Gendering Covid-19: Economies of care and bodily integrity A collective essay

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António Guterres, General Secretary of the United Nations, stated on 9 April that the Covid-19 pandemic is affecting women and girls in specific ways – but also that they will play a key role in post-pandemic reconstruction and renewal. He pointed at the relatively stronger socio-economic impact of the pandemic on women worldwide – and this primarily in terms of work and welfare.¹ He also mentioned the dangers of new limitations to women's bodily autonomy and access to sexual and reproductive rights, as we can indeed witness in the rise in domestic violence resulting from lockdown and the attempts by a number of governments around the world at using the pandemic as an opportunity to restrict women's access to abortion services and contraception. Similar themes are highlighted in a call by The Feminist Alliance for Rights (FAR), a platform involving over 500 women's, feminist and queer organisations initiated by women in the Global South and marginalised communities in the Global North. In a Call for a Feminist Covid-19 Policy, signed by nearly 1500 individuals and women's and feminist organisations worldwide, the FAR proposes for the measures introduced by governments in fighting the virus to be based on a set of principles of social and gender justice in the areas of food security, healthcare, childcare and education, and sexual violence.²

In order to understand and connect the various ways in which the disruption of societies, economies and political processes around the world are affecting women and men in distinct ways, a systematic and historical analysis is required. By operating categories of gender, systemic inequality, and patriarchy, we acquire insight into how such structures have been shaped over time and are reshaped by deep social upheaval. The Centre for Gender History (CGH) at the University of Glasgow, which hosts one of the largest concentrations of gender historians in the world, has over the years produced research which can shed light on gendered impacts of the current crisis, specifically in terms of economies of care, in intersections with social class and migration status, and in reproductive and sexual rights. This text is intended to present key insights from our own research combined with an annotated discussion of aspects of current media debate, which has inspired us to connect aspects of the perplexing current changes in our lives and societies with our own research on the role played by gender in social conflict, historical change, and cultural transformation. In the best feminist tradition, we envisage this as a collective work-in-progress, dialoguing with each other and acknowledging our debt to other scholars. We also acknowledge the situated-ness of our own research and our own lives, which means that some of what follows will be focused on the UK and Scotland.

Part I - Economies of care

Andreas Chatzidakis, Jamie Hakim, Jo Littler, Catherine Rottenberg, and Lynne Segal, also known as the Care Collective, have engaged in an ongoing reflection on the centrality of care to our lives, and the ways

¹ https://news.un.org/en/story/2020/04/1061452

² http://feministallianceforrights.org/blog/2020/03/20/action-call-for-a-feminist-covid-19-policy/

in which the social and political organisation of care in Britain today is failing masses of people, reproduces and aggravates social inequality, and might be revolutionised. Focusing on the UK, they analyse the obvious shortcomings in the health and care sectors in dealing with the pandemic as the historical result of 'years of austerity measures, deregulation and privatisation, alongside the devaluing of care work', and 'the deliberate rolling back of public welfare provision, replaced by global corporate commodity chains'. 3 Rejecting the monetisation of care and health provision, they call for the valuing of care work and care workers – a call that echo loudly in the context of the current pandemic. They imagine 'a world organised around care': one that recognises care (and this includes health, education, childcare, care for the elderly, and welfare for those in economic need) as the key principle underpinning social cohesion and social justice. A key aspect of this, immediately relevant to the current crisis, is what they see as our deep interdependence - that is to say, my health and wellbeing is dependent on that of my neighbours, relatives, colleagues, friends, and those in the wider community. They imagine the 'prolifer[ation of] our circles of care—in the first instance by expanding our notion of kinship', or the reimagining of care, solidarity and connectedness not only based on the nuclear family (a model most typically embodied in the wife-mother caring for her children), but on wider and more varied affective links. The Care Collective propose 'an ethics of promiscuous care', which rethinks the nature of care networks, who cares, whom is being cared for, and how. Herein, they are inspired by historical, often forgotten, manifestations of alternative care agents, networks and practices.

These questions evoke the importance of understanding of care arrangements as historical as opposed to naturalised and embedded, and therefore their potential for change. Histories of care systems which point at their social, cultural and economic aspects, however, are few and far between - a fact which CGH member and Professor of gender history Alexandra Shepard, alongside scholars such Mary Fissell and Linda Oja have set up to rectify. Their studies, as well as ongoing PhD research by Eliska Bujokova at the CGH, reveal a picture of great fluidity in Europe during the early modern period (16-18th Centuries) between forms of work - between paid and unpaid work, and between work that is market-oriented and for subsistence only. In a study of childcare in early modern Sweden, Oja explores the gendered character of work, showing much more overlap than is often assumed between what earlier historians habitually demarcated as women's and men's work.⁵ In understanding past forms of care as fluid and only to some degree gendered, these early modern histories challenge simple modernisation narratives which have often served us as a pat on the back in presenting a picture of historical progress on gender and social equality. Allowing for a more flexible definition of care thus helps us historically situate care within the social fabric of past societies as well as their wider economies, and better understand the centrality of care to both. Conceptualising how care was organised in the early modern period, sheds a different light on current care systems and practices, highlighting that the association of women with care work in the present day is a product of late-modern patriarchal structures, as opposed to a 'natural' constant.

Despite feminists from the 1960s questioning the 'naturalness' and 'mystique' of the role of the mother/wife and the nuclear family, such roles remain ingrained in many cultural contexts. Rethinking family and affective labour is a political agenda that remains central to any programme for social change, social justice and gender justice. It is heartening to see how the lockdown of cities has brought to the fore original practices of care, and people's immediate needs are being met by informal community and neighbourhood networks of care, including but going beyond the nuclear family and the household. In Glasgow, for instance, a city characterised both by sharp social inequality and a solid ethos of solidarity,

³ 'Covid-19 pandemic: a crisis of care', https://www.versobooks.com/blogs/4617-covid-19-pandemic-a-crisis-of-care

⁴ Alexandra Shepard, 'Poverty, Labour and the Language of Social Description in Early Modern England' *Past and Present*, Vol. 201, No. 1 (2008), pp. 51-95, Alexandra Shepard, 'Crediting Women in the Early Modern English Economy' *History Workshop Journal* (2015), pp. 1-25.

⁵ Linda Oja, 'Childcare and Gender in Sweden c. 1600-1800', Gender and History, Vol. 27, No. 1 (2015), pp. 77-111.

informal neighbourhood support networks have mushroomed and are displaying great aptitude in organising free basic services such as grocery deliveries for those in self-isolation.⁶

Across social classes, women will be hit hardest by the pandemic in terms of job security and income. The ILO has stated that globally speaking women face higher risks of job loss, work insecurity and income loss due to the immediate economic effects of the pandemic. Across the world, women tend to earn less than men in comparable jobs, are more likely to have fewer savings, more likely to work part-time, more likely to be employed in cultural and social sectors hit hardest by economic cuts, and are more likely to live in poverty, often partly due to financial care for dependents. Among several case studies, the ILO references 4 million female garment workers in Bangladesh who were made unemployed overnight with no prospect of short-term rehire, and the vast majority of whom have no economic safety net whatsoever.⁷

The pandemic has brought to the fore the gendered nature of care relationships both in formal and informal and in waged and unwaged settings. Despite locally different manifestations, the global nature of this phenomenon is striking. As far as waged care work is concerned, in the UK as in many other countries women make up the majority of frontline staff as nurses, cleaners and junior doctors in hospitals, and form the majority of workers in care homes, schools and nurseries. In clinical settings, this means they are most strongly exposed to the virus, especially as in the UK at the moment many of them lack the necessary Personal Protective Equipment and they are not routinely tested for the virus, as widely reported in the media but not acted upon by government. Moreover, a disproportionate number of these female frontline workers, at the lower end of pay-scales within the NHS, are of a BME background. The strikingly high numbers of BME NHS staff affected by and dying from coronavirus has acutely exposed these structures of inequality. Carers for children, the ill and the elderly are underpaid and widely undervalued. A silver lining amidst the devastation caused by the pandemic might be found in the current re-evaluation of such jobs in public discourse, as many commentators have noted.9 Yet, while in the UK too the pandemic has provoked many calls for adequate valuing of such professions, the UK government in April 2020 refused to consider increasing nurses' wages. This should be viewed in light of the average salary for nurses, based on the consumer prices index, falling by 8% between 2010 and 2019.10

Furthermore, around the world women are far more likely to be providers of care in informal and unwaged settings: as prime carers for children and for elderly and ill relatives. Many online commentators, often but not only women, have pointed at the ways in which the acute disintegration of our social lives and the strange return to domesticity caused by self-isolation and lockdown, have provoked a return to traditional gender roles within the family. Across the UK, Europe and the US, many women have commented on finding themselves in the baffling situation where, because their income is lower than that of the male partner, their job now takes second-stage as they are expected to take responsibility for childcare and 'home-schooling', due to the closure of schools. As put by Andrea Flynn, Director of Health Equity at the Roosevelt Institute: 'The women I know shouldering a disproportionate burden of the household and emotional labour aren't doing so because our husbands are misogynistic assholes. ... Why then, at times of crisis, do these imbalances emerge? Because structural sexism is always lurking just below the surface, ready to rear its ugly head and quickly upset any semblance of intra-household gender

⁶ http://www.communityscot.org.uk/news/article/covid-19-and-communities/

https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_740877.pdf ⁸ The King's Fund, 'Big Ideas in Health and Care', 2018; https://www.kingsfund.org.uk

⁹ 'The Quarantine Files: Thinkers in isolation', https://lareviewofbooks.org/article/quarantine-files-thinkers-self-isolation/# ftn2

 $^{^{10}\,\}underline{\text{https://www.theguardian.com/society/2020/apr/13/despite-pms-praise-of-nurses-its-tory-policies-that-made-them-suffer}$

equity.'11 The absence of gender equity cuts across educational levels and social strata, and includes high-income sectors such as academia, where the 'maternal wall', or the penalty women incur for having children, is well-document and universal. Amidst the emergency arrangements that are being made in both families and workplaces, the gender inequity that has resurfaced will no doubt have longer-term consequences. As put by social demographer Alessandra Minello in Nature: 'The other day someone asked me how work was going. I joked that my male colleagues are on the path to becoming "COVID famous" while I am learning elementary school math. That would make a good book title, they suggested. I laughed. And then I cried. Because fuck if I can write a book right now.'12 The longer-term effects of the current episode on the production of knowledge as well as on academic careers might prove to be significant: indeed, numerous journal editors have in recent weeks noted a sharp drop in article submissions by female authors.¹³

In Social Science, History and Economics, the framework of gender has been key in expanding our definition of work across private and public spheres. Mass social disruption as we are witnessing today, affects both formal and informal economies, and we need to connect these two spheres when considering the unjust and unequal effects of social upheaval. Such a framework was developed by an AHRC- funded network that Maud Bracke, a senior lecturer in European history at the CGH, was involved in, entitled 'Women, Work and Value, Europe 1945-1995'. The research explored the gendered value attached to work in its broadest definition, and found that the relatively devaluing of forms of work considered typically female was a consistent phenomenon throughout the second half of the 20th century, with less change over time than one might expect. This was the case in a variety of contexts (market-based societies in the West, state socialism in the East) and despite dramatic socio-economic and cultural changes: the expansion of education and work opportunities for women from the 1960s, significant legal changes such as the Equal Pay Act in the UK (1970), and de-industrialisation.¹⁴

Investigating societal discourse around the rise of the 'female breadwinner' in post-Stalinist Poland, and the perceptions of middle-class husbands in 1950s England of their wives' jobs, we concluded that women's waged labour was consistently viewed in relation to their unwaged affective labour in the home and what were seen as innate duties vis-a-vis the family. Bracke's contribution focused on the working-class and trade union feminist agenda of the 1970s in Italy, and highlighted the lasting significance of its rethinking of the meaning of 'labour', by which it included both waged and unwaged work, and focusing specifically on the liminal, and widespread in Italy at the time, phenomenon of waged homework (e.g., textile piecework). Popularising the feminist theory of the fundamental interdependence of formal and informal economies, of production and social reproduction, Italian trade union feminism was a mass-based movement in industrial cities such as Genoa and Turin, and campaigned against gender-based discrimination in hiring at Fiat (a high-profile case which resulted in their victory in 1978), as well as for the extension of parental leave also for fathers. Tellingly, on the latter issue they encountered far more resistance: from political parties who did not see leverage in the issue, from employers who were outright opposed, and from the union leaders who, while paying lip-service to progressive views on the family, considered this a non-priority.

Anna McEwan, PhD researcher at the CGH, builds on her doctoral research on gender and care structures in the German Democratic Republic to further offer insight into the situated rather than

¹¹ Andrea Flynn, "The "All-Consuming" Emotional Labor Caused by Coronavirus—and Shouldered by Women', https://msmagazine.com/2020/03/31/op-ed-the-all-consuming-emotional-labor-caused-by-coronavirus-and-disproportionately-shouldered-by-women/

¹² Alessandra Minello, 'The pandemic and the female academic', https://www.nature.com/articles/d41586-020-01135-9

¹³ https://www.insidehighered.com/news/2020/04/21/early-journal-submission-data-suggest-covid-19-tanking-womens-research-productivity

¹⁴ Bracke, M., A., et al. 'Women, Work and Value in Post-war Europe: Forum', *Contemporary European History*, 2019, 28:4; Bracke, 'Labour, gender and deindustrialisation: Women workers at Fiat', CEH, 2019, 28:4, pp 484-499.

universal character of our care arrangements, and the existence of alternative models. A recent episode of the popular late-night German TV programme, *Heute-Show*, featured a sketch on the reality of working at home during the Covid-19 pandemic. The host jokingly described this phenomena as *Mutti-tasking*' (Mummy-tasking) as the scene depicted a woman literally juggling a baby, cooking and doing the weekly shopping. As well as this, the woman, with baby attached to her hip, was holding down her job virtually. While Mutti went about her domestic work in the background, the camera's main focus was on her male partner who stressed the difficulties he faced working at home. In Germany today, as elsewhere in Europe, the traditional division of care in the family persists. After 1989, as the GDR was institutionally absorbed into West Germany, a distinct regime of childcare disappeared. The gendered consequences of East Germany's transfer into a liberal democracy was not deemed a legislative priority. McEwan ponders whether the current pandemic, which has pushed discussion of women's caring roles into the mainstream again, might perhaps achieve what the German government could not in the 1990s – namely the creation of better provisions for women in their roles as both caregivers and workers.

In the GDR, men and women's equal citizenship was enshrined in the law, yet, the state's definition of gender equality was defined only as women having the ability to combine work and family care. Women's caring role was central to their citizenship; in the 1970s particularly, women's citizenship was framed around their role as mothers. In the GDR, (most) women had access to an overarching system of care provision, including childcare facilities, sizeable birth grants, and monetary benefits for breast-feeding. With the GDR's collapse in 1989, all legacies of the regime were deemed as unfitting for a democratic society and therefore destroyed. The consequences disproportionately affected East German women; 92.4% of East German women were in employment in 1989, yet more than 50% of women faced unemployment in 1990. The GDR's state-subsidised childcare facilities were closed without providing any kind of replacement. In contemporary writing, many East German women mourned their losses, feeling that, although the GDR had been a deeply flawed political system, it had awarded women with greater concessions in their caring roles. East German women had to acclimatise to a system where women could often only afford to hold down part-time positions to accommodate childcare or care for elderly and ill relatives, since support from the state in these areas was lacking.

In recent years, changes regarding the provision of places in the *Kita* (day-care for under three year olds) and new maternity and paternity regulations have provided opportunities for German women to stay in employment after childbirth. Yet, improvements have been slow and their success varies regionally. Could the global pandemic, in its unprecedented and disrupted form, have any long-lasting, positive results in regards to women's caring roles in Germany? Currently, about 25% of employees in Germany work from home – a huge increase compared to the situation before the pandemic. Up to one third hopes to continue working at home or at least have the chance offered to them. Envisaging this as a positive prospect, the Minister of Labour, Hubertus Heil (Social Democratic Party) will deliver a legislative proposal in autumn to ensure that employees will continue to have the right to work from home, implementing legislation to guarantee fair working hours and advice on keeping the private and working life separate.²⁰ Nevertheless, several feminist critiques have been articulated regarding these proposals: crucially, they do does not intend to transform care roles in the family, but rather, they merely propose, once again, to accommodate the juggling of roles for women. Moreover, histories of 'working from

¹⁵ Heute-Show, Coronakrise: fünf Täge Lockerungen – und alle schlagen über die Stränge (24/04/2020); https://www.voutube.com/watch?v=afFEYgE6joE

¹⁶ Bundesarchiv, DQ1/13731, Konzeption für M1 Gespräch zu einigen Fragen der Geburtenentwicklung und der Geburtenregelung, 06/11/1980.

¹⁷ Anna Kaminsky, Frauen in der DDR, (Berlin: Christoph Links Verlag).

¹⁸ Myra Marx Ferree, 'The Rise and Fall of Mommy Politics: Feminism and Unification in East Germany', Feminist Studies, vol. 19, no. 1, (1993), 89-116.

¹⁹ See, for example: Erica Fischer and Petra Lux, *Ohne uns ist kein Staat zu machen: DDR Frauen nach der Wende* (Cologne: Verlag Kiepenheuer & Witsch, 1990).

²⁰ Die Zeit, "Recht auf Homeoffice auch nach Corona" (26/04/2020): https://www.zeit.de/arbeit/2020-04/hubertus-heil-homeoffice-gesetz-corona-wahlmoeglichkeit

home', in the various shapes this has taken in the recent past, show that women have not necessarily benefited from the lack of clear demarcation of work and life space. Nonetheless, the current political debate might turn out to be an important first step in providing a new ground for changing societal attitudes towards work, family, and care.