Care Work and the Pandemic

Issue Brief







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Introduction

Scholars across different fields have shown how poverty, vulnerability, and precarity are gendered around the world. Women across the globe face greater challenges when it comes to labor market participation, generating incomes, and finding sources of support. Simultaneously, they have become more responsible for household survival, as rising unemployment has hit male breadwinners and their income has ceased to be sufficient to sustain a family. Many writers have referred to this as the "feminization of survival." In addition to the already existing insecurities of current economic regimes, women also face many other impediments particular to their gender. Apart from gendered economic flows and gender-segregated industries, this also includes discriminatory legislation and social attitudes. All of these elements interlink to form a hostile environment for women who are looking to make a living and support themselves and their families.

With the current COVID-19 pandemic unfolding, many of these pressures have been exacerbated and some new challenges have emerged, particularly for women. The pandemic has exposed the inadequacy of social protection systems around the world for dealing with situations of economic difficulty and health crises. These systems have proven ineffective at supporting women who have gone through unprecedented hardship due to these circumstances. In the marketplace, many women have lost their jobs and income. Moreover, for many, lockdown regulations have resulted in a spike in domestic abuse and gender-based violence. Among other things, this threatens women's control over resources. Under these circumstances, women as such are even more disempowered economically than usual. During this time, as women have switched to working remotely, the double shift of paid work and unpaid care work becomes ever more explicit as employers fail to recognize the care duties that disproportionately burden women. This is especially true as children do their schooling from home, and facilities such as nurseries and summer camps are closed.

Overall, social security schemes in the Middle East and North Africa (MENA) region leave much to be desired in terms of depth of coverage, proper targeting, and efficient management of funds and resources. Moreover, when formulated along "gender-neutral" terms that fail to address the gendered ways in which women face poverty and hardship, as well as their specific challenges, these schemes assume a male breadwinner model and distribute benefits only on that basis. If social protection schemes in other nations have failed their citizens, and especially women, little could have been expected from them in the MENA region. Even the emergency provisions of food, grocery, and cash assistance have suffered from more than just opaque decision-making, distribution, and arbitrary postponement. They have also failed to feature gender in their decision-making, or to involve women for that matter, and so they have in no way addressed the above problems.

This issue brief will discuss the aforementioned economic and social consequences of the COVID-19 pandemic on women in the MENA region in detail. It will discuss these issues in light of women's care burden, and how care work is affected by the pandemic and its consequences. It will also present an assessment of the situation and will analyze the MENA region's social protection system in light of this issue

Conceptual Framework

Before going any further, it is important to clarify our approach and conceptual framework. We will begin by expanding on our view of care work, its association with women, and its status in everyday life. We define care work broadly as care of people, housework, and the other forms of labor that contribute to the upkeep and well-being of people and things, often within the domestic sphere.

Having internalized patriarchal and exploitative capitalist assumptions that render care work invisible, studies have unfortunately not taken into account the importance of care work and its impact on the MENA region's economy. This is despite the considerable volume of care work done by women in this region (Wallace 2018). We approach this topic following Drucilla Barker and Susan Feiner's call to extend our views of economic activities beyond the formal market and into the household, and to consider that these activities have parallels and repercussions in the market (2004). Women do critical work both within and outside of the home, the implications of which we will discuss below. In our view, taking "women" as an analytical category should not obscure dynamics that pertain to other social identifications and positions, such as class, ethnicity, sexual orientation, gender identity, nationality, and others. We also understand that women's significant contribution to their economies is eclipsed by the injustices that accompany this work, from abuse to devaluation and the process of invisibilization that renders this work "non-work," be it paid or unpaid. Patriarchy renders women's work invisible, and is responsible as such for the neglect of care work and the precarity of women's work in the informal sector; the largest employer of women worldwide (Bonnet et al. 2019). Thus, social protection must include processes of inclusion, valorization, and representation. We believe social protection must do the following: create a fair and gender-equitable system for participation in economic processes; enable improved quality of life and economic security over time; and allow support of oneself and one's family. In addition, both social protection and labor laws need to be revisited so as to better define what "work" means, and to include both formal and informal work; paid and unpaid care work; and the labor of migrant workers.

Care Work in the MENA Region

The lack of recognition of women's care work in the MENA region has multiple implications on women's lives, life changes, livelihoods, wellbeing, and agency.

At the level of family life

In most countries in the MENA region, family life and family relationships are codified, regulated, and controlled by religious family laws. Despite various interpretations of such laws, for the most part they restrict women to a subordinate position, especially in relation to their statuses and entitlements vis-a-vis marriage,

divorce, inheritance, child custody, and guardianship. While the maternal function of caring for the family is "glorified" in traditional narratives, religious family laws fail to translate this into equality within the family. Thus, and despite all the responsibilities that women and girls shoulder in the form of back-breaking care work, they find themselves facing injustice in situations of divorce and tensions within the family. They are also vulnerable to all forms of gender-based violence and oppression. By considering men as the "legitimate" heads of households, family laws deny women the right to take decisions, to make independent choices, and even to protect themselves from violence and oppression. Moreover, religious laws refuse to grant monetary value to women's care work, which goes entirely to benefitting the family. As a result, women in the MENA region who have already suffered from significant challenges in order to secure paid work (due to their care-work burden) often find themselves homeless and destitute in situations of divorce, or having to flee abusive marital relations.

In terms of rights to social protection

At best, social protection systems in most MENA countries are insufficient and unable to provide all citizens with the protection they require so as not to fall into poverty and destitution. In most MENA countries, social protection systems are directly linked to having a recognized and registered employment status. As such, access to social protection is dependent on a very narrow official definition of work that does not include care work or work done by women in the non-registered, unregulated, and unprotected informal sector. In addition, it should be noted that, at 24%, the rate of "female labor force participation" in the MENA region is one of the lowest in the world (World Bank 2019). This is due to the combined effect of the various hurdles women face in securing long-term employment, and the fact that more than half of women in the MENA region tend to work in the informal sector. They do this as a result of the flexibility that the informal sector provides and the fact that many transnational companies have delocalized and deregulated in the MENA region (and throughout the Global South). These phenomena encourage women to work in the informal sector despite being deprived of basic social protection. This means that women who undertake unpaid care work for their family, which is often coupled with work in the informal sector, are not recognized by social protection policies. They are thus ineligible to receive health coverage, even in cases related to occupational hazard. Nor do they receive pensions, or even decent work conditions, such as limited work hours, leave, etc. For example, even women who work in the formal sector are unable to accumulate equal pension benefits, unlike their male peers. This is because their work is often interrupted by pregnancy and childcare, so they find themselves either leaving their jobs early or not in a position to accumulate an adequate pension for their retirement years. This is often exacerbated by gender-discriminatory labor laws and policies, such as the retirement age imposed on women, which, in many MENA countries, is lower than that of men. This is yet another example of policies and laws that are based on the patriarchal assumptions that men are the heads of the household and the primary breadwinners.

In terms of women and gainful employment

Contrary to the mainstream narrative, the job market is extremely gendered and far from neutral, especially insofar as it reproduces traditional gender norms, gender hierarchies, and gendered divisions of labor. To a large extent, this explains the very poor representation of women in high-level leadership positions in the MENA region, in both economic and political spheres. Even in sectors which are predominantly "feminine," such as education and the service industry, women are rarely found in decision-making positions or even in

workers' unions, which presumably should protect their rights. The association of women's being, skills, and purpose with care work and social reproduction in the private sphere has reproduced itself in the public sphere and the world of work. There, women are seen as suitable subordinates involved in work that not only requires care for others but also servitude, most notably in the health, education, and service industries.

The Pandemic is Exacerbating Existing Inequalities

Within the gendered impact of the COVID-19 pandemic, much has transpired in a matter of weeks that has devastated the globe and life as we know it and the peak, we are told, is yet to come. Regardless of one's ideological beliefs, there exists a quasi-consensus, based on sufficient hard evidence, that the pandemic is exacerbating existing inequalities; namely those related to social and economic positionalities, sexual orientation, gender identity, and political power. Given what we know from previous epidemics such as Zika, SARS, and Ebola, the increased care burden on women as a result of the COVID-19 pandemic was to be expected. Indeed, women in the MENA region are still expected or forced in various ways to remain within the patriarchal social norms that define the gendered division of labor. The pandemic has not only changed the way we live; it has also multiplied the need for and intensity of care work many times over, without necessarily resulting in a renegotiation of the burden of care

Women in the informal sector

Most of the workforce in the MENA region labors in the informal economy, and women with care work responsibilities for which they are solely responsible make up a large proportion of these laborers. Informality means more exploitation and violence, and less transparency and accountability, meaning that women can be coerced to work for free, or are more likely to lose their incomes as a result of the crisis. The informal economy, low-skill industry, and services industry have been especially affected by the crisis. These are all sectors in which women figure prominently. As such, the consequences of the economic crisis must necessarily be gendered, in light of the multiple types of pressures and losses that women in particular can face as a result. Given the forms of exploitation that are rampant in the informal and services sectors, women who are already paid very little for their labor are more likely to be robbed of their wages and expected to work for free, if not immediately laid off. In addition to systemic job insecurity and low pay, which are enabled by an exploitative and unjust legal framework, social norms around women, labor, and respectability are also part of what makes labor in MENA economies a troubling experience. This is especially true for poorer women, who are more vulnerable to wage theft and sexual exploitation. They also have fewer means to fight it, hold their employers accountable, or quit the work altogether and search for a more appropriate option. Considering that forms of exploitation often bring shameful judgment upon the victims rather than the perpetrators, this can have grave consequences for women who are taken advantage of in the workplace. They can lose family and other social ties, and thus be deprived of yet another source of support and help with care activities.

Women shifting to home-based work

As public health measures call for quarantine and self-isolation, women who have the privilege of working from home are still expected to take on care work. This is on top of homeschooling their children, taking care of the house, and making meals for the house's occupants, now permanently at home. This is further complicated by the fact that some employers seek minimum disruption of their operations. They do so without taking into account that working spaces and facilities are essential for many in order to conduct their work effectively, or that times of crisis put a strain on the flow of everyday life. Moreover, certain MENA governments consider women's work to be secondary to men's, and hence have allowed only men to gradually return to work outside the home.

In many countries in the MENA region, the ways in which home-based work, also known as telework, and online schooling have been enforced have been completely oblivious to the unequal relations of power within households. This has been especially true where there is a dearth of physical space and material resources. For instance, poor Internet connectivity and limited computer and technical hardware have meant that choices must be made about who will have priority to use the Internet. That choice rarely favors women and girls.

Paid care workers

Migrant domestic workers, whose plight at the mercy of the exploitative Kafala system and abusive employers has been well documented, must now deal with the additional problem of the constant presence of their employers. The situation of those who face domestic abuse is likely worsened by quarantine. Meanwhile, those who have lost their jobs due to their employers facing economic hardship have found themselves unable to return to their home countries, either because they cannot afford the return journeys, or due to travel restrictions. Unprecedented stress has also been added during the pandemic by both a lack of access to health insurance or services and a lack of information available in different languages about staying protected from and responding to the virus.

In previous pandemics and epidemics, nurses were expected to sacrifice the most in order to handle the spread of the disease, while still being stigmatized as carriers of illness. Nurses across the region; a vast majority of whom are women; are currently overworked, underpaid, and exposed to physical and mental harm with no amelioration of their situation in sight. Insufficient female representation in nursing trade unions and pandemic response committees has left their needs and priorities during this challenging time mostly unheard.

Conclusion

Women working outside the home (whether in care-related sectors or not); women engaged in home-based work; and women who work exclusively as caregivers within the home, i.e., those commonly referred to as "housewives," have all been affected by the pandemic, albeit in slightly different ways. This is particularly exacerbated in situations where children have also been confined with their parents and schooling has been moved online.

The state of temporary emergency and rather coercive policies that have been put in place to ward off the spread of the virus are all based on the assumption that things will work themselves out, and that women will always be available to perform unpaid or underpaid labor. Because emergency policies were drafted in the complete

absence of any gender-aware public policies, the expectation seems to be that in a time of pandemic, women will naturally keep abreast of necessary medical and health information on behalf of the whole family; disinfect the house and all its occupants; adapt their hours to those of the other house occupants; work 24 hours a day and seven days a week without a break; prepare and put food on the table; make sure there are enough supplies; work from home and homeschool children; be available for the man of the house; and always be resourceful, smiling, and content.

Simply put, and as evident from the discussion above, the pandemic has exacerbated pre-existing gender inequalities, especially in relation to women's unequal burden of care work. Our overview of the key issues related to women's care work in the region, be it paid or unpaid, can be boiled down to the following key points:

- Women do most of the care work in the private sphere (households), as well as in the public sphere;
- Women's care work in the private sphere takes on various shapes and forms, and involves care for children, spouses, extended family, family members with disabilities and/or other special needs, and the immediate community;
- Care work obligations are diverse and require a multitude of skills. These include cleaning, cooking, caring for the sick and/ or disabled, managing all sorts of crises and emerging needs, and, in situations such as the pandemic, playing a central role in prevention, which involves additional work related to cleaning and the education of household members, etc.
- Care work is not only vital for life; it is also the work that produces workers, hence the fact that care work is also referred to as social reproduction;
- Far from being neutral, the job market usually attracts women to join care-related professions (especially in health, education, service, and low-skilled jobs), as it sees these jobs as in harmony with women's "natural" skillsets and responsibilities, and in keeping with traditional, acceptable, expected, and sociallyascribed gender roles;
- In situations where women are able to off-load some of their care work responsibilities and thus can attain a better work-life balance, it is usually done at the expense of other, less fortunate women who are recruited to undertake care work, including cleaning, cooking, and child care. This happens in conditions that leave a lot to be desired, and in return for low pay that does not reflect the effort, skills, and emotional labor that are deployed;
- When care work within the household is assigned to paid migrant workers the worker is highly racialized and often severely exploited. This causes a care deficit in the migrant women's countries of origin;
- While the new realities imposed by the pandemic are partly responsible for giving care work more visibility and recognition, both paid and unpaid care work have yet to be valued and duly taken into consideration in family law, public and social policy, or labor law.

Works Cited

Barker, D. and Feiner S., 2004. *Liberating Economics: Feminist Perspective on Families, Work, and Globalization*. Ann Arbor: University of Michigan Press.

Bonnet, F., Vanek, J. and Chen, M., 2019. Women and Men in the Informal Economy: A Statistical Brief. *ILO and WIEGO*.

Federici, Silvia. 1975. "Wages against Housework." In Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle. Oakland: PM Press.

Mies, Maria. 1986. Patriarchy and Accumulation on a World Scale: Women in the International Division of Labor. London: Zed Books.

Mills, Mary Beth. 2003. "Gender and Inequality in the Global Labor Force." *Annual Review of Anthropology* 32(1):41-62.doi:10.1146/annurev.anthro.32.061002.093107.

Wallace, T., 2018. 'Women Are There to Serve Men': The Challenge of Care Work and Domestic Labour for Women's Position, Status and Economic Contribution in MENA. Beirut: CRTD.A.

World Bank, World Development Indicators.



