



**seed foundation**  
Social Educational Economic Development

# The Impact of COVID-19 on Women in the Labor Force

| Kurdistan Region of Iraq

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## Introduction

Women in the Kurdistan Region of Iraq experience gendered structural barriers to employment, while shouldering a disproportionate share of unpaid household labor, including childcare and caring for elderly and sick family members. The COVID-19 pandemic has entrenched these barriers women face, in addition to increasing the risks to their physical and mental health.

Similar to other societies around the globe, the COVID-19 pandemic has precipitated catastrophic outcomes for society in the Kurdistan Region, particularly for women and other at-risk populations, both in relation to increasing gender-based violence (GBV) incidence rates and in setting back progress on gender equality, including women's participation in the labor force.<sup>1</sup> Since the pandemic's start in early 2020, the Kurdistan Regional Government (KRG) has registered 314,302 confirmed infections and 5,641 deaths, with these numbers likely to rise. Men account for 61.6% of all affected individuals, while women account for 38.4%.<sup>2</sup> In addition to this health toll, women's freedom of movement has been further restricted, while their household responsibilities have significantly increased.

In June and July 2021, SEED conducted an online survey with 106 participants from the Kurdistan Region (i.e., 67% from Erbil, 19% from Sulaymaniyah, and 14% from Duhok) to better understand working women's experience during the COVID-19 pandemic from March 2020 to July 2021. Respondents were self-selecting and submitted their responses anonymously, with the requirement that they identify as women living in the Kurdistan Region who worked for at least one year prior to March 2020. The survey results are skewed toward the non-governmental organization (NGO) sector, with 66% of respondents selecting it as their work sector, though the government sector is the largest employer in the Kurdistan Region. While each sector functions uniquely, we believe the survey findings can inform a set of policy recommendations to the KRG, private businesses, and NGOs regarding developing and implementing evidence-based and gender-informed responses to the COVID-19 pandemic and beyond.

## Women's Participation in the Labor Force

Iraqi women's participation in the workforce is influenced by traditional gender norms that value women's role in the domestic setting as wives and mothers. However, according to research conducted by Oxfam and UN Women, there is a perception in the Kurdistan Region that women in the region, in contrast to the rest of Iraq, are more encouraged to pursue careers outside the household.<sup>3</sup> Nonetheless, women's workforce participation in the Kurdistan Region is, and, historically has been, low. As of 2018, only 15% of working-age women in the Kurdistan Region were in the workforce, compared to 70% of men,<sup>4</sup> marking a significant gender gap in the labor force. In the SEED survey, 74% of respondents (78 individuals) reported being employed full-time.

**As of 2018, only 15% of women in the Kurdistan Region were in the workforce, compared to 70% of men.**

1 ReliefWeb. (2020, November 25). COVID-19 exacerbating gender-based violence in Iraq.

Emily, R., Anu, N., Youjin, S., and Júlia, L. (2021, Aug. 28). How the pandemic set back women's progress in the global workforce. The Washington Post. ["The first year of the pandemic knocked 54 million women around the world out of work, widening the gender gap in employment. It could take years for that gap to narrow again.

Of the women who lost jobs in 2020, almost 90 percent exited the labor force completely, compared with around 70 percent of men."]

2 Kurdistan Regional Government. (2021, September 14). Dashboard: Coronavirus (COVID-19). [Note: This data was accessed on 15 September 2021.]

3 Oxfam & UN Women. (2018, December). Gender Profile: Iraq.

4 Kurdistan Regional Statistics Office, IOM, & UNFPA (2018, July). Demographic Survey: Kurdistan Region of Iraq.

A woman's decision to work outside the household is not entirely her own. Her family, notably male heads of household (e.g., husbands, fathers, brothers), exert significant influence over their choice to work. This norm is highly relevant for married women with children. Even women with higher education and working in professional settings tend to exit the labor force between 25-29 years old, the prevailing childbearing ages in the Kurdistan Region.<sup>5</sup>

In addressing persistent financial woes due to falling oil prices, federal budget cuts, fiscal mismanagement, and substantial public sector liabilities, the KRG has delayed and suspended the salaries of tens of thousands of public employees in recent years. The COVID-19 pandemic has exacerbated the situation by further depleting the Kurdistan Region's limited financial resources.<sup>6</sup> The Kurdistan Region public sector employs approximately 75% of working women,<sup>7</sup> partly reflecting a social view that this sector is more appropriate for women as the private sector tends to require longer work hours and more interaction with men.<sup>8</sup> With the vast majority of working women employed in the public sector, the Kurdistan Region's protracted financial challenges adversely affect women's incomes and livelihoods, impeding or reversing progress toward gender equality.

## Women's Labor Rights

Although federal Iraq updated its labor code in 2015, the Kurdistan Region continues using the Iraqi Labor Code of 1987. This labor code does not guarantee wage equality between men and women. Although it grants women maternity leave at full pay for 62 days, the code does not entitle them to return to the same or a similar position and wage following maternity leave. The code, however, provides 30 days of fully-paid sick leave, and women are entitled to up to three days of unpaid leave to care for a sick child under six years of age. Paid sick leave can protect workers' health, jobs, and income, particularly during public health crises such as COVID-19.

Respondents in the SEED survey indicate strong awareness of and access to labor rights in the Kurdistan Region. In total, 70% of respondents agree or strongly agree that they know their rights with respect to paid sick leave, maternity leave, and working hours; 57% agree or strongly agree that their supervisor provides them with support to exercise their rights. Likewise, 63% of respondents agree or strongly agree that their employer has policies in place to facilitate the exercise of their labor rights during the pandemic.

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5 The World Bank. (2016, January). Kurdistan Regional Government: Toward Inclusion of Women in the Economy.

6 Middle East Institute. (2020, December). Iraq's Fragile State in the Time of Covid-19.

7 Kurdistan Regional Statistics Office, IOM, & UNFPA (2018, July). Demographic Survey: Kurdistan Region of Iraq.

8 The World Bank. (2016, January). Kurdistan Regional Government: Toward Inclusion of Women in the Economy.

## Employment Status

As the COVID-19 pandemic evolves, data on its effects on the labor force is dynamic and incomplete. Like other societies, the Kurdistan Region has suffered from lockdown measures in response to the pandemic. Among other implications, these lockdowns have disproportionately affected young adults, many of whom are more likely to work in the private and informal sector. According to a 2020 International Labour Organization (ILO) report, 31% of respondents ages 18-24 were permanently laid off and 95% of respondents across Iraq reported a decrease in household income due to the COVID-19 pandemic.<sup>9</sup>

Similarly, COVID-19 is likely to have aggravated women's economic precarity in Iraq and the Kurdistan Region, with ramifications for their quality of life and advancement. In an Oxfam survey conducted in Kirkuk, Diyala, and Sulaymaniyah governorates, between 15-30% of women respondents reported some form of economic activity before the crisis, but most were not able to maintain it since the outbreak of COVID-19.<sup>10</sup>

In the SEED survey, 53.5% of respondents said that the pandemic had adversely affected their employment status in some form. More specifically, respondents gave the following answers to the statement, "The COVID-19 pandemic (March 2020 - Present) has affected my employment status in the following way":

- I was fired: 2.91% [3 respondents]
- I was suspended: 4.85% [5 respondents]
- My work contract ended without renewal: 7.77% [8 respondents]
- My salary was reduced but working hours remained the same: 12.62% [13 respondents]
- My salary and working hours were reduced: 7.77% [8 respondents]
- My working hours were reduced: 17.48% [18 respondents]
- My working hours were increased: 8.74% [9 respondents]
- I resigned from my position for personal reasons: 5.83% [6 respondents]
- I changed jobs: 11.65% [12 respondents]
- There was no change in my employment: 45.63% [47 respondents]

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## Workplace Health and Safety

Recognizing that most respondents work in the NGO sector, SEED's survey results point to a positive pattern in COVID-19 health and safety measures in the workplace. 69% of respondents were allowed to work from home, and 74% were provided equipment, such as a laptop, to work from home. When working in the office, 83% of respondents were provided with free safety items, such as sanitizer and masks. 84% of respondents said their employer enforced social distancing at work to reduce the chances of contracting COVID-19 (e.g., changing seating arrangements to create distance, reducing the number of staff in the office each day through rotation). Additionally, 84% of respondents indicated that their employer enforced mask wearing for protection against the coronavirus at work, while 71% said that their employer sanitized work facilities on an increased basis. It is important to mention, however, that the frontline labor to maintain sanitized workplaces is often carried out by women, whose safety and well-being must be considered and prioritized.

<sup>9</sup> International Labour Organisation & FAFO. (2020, July). Rapid Assessment of the Impacts of COVID-19 on Vulnerable Populations and Small-scale Enterprises in Iraq.

<sup>10</sup> Oxfam. (2020, June). Gender Analysis of the COVID-19 Pandemic in Iraq: Conducted in Kirkuk, Diyala and Sulaimaniyah Governorates.

## Unpaid Care Labor

Women carry out 75% of all unpaid care labor globally,<sup>11</sup> corresponding to reality in the Kurdistan Region, where women overwhelmingly shoulder the burden of unpaid household work, such as cleaning, cooking, and caring for children, elderly, and sick relatives. The ILO reports that women in Iraq, on average, spend almost six hours a day performing unpaid work.<sup>12</sup> COVID-19 has increased women's care labor on a global scale due to additional preventive cleaning and disinfection, increased child care as fluctuating lockdowns have prevented children from attending school in-person for long periods of time, extra demands of husbands who may stay home more, or caring for family members sick with COVID-19, many of whom may not have access to formal healthcare.

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Indeed, SEED's survey results demonstrate a clear pattern of women dedicating increased time to household labor during COVID-19. 67% of respondents agreed or strongly agreed that they had to spend more time taking care of family members, while only 9% disagreed or strongly disagreed. Only 21% of respondents disagreed or strongly disagreed that they have had to spend more time taking care of their children (e.g., bathing, dressing, feeding, putting to bed) since the start of the pandemic. Moreover, 29% of respondents strongly agreed that they had to assist their children with online schooling during the pandemic. In response to the statement, "I feel that I have had to spend more time on household chores (e.g., cooking, cleaning) during the COVID-19 pandemic," 51% of respondents agreed or strongly agreed, while only 19% disagreed or strongly disagreed.

**67% of respondents agreed or strongly agreed that they had to spend more time taking care of family members.**

Access to childcare in the Kurdistan Region is a challenge for women and an obstacle for women seeking to join the workforce. Only 2% of children ages 3-5 years attend early childhood education in the Kurdistan Region.<sup>13</sup> Among participants in a 2019 World Bank survey, only 7% of working women reported having access to childcare at work; 85% of respondents were expected to return home from work before 5 p.m. to attend to the needs of their children.<sup>14</sup> Additionally, nurseries and kindergartens closed during the pandemic lockdowns in the Kurdistan Region, likely forcing women to allocate more time to childcare.

11 Oxfam. (2021). Not all gaps are created equal: the true value of care work.

12 International Labour Organization. (2018). Care Work and Care Jobs: For the Future of Decent Work.

13 UNICEF. (2020). Iraq Education Fact Sheet.

14 The World Bank, March 2019. Kurdistan Regional Government: Toward Inclusion of Women in the Economy.

Crisis, however, can create opportunities for social norms to evolve in ways that promote gender equality. In a recent Oxfam study, some respondents said that men in Iraq, who were spending more time at home, have begun to contribute to household responsibilities more, such as taking care of children.<sup>15</sup> In the SEED survey, 40% of respondents agreed that they received sufficient support with childcare and other household chores from their spouse and/or other family members during the COVID-19 pandemic.

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## **| Mental Health and Well-being**

SEED's survey results indicate alarming harm to the mental health and well-being of women during COVID-19, with increased unpaid care labor and compromised livelihoods contributing to elevated household tension and stress. 62% of respondents agreed or strongly agreed to have felt more stress about balancing work responsibilities and caring for children and family members. Additionally, 55% of respondents agreed or strongly agreed that they have felt more stress due to a decrease in household income since the start of COVID-19. Equally concerning, 61% of respondents agreed or strongly agreed that they have felt more tension in their households since the start of the COVID-19 pandemic.

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Increased household tension not only threatens women's mental health, but also presents a risk to their safety. The Iraq Gender-Based Violence Sub-Cluster reports that COVID-19 has increased the risk and occurrence of GBV, particularly intimate partner violence. The GBV Sub-Cluster notes that 94% of respondents cited financial constraints, including lack or loss of livelihood or income, as a reason for increased incidents of GBV.<sup>16</sup>

## **| Conclusion**

SEED survey respondents indicated that they were aware of their rights in the workplace, and that their workplaces were generally taking active measures to prevent the spread of COVID-19 among their employees; these are positive findings, demonstrating a focus on the safety, protection, and empowerment of working women. However, the survey also identified grave threats to working women during COVID-19, including compromised livelihoods and reductions in income, increased unpaid care labor and household responsibilities, deteriorating mental health, and increased levels of stress.

<sup>15</sup> Oxfam. (2020, June). Gender Analysis of the COVID-19 Pandemic in Iraq: Conducted in Kirkuk, Diyala and Sulaimaniyah Governorates.

<sup>16</sup> GBV Sub-Cluster of Iraq. (2020, May). The GBV Sub-Cluster Rapid Assessment on the Impact of COVID-19 Outbreak on Gender-Based Violence in Iraq.

When posed with the question, “What are one to three actions that your employer, government, spouse, and/or family members can take/could have taken that would have supported you and your career better during the COVID-19 pandemic?” the following themes emerged in respondents’ answers:

- Greater government clarity on COVID-19 policies
- Increased COVID-19 health and safety measures
- Being able to work remotely
- Reduced working hours
- Support on domestic labor and childcare responsibilities
- Opportunities for self care and mental health support
- Sustained or increased salaries, and,
- Improved public services

## **Recommendations**

As the Kurdistan Region strategizes to build back from the COVID-19 pandemic, KRG authorities, private employers, and other stakeholders should prioritize women’s economic security and mental health as well as the equal distribution of care labor to ensure a prosperous and equitable future for all. In particular, the KRG and private employers should integrate a gender lens to the recovery efforts from the COVID-19 pandemic and financial crisis, recognizing that equal female participation in the workforce advances fiscal prosperity and economic security in the Kurdistan Region. In taking this way forward, however, it is crucial to deploy a Do No Harm approach, with careful consideration of existing rigid gender norms and the likely backlash that can arise when encouraging a shift in roles. In light of the survey’s findings and the aforementioned analysis, SEED presents the following list of recommendations to KRG authorities, private businesses, and NGOs in the Kurdistan Region.

### **Kurdistan Regional Government**

Enact gender-informed COVID-19 policies including:

- a. Collecting sex and age disaggregated data to facilitate comprehensive analysis of the impact of COVID-19 on women and high-risk populations across private, informal, and public sectors.
- b. Meaningfully engage and consult women and girls in decision-making on COVID-19 policy responses that reflect their self-identified needs and priorities.
- c. Launch a formal dialogue with women-led civil society organizations in the Kurdistan Region to implement public policies and procedures that are evidence-based and gender-informed.
- d. Increase women’s participation and leadership in decision-making positions across the KRG, including in the High-Level Committee of the Kurdistan Region on Combating Coronavirus.
- e. Recognize, reduce, redistribute, and reward unpaid care labor.
- f. Address social norms on unpaid care labor through a Do No Harm approach. Conduct regular, awareness raising and sensitization campaigns focused on promoting equal division of care labor and household responsibilities.
- g. Increase the availability of public early childhood care institutions such as nurseries or kindergartens, and/or subsidize private early childhood care institutions. Ensure that the open hours of early childhood care institutions reflect standard working hours.
- h. Amend the Labor Code to include paid paternity leave (that cannot be reallocated to spouses).
- i. Offer paid leave for female workers who are unable to work (or who work reduced hours) due to the need to care for family members or children while educational institutions are remote or closed, with particular attention to female-headed households.
- j. Increase access to public mental health services.

- k. Prioritize mental health and psychosocial support (MHPSS) services as an integral component in the health sector, including, funding allocation, higher education, creating and maintaining skilled staffing, and greater collaboration with relevant non-governmental organizations, especially during public health crises such as COVID-19.
- l. Invest human and financial resources in integrating mental health care into primary health care. Ensure that all primary care doctors are trained in basic mental health care, include mental health training in medical studies' curricula, and actively practice continuous on-the-job training and supervision. Ensure strong referral pathways to higher levels of mental health care, and empower primary care doctors to refer patients as needed.

### **Private Businesses and NGO Sector**

- a. Enact gender-informed COVID-19 response policies, such as:
- b. Allow employees to work remotely and provide the necessary equipment for them to do so, such as laptops and internet coverage.
- c. Increase paid sick leave and/or flexible working hours for any employee to care for a family member infected with COVID-19 or children whose school or place of care is closed due to the pandemic.
- d. Provide mental health and well-being support:
- e. Offer employees free and confidential professional counseling.
- f. Provide access to educational resources on stress management, mindfulness, and mental health and well-being.





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