



Hidden costs



How Covid-19 is threatening women's long-term physical and mental health

More than just a virus

Worldwide, more than 50 million people have contracted Covid-19. But the cost to women's health goes much further than the virus itself. Women's physical and mental health has suffered. During the crisis, they have struggled to access adequate healthcare; those with chronic illnesses – like cancer and diabetes – have fallen behind in their treatment. And it's women living alone or on low incomes that have proved the most vulnerable. Action is needed now to support women in their efforts to improve their own health and well-being – and, importantly, that of their families.

This is the second of two AXA reports into the Covid-19 crisis – and its impact on women. The first, published in October, examined the effect on women's incomes, job security and prospects for employment*. This time, we're looking at women's health, and the effect of the crisis not only on their physical and mental well-being – but also how they're approaching healthcare in a time of pandemic.

To put together this report, we again worked with research firm Ipsos to survey 8,000 women from different social and economic backgrounds in eight countries: France, Germany, Italy, Mexico, Nigeria, Spain, Thailand and the UK. All interviews were carried out in October – before news of recent progress toward a safe and effective vaccine**.

* Our previous report - On the front line: the global economic impact of Covid-19 on women available online at [AXA.com](https://www.axa.com)

** On November 9, Pfizer and partner BioNTech announced that, in recent trials, its candidate vaccine was found to be more than 90% effective in preventing Covid-19. On November 16, Moderna also announced encouraging results from its vaccine trials. It's unclear, however, exactly when a vaccine against the disease will be generally available.

Key findings from our survey

- Overall, women's health has worsened during the crisis - the biggest decline has been in Europe, where the pandemic has hit hardest. All aspects of women's health have been affected - physical, mental and social. Our survey shows more than two in three women feel anxious or worried; over half are having trouble sleeping.
- During the crisis, many women have had difficulty accessing healthcare - for financial reasons, a lack of availability or fear of contracting the virus. Of those with chronic conditions, 60% have had to postpone treatment. Forty percent have been unable to see their doctor for regular check-ups. Lack of access to routine healthcare could have long-term consequences for women's health.
- Women are putting the health of others before their own - more so than they did before the pandemic. Even so, women also found more time to care for themselves - making the effort, for example, to cook healthier meals for themselves and their families.
- With the pandemic far from over, women feel more vulnerable to health risks. Over half fear isolation or a further deterioration in their mental health. To help them manage these risks, women say that, in future, they want faster, easier access to healthcare both for themselves and other family members.

A perfect storm for women's health

Women face different health risks to men: they are often at a disadvantage when it comes to accessing healthcare; they're also vulnerable to infectious diseases because more women work on the front line – in schools, hospitals and care homes. With Covid-19, women's role as the family's "health manager" has become more important than ever.

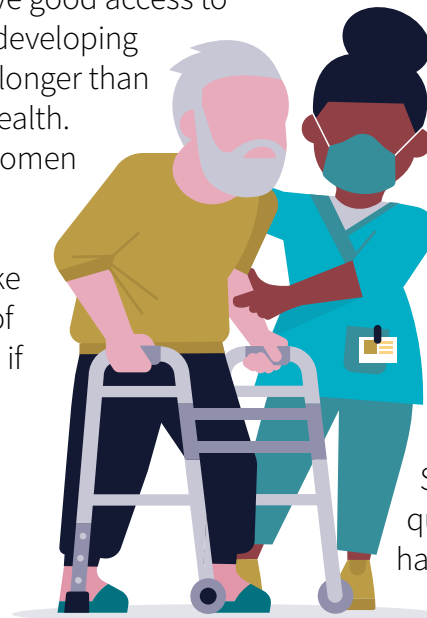
Access to healthcare is a vital part of the equation. Where access is good, women's health improves – life expectancy goes up¹. But women don't always have good access to healthcare. That's particularly true in developing countries. Even in the EU, women live longer than men, but spend fewer years in good health. Differences in pay and pensions put women more at risk of poverty – and create serious barriers to healthcare². Time spent on caring for others can also take its toll – according to our survey, half of women said they'd be in better health if they had more time or money.

In addition, **there are health risks specific to women**. Each year, one million women die from cervical or

breast cancer³ – both treatable, if detected early⁴. For younger women, a third of health issues stem from sexual or reproductive problems⁵. Women are also more likely to develop depression – about twice as likely as men⁶.

In some areas, less is known about women's health. Heart disease, for example, is the leading cause of death among women⁷ - yet women themselves are often unaware of this. Doctors even mistake the symptoms, which are different to those in men. Often, there is a lack of funding for research. In the UK, less than 2.5% of publicly-funded research is dedicated to reproductive health – despite the fact that a third of UK women will suffer from gynecological problems during their lifetime⁸. In many cases, women's pain is simply not taken seriously enough: more than half of those we surveyed – 53% - said they'd had experience of this.

Women are more exposed to infectious disease. As we found in our previous report, more women work in the sectors hardest hit by Covid-19, like accommodation, hospitality and retail. Women also represent 70% of the world's healthcare workers. In Spain, since the start of the pandemic, nearly three-quarters of the nurses and doctors infected with Covid-19 have been women.



Survey findings



Women's health has deteriorated during the Covid-19 crisis – those on low incomes are among the hardest hit

Before the pandemic, 76% of women said they were in good health; that figure has now dropped to 70%. In Europe, it was down 9 percentage points. In the UK and Germany, only 60% of women surveyed now consider themselves to be in good health. Not surprisingly, among the hardest hit were women living alone and those on low incomes – a sign that women often do not have equal access to healthcare.

It's clear, too, that all aspects of women's health have been affected by the pandemic – not just their physical health, but also their mental and social well-being.

Mental health issues, in particular, have become more widespread – a result of increased isolation, overexposure to “bad news”, and the fact that, in most countries, mental health support services have been disrupted, or stopped altogether, because of the pandemic⁹. Our survey showed that 68% of women felt worried or anxious. More than half said they lacked energy, or had problems sleeping. Around a third of those feeling depressed said they had begun to feel that way since the start of the pandemic.

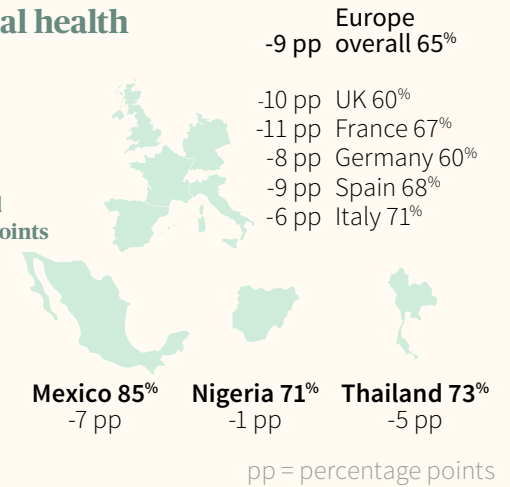
Covid-19 is also exacting a social cost. Forty-four percent of women said they felt lonely during the crisis. Of these, three-quarters said feelings of loneliness had started – or had worsened – during the pandemic. Meanwhile, 46% complained they were overweight, while nearly one in five admitted they had developed an addiction, or that their addiction had worsened, since the beginning of the Covid-19 crisis – likely to be a result of increased stress. Overall, younger women - and those with children - were more likely to suffer from poor mental health or social issues.

Covid-19 has hit women's physical and mental health

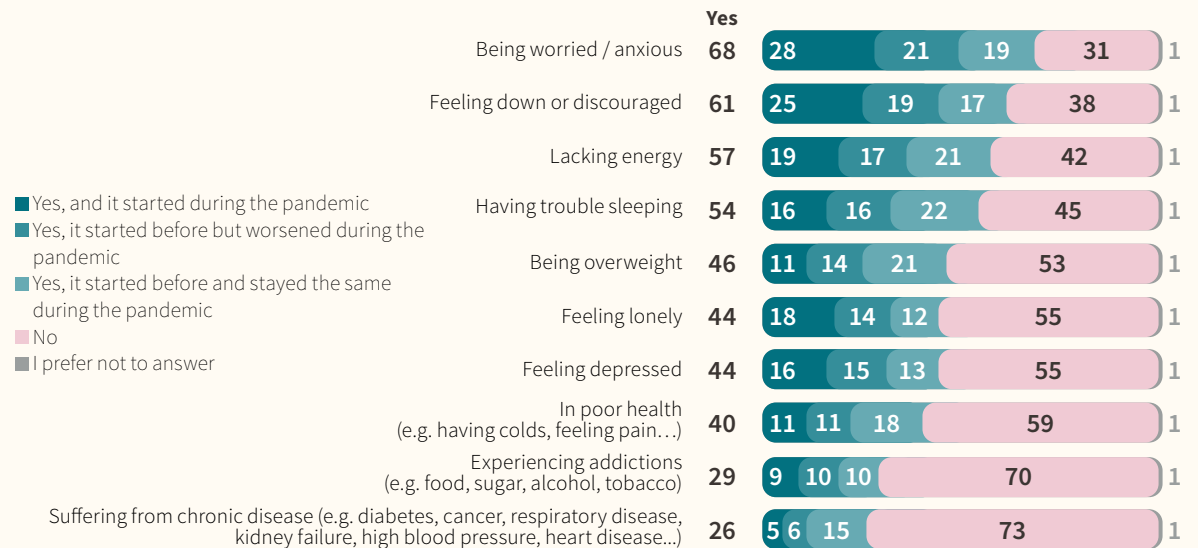
-6 points
Percentage of women saying they had good physical and mental health declined by 6 points during the crisis

3 4 5 6 7 8 9 10

Give a score from 0 to 10, where 0 means that your health situation is extremely bad and 10 means that it is very good.



Half of women say their anxiety started or worsened during the pandemic



“Women are missing regular check-ups - that’s a big cause for concern.”

Increasing anxiety

Nearly one third of women have started to experience anxiety since the start of the Covid-19 pandemic.

In your view, how has the pandemic affected women?

During the pandemic, many women have become full-time carers and educators – alongside their day jobs. That’s put incredible stress on them, and has contributed to an increased sense of isolation. Sadly, Covid-19 has also led to more domestic violence. The numbers are hard to pin down, but we’ve seen calls to helplines go up by as much as 30%. This could be a result of increased stress within the household, particularly if there are financial problems. But it could also be because women living in abusive relationships can’t get away from their abusers - and have less access to support services.

Looking at the survey results, was there anything that surprised you?

Two numbers struck me in particular. First, that 50% of women started to feel anxiety during the crisis, or their anxiety increased. Again, domestic violence may be a part of that – we know, from our own research, that domestic violence can account for up to 30% of cases of depression among women. Second, that so many women are missing regular check-ups or postponing treatment – that’s a big cause for concern. The impact of Covid-19 is not just in the



Mary Ellsberg

Founding Director at the Global Women’s Institute, George Washington University

number of people dying or falling sick from the virus itself. It’s also in the long-term consequences for women’s physical and mental health and - and because women so often act as carers - in the effects on the health of children and other family members.

What measures are needed to deal with these problems?

What women want is recognition of their rights - including sexual and reproductive health and rights. In Mexico, just before the pandemic, women went on strike to protest violence against women - and the government’s failure to act to protect women and girls. They want better services, and they want to have time - and the right - to take care of themselves. That’s what they really mean when they say “we need coaching to help us adopt a healthier lifestyle.” Domestic violence should be treated as a health problem. Where necessary, women at risk should be offered counseling, alternative housing and opportunities to make a living. This isn’t just morally right – it also makes sense economically because you can keep more women at work and reduce the costs associated with long-term health issues that arise from domestic violence.

Covid-19 has restricted access to healthcare and regular health checks – more women with chronic conditions have fallen behind in their treatment.

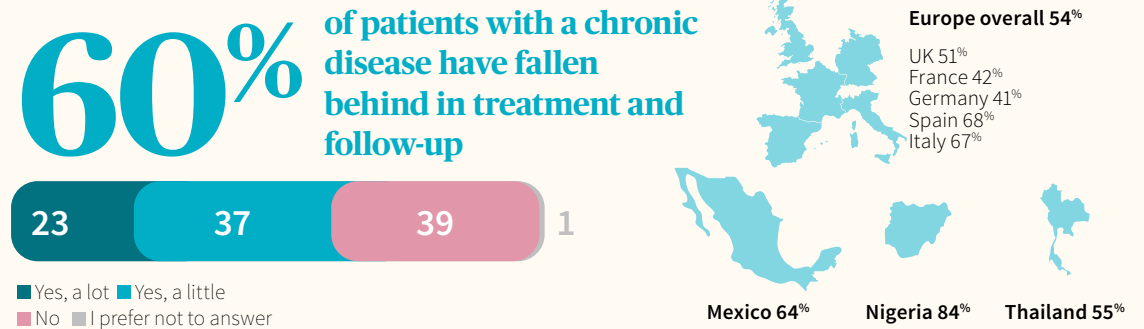
For many women, Covid-19 has restricted access to routine healthcare. Forty percent of women say they've not been for regular check-ups during the crisis, including cancer checks – that figure rises to almost 50% in Italy and Spain. Twenty-eight percent said they'd had problems receiving treatment for diseases other than Covid-19 – and 22% of younger women reported problems accessing sexual and maternal health services. The situation is particularly acute in developing countries – there, nearly one in two women say they had difficulty getting critical vaccinations during the crisis.

In many cases, treatment has been unavailable because of closures or a lack of capacity at hospitals, doctors' surgeries and clinics – but women also cited fear of catching the virus as a reason for not seeking treatment. With respect to Covid-19, 25% of women surveyed said they'd had difficulty getting tests; 38% reported shortages of face masks and sanitizing gel.

Reduced access to healthcare may bring longer-term health problems – especially if cases of cancer, diabetes, or heart disease go undetected or untreated. Our survey shows that 60% of women with chronic disease have fallen behind in their treatment because of the pandemic – Italy, Mexico, Spain and Nigeria are the worst affected. For younger women with children who have additional pressures on their time the proportion is higher – 72%. Of the women surveyed, 11% said they'd either developed a chronic illness, or had seen a pre-existing condition worsen, during the crisis.

There's a clear correlation between these figures and poor health outcomes. According to the World Health Organization

With Covid-19, more women with chronic conditions are putting off vital medical treatment



Women had problems accessing timely healthcare during the pandemic

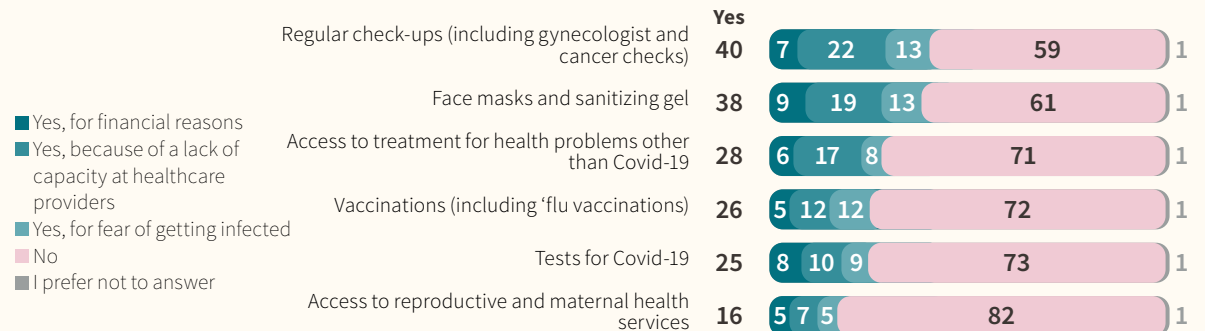


Chart shows % of women experiencing problems accessing healthcare during the Covid-19 crisis

(WHO), nearly 90% of women who die from cervical cancer do so because they have poor access to prevention, screening and treatment¹⁰. In the UK alone, an estimated one million women missed regular screening for breast cancer in the first two months of lockdown. Statistically, that translates into nearly 9,000 cases of women likely to be living with undiagnosed breast cancer¹¹.

“During the pandemic, many women postponed check-ups because they were frightened of infection.”

One fall-out from the Covid-19 crisis could be an increase in cancer cases. It's about effective prevention, says AXA Research Fellow Serap Aksu. “If you don't have regular check-ups, more women will develop cancer. During the pandemic, even when women had access, many didn't attend their check-ups because they were frightened of infection.” It's not just check-ups – there are also crucial vaccinations, like the HPV jab that guards against cervical cancer. Personal diagnostics devices could have a key role to play in improving outcomes; these devices would make testing much easier – even, in some cases, allow home testing. More research is needed – and, says Serap, a step-up in collaboration between universities and SMEs to bring forward new technologies.



Serap Aksu

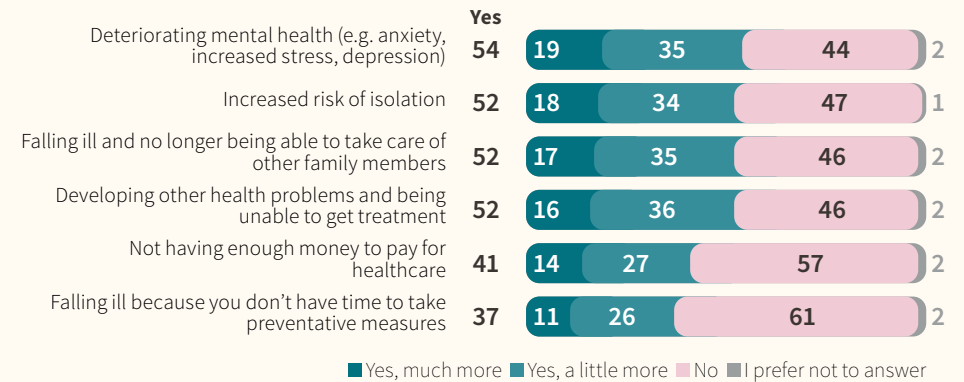
Koç University, AXA Research Fellow

As a result of the crisis, women feel more vulnerable to poor health – both physical and mental

Because of Covid-19, women feel more at risk – over half are worried about a deterioration in their mental health. Nearly one in five sees this as a high risk. Fifty-two percent say they fear isolation, or falling sick and not being able to take care of other family members. Access to healthcare – for both Covid-19 and other conditions – is also a major concern. More than half of those surveyed see a lack of access as an increased risk. Again, women with children feel especially exposed – 60% said they're worried about a decline in their health and the consequences of that for their families.

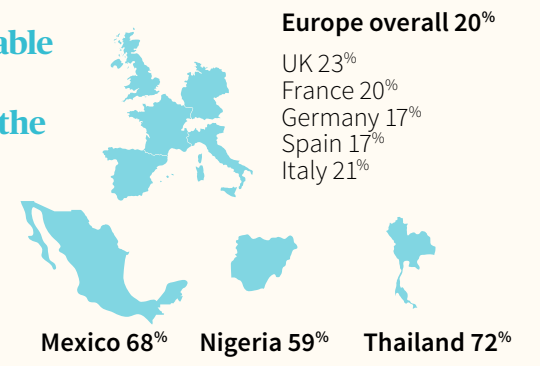
Unsurprisingly, women remain very cautious about the future. In Europe, where cases of Covid-19 are again on the rise, women are anticipating a difficult winter. Two-thirds do not expect any significant improvement in the health situation. Women in developing countries are noticeably more optimistic – a reflection of the fact that, generally, infection rates in these countries were either low or going down. Overall, only one in three women surveyed said they would be able to pay more attention to their personal health and well-being in the next six months – though, encouragingly, that figure rises to over 50% for younger women (below 45 years of age) and women with children.

Women feel more vulnerable to poor health as a result of Covid-19



Women see opportunities to take more care of their personal health

37% of women say they'll be able to pay more attention to their personal health in the next six months

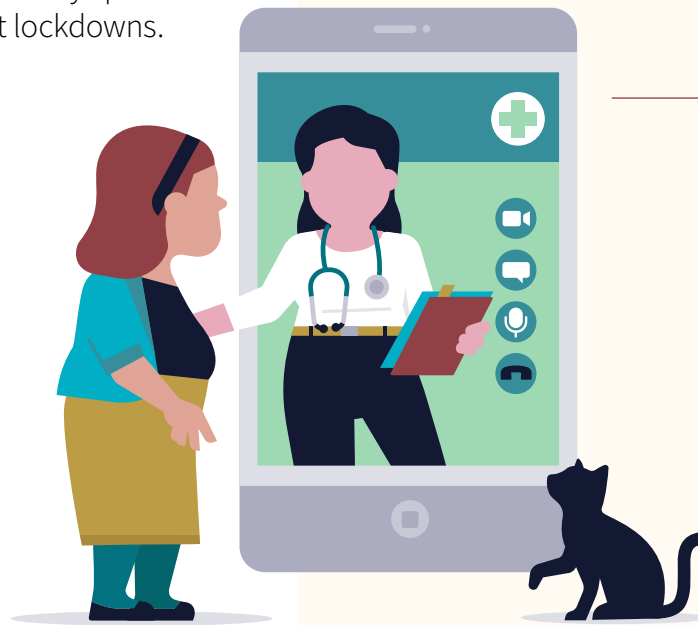


Women are prioritizing the health of others – even more so than before the pandemic...

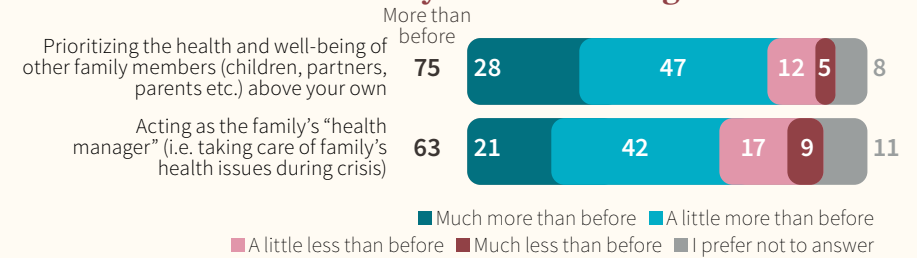
Women still bear the burden of family healthcare. In our survey, three-quarters of women said they had prioritized the health of others more during the crisis; 63% said they had acted more frequently as the family's "health manager", taking care of health issues and booking appointments for their children, partners and parents. These figures are particularly high in developing countries and, to a lesser extent, in southern Europe.

...and have started to adopt healthier habits where possible

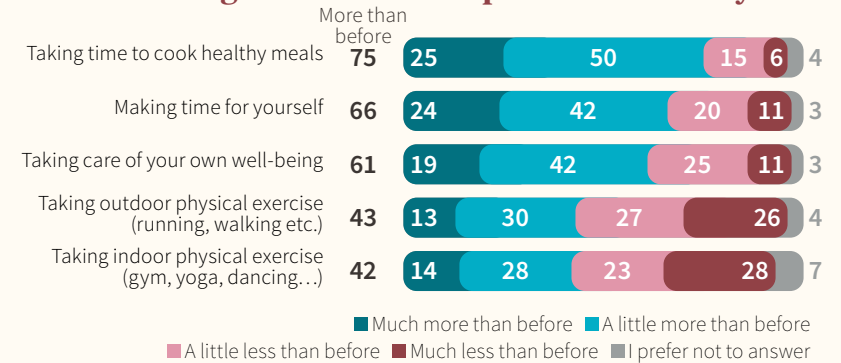
During the crisis, women may have prioritized the health of other family members - but they also tried, where possible, to adopt healthier habits for themselves and their families. Three out of four women said they'd made an effort to cook healthier meals. For women with children, that figure was 80%. Sixty-one percent - up to 64% among women with children - said they'd taken better care of their own well-being during the pandemic - even though many sports and leisure facilities were closed during recent lockdowns.



Crisis reinforces women's role as the family's "health manager"



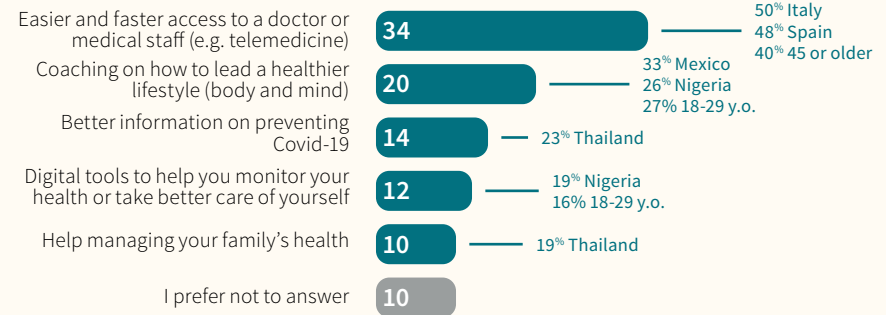
Where possible, women are doing their best to adopt healthier lifestyles



Emerging from the Covid-19 crisis, women want faster, easier access to doctors

As part of our survey, we asked participants to choose from a series of improvements that would help them pay more attention to their personal health. Over a third (34%) chose easier and faster access to a doctor – a finding that suggests the recent rapid expansion in tele-health is set to continue. According to our survey, this access was particularly important for older women – those over 45 – and women in Italy and Spain, hit hard by the virus' first wave. One in five women said they would be keen on extra coaching to help them adopt a healthier lifestyle. Figures for this were higher in both Mexico (33%) and Nigeria (26%) - two countries with high rates of overweight and obesity. Twelve percent picked out digital tools as the best option to help them monitor and manage their health, rising to 16% among women under the age of thirty. Another 10% wanted more help managing their family's health; in Thailand, 19% of women chose this option.

To help them manage their own health, women want better access to medical professionals



“Women are the pulse of the family - it's through women that we'll improve healthcare for all.”

Healthcare hit by Covid-19

During the crisis, more than 30% of women had trouble getting treatment for conditions other than Covid-19

What stands out for you in these survey results?

What strikes me most is that women, even today, still struggle to get proper access to healthcare - and that it isn't always adapted to women's needs. In the survey, more than half of women said their illness - their pain - wasn't always taken seriously. We're also seeing that there may be long-term consequences to this pandemic. More women are suffering from anxiety, for example; that may lead later to more serious mental health issues. Similarly, women with chronic conditions are falling behind on treatment - others are missing their regular check-ups. We're building up problems for the future.

Why are women so central to improving health?

Women can be more vulnerable to certain health issues, but they're also more aware of what's happening around them. In that respect, they're the pulse of the family; they act, in effect, as the family's "health manager." Women also tend to think about health in a much more holistic way; they take a long-term view. So, it's through women that we'll improve healthcare for all.

What lessons do we draw from this pandemic?

We need to find ways of reducing healthcare costs - healthcare must become more affordable and accessible to all. This year, with Covid-19, we expect costs to rise by 11-13%; even before the pandemic, it was rising annually by around 8%. Alongside



Somesh Chandra

Chief Health Officer European
Markets at AXA

that, we need to put women at the center of our healthcare. Our current systems were designed mostly by men for men. A lot of women may work in healthcare, but men still occupy most of the decision-making positions.

How can AXA help women protect their health?

We must address all aspects of health. A big priority for us is mental health and well-being. We've just published a report into mental health*. This is about concentrating on prevention rather than treatment. At the same time, we need to think about end-to-end solutions. For example, we've introduced tele-health services that are accessible 24/7 - this means that, for common conditions, you can get medical advice without having to wait in emergency. Sixty to seventy percent of tele-health users are women. It's also about the follow-up - making sure that, after diagnosis, women have access to a specialist, for example, or receive the right care at home. Digital technology really helps with this. It makes healthcare smarter, more effective and - importantly - more cost-efficient. Insurers like AXA and healthcare providers like hospitals and clinics need to work more closely together. It's important also to realize that healthcare is a very personal service - and it must remain so. We can't afford to dehumanize it, simply because we're using more technology.

* A Report on Mental Health and Well-being in Europe, available online.

Five action points to improve women's health

Covid-19 has had a serious impact on women's health. It's not just the virus itself – it's also the possible long-term consequences. Our survey shows that, because of the pandemic, fewer women are going for regular checks. Those with chronic illnesses – like cancer, heart disease and diabetes – are falling behind in their treatment. More women are suffering from anxiety and depression. They are also devoting more time to caring for others – often to the detriment of their own health. In such circumstances, what can insurers do to support women? Below, we've set out five action points to improve women's access to healthcare, expand the use of new technologies and encourage healthier lifestyles that will reduce long-term risk of illness.

1. Take a more integrated approach to health - we need to consider not only physical health, but also mental well-being - and how these are connected.
2. Develop products covering both disease prevention and treatment to give women more control over their own health.
3. Bring in new digital technologies to improve access to healthcare and help women monitor their health, even during times of pandemic.
4. Offer counseling, support and advice for women - this will reduce risks to women's health, and bring wider benefits for children and other family members.
5. Support research into women's health to improve diagnostics - not only with respect to conditions specific to women, but also to differing symptoms between the sexes in areas like heart disease.

Women in Insurance

At AXA, we believe women are the key to progress; they're a vital force around the world for growth and development. Over the past few years, our dedicated Women in Insurance initiative has been working to ensure women have equal access to insurance for their health, wealth and businesses. Health insurance designed specifically for women can help prevent illness, improve access to healthcare and protect both women and their families:

- We've developed specific products and services for women in areas like cancer care, pregnancy and care for the elderly.
- We've dedicated more than EUR 1 million to research to improve knowledge of women's health issues, and access to treatment – both critical at a time of pandemic.
- We're encouraging more women entrepreneurs to get involved in healthcare – we've launched mentoring and accelerator programs to help women overcome the barriers they face when starting a new business.

For more information about AXA, our products and services, and our Women in Insurance initiative, please visit us at www.axa.com.

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End notes

- 1 Source: **World Health Organization (WHO)** – Uneven access to health services drive life expectancy gaps (<https://www.who.int/news/item/04-04-2019-uneven-access-to-health-services-drives-life-expectancy-gaps-who>)
- 2 Source: **Eurohealthnet** – The impact of gender inequality on health (<https://eurohealthnet.eu/media/news-releases/impact-gender-inequality-health>)
- 3 Source: **WHO** - Top ten issues for women's health (<https://www.who.int/life-course/news/2015-intl-womens-day/en/>)
- 4 Source: **United Nations (UN)** – Covid-19 impact on treatment for chronic illness revealed (<https://news.un.org/en/story/2020/09/1071732>)
- 5 Source: **WHO** – Top ten issues for women's health (<https://www.who.int/life-course/news/2015-intl-womens-day/en/>)
- 6 Source: **Kuehner, C.** (2017) – why is depression more common among women than among men?. *The Lancet Psychiatry*, 4(2), 146-158
- 7 Source: **Harvard Medical School** – Gender matters: heart disease risk in women (<https://www.health.harvard.edu/heart-health/gender-matters-heart-disease-risk-in-women>)
- 8 Source: **The Guardian** – “Women have been woefully neglected” – does science have a gender problem? (<https://www.theguardian.com/education/2019/dec/18/women-have-been-woefully-neglected-does-medical-science-have-a-gender-problem>)
- 9 Source: **WHO** – Covid-19 disrupting mental health services in most countries, WHO survey (<https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey>)
- 10 Source: **WHO** – Sexual and reproductive health (<https://www.who.int/reproductivehealth/publications/cancers/cervical-cancer-infographics/en/>)
- 11 Source: **The Guardian** – Charity says nearly 1 million women missed breast cancer check (<https://www.theguardian.com/society/2020/sep/30/charity-says-nearly-a-million-women-missed-breast-cancer-check>)

Note: all bar chart numbers represent percentages.

Colophon

Research: Ipsos (Paris)

Data analysis: Innova Partners (Madrid)

Editing, design and typesetting: Kōan Group (Amsterdam)

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