

Gender, Care and Labour, Seminar

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WEDNESDAY 29/09/2021

Iceland
Liechtenstein
Norway grants

ProGender

A Digital Hub on Gender,
the COVID-19 Crisis and its Aftermath

The project is implemented by:



Day one:
Wednesday, 29/9/2021
18.00-20.00 (Greece)
/ 17.00-19.00 (Norway)
/ 15.00-17.00 (Iceland)

GENDER, CARE AND
UNPAID WORK:
PERSPECTIVES AND
CHALLENGES
DURING THE
PANDEMIC

Today's Seminar Program

18.00-18.10: Welcome, Introduction and Padlet

18.10-18.40: Presentation

18.40-19.00: Questions, ideas, experiences

19.00-19.15: Break

19.15-19.45: Discussion

19.45-20.00 Padlet feed-back

Raise your hand, Chat, Publish in Padlet



Seminars are not lectures. Don't just sit there and listen. It is really important to participate.

-Ask to speak during the session: ask questions, make comments, raise issues, propose alternatives.

-There is a raise hand feature. Use it!

-Write your comments, questions, ideas, stories on the chat.

-Visit <https://padlet.com/hellikam/ln15cfafcp7yv9bm> and sign up.

1. -Click on the + (bottom right hand side)
2. -A square will appear where you can write your thoughts, ideas, arguments, experiences or stories.
3. -You can also upload photos, videos and comment on them.

It is OK too if you are here just to listen especially if you have care responsibilities, for example taking care of kids, elderly persons or a partner who is sick while you are attending the seminar. But please send us a message so we know why.

Seminar Exercise

and Certificates of Participation.

Please contribute to the seminar **with short written (300-500 words) responses in Greek or English to one of the questions that are listed in the Seminar program.**

Alternatively you can **propose your own questions and respond to them.**

The texts of the responses should be **uploaded daily on the padlet** and will be discussed during the online seminar sessions.

Feel free to discuss your views, opinions, personal experiences and feelings of the pandemic. They can be signed or unsigned and be written in groups if you find it useful.

Certificates of participation will be given upon request to those who have participated in all three days of the seminar.

1. The concept of care and feminism during COVID-19

The concept of care has a long history and is crucial to feminist debates over the past 30 years. Feminists have argued that care is a political issue when they realised that everyday tasks that mostly women carry out are silenced, unappreciated and unpaid.

-Care as **a natural feminine trait**, linked to maternal instincts and women's natural connection to Earth. Anti-essentialist feminist critiques, however, argue that this is biologism and that there is nothing naturally feminine and maternal about care.

-Care as reproductive labour (paid-unpaid) in the context of the **wages for housewives movements**. The term "reproductive labour" is really useful here to understand how unpaid or badly labour necessary for our survival has been historically constructed as inferior to productive labour.

The concept of care and feminism during COVID-19

-Care as a **social policy**: work-life balance, child benefits and tax exemptions etc. There are also numerous ways to address care as part of the healthcare system which forms the backbone of the welfare state. Here the role of healthcare workers and auxiliary personnel is very important, (next seminar)

-Care as a **global migration issue**: global care chains. Interdependence between Western mostly white women's entry into the labour market and the rise of the feminised and racialised domestic and care sectors. Migrant women and men move to more affluent societies to work in these sectors carry out care tasks, while they have left their dependent ones in the country of origin to be taken care of by relatives.

During COVID
19 many
feminist
critiques have
argued that we
should move
towards an
ethics and
policies of care.

“Care is at the pandemic’s epicentre – the global virus involves, if nothing else, an avalanche of care need. This is true in a health sense given associated mortality, illness and compromised physical and mental wellbeing. But it is also the case that the pandemic has transformed the need for ...care thinking and enquiry... In short, the pandemic has greatly increased the call on unpaid care, the demands on existing arrangements and the need to connect care to wider processes” (p.114).

Mary Daly (2020), “The concept of care: Insights, challenges and research avenues in COVID-19 times”, <https://journals-sagepub-com.ezproxy.herts.ac.uk/doi/pdf/10.1177/0958928720973923>

Shifts in gender relations of care during COVID-19

1. A shift in resources on “people who have the virus or are vulnerable to it; on hospitals as settings of care; and on resourcing medical personnel and research” at the expense of all other non COVID relate care needs (Daly, 2020, p.115). Especially, child care has suffered a lot.

<https://www.youtube.com/watch?v=IzGDnDrL19o>

1. “With much care shifted to the domestic sphere, the boundary lines between paid and unpaid care on the one hand and different locations of care on the other hand may well have been changed. (Daly, 2020, p.115). This raises several questions:

Is care shared within homes? Are women more burdened than men? What about sharing in LGBTQ+ homes? Are there any community based responses to the lack of public and private care?

2. Care impact of the pandemic on women and men.

According to UN-Women, unequal work-life balance increased during the pandemic as women continued to act “as **the default unpaid family caregivers** and the majority of unpaid or poorly paid community health workers.” (UN-Women, 2020, p. 13)

Inequalities in the division of paid and unpaid work pre-existed COVID-19, but they have been exasperated after COVID-19 because of the shrinkage of public care during lockdowns (closure of day care centres, schools), the prohibition of movement of paid live-out care givers (care and domestic workers) and extended family members.

Women were the ones mostly affected: “Despite descriptions of crashing productivity in the ‘real economy,’ **women are busier than ever**. Time-use data, survey data, and women’s own accounts all chart an increase in **home-schooling, childcare, care for disabled and older people**, and other unpaid work predominantly done by women such as **housework and household management**.” (Engender 2020, p. 2).

In Europe, progress previously made was lost during COVID-19

Work-life balance?

-Telework offers more flexibility but also results in lack of quiet spaces, where women can work without interruptions from children and other persons in need of care.

-Women lack sufficient time to devote to paid work, since care-taking uses up a large share of productive time.

-Increased unpaid work has an impact on paid work increasing the **gender gaps in employment and unemployment and leading to a drop of income and higher risk of poverty for vulnerable women.**

Increased pressure on women result in their **professional careers slowing down and in damages to psychological and physical health**: overworking, exhaustion and fatigue are important issues.

EIGE (2021) data shows:

The pandemic brought **an end to five years of employment growth** in the EU. At first, there was a 2,4% decline in both male and female employment, but when recovery started in the summer of 2020, male workers got 1,4 million jobs while female ones only 0,7 million.

Unpaid care: “In the EU-27 in 2019, more than half (53 %) of women aged 25–49 outside the labour force indicated that looking after children or incapacitated adults or other personal or family responsibilities was the main reason for not seeking employment, while only 8 % of inactive men reported that this was their main reason for not looking for a job” (p. 14). Moreover more women than men were underemployed workers wishing for more work (labour market slack).

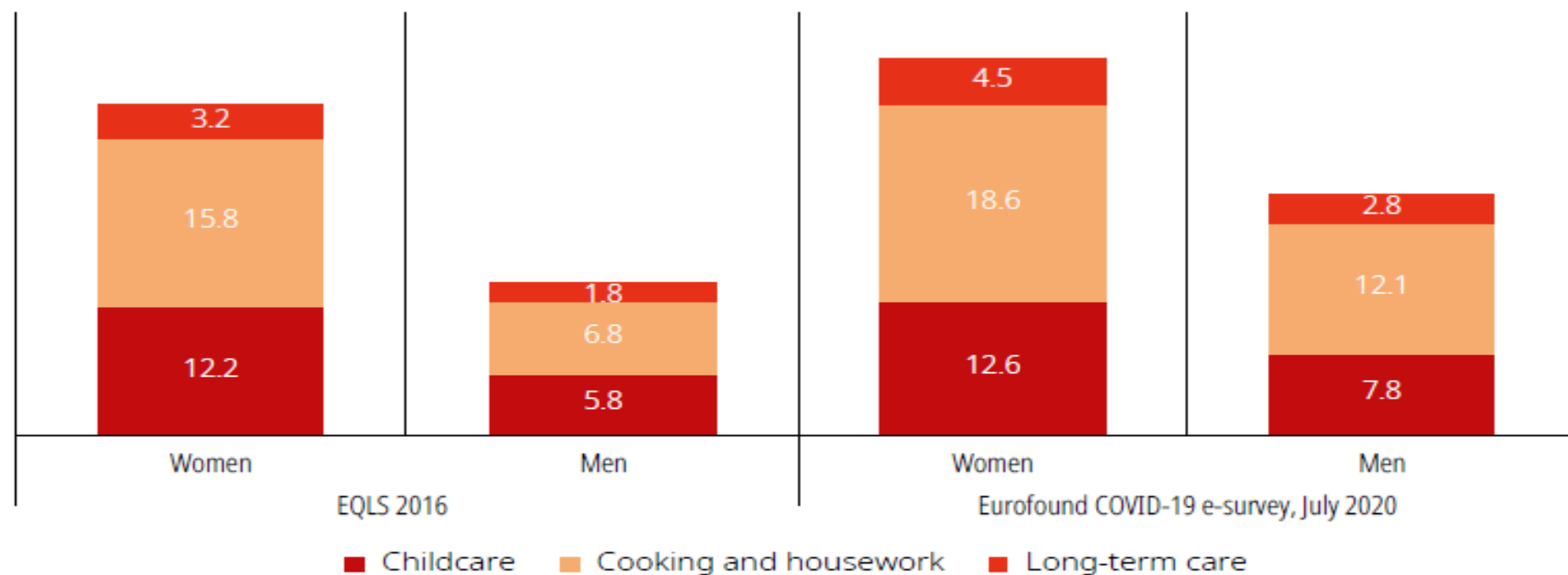
Intersectionality: young, low educated and migrants were hit the hardest. “The employment rate of migrant women (those born in a non-EU country) decreased to 50 %, eradicating decades-long gains” (p.9)

Precarity: The pandemic and lock downs had the greatest impact on temporary, self-employed and part-time workers, who are mainly women...**But sharing changed**



Men have started sharing care?

Figure 12. Time spent by women and men on unpaid care activities in 2016 and July 2020 (hours per week, 18+ years, EU-27)



NB: COVID-19 e-survey dataset (second wave, July 2020): 'Last month, on average, how many hours per week were you involved in any of the following activities outside of paid work?'; EQLS microdata (2016): Q43 - 'On average, how many hours per week are you involved in any of the following activities outside of paid work?': (A) caring for and/or educating your children (under 18 years old) and/or caring for and/or educating your grandchildren; (B) caring for family members with disabilities or infirm family members, neighbours or friends (under 75 years old and over 75 years old); (C) cooking and/or housework. Comparison between the two surveys should be considered with caution because of the different questions asked, samples and data collection methods used.

Source: Eurofound, Living, working and COVID-19 dataset (2020); EQLS microdata (2016).

3. Traditional gender norms continue to prevail in Europe

Except for some Northern and Western European ones, the **male breadwinner model** prevails in most Member States, according to the Eurobarometer of 2017. The majority of the adult population in Bulgaria, Hungary, Czechia, Latvia, Lithuania, Slovakia, Estonia, Romania and Greece, Cyprus, Croatia, Slovenia, Ireland and Italy **believed that “the most important role of a woman is to take care of her home and family”**. Blaskó, Z., Papadimitriou, E., & Manca, A.R. (2020), p.5)

So how do women resolve the conflicts they face in their everyday lives in their attempts to combine their professional lives with family?

- Public Welfare structures (female dominated sectors)
- Migrant care workers (usually also female)
- Extended family members (usually also female)

Gratifying tasks and masculinities

However, men tend to do the tasks that are considered to be more gratified (Boca., Oggero, Profeta, & Rossi 2020). **Taking care of the children or cooking are tasks more attuned to contemporary masculinities, whereas cleaning and domestic work continue to be considered as more feminine tasks.**

Stereotypical perceptions of some reproductive tasks as inferior = feminine. Men who do them are portrayed as submissive.



Care and masculinities.



4. The broader gendered impact on the economy

Heintz, Staab & Turquet (2021) argue in an article published in Feminist Economics that COVID-19 has brought to the forefront the fact that market-based economies depend on non-market based economies of reproductive goods, services and activities, which in turn impact on markets. These include unpaid **reproductive work and the environment**.

Years of macroeconomic neglect of these spheres of economic life have had a profound impact which risks to turn into a set of interconnected crises in the aftermath of the pandemic:

1. A crisis of care (paid and unpaid)
2. A crisis of the environment (especially climate change)
3. A macroeconomic crisis.

4. Is COVID-19 a disaster for feminism?

Feminist media and NGOs:

-Women in general have been hit harder by the pandemic than men, because of taking most of the increased burden of care on their shoulders and this has been reflected in a drop in employment and a rise in unemployment, as well as increased vulnerability to violence.

Academic and social movement critique:

-“Women” are not a unified group.

-Gender inequalities and Injustices are based not only on gender, but on its intersections with race, ethnicity, sexuality, economic background, (dis)ability, geography, and religion, as well as other sources of discrimination and subordination.

(Berkhout G. & Richardson L., 2020)

-Men are not a unified group

5. Feminist responses to COVID-19 are not family-based but collective

In India, there were feminist community responses to COVID-19:

-Very few privileged segments of society had access to subsidies.

-Inequalities increased during the pandemic. Migrants were given few hours to go back home.

Feminist responses were important:

-collective kitchens, groups preparing masks, new women's collectives, and self-organisation.

-”Subsistence agriculture using crops such as rice, sorghum, millet and vegetables, which is more often based on local circuits. Such agriculture had become devalued by modernisation and become highly feminized. Now it has proven its full usefulness: feeding families and creating employment”.

Demands for a fairer and greener agricultural practices emerged as a result of COVID-19.

The Conversation (2020)

6. The cultural contexts of care during the COVID-19 crisis vary

While in Europe, COVID 19 has impacted mostly on gender equality by making women more vulnerable, we should consider how it has impacted different communities across the world.

Feroz, Sadruddin,, & Inhorn (2020) examine the case of elderly survivors of the Rwandan genocide who had experienced multiple crises, including Ebola, during their life times. When COVID-19 started, the needs of these vulnerable groups were addressed through community responses rather than through the nuclear family protection model that dominated lock down measures in Europe have. Care in this context meant the spreading of information through community leaders, the distribution of food by the government in affected areas or the sharing of communal resources such as running water stations or thermometer checks.

Care activities that are individualised and subject to the nuclear family model in Europe may be out of context in other cultural and geographical settings. Historical experiences of disease and death may also be different.

Representations of healthcare

EBOLA-AFRICA



COVID-19 EUROPE



Representations of death

EBOLA_AFRICA



COVID10_EUROPE



7. The care needs of LGBTQ+ during COVID-19 may differ from those of nuclear families

The lock downs in Europe presupposed that care is effectively generated in the family and in medical institutions. For many LGBTQ+ people, however, both the family and medical institutions represent threats rather than safe places of care.

Banerjee & Vasundharaa S. Nai (2020) argue that "sexual minorities" in India that are already stigmatised in medical contexts, because of HIV and gender norms, find even more obstacles to access health care during crises. They are caught "in the middle of "nowhere" between their families who refuse to accept them and the rest of the society who ridicule them". (p. 116) From this perspective, being able to join LGBTQ+ communities, in events such as PRIDE which were cancelled, provides access to essential care. Lock down restrictions are based on heteronormative biases that ignore the role of communities in building care to support their members

LGBTQ+ vulnerabilities during COVID



-Socioeconomic inequalities (more likely to be unemployed or in precarious jobs)

-hatred, (homophobia, transphobia)

-criminalization (in many parts of the world they are still persecuted as criminals)

-pathologization (governments use the excuse of the pandemic to deny rights to LGBTQ+ people) In Hungary, “legal amendment intends to prohibit trans persons from legally changing their gender”. (IE SOGI, 2020)

-restrictions in migrant movements restrict also life saving migrations of persons seeking asylum for gender based persecution.

But also communal responses to COVID-19

Reconsidering care during COVID-19 in different contexts and for different groups

NUCLEAR FAMILY CARE

-There are gender-neutral biases behind family based responses to COVID-19, like the lock downs.

-No consideration for **gender** inequalities within families. Who cares?

-Sarah Jones (2021) “While left-wing defenders of the family can limit themselves to arguing for policies that help parents, I’d prefer to argue for more free time for everyone. These details matter. We won’t end precarity with nostalgia for an era when men were the primary breadwinners.”

COMMUNITY CARE

-Families may not have the material means to provide care: Many people across the world resort to community based responses to COVID-19. Context is important.

-For many women families are about the double burden of care: find care in feminist communities that built alternative grassroots care structures

-For many LGBTQ+ families are not good care providers: find care in LGBTQ+ communities.

Questions for discussion

Share your thoughts here or on Padlet

- Is the COVID-19 crisis a “disaster for feminism”?
- What are the most important impacts of the pandemic on gender inequalities?
- How has unpaid care and domestic work changed during COVID-19?
- What are the impacts of COVID-19 on LGBTQ+ communities?