

Hunger, Poverty, and Health During COVID-19

SPOTLIGHT: Women

FIGURE 1: Women Prior to and During COVID-19

Prior to COVID-19			During COVID-19		
Hunger	Poverty	Health	Hunger	Poverty	Health
Hunger among single mothers is almost double that of single fathers	Poverty slightly higher among women; persistent wage gap	Food insecurity during pregnancy leads to poor infant health	Slightly higher compared to men	Higher unemployment and rates of leaving workforce to be caregivers	Increased domestic violence; higher mental stress

Source: Food Research & Action Center 2021 ©

Prior to COVID-19

Hunger: Although there was no disparity in food insecurity rates¹ between single women and men living alone in 2019, 28.7 percent of households with single mothers were food insecure compared to 15.4 percent of single-father households.² Food insecurity rates were much higher for households living at or below 130 percent of the poverty line, where 42.5 percent of single-mother households were food insecure compared to 33.9 percent of single-father households.

Poverty: In 2019, poverty was higher among women, regardless of employment status.³ The official poverty rate was 11.5 percent compared to 9.4 percent of men.⁴ The disparity worsens for single parents with children under 18 — the poverty rate among single mothers was 36.5 percent compared to 16.3 percent among single fathers. Despite a narrowing of the gender wage gap due to increasing educational attainment and work experience, women still earn less than men in the same occupation, are more likely than men to work part time, and female-dominated occupations are more likely to be devalued. Jobs that

have comparatively smaller gender wage gaps tend to be lower-paying jobs.⁵

Health: Food insecurity and poverty have a number of unique health implications for women. Food insecurity has been consistently associated with overweight and obesity in women, ^{6,7} although inconsistently in men and children. ^{8,9} Food insecurity is a particular concern for pregnant women, since nutrient demands are higher. ¹⁰ Food insecurity is associated with inadequate micronutrient intake among women of childbearing age. ¹¹ It is also associated with poor infant health outcomes. ^{12,13} Furthermore, food insecurity is associated with depression and anxiety among mothers ¹⁴ and among all women. ¹⁵

During COVID-19

Hunger: In 2020, women were slightly more likely to report food insufficiency.¹⁶ For example, in December 2020, 55 percent of respondents who sometimes or often reported not having enough to eat were women.¹⁷

Poverty: Women have been more likely to lose their job during COVID-19, be on unpaid leave, be employed with increased absences, and have dropped out of the workforce entirely compared to men. ^{18,19} There are two main reasons for this gender disparity: women are less likely than men to work in positions that can be done remotely; ²⁰ and women who are also parents are more likely to take on the role of caregiver. Many women have dropped out of the workforce and are no longer seeking work to care for family members or children who are attending school virtually. ^{21,22} This gender disparity in job loss will likely have long-term consequences for the career trajectories for women.

Health: The pandemic has unique health consequences for women.

- Compared to men, women have been more likely to report skipping preventive health care visits and a recommended medical test or treatment.²³
- Pregnant women are more likely to suffer severe complications from COVID-19 than non-pregnant women.²⁴
- Women have reported wanting to delay pregnancy during the pandemic, yet one-third of women have reported delays in obtaining reproductive health care, with higher delays among Black, Latinx, LGBTQIA (Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, and Asexual and/or Ally) populations, and lowincome women have been more likely to report delays in receiving reproductive health care and are more concerned about their ability to access contraception.²⁵
- Intimate partner violence has also increased, straining shelters that have faced both increased demand while having to adhere to social distancing policies.²⁶
- Women have reported more severe stress than men during the pandemic,²⁷ particularly pregnant women.²⁸

Impact of the Federal Nutrition Programs

The Supplemental Nutrition Assistance Program (SNAP) provides low-income households with food benefits each month. In 2018, the majority of nonelderly, adult SNAP recipients were women, and 1 in 3 adult SNAP recipients was a woman of color.²⁹ SNAP improves maternal and infant health by reducing food insecurity, which is associated with negative outcomes.³⁰ The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides low-income pregnant women, postpartum mothers, infants, and children up to 5 years old with nutritious foods, nutrition education and counseling, and referrals to health care and social services. WIC improves food security and health among pregnant women and improves birth outcomes.³¹ The American Rescue Plan included funding for improving service innovation and WIC outreach to reach more eligible women, infants, and children and should be sustained.

Gains in program access and benefit adequacy during COVID-19 provide important best practices for strengthening and expanding the federal nutrition programs. The Biden administration and Congress must continue to invest in these critical programs. In addition, FRAC supports a broad range of policies to address the root causes of hunger, poverty, and poor health. For current recommendations, see FRAC's Action Center page.

Want to learn more? This brief summarizes information from the report *Hunger, Poverty, and Health Disparities During COVID-19 and the Federal Nutrition Programs' Role in an Equitable Recovery.* See FRAC's COVID-19 dashboard for the full report and additional statistics on hunger during the pandemic.

Endnotes

- ¹ Food insecurity is the inability to acquire adequate nutritious food due to a lack of resources. Official estimates for food insecurity are measured through the Current Population Survey Food Security Supplement. Note, however, that official estimates for 2020 will not be available until September 2021. The Census Household Pulse Survey was developed to collect data quickly and frequently during COVID-19 and measures food insufficiency, which they define as "sometimes" or "often" not having enough to eat. Food insufficiency is more severe than food insecurity. See <u>Defining Food Insecurity and Measuring it During COVID-19</u> for more details.
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- ³ U.S. Census Bureau. (n.d.). 2019 American Community Survey 1-Year Estimates: Poverty status in the past 12 months, Table ID S1701. Available at: https://www.census.gov/acs/www/data/data-tables-and-tools/ subject-tables/. Accessed on April 14, 2021.
- ⁴ Semega, J., Kollar, M., Shrider, E., & Creamer, J. (2020). *Income and Poverty in the United States: 2019*. Available at: https://www.census.gov/library/publications/2020/demo/p60-270.html. Accessed on April 14, 2021.
- ⁵ Foster, T. B., Murray-Close, M., Landivar, L. C., & deWolf, M. (2020). An Evaluation of the Gender Wage Gap Using Linked Survey and Administrative Data. Available at: https://www.census.gov/library/working-papers/2020/adrm/CES-WP-20-34.html. Accessed on April 14, 2021.
- ⁶ Ivers, L. C., Cullen, K. A.(2011). Food insecurity: special considerations for women. Am J Clin Nutr. 94(6):1740S-1744S.
- ⁷ Hernandez, D. C., Reesor, L. M., & Murillo, R. (2017). Food insecurity and adult overweight/obesity: Gender and race/ethnic disparities. *Appetite*. 117:373-378.
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