-economic measures to support women and girls, these included mortgage payment breaks, temporary measures to ensure that late payment of taxes is not penalized and the prohibition of evictions. In Hungary, women in vulnerable situation have been exempted from paying taxes. In Ireland, the government announced a financial support package to compensate the income lost during the pandemic. In the Czech Republic, individuals with children below the age of 13 are awarded 60% of their salary by the state. In Spain subventions for the loss of jobs as a consequence of restrictive measures are provided.

## Care and domestic work

The pandemic has increased the burden of unpaid care work for most women as a result of the closure of schools, kindergartens, nurseries and other public services. According to the Social Institute and the Gender Index of the OECD Development Center (SIGI) worldwide, women carry out up to ten

times more care activities than men. On average, women spend 2 hours / day performing unpaid work. Gender gaps in unpaid work are greatest in Japan and Korea (2.5h / day) and Turkey (4h / day), where traditional gender norms prevail. However, even in the Nordic countries, countries that express a progressive attitude towards gender equality, the gender gap in unpaid work amounts to about 1h / day.

OECD data also show that, in order to meet the responsibilities of care, at the level of central authority, states have adopted measures such as: the right to leave in case of "unforeseen emergencies" which would include the sudden closure of schools, kindergartens, nurseries (in Poland, Slovakia, Australia and the United Kingdom); maintaining alternative childcare facilities open (for example in France, such care facilities can accommodate up to 10 children, working with the staff, the aim is to take care of the children of people working mainly in the field of health and social care , as well as education); financial benefits (in Italy, parents with children under 12 have the opportunity to take 15 days of 50% paid leave, unpaid leave for parents with children over 12, or can get a voucher worth 600 euros for solutions of alternative care (also in Portugal, parents with children under the age of 12 who cannot work from home receive two-thirds of their monthly salary).

UN Women signals about the cases of migrant women who are exposed to the danger of losing their jobs due to COVID-19. A lot of migrant women perform informal work, without having a contract (nanny, housekeeper, in the agricultural sector etc.). Without assistance and protection mechanisms, because of social isolation caused by language and cultural differences, because of the increased risk to contact the virus by the nature of their work, they are in a state of maximum vulnerability.

### Access to health services

As many European states take applaudable measures in trying to attenuate the negative effects of the crisis on women's rights and gender equality, the same states should not neglect access to health services, as well as the sexual and reproductive rights of women.

Regarding access to contraception and abortion, The Council of Europe informs about a series of promising measures taken by England, Scotland and Wales, that make it possible for women to have a medicine induced abortion at home as a result of an online or telephonic appointment. In France and Italy, authorities have clearly stated that the access to abortion is a service that needs to be maintained during the pandemic and that cannot be postponed.

French authorities have even extended the deadline for performing medical abortions at home from seven to nine weeks; they have temporarily permitted buying birth control pills on the basis of a past prescription, without the need to be renewed.

### Domestic Violence

Globally, the data show that violence against women is more frequent, more severe and more widespread during isolation measures. "We know that isolation and quarantine are essential for the suppression of COVID-19. But they can trap women with abusive partners," said UN Secretary-General Antonio Guterres.

A questionnaire sent by the European Commission to the Member States gathered information on how to address various aspects of gender equality in the context of the COVID-19 crisis. Here are some examples of good practice on violence against women: including protection and assistance services for victims of gender-based violence and their children as essential services, setting up helplines, online services that monitor compliance with restraining orders, and new shelters (in Spain), the development of online platforms / applications / tools for women in emergency situations who cannot call the police (eg the ALERTCOPS application in Spain

or the Bright Sky application in the Czech Republic). In China, the hashtag #AntiDomesticViolenceDuringEpidemic has taken off as part of the advocacy strategy with links to online resources, helping to break the silence and expose violence as a risk during quarantine / self-isolation. Online and mobile service providers are also taking steps to provide assistance, such as toll-free calls to helplines.

According to UN Women, other measures included: launching information campaigns, providing information on protection measures and available support services, as well as exceptional measures implemented during the pandemic, individual online counseling programs for aggressors in order to reduce the level of aggressor stress and mitigation of risk factors for quarantined families (in Slovenia), funding for women's shelters (in Canada, Mexico and France). Some states have involved pharmacies and supermarkets in the fight against violence - for example, in France, women facing domestic violence can report situations in pharmacies using a code, and the Government has agreed to open counseling centers in supermarkets.



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## 4. Conclusions and recommendations

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In 2003, Eric Uslaner wrote: Trust is like chicken soup for society. It brings all kinds of good things [...] But, like chicken soup, it seems to work in a totally mysterious way" (p.1). Public trust is the moral value that underlies the contract between citizens and government. In times of crisis, such as the one we are going through now, public trust plays an extremely important role in ensuring the cooperation of citizens and compliance with restrictive measures taken by governments. In the absence of trust, the level of compliance with the imposed rules will be very low:

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Just as parents who do not trust their teenage children tend to restrict their activities, those who do not trust the government will tend to restrict their activities. (Hetherington & Gobletti, 2002, p. 253)

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Public trust cannot be obtained without a bias on the part of the authorities towards the specific problems and realities of its citizens. This research, in addition to its main objective - presenting women's experiences in the public sphere, aims to support the authorities by providing information on the specific challenges that various women faced during this period. Both the quantitative and qualitative data collected indicate **a low degree of trust in the authorities and a preference for solving possible problems through the use of informal networks.**

It is important to mention the background of this pandemic, when we talk about gender equality: Romania ranks among the last places in the Gender Equality Index, encountering problems regarding the economic power of women, care responsibilities, access to health services and their safety against violence. And as we now

see the effects of underfunding health and education (strongly feminized areas by the way), the same is true for gender equality - the pandemic and restrictive measures have accentuated these inequalities. The costs associated with publicly ignoring these realities are very high for women and it is not something that can be sustainable in the long run. Maintaining a seemingly 'gender-neutral' approach will lead to deepening gender disparities to the point where they will become impossible to repair and will generate very high social costs.

This research reveals diverse experiences of women **who lost their jobs and incomes in the pandemic, faced physical and mental exhaustion, domestic and workplace violence, inadequate living resources, and increased care activities. deterioration of mental health, with poor access to medical health services and who have felt a lack of state aid.** Unfortunately, all these issues are almost completely missing from the public agenda and this is also reflected in the trust that women have in the authorities:

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"I would have needed, I don't know, to know that I am safe, maybe they can offer me a set of blood tests, maybe they can offer me, I don't know, support. At least, even if I didn't accept it, maybe I wouldn't accept it because I would have

thought that maybe there are others who really don't have it at all, give it to them. But, you know, at least the idea that you want to be helped by someone can give you a kind of hope that this country isn't that bad. I told you, we still have work to do" (transgender woman, 21 years old, urban environment)

We write below the expectations and solutions that some of the interviewees mention in relation to the authorities:

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"And I apologize for saying this ... that the one with the bags in the attic no longer believes the hungry, the troubled one." Let them put themselves in our place and not have food to give at least to one child, not to mention a slice of bread or a sandwich, put in a backpack at least a notebook and a pen - and that pen is very expensive - at least a pencil, so he can go to school and learn. Should they put themselves in our place to see then how it is? That it is very difficult" (woman, 36 years old, rural area)

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"Certainly, the Romanian authorities do nothing, that is, nothing. God, well, we sent letters to all the possible ministries with all the quarantine procedures and regulations that they made and that made their lives an ordeal for Romanian caregivers and they did not react with absolutely anything, ie zero availability of understanding, negotiation, of

interest, nothing. The Ministry of Labor and Ministry of Foreign Affairs Ministry of Internal Affairs and the Ministry of Health. [...] Actually, I sent and received only answers like "we will call you". [what do you ask?] For example, the last case is a recent one from last week when a 14-day quarantine was reintroduced for people coming from [the country where the caregivers work] and our colleagues have been locked in a patient's house for four weeks and then they have a four-week break in Romania, after which they return to work. Of those four weeks, they should have spent two weeks in quarantine. and what we asked was to introduce testing at the borders of Romania because this is what happens [in other countries], Romanians have to come with a negative test. If they do not have a negative test made in the last 72 hours, they must go into quarantine and test automatically upon entry on their own. We ask for the same option for entering Romania: not to be forced to enter quarantine automatically, but to be able to come with a negative test done in the last 3 days or to be able to test when entering Romania. I don't know, to stay in quarantine for just one day, to test and to receive the result and then to be able to go to their families. But by no means the way the quarantine was regulated: you had to be quarantined and could only be tested on the eighth day. Somehow, I have the feeling that the laws in Romania were

not made at all considering that there are hundreds of thousands of cross-border workers Yes, subsidies, ie clear social benefits or pensions for all people who cannot work or cannot get to work. It is the minimum that can do".  
(NGO representative - migrant women)

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"Let's consider that it is moment zero and that the administration is changing, maybe soon the Parliament will also change. I think we need to look at these people, at vulnerable mothers, at mothers who are in a situation of vulnerability from many angles. Let's take into account their whole situation. Once, they don't have a school - why don't they have a school? They haven't finished their courses. What is the solution for them? Is what is offered to them enough now? It is not enough. What else to do? This is one thing. Another problem: they have no income, why don't they have income? Obviously, it has to do with the fact that they don't have a school. But let's see if there are other causes for which they have no income. What is their actual mental situation, that is, what do these people go through, what happens in their minds and after that where do these people live? What I'm saying now could very well be found in a social survey, but that's what social workers should do. But what I know from at least the DGASPCs I had contact with, the people there are very blasé and say nothing

can be done. They are lost people. They don't want to and that's it! All the responsibility goes there. I think no one looked around to gather around these people and see what their problems and needs really are" (Representative of NGOs - minor mothers)

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"It should be ensured that people have access to utilities, water and energy. Secondly, we should make sure people have something to eat. At least in the communities where we work, that was a real problem." (NGO representative - Roma women)

We further present a series of recommendations for addressing the issues that women face during this period. We mention that their role is to guide a series of subsequent debates and that they will be subject, within the project, to a process of improvement and adaptation following the process of advocacy and negotiations with key institutional actors.

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## 4. General Recommendations

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### 4.1 Recomandări generale

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**1.** Public investments in in depth research, nationally representative, regarding the impact of the pandemic, as well as the restrictive measures on different vulnerable groups. The presented data in this research show the clear need of wider investigations regarding the different impact that the pandemic and the restrictive measures had on vulnerable groups.

Women from these groups face specific problems, related to survival strategies and assuring the bare minimum which is necessary for them and their families. From our point of view there are no effective measures that can be taken without taking into account social realities and the existing disparities. **Any strategy and any measure plan that does not consider the already present vulnerabilities of these social categories, will not do anything but deepening inequalities and adding to the health and economic crisis, a social one.**

**2.** Forming a working group that shall include sociologists, psychologists and specialists in the psychology of masses to elaborate measures for addressing mental health problems, which have been caused by the pandemic and the restrictive measures - both quantitative and qualitative data suggest growing dangers on women's mental health and their life quality. To avoid the negative effects that this thing can have on the long term it is important to address these problems and elaborate a measures package with the help of specialists.

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## 4.1 Specific recommendations

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### Recommendations for assuring the access to information

#### 1. Assuring the access of the large public to information.

The access to information is a fundamental right as stated by the Universal Declaration of Human Rights, and it is essential for the exercise of other fundamental rights. Despite that, studies show that there is a gender gap regarding internet access, access to devices and digital abilities. (Garrido& Wyber, 2017). In crisis situations, the dissemination of information should be constructed in a way that it reaches every single individual. In this sense, information should be accessible in terms of language, should be formatted in an intuitive way, it should be written in the languages of minorities, it should be adapted for people with disabilities, including seeing and hearing deficits. It should also be available for people with limited or no reading capacities, as well as for people that have no internet access or other information sources.

It should also take into account the appropriate communication means for each group, including groups that have specific informational necessities.

#### 2. Adopting a communications strategy that should not create panic and a state on uncertainty among the population.

### Recommendations for reducing the impact of the crisis on incomes and living resources

#### 1. Financial support for women from disadvantaged categories:

The introduction of economic support packages, including social transfers, the redistribution of benefits to disadvantaged women.

2. Support for female employees: The social protection system must be gender-adapted so as to help ensure women's income security. For example, enlarged access to affordable childcare services will allow more women to

work. In addition, it is necessary to adopt laws and policies that guarantee equal pay for work of equal value.

### Recommendations for care and domestic work

**1. The elimination of the restriction in taking parental leave where telework is possible.** At the moment, parental leave in the case of schools and kindergarten closure can be granted only if telework is not possible. We believe that this contributes to the pressure on women to perform care and productive activities in the labor market at the same time and generates high costs for them in terms of physical and mental exhaustion.

**2. Carrying out an impact analysis and identifying solutions for the safe reopening of schools and kindergartens.** The transition to online education puts additional pressure on women and is a challenge and a source of social inequity, especially in vulnerable environments, where access to online education is non-existent. In the long run, this measure is unsustainable. In fact, the official WHO recommendation is to keep kindergartens and schools open.

**3. Promoting gender partnership in the private sphere.**

### Recommendations for ensuring access to health services<sup>29</sup>:

**1. Increasing the role of independent midwives.** Midwives are a category of specialists who could make up for the existing lack in areas poorly covered by medical services. The midwives have, according to the European norms adopted by the Romanian state, a semi-autonomous activity, following and assisting the woman of fertile age from a contraceptive point of view, during pregnancy and after birth as long as she is in physiology. Unfortunately, the necessary legal framework for the implementation and integration of the profession of midwife in the health system is almost absent. The lack of these regulations means that midwives cannot be involved in providing care during and outside of pregnancy, which leads to very poor accessibility of contraceptive services, and to high rates of unattended mothers during pregnancy (one in four women does not have any medical consultation during pregnancy). Given the very limited employment possibilities, the midwifery faculties have not attracted students in recent years, currently there is only one active institution in Romania, compared to 9 in 2005.

**2. The de-bureaucratization of the process of accessing medical**

<sup>29</sup> We mention that these are recommendations that the FILIA Center has also promoted in relation to the subject of women's access to health services. In light of the results of this research, in the context of the pandemic, we consider their adoption even more urgent.

services settled through the National Health Insurance House (CNAS) by eliminating the need for a certificate from the family doctor to confirm the pregnancy and accessing free medical services during pregnancy based on a pregnancy test performed at the hospital.

**3. The inclusion of the restoration and financing of the family planning network in the National Health Strategy (2020-2024) and the inclusion of contraceptive pills in the list of reimbursed medicines.**

**4. Permanent monitoring at national level regarding women's access to abortion services.**

Recommendations for combating domestic violence in the context of COVID-19

**1.** Given the increased number of cases reported by signaling the authorities, but also the non-governmental organizations, as well as the growing need for advice and support, **we urgently recommend ensuring the necessary funds for public and private social service providers or in partnership public-private sector to be able to continue its psychological and legal counseling activities for women survivors of domestic violence. Depending on the**

existing demand and the security conditions imposed to prevent the transmission of COVID-19 virus, these funds should also be directed to the training of staff and the recruitment of new team members so as to ensure that services are not interrupted.

**2. Ensuring that all women have access to justice.** Develop measures to ensure that all women have access to justice, including during emergencies or alerts, taking into account the challenges many women face – lack of access to electricity, lack of computer skills, lack of necessary electronic devices to complete and submit online the file for issuing a protection order, low level of education, not knowing the Romanian language, visual or hearing impairments, physical or mental disabilities.

**3. The development of clear intervention procedures in cases of domestic violence, when the victim or aggressor is infected with the COVID-19 virus,** of the representatives of the local authorities responsible for preventing and combating domestic violence, as well as of the members of the multidisciplinary team and of the local intersectoral team (police officer, gendarme, social worker, psychologist, lawyer, representative of the Public Health Directorate, etc.).



**4. Raising awareness among the general public about the importance of reporting possible cases of sexual violence against minors and developing online mechanisms through which minors can seek specialized help.** Emergency intervention in reported cases of a possible act of sexual violence against minors, given their isolation in the family environment, without the possibility to seek help at school.

**5.** For the safety of women, both during and after the pandemic, NGO representatives recommend the adoption of the draft project concerning electronic monitoring system for aggressors against whom there is a protection order through electronic bracelets.

**6. The development of psychological services for aggressors** is another recommendation made by NGO representatives, as a measure to prevent domestic violence and to monitor aggressors.

**7.** One of the interviewed NGO representatives considers it necessary to **reform the Directorates-General for Social Assistance and Child Protection** so that they are subordinated

exclusively to an independent Ministry, covering all matters relating to social assistance, children's rights and the prevention and combating of violence against women: "You can only include all the villages, communes, cities through directives." (NGO representative - domestic violence).

**8. Providing psychological counseling services for the victims of domestic violence, through the presence of specialized staff in town halls from villages** is a measure recommended by the women interviewed.

**9. Urgent implementation of the measures provided by ANES to prevent and combat domestic violence in the context of the pandemic.** The National Agency for Equal Opportunities for Women and Men presents on the institution's website 23 measures adopted or in progress to prevent and combat domestic violence, in the context of national measures to combat the spread of Covid-19<sup>30</sup>. Most of the measures proposed by ANES are focused on analysis, information and communication activities, but there are also measures that provide solutions for hosting women who are victims of violence in hotel rooms<sup>31</sup> or informing and supporting victims

<sup>30</sup> The action plan can be consulted at: <https://anes.gov.ro/plan-de-masuri-privind-prevenirea-si-combaterea-violentei-domestice-pe-fondul-masurilor-impuse-la-nivel-national-pentru-combaterea-raspandirii-covid-19/>

<sup>31</sup> Measure 16 - "Initiation of a dialogue with the Federation of the Hotel Industry in Romania (FIHR) for implementation of a Support Program for victims of domestic violence (allocation in each county of a number of rooms to accommodate RV victims in collaboration with DGASPC). This initiative is to be explored only according to the needs analysis at county / national level."

through pharmacies<sup>32</sup>, similar to the solutions that were implemented in France. However, these measures are presented on the Agency's website as being implemented. For this reason, one of our recommendations is to **urgently implement these measures, given the escalation of violence during the pandemic.**

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<sup>32</sup> Measure 15 - "Collaboration and partnership with the Commission for Equal Opportunities between Women and Men (Chamber of Deputies), Romanian Women's Lobby and the National College of Pharmacists, on initiating a campaign to support and inform RV victims through pharmacies (use of a code) . In progress ", available at: <https://anes.gov.ro/plan-de-masuri-privind-prevenirea-si-combaterea-violentei-domestice-pe-fondul-masurilor-impuse-la-nivel-national-pentru-combaterea-raspandirii-covid-19/>

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