



CARE IN THE TIME OF CORONAVIRUS

Why care work needs to be at the centre of a post-COVID-19 feminist future

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New research by Oxfam and partners reveals that while COVID-19 and the related containment efforts have caused increases in women's – and men's – unpaid care workloads, women are still doing the bulk of this work. Women living in poverty, single mothers and essential workers as well as those belonging to minority racial and ethnic groups are being pushed furthest to the margins. It shows the real consequences this has for the health, economic security and wellbeing of these women and their families with women reporting feeling more anxious, depressed, overworked or ill because of their increased unpaid care work. Care work is essential to the healthy functioning of our societies and economies and must be better supported through policy and social norms change. Care work must be at the heart of a feminist COVID-19 recovery.

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For further information on the issues raised in this paper please email advocacy@oxfaminternational.org

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Cover photo: Sarah, a fruit vendor in Kampala, Uganda, is the main earner for her family of six. Her care work has increased dramatically under lockdown, leaving less time for her paid work and for herself.

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Back cover photo: Arlene, who has lived in a resettlement area of the Philippines after her house was destroyed by a typhoon in 2013, cares for her husband since he suffered a stroke, as well as three children.

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SUMMARY

We are in an unprecedented moment globally. The market economy, which is focused on making, purchasing and selling goods or services, has slowed, while the unpaid care economy is operating in hyperdrive. Social distancing, coronavirus prevention measures and related government responses have paused some public services while putting additional constraints and pressure on others. This has led to more time being spent on unpaid care and domestic work such as preparing meals and cleaning, as well as caring for children and other family members. Restrictions on movement mean that all family members are now at home to witness – and potentially take part in – household work that was previously invisible.

As a global community, we entered this moment on the shaky foundations of gender inequality caused by an uneven distribution of care work, compounded in many contexts by other social identities based on ethnicity, income, race, disability, indigeneity, education, and migration status. Before the pandemic, women's ability to earn a living or live a life free from poverty was already constrained by the heavy and unequal nature of unpaid care and domestic work.¹ Globally, even before the pandemic hit, 42% of women of working age said they were unable to do paid work because of their unpaid care and domestic work responsibilities – compared to just 6% of men.²

This paper presents findings from research conducted in five countries: the USA, Great Britain, Canada, The Philippines, and Kenya, as well as supplementary information on a related programme in Tunisia. The findings represent experiences both from high income countries, as well as those from urban poor and marginalized communities in the Philippines, and in the informal settlements of Nairobi, Kenya. The aim was to gauge people's understanding of their current unpaid care realities due to the COVID-19 pandemic. Oxfam acknowledges the contributions of many partner organizations in the development of this research as indicated in the acknowledgements section at the end of this document.

The research methods (see Annex) included rapid polling in the USA, online surveys in the Great Britain and Canada, in-depth phone interviews and online surveys in the Philippines, and surveys conducted via mobile phones in Kenya. The polls, surveys and questionnaires shared certain questions which enabled cross-country comparisons. The research explored how COVID-19 and related lockdown measures have affected women's and men's unpaid care workloads, how this varies across different contexts and by race, ethnicity, income, age, and type of household (single or dual parent), and the impact this is having on health, economic security and wellbeing.

The findings suggest that COVID-19 and the related containment efforts have caused further increases in women's – and men's – unpaid care

workloads. While in all five countries studied, men are contributing more time to unpaid and domestic care work, women are still doing the bulk of this work. Around half (44%–55%) of women surveyed report that they are now spending more time on unpaid care and domestic work as a result of COVID-19 and containment measures. This has real consequences for the health, economic security and wellbeing of these women and their families: across all five countries, almost half (43%) of women surveyed said they were feeling more anxious, depressed, overworked, isolated or physically ill because of their increased unpaid care and domestic workload during the pandemic.

Box 1: Evidence of the unequal distribution of care work pre-coronavirus

Oxfam and its partner organization, the Association of Tunisian Women for Development Research (AFTURD), conducted a Rapid Care Analysis in Tunisia in 2019. It found that women spend eight hours a day on average on unpaid care activities while men spend less than 45 minutes on such activities.³

Oxfam's 2018 Household Care Survey, conducted in five informal settlements in Nairobi, revealed that women provided five hours a day on average (35 hours a week) of primary care compared to about one hour for men (seven hours a week).

Oxfam's 2017 Household Care Survey implemented in selected districts of the Philippines revealed that women provided six hours a day on average (42 hours a week) of primary care compared to two hours for men (14 hours a week).

In the UK, 2016 Time Use Survey data showed that on average women provided 26 hours a week of unpaid care and domestic work compared with 16 hours per week for men.⁴

Oxfam research from 2016, based on time use surveys, showed that women in Canada spend almost twice as many hours on unpaid care and domestic work each day compared to men: 3.9 hours vs 2.4 hours.⁵

The 2018 American Time Use Survey shows that among adults aged 15 and older, women's unpaid household and care work amounts on average to 5.7 hours per day, compared with 3.6 hours for men.

Changes in unpaid care and domestic work are different for different groups in different contexts. In lower-income countries, for example, women living in poverty report larger increases than women in higher-income countries and wealthier families, most likely due to having less access to time- and labour-saving equipment and to quality, basic services such as water and electricity. In higher-income countries, the research shows that minority and ethnic communities manage higher levels of unpaid care and domestic work than White respondents. Research by the Women's Budget Group in the UK indicates that this may be due to the fact that Black, Asian and minority ethnic (BAME) families are more likely to live in poverty, in larger families in multigenerational households, with less access to childcare and health services.⁶ This is the result of 'deep-seated and multi-faceted socio-economic inequalities linked to structural racism'.⁷

Findings suggest that in the Philippines, parents – particularly those who are single and young as well as families living in poverty who are recipients of the government 4Ps⁸ programme – are among those who spent more time each day on unpaid care and domestic work both before and during the pandemic. In the Great Britain, compared to women without children, women with children were six times more likely to report that their care work has increased. Collecting water took the most time for women in informal settlements in Nairobi, as coronavirus-related water needs increased. In the USA, families living in multigenerational homes looking after children and older people at the same time face unique challenges. African American or Black and Latino or Hispanic families in particular are experiencing disproportionately high care workloads, while reporting greater likelihood than White respondents to be living with an elderly or unwell person in need of regular care or assistance. In Canada, essential care workers such as nurses, day care providers, teachers and healthcare workers were more likely to report increases in unpaid care and domestic work than other respondents.

Right now, we have a historic opportunity to set things right and to enable an economic recovery that prioritizes the giving and receiving of care, taking advantage of this unique moment where men are participating in care work more than ever. Men should be encouraged and supported to take up paid care roles now and in the future, and governments and the private sector should incentivize them to do so. Governments should commit to a future path based on feminist thinking that prioritizes the voices of the most marginalized people in society, and build inclusive economies founded on the ethics of care.

INEQUALITY PRE-CORONAVIRUS

The COVID-19 pandemic is exposing and exacerbating existing gender and economic inequalities caused by the patriarchal and capitalist economic system, which for centuries has undervalued care, made women's labour (paid and unpaid) less visible than men's, and undermined women's rights. Women – particularly those living in poverty, or those who have been marginalized based on their ethnicity, income, race, indigeneity, educational attainment, or migration status – do the most work while receiving the least support.

These divisions between women and men in terms of unpaid care and domestic work run deep. Oxfam's Time to Care report⁹ revealed how prior to COVID-19, heavy and unequal care responsibilities were already trapping women in time and income poverty and excluding them from public and political life. For example, in rural and low-income communities, women spent up to 14 hours a day doing unpaid care work due to having less access to time- and labour-saving equipment and services, as well as being less able to afford paid domestic help. In these communities it was also girls, rather than boys, who supported or substituted for the unpaid care activities done by their mothers.

Box 2: There is no 'pause' button on care

To describe the current state of affairs as an 'economic shutdown' is actually a misnomer. While large parts of national economies have shut down, causing predictions of a contraction in global gross domestic product (GDP) of 3% for 2020 – 'The coronavirus pandemic-induced economic crisis could cause global GDP to plummet by 7.6%, the Organization for Economic Co-operation and Development warned in its economic outlook published Wednesday',¹⁰ the global care economy is in hyperdrive. If only pre-COVID-19 calculations of the monetary value of care were counted, GDP would still increase by 1.4% (after accounting for the 7.6% reduction).

These GDP forecasts highlight yet again what has been known to feminist economists for 80 years since British economists James Meade and Richard Stone decided to exclude the economic value of caring for people from GDP calculations - despite arguments by team member Phyllis Dean who at the time observed that such kinds of labour had historically been excluded because they were commonly viewed as women's work.¹¹ Pre-COVID-19, Oxfam had estimated that unpaid care and domestic work contributed (by very conservative estimates) US\$10.8 trillion a year to the global economy – three times the size of the world's tech industry.

The heavy and unequal responsibility of care work falling to women and girls has been detrimental to their lives in profound ways: it has perpetuated gender and economic inequalities and undermined their health and wellbeing, while enabling men's dominance in business and politics. As women enter their peak productive and reproductive years, their likelihood of experiencing extreme poverty increases from 4% to 22%, mainly due to unequal childcare responsibilities.¹² Heavy and unequal care responsibilities have also been shown to limit women's participation in social and political activities.¹³

Due to COVID-19, the world is descending into an economic crisis deeper than the 2008 financial crisis, with estimates that as many as half a billion people could be forced into poverty.¹⁴ How we choose to rebuild is critical. A large and growing body of feminist economic research¹⁵ has shown how past government policies have been inherently gender-biased. After 2008, the world entered a decade of austerity as high-, low- and middle-income countries alike cut back public services such as health and education, resulting in lower living standards for Black and minority ethnic households and women.¹⁶ Cuts to publicly funded care services were considered as ‘savings’, while the unpaid labour of women carers was considered infinitely elastic and thus valued at zero cost.¹⁷ The global community now has a fundamental choice: we can either recycle failed austerity measures, which are likely to further deepen inequalities, or set things right by enabling a recovery that re-values care, encourages men to play full and equitable roles in unpaid care, and builds an inclusive feminist future. We must use this moment as a springboard to tackle gender and care inequality once and for all.

Box 3: Sarah’s story of increased care work during lockdown in Kampala, Uganda

26-year-old Sarah is a resident of Kibuli, Kampala (Uganda’s capital) where she lives with her husband and their four children. Sarah sells fruit in front of a supermarket in Muyenga, one of Kampala’s affluent areas. She has been the sole income earner for the family for four years. For Sarah, the unpaid care and domestic work she does has increased considerably under COVID-19 restrictions.

‘Before, my children used to go to school early morning, and they were having lunch at school only returning later in the evening. I was then doing less cooking, laundry and cleaning. Though not working, my husband would also not spend his day at home.’

Since the lockdown, Sarah says she has had to do more care and has not had much time for her business or herself.

‘Since the start of the lockdown, I have woken up at 5 a.m. to prepare myself, make breakfast for my husband and children. I then make sure that I bathe the younger children, clean the house, do laundry and prepare what is needed for lunch. By the time I am done with all this, it’s either 10 or 11 a.m. when I leave for my fruit-vending business. Getting to my business at 11 a.m. rather than 7.30 a.m. means losing out on potential morning customers. I also have to finish my vending by 6 p.m. in order to beat the evening curfew and then start on the evening chores, including preparing supper, bathing the young children and helping them with their home studying... Most days, I sleep at 12 midnight after everyone else has gone to bed.’

Asked whether her husband helps with the care work at home, she says that he was not raised to do housework.

'What really upsets me is going back home in the evening after vending and finding that even the chores I had left the older children to do, including their schoolwork, are not done because they have no adult reminding them, even when my husband is around.'

Like many women in Uganda, Sarah cannot confront her husband over care and domestic work though she wishes that he would get a job and help out more at home.

'I wish that my husband had a job because I realise that when men are not working, they become frustrated and this could potentially lead to violence at home over small things like house chores not done. I have also thought about hiring a house help to assist in the house chores as this would help me concentrate on the business but with the little I earn, getting a house help remains a dream. For now, I just pray that this coronavirus goes away so we can get back to normal.'



Sarah's care work is restricting the time she has to spend on paid work as a fruit vendor.
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WHO CARES NOW?

School closures and disruptions of systems of care amid a healthcare crisis that has sparked global quarantine measures have left everyone who is caring for a loved one with more work to do. While lockdown orders are easing in some countries, around 3.9 billion people – nearly half the world’s population – were under lockdown until recently.¹⁸ UNESCO data indicates that nearly 70% of the world’s learners are affected by country-wide or localized school closures (country-wide school closures were in place in nearly all of Africa and Latin America and much of Asia).¹⁹ The economic consequences of mitigation efforts have been severe, with the International Labour Organization (ILO) warning that 1.6 billion workers in the informal economy alone are likely to see their livelihoods destroyed,²⁰ which will drive dramatic increases in poverty. All this is taking place amid a health crisis that has brought ill health to 8.8 million people and claimed nearly 465,000 lives according to the World Health Organization as of June 2020.

Findings from our multi-country research conducted between May and June 2020 show that COVID-19 and its associated restrictions have led to increases in unpaid care and domestic work – for women and for men – which includes caring for children, doing more household work under quarantine (such as cooking and cleaning), and looking after any family members who fall ill. While gender inequalities in care persist, with women still doing a disproportionate amount of this work, men are spending more time on care work than they have before. This presents an important window of opportunity to encourage a lasting shift in norms and policies to enable a transition to a more equitable distribution of unpaid care and domestic work, during and after the pandemic.

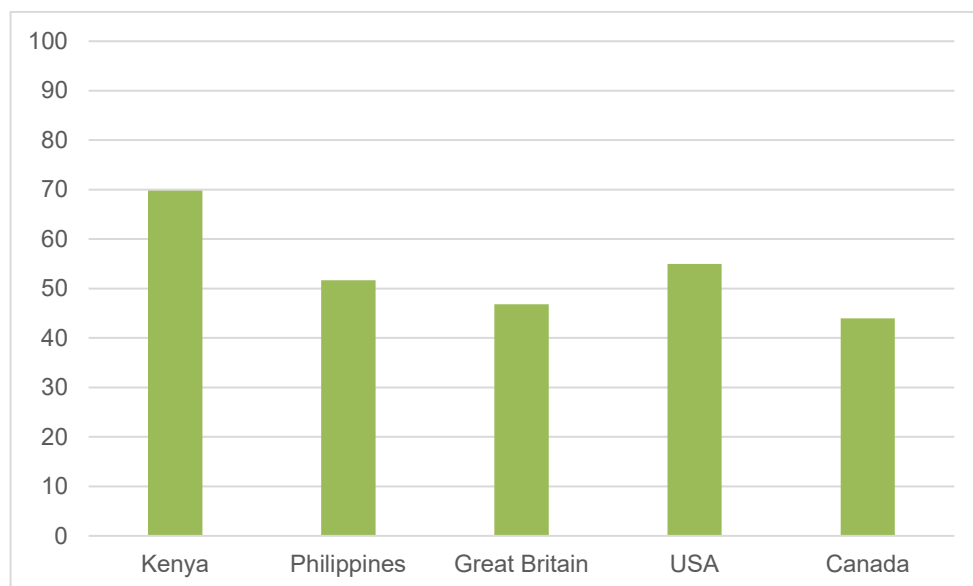
Across all five countries in this research, around half of women (44%–55%) surveyed report that they are spending more time on unpaid care and domestic work as a result of COVID-19 and containment measures, (see Figure 1 Percentage of Women Interviewed who Report that their Unpaid Care and Domestic work has increased). In Nairobi’s informal settlements, among cohabiting couples, 70% of women reported spending more hours on unpaid care and domestic work. Over 50% of urban poor and marginalized women in the Philippines report that care work increased during COVID-19, with 15% of women reporting spending more than three hours a day on such work. In the USA, 55% of women reported increases in unpaid care and domestic work, with 26% saying it had increased by more than three hours a day. In Canada and Great Britain, nearly half of women reported an increase in unpaid care and domestic work. In Great Britain, 39% said that either their care or domestic work had increased by more than three hours.

Box 4: How have the increased levels of care work under COVID-19 affected girls?

Research prior to the pandemic shows that in total, girls spend 160 million more hours than boys doing household work every day. Experts have already raised the alarm that a pandemic of this nature can have disproportionate negative effects for girls. There are early reports that cases of female genital mutilation (FGM) and child marriage may be increasing.^{21,22} School closures will also have long-term impacts on girls' futures – particularly for poorer and remote families – if they are unable to return after prolonged absence, as education may become unaffordable due to economic distress or due to girls being married or becoming pregnant.

According to UNICEF, school closures during the 2014–16 Ebola outbreak in West Africa contributed to spikes in child labour, neglect, sexual abuse and teenage pregnancies. There was also a 'sharp increase' in teenage pregnancy and early marriage in some areas, due to girls' increased school dropout rates.²³

Figure 1 Percentage of women interviewed who report that their unpaid care and domestic work has increased



Men are also doing more care work. Men report increased participation in unpaid care and domestic work across all five countries surveyed. In the informal settlements of Nairobi, 79% of men felt that their unpaid care and domestic work had increased. In the Philippines, 65% of men felt the same. In the USA, 64% of men told us that this work had increased – higher than the percentage of women who felt that their care work had increased (55%). In Canada and Great Britain, 36% of men reported that their time spent on unpaid care and domestic work had increased. This change is likely caused by the lockdown, leading men to see and even take part in aspects of house and care work that they usually do not.

Box 5: Marino's Story of His Support for His Family During Lockdown

In the small fishing barangay (village) of Sto. Niño in Quinapondan, Philippines, the effect of COVID-19 has changed the way Marino, father of three, cares for his family. Before COVID-19, Marino spent eight hours a day at sea, catching fish to sell and earn money for his family. This changed when the lockdown was imposed. He was only able to fish twice a week. He also said that selling his catch became tougher because the market is limited – people stayed at home without stable income and with constrained mobility.

Marino now spends most of his days at home doing the cooking and laundry, as well as fetching water, so the family can frequently wash their hands with soap.

As a care champion, Marino says his mind was opened and he came to the realization that men should be more involved in household chores. Aside from helping his wife in doing the chores, he also helps his children understand the importance of sharing care work at home.



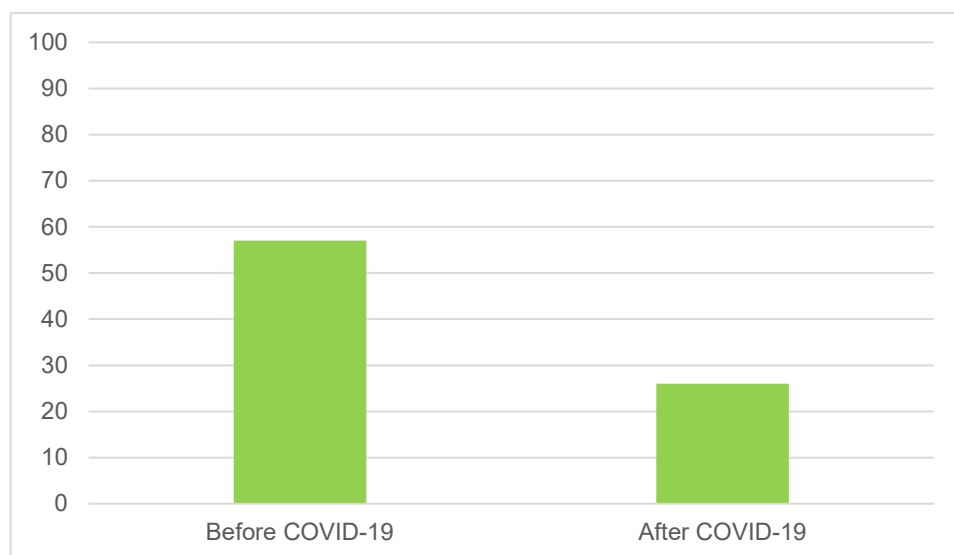
Marino now spends most of his days undertaking care work. Jed Regala

Which care tasks are most time-consuming under lockdown and how is the work shared between men and women?

In low-income contexts and areas that have no household water supply, collecting water continues to absorb much of people's time. In informal settlements in Nairobi, for example, before the pandemic, 57% of households had sufficient access to water compared to 26% during the pandemic (see Figure 2). The immediate crisis compounds underlying challenges of water shortages because of climate change and frequent landslides. The scarcity of water means that women and girls are

spending even more time collecting water during the pandemic than they would have otherwise. Meanwhile, men are leading on water collection among the urban poor and marginalized groups in the Philippines, where 30% of men reported this taking up most of their time, compared to 14% of women.

Figure 2: Percentage of households that report sufficient access to water in informal settlements in Nairobi before and during COVID-19



- Meal preparation and cooking under quarantine is especially time-consuming as families now need to take all of their meals at home, compared to before the pandemic, when some members may have been out or at school during the day. Meal preparation takes up the most time for 70% of women in the USA, 66% of women in Canada, and 50% of women in the Philippines. In Canada, the USA, and among urban poor and marginalized communities in the Philippines, men are quite engaged in meal preparation and cooking, which takes up most time for 59% of Canadian men, 50% of American men and 34% of Filipino men. In Great Britain and in Nairobi's informal settlements, these figures were 19% and 10% respectively. Families living in poverty have been particularly affected by school closures, which have meant the suspension of school feeding programmes.
- House cleaning and disinfecting, which is necessary to keep families safe, is taking up more time. In Nairobi's informal settlements, 63% of women said that washing, cleaning and sweeping that took up most of their time, while only 27% of men said the same. A high percentage of women in the USA (61%), Canada (50%) and the Philippines (59%) also reported that cleaning was taking most of their time, while men in the USA (42%) and the Philippines (42%) reported doing these tasks.
- Childcare and home schooling due to school closures required less time of families in higher-income countries than in lower-income countries. In a recent Oxfam impact assessment in Tunisia²⁴ conducted during lockdown, women reported significant increases in childcare due to the closure of schools, requiring women to take up home schooling. Close to a third of women interviewed in Nairobi's

informal settlements and a quarter of women interviewed in urban poor and marginalized communities in the Philippines report their main occupation as caring for and supervising children. Despite considerable press attention to the high levels of supervision required of parents amid school closures in the USA, Great Britain and Canada, only 21% of American women, 17% of British women and 10% of Canadian women reported caring for children as among their most consuming daily tasks. This could be because in high-income countries, parents can rely on technology for schooling and entertainment of their children, which isn't as widely available in other contexts.

- Washing clothes took up most time for most women in poor and marginalized communities in the Philippines (61%) but the figure for Canadian women was only 15%. In Canada, ownership of washing machines is very common, demonstrating the benefits of time- and labour-saving equipment such as washers and dryers.²⁵

WHO CARES THE MOST?

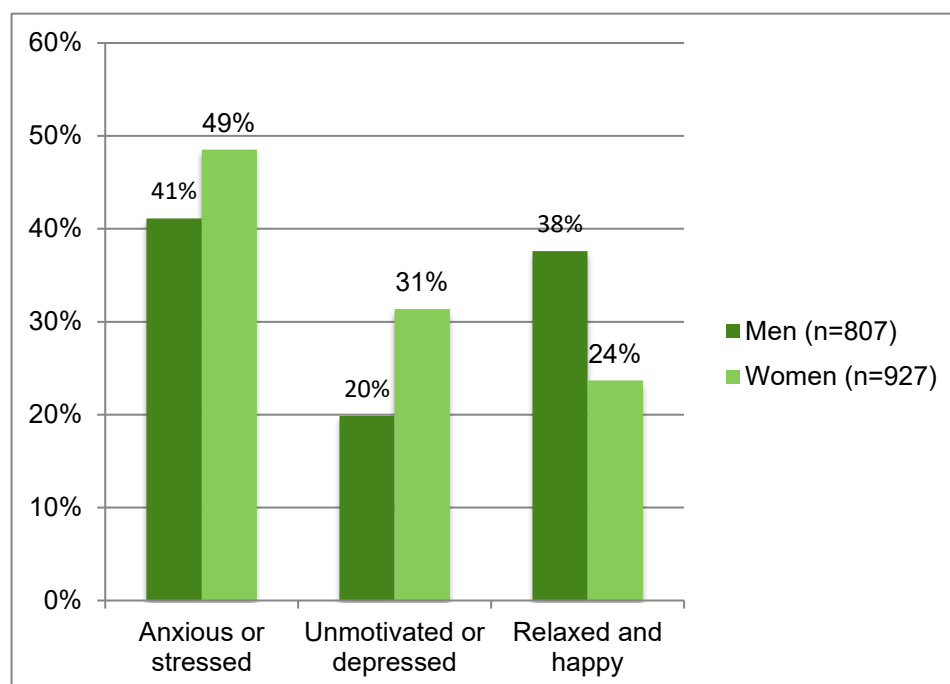
COVID-19 and lockdown have increased levels of unpaid care and domestic work at a time when families have fewer resources and even less access to services. The result is that groups who are already discriminated against face further deepening of inequality.

- **Families with children and those living in intergenerational homes had the highest care workloads.** In Great Britain, 56% of women with at least one child reported an increase in unpaid care work – six times the number of women without children who reported an increase (9%). In the USA, increases in housework and care work were largest among families with both child and elderly dependants in the home.
- **Racial minority and minority ethnic families in the USA and Canada spend more time on unpaid care and domestic work.** Whereas only 57% of White respondents reported care work increases, this rate was significantly higher among Black respondents (71%), Hispanic or Latino respondents (74%) and Asian respondents (79%). Similarly, in Canada, those born outside of Canada (51%) and minority ethnic respondents (54%) were more likely to report increases in unpaid care and domestic work than people born in Canada (40%) and White respondents (39%). Asian, Black, African American and Hispanic or Latino respondents in the USA were more likely to report living with an elderly or unwell person in need of regular care or assistance than white respondents.
- **Single parents and families living in poverty have the least support but the heaviest levels of unpaid care and domestic work.** In the Philippines, internally displaced persons (IDPs), single mothers, young mothers, those enrolled in the government social protection programme 4Ps, and older persons reported, on average, an increase of more than five hours on unpaid care and domestic work a day during the pandemic. Low-income respondents in the USA were the least satisfied with how their employer had supported them. Low-income women were also more likely to say that men are not doing their fair share of housework and care work.
- **Women working in essential care roles have seen the heaviest increases in unpaid care workloads.** In fact, in Canada, essential care workers such as nurses, day care providers, teachers and healthcare workers were more likely to report increases in unpaid care and domestic work than other respondents.

WOMEN ARE WORKING AND WORRYING MORE WHILE EARNING AND SLEEPING LESS

In general, women and men are struggling physically and emotionally as a result of the pandemic and related measures, but the stresses appear to be felt more by women. Across all five countries, almost half (43%) of women interviewed said they were feeling more anxious, depressed, overworked, isolated or physically ill because of increased unpaid care and domestic work due to the pandemic. In Nairobi's informal settlements, 26% of women surveyed said they had been physically unwell, been unable to get enough rest, or were feeling stressed and anxious because of increased care responsibilities. In the USA and Great Britain, women were more likely than men to report feeling anxious or depressed, while American men were more likely to report feeling relaxed and happy. For women in the USA and Canada, this increased workload has come at the expense of their sleep and self-care.

Figure 3: Percentage of men and women in the US experiencing certain feelings more often now as compared to an average week before COVID-19 pandemic lockdown



Essential care workers (women and men) were more likely to feel stressed and anxious than non-essential care workers and noted feeling physically unwell or sick as being a significant impact. Similarly, key workers (including those doing care work) in Great Britain were more likely to feel stressed and anxious than non-key workers.

Economic dislocations are felt by men and women alike, though the pathway to re-employment may be more challenging for women.

In the USA and Canada, similar rates of men and women (between 16 and 24%) reported not being able to do their usual paid work because of their increased care work, while in informal settlements in Nairobi, about half of men and women (45%) reported being unable to do their paid work because of increased unpaid care workloads. By contrast, in Tunisia, women artisans interviewed reported that their paid work had halted completely as orders from clients dried up, but their care work had increased with children staying home from school. These women stated that they were not likely to resume their income-generating activities once lockdown measures lifted as they have nowhere to send their children.²⁶

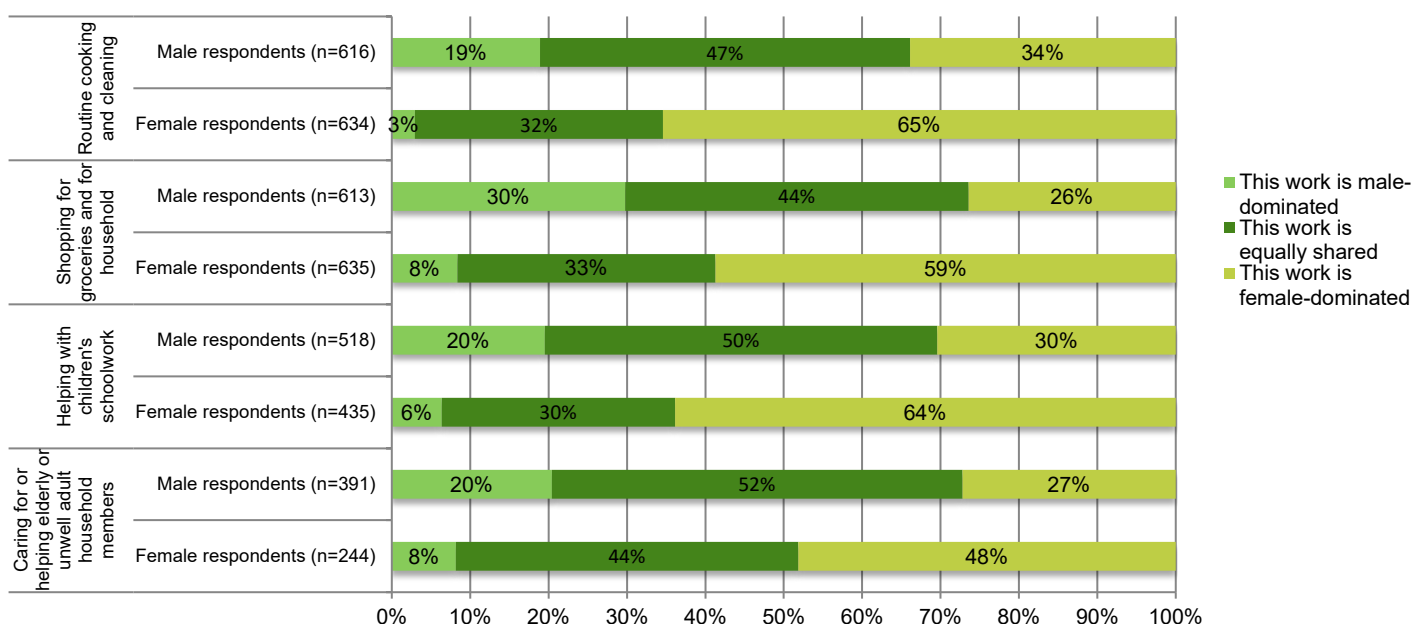
Looking into the economic impacts of disproportionate unpaid care and domestic work from the perspective of race in the USA and Canada reveals certain inequalities.

In both countries, respondents from racial minorities and minority ethnic backgrounds were more likely to have had to give up or reduce paid work than White respondents. Furthermore, very large proportions of Hispanic or Latino (29%) and Asian (24%) respondents reported having food and shelter concerns.

MEN ARE CARING MORE, BUT WILL IT LEAD TO LASTING CHANGE?

It is clear that in the five countries where this research was conducted, many men report doing more – sometimes considerably more – unpaid care and domestic work at this time. Whether these changes translate to changes in beliefs and attitudes around gender roles and care work more broadly will require further research. However, there are some positive signs. The qualitative insights from research participants in the Philippines revealed that more time spent at home is one of the major contributing factors to men spending more time on unpaid care work. In Great Britain, male respondents noted that increased time spent at home during lockdown has made them want to spend more time with their children. And while more men than women in the USA believe that ‘everyone is doing their fair share’, still 57% of female respondents believe this to be true.

Figure 4: Male and female responses on the distribution of caring activities under COVID- 19 in the USA



However, our findings also echoed other reports²⁷ in the USA that women and men perceive men's contributions to unpaid care work differently. For tasks including (1) routine cooking and cleaning, (2) shopping for groceries and for household items, (3) helping with children's schoolwork, and (4) caring for or helping unwell or elderly family members, men in the USA were much more likely than women to say that this work was 'equally shared'. For example, 50% of men felt that helping with

children's schoolwork was equally shared, while only 30% of women felt the same. In all four tasks, where men perceived that work was shared equally, women perceived that the work was mostly done by women.

Despite questions of scale, at this point in time it seems that men are more willing to take on care roles. In Great Britain, when respondents were asked whether they think men should carry out more unpaid care and domestic work in the household, 76% of women said yes and nearly 60% of men agreed. The increased experience of and exposure to unpaid care and domestic work could translate into more demand from women – and men – for policy changes that strengthen the ability of men and women to meet their care responsibilities. In Great Britain, our research showed that women and men would like to see policy changes that enable them to better address their care-related responsibilities though they also have somewhat differing preferences for the support they need. For example, while women are more likely than men to choose free quality childcare, men are more likely to choose working fewer but longer days each week. In the USA, men showed the most support for more flexible workplace hours and locations, while women – particularly Black women – were more likely than men to show unequivocal support for progressive care-related policies such as 'no cost, high-quality childcare provided by the government or companies'.

These findings underscore the need to continue to increase and amplify awareness-raising around these issues, including in ways that are effective in reaching men. This is a crucial time in which men and women are more attuned to the challenges that unpaid care work presents. Policy makers need to recognize this as a key window of opportunity for bringing about sustained changes in policies, norms and attitudes to support a more equitable distribution of care work between men and women.

THE WAY FORWARD: FEMINIST FUTURES OR EXTREME INEQUALITY?

As countries embark onto economic recovery plans, the global community cannot afford more austerity measures that undermine and devalue care-related sectors such as education, health and childcare, and shift the responsibilities onto women and racial and ethnic minorities. Our research has shown the significant real economic costs of the status quo as well as the long-term negative impacts on people's well-being and health, particularly women and those from marginalized groups.

Care work should be at the heart of all policies and decision informing our feminist future during and following the COVID-19 pandemic. Men should be encouraged and supported to take up care roles now and in the future, and governments and the private sector should incentivize them to do so. As we have seen these past months, it is a question of life and death.

RECOMMENDATIONS

Based on the findings of our research across five countries in the global North and South, we propose the following recommendations based on the 4Rs framework (see Box 5: The 4Rs Framework on Care).

Box 6: The 4Rs Framework on Care



Recognize unpaid and poorly paid care work, which is done primarily by women and girls, as a type of work or production that has real value.



Reduce the total number of hours spent on unpaid care tasks through better access to affordable and quality time-saving devices and care-supporting infrastructure.



Redistribute unpaid care work more fairly within the household and simultaneously shift the responsibility of unpaid care work to the state and the private sector.



Represent the most marginalized caregivers and ensure that they have a voice in the design and delivery of policies, services and systems that affect their lives.

Recognize: To ensure adequate investments in the unpaid or poorly paid care sector and address inequalities in care workloads – between men and women as well as between households, government and the private sector – we must first recognize the value of unpaid or poorly paid care work.

- Governments must commit to regular collection and analysis of national time-use data as part of their commitments to monitoring progress on SDG target 5.4. National statistical bureaus must include unpaid care and domestic work in their annual systems of national accounts. This will enable governments to develop and implement gender-responsive public policies and budgets that recognize the extent of unpaid care and domestic work and its contribution to people's social, psychological and economic wellbeing.
- Civil society actors can help by quantifying the value and significance of unpaid care work. This includes evidence-based policy advocacy that highlights how freeing up women's time allows more women to participate in social, political and economic life, and demonstrates that efforts to reduce poverty will have a limited impact as long as women have a disproportionate role in unpaid care. Further research is needed to recognize the impact of this disproportionate involvement in unpaid care on women from minority and ethnic communities.
- As schools may remain closed under future waves of coronavirus outbreaks, many caregivers will have to forego paid work to provide unpaid care, leading them to miss out on benefits. Government social protection programmes should not be exclusively oriented towards supporting paid employment, but should also recognize the value to society of those doing unpaid care and domestic work. Social protection programmes (which may include cash transfers or income support for periods of unemployment) should benefit parents and caregivers in recognition of the care work they are doing, which is critical to society.

Reduce: Focusing future recovery packages on access to affordable and quality time-saving devices through policy planning that recognizes the true value of care will reduce the total number of hours spent on unpaid care tasks.

- Governments should include universal access to basic infrastructure such as water, sanitation and electricity as core to their recovery plans.
- Progressive tax systems must be implemented or strengthened to enable these investments.

Redistribute: Unpaid care and domestic work must be shared more equitably within the household, while increasing support from governments and the private sector.

- Men must continue to play an active role in supporting their families through unpaid care and domestic work during and after the COVID-19 pandemic. Governments should develop public communications, advertisements and public service announcements that positively reinforce men's role in caring for children and families.

- Employers should support men and women to take up unpaid care roles through flexible work schedules, including the ability to work non-standard hours and, where available, to telework (work from home). For those sectors that do not afford this flexibility, paid leave options must be made available for workers under lockdown. Employers should offer paid parental leave, which is well-paid and non-transferrable and all parents should be encouraged to take it. Employers must also challenge gender discrimination in the workplace, including sexual harassment and abuse.
- Governments must commit to taking immediate action to ensure that existing childcare infrastructure survives the COVID-19 pandemic, and prioritize investments in childcare and eldercare now and in the future. Government childcare that is highly subsidized or free for vulnerable families has proven helpful in countries that prioritize women's economic inclusion.
- Community leaders and religious leaders (male and female) must challenge existing norms on care work. Leaders can function as care champions that can portray positive examples of sharing household tasks to motivate more men and boys to do more unpaid care and domestic work, and encourage women to participate in traditionally masculine decision making spaces.

Represent: Caregivers must be represented in policy spaces, and policy makers and leaders must make it easier for women to participate in civic life through support for their unpaid care responsibilities.

- Government and private sector policies must be shaped by actively involving carers, including women's rights organizations and other civil society voices who want to see urgent change. Civil society actors should advocate for the inclusion of diverse groups of women (and men) carers in public dialogue and decision making related to budgets and community planning. These initiatives should ensure that women have the appropriate skills, knowledge and confidence to actively take part in dialogues and consultations.
- Research has shown how heavy and unequal care responsibilities have also limited women's participation in social and political activities. Without women's voices at the table, the unique challenges of this moment – such as rising rates of gender-based violence amid lockdown, heightened restrictions on women's access to healthcare, and evidence of disproportionate employment effects – are less likely to be heard, understood and acted upon. Research from CARE International surveying 30 countries found that on average, women comprised only 24% of national response committees²⁸. The survey also showed that governments with lower levels of female leadership risked failing to consider the disproportionate impact the pandemic is having on women and girls.
- Political organizations must institute flexible working hours to increase the likelihood of representation at the highest level by working mothers.

ANNEX 1: METHODOLOGY

This section outlines the methodology used in the research conducted by Oxfam and AFTURD in the USA, Great Britain, Canada, Kenya (in the informal settlements of Nairobi), and the Philippines (among urban poor and marginalized communities), by country.

The USA

Oxfam America and Promundo-US collaborated on a short poll, conducted in May 2020, to better understand public perceptions about changes to families' overall workload, household care arrangements and responsibilities, and the associated stresses and other emotional impacts. The study also sought to gauge US public opinion regarding progressive care work-related policies in the context of changes in care work due to COVID-19 and government response measures.

Commissioned by Oxfam America and Promundo-US, the polling firm Data for Progress conducted an online and phone survey of 1,743 respondents. The poll included 927 women and 816 men aged 18–80. The survey was conducted in English.

In line with the expertise of Data for Progress, this sample was weighted to be representative of likely voters, based on age, gender, education, urbanicity, race, income, and voting history, for all analyses presented in this report. As a result, it is important to interpret all the findings from the US poll as reflective of the demographics of the US population who are most likely to vote. The likely voter weight is not representative of the entire US population, as it excludes undocumented immigrants, populations from US territories, and populations historically under-represented in elections.

Great Britain

The survey conducted in Great Britain asked about the effects of the pandemic on time spent on unpaid care and domestic work, and explored whether increased care workloads affected well-being, household relations and attitudes about men's participation in care work. The survey also included questions on respondents' backgrounds (e.g. gender, age, work status, etc.) and asked about government support and measures that would make it easier for respondents to balance care and paid work.

This survey was conducted using online interviews administered to members of the YouGov GB panel of 185,000+ individuals who have agreed to take part in surveys. An email was sent to panellists selected at random from the base sample according to the sample definition, inviting them to take part in the survey and providing a link to it. The responding sample is weighted to the profile of the sample definition to provide a representative reporting sample. In total, the survey included 1,662 respondents (808 men and 854 women) aged 18 and over.

Key limitations of the survey include that it was relatively short, which means that some interesting intersectional dimensions were not considered (e.g. it did not include information on ethnic background). Additionally, the increase in care and domestic work was recorded through estimated ranges (e.g. up to two hours, two–three hours, etc.).

Canada

Oxfam Canada worked with the polling firm Leger to conduct an online survey of 1,523 Canadians in June 2020. Five questions were added to their weekly omnibus national survey to assess people's opinions on how the COVID-19 pandemic is affecting their responsibilities, arrangements, workload, and stress levels in relation to unpaid care. The aim was to explore intersectionalities and to understand levels of support for public policies linked to unpaid and paid care work and the care workforce.

The sample is nationally representative of the Canadian adult population by region, age, gender, income, education level, marital status, number of people in household, and number of children in household. Territories are excluded.

Kenya

Oxfam Kenya, with the support of the European Union, undertook a gender rapid assessment in the urban informal settlements of Nairobi in May 2020 to better understand the gendered and intersectional effects and protection risks of COVID-19, and to identify safe programming gaps in the response. The assessment will inform current and future Oxfam preparedness and responses to COVID-19, serving as an advocacy tool and informing the wider humanitarian response.

Population data as used in the sampling design and sample selection was obtained from a range of sources, including consultations with the area mobilizers, key informant interviews, and Oxfam's Wezesha Jamii database of women domestic workers and small-scale traders in the five informal settlements.

The sampling frame of the gender rapid assessment comprised 30,516 people from the five informal settlements. For triangulation purposes, qualitative data was collected from the local administration (1), community leaders (2) and women's rights organizations (2).

Simple random sampling was used to determine the representative sample from a population of 30,516. The study required a sample size of 570 to estimate the expected proportions with 5% absolute precision and 95% confidence. To determine the sample size per informal settlement, PPS (probability proportional to size) sampling was deemed suitable. The sample included 380 women and 190 men.

A paper questionnaire was prepared by Oxfam with technical input from gender and protection experts within the organization. The questionnaire was pre-tested and adjusted to ensure that meaning and skip-patterns were clear.

Limitations

Considering the current global pandemic and the measures put in place by the Kenyan government to control the spread of COVID-19, physical data collection through household visits by enumerators was not possible, so interviews were conducted via mobile phone. This method had its own limitations, including:

- Limiting the number of questions that could be included in the final tool without making the tool exceptionally long and thus affecting the concentration span of respondents;
- Non-responsiveness from selected households that were not available to be interviewed. During the study, a non-response rate of 2% was recorded from respondents that were unavailable or did not grant consent to be interviewed.

The Philippines

A total of 21 agencies – consisting of international non-government organizations (INGOs), civil society organizations (CSOs), and led by Oxfam Philippines, the United Nations Population Fund (UNFPA), CARE, PLAN International, the United Nations Refugee Agency (UNHCR), the United Nations Children’s Fund (UNICEF) and UN Women and endorsed by the Commission on Human Rights and BARMM Ministry of Social Work & Development – collaborated on an inter-agency COVID-19 rapid gender assessment.

The objectives were:

- To surface data highlighting the gendered experiences of women, men, girls and boys throughout the pandemic;
- To strengthen COVID-19 interventions so that they are gender-responsive and sensitive to protection issues;
- To formulate practical, targeted recommendations.

Regions were identified according to where partners had operational programming and access to respondents. The researchers used purposive sampling and snowballing techniques to select respondents for interview. Each team was assigned target geographic regions and identified vulnerable groups/constituencies among the urban poor to interview.

The following categories of respondents were selected in the sampling approach: women and men aged 22 and above; adolescent girls and boys aged 15–21. Respondents had to satisfy at least one of the following criteria:

- Community-based health worker;
- Single/young/4Ps beneficiary mother (almost all areas of the rapid gender assessment) – a mother/parent aged 15 years and older who qualifies for the 4Ps programme and/ or is a single parent;
- Indigenous;
- Homeless/internally displaced person;

- Urban poor with income below the poverty line;
- Living with a disability;
- Youth (aged 12–21), indigent, and qualify for other categories on this vulnerability index;
- Lesbian, gay, bisexual, questioning, transgender and intersex (LGBTI0 – respondent self-identifies as LGBTI).

Data was collected through remote in-depth interviews via mobile phone using semi-structured questionnaires. Online surveys were used for Overseas Filipino Workers, a few LGBTI self-identifying respondents and youth. In total, the survey included 951 respondents (614 females, 273 men, 63 self-identifying gender non-conforming people, and one respondent who gave no response on this question).

Limitations:

- The data is not representative of the entire region where data was collected, but only the specific subset or group from which respondents were selected.
- No control group in the sample from non-marginalized communities.

Tunisia

In April and May of 2020, Oxfam in Tunisia carried out an overall assessment of the Youth Participation and Employment project's impact on its beneficiaries. The assessment adapted and employed the rapid care analysis methodology²⁹ which is a qualitative rapid participatory assessment of unpaid household work and care for people in communities. This included questions around time use (the distribution of unpaid care work within households and allocation across unpaid care tasks), the impact of coronavirus on hours spent on unpaid care and domestic work, as well as perceptions and attitudes towards the distribution of unpaid care work within the homes during confinement: source of conflict, management etc.

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