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Covid-19 pandemic and women's work

# Women's labour and C-19

- IV Online magazine - 2020 - IV544 - May 2020 -

Publication date: Sunday 24 May 2020

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**Sometimes a significant crisis enables us to see things that often remain hidden or ignored in our everyday lives. Not that women needed to be reminded as they have lived with the situation for all of their lives; however, we are witnessing how essential are the traditional roles of women in the societies in which we live and this is the case irrespective of how developed the capitalist economic system is, or isn't. The separation between paid and unpaid labour in the home has been laid bare and even more so the societal (and ruling class) perception of the value of that labour has been revealed.**

## Women's traditional labour

The idea (and insistence of the ruling class) that traditional women's labour is an unskilled form of labour has been clearly demonstrated to be false. Traditional women's labour of cooking, cleaning, caring for our immediate and extended families, nursing, educating and socialisation of our young quite clearly requires a multitude of skills. Moreover, it is the labour that essentially holds our societies together. In its absence, essential work and tasks in the societies in which we live simply will not be done. ?Since this labour is done at home for no pay, it is assumed that anyone is capable of doing it and the skills required are in abundance. ?The fact that this labour is done at home for free saves the capitalist economy a nice bit of money; if they actually had to pay for this labour, profits would, of necessity, fall. That portion of socially necessary labour time that constitutes work done at home (caring for the family – childcare, care of the sick and elderly, the maintenance of family life; cooking and feeding the family, cleaning the family home, basic education of children) falls outside the costs of capitalists as they only cover paid labour as wages.

This type of labour is often consumed immediately; laundry gets done, food is consumed (leftovers are always eaten), caring for the family is done, the house is cleaned and while it is constant, those tasks do not produce extra goods and services beyond that which is needed for their immediate production and consumption. Women's oppression may appear individual and personal at home; but this labour is actually an essential part of the production of socially necessary labour time for the society and the economy as a whole. There is a slogan that was an important part of the women's movement in the 2nd wave of feminism in the 1960s-70s which was "the personal is political" – this slogan is not only about our personal relationships with our partners and people we know and interact with, it has as much to do with the nature of women's oppression on a personal level in the home and its relation to societal roles that we live with on a daily level.

When women enter the capitalist labour market for the first time, they often enter it doing those tasks that are done at home and which are seen as women's traditional labour; this, of course, is viewed as unskilled and hence earns low pay. Entering the labour market does not eliminate women's primary responsibility for those tasks at home; what happens is that their exploitation in the labour market is then added to their oppression at home. In this sense, women's dual oppression is clarified in that what is considered to be women's work at home is often the same work that we do when we enter the labour market. In fact, what has happened is that irrespective of our level of education and training, women are still primarily doing traditional women's labour after they enter the labour market. We are the nurses, the primary school teachers, the domestic workers, the cooks, the carers for children (in crèches), the elderly (nursing and care homes) and the sick and disabled.

## Women, employment ?and the pandemic

The UN Women's Group has put together some excellent recommendations for governments to address the impact of the coronavirus on women. The impact on women is significant for the following reasons:

*"First, while the economic and social impacts on all are severe, they are more so for women. Many of the industries in the formal economy directly affected by quarantines and lockdowns—travel, tourism, restaurants, food production—have very high female labour force participation. Women also constitute a large percentage of the informal economy in informal markets and agriculture around the world. In both developed and developing economies, many informal sector jobs—domestic workers, caregivers—are mostly done by women who typically lack health insurance and have no social safety net to fall back on.*

*At the same time, women typically shoulder a greater burden of care. On average women did three times as much unpaid care work as men at home even before COVID-19. Now, formal sector female employees with children are balancing one or more of the following: work (if they still have it), childcare, homeschooling, elder care, and housework. Female-headed households are particularly vulnerable.*

*Second, the crisis is having an impact on women's health and safety. Apart from the direct impacts of the disease, women may find it hard to access much needed maternal health services given that all services are being directed to essential medical needs. Availability of contraception and services for other needs may become disrupted. Women's personal safety is also at risk. The very conditions that are needed to battle the disease— isolation, social distancing, restrictions on freedom of movement—are, perversely, the very conditions that feed into the hands of abusers who now find state-sanctioned circumstances tailor-made for unleashing abuse.*

*Third, because the majority of frontline health workers—especially nurses—are women, their risk of infection is higher. (By some estimates 67 per cent global health force is women). So, while attention must be paid to ensuring safe conditions for ALL caregivers, special attention is needed for female nurses and carers—not only in access to personal protective equipment like masks but also for other needs such as menstrual hygiene products—that may be easily and inadvertently overlooked, but are essential to ensuring they are able to function well.*

*Finally, it is striking how many of the key decision-makers in the process of designing and executing the pandemic response are men. When any one of us switches on the television anywhere in the world we see a sea of men. This is not surprising given that women still do not enjoy the same degree of participation in major decision-making bodies—governments, parliaments, cabinets or corporations—as men do. Only 25 per cent of parliamentarians worldwide are women, and less than 10 per cent of Heads of State or Government are women. While we have a few shining examples of women Heads of State or Government, women are conspicuous by their absence in decision-making fora in this pandemic. [1]*

The Women's Budget group in Britain has compiled information about women and the Coronavirus. It is rather dispiriting as it demonstrates women's entrapment in traditional labour and also how this labour is perceived in the economy as a whole. [2]

## Key facts: Women and Covid- 19

**Women are the majority of health and care workers.** 77% of healthcare workers are women, as are 83% of the social care workforce. [3]

**Women are the majority of workers with highest exposure to Covid-19.** Of the 3,200,000 workers in 'high risk'

roles, 77% are women. Over a million of these workers are paid below 60% median wages. 98% are women. [4]

**Young women are disproportionately likely to work in the sectors that have been hit hardest by the lock-down.** 36% of young women and 25% of young men worked in sectors that have been closed down including restaurants, shops, leisure facilities and travel and tourism. [5]

**Women are more likely to be low paid and in insecure employment.** Women are the majority of low paid earners (69%) the majority of those in part-time employment (74%), involuntary part-time employment (57%), temporary employment (54%), zero-hours contracts (54%) and part-time self-employment (59%). [6]

**Women are the majority of people living in poverty and female-headed households are more likely to be poor.** For example, 45% of lone parents (90% of whom are women) are living in poverty. [7]

**Pre Covid-19, women were more likely to struggle with debt and bills.** 39% of women and 34% of men reported it was a struggle to keep up with bills, some or most of the time, 26% of women and 23% of men said they ran out of money by the end of the month and 29% of women and 23% of men said they would not be able to make ends meet for a month or less if they lost their main source of income. [8]

**On average, women carry out 60% more unpaid work than men.** This means they earn less, own less and are more likely to be living in poverty." [9]

What has become very clear about the nature of women's employment and the impact of Covid-19 is that women's employment is still largely located in traditional women's labour and that the crisis has impacted women's lives and has left us very vulnerable to both economic crises as well as to the real shocks to the economy caused by the pandemic.

In the case of women that do domestic labour as paid employment in different homes (cleaning and cooking), many have lost work and wages as people have gone into lockdown. Often this work is done on a personal level rather than through an agency; there is no protection for these workers in this situation. An additional form of work where women predominate is in the sphere of exchange; we disproportionately work in retail. The lockdown of the economy has on the one hand meant that those working in retail were not working (either sacked or on furlough) or they were working (in supermarkets) under conditions which are dangerous due to insufficient Personal Protective Equipment (PPE) available.

In Britain, healthcare professionals (e.g., doctors, nurses, those involved in various forms of medical testing and physiotherapists) and those that work in hospitals in non-medical professions (e.g., porters, cleaners, cooks and security) have been facing a shortage of PPE. An important issue that has arisen and must be noted is that due to the larger numbers of black women working in key sectors (healthcare, care sector) the rates of infection and deaths due to covid-19 are disproportionately high; while this is not the only thing going on here, we cannot ignore the impact of low wages and poverty and underlying medical conditions that impact people's health thereby making them more vulnerable to stronger versions of this virus (poverty causes that co-morbidity that is so dangerous). The intersections of race, class and gender are extremely relevant and cannot be ignored.

Those that work in care and nursing homes, hospices, those carers that go from home to home to help the elderly and infirm have until recently not have access to coronavirus testing but also still do not have access to sufficient PPE to protect themselves and the people they are assisting. [10] For example, if you are going from one home to the next, you need PPE for each place you visit. This prevents you getting sick, the client getting sick and of course, your family getting sick. If it is not obvious, the dangers of high-risk employment arise due to close contact with

potentially infected people and caring for those that are sick or infirm.

This vulnerability is both in terms of terms of the high-risk employments that women do in the context of a pandemic (e.g., caring and health care), our entrapment in part-time employment and that our lower incomes (i.e., wages and benefits) arising from:

- the types of employment that we do;
- the perception that it is unskilled labour; and
- the predominance of women in part-time jobs, (both voluntary – to leave time to take care of our families – and involuntarily (difficulty of finding full time work in the employments that we do)).

In many senses, what has also become obvious is that this form of work rather than being of a low-skilled nature, actually, require skills that are essential if this labour is to do the job that it is meant to be doing. However, the persistence of low pay is telling.

The terms “undervalued and underpaid” categorises the vast majority of women's traditional labour. Part of this arises from its nature itself due to what is prized under the capitalist economic system; that is, the creation of surplus value. Much of this labour is expended and consists only in the production of socially necessary labour; there is no surplus in terms of value created that is added by this labour when employed in education, crèches, nursing and care homes and domestic labour. ?

While this is the case for much of traditional women's labour; it is certainly not the case for all women's labour in the private sector; for example, women have always worked in clothing and textile production in various employments. However, we are often segregated as “unskilled women's labour” even when using the same kind (or type) of labour that men do. ?Women have been sweated labour since they have entered the textile factories back in the 19th century. That this segregation of women's labour has persisted and that women's labour is still viewed as unskilled is interesting. It is certainly not due to the lack of necessity of this labour privately at home in doing social reproduction or in the labour markets as women's paid labour. So how can those employing us get away with this?

In an economic system based upon the creation of profits, the accumulation of capital and its expansion, women's traditional labour often falls into the production of socially necessary goods but rarely the production of surplus value. That is why much of this labour is done in the public sector (e.g., education, health care in Britain) and treated as a public good; making a profit running this type of work requires that labour is squeezed both in terms of controlling quantity and quality of work and in terms of money earned.

If the amount that the employer earns providing these services is fixed (for example by the state or local councils), the only way to make profits is to cut costs and that often falls on the worker in the form of low wages and bad working conditions. ?If they can demand more for provision of the service, they can increase the costs to the consumer (think of the costs of private nurseries and childcare) thereby putting the service out of reach for many people.

To make profits in the private care sector where the amount charged is fixed externally, the conditions of work for employees become very difficult. In Britain, the amount of time spent in each home, the work that you do is decided by your employers in agreements with local councils who pay your boss to employ you to fulfil their contracts. Moreover, if there is insufficient demand throughout the location you are working in or for the type of work you do,

there is no reason to employ you. Additionally, and unsurprisingly, wages of care workers have remained very low. Privatisation of care work has not improved its provision to ensure that those that need support actually can get it, the conditions of work for those working in the sector are even worse due to the profit motive, and since most care workers in the private sector are often not unionised (as opposed to the situation when they were a public sector worker with a union to fight for better working conditions and pay), their ability to fight for better conditions and pay are extremely difficult as they are easily threatened with sacking and replacement by yet another person.

## Current Political Struggles

There are a number of struggles going on in Britain at the moment. Years of government austerity have undermined the public sector which includes our NHS, undermined the provision of services by local councils and has destroyed the Care Sector through privatisation.

Austerity led to deliberate underfunding of the NHS, the privatisation of its more profitable parts and reduction of the public sector workforce. Current struggles around the provision of PPE for those that work in hospitals and nursing and care homes often relate back to this underfunding as well as the government's late response to the coronavirus. In a pandemic situation where having PPE is essential, workers do not have sufficient access. ?

A second area of struggle arises around the protection of people living in nursing and care homes, mental health hospitals and those getting care support at home that are extremely vulnerable to the virus and they are the ones that are more vulnerable to the virus and as such are disproportionately dying. It is not only the workers that are endangered as the statistics of all countries affected by this virus demonstrates. Endangering both the workers and those they are assisting is impressive; it is as though neither of them is seen to be important enough by the government to warrant protection and support.

*"Even as the government was promising to protect the elderly and vulnerable from the deadly virus, local councils say they didn't have the tools to carry out the plan, and were often given just hours to implement new government instructions.*

*Policies designed to prevent hospitals from being overwhelmed pushed a greater burden onto care homes. With hospitals given priority by the government, care homes struggled to get access to tests and protective equipment. The elderly were also put at potentially greater risk by measures to admit only the sickest for hospital treatment and to clear out as many non-acute patients as possible from wards. These findings are based on documents from government agencies seen by Reuters, interviews with five leaders of local authorities and eight care home managers.*

*It is too early to reach final conclusions about the wisdom of these policies. Still, staff and managers of many care homes say they believe the British government made a crucial early mistake: It focused too much attention on protecting the country's National Health Service at the expense of the most vulnerable in society, among them the estimated 400,000 mostly elderly or infirm people who live in care homes across Britain. [\[11\]](#)*

The third arena of struggle is happening in the education sector. The vast majority of children have not physically been in school during this period; the exception is Special Needs education and children of key workers. Education has been occurring on line. The obvious problem is those children whose families do not have computers and access to the internet are missing out on this education; the disparities in income and wealth between classes has not ceased. Many of these children from low-income families received food at school; provision for those children has been organised by their teachers (with funding from the government). But the inevitable problem of covering these

children's needs between school terms is arising and the government is, as usual, on the wrong side of this issue?ending vouchers for school meals for children during half-term (the break between school terms). [12]

The British government has recently decided to reopen schools in June. Teachers' unions have opposed this reopening of schools due to safety issues caused by the pandemic. While children are less affected by the pandemic (yes, I am aware of this new offshoot of the coronavirus which is killing children), the same cannot be said for their teachers, teachers' aides, cleaners and cooks in schools. Endangering yourself and bringing the virus home to your family is the last thing any person wants to do. On Friday, the British Medical Association backed the teachers' unions opposed to reopening schools in England (the Scottish, Welsh and Northern Ireland schools will not be reopening as the decision is a devolved one for each country). [13] In the city of Liverpool, it was decided not to reopen schools. This struggle is ongoing and how it will be resolved, if at all, is still under debate between the government, teachers' unions and parents.

## Conclusion

Much has been made of the importance of key workers during the coronavirus pandemic; clapping on Thursday nights now includes care workers as well as healthcare workers. In many senses, the coronavirus has altered the perception of women's employment in the societies in which we live.

Not only is traditional women's labour (which the vast majority of us are still employed in) undervalued and underpaid; in the context of this pandemic we are highly vulnerable as we are a majority of key workers. While deemed "unskilled by" an economic system which relies on our work to keep the reproduction of the system ongoing, our work has been essential in the fight against the coronavirus. The importance of women's labour has always been essential, but throughout this crisis, it has been demonstrated to be skilled labour. At the moment, our work has been recognised; our roles heralded, we are argued to be "heroes" for doing our jobs.

The impact of the economic crisis brought about by the pandemic will only increase. Jobs that existed before the pandemic may not exist after it. Restarting the global economy is just not a situation of pressing a button; the interrelationship between production, distribution and exchange (and that includes international trade) in the context of a global economic crisis are multifaceted. Add to that we need to take into account Brexit in Britain. A return to austerity will mean a longer and deeper crisis in a situation where workers' social subsistence wage level has been eroded for over a decade. Our public sector and services are already in crisis. Investment by the private sector only occurs if the perception that profitability can be recovered. A tremendous amount of direct and indirect government investment and autonomous spending will be required to simply get everything going again. Workers' demand will be essential for recovery (even if government domestic spending will not reap the rewards due to globalisation) so cutting wages even further to pay for pandemic spending is beyond stupid. We also desperately need to address the environmental crisis and shift production to carbon neutral production, sustainable energy production, public transport and green housing for life. This will require a rebalancing between the public and private sectors and the rebuilding of the public sector and the economy in a different direction from the path set out by neoliberalism.

When this crisis is over, will everyone forget how essential women's traditional labour is? One thing that we must be fighting for is not to go back to how things were before the crisis. Our pay and conditions of work must not be downgraded again. Our work is not for "pin money"; we are an essential component in the provision of goods and services and we are still responsible for the majority of unpaid labour at home. At work we need to be organised in trade unions and we must gain better conditions of work and pay; this means that we need allies and our contribution to society be recognised. At home, our oppression must be addressed. Ending and reversing privatising is a struggle that will not disappear. Returning care work to the public sector is essential as is listening to the demands of those that will be using that care (families, the elderly, disabled people, children). Is socialisation of women's work

the way forward?? How can we win a struggle along these lines and in which way? Can we develop community based and run social care, nurseries and crèches? How can we transform the perception of women's work? These questions may not have an immediate answer today, but they must be addressed if we are to move forward...?

18 May 2020

Source **Daily Kos** [Anticapitalist meetup](#).

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[1] Relief Web, 26 March 2020 ["Women and COVID-19: Five things governments can do now"](#).

[2] Women's Budget Group, 9 April 2020 ["Crises Collide: Women and Covid-19"](#).

[3] Women's Budget Group, March 2020 ["2020 WBG Briefing: Health and Gen"](#) and Skills for Care (2019) ["The State of the Adult Social Care Sector and Workforce in England"](#).

[4] Autonomy, 24 March 2020 [The Jobs at Risk Index \(JARI\)](#).

[5] Institute for Fiscal Studies, 6 April 2020 ["Sector shutdowns during the coronavirus crisis: which workers are most exposed?"](#).

[6] WBG on low pay [here](#), WBG (2020) ["Women, employment and earnings"](#) and WBG (2020) ["Women, employment and earnings based on ONS (Oct 2019) ["EMP01 SA: Full-time, part-time and temporary workers \(seasonally adjusted\)"](#)].

[7] WBG (2018) [, ["The female face of poverty"](#), WBG (29 March 2019) ["DWP data reveals: women and children continue to be worst affected by poverty"](#).

[8] ONS (2 April 2020) ["Early indicator estimates from the Wealth and Assets Survey: April 2018 to September 2019"](#).

[9] ONS (10 November 2016) ["Women shoulder the responsibility of 'unpaid work'"](#).

[10] *The Guardian*, 14 April 2020 ["Sick care home residents not tested despite UK government pledge"](#).

[11] Reuters Special Report, 5 May 2020 ["In shielding its hospitals from COVID-19, Britain left many of the weakest exposed"](#).

[12] *Left Foot Forward*, 13 May 2020 ["Child hunger warning as Tories stop free school meal vouchers over half term"](#).

[13] *The Guardian*, 15 May 2020 ["BMA backs teaching unions' opposition to schools reopening"](#).