

Care Work and the Pandemic

Policy Brief



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Introduction

The feminization, invisibilization, and undervaluation of care work are three factors that contribute in major ways to the precarity of women's lives and livelihoods. In order to counter the essentialization and limiting of gender roles that reproduce inequalities between men and women, we must advocate for fair policies that seek to challenge the rigid division between the "public" and "private" spheres. This policy brief will go over this division as it operates in current understandings of care work in the Middle East and North Africa (MENA) region, and as it informs social protection design. The brief will also recommend measures that strive for gender equity, and equal valuation of and opportunities for work.

Part I of this brief will discuss realities of social protection in the MENA region and the divisions of labor they espouse, as well as review MENA states' responses to the COVID-19 pandemic. Part II will go over policies that are intended to redress the status of women under current circumstances, and will suggest concrete measures that would enable the correct valorization of and compensation for care work.

Approach

Our approach to gender-responsive policy is multifaceted, and rests both on the perspective of women's rights and on the ethics of care. We believe that public policy and social protection should emerge from a recognition of the mutual dependency of beings, and thus from a valorization of care work. This work is essential to the flourishing, functioning, and well-being of all people. This approach allows us to recognize the contributions made by care work to societies, people, and economies, and to advocate for its proper compensation. Moreover, understanding the gendered implications of the division of care labor, we address how patriarchal structures and ideologies obscure and exploit this form of labor.

Part I. Social Protection in the MENA Region

Social protection systems in the MENA region are very similar to those that exist in other parts of the Global South. They are invariably linked to employment status, or, in many cases, to targeting mechanisms that are intended to identify and assist the poorest of the poor and the most vulnerable. The latter category might include social assistance, conditional or unconditional cash transfers, partial social insurance schemes, and various kinds of food vouchers or food for work. Some MENA countries, such as Egypt, Jordan, Lebanon, and Yemen, have tried (before the pandemic) to experiment with better targeting tools and plans, but with limited results.

The situation may be summarized as follows:

- Social protection systems have been notoriously underfunded by MENA states, leaving many segments of the population either under-protected or simply unprotected;
- These systems have neither curtailed nor limited poverty. Instead, poverty has widened, becoming generational and, in many cases, irreversible;
- None of the existing social protection systems has taken into consideration the systemic and deeply-entrenched gender inequalities that make women's lived experiences of vulnerability and poverty different than men's, and thus requiring different solutions;
- One of the many segments of society that have fallen through the cracks is non-citizens in all countries; namely, migrant workers and refugees, who are among the most vulnerable (even if one could argue that refugees have a special status that affords them a degree of social protection, this has proven by and large to be insufficient in the case of Syrian refugees, for instance);
- Linking existing social protection systems to employment in the formal sector has left a significant number of workers, especially women, uncovered by the existing schemes;
- Among the largest and most vulnerable segments of the population that remain unprotected are those working in the informal sector; namely, agricultural laborers, domestic workers, taxi drivers, unskilled workers, etc.;
- Most importantly, social protection in the MENA region is based on an outdated and incorrect definition of work that is totally oblivious to care work, thus leaving millions of women and girls in the MENA region outside of the umbrella of services and coverage offered by existing, if faulty, social protection systems;
- Moreover, and in cases where care work within the household is carried out by hired personnel who are likely to be migrant women, these care workers are also totally outside the remit and coverage of social protection systems.

According to the literature, only 30-40% of MENA populations are covered by formal social protection systems (COMCEC 2016). Among those left out are workers in the informal sector, where women have historically been employed (agriculture, family businesses, agro-food production, small industries, etc.). These demographics, which mostly comprise women, are left without any form of social protection. The problem is further compounded by the fact that this withholding of social protection has a generational impact and represents a serious hurdle to social mobility.

All of the above has come to light even more clearly during the COVID-19 pandemic. It is safe to say that the MENA region's broken social protection systems have rendered citizens and residents more vulnerable to the pandemic and its aftermath in terms of loss of life, and both temporary and permanent losses of livelihood. Due to these faulty and, in some cases, nonexistent social protection systems, the future of people in the region looks grim, particularly for women and other vulnerable groups. Their recovery will be further impeded by their limited ability to recover from the shocks caused by the combined effects of the pandemic and the economic and political crises.

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Part II.

Care Labor and Gender-Responsive Policy

The Universal Breadwinner Model

Debates about work/care reconciliation policies have been prominent in the Global North over the past few decades. As women entered the labor force in increasing numbers starting in the 1970s, the work traditionally done by women was left unfulfilled. An aging population; a crumbling welfare state; the decline of wages; and the precarity of work that is typical of neoliberalism combined to render male wages insufficient for survival. As such, countries of the Global North entered what is now called a "crisis of care" (Misra et al. 2006, Benería 2010). The crisis of care involves a shortage of people available to care for children, the elderly, and household upkeep, as well as to tend to other sorts of life events and emergencies. This led to revived discussion about the role of the state in ensuring that its citizens are protected against everyday struggles and contingencies. One category of suggested policies and interventions is the "universal breadwinner model" (Fraser 1996). This school of thought encouraged women to participate in the labor force by calling on the state to reduce the obstacles and challenges that impeded their entry into the job market. As such, proponents of the model sought to ensure that care work services would be provided so that women would not have to endure the "double burden" of care work and paid work, and would be freer to enter the labor market as they pleased. Such measures included on-site childcare, nurseries, and, most importantly, parental leave and work return guarantees.

This approach to social security was championed most especially by several liberal and American feminists (ibid.). The rationale behind their activism was to challenge the assumption that care work is necessarily women's work, and to encourage women to participate in the labor market, as was usual and commonsensical for men. They sought to undermine the rigid gender segregation that they observed between the "public sphere," or the realm of politics and economics that is typically reserved for men; and the "private sphere," the realm of the home and domestic activity that is typically the preserve of women. For these feminists, this movement of women from the private to the public sphere constituted their empowerment and achieved a universal, as opposed to male, breadwinner model. International agencies and organizations such as the Organisation

for Economic Co-Operation and Development (OECD) and the International Monetary Fund (IMF) soon took up the cause, and championed legal reforms aimed at institutionalizing care services. The IMF argued that female participation in the labor force, which they equated to women's economic empowerment, was a path to healthier, more resilient economies that could maximize productivity and efficiency (Mahon and McBride 2008). They also commended the aforementioned measures to employers, arguing that they would profit from the greater worker output that would result from laborers enjoying well-balanced home and work responsibilities and not having to bear the costs of providing care services.

This approach has proved popular, and has been implemented across various countries and social security systems. Although these measures have had an undeniably salutary effect on women's lives and livelihoods, as well as on their position in the market and society, critics have noted that the model leaves many problems unresolved, especially in terms of its applicability to other contexts. Scholars and feminists have pointed out that various circumstances complicate the viability of these measures in other economic systems with different supplies of domestic labor. In many countries of the Global South, upper- and middle-class households have the means to hire cheap domestic labor, but large informal economies make it difficult to enforce labor regulations (Antonopoulos 2009, Benería 2010, Goldblatt 2016). Moreover, feminists have questioned the extent to which the conventional leave policies for maternity and childcare actually contribute to women's economic empowerment, since they do not address the under-valuation and feminization of care labor. They likewise argue that a certain amount of care work is not transferable to other actors, and that this responsibility will inescapably fall back onto women. Finally, they assert that no policy can truly strive for gender equity if it does not seek to value and recognize "women's work" and does not aim to de-essentialize its feminine connotations by encouraging men to do it as well (Fraser 1996).

Valuing Informal and Unpaid Care Labor

On the other hand, an alternate view has emerged among social democratic feminists and activists from Western Europe who propose to support those who are actually doing care work, while taking into account that much of this work occurs either in the informal economy or as unpaid domestic and family labor (ibid.). According to this view, the work that women actually do must be valued as is, and thus the state must provide compensation, be it in the form of cash transfers, tax credits, or other types of assistance and financial support to women who carry out domestic labor. In this manner, this type of labor becomes recognized as work and allows women to build livelihoods and ensure some financial security by means of what is already a de-facto occupation for many. This model promotes flexibility and free movement in and out of the formal market, giving women the choice to both engage in the conventional job market and to take time off for their care work duties. This approach also promotes access to social security and welfare benefits for women engaging in this work, something that is not usually possible due to the work's informal nature. Many scholars from the Global South have commended this approach's attention to the nature of labor markets in the region, where the formal economy is almost entirely inaccessible for many women.

While this approach has been implemented in certain countries of Western and Northern Europe, and has also had an undeniably salutary effect on some women, enabling them to earn a better living, it has been criticized nonetheless for failing to address the issue of the feminization of care work still makes it a lower-paid job than other

types of occupations. The model also does not take into account that the informal labor market is usually already quite flexible, and that exit and re-entry into the informal job market is accessible and common for most, given the already-high rates of turnover in informal labor. Moreover, it does not change the fact that it is still considered a “women’s job,” and that women’s double burden of paid and care work will remain unaffected. As such, women continue to be time-poor, even when they are paid for their care work (Beneria 2010). This approach is thus similar to the above “universal breadwinner” model in that it too does not encourage men to participate in care work.

Care, Social Protection, and Labor Policies in the MENA Region

Social protection in the MENA region suffers from mismanagement of funds; a lack of cohesiveness; a shortage of coverage; leakages; and insufficient distribution (Devereux 2015; OECD 2017; Smith and Cardinal 2019). Despite the lack of gender-disaggregated data and statistics on poverty, we know that the effects of destitution are disproportionately felt by women. Therefore, a lack of proper safety nets runs contrary to the goal of women’s economic empowerment. On the other hand, many MENA labor laws tend to be formulated in “gender-neutral” terms. In practice, this fails to address, and in fact reinforces, the particular challenges that MENA women face in the workplace (OECD 2017). Traditional conceptions of social security have also failed to account for the massive informal sector, which employs most women and leaves them with no support as they bear the double burden of unpaid care work and paid work. Most care services in the MENA region are privatized, and have been increasingly so over the past few decades of neoliberal economic restructuring. Thus, in households that can afford it, care work is contracted out to a third party. For this reason it is critical to address the migrant nature of care labor across the region, as care positions end up being filled by migrant women who mainly come from South Asia and East Africa. In the MENA region this labor is regulated by the infamous Kafala system, which binds workers legally to their employers and leaves them vulnerable to all sorts of exploitation and abuse. These migrant workers are not entitled to any labor benefits, and they have no right to organize and mobilize for labor rights. The COVID-19 pandemic has exacerbated many of the insecurities and vulnerabilities created by this situation, making jobs less secure and placing additional burdens on women, both in care occupations and others, and making violence against women even more prominent. Hence, there is an urgent need for policy responses to women’s vulnerabilities, yet the region’s policy makers have remained silent on the matter.



Part III. Recommended Measures

A central component of a gender-equitable policy response is the problematization of the public-private sphere divide. Though gender ideologies and regulations reduce care work to the private sphere as a women’s issue, such work is anything but a private matter. Care work is essential to public life, and although they are often implicit and covert, domestic labor regulations are a key issue in both public

discourse and economic strategy. To tackle the effects of the pandemic as well as the gendered, classed, and racial injustices that already exist in the MENA labor landscapes, we must recognize the permeability of the public/private domains and value care work as a social and public issue. We thus propose the following measures to be adapted to different MENA nations and their political and economic contexts:

- A. The creation of comprehensive and consistent national social security schemes. Many nations in the MENA region have fragmented, conflicting, and inefficient social security systems. As a result, trying to apply a gender-equitable approach means integrating such ideas across multiple government institutions and agencies, many of which see limited participation of women. An exhaustive framework for social protection that explicitly prioritizes gender equity is thus necessary, especially in order to ensure that responses to COVID-19 follow this approach.
- B. The transformation of labor laws into gender-equitable policy, with the aim of integrating informal and migrant workers. Such measures would include stipulations that fall under the “universal breadwinner model,” including state-supported childcare, nurseries, and maternal leave, with the addition of decent and incentivized paternal leave in order to enable the transformation of gender roles within the family and the alleviation of women’s care burden.
- C. The support and inclusion of women’s labor, trade, and community organizations, with the removal of barriers to organizing, especially for migrant and informal laborers. The abolition of the exploitative Kafala system is paramount to this and other objectives.
- D. The direct provision of aid for all care workers, especially in light of the pandemic. Such cash assistance should be distributed to individuals rather than households, in order to ensure equal distribution and circumvent unequal power dynamics and control over resources within the domestic unit.



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