The COVID-19 pandemic reveals and exacerbates the crisis of care [1]

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EXCERPTS

Covid-19, like all pandemics, disrupts our customary ways of living. It is a health problem that has revealed what feminist currents have long considered central for rethinking a project centered around life: we are all interdependent. The rapid spread of Covid-19 and the institutional measures implemented in most countries to produce social isolation have underlined one of the weakest links in our society: care.

People need goods, services, and care to survive. Care is relational and interdependent, and all of us have required or will require care at some moment in our lives, just as all of us have cared for or will care for someone in the stages of our existence. People need food, clothing, shelter, assistance, support, and company, in that we all experience injury, illness, early childhood, and probably old age.

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In spite of the above, however, one of the lessons to be learned from the Covid-19 health emergency refers to the invisibility of care. We wonder how the changes proposed by national measures are affecting individuals' daily lives. The situation presents an opportunity for us to ask – and in fact has been asked by certain members of the media and policymakers – about what has happened to care in the framework of a health emergency.

Complexity and women

For a structural problem of this magnitude, solutions are obviously not simple. An historical approach has been to ignore the centrality of care, assuming that the incorporation of women into productive work will redistribute the workload on its own. Evidence proves, however, that the result has been a double workload for women. We know from the study of gender and care that the so-called productive economy is supported by the work of caregiving (neither recognized nor paid), often invisible. As we know, in this region, women perform approximately 80% of unpaid caregiving and most of paid caregiving. A large part of total care, therefore, is provided by women.

In homes around the world, most unpaid work is carried out by women and girls. But in our region, imbalance in the distribution of domestic tasks and personal caregiving is much worse than in other places. If we analyze the total time devoted to unpaid work in the home, women in Latin America and the Caribbean contribute 73%, and men, the remaining 27%. In contrast, the contribution of men is 44% in Sweden, 38% in the United States, and 39% in China.

Some of the proposed measures in the current crisis assume isolation in domestic settings and a search for individual care solutions within each household: individual solutions mediated by resources of diverse types. Such measures return to the inside of the home and the solutions that each home devises.

The need to close educational and caregiving establishments has revealed that workdays are not compatible with the care of children, teenagers, and dependent adults. If we consider the supervision of children's schoolwork at home, the amount of unpaid caregiving at home increases exponentially.

Instructions issued for the total social isolation of individuals over 60 or 65 years of age, according to the country, remind us that in our region, thousands of members of this segment of the population lack networks of support, caregivers, and resources.

Informal work and women

According to figures from the International Labour Organization, 126 million women –about half of the female population – perform informal work in Latin America and the Caribbean. This statistic translates into outcomes that include employment instability, low incomes, and the absence of essential mechanisms of protection in a crisis such as the one we are currently experiencing.

Many countries in the region register extremely high levels of informal work. In Bolivia, Guatemala, and Peru, 83% of all women have informal employment, with no type of social security coverage or protection provided by labour legislation. In the region as a whole, almost 40% of working women are employed in commerce, restaurants, hotels, and domestic work. In the economic crisis that has been unleashed

by the current health emergency, these sectors are the most affected and the jobs they contain are the least protected. How can these women possibly stay at home? How can these women possibly remain in their productive role if their dependents are confined at home?

Almost one-fourth of all employed women in the region provide care in households other than their own. In spite of past efforts and achievements in formalizing their employment conditions, most of these workers are in very precarious employment conditions, without access to social security. Most of them have continued to work despite recommendations for the general population to stay at home; in some cases, they have been sent home, but without pay.

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Caring at home

We should also remember that in this region, one-half of all physicians and more than 80% of nurses are women: the highest percentages in the world. This occupational segregation by gender is not accidental as it is influenced by the gender norms that make health professions socially acceptable for women: an extension of work in the home. In the current crisis, part of the unpaid domestic work that exposes women to the greatest risk of infection is their role in caring for the sick at home. As we know, the Pan American Health Organization has stated that 80% of the population's healthcare is provided at home, and various national studies have concluded that such care is provided primarily by the women in those homes. With the pandemic, demands will increase for the care of the sick and the elderly.

To solve the care crisis, we need a new idea of public administration that understands that personal interdependence is part of community life. The solution is not simply a more equal distribution of caregiving between men and women. Rather, the importance and value of caregivers must be recognized and provided by society, with the participation of the state.

The Covid-19 emergency draws new attention to the issue of the social organization of care. We must – in addition to supporting all measures and actions that emphasize people rather than the market in dealing with the pandemic – be able to implement an emphasis on care, and not the market, as the central organizing axis of community life. The crisis has made manifest that now is the time to begin thinking about new forms of social organization in general, in which the social organization of care plays a central role.

Faced by governments that implement different measures, individuals who cannot be cared for by members of the population at greatest risk (such as the grandmothers who provide a large part of childcare), poor wage-earning women without job protection, and collapsed medical services, we must think urgently about new ways of managing care.

The crisis of care will have another and no lesser consequence: the difficulty for women to join or continue in the workplace under the same conditions as men. Taking into account that the greatest economic repercussions of this emergency will be suffered by unprotected, informal workers who work by the day, we can affirm that the pandemic will probably make women poorer and more vulnerable.

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We have seen this outcome before in situations involving natural disasters. How will the state approach the consequences of the loss of employment, given the overwhelming need for care? What measures can be implemented by the state, by companies, and by workers to promote co-responsibility in domestic work and care in a situation of confinement at home?

Equality

The only total, effective response to national crises is provided by universal, public, and free institutions, in common and collective locations. Yet in the current situation of alarm, governments in general have called on individual responsibility to deal with a structural crisis, revealing the fragilities of public systems for serving dependent individuals. The inability of states and governments to discern the structural dimension of care causes great concern.

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