

A feminist perspective on COVID-19 and the value of care work globally

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The shared response to the COVID-19 crisis demonstrates that the vast majority of society believes human wellbeing – not economic growth – should be at the centre of policy. COVID-19 exposes the foundational role of care work, both paid and unpaid, to functioning societies and economies. Focusing on 'production' instead of the sustainable reproduction of human life devalues care work and those who perform it. Women's physical and mental health, and the societies that rely on them, are at stake. When these policies are formulated, the field of feminist economics has valuable lessons for mitigating hardships as countries navigate the related economic fallout. A comprehensive response to the COVID-19 crisis must recognize this gendered work as an integral part of the economic system that promotes human wellbeing for all.

KEYWORDS

care, COVID-19, health, social reproduction, work

1 | INTRODUCTION

Natural disasters and health crises have gendered dimensions, a point repeatedly demonstrated across disciplines and an important argument raised in this publication by Boncori (2020) in the case of the coronavirus pandemic and academic lives. Early evidence of a gender disparity in mortality in China indicates a disadvantage for men, who are more likely to have a laboratory-confirmed case, but the gender differential is reversed for other, less clear-cut dimensions of the disease (Chen et al., 2020; Guan et al., 2020). Of particular concern is the overrepresentation of women among low-wage workers on the frontline – including home health aides, nurses and nursing assistants – and at the other end of the supply chain – including those employed in the logistics and packing industry (Himmelstein & Venkataramani, 2019). Women also stand to face the starkest employment losses, as retail, food

service and hospitality are among the industries already hardest hit. In most developed countries, low-wage workers at risk of unemployment are disproportionately minority women, particularly women of colour (Averett, Argys, & Hoffman, 2018).

The gendered dimensions of this crisis also apply within the home, where the gendered division of work has been slow to change. Women still do more of the unpaid care work than men around the globe (International Labour Organization [ILO], 2018; Sayer, 2005). The COVID-19 outbreak has increased the need for home-based caring labour not only because of the closing of schools and childcare facilities, but also because more people are sick and need care.

Women's physical and mental health, and by extension, the societies that rely on women and the work they do, are at stake (Cohen & Venter, 2020; Geurts et al., 2005).

This crisis points a spotlight on the need for care, both medical care by paid healthcare personnel as well as care in the home. Yet care work is often undervalued and invisible (Himmelstein & Venkataramani, 2019; Sayer, 2005). The perceived low value of care work — paid and unpaid — and women's disproportionate responsibility in performing this work is an issue that has garnered long-term attention in the field of feminist economics, with valuable lessons for understanding how women are impacted by COVID-19 and mitigating hardships as countries navigate the related economic fallout (Power, 2004).

2 | SOCIAL REPRODUCTION AND CARE

Feminist research in economics has consistently highlighted the ways production depends on paid and unpaid work (Laslett & Brenner, 1989; Power, 2004; Vogel, 2013). *Social reproduction* includes the day-to-day work assigned largely to women — household labour, physical and emotional caregiving, and other work to meet human needs — required to 'maintain existing life and to reproduce the next generation' (Laslett & Brenner, 1989, p. 383). Without the day-to-day work of social reproduction, entire social systems would collapse.

The value of women's paid and unpaid labour is increasingly apparent with the spread of COVID-19: as schools close, the role of teachers — disproportionately women — and public education as a mechanism of support and caregiving for families is laid bare, as women working for pay scramble to arrange childcare. Across many countries, women — especially women of colour — are overrepresented among low-wage workers on the front line during the COVID-19 crisis. Many have no choice but to go to work even when they are at risk of contracting the virus or they are sick, and they cannot telecommute. Nurses — disproportionately women — and other first responders must continue to work for pay. Women in grocery stores, where task segregation often places them in face-to-face interactions with customers, are essential workers and are newly being recognized as such (Tolich & Briar, 1999).

Time-use surveys show that, as a group, women work longer than men in total, and they perform more unpaid work than men (ILO, 2018; Sayer, 2005). Since women bear responsibility for social reproduction, during crises they may face increased pressure to substitute unpaid work for lost income, for example, taking care of an ill relative at home rather than taking them to a clinic (ILO, 2018).

All over the world, women are also more likely to be single parents, meaning that women and their households are often more dependent on a single source of income *and* they provide financial support to more dependants on that income (Cohen, 2010). Intensified pressure is likely to impact women's mental and physical health (Cohen & Venter, 2020; Geurts et al., 2005).

3 | GENDER-AWARE POLICY RESPONSES

Gender-aware policies recognize women's work outside of paid employment. More broadly, policy responses from national to local levels should be developed with a feminist perspective that puts due emphasis on the value of care

and the power of interdependency, as the interchange of care and resources can sustain families and communities through difficult times (Banks, 2018; Power, 2004).

In wealthier countries, a key policy response is to expand paid sick leave and family leave benefits. In the United States, the second federal COVID-19 relief package passed on 18 March includes — for the first time — paid family and medical leave during this crisis to care for a sick or at-risk family member or oneself. This emergency paid leave policy applies to employees who need to care for children whose schools or day care facilities closed. This legislation helps to meet the needs of some workers who are balancing care responsibilities, but almost half of the US private sector workforce is not eligible. Other OECD (Organisation for Economic Co-operation and Development) countries are well ahead of the United States in terms of paid leave benefits. Further stimulus policy responses being implemented or considered across developed countries include expanded unemployment insurance, targeted cash transfers, universal basic income and support for small businesses.

In poorer countries, the impacts of COVID on caretakers will be dire. The 'social distancing' recommended in developed countries will be difficult to observe in overcrowded households and may be impossible for women to adopt. Information advising people how to care for ill household members and themselves must be made available, along with hand sanitizer in urban areas and tippy taps in rural areas. Assistance with obtaining food, medications and maintaining access to utilities is likely to be needed. Community health workers and friendship bench-type mental health support for care providers may be valuable interventions for helping people cope with psychological distress (Chibanda et al., 2016).

Efforts to mitigate intimate partner violence as tensions mount within households from the health crisis and associated economic insecurity should be prioritized. Domestic violence intensifies during disasters and crises (Gearhart et al., 2018). The COVID-19 crisis is longer term, more people are confined to their homes, there is an uncertain endpoint, many are struggling financially, and people are scared and grieving. It is difficult to overstate the scale of this problem for those who are subject to abuse of all kinds.

Moreover, the crisis cannot be used as an excuse to divert resources away from women's reproductive health care and maternal and child health. For example, under directives to free up hospital beds and medical supplies, legislators in several US states have classified abortions as elective and nonessential procedures that need to be postponed until the crisis is over. However, these restrictions do little if anything to divert necessary resources toward hospital care for coronavirus patients. Using COVID-19 as a rationale to limit women's access to reproductive healthcare services is a political manoeuvre that defies numerous studies in public health and social sciences showing the beneficial effects of investing in reproductive health. Such benefits, which include women's economic empowerment, expanded choice and a sense of greater control over their lives, are critical in times of crisis (Bärnighausen et al., 2019; Gammage, Joshi, & van der Rodgers, 2020).

4 | CONCLUSION

COVID-19 is not only a major economic and health shock, it may also be a major shock to social norms around the gendered distribution of work at home. Like natural disasters, a public health crisis alters daily living in such a way that may re-entrench gender norms, but also offers the opportunity to disrupt them. More parents are staying home due to workplace closures, with many employees in white-collar jobs telecommuting if that is feasible. The home, usually a black box in neoclassical economics, has suddenly become a sphere of close scrutiny in academic and media discourse around caring labour and its power relations. In two-parent households, the allocation of work within the home depends not only on gendered social norms but also bargaining power and the opportunity cost of time allocated to domestic work. These issues have garnered attention during the COVID-19 crisis as families have been confined to their homes while attempting to work and care for children at the same time.

An urgent question is whether the abrupt order for many employees to telecommute is changing the gender distribution of caring labour within the home and causing conflict in negotiating boundaries between work and family.

We expect that telecommuting in the context of COVID-19 places disproportionate burdens on women. This question fits into the broader goal of seeking to understand how the nature of work — both paid and unpaid — is changing during the enormous social and economic upheaval caused by the COVID-19 pandemic. The institutionalization of telecommuting may bring wider acceptance and adoption of other workplace policies such as job sharing and flex-time that place value on labour within the home.

COVID-19 exposes how the usual functioning of the labour market combines with gender roles to require more work from women than from men. Although many of the challenges for women are not unique to this time, COVID-19 has exacerbated their impacts, and making this an important moment to advocate for policies that support their wellbeing, and that of the society their work sustains.

Economic policy should be constructed within a broader, feminist framework of human wellbeing and justice, rather than being solely concerned with the achievement of output-based metrics such as financial stability and economic growth. At minimum, in addition to capabilities (the ability to do or be) and self-efficacy, human wellbeing requires adequate provisioning through three interconnected channels: paid labour, unpaid care activities and support from the government (Nussbaum, 2003; Sen, 1999). Paramount in this approach is the need to address other types of injustice that may intersect with gender inequality, especially by race and class. Hence, a comprehensive response to the COVID-19 crisis emphasizes social reproduction as an integral part of the economic system and judges the success of policy responses by how they promote human wellbeing for all.

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DECLARATION OF CONFLICTING INTERESTS

The authors have nothing to disclose and no conflicts of interest.

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