Women, COVID-19, and Care Economy

FACT SHEET 2

This fact sheet explores women and the care economy in the context of COVID-19 in Canada. This fact sheet is part of a series looking at the impacts of COVID-19 on women in Canada using an intersectional analysis.

Introduction:

Worldwide, women are most often primary caregivers in families, performing most of the world's unpaid and low-paid care work. 606 million women provide unpaid care on a full-time basis (compared to 41 million men) (Roosevelt 2019 pg 36). Women in Canada spend an average of 3.0 hours per day on unpaid household care work, including caring for children, or adult family members, chores, and other household duties, more than the 2.4 hours men spend doing the same tasks(Houle et al. 2017). Furthermore, 56% of women work in "5 Cs" jobs: caring, cleaning, clerical, catering, and cashiering sectors (Moyser 2017), with racialized and immigrant women over-represented in these positions (Sethi 2020). With the COVID-19 pandemic, care work has disproportionately fallen on women's shoulders. They have taken on increased caregiving roles, as frontline workers in health and home care, in addition to filling gaps in their own homes providing childcare and care for family members.

Women and care work in the COVID-19 crisis:

Women are overrepresented in Canada's care economy, comprising 80% of workers in health occupations (Statistics Canada 2019), which includes 90% of nurses, 75% of respiratory therapists, 80% of medical lab workers, and 90% of Personal Support Workers (PSWs)—who work in long-term care homes and as a home care worker (Statistics Canada 2016). Racialized and immigrant women are over-represented in these professions (CWF et al. 2020), consisting of 33% of nurse aides, orderlies, patient service associates, and 38% of home support workers, housekeepers, and similar occupations (Statistics Canada 2016). Recent data indicates that in July 2020 alone, nearly 23.6% of Filipino Canadians and 20.3% of Black Canadians worked in the care sector, compared with 13.7% of all workers (Statistics Canada 2020).

Public Health Agency of Canada (PHAC) reports more women diagnosed with COVID-19 than men, and more have died as a result-- as of May 15, 55 % of confirmed cases of COVID-19 were women and 45 % men (PHAC 2020). Why more women are exposed to virus and dying is quite evident. COVID-19 has particularly devastating impacts on older adults over the age of 70. Long-term care homes are hotspots of infection. More than 70% of Ontario and Quebec long-term care residents are women, and over 80% of personal support workers and nurses are also women

(Denette 2020). Limited physical distancing can be maintained in healthcare work and puts women at greater risk of contracting the virus.

Much of the work in the care economy – especially long-term health care is precarious. Staffing in long-term care has been at crisis levels for years (Hancock 2020). A recent study by Guttmann et al. (2020) found that among all women who tested positive, 36% were employed as health care workers; immigrants and refugees made up 45% of these health care workers in Ontario (pg 7). The burden of care on racialized and immigrant women during the COVID-19 pandemic is particularly important to consider whether it be on the frontline, caring for children at home, caring for elderly people, caring for sick people (at home, in the community), and caring for family members. For example, at least 600 nursing and retirement homes across Canada have had a COVID-19 outbreak (Tait 2020). An outbreak creates a situation where the demand for care is massive and has increased the care work and has put women at high risk of contracting the virus. At the same time, these women are in low-paid or underpaid precarious positions. For care workers in precarious positions, there may be little support for taking time off to self-isolate, relevant benefits, or job security. These care workers are underpaid and therefore have low socio-economic status, which may make isolating or otherwise reducing exposures to the virus particularly challenging. For instance, in Ontario, the rates of testing were lower for immigrants and refugees compared to Canadian born residents (Guttmann et al. 2020 pg 7).

Many care workers hold multiple jobs to make ends meet (Block & Dhunna 2020). Less income means; they can mostly afford to stay in overcrowded housing where proper physical distancing and maintaining proper hygiene may be limited; they might use public transit to commute, all of which puts them at higher risk for catching COVID-19 but also potentially increases community transmission. Recently, CBC Ottawa published a story of two women working in multiple term-care facilities but living in a homeless shelter in Ottawa and contracted COVID-19 (Molina 2021). This is just the 'tip of the iceberg' that women care workers experience. What this indicates is that the COVID-19 pandemic is not just a health crisis but also a structural crisis and requires an intersectional feminist lens to understand and solve these issues at their roots deeply (CRIAW-ICREF 2020; Rezaee 2020).

Childcare duty & caring for sick family members disproportionately affecting women during the pandemic:

In Canada, parents have historically relied on three types of childcare arrangements for their infants and pre-school children: regulated childcare centers (33%), home-based childcare (31%), and private arrangements, such as grandparents, relatives, or nannies (28%) (Sinha 2020). Women

in Canada spent an average of 50.1 hours per week on childcare, more than double the average time (24.4 hours) spent by men (Milan, Keown, & Urquijo 2015). The closures associated with COVID-19 have had a significant impact on childcare availability, with caring responsibilities often shifted back into the home and family, most often onto women's shoulders (Van der Linden 2020; Goertzen 2020). Statistics Canada reports that amidst pandemic-related school closures; 64 % of women performed homeschooling or helping children with homework, while only 19% of men reported being mostly responsible for this task (Leclerc 2020 pg 1).

Women working from home may face new levels of childcare responsibilities. Women who might otherwise be seeking employment are left to tend with job hunting challenges while providing care. The worst affected may be lone mothers, women with no income, and those without childcare support. Although some childcare centres have reopened—including specific re-openings for the children of frontline workers in Ontario and British Columbia (Fletcher 2020), gaps in care persist. While hospitals and other centres provide care around the clock, childcare centres for the most part do not, and women working nightshifts or weekends may be left scrambling to find care.

For school-aged children, parents are forced to make risk-calculations about whether or not to send their child to school where—despite the best efforts of teachers—the risk of exposure is more likely, or to make other arrangements to keep children at home (with problematic implications for working parents, both those working from home but also those who cannot work from home). There is limited data on how women frontline workers are managing their childcare responsibilities during a pandemic—whose jobs cannot be done virtually from home. Women—particularly those engaged in low-paid or precarious jobs, or newcomer women who have to work to maintain work permits and/or other residency requirements—may not have the option of quitting their jobs and may be forced to choose between keeping their jobs and safe, adequate childcare. The challenge of finding safe and accessible childcare is not limited to the pandemic, but the lack of flexible childcare has even more significant effects in this time of crisis.

As the pandemic continues and the second wave is wrecking havoc on our healthcare centres and hospitals, which in many places are near or exceeding capacity, a growing amount of COVID-19 related care has moved to the home. Currently, thousands of people are on home self-isolation after tracking and tracing of COVID-19. The 'mild' COVID-19 patients are sent home early to make space for critical COVID-19 patients, but they still need care in the home. Home-based health care means additional care work for women, undervalued and in many cases unpaid.

The pandemic has exacerbated unequal gender division of labour and aside from the apparent health impacts of the virus itself, there are other health issues impacting women. Mostly, women

healthcare workers, lone mothers, and working moms are at high risk of increased stress related to the disproportionate amount of additional unpaid care work. The second wave and increasing COVID-19 cases mean on-going demand for care work, particularly for women.

Women are over-represented among care receivers and caregivers in COVID-19:

It is not only that women provide more care, but women are also more likely to receive care as inhabitants of retirement residences, nursing homes, and other sites of senior care (Statistics Canada, 2018). Women are on both sides of the equation. Women as a group live longer than men, and in Ontario and Quebec's long-term care homes, more than 70% of residents are women (Denette 2020). As nursing and retirement homes across Canada are the sites of the most troubling COVID-19 outbreaks, it is women who are most likely to be exposed (Denette 2020). In these facilities, it is also women who are more likely to provide care—as nurses, personal support workers, and otherwise—and the exposure among health care workers means that women in these spaces are at high risk of contracting COVID-19 as both caregivers and receivers. To this end, the 2020 annual report of the Public Health Agency of Canada (2020) states that 80 % of COVID-19-related deaths have been residents of long-term care facilities (pg 10) and that 19 % of national cases are among healthcare workers (pg 11). However, no disaggregation of data provided by gender and race.

Conclusion & Recommendation:

Women are over-represented in the healthcare sector, in particular, racialized and immigrant women. Care workers are undervalued and to this end are often poorly paid, or unpaid. Since the COVID-19 pandemic began, women are at the centre of care and response efforts both outside and inside the home. They are performing multiple caregiving roles; as a healthcare workers, caring for children at home, at school, in childcare centres, caring for elderly people, caring for sick people (at home, in community, at care centers, in hospitals, etc.), and caring for family members. Due to existing social inequalities, including sexism, racism, ableism, ageism, homophobia, classism, and other factors, women face intersecting challenges. The government and non-government sectors must apply an intersectional feminist lens to address women's diverse challenges by formulating and implementing inclusive policy, programs, and actions during and after the COVID-19 pandemic.

More resources on women, the care economy, and COVID-19:

1) YWCA & Gender and the Economy: A Feminist Economic Recovery Plan for Canada: https://www.feministrecovery.ca/the-plan
2) Gender and the Economy: https://www.gendereconomy.org/care-work/
3) Childcarecanada.org: https://childcarecanada.org/category/tags/care-economy
4) Investing in care for gender equality: https://canadianlabour.ca/investing-care-gender-equality/
5) UN Women: https://www.unwomen.org/en/digital-library/publications/2020/06/policy-brief-addressing-the-economic-fallout-of-covid-19
6) Web Lab: COVID-19 and the Care Economy in the Global South: http://womensempowerment.lab.mcgill.ca/seminars/care-economy-global-south/
7) Center for Economy and Social Rights: https://www.cesr.org/invest-care-economy-just-green-feminist-covid-19-response-and-recovery
8) International Labour Organization: https://www.ilo.org/global/topics/care-economy/lang--en/index.htm

Acknowledgments

CRIAW acknowledges its presence and work on the Indigenous Territories. We respectfully recognize the legacy of colonization upon Indigenous Peoples.

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Design & Layout: Mélissa Alig & Luna K C
Publisher: Canadian Research Institute for the Advancement of Women (CRIAW-ICREF)
250 City Centre Avenue, Suite 807 Ottawa, ON K1R K67
ISBN: 978-1-894876-97-1

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