CEGS
Global Centre of Excellence on Gender Statistics

RAPID ASSESSMENT SURVEY ON THE IMPACT OF COVID-19

MEXICO

RESULTS REPORT

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Global Centre of Excellence on Gender Statistics

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ACRONYMS AND ABBREVIATIONS

CEGS	Global Centre of Excellence on Gender Statistics
CONEVAL	Consejo Nacional de Evaluación de la Política de Desarrollo Social / National Council for the Evaluation of Social Development Policy
COVID-19	Coronavirus Disease 2019
EAP	Economically Active Population
ENERICOV-2020	Encuesta de Evaluación Rápida sobre el Impacto de COVID-19 / Rapid Assessment Survey on the Impact of COVID-19
ENDUTIH	Encuesta Nacional sobre Disponibilidad y Uso de Tecnologías de la Información en los Hogares / National Survey on the Availability and Use of Information Technologies in Households
ENUT	Encuesta Nacional de Uso del Tiempo / National Time Use Survey
ETOE	Encuesta Telefónica de Ocupación y Empleo / Telephone Survey of Occupation and Employment
IFT	Instituto Federal de Telecomunicaciones / Federal Telecommunications Institute
INEGI	Instituto Nacional de Estadística y Geografía / National Institute of Statistics and Geography
INMUJERES	Instituto Nacional de las Mujeres / National Institute for Women
INSABI	Instituto de Salud para el Bienestar / Institute of Health for Welfare
PNN	Plan Nacional de Numeración / National Telephone Numbering Plan
RGAs	Rapid Gender Assessment Survey
SDG	Sustainable Development Goal
TWT	Total Working Time
UHW	Unpaid Household Work
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization

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INTRODUCTION

The Secretary General of the United Nations, António Guterres, has urged the States Parties to go beyond short-term emergency measures, to respond to the impacts that COVID-19 has left on societies and on the lives of women and men. He proposes an embracement of an entirely new set of health, economic, social and industrial policies, which implies building back with equality, redefining the development model towards one anchored in human rights and factoring in the environmental dimension, aligned with the 2030 Agenda and the Sustainable Development Goals (SDGs) (United Nations, 2020).

Although the infection and mortality rates from COVID-19 are higher for men, the economic and social impact is greater for women. More women than men are losing their jobs or have either closed their business or been forced to reduce the number of working hours. In addition, women are facing an increasing burden of domestic work and caregiving due to social distancing measures such as the closure of educational centres and day care centres.

Rapid Gender Assessment Surveys

In order to have well informed decision-making on public policies, both global, regional and national, including strategies, actions and budgets with a gender perspective, UN Women, through the programme "Making every woman and girl count" (Women Count) has promoted methodological proposals to remedy the lack of adequate statistics with a gender perspective. In some Asian Pacific countries, a global methodology was developed to generate information and improve knowledge of the impact of the COVID-19 pandemic on the life of women and men from different regions, based on the application of Rapid Gender Assessment Surveys (RGAs).

Using similar methodologies and themes, the RGAs have been carried out in 55 countries in different regions: Asia and the Pacific (11), Europe and Central Asia (16), the Arab States (9), West and Central Africa (8), Eastern and Southern Africa (8) and Latin America and the Caribbean (3).[1]

The results will be of great use in decision-making and thus contribute to the efforts that national statistical offices have been making to produce information that supports actions and public policies to ensure the well-being of women, young women and girls – who have suffered the greatest impacts of the pandemic.

Mexico in the context of the COVID-19 pandemic

According to the 2020 Population and Housing Census, 126,014,024 inhabitants reside in Mexico; 64.5 million (51.2%) are women and 61.5 million (48.8%) are men. The country is going through a demographic transition, characterized by an increase in life expectancy (higher for women compared to men) and low rates of mortality

1 Data referring to February 2021, taken from Encarnacion (2021).

and fertility. This has led to changes in the population structure, which is composed as follows: 25.2% are children (0 to 14 years), 24.8% are youth (15 to 29 years), 37.8% are middle-aged adults (30 to 59 years) and 12.2% are older adults (60 years or older) (INEGI, 2021).

The first cases of COVID-19 were registered in March 2020. In the last week of February 2021, there were 2,086,938 confirmed cases, 49.9% women and 50.1% men. The age range with the highest number of confirmed cases, for both women and men, is 30 to 34 years (SSA, 2021).

To tackle this situation, the Mexican government introduced a measure called the "National Day of Healthy Distance" in March of 2020 (SSA, 2020). With this, a phase of home confinement began, coupled with the suspension of non-essential activities, which in turn resulted in loss of employment and business closings, as well as an increase in the time spent on unpaid domestic work and caregiving, which is mainly carried out by women, youth and girls. The situation is more unfavourable for women due to existing gender inequalities in various areas.

The differences between women and men in the labour market and in the distribution of unpaid care and domestic work have been evident since before the pandemic. According to data from the Telephone Occupation and Employment Survey (ETOE in spanish), the percentage of women within the economically active population (EAP) in Mexico represents 39.7%, versus 68.1% of men. Furthermore, 14.1% of women have a working day of less than 15 hours a week whereas the corresponding percentage of men is 5.6%. The median age of the female EAP is 40.2 years and the male EAP is 39.8 years. The average number of years of schooling is higher for women (10.7 years) compared to the average for men (9.9 years), but the average number of hours worked for remuneration is lower for women: 35.2 against 41.2 hours (INEGI, 2020a).[2]

There are also important inequalities between men and women in the distribution of domestic work and care tasks. Data prior to the pandemic, collected through the National Time Use Survey (ENUT in spanish) 2019, indicate that 49.5% of the total working time (TWT) of the population aged 12 years or more is devoted to unpaid household work (UHW).[3] This distribution is differentiated by sex. Women devote 66.6% of the total time in UHW, while men devote only one third of their total time (27.9%). In addition, women spend on average 23.5 hours per week more than men on UHW, which means a lower average of hours to work on the labour market. Consequently, the female participation rate is 48.0%, while the male is 76.1% (INEGI, 2020b). For this reason, the suspension of in-person classes has caused the time devoted to domestic work and care to increase disproportionately for women.

In this sense, the health crisis caused by COVID-19 added to the structural problems and gender differences that existed since before the pandemic. The suspension of essential activities and the restriction of working hours have increased the unemployment rate, which translates into an increase of the population at risk of poverty. It should be noted that the impact is disproportionately felt by the female population.

2 Data referring to the second quarter of 2020.

3 "Unpaid household work includes the productive activities that are carried out for own end use or for third parties, but without receiving remuneration. It includes household production work, provision of services for household members, for other households or for the community; it also includes work carried out on a voluntary basis in non-profit organizations "(INEGI, 2020b: 4).

Rapid assessment survey on the impact of COVID-19 in Mexico

In order to contribute to the generation of data to evaluate the impact of COVID-19 in Mexico, UN Women, through the Global Centre of Excellence on Gender Statistics (CEGS) and in alliance with the National Institute of Women (INMUJERES in spanish) implemented the Rapid Assessment Survey on the Impact of COVID-19 (ENERICOV-2020).

Methodological characteristics

ENERICOV-2020 was carried out from September 30 to October 9, 2020. The target population was women and men, 18 years of age or older. The data collection method was through telephone interviews. The sampling frame was made up of landline and mobile telephone numbers generated from the National Numbering Plan (PNN in spanish) of the Federal Telecommunications Institute (IFT in spanish).[4]

The survey used a stratified probabilistic sample design. To make the production of estimates more efficient in terms of precision, and to control the sample selection, the stratification was made by state, by area code and by means of collection (landline / mobile phone). Consequently, a total of 64 strata were obtained. To avoid deviations in certain demographic variables, survey weights are used to adjust for geographic, age and sex distributions of the target population. The total sample was 1,201 effective interviews: 52.5% with women and 47.5% with men (Annex 2). Of the total number of interviews, 32.9% were through fixed telephone and 67.1% through mobile telephone (Annex 3). Only one questionnaire was applied per household.

For the sake of international comparability, the data collection instrument (questionnaire) of ENERICOV-2020 Mexico is based on the global model proposed by Women Count / UN Women for conducting rapid surveys.[5] This is an adapted version whose methodology and results are focused on relative changes and not on exact measures, which is why they are not comparable with any official national survey, because only a sample of the population with landline or mobile telephony was interviewed. The questionnaire was structured in six sections:

a) Identification of the interviewee;

b) Knowledge of COVID-19;

c) Employment and income;

d) Characteristics, activities and distribution of household chores;

e) Access to basic services and security, and

f) Socio-demographic characteristics.

Objectives of ENERICOV-2020

Overall objective

To provide information on how the living conditions of women and men are affected by COVID-19; This seeks to shed lights on and improve understanding of the gender impacts caused by the health emergency in households, communities, and society in general, and to allow for the identification of problems and their solutions. The results will also be useful for UN Women's programming in its response to the crisis and its advocacy

4 The sample size is distributed in the strata according to information from the National Survey on Availability and Use of Information Technologies in Households (ENDUTIH) 2018 and 2019 from INEGI, according to the distribution of households with landline and mobile telephony. For the sample frame, data referring to 20 September 2020 were used.

5 The model questionnaire can be consulted at: <https://data.unwomen.org/publications/guidance-rapid-gender-assessment-surveys-impacts-covid-19>.

for the improvement of the well-being of women and girls during and after the pandemic (UN Women, 2020).

Particular objectives

- To have a description of the sociodemographic profiles of the population that may be affected by COVID-19.
- To find out which the main sources of information on COVID-19 that the Mexican people have had access to, and their perception of the usefulness of this information to face the health contingency.
- To identify the effect of COVID-19 on employment and sources of income of women and men. With this information, the changes in work activity, benefits, working hours and workplace will be known, as well as if the population has access to medical coverage, and / or economic or cash support from the government.
- To obtain information on the activities and tasks performed by women and men within their households and the change (increase / decrease / no change) in the time allocated as an effect of COVID-19. In addition, to collect information on the degree of participation of household members in domestic work and elderly and childcare, and if the distribution of these activities has caused conflicts within the households.
- To have an approximation about the mental health of women and men based on the experience of one or several emotions, such as stress, anxiety, fear, among others.
- To know about the main deficiencies in access to food, medical supplies, health services and basic housing services, during the pandemic.

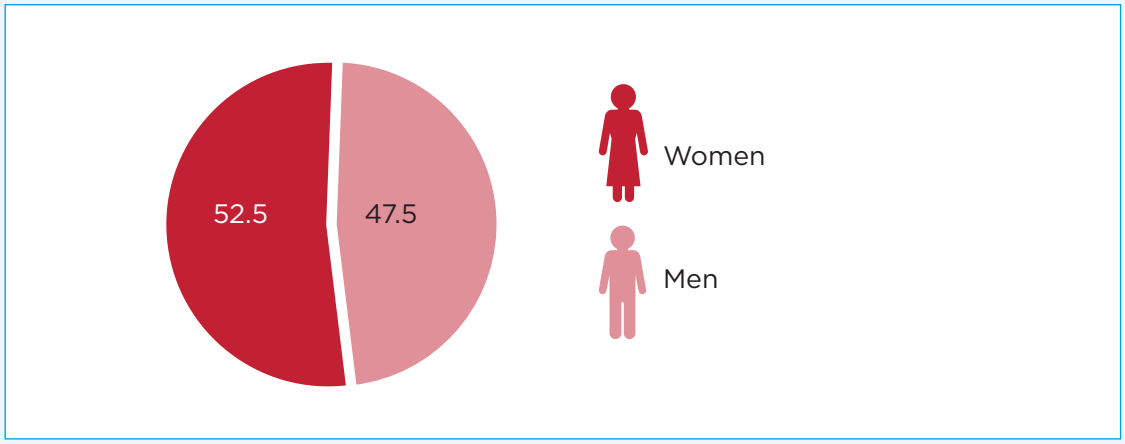
The objective of this report is to present the main results of ENERICOV-2020 Mexico. As a starting point, it is important to note that the time of reference (before and after the pandemic) is March 2020, the month in which the health contingency began in Mexico. Since the survey has a stratified probabilistic sample, the obtained results can be generalized to the entire target population. The data presented in the following sections were for this reason estimated using survey weights.

MAIN FINDINGS

Sociodemographic characteristics

The impact of COVID-19 is differentiated between women and men. For this reason, ENERICOV-2020 Mexico sample design sought to have a representative sample by both sex and age, in order to find information on the effects of the pandemic in each sector of the population. Of the total number of people interviewed, 52.5% identified themselves as women and 47.5% as men (Graph 1).[6]

Graph 1. Percentage distribution of interviewed people, by sex



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

The highest percentage of both women and men who responded to the survey are in the age group of 18 to 44 years; in total they represent 62.2% of the people interviewed. In accordance with the composition by large age groups, there was a greater female participation in relation to the male, except for the group from 18 to 29 years old (29.6% versus 30.9%). However, the differences in participation by sex are less than one percentage point in the age ranges of 30 years or more (Table 1).

6 In order to encourage the inclusion of everyone, in the interview they were asked: Do you identify yourself as a man, a woman or other? Only four people (unweighted sample) answered another identity: Neutral (2), Gay (1) and Transsexual (1). Due to the above, these cases had to be imputed as Woman or Man in order to analyze the information referring to people.

Table 1. Percentage distribution of people interviewed, by sex and age group

Age group	Women	Men	Total
18-29 years	29.6	30.9	30.2
30-44 years	32.1	31.9	32.0
45-64 years	27.2	26.4	26.8
65 or more years	11.1	10.8	10.9
Total	100.0	100.0	100.0

Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

According to the results of the survey, 60.0% of the women and 56.8% of the men had a partner.[7] More men than women responded to being single at the time of the interview: 30.4% versus 23.3%. The percentage of women is higher than the percentage of men in the case of widowhood. This contrast is better observed when disaggregating the information by age groups, in particular in the age group 65 years and over, where there is a difference of 14.4 percentage points between men and women (Table 2). Widows are more vulnerable, not only because they are mainly older adults, which is a high-risk group for COVID-19, but also because many Mexican widows lack social security.[8]

Table 2. Percentage distribution by sex and marital status

Status	Women					Men				
	18 to 29 years	30 to 44 years	45 to 64 years	65 or more years	Total	18 to 29 years	30 to 44 years	45 to 64 years	65 or more years	Total
In relationship	40.8	72.2	72.2	46.5	60.0	32.0	62.1	75.5	66.8	56.8
Separated/ Divorced	8.9	13.8	11.7	13.2	11.7	6.5	12.9	11.9	8.4	10.2
Widow/widower	0.0	1.1	6.7	22.6	4.7	0.9	0.2	4.9	8.2	2.5
Single	50.3	12.9	8.8	17.1	23.3	60.7	24.9	7.5	16.6	30.4
Not specified	0.0	0.0	0.6	0.6	0.2	0.0	0.0	0.3	0.0	0.1
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

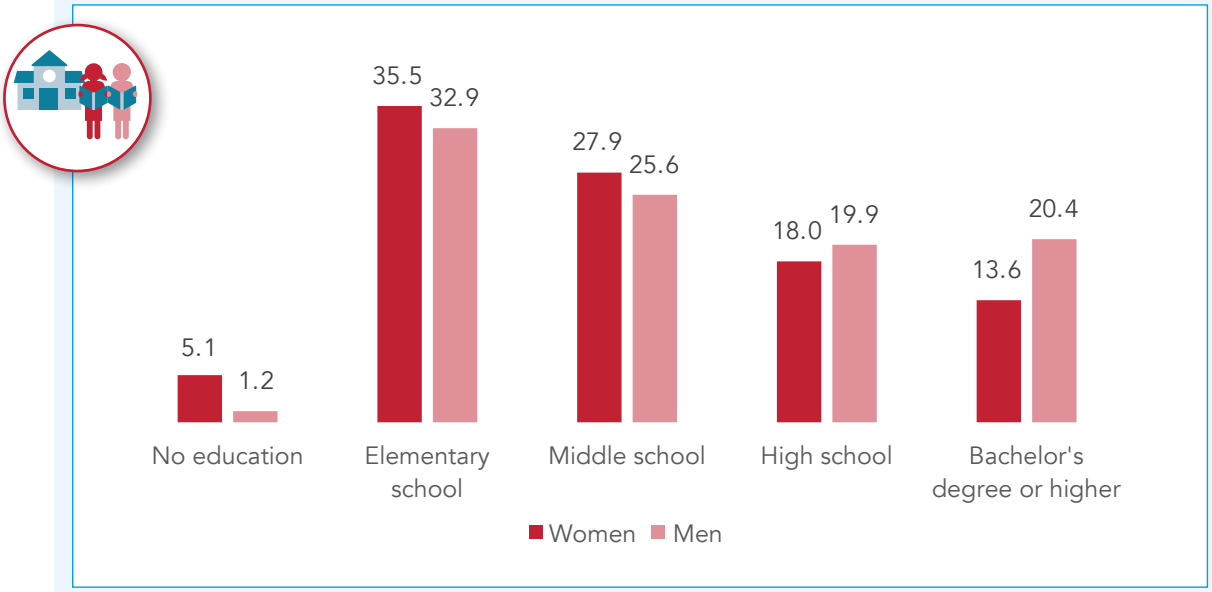
Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.
Note: the category "In relationship" includes the cases "living with a partner / cohabiting / married".

7 The *In relationship* category includes: "Living as a couple / Cohabiting / Married".

8 According to the National Council for the Evaluation of Social Development Policy (Coneval), in Mexico: "At retirement age, the lack of employer's pension contributions is greater for older women than for their male peers. The percentage of older women who did not receive employer's pension contributions in their working lives rose in 2018 to 91.6 percent in poverty contexts and 67.0 percent in non-poverty conditions[...]" (Coneval, 2018: 102).

Women continue to be overrepresented in the statistics in lower grades of formal education, such as primary and elementary school. According to the results obtained, the highest percentage of women (35.5%) have elementary school as the highest level of formal education. Although the highest percentage of their counterparts (32.9%) also have the same school grade, the situation differs as the educational level increases (high school and undergraduate or higher) where there is a greater male versus female participation. It is important to note that the percentages of women without any education (5.1%) and with a middle school degree (27.9%) are higher compared to the percentages of men (1.2% and 25.6%, respectively) (Graph 2).

Graph 2. Percentage distribution of people by level of formal education, by sex



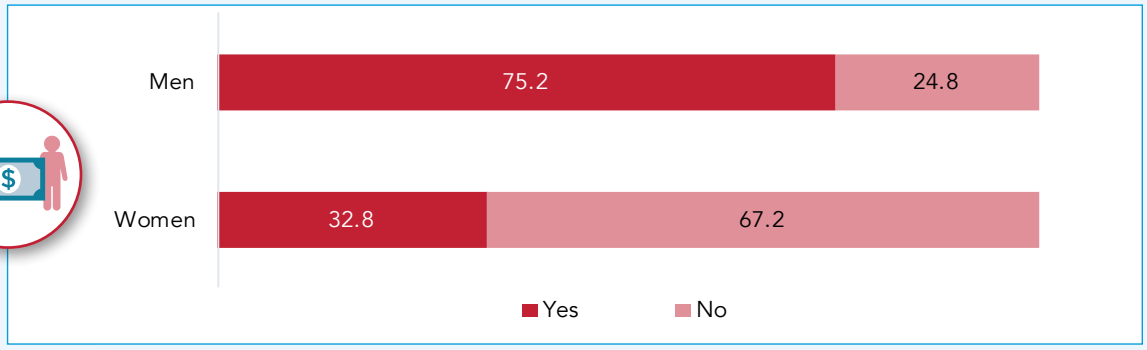
Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

In the Mexican culture, traditional gender roles, which assign men the role of household provider and women the responsibility of domestic work and caregiving continue to be preserved today. In other words, men carry out paid work that allows them, in most cases, to have control and makes them in charge of decision-making in the households. For their part, women devote the most time to unpaid work, which makes it impossible for them to enter the labour market or to take a full-time job. This situation is confirmed with the results of the ENERICOV-2020 Mexico.

32.8% of the total women interviewed declared that they were the "main economic supporter of their household", in contrast to 75.2% of the men (Graph 3).[9] This shows that "productive" and "reproductive" roles are obstacles to recognizing women's work and joint responsibility for household chores (Graph 3).

9 Due to the fact that the concept of "head of the household" has been widely debated regarding the elements to be considered in its definition, the decision was made to ask: Are you the main economic supporter of this / your household?

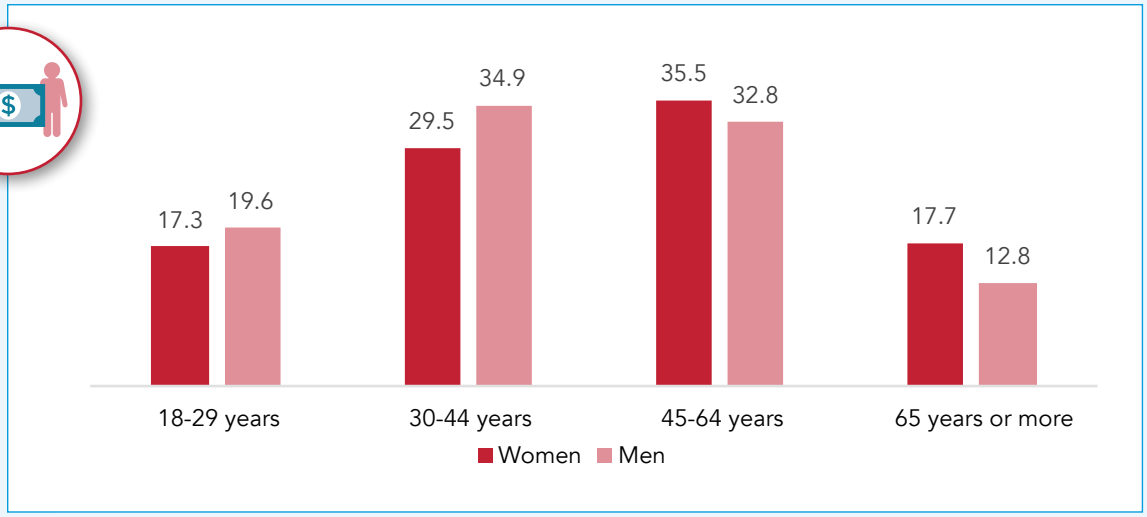
Graph 3. Percentage distribution of people reporting being the main breadwinner in the household, by sex



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

The highest percentage of women who are the main breadwinners in their households are between 45 and 64 years old. The highest percentage of men are in the age range of 30 to 44 years. In the age group of young people (18 to 29 years old) and young adults (30-44 years old), the percentage of women is lower than that of men. This can be explained, in part, because women at a reproductive age are generally prevented from entering the labour market in the presence of young children in the household, which increases the time spent on childcare (Graph 4).

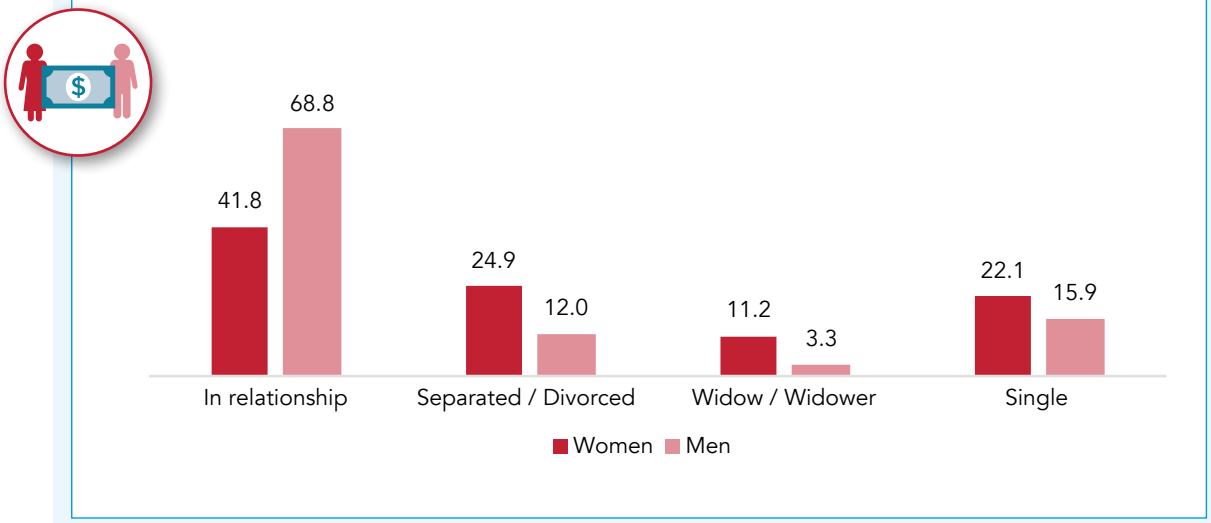
Graph 4. Percentage distribution by sex and age groups of the main economic supporter of the household



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

When disaggregating the information by marital situation, the results show that the women who are the main economic supporter are separated, widowed or single. In these instances, the percentages for women are higher than for men. The percentage of women in partnership who declared to be the "main economic supporter of the household" is lower than the corresponding percentage of men in partnership by 20 percentage points (Graph 5).

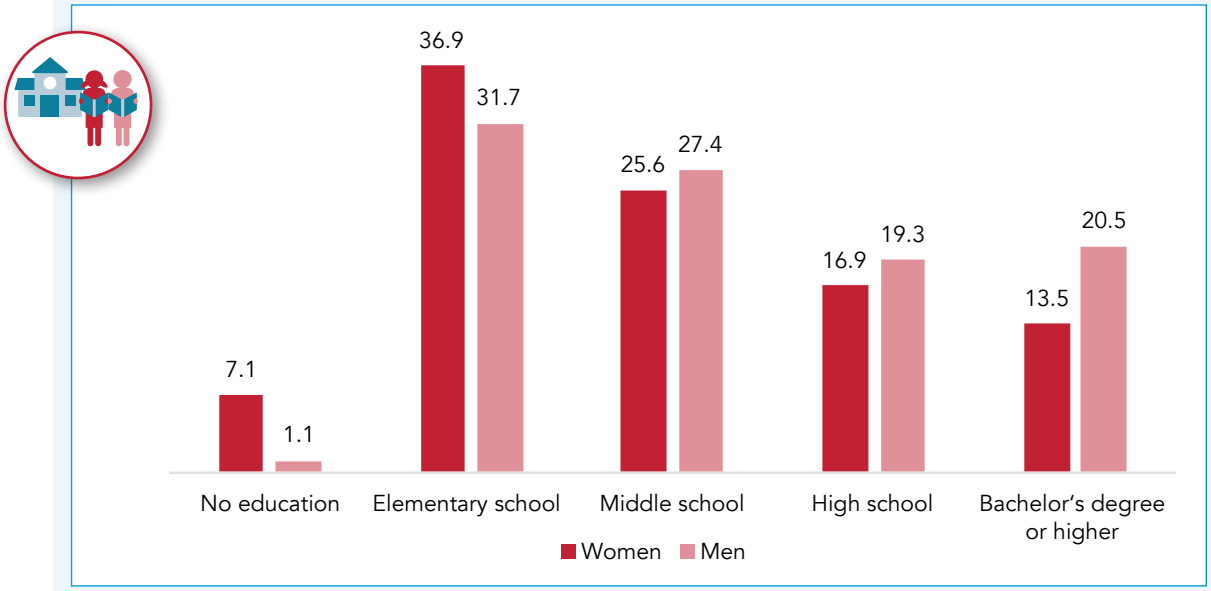
Graph 5. Percentage distribution of households by sex and marital status of the main economic supporter



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

Regarding the degree of formal education of the people who reported being the main breadwinner of the household, the distribution is similar to the total population interviewed. The results show that, at higher levels of formal education (middle school, high school and undergraduate or higher), the percentage of women is lower, compared to that of men. This scenario is an indication that women may be inserted in low-paying jobs or in the informal economy, which is why they are one of the groups most vulnerable to the economic crisis caused by COVID-19 (Graph 6).

Graph 6. Percentage distribution of households by sex and level of formal education of the main economic supporter



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

Although household structures have been transforming, with an increase in extended and single-person households, nuclear households still prevail in Mexico. Although the survey, by being a rapid assessment study, did not obtain information from households by classification,[10] it did register the number of household members. In this regard, 3.1% of women and 7.0% of men reported to be living alone. The percentage of people who indicated that they live in households composed of two and three persons are similar for both sexes, with a difference of less than one percentage point. The percentage of women who reported living in a household composed of four and five or more persons is higher, in relation to that of men: 41.7% versus 40.6% (Table 3).

10 The households were classified into family and non-family. A family household is one in which at least one of the members is related to the head of the household. The family households are in turn divided into: nuclear, expanded and composite. A non-family household is where none of the members is related to the head of the household and are divided into: sole proprietorship and co-resident household. Nuclear household: formed by a head and his / her spouse; a boss and his / her spouse with children; or a boss with children. Composite household: made up of a nuclear or extended household with people who are not related to the head of the household. One-person household: made up of one person. Household for co-residents: made up of two or more people who are not related to the head of the household (INEGI, 2011).

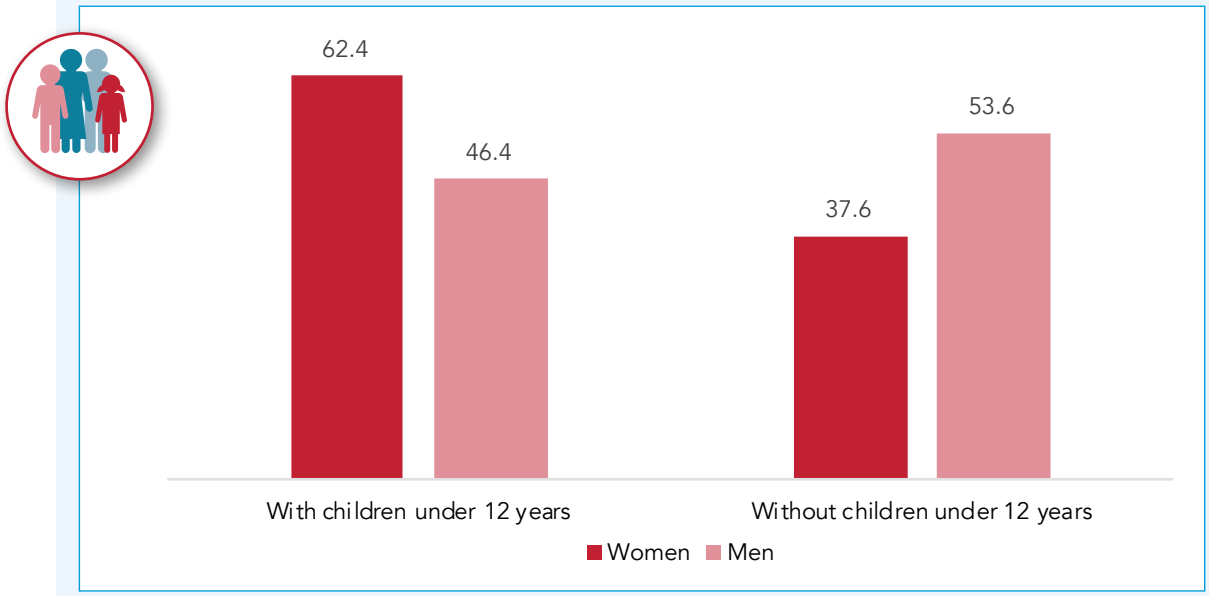
Table 3. Percentage distribution of households according to number of members and sex of the person interviewed

Persons in the household	Women	Men	Total
1	3.1	7.0	5.0
2	12.0	12.9	12.4
3	18.7	18.8	18.7
4	24.5	20.7	22.7
5+	41.7	40.6	41.2
Total	100.0	100.0	100.0

Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

The highest proportion of women live in households with children under 12 years of age. The results indicate that 62.4% of the women live in a household with children under 12 years of age; for men, the same percentage drops to 46.4%. This situation may limit women's incorporation into the labour market or to full-time working hours, because care tasks are mainly carried out by them. In addition, it may be single-parent households, where the woman generally assumes most or all of the expenses of the household (Graph 7).

Graph 7.Percentage distribution by sex according to presence of children under 12 years of age in the household

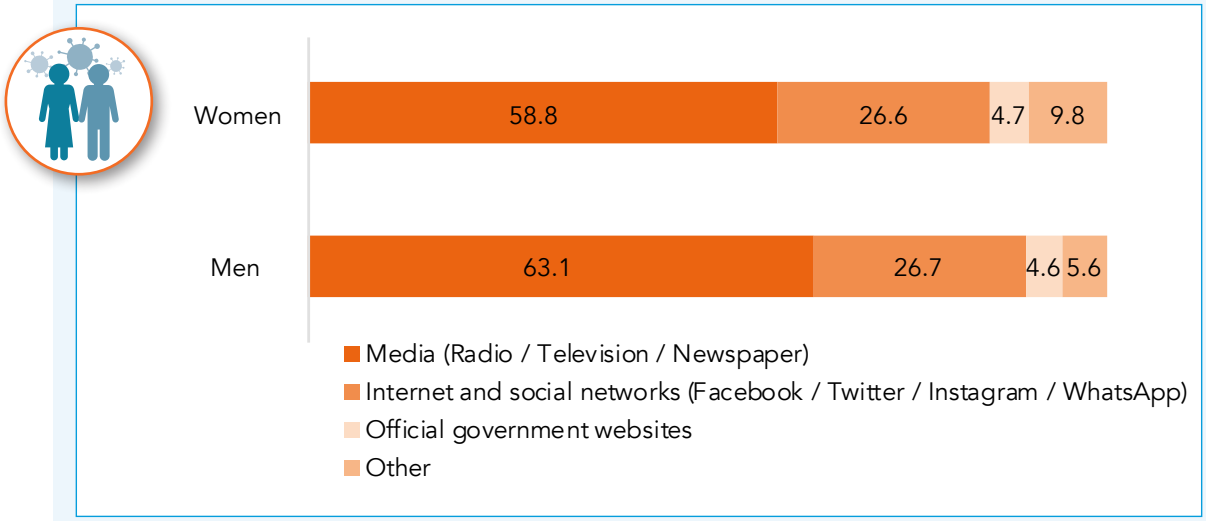


Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

Knowledge about COVID-19

Most of the interviewed people are aware of COVID-19, albeit with important differences in which information sources they access, depending on age group. The findings show that 95.3% of women and 97.3% of men indicated that they had heard about this situation. The main source of information on COVID-19, for both women and men, was some traditional means of communication such as radio, television and newspaper, with 58.8% and 63.1%, respectively (Graph 8).

Graph 8. Main source of information on COVID-19, by sex (%)



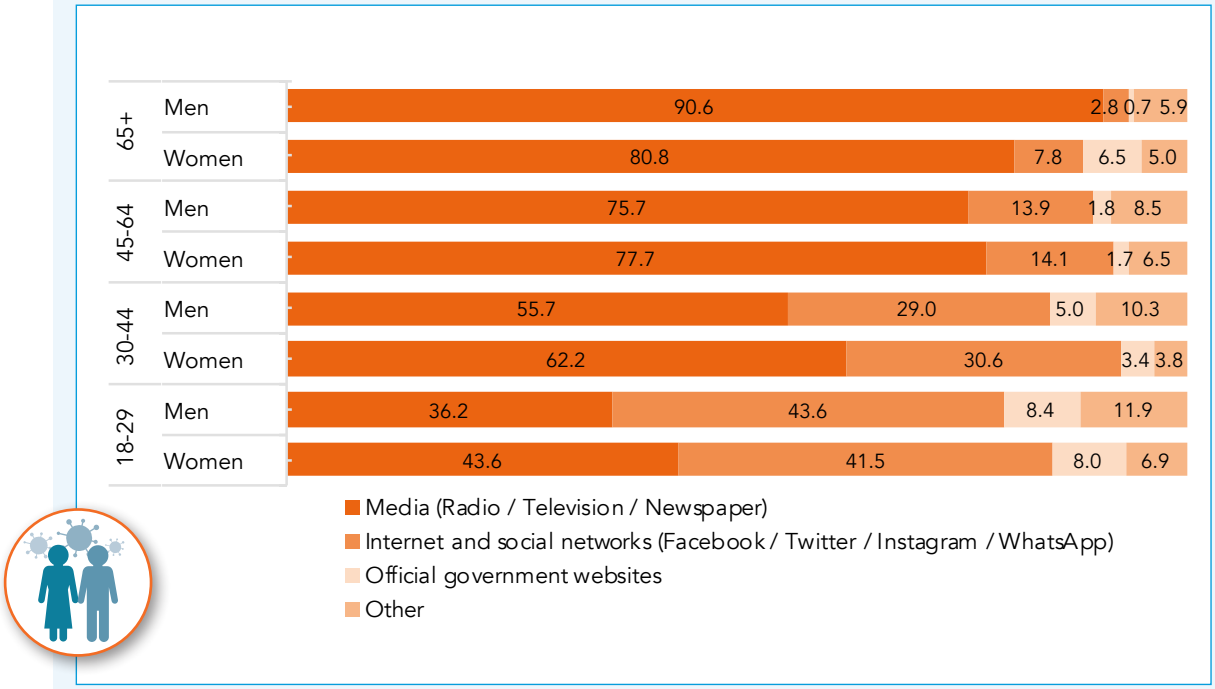
Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.
Note 1: the "Internet and social networks" category includes text messages and calls by cell phone or landline phone.
Note 2: the "Other" category includes public service announcement (megaphoning), health centre or family doctor, Non-governmental organization (NGO), etc.

The means of communication that people use to obtain information about COVID-19 differ according to age groups and sex, which impacts the opportunity to access information on health measures. People over 45 years old mainly use traditional media (radio, television and newspapers), while those between 18 and 44 years use media such as the internet or social networks.

There are differences between young men and women (18 to 29 years old). The percentage of young women who used radio, television or the newspaper as a means of obtaining information about COVID-19 is higher than that of men (43.6% versus 36.2%). On the other hand, 52% of men and 49.5% of women used digital means as a source of information (Graph 9).

Regardless of sex, as age increases the percentage of people who use traditional media (radio / television / newspaper) as their main source of information also increases - particularly in the group aged 65 years or over, where 80.8% of women and 90.6% of men mainly used these sources of information.

Graph 9. Main source of information on COVID-19, by sex and age group (%)



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.
Note 1: the "Internet and social networks" category includes text messages and calls by cell phone or phone.
Note 2: the "Other" category includes public service announcement ("megaphoning"), health centre or family doctor, Non-governmental organization (NGO), etc.

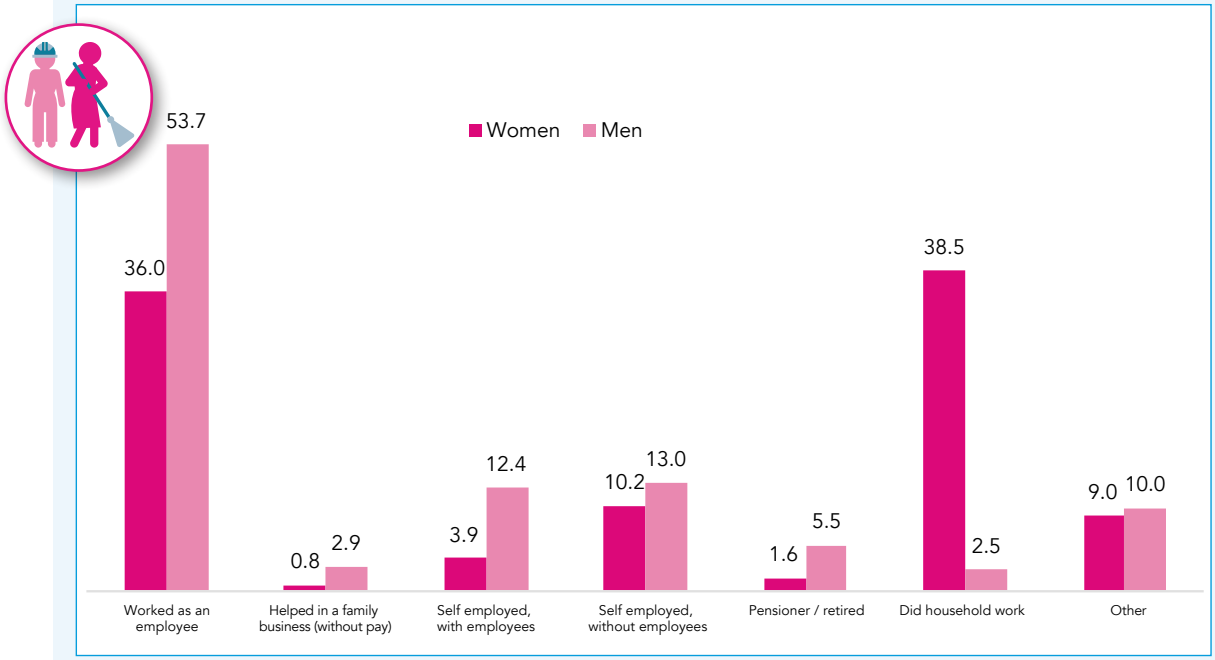
Employment and income

The impact of the economic crisis caused by COVID-19 is greater for women, since a significant proportion of them are employed in the service sector, which has been one of the most affected sectors by temporary closures and restrictions in opening hours. The gender gaps in economic activity are aggravated by the health crisis, since a higher percentage of women compared to men have registered job losses, a decrease in resources and a reduction in working hours.

The results of the ENERICOV-2020 Mexico confirm this scenario. Of the total number of women interviewed, 38.5% reported that they did household work before the confinement; 36% were employed; 14.1% had their own business and only 1.6% were pensioners or retirees. Meanwhile, the highest percentage of men, 53.7% were employed; 25.4% had their own business and 5.5% were retired, that is, a difference of employment by 17.7 percentage points.

The differences between men and women according to work activity are important. There is a gap of 17.7 percentage points between men and women who are employed. This means that a greater proportion of men may have access to social security. On the other hand, the high percentage of women who did household work stands out, which, like the results presented on the main economic supporter of the household, confirm the prevalence of traditional gender roles (Graph 10).

Graph 10. Main work activity before confinement, by sex (%)



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.
Note: the "other" category includes students, people with disbilities, people looking for work, and people not available for work.

As an effect of the pandemic, a higher percentage of women than men reported to have lost their job or closed their business. Of the total number of people interviewed who had a paid job before the confinement, 47.8% of women in relation to 43.2% of men reported this situation (Table 4).

Table 4. Percentage distribution of people who reported having lost their job or closed their business as a result of the pandemic, by sex

	Women	Men	Total
Yes	47.8	43.2	45.1
No	52.2	56.8	54.9
Total	100.0	100.0	100.0

Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

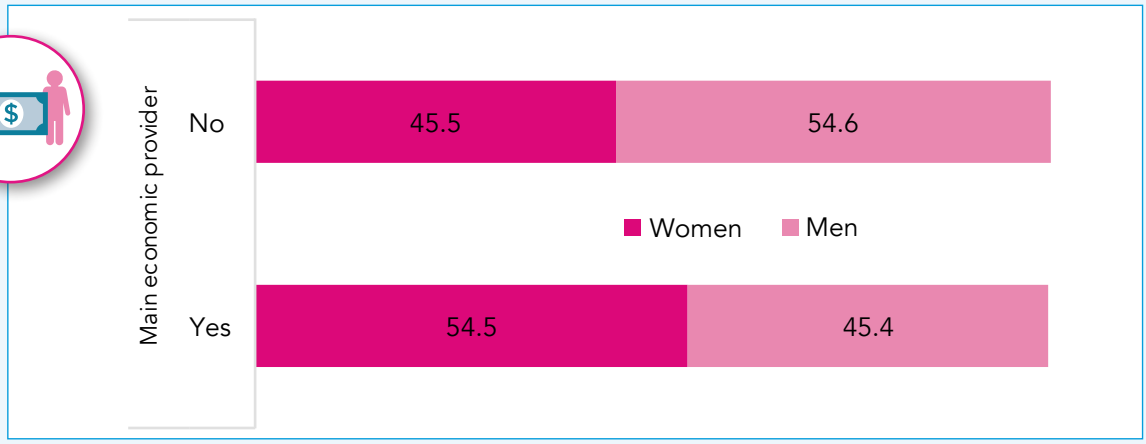
When disaggregating the information according to the type of work activity, it is observed that 41.3% of the women, like 41.3% of the men, who worked for an employer or employer, lost their job. Among the self-employed, the greatest impact was on women. The percentages of women who closed their businesses as a result of the pandemic were higher than those of men by 15.2 percentage points (businesses with employees) and 16.0 percentage points (businesses without employees) (Graph 11).

Graph 11. Percentage of the employed population before confinement, who reported having lost their job or closed their business as a result of the pandemic, by sex and type of activity

Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.
Note: the remaining percentage corresponds to women and men who reported that they did not lose their job or close their business.

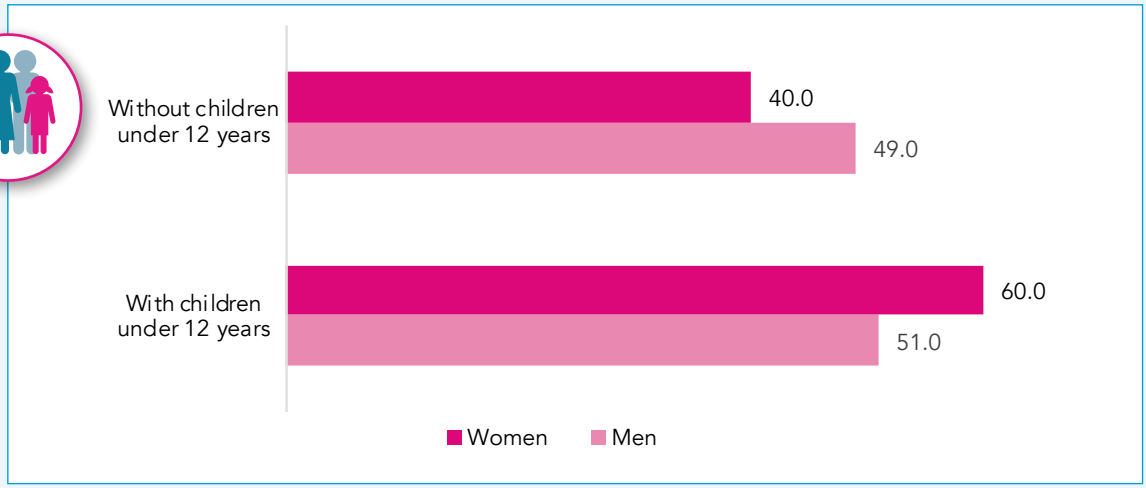
The economic cost of COVID-19 is higher for those who have dependents or who are the main provider of the household. According to the results of the ENERICOV-2020 Mexico, the highest effect is observed in women. Of the total number of people interviewed who reported having lost their job or closed their business as a result of the pandemic, 54.5% of women and 45.4% of men are also the main economic support of their household (Graph 12). The situation becomes more unfavorable when there are minors in the household; the percentage of women who lost or discontinued their work activity is higher than the percentage of men by nine percentage points with the presence of minors in the household (Graph 13).

Graph 12. Percentage distribution of people who reported having lost their job or closed their business as an effect of the pandemic, according to condition of the household's main economic supporter, by sex



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

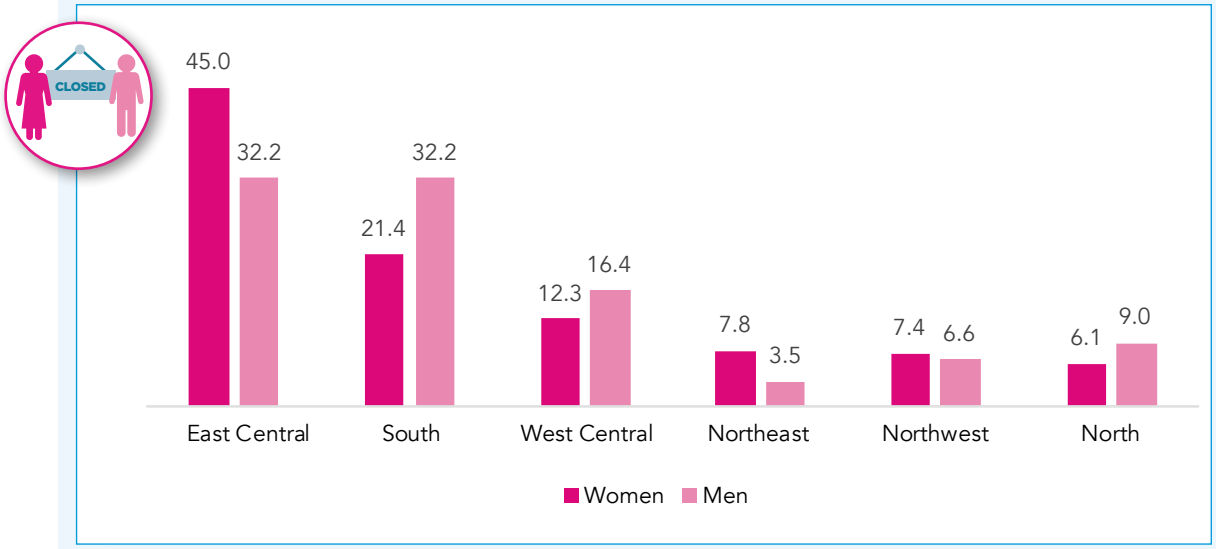
Graph 13. Percentage distribution of people who lost their job or closed their business according to the presence of children under 12 years of age in the household, by sex



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.
Note: the graph includes only employed or selfemployed people.

Women in the East Central region of Mexico are the most affected by the loss of jobs and business closures as a result of the COVID-19 pandemic. In this region, made up of the states Mexico City, Hidalgo, State of Mexico, Morelos, Puebla, Querétaro and Tlaxcala, there was the highest percentage of women who declared having lost or closed their business as a result of the crisis due to the COVID-19 pandemic: 45.0% against 32.2% of men. It should be noted that Mexico City, Hidalgo and the State of Mexico are three of the states where the highest number of confirmed cases of COVID-19 have been registered (Graph 14).

Graph 14. Percentage distribution of people who lost their job or closed their business, by sex and region



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.
Note: Northwest: Baja California, Baja California, South: Sinaloa y Sonora. North: Coahuila, Chihuahua, Durango y Zacatecas. Northeast: Nuevo León, San Luis Potosí y Tamaulipas. West Central: Aguascalientes, Colima, Guanajuato, Jalisco, Michoacán y Nayarit. East Central: Ciudad de México, Hidalgo, Estado de México, Morelos, Puebla, Querétaro y Tlaxcala. South: Campeche, Chiapas, Guerrero, Oaxaca, Quintana Roo, Tabasco, Veracruz y Yucatán.

Only a low percentage of people who lost or closed their business have received some kind of in-kind support. Based on the results of ENERICOV-2020 Mexico, it is noted that 12.0% of women and 14.8% of men reported having received food and meals; 6.6% and 5.7%, respectively, obtained medical articles for prevention, and 1.1% and 2.0% respectively, received personal hygiene products (Table 5).

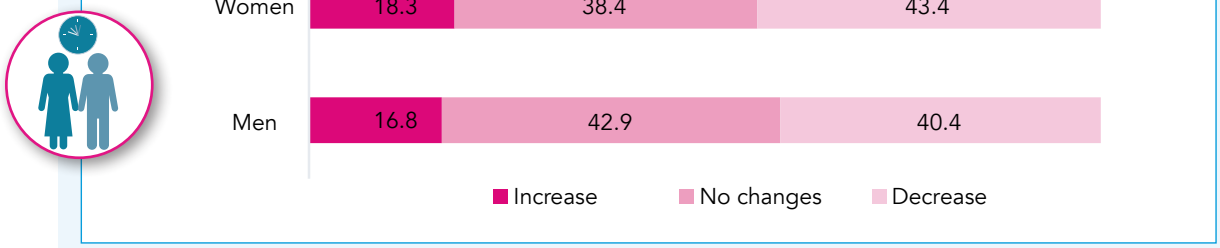
Table 5. Percentage distribution of people who lost their job or closed their business, and who received, or did not receive support in kind, by sex and type of support

Type of support		Women	Men	Total
Food or provisions	Yes	12.0	14.8	13.6
	No	88.0	85.3	86.4
Medical supplies for prevention (gloves, masks, disinfectant, etc.)	Yes	6.6	5.7	6.1
	No	93.4	94.3	93.9
Personal hygiene products (sanitary napkins, baby diapers, etc.)	Yes	1.1	2.0	1.6
	No	98.9	98.0	98.4
Other	Yes	1.6	1.0	1.2
	No	98.4	99.0	98.8

Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

More women than men have been affected not only by the loss of employment, but also by the decrease in hours of paid work. On average, four out of ten people who managed to continue with their work activity during the pandemic decreased working hours. This is due both due to the reduction of days or hours of daily work, as well as the restriction against certain activities to be carried out in person, which can be observed mainly among young self-employed people, who could work in the commerce or services sector (Graph 15).

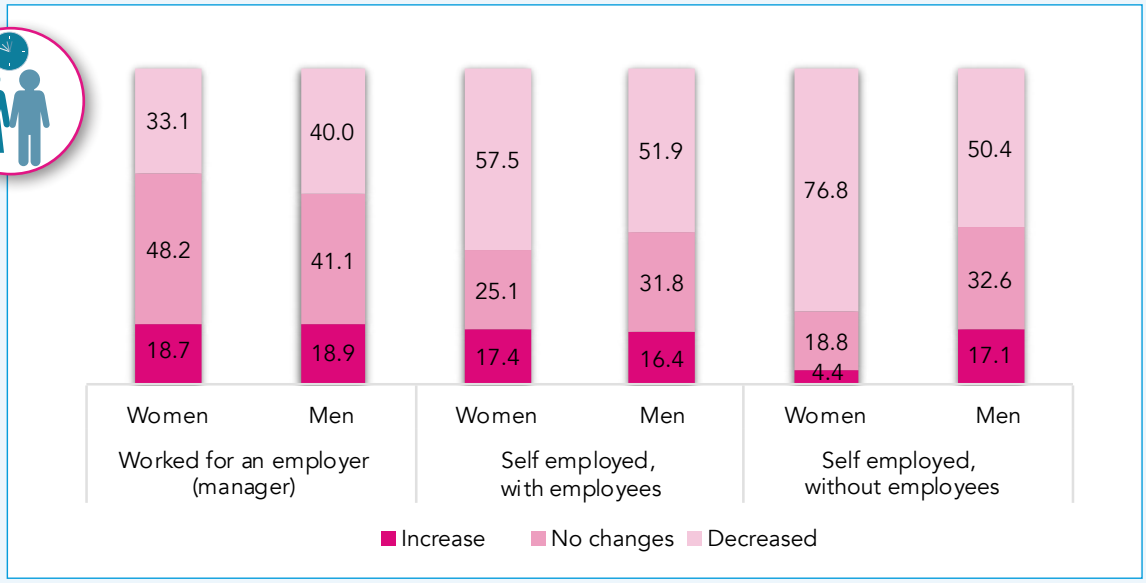
Graph 15. Percentage distribution of people reporting changes in hours of paid work as a result of the pandemic, by sex



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

When disaggregating the information by type of activity, the gaps between men and women in terms of the decrease in the number of hours devoted to paid work become evident. It is also evident that the adjustment in working hours has depended both on the possibility of doing so – being self-employed – and on the type of job. This situation is more frequent among women with their own businesses: 76.8% of them did so, in contrast to 50.4% of men among the group without employees; 57.5% of women and 51.9% of men who had employed persons also reduced their working hours (Graph 16).

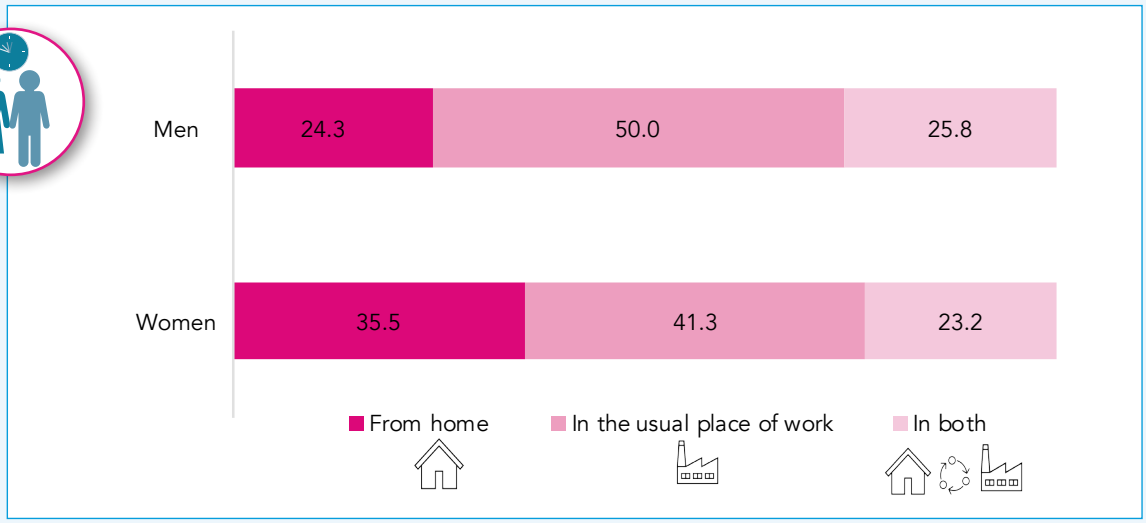
Graph 16. Percentage distribution of people reporting changes in hours of paid work as a result of the pandemic, by sex and type of activity



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

Of the total number of women who continued their activity during the pandemic, 35.5% reported that they have done so from home; another significant proportion have continued to work in their usual place of work (41.3%) or with a mixed scheme (23.2%). Meanwhile, half of the men have continued working from their usual place of work and the other half from home (24.3%) or a mixed scheme (25.8%) (Graph 17).

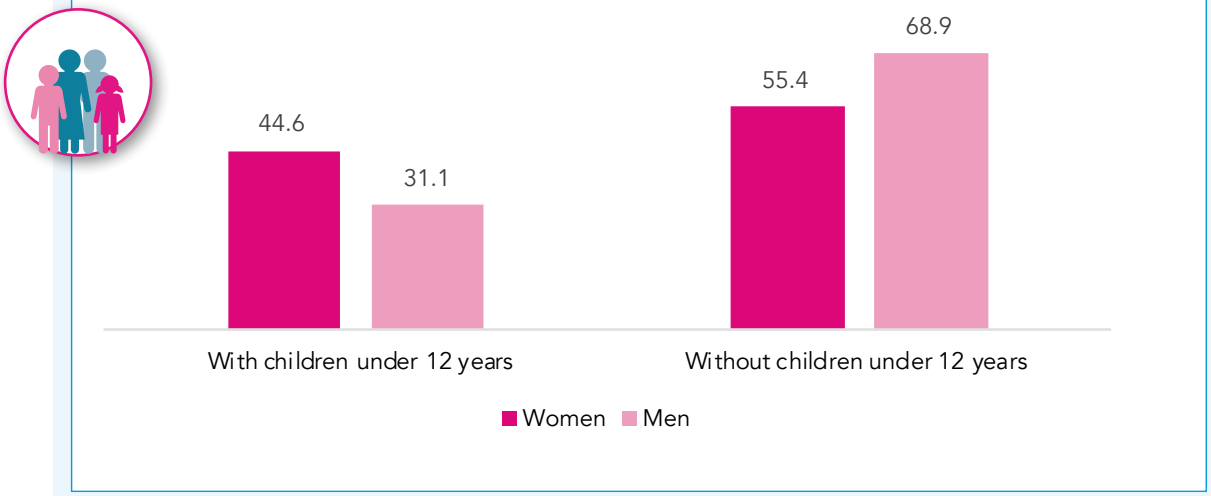
Graph 17. Change in work arrangements during the pandemic, by sex (%)



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

Graph 18 shows that 44.6% of women who have done their work from home live in a household with the presence of children under 12 years of age, which means that they combine domestic work and care tasks with paid responsibilities, having work overload as a consequence, mainly because the children are of ages that require help with homework, given the suspension of in-person classes.

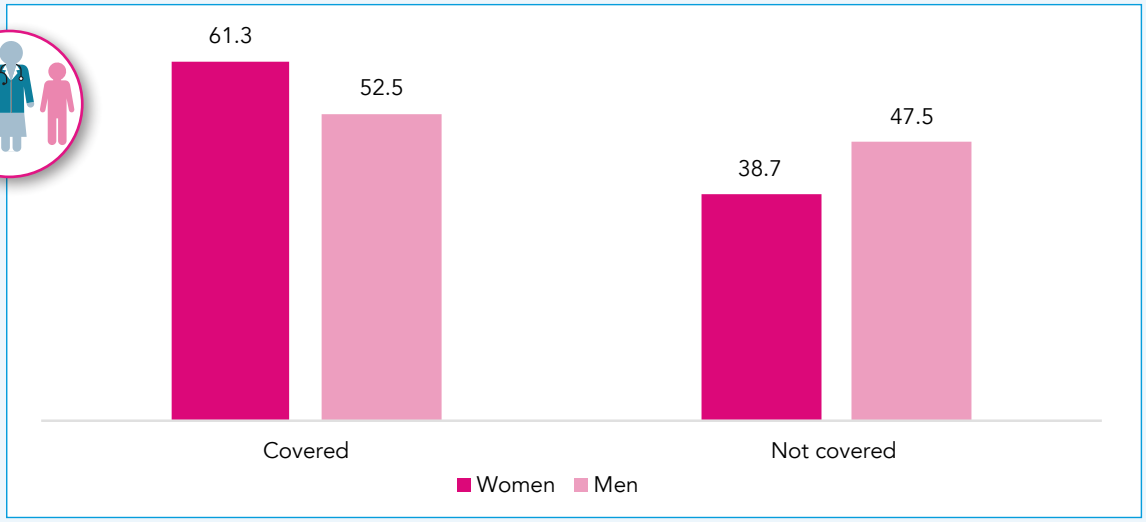
Graph 18. Percentage distribution of people who declared that they work from home according to the presence of children under 12 years of age, by sex



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

Women are less likely than men to access health coverage through formal employment, a coverage which could provide them with financial security in old age. Although the percentage of interviewed women who responded to be covered by health insurance is higher compared to those who do not have coverage (61.3% versus 38.7%) (Graph 19), when disaggregating the information by type of activity it is noted that the majority of them do household work, so the medical coverage could be due to entitlement or because they are covered by Seguro Popular (replaced by INSABI) and not by formal employment. In contrast, of the total of men who indicated having medical coverage, 55.0% are covered as part of their benefits as employees (Graph 20).

Graph 19. Percentage distribution of people according to medical coverage condition, by sex



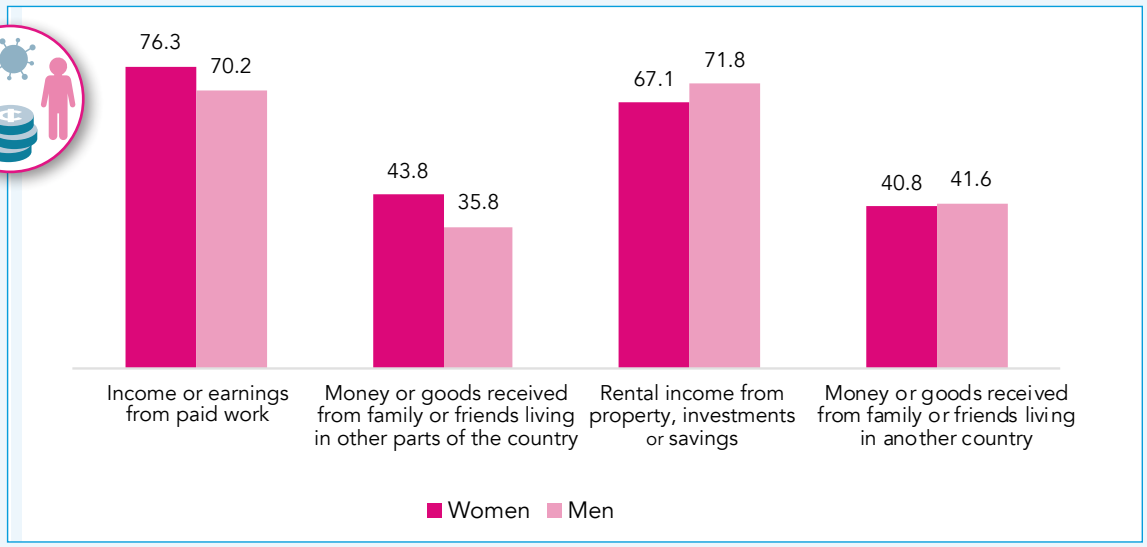
Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

Graph 20. Percentage of people covered by health insurance, by sex and type of work activity

Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.
Note: the category of "other" includes students, people with limitations to work, looking for work, and not available for work.

Another effect of the pandemic with great impact in the field of paid work has been the decrease in income, a situation that has affected women the most: 76.3% of the interviewed women reported a decrease in their income, versus 70.2% of men. A higher percentage of women than men also saw their income diminish from money or goods received from relatives or friends who live in other parts of the country (43.8% and 35.8%, respectively). On the other hand, a higher proportion of men, compared to women, have registered a decrease in their income obtained from renting, investments or savings and from remittances (Graph 21).

Graph 21. Percentage of people who saw their resources diminished since the spread of COVID-19, by sex and type of resources



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

Another effect of the pandemic has been seen in the reduction of household resources. Based on the results of the ENERICOV-2020 Mexico, a higher percentage of women than men (30.5% compared to 26.4%) reported to have stopped paying rent / mortgage or stopped paying for public services (Table 6).

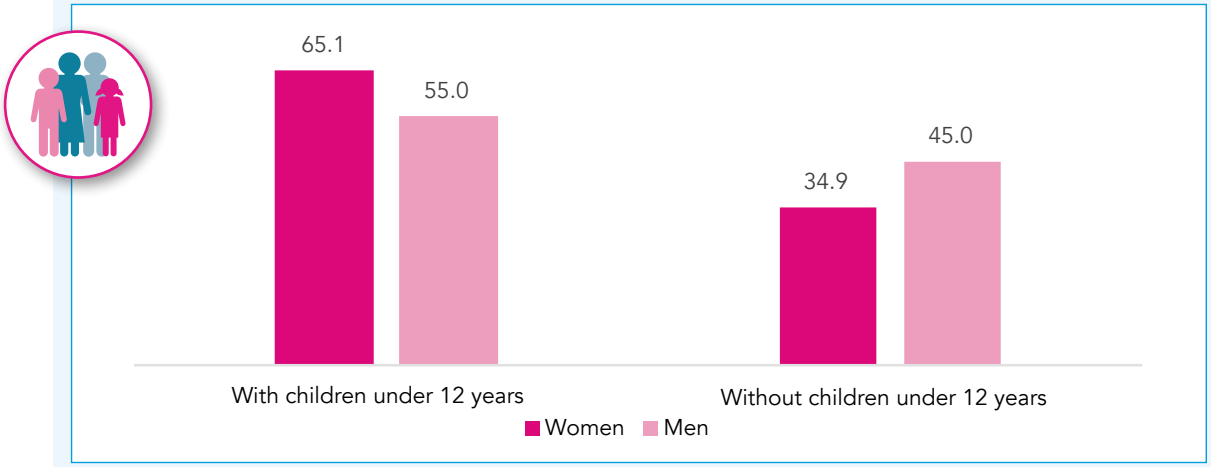
Table 6. Percentage distribution of people who have stopped paying rent or mortgage or stopped paying for public services during the pandemic, by sex

	Women	Men	Total
Yes	30.5	26.4	28.6
No	69.5	73.6	71.4
Total	100.0	100.0	100.0

Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

The proportion of women who have stopped paying is higher when there are children under 12 years present in the household: 65.1% against 34.9%, without children. The difference between men and women in households with children, who have stopped paying, is close to ten percentage points (Graph 22).

Graph 22. Percentage of people who have stopped paying rent / mortgage and / or stopped paying for basic services, by sex and by presence of children under 12 years of age



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

When analyzing the degree of economic difficulty that the interviewed population has had, according to the presence of children under 12 years of age in the household, it is noted that 18.8% of women versus 13.4% of men responded that the total monthly income of their household it is not enough for them and they have great difficulties to cover their daily expenses. On the other hand, 33.9% of women compared to 32.4% of men indicated that their income is not enough, and they have economic difficulties. The differences between men and women are evident: the effect is greater for women in the presence of dependents, such as children under 12 years of age. Without the presence of children, the percentage of women who responded that their income is just enough and without great difficulties rises to 60.5% (Table 7).

Table 7. Percentage distribution according to degree of economic difficulty in living, by sex and presence of children under 12 years of age

Level of difficulty	With children			Without children		
	Women	Men	Total	Women	Men	Total
Not enough, with great difficulties	18.8	13.4	16.5	8.5	8.8	8.7
Not enough, with difficulties	33.9	32.4	33.3	25.9	28.7	27.4
Just enough, without great difficulties	42.6	48.7	45.2	60.5	50.9	55.5
Enough, can save money	4.7	5.5	5.1	5.1	11.6	8.5
Total	100.0	100.0	100.0	100.0	100.0	100.0

Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

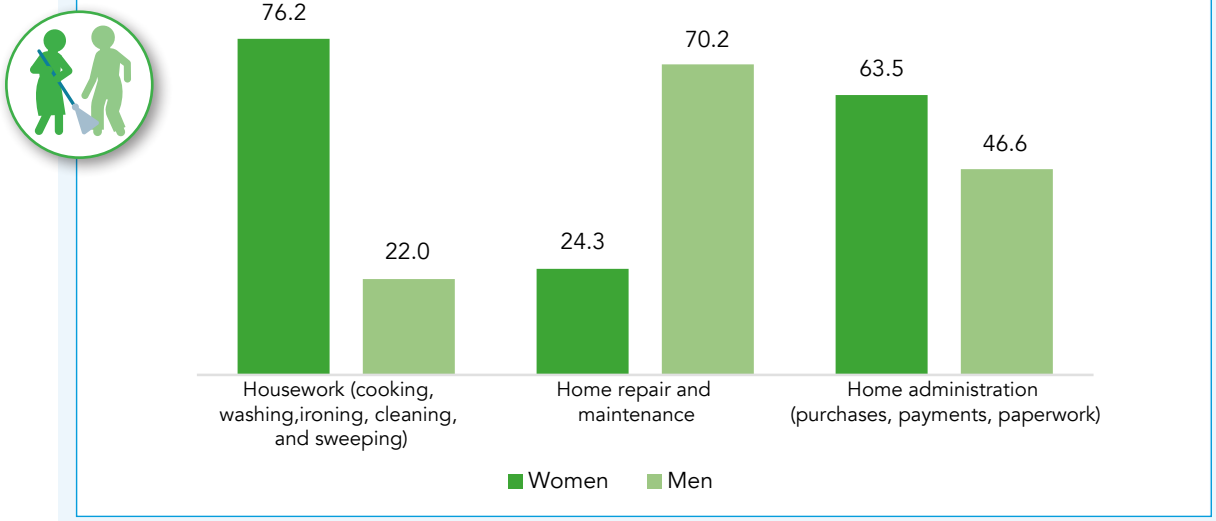
Characteristics, activities and distribution of household tasks

The distribution of household chores and unpaid caregiving was uneven even before the pandemic, but the effects of COVID-19 accentuate gender differences in the distribution of household tasks, due to confinement measures and social distancing, which entails the closure of educational centres and nurseries, increasing unpaid work that is carried out mainly by women.

There is a marked difference between women and men in the time devoted to domestic and caregiving activities. According to the results of the ENERICOV-2020, 76.2% of the women indicated that they performed household chores before the pandemic. In contrast, 78% of the men reported that the activity was carried out by someone else in the household or a domestic worker.

The highest male participation was observed in home repair and maintenance tasks: seven out of ten men reported having carried out these types of activities. There is also a significant percentage of men who, before the pandemic, carried out activities related to household management. However, this percentage is lower than that of women (63.5% versus 46.6%) (Graph 23).

Graph 23. Percentage of people who did domestic work before the pandemic, by sex and type of activity

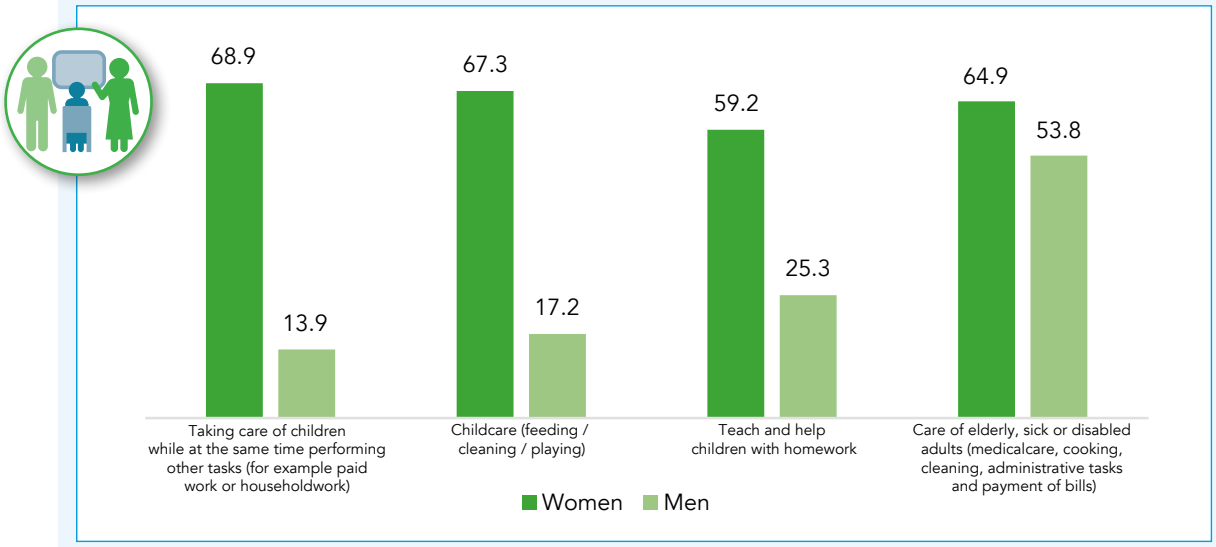


Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.
Note: the remaining percentage corresponds to the responses of "another member of the household" or "domestic worker, nanny or nurse".

As in domestic work activities, there is little participation of men in care tasks. Men have their greatest participation in caring for older adults, but without exceeding the participation of women. Graph 24 shows that, before the pandemic, 68.9% of women carried out care work at the same time as they carried out other tasks such as paid work or housework, this percentage is higher than that of men by 55 percentage points. This gender gap is also observed in childcare (feeding, cleaning and playing) and in teaching and

helping with schoolwork, where the percentages of women who carried out the activity compared to men is 50.1 and 33.9 percentage points, respectively. The difference in the participation of care for the elderly is smaller. However, the percentage of women who carried out the activity is still higher compared to their counterparts.

Graph 24. Percentage of people who did care work before the pandemic, by sex and type of activity

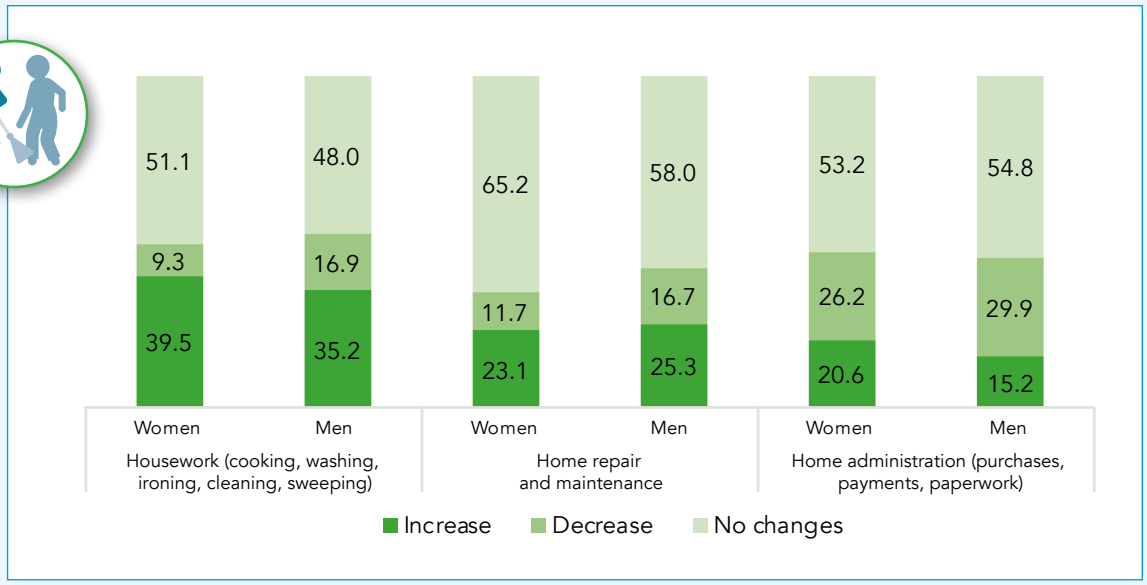


Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.
Note: the remaining percentage corresponds to the responses of "another member of the household" or "domestic worker, nanny or nurse".

As an effect of the pandemic, a significant percentage of women have continued with their work activity from home. However, this situation causes them to take double workloads since the unpaid workload has increased during the pandemic. As it is a health crisis, the time spent caring for children, the sick and the elderly, increases considerably.

According to the people interviewed, the time allocated to housework increased during the pandemic, in particular the time spent on household chores: four out of ten women reported this increase. In the same way, an important percentage mentioned an increase in the time allocated to the administration of the home, in this case, 20.6% of women against 15.2% of men (Graph 25).

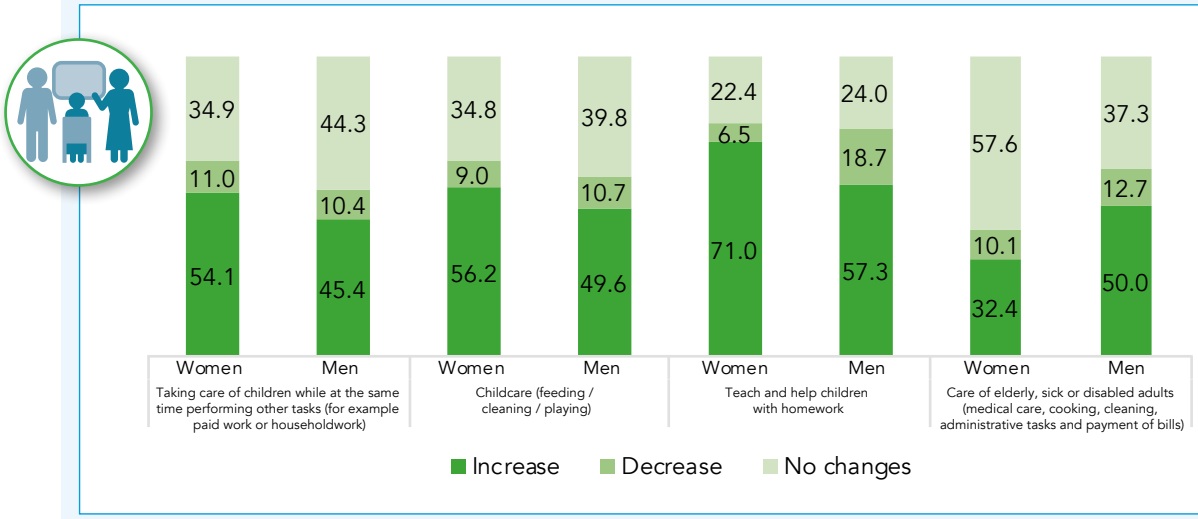
Graph 25. Percentage distribution by sex of the change in time spent on domestic work during the pandemic, by type of activity



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

More women than men reported an increase in the time spent on caregiving activities. In addition, with the suspension of in-person classes, it is mainly women who are in charge of helping children with their homework. The interviewed people also stated that the time spent on all care activities increased significantly during the pandemic. In particular, 71.0% of the women reported that there was an increase in the time spent teaching and helping with homework (Graph 26).

Graph 26. Percentage distribution by sex of the change in time spent on care work during the pandemic, by type of activity



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

One of the positive effects of confinement is observed in the greater participation of the partner and other members of the household in household chores. Of the interviewed women, 64.4% indicated that their partner has had a greater participation in household chores since the beginning of the pandemic. Of the total, 64.4% of the women and 80.7% of the men indicated that their partner has had a greater participation in household activities since the beginning of the pandemic. Women also perceive a higher participation from girls and young women than from their male counterparts (Table 8).

However, there are still important gaps in the perception that women and men have about the co-responsibility of tasks in the household and, as observed in graphs 20 and 21, women are the ones who carry the highest burden of unpaid work in the households.

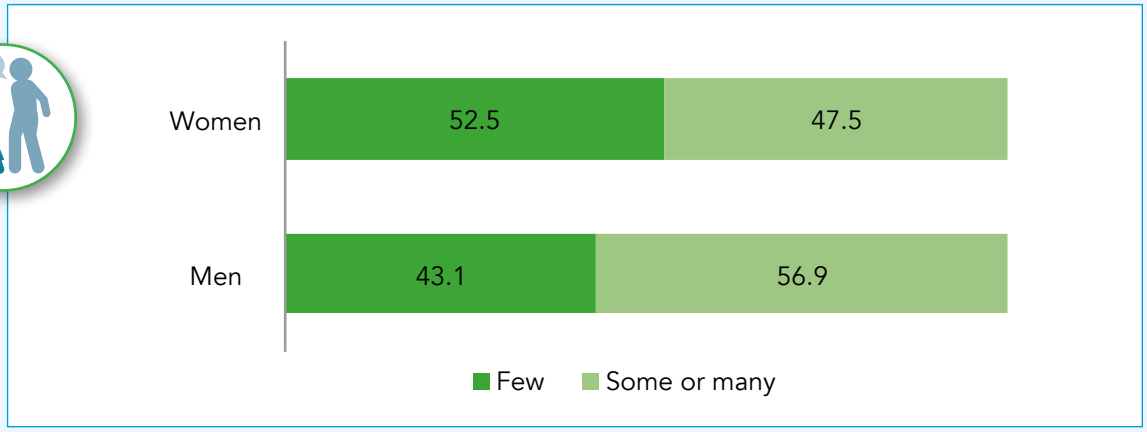
Table 8. Percentage of people who reported greater participation of members in the household chores since the start of the pandemic, by sex

Member	Women	Men
Partner	64.4	80.7
Girls or young females	80.0	79.9
Boys or young males	77.7	80.3
Other member of the household	52.4	58.6
Domestic worker, babysitter or nurse	51.5	41.7

Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

The measures taken to contain the COVID-19 pandemic have meant great changes in the dynamics of households. Tensions inside the household can be increased by long periods of confinement. As an approximation of cases of domestic violence, ENERICOV-2020 consulted about the occurrence of domestic conflicts or disagreements. The results obtained show that 31.4% of women compared to 25.2% of men reported that there have been domestic conflicts or disagreements in their households during the confinement. Among the people who reported this situation, a higher percentage of women (56.9%) than men (47.5%) perceive that there are some or many problems in the household (Graph 27).

Graph 27. Percentage distribution of people who reported that domestic conflicts or disagreements in their household have occurred during confinement, by sex and scale



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

Access to basic services and security

As a result of mobility restrictions to contain the spread of the COVID-19 pandemic, both men and women have had difficulty accessing goods and services. Four out of ten people interviewed faced problems accessing food and medical supplies, and three out of ten have encountered difficulties accessing personal hygiene products. Furthermore, more women than men have had difficulty accessing school and internet services (Table 9).

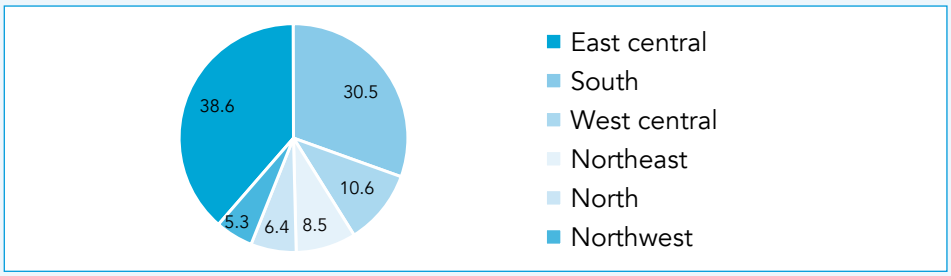
Table 9. Percentage of people who have experienced difficulty in accessing goods and services as a result of the health emergency, by sex

Good / service	Women	Men
Food products/supply	40.5	43.1
Medical supplies	37.4	39.9
Personal hygiene and sanitary products	29.4	31.5
Contraceptives	5.4	9.1
Maternal or child health services	9.6	11.1
Social care	20.5	15.5
School services	28.9	24.4
Internet services	33.6	29.8
Drinking water service	16.0	16.5
Public transport	22.0	26.7

Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

The health crisis together with the economic problems of each region of Mexico, limits to a greater extent the possibility of women to access maternal and child health services. The highest percentage of women who have faced difficulties in accessing these services are in the East Central region, which includes states with the highest number of registered COVID-19 cases (Graph 28).

Graph 28. Distribution of women with difficulties in accessing maternal and child health services as an effect of the pandemic, by region



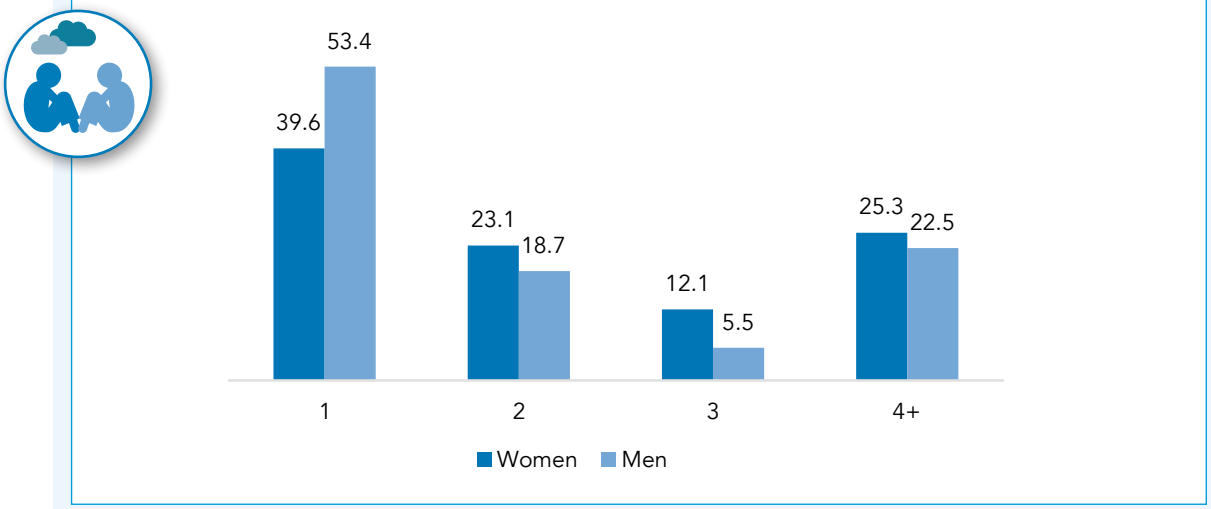
Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.
Note: Northwest: Baja California, Baja California, South: Sinaloa y Sonora. North: Coahuila, Chihuahua, Durango y Zacatecas. Northeast: Nuevo León, San Luis Potosí y Tamaulipas. West Central: Aguascalientes, Colima, Guanajuato, Jalisco, Michoacán y Nayarit. East Central: Ciudad de México, Hidalgo, Estado de México, Morelos, Puebla, Querétaro y Tlaxcala. South: Campeche, Chiapas, Guerrero, Oaxaca, Quintana Roo, Tabasco, Veracruz y Yucatán.

Mental health

The measures of confinement and social distancing, as well as the loss of employment and income and the disproportionate burdens of unpaid work have caused higher levels of stress and the presence of other negative emotions for a high percentage of women.

Since the beginning of the pandemic, people have not only been affected economically, but also emotionally; 16.4% of women and 13.2% of men reported that they have experienced inability to perform their personal care or health routines. Furthermore, 53.4% of the men interviewed reported having experienced at least one emotional problem since the spread of COVID-19. However, the percentages of women who experienced two (23.1%), three (12.1%) or more than four (25.3%) negative emotions simultaneously are higher in relation to the same percentages of men (Graph 29).

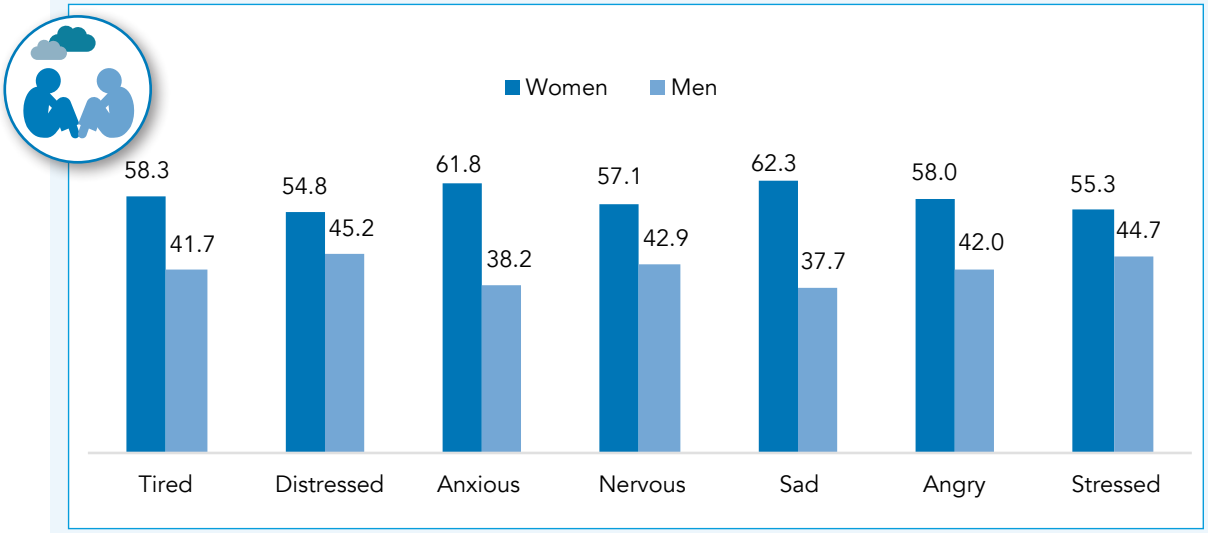
Graph 29. Percentage of people who reported experiencing one or up to four negative emotions since the spread of COVID-19, by sex



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.
Note: proportion of people who, during the pandemic, have felt: 1. Tired, 2. Distressed, 3. Anxious, 4. Nervous, 5. Sad, 6. Angry, 7 Stressed, 8. Other (for example, fear). The data refer to the number of emotions, regardless of the order in which they were asked, so that a person could experience 1 or more emotions at the same time.

The main negative emotion that women experienced was sadness (62.3%), followed by anxiety (61.8%). For men, the main emotional problem was anxiety (45.2%) followed by stress (44.7%). According to the results of the survey, the impact of negative emotions due to the COVID-19 pandemic was greater for women by at least nine percentage points in comparison to men (Graph 30).

Graph 30. Percentage distribution of people who reported experiencing at least one negative emotion since the spread of COVID-19 by type and sex



Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

FINAL THOUGHTS

The economic and health crisis caused by COVID-19 affects the achievement of the 2030 Agenda at the global, regional and national levels. People have experienced losses in their economic resources and changes in the dynamics within the households. This impact has differentially affected women and men, with women, young women and girls being the ones who are today in a greater situation of vulnerability.

Based on the results of the ENERICOV-2020 in Mexico, the impact of the pandemic has been greater for women, specifically for self-employed women (without employees); 66.2% reported that they closed your business as an effect of the pandemic. Consequently, 30.5% of the women reported that they stopped paying their rent or mortgage or stopped paying for public services.

The most disadvantaged situation is presented by women who live in households with children under 12 years of age, who require more time of care, meaning that their participation in the labour market is limited. Faced with this problem, it is necessary to design and promote new forms of employability for women and young women.

The interviewed women reported that the time spent on domestic and care work increased considerably during the pandemic. In particular, the time allocated to teaching and helping children with homework increased, which causes women to assume double working hours - particularly those who in also carry out other activities, such as paid work, from home.

In this sense, it is necessary to continue strengthening the National Care System programme and consider the care economy as a mechanism to encourage the participation of women in the labour market. The care work that women do must be recognized, redistributed and reduced.

Although a considerable percentage (64.4%) of women reported that their partner's participation in household chores increased during the pandemic, it is also important to point out that 56.9% of them stated that some or many domestic conflicts or disagreements have arisen during the confinement. It is therefore necessary to increase the participation of all members of the household in domestic and care tasks, and to reconcile unpaid work with paid work.

The measures of confinement and social distancing, as well as the loss of employment and income and the disproportionate of unpaid workload have as a consequence higher levels of stress and the presence of other negative emotions such as sadness and anxiety, mostly among women. In this regard, the rapid assessment surveys have provided an approximation of mental health and conflicts that have originated within the households. The challenge now is to design mechanisms to face the impact of COVID-19 on mental health and violence and consider this problem as a matter of public policy for the countries.

In Mexico, great efforts have been made to produce gender statistics that provide information on the situation of vulnerability in which women and men are in the country due to COVID-19, in order to make timely and evidence-based decisions.

With this, Mexico joins the global efforts in the construction of methodological and technical alternatives for the collection of adequate statistical information with a gender perspective. Through quick consultations with the population and the use of landline and mobile telephone interviews,

data has been obtained to respond to emerging problems and to help design or adjust public policies.

It should be noted that the production of information with a gender perspective, complementary to regular measurements, and in particular the ENERICOV-2020, has confirmed that women, young women and girls are the population that has been most affected by the loss of jobs and income and the increase in domestic work and care responsibilities - a situation that has had a negative impact on their mental health after almost a year of confinement.

The strength of rapid assessment surveys (polls) is that they make it possible to almost immediately have empirical evidence to identify needs and problems that require an urgent response, as well as to support the design and immediate implementation of actions. The effort to produce information with a gender perspective - at this time when the effects of the pandemic have not yet been contained and mitigated - are added to those that the national statistical offices and the mechanisms for the advancement of women carry out on a daily basis.

Among the challenges left by the pandemic is the challenge of monitoring its effects, as well as improving evaluation processes in order to propose evidence-based solutions. In this sense, institutions are required to continue to periodically collect statistics with a gender perspective, in order to account for the transformations experienced by men and women in different areas of their lives. For this, it is necessary to consolidate global, regional and national strategic alliances.

ANNEX

Annex 1. Technical Note*	
Responsible bodies	The Global Centre of Excellence on Gender Statistics (CEGS)
	The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
	National Institute for Women (INMUJERES in spanish)
Data collection period	From September 30 to October 9.
Targeted population	In Mexico, the high penetration of landline and mobile telephony services makes it possible to reach a large part of the population. According to the Federal Telecommunications Institute (IFT in spanish), as of the 4th quarter of 2019 there is a mobile phone penetration of 96 mobile lines per 100 inhabitants. For landline telephony, there are 63 lines for every 100 households. Usually in surveys, an informant is selected who can account for all the people in the household. Thus, the target population of the present study is defined as the population aged 18 years and over that has a landline or mobile telephone service.
Collection method	The current health contingency makes it impossible to collect information in households. Therefore other means of collection are explored. Due to the theme of the survey, it is important to capture both the perspective inside and outside the households, and hence a mixed survey model will be used, including both landline and mobile telephony.
Sample frame	The sampling frame is a list, reference or a conceptual whole that serves to outline and provide information regarding the population of interest. The sampling frame is the set from which the probabilistic samples are drawn through a random selection scheme, the sampling design function. Specifically, in this study the sampling frame is made up of all the possible landline and mobile telephone numbers that can be generated from the IFT's National Numbering Plan (PNN in spanish). The PNN information is updated according to the information published by the IFT on a regular basis. For this project, data updated to September 20, 2020 are used.

Annex 1. Technical Note*	
Stratification	To make the production of estimates more efficient in terms of precision and also to control the selection of the sample, the target population is usually stratified. Stratifying is intended to ensure sample selection in all identifiable strata. Intuitively, stratifying can be understood as dividing a population-wide estimation problem into several sub-population estimation problems, called strata, and subsequently combining such strata estimates to produce population-wide estimates. According to the information available from the PNN, a stratification is proposed by state and by dialing modality or means of collecting information (landline / mobile), consequently, a total of 64 strata are obtained.
Sample size	1,201 interviews
Sampling design	The sampling design is the function that determines the probabilities of obtaining a sample from the set of all possible samples. The sampling design is what mathematizes the sample selection scheme and determines the probabilistic and statistical properties at the time of inferring. In this project, the sampling design is probabilistic, stratified, one-stage of landline and mobile telephone numbers. The selection of telephone numbers is carried out using a simple stratified random sampling design, implemented using the "Random Digit Dialing" (RDD) technique. For the execution of the RDD, a self-developed software will be used (R Package called RDDQuantosIC v1.5) that uses the PNN of the IFT with latest update date: September 20, 2020. As it is a direct element sampling design, that is, a one-stage sampling design, there is no conglomeration, so theoretically there is a sampling design effect ("design effect", DEFF) of less than one in the estimates.
Sample allocation to strata	The sample size is distributed in the strata according to information from the National Survey on Availability and Use of Information Technologies in Households (ENDUTIH in spanish) 2018 and 2019 of the INEGI, according to the distribution of households with landline and mobile telephony. For each federal entity, the sample size of each type of telephony is distributed according to the state estimate of the ENDUTIH 2018 of the INEGI. It was determined that for those households with both types of telephony, information would be collected by means of landline telephony in half and by mobile telephony in the other half, so the population amount corresponding to each type of telephony was used to implement a sample distribution proportional to the size of the population. It is worth mentioning that the ENDUTIH 2018 is used, since for that year representative information is available at the federal level, while the ENDUTIH 2019 is a survey with a much smaller sample size.

Annex 1. Technical Note*	
Survey weights	Survey weights are the main input for generating estimates. Initially, the survey weights are the inverse of the inclusion probability. These are calculated considering the effective sample obtained in the domains and strata. Because the survey is carried out independently for the two telephony modalities, the survey can be treated as two separate surveys, one for landline telephony and one for mobile telephony, which will be combined later to have common survey weights combines both surveys, merging the data in a single table. In this way, the survey weights have due weight for each telephone modality. Subsequently, to avoid deviations in certain demographic variables, the survey weights are adjusted for geographic distributions, age and sex of the target population, from auxiliary information.
Representativeness	National coverage
Sample error	+/- 2.8 points

* The sampling design, the construction of survey weights and calibration, and the data collection carried out by the company Quantos Inc.

Annex 2. Interviews by sex and state (%)			
State	Percentage		
	Total	Women	Men
Aguascalientes	1.2	0.7	0.6
Baja California	2.5	1.1	1.4
Baja California Sur	0.8	0.4	0.4
Campeche	0.8	0.2	0.6
Coahuila	2.6	1.0	1.6
Colima	0.6	0.5	0.1
Chiapas	3.2	1.8	1.4
Chihuahua	3.5	1.3	2.3
Mexico City	8.7	4.9	3.8
Durango	1.7	0.6	1.1
Guanajuato	4.7	3.0	1.7
Guerrero	2.8	0.1	2.7
Hidalgo	3.0	0.6	2.5
Jalisco	6.7	4.0	2.7
Estado de México	13.9	7.9	6.0
Michoacán	4.0	1.8	2.2
Morelos	1.2	0.4	0.8
Nayarit	1.1	0.5	0.6
Nuevo León	4.2	2.9	1.4
Oaxaca	3.2	1.5	1.7
Puebla	5.3	3.7	1.6
Querétaro	1.5	0.9	0.7
Quintana Roo	1.3	0.8	0.6
San Luis Potosí	2.0	1.2	0.8
Sinaloa	2.6	1.0	1.6
Sonora	2.9	2.1	0.8
Tabasco	1.4	0.7	0.7
Tamaulipas	3.0	1.7	1.3
Tlaxcala	0.7	0.6	0.2
Veracruz	5.9	3.4	2.6
Yucatán	1.8	0.9	1.0
Zacatecas	1.2	1.0	0.2
Total	100.0	52.5	47.5

Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

Annex 3. Interviews by collection method and state			
State	Total	Landline	Mobile phone
Aguascalientes	1.2	0.4	0.9
Baja California	2.5	0.9	1.7
Baja California Sur	0.8	0.2	0.6
Campeche	0.8	0.1	0.6
Coahuila	2.6	0.7	1.9
Colima	0.6	0.4	0.2
Chiapas	3.2	0.4	2.8
Chihuahua	3.5	0.6	2.9
Mexico City	8.7	4.3	4.4
Durango	1.7	0.3	1.3
Guanajuato	4.7	1.9	2.8
Guerrero	2.8	1.3	1.5
Hidalgo	3.0	0.9	2.2
Jalisco	6.7	2.7	4.0
Estado de México	13.9	5.7	8.2
Michoacán	4.0	1.3	2.7
Morelos	1.2	0.3	0.9
Nayarit	1.1	0.6	0.5
Nuevo León	4.2	1.9	2.4
Oaxaca	3.2	0.7	2.5
Puebla	5.3	1.7	3.6
Querétaro	1.5	0.8	0.7
Quintana Roo	1.3	0.2	1.2
San Luis Potosí	2.0	0.4	1.6
Sinaloa	2.6	0.1	2.5
Sonora	2.9	0.7	2.3
Tabasco	1.4	0.2	1.2
Tamaulipas	3.0	1.0	2.1
Tlaxcala	0.7	0.2	0.5
Veracruz	5.9	1.5	4.5
Yucatán	1.8	0.2	1.6
Zacatecas	1.2	0.7	0.5
Total	100.0	32.9	67.1

Source: CEGS, UN Women, INMUJERES, ENERICOV-2020.

Annex 4. Questionnaire

RAPID ASSESSMENT SURVEY ON THE IMPACT OF COVID-19

(ENERICOV-2020) MEXICO

Good day/afternoon,

The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), through the Global Centre of Excellence in Gender Statistics (CEEG), and in collaboration with the National Institute of Women (INMUJERES), is conducting an investigation to find out how the coronavirus pandemic (COVID-19) has affected men and women in various aspects of their lives. The results of the survey will be useful in guiding the response to the crisis and the advocacy to improve people's well-being, during and after the pandemic.

It takes approximately 15 minutes to complete this survey. All the information you provide will be kept strictly confidential. Would you agree to participate?

1. Yes

2. Yes, but at another time *[Thank informant and reschedule the interview]*

3. No *[Thank informant and finish]*

A. IDENTIFICATION OF THE INTERVIEWEE

1. Could you tell me what your age is? Years _____

[If the person is less than 18 years old, thank and finish the phone call.]
[In case of calling a landline phone, ask if someone else in the household can answer]

2. Do you identify yourself as man, woman or other?

1. Man

2. Woman

3. Other *[Specify]*

[Why do you ask the question like that? For statistical purposes and at UN Women we are committed to the inclusion of everyone.]

3. Are you the main economic provider of this/your household?

1. Yes *[Go to A5]*

2. No *[Go to A4]*

4. What relationship do you have with the main economic provider of this / your household?

[Select the option indicated by the informant]

1. Father/Mother

2. Spouse/Partner

3. Son/Daughter

4. Other relationship *[Specify]*

5. Domestic worker/babysitter/nurse *[Thank informant. If it is a landline phone, ask for a member of the household; Otherwise, finish interview]*

6. No relationship *[Specify]*

5. In what state of the Republic do you reside? *[Spontaneous]*

1. Aguascalientes

2. Baja California

...

32. Zacatecas

6. You are currently *[Read the options]*?

1. Living as a couple/Cohabiting

2. Married

3. Separated

4. Divorced

5. Widowed

6. Single/Never married

99. Do not know/No answer

B. KNOWLEDGE OF COVID-19

1. Have you heard or read information about COVID-19? *[Spontaneous]*

1. Yes

2. No *[Go to section C]*

2. What is your main source of information on the COVID-19 situation? *[Spontaneous, in case the informant does not answer, read each of the options without mentioning the examples and WRITE ONLY ONE] [If the interviewee answers several sources of information, ask, "Which is the main one?"]*

1. Social media (Facebook/Twitter/Instagram/etc.)

2. Official government web sites

3. Communication media (Radio/Television/Newspaper)

4. Public Service Announcement (megaphoning)

5. Phone/Cell phone (Texts/Calls/WhatsApp)

6. By members of your community, including family and friends

7. Health centre or your family doctor

8. Other (Non-governmental organization / civil society organization / etc.) *[Specify]*

3. In general, did you find the information you received about COVID-19 useful to protect yourself from the pandemic? *[Spontaneously]*

1. Yes

2. No

C. EMPLOYMENT AND INCOME

1. Before the confinement, what was your main work activity during a typical/ normal week? *[Spontaneous][Select the option that best suits the informant's response]*

1. I worked for an employer (either a person, company, or household) *[Go to C2]*

2. I helped out in a family business (without pay) *[Go to C3]*

3. I had my own business and employed other people *[Go to C3]*

4. I had my own business without other people employed *[Go to C3]*

5. I did not work; I was a pensioner/retired *[Go to C6]*

6. I did not work; I did household work *[Go to C6]*

7. I did not work; I was a full-time student *[Go to C6]*

8. I did not work, due to a physical/mental impairment that prevents me from working *[Go to C6]*

9. I did not work; I was not looking for work and was not available for work *[Go to C6]*

10. I did not work, but I was looking for work *[Go to C6]*

11. Other *[Specify]*

2. Did you have, or do you have, any benefits from your work, such as medical service, Christmas bonus, vacation or day-care? *[Spontaneous]*

1. Yes

2. No

99. Do not know/No answer

3. As an effect of the pandemic, have you lost your job or closed your business? *[Spontaneous]*

1. Yes *[Go to C6]*

2. No *[Go to C4]*

4. As an effect of the pandemic, have the number of hours you dedicate to your main work activity ...? *[Read the options and select only one option]*

1. Increased

2. Remained the same

3. Diminished

5. During the pandemic, have you been working ...? *[Read the options and select only one option]*

1. From home

2. In your usual place of work

3. Both

6. Do you currently have medical coverage by any type of insurance or are you a beneficiary? *[Select one option]*

1. Yes, covered by private health insurance

2. Yes, covered by public health insurance or protection (INSABI (previously known as Seguro Popular), IMSS, ISSSTE, Marina, Pemex, etc ...)

3. Yes, covered by private and public health insurance

4. No

99. Do not know/No answer

7. During the pandemic, have you received any financial assistance from the government that you did not receive before? *[Spontaneous]*

1. Yes

2. No

99. Do not know/No answer

8. During the pandemic, have you or any member of your household received any in-kind support that you did not receive before, for example ...? *[Read each of the options, if necessary, use the examples]*

Type of help	Yes	No
Food products/supply	1	2
Medical supplies for prevention (gloves, masks, disinfectant, etc.)	1	2
Personal hygiene products (sanitary napkins, baby diapers, etc.)	1	2
Others *[Specify]*	1	2

9. In your home ...? *[[read the following questions about sources of income / support?]*

9A. Before the pandemic, you had income / support from... *[Read the options for sources of income / supports]*				**9B**. During the pandemic, the amount of this source of income / support... *[Read the options]*			
Source of income / support	Yes *[Go to 9B]*	No *[Put N/A in 9B and continue to the next source]*	Do not Know/No answer *[Put N/A in 9B and go to the next source]*	Increased	Decreased	Remained the same	Not applicable (N/A)
Paid work or business	1	2	3	1	2	3	4
Income, investments, or savings	1	2	3	1	2	3	4
Pensions and / or retirement benefits	1	2	3	1	2	3	4
Government benefits (scholarships and other support)	1	2	3	1	2	3	4
Support from non-profit organizations (churches, civic organizations, food banks, community kitchens)	1	2	3	1	2	3	4
Money or property received from family or friends who live in other parts of the country.	1	2	3	1	2	3	4
Money or property received from family or friends who live in another country.	1	2	3	1	2	3	4
Other sources of income	1	2	3	1	2	3	4

10. In your household, during the pandemic, have you stopped paying the rent or home mortgage, or stopped paying for basic services, such as water or electricity due to lack of income? *[Spontaneous]*

1. Yes

2. No

99. Do not know/No answer

11. Would you say that your total monthly household income is or is not enough for you to live on? *[Read all the options]*

1. Not enough, they have great difficulties

2. Not enough, they have difficulties

3. Just enough, without great difficulties

4. Well enough to save money

99. Do not know/No answer

D. CHARACTERISTICS, ACTIVITIES AND DISTRIBUTION OF HOUSEHOLD TASKS

For statistical purposes, I will ask you about some characteristics of your home, as well as the maintenance and household tasks in the home.

1. Including yourself, how many people live permanently in your household? Remember to include older adults, girls and young children *[If the number of persons=1, go to 8]*

Number of persons _____

[Why do you ask about the members of my household? answer: "As an effect of the pandemic, we know that family dynamics have been affected and we want to know how it has affected the members of your household."]

2. How many people are between 0 and 5 years old? Number of persons _____

3. How many people are between 6 and 11 years old? Number of persons _____

4. How many people are between 12 and 17 years old? Number of persons _____

5. How many people are between 18 and 64 years old? Number of persons ___

6. How many people are 65 years old or older? Number of persons _____

7. In your household, does anyone need special care due to illness or disability?

1. Yes

2. No

99. Do not know/No answer

8. In your household *[Read the following question about use of time]*

8A. Before the pandemic, who spent the most time doing... *[Read the following activity options, do not include examples, only if necessary]*					**8B**. During the pandemic, do you consider that the time spent on this activity *[Read the options]*			
Activity	I	Other member of the household	Domestic worker, babysitter or nurse	Not applicable (N/A)	Increased	Decreased	Remained the same	Not applicable (N/A)
Household chores (cooking, washing, ironing, cleaning, sweeping) *Applies to everyone*	1	2	3	4	1	2	3	4
Repair and maintenance of the home *Applies to everyone*	1	2	3	4	1	2	3	4
Home management (purchases, payments, transactions) *Applies to everyone*	1	2	3	4	1	2	3	4
Collect water or firewood *Applies to everyone*	1	2	3	4	1	2	3	4
Caring for children while doing other tasks at the same time (for example, paid work, housework) *Applies if D2>0 | D3>0*	1	2	3	4	1	2	3	4
Childcare, including feeding, cleaning, and playing *Applies if D2>0 | D3>0*	1	2	3	4	1	2	3	4

Teach and help the children with their homework. *Applies if D2>0 | D3>0*	1	2	3	4	1	2	3	4
Help elderly, sick or disabled adults with medical care, food, cleaning and administration and payment of bills *Applies if D6>0 | D7=0*	1	2	3	4	1	2	3	4
Help other people or family members outside the household (eg, community, neighbourhood, volunteer activities) *Applies to everyone*	1	2	3	4	1	2	3	4
Caring for pets and plants *Applies to everyone*	1	2	3	4	1	2	3	4

9. Please tell me if since the beginning of the pandemic... *[read options, do not include examples]*

Filter	Activity	Yes	No	Not applicable (N/A)
Not applicable if D1=1	Your partner is more involved with housework and home care *Applies if A4=2*	1	2	3
	The girls and young women in the household are more involved with housework and taking care of the home.	1	2	3
	The children and young people in the household are more involved with housework and taking care of the home.	1	2	3
	Other household members are more involved with housework and care	1	2	3
	The domestic worker, babysitter or nurse participates more with housework and care	1	2	3

10. On a scale from 1 to 10, where 1 is "Completely dissatisfied" and 10 is "Completely satisfied". Please tell me the number that best corresponds to how satisfied you are with the way household chores are distributed. *[Spontaneous]*

1-3 Completely dissatisfied

4-5 Dissatisfied

6-8 Satisfied

9-10 Completely satisfied

11. Would you say that problems of coexistence have increased during the confinement? *[Spontaneous] [Does not apply if D1=1]*

1. Yes *[Go to D12]*

2. No *[Go to D13]*

12. Would you say that there have been *[Read the options]* problems caused by the confinement? *[Go to section C]*

1. Few

2. Some

3. Many

13. Would you say that coexistence in your household has improved during the confinement? *[Spontaneous]*

1. Yes

2. No

99. Do not know/No answer

E. ACCESS TO BASIC SERVICES AND SECURITY

1. As a result of the pandemic, have you had difficulty accessing (getting or buying) *[read the options, if necessary, mention the examples]*?

Good/service	Yes	No	Not applicable (N/A)
Food products/supply	1	2	3
Medical supplies (gloves, masks, medications, etc.)	1	2	3
Personal hygiene and sanitary products (sanitary napkins, baby diapers, soap, alcohol, gel, etc.)	1	2	3
Drinking water service (for hand washing / continuous house cleaning)	1	2	3

Contraceptive and family planning methods	1	2	3
Maternal or child health services (check-ups for pregnancy, delivery and the puerperium)	1	2	3
Social assistance for you or a member of your household	1	2	3
School services (suspension of classes for children / adolescents)	1	2	3
Internet service	1	2	3
Public transport	1	2	3

2. Since the start of the pandemic, have you or any member of your household... *[Read the options]*

Situation	Yes	No	Not applicable
Have experienced physical discomfort or illness	1	2	3
Have experienced an inability to perform normal personal care or health routines	1	2	3
Have moved to a different city within the same country	1	2	3
Have migrated or moved to a different country temporarily	1	2	3
Have returned to the country from abroad	1	2	3
Since the beginning of the pandemic, has any member of your household died for any reason associated with COVID-19? *[If E2.6=1 "We are sorry for your loss. We will continue with the interview. There are only few questions left"]*	1	2	3

3. During the pandemic, have you felt ... *[Read the options]*? *[It is possible to select more than one option]*

1. Tired
2. Distressed
3. Anxious
4. Nervous
5. Angry
6. Stressed
7. Other (e.g fear) *[Specify]*

99. Do not know/No answer

4. Have you or someone you know experienced any form of discrimination or stigma related to COVID-19? *[Spontaneous]*

1. Yes

2. No

99. Do not know/No answer

5. During the COVID-19 pandemic, have you felt safe walking alone on the street? *[Spontaneous]*

1. Yes

2. No

99. Do not know/No answer

6. Since the beginning of the COVID-19 pandemic, have you felt safe in your home? *[Spontaneous]*

1. Yes

2. No

99. Do not know/No answer

F. SOCIODEMOGRAPHIC CHARACTERISTICS

1. What is the highest level of education that you have studied, or degree that you have completed?

1. None

2. Preschool

3. Incomplete primary school

4. Complete primary school

5. Incomplete secondary school

6. Complete secondary school

7. Incomplete High school / Preparatory / technical degree

8. Complete High School / Preparatory / technical degree

9. Bachelor's degree

10. Postgraduate

11. Other *[Specify]*

99. Do not know/No answer

2. What is the highest level of studies or highest completed degree of the main economic provider of this household? *[Applies if A3=2]*

1. None
2. Preschool
3. Incomplete primary school
4. Complete primary school
5. Incomplete secondary school
6. Complete secondary school
7. Incomplete High school / Preparatory / technical degree
8. Complete High School / Preparatory / technical degree
9. Bachelor's degree
10. Postgraduate
11. Other *[Specify]*

99. Do not know/No answer

3. For statistical purposes, I will ask you some standard socioeconomic questions. In your home, how many rooms are used for sleeping, not counting hallways or bathrooms? _____

4. How many full bathrooms (with bath and shower) are there in your home?_____ _____

5. How many cars or vans for personal use do you have in your home? _____

6. Do you have a landline phone in your home? *[Ask if respondent is contacted by mobile phone]*

1. Yes
2. No

99. Do not know/No answer

7. Do you have a mobile phone or a cell phone in your home? *[Ask if respondent is contacted by landline phone]*

1. Yes
2. No

99. Do not know/No answer

8. Does your home have a landline internet connection? (If it has a modem / WiFi, and not counting cell phones)

1. Yes
2. No

9. Including yourself, how many people 18 years of age or older in your household have a mobile phone or a cell phone? *[Applies if D1>1]*

G. EXPRESS GRATITUDE AND FINISH INTERVIEW

We have finished the interview. We greatly appreciate your collaboration.

1. Do you have any additional comment? _____

2. Do you want us to keep your number for tracking?

[What type of tracking? Answer: "In order to measure the developments of the effects of the pandemic"]

1. Yes

2. No

3. Do you want me to provide you with a WhatsApp number from where you can receive verified information about COVID-19?

1. Yes *[The number is 55 31 28 28 54, send a "Hello" on WhatsApp to subscribe.]*

2. No

THANK YOU VERY MUCH FOR PARTICIPATING. If you have any questions about the survey, please send an email to: cegs@unwomen.org or check the web pages << https://mexico.unwomen.org/es >> << https://www.gob.mx/inmujeres >>

- If during the interview you identified that the interviewee had or has any need related to maternal and child medical services, provide the following number:

  Line: 800 MATERNA (800 6283762)

  Care for women in pregnancy, childbirth, puerperium or lactation

- If during the interview you identified that the interviewee needs some advice or emotional support, provide one of the following numbers:

  Life Line: 800 911 2000

  IMSS psychiatry and psychology: 800 2222 668, option 4

  «Fray Bernardino Álvarez» Psychiatric Hospital General population: 55 5487 4271

  UNAM line: 55 5025 0855

- If the interviewee requests medical information about coronavirus (COVID-19), provide the following numbers and website:

  COVID-19 line: 800 00 44 800 (National)

  If it is urgent call 911

  <<https://coronavirus.gob.mx/contacto/>>

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Web pages:

UN Women: https://www.unwomen.org

UN Women Mexico: https://mexico.unwomen.org/es

Women Count: https://data.unwomen.org/women-count

Global Centre of Excellence on Gender Statistics (CEGS): http://cegsunwomen.com/

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