

COVID-19 crisis response must address gender faultlines ^[1]

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COVID-19 crisis response must address gender faultlines

With each passing day, the reality of the COVID-19 pandemic is coming into sharper view. Cancelled events, shuttered offices, suspended classes—we are all affected. There is mounting pressure on families and communities, on Canada's economy and the key support systems in place to protect us.

Women are at the forefront of the crisis in their work as primary caregivers and care workers. Not only are women more likely to contract the virus given their roles as caregivers within families and as front-line health-care workers, they also have the least say in the policy response. And as research shows time and again, women's needs go unmet even as actions exacerbate existing gender, social and economic fault lines.

As we navigate this crisis, it is critical to take lived experience of women into account.

Over half of all female workers (56%) are employed in occupations involving the "5 Cs": caring, clerical, catering, cashiering and cleaning. These are precisely the types of jobs that will be directly involved in containing the pandemic and providing needed care and support.

Our primary care and long-term care systems are staffed largely by women. Women represent over 90% of nurses, 75% of respiratory therapists, and 80% of those working in medical labs. Up to 90% of the Personal Support Workers (PSWs) who do the lion share of work in long-term care homes and home care work in the community are women. Over two-thirds of people who clean and disinfect our hospitals, our schools, and our office buildings are women.

These same women will go home to start their second shift, providing care and support for their families, with the worry that they are bringing the virus with them. Evidence suggests that the disease is most easily spread between family members who are in frequent contact with one another.

Other women work in sectors like accommodation and food services, financial services, retail, cleaning services, education and community services—many in low-wage, precarious positions serving more affluent classes, "pouring their coffee, serving their food, cleaning their offices, and relaying their messages from one office to another."

Again, these types of jobs carry a high risk of exposure to the infection. They are also least likely to offer important protections such as paid sickness leave or health benefits—and more likely to offer only part-time or irregular hours. The CCPA's own research shows that only 19% of workers in accommodation and food services and 37% of retail workers had access to paid leave in 2019.

The gaps in our social safety are glaringly apparent for all to see. Large numbers of precarious low-wage workers—women working shift at the local mall, those operating home daycares, or on contract as college teachers—will have no access to established bridging programs like Employment Insurance. And they are likely to have little-to-no private savings or other assets to tide them over this immediate crisis and the economic downturn that is taking hold.

It is also exposing the value we as a society attach to care. Our most poorly paid workers are standing between us and catastrophic illness and economic depression. Two decades of austerity measures in health care and community services have left us ill prepared to respond. We ask PSWs to provide essential home care services without proper training or safety equipment. We ask hospitals to address the needs of patients struck down with the virus with fewer nurses and fewer beds per population than a decade ago.

The scale of the recession is already in sight. Unlike the 2008-09 recession, where there was a sharp downturn in manufacturing, construction and natural resources, jobs in Canada's female-dominated service sector are evaporating. We have just effectively laid off the entire retail, food and accommodation sector in a single week. Civil servants have been sent home—while others in the community sector are struggling to deliver desperately needed services with a skeleton staff.

It is hard to imagine how vulnerable women in the community, already struggling to care for their families, will cope without these critical

supports. These women will either be “excluded from work due to their personal health or excluded from work because it doesn’t exist.” The downstream impact of lost employment, lost housing, and community support will be profound.

This pandemic has the potential of setting off a devastating “feedback loop” that only deepens existing inequality. Those who are most vulnerable—and most likely to have underlying health conditions—are in turn most likely to contract the illness and to suffer significant economic loss as the result of quarantine and other measures.

In Canada, the pandemic will hit people facing intersecting forms of discrimination the hardest: Indigenous women, racialized women, newcomers, women with disabilities, lone parents. Women who can least afford care will be at greatest risk. They will also have the greatest difficulty recovering after the crisis.

The COVID-19 pandemic demands a massive response. Governments need to step up with a program that can meet the immediate needs of millions who won’t be able to afford their basic needs in short order and lay the foundation for a safer, more resilient and equitable future for everyone in the weeks, months and years to come.

If our response to the COVID-19 outbreak is to be effective, and not reproduce or perpetuate inequality, we need to ensure the issues that impact vulnerable communities do not—as they so often can during crises—get shoved aside. To address the current pandemic we must take gender into account.

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