The pandemic: uncertainty, violence, care work and gender

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27 March, 2020

In a time of a global epidemic and uncertainty, the cases of violence against women break records as women remain locked-down with their abusers. At the same time, women make up the majority of health care workers worldwide.

Social humanitarian consensus is outright: in the face of a pandemic, people stand central. However, “people” is a neutral category and insufficient in order to take into account all of its diversity. The concept of neutrality – which we have been challenging for decades – requires to reflect on policies based on a feminist perspective that put inequality and women at the center of the agenda regarding this emergency item. Understanding that this pandemic has different impacts on women and men is crucial.

To conduct any analysis on this topic, at least two considerations are necessary: firstly, the unequal impact of the pandemic on people and the importance of including these inequalities at the center of all emergency actions and agendas; and second, the analysis of inequalities in the light of their different identities and experiences as well as their intersections. Questioning actual emergency management policies and actions and to advocate for incorporating a feminist perspective is crucial.

In CISCSA, we firmly believe in the need to promote the enhancement of solidarity, collective action and community-based networks. This current phenomenon of a global pandemic manifests itself with virulence in cities, and more increasingly in the big urban conglomerations characterized by obscene inequalities, in which we are all part of a diverse social fabric. This terrifying COVID-19 pandemic raises a number of questions among all of us. We live in fragmented and unequal cities, in which large poor territories appear as a parallel world. These territories find themselves with a degraded habitat, lack of services, equipment and poor accessibility that expose their inhabitants to higher levels of vulnerability during this pandemic. In order to be able to stay at home, one needs a house in the first place. And to wash your hands frequently, one needs access to safe potable water.

In Judith Butler’s article “Capitalism Has Its Limits”, the author refers to inequality and expresses her concern on the compulsory isolation. According to Butler, “the virus alone does not discriminate, but we humans surely do, formed and animated as we are by the interlocking powers of nationalism, racism, xenophobia, and capitalism”, and I think that patriarchy should be added to this list as well. Butler argues that “the virus moves and strikes” showing “that the global human community is equally precarious.” However, not all individuals in society receive the same attention. It is not surprising

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that this is the case for women and sexually non-conforming people. We are witnessing a new reproduction of power in the context of a global health emergency.

People experience isolation differently during the pandemic. Social isolation aggravates violence. Women and children are exposed to different risks in closed environments. We are aware that misogynist forms of violence are more prevalent indoors and that they increase during crisis. Today, we have to be more alert than ever and take care of ourselves, our family and neighborhood. In a silent city we can hear more clearly and easily the beatings and screaming, in our building, in our neighborhood and in our block. Therefore, alert in solidarity and zero tolerance to violence against women and children and against older persons is more necessary than ever. Taking care of ourselves also refers to taking caring of our first territories: our bodies. In order to take care of our bodies, we must condemn and keep collectively alert to violence and rights violations, including feminicides, the most ferocious expression of patriarchy.

Besides, we should not stop questioning the authoritarian controlling attitude that is more attentive to denounce those who are taking a walk with their dog than to detain a violent person.

The virus can affect everybody, but women are the ones that carry out care work: nurses, teachers, domestic workers, pharmacists, head of households, or chiefs of soup kitchens in their communities. Women are always attentive to the needs at home and the collective ones, providing care to their families, children, older persons and people with disabilities. Women continue to prioritize care work above their own health. As caregivers they find themselves in an unequal situation. They work more hours and earn less than their male partners, and their work is invisible and undervalued. They maintain social reproduction in central and degraded places or in the forgotten peripheries of the urban borders.

On the other hand, there are differences among women themselves. Economic and social differences combined with age, ethnic, racial, and physical factors, will have new and different impacts during the pandemic. When designing response actions to COVID-19, intersectionality should not be confused with an interpretation of diversity that subsume gender in a list of potential features of discrimination that end up blurring the specificities of inequalities between men and women (Sánchez de Madariaga, 2020).

Given that most women earn their incomes in the informal economy, the intersectionality of the economic dimension plays a decisive role in the current context. If they can’t work, they can’t eat. Let’s imagine for a moment the situation of homes with hungry children, with bored or violent adolescents. Let’s imagine female-headed households. Although there are single-mother families in all societies, their numbers are higher in contexts of poverty. In extended households and during the lock-down, women tend to keep a balance in relationships and providing care and domestic work, often under constant tensions. The distribution of domestic work causes most of the arguments at home. Therefore, a key question is how to include the concept of shared domestic responsibilities in the campaigns against the pandemic, in order to create a sense of respect and value for this type of work. Women, either with or without children, play the quintessential care-giving role.

In addition, women also play a role as agents of change in their individual and collective actions of resistance. Resistance and resilience during emergencies and
crisis increases women’s empowerment and transform harmful relationships. Women have built their rights only by taking risks and by breaking away from old imperatives.

All this said, we should ask ourselves: what will happen after the pandemic? How should life be reorganized after having lost its way so rapidly, almost in free fall? The return to a strong state with increasing investment in social and gender-responsive inclusion seems to be the answer. There are different perspectives that may be considered to respond to this economic crisis. Alicia Bárcena, ECLAC Executive Secretary, referred to the development model emerging from this crisis: “if that model is capitalism, that is ok, but then it should be a different form of capitalism, a much more inclusive and sustainable one.” Before COVID-19, ECLAC had foreseen that the region would grow 1.3% in 2020; however, the effects of this crisis have prompted it to forecast a decline of at least -1.8% in GDP. What will be the impact of over 10% increase in unemployment rates of women, who are already among the poorest?

Worldwide, decades of neo-liberalism, authoritarianism, and in which churches turned into political parties, have been focused on demonizing the advancements and rights won by feminism, in a society where power has been colonized and which affirms itself in patriarchy. This is a perverse combination and there are different perspectives that can contribute to a reflection. Today, a new consensus is emerging that puts social inclusion from a gender perspective at the center of government agendas at all levels, to tackle the pandemic with social justice policies in order to ensure that no one is left behind.