

Women's health, unpaid care and COVID-19 ^[1]

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EXCERPTS

COVID-19 has further exposed the disproportionate care responsibilities shouldered by women in our province. From frontline workers, to parents, women are the face of COVID-19 both as warriors battling the frontline but also in the private, domestic sphere of life. Even before COVID-19 women in Manitoba were experiencing the cuts and changes to the health care system disproportionately. And for the trans and non-binary community these are felt even harder and with greater discrimination which warrants not just discussion but action.

COVID-19 has presented a new reality for all of us, overnight thousands of Manitobans found themselves out of work, schools shuttered. Women do up to three times more unpaid care giving work than men. COVID-19 introduced a new juggle of work/ family/ household responsibilities for Manitoban women. The speed at which the situation accelerated left many folks stunned yet thrust most women into action whether they wanted to or not as the care economy entered into mandatory overtime.

The health care system was about to take a decisive hit if we didn't flatten the curve, and all hands on deck were needed. Women are the majority of workers in the health system, from nurses, health care aids, cleaning staff and more. These are referred to as 'pink-collared' jobs because of the fact they are dominated by women. Sociologists took this a step further in 1983 by coining the term 'pink ghetto' to figuratively illustrate an area where women are marginalized, often for economic and social reasons. The low wage, stressful, underpaid, undervalued, and low upward mobility work performed by women and further compounded for women who are racialized. The intersections of oppression gender, race, ability and occupation, create systemic barriers that are both implicit and explicitly leaving women employed in health care in a position of disadvantage.

To further compound this issue the job losses due to the economic impacts of COVID19 have hit women hard, which Armine Yalnizian calls it, the first "she-cession". The COVID she-cession is hitting sectors dominated by women, such as education, child care, retail, personal services and restaurants. Not only are women expected to shoulder the burden in unpaid work, but we are bearing the brunt of paid position in the economy. But it is important to further explore what that is.

The care economy, the sector of economic activities, both paid and unpaid, related to the provision of social and material care, work is disproportionately done by women. On average women earn lower incomes, women's work is under valued and female-headed households are more likely to be poor than those headed by men. The pandemic exposes this existing inequality and the disproportionate amount of unpaid and undervalued paid care work being shouldered by women. The resources and support necessary for women still working during COVID-19 has been further complicated by no sound plan for child care. The additional care responsibilities and obligations from COVID-19 are being undertaken without compliant and this is expected under the guise of national/provincial duty. In addition to this 'civic duty', the stark reality is that women were already facing the brunt of austerity impacts in Manitoba due to the overhaul of Manitoba's health care system.

Prior to COVID-19 sweeping through our lives, the first wave of health care cuts came at the expense of women. For example, early cuts included the mature women's centre, which dealt a range of issues women face when aging, and the elimination of lactation consultants to help new moms breast feed. Additionally, the majority of the front line workers in health care are women. The brunt of the mismanaged and chaotic overhaul has rested on remaining female-dominated staff shoulders to ensure patients still received quality care. Women workers are faced with mandatory overtime, understaffing and in some cases job loss. Therefore, not only were women directly experiencing provincial cuts as patients but also dealing with the fallout as workers. The system overhaul hurt women also caring for sick relatives as caregivers, a role dominated by women. Women were and continue to carry the burden of the health care cuts and the resulting consequences exemplified in COVID-19 era.

Structural decisions in governmental operations have real and tangible impacts, as evidenced during COVID-19 and almost certainly in the recovery from COVID-19. However, as we entered the pandemic there was a clear expectation from government that women who occupied these care roles were expected to step up and deliver without any additional supports or resources. There is a perception that those who occupy positions in the paid care economy will continue to work in impossible situations, such as in a pandemic, because they care. If they care they will do the work without complaint. If they care they will figure out how to find care for their children, if they care they will sacrifice their well-being to serve the public good. The unrealistic expectations placed upon women who work in the care

economy are embedded in patriarchal power structures which have been built to capitalize on women's labour while at the same time devaluing the worth of care roles.

There is little discussion of the impact of the job losses in this recent pandemic, the growing rates of domestic violence and the new-found role of moms as teachers, all at the same time many families are still struggling with poverty and families who lived pay cheque to pay cheque are watching their tenuous financial security crumble. But we as women are still expected to shut up, keep our heads down and work. The expectation that women are to remain silent and dutiful in crisis stems from the vestiges of antiquated beliefs of traditional gender roles in western societies. A woman was meant to serve her husband and care to the home and children. We revere women for our multitasking, juggling, work-life balance, but the fact is a lot of women are not alright.

If our society and community is to learn anything from this pandemic it is to value care work, both paid and unpaid. It is to realize the systemic shortcomings laid bare from COVID-19 were gendered and felt disproportionately by women. It is frustrating to witness and be a part of society during such historic times, and continually seeing women being made both expendable and irreplaceable all at the same time. If Manitoba is serious about doing better past COVID-19 there must be the necessary supports in place for women in health care and care work, listen to us and take decisive action – no more excuses.

Related link:

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