

Unpaid care work in times of the COVID-19 crisis: Gendered impacts, emerging evidence and promising policy responses

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1. Introduction

Today the humanity is going through the multidimensional crisis caused by the COVID-19 pandemic, which is unprecedented in its scale and magnitude. While it started as a health shock, it has spread to nearly all countries with adverse spillover effects on the economy, education, food security and gender equality.

The COVID-19 pandemic has deepened what Nancy Fraser called the ‘crisis of care’ or of social reproduction in a broader sense (Fraser 2016), which lies at the foundation of economy, society and households, enabling structures and institutions to function. Social reproduction is about the creation and maintenance of social bonds across and among generations, from raising children and supporting the elderly to social organization and sustaining connections in larger communities. With social distancing and lockdown measures, these bonds have been disrupted or put on hold by the pandemic, putting a strain on social reproduction.

Women and girls, especially those with intersectional characteristics, are particularly disadvantaged during the crisis due to unequal structures, power relations and social norms that prevent them from accessing basic services, including healthcare and education, and participating in decision-making processes that affect their lives. Consequently, they face higher risks of falling into poverty, dropping out of schools, and experiencing hunger and malnutrition.

Yet, the COVID-19 crisis has also brought to light, in an unprecedented way, the critical role of care (Wenham et al. 2020), which is predominately performed by women both as frontline healthcare workers and informal care providers in their families. It provides an opportunity to build the world back better by putting care and social reproduction at the heart of the development agenda, reiterating a long-standing call for systemic change and reconstruction of power relations. In the post-COVID era, such a gendered pathways approach is not only a development imperative but is also a prerequisite for an ethical world order (Dugarova 2020).

Against this backdrop, the current paper provides an analytical review of the gendered impacts of the COVID-19 crisis, focusing on unpaid care work, both direct care such as caregiving services to household members and indirect care entailing domestic work within the household. It examines emerging evidence using available data disaggregated by gender, age and other factors, and looks into promising policy responses globally. The paper concludes with gender-responsive policy

¹ The views presented in this paper are those of the author and do not necessarily reflect the views of the United Nations system. It is written in the author’s personal capacity, during her unpaid care work and on her own time.

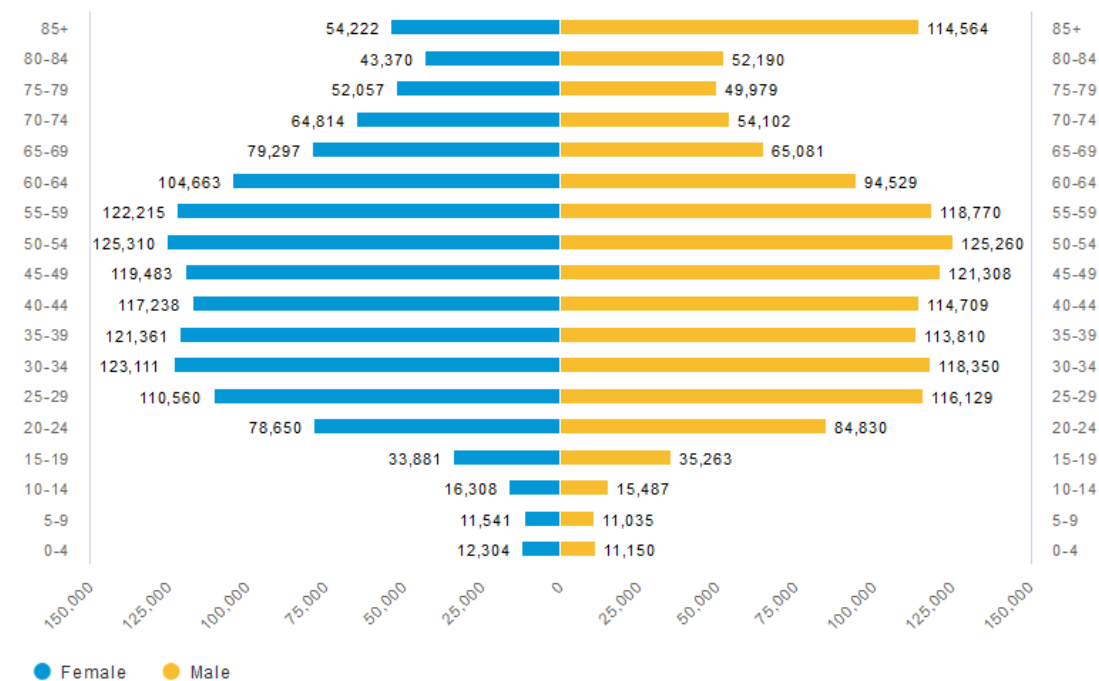
recommendations that can build more egalitarian, resilient and sustainable societies in the post-COVID era.

2. Multidimensional impacts of the COVID-19 crisis

While comprehensive evidence of COVID-19 effects and gender-disaggregated data are yet to emerge, its negative impacts on health are clear. Currently, there are 23 million confirmed cases with 800,000 deaths globally (COVID-19 Dashboard by the Center for Systems Science and Engineering at Johns Hopkins University, 20.08.2020).

The pandemic has adverse effects on many women and girls who have limited access to healthcare services due to the unequal allocation of resources and priorities. The available age- and gender-disaggregated data tentatively suggest that while women and men are affected by COVID-19 across all age groups, the largest gender gaps in COVID-19 cases are found among those aged 60-74 (Figure 1). Greater susceptibility to the coronavirus in old age not only limits their mobility and social contact with family members but also reduces the provision of care provided by older women.

Figure 1 COVID-19 cases, by age and gender



Source: UN Women.² **Notes:** Data submitted to NCOVmart reported through the global surveillance system of WHO, as of 5 June 2020. Data shown here represent only 44 percent of all reported cases, based on reporting from 116 countries and territories. This is a provisional analysis and should be treated with caution.

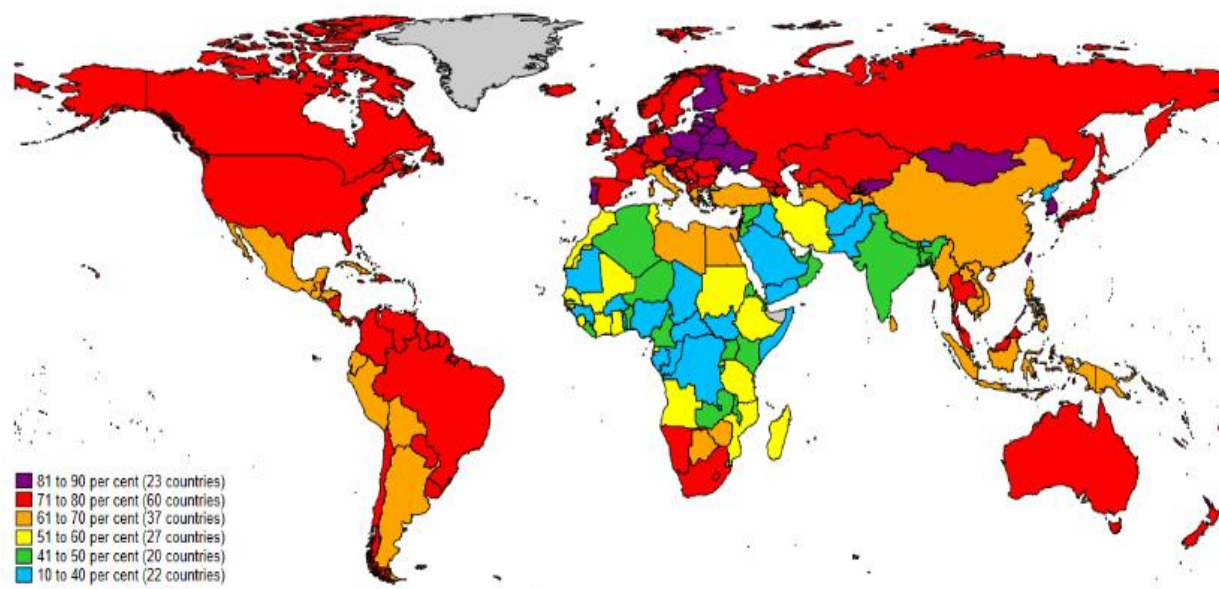
² <https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>, accessed 8 June 2020.

The effects of the pandemic have also spilled over to the economy. The closure of national borders and lockdown measures have paralyzed economic activities across the world, laying off millions of workers worldwide. Around 14 percent of working hours, an equivalent of 400 million full-time jobs globally, are expected to be lost in the second quarter of 2020 alone (ILO 2020a), which is worse than job losses during the global economic crisis in 2008-2009. These effects are particularly devastating for workers and their livelihoods in the informal sector where women are overrepresented worldwide, accounting for around 90 percent in South Asia and Sub-Saharan Africa (UN Women 2015). Moreover, schools have been closed in more than 190 countries, affecting nearly 1.6 billion students (Giannini et al. 2020), which could widen the gender digital divide due to unequal access to the internet and digital technologies (OECD 2018). The pandemic is also impacting the entire food system, including supply chains, processing and production, with nearly 265 million people facing acute food insecurity in 2020 alone (WFP 2020). This will have direct implications for women and girls who play a key role in the food system, including as part of their unpaid care and domestic work. All these factors can lead to the resurgence of multidimensional poverty and further deteriorate inequalities within and between countries, thereby slowing down the development progress. As a result of COVID-19, over 160 million people are projected to fall below the extreme poverty line by 2030 (UN 2020a). These impacts could be even more pronounced in countries affected by conflict and climate shocks.

The COVID-19 outbreak has exacerbated the gendered impacts of the crisis by increasing women's economic and social insecurity, unpaid care work, and domestic violence while cutting women off from social and institutional support (UN 2020b; UN Women 2020). Unlike previous economic crises, the COVID-19 economic downturn is affecting economic activity featuring a large share of female employment. An estimated 510 million globally work in the hard-hit sectors that include retail, hospitality, food service, and manufacturing, especially the garment industry (ILO 2020a).

Furthermore, while women healthcare workers are on the frontline of the COVID-19 response, accounting for 96 million or 70.4 percent of the total workforce in the health and social work sectors (Figure 2), they face discrimination and disadvantages including in wages, due to hierarchical structures and gender stereotypes that shape occupational segregation (WHO 2019).

Figure 2 Share of women among all workers employed in health and social work, 2020



Source: ILO (2020b)

Lockdowns and curfews, compounded by limited or no access to social security, including maternity protection, worsen women’s social and economic situation. Those that are facing intersectional deprivations bear the bulk of the crisis. Where data on race and ethnicity are available, alarming rates of COVID-19 infection and death are reported among minority ethnic groups (Gross et al. 2020; Razaq et al. 2020). This can be attributed to the lower socio-economic status, multi-generational households, and disproportionate employment in essential jobs such as health and care with high exposure risks.

3. Gender dynamics in unpaid care work

Unpaid care work is indispensable to the development of economy and societies and is central to human well-being.³ The goods and services produced through unpaid care work are critical in sustaining the “economically active” labour force on a daily and generational basis (Kabeer 2016). Estimates of the data from 53 countries show that unpaid care work would amount to 9 percent of global GDP, which represents a total of US\$ 11 trillion of purchasing power parity. When measuring by an hourly minimum wage, unpaid care and domestic work is valued at around 40 percent of GDP (ILO 2018).

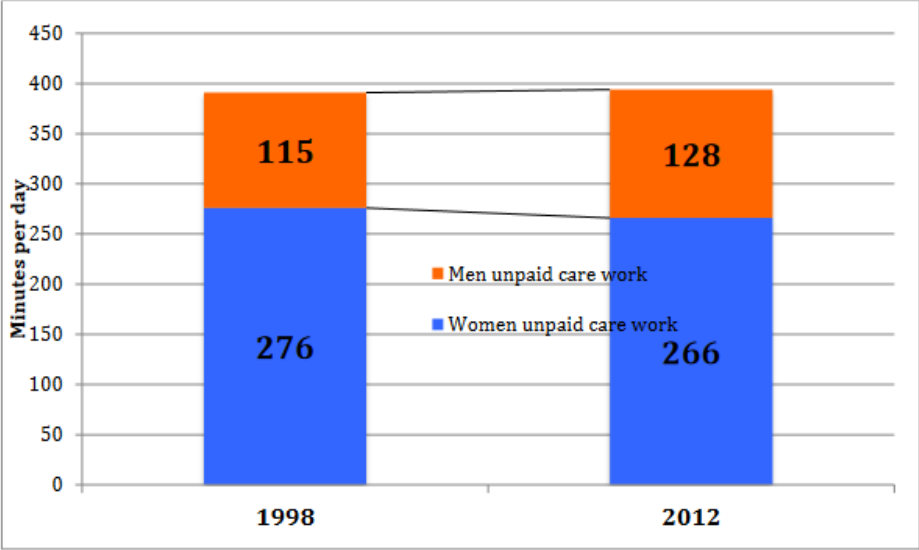
Today no country in the world achieved an equal share of unpaid care work. Across all regions and countries, women do more unpaid care work than men throughout the life course. In terms of the volume, globally women perform on average three-quarters, or 76.4 percent of the total amount of unpaid care of work. Timewise, women dedicate on average 3.2 times more hours to unpaid care work than men (Charmes 2019). This amounts to a total of 201 working days for women and

³ For the multiplier positive benefits of unpaid care work for sustainable development see Dugarova (2018).

63 working days for men with no remuneration. With population ageing and women comprising a larger proportion of world’s older population, the role of grandparents and grandmothers in particular as informal care providers is becoming more prominent (Dugarova et al. 2017; UNFPA and HelpAge International 2012). For example, comparison of unpaid care work in 33 countries shows that older women spend over five hours on a daily basis in countries like Italy, Turkey and Japan which is significantly more than their male counterparts (Charmes 2019).

Despite these contributions, progress in reducing the unpaid care gap has been slow. Over a 15-year timespan, across 25 countries with comparable data, women’s unpaid care work decreased by only 10 minutes, whereas men’s unpaid care work increased by only 13 minutes (Figure 3), with women continuing to spend disproportionately more time on unpaid care work than men.

Figure 3 Global trend in time spent in unpaid care work in 25 countries, 1998-2012



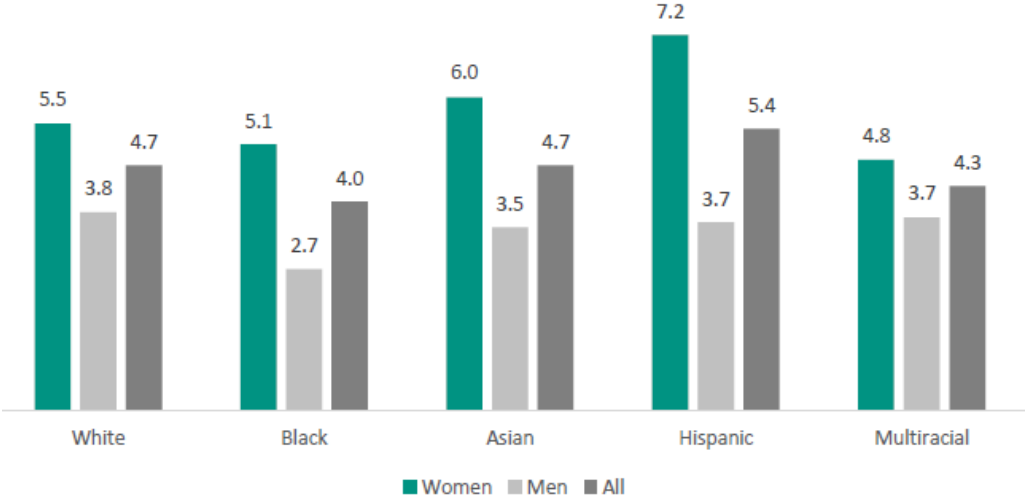
Source: Charmes (2019)

Nonetheless, men have never been more involved in family life than today, with more fathers, especially the highly educated ones, doing unpaid work. This mainly involves indirect care work entailing non-routine housework activities such as shopping, transportation and house repairs, whereas the time dedicated to direct care work such as childcare remains low overall (Kan et al. 2011). In countries where men’s participation in childcare increased in the past decades such as Norway, Mexico and New Zealand (Charmes 2019), care policies, particularly incentives for fathers to take parental leave, have played an important role in improving the redistribution of unpaid care work (Dugarova 2018; Esquivel and Kaufmann 2017; Heintz 2015).

Disparities in the gendered division of unpaid care work result from deeply rooted inequalities based on factors such as income, education, age, race, ethnicity and residence. Women and girls living in low-income countries, in rural areas, and with low education and income tend to provide a disproportionate share of unpaid care work (ILO 2018). Notably, rural residence increases the demand for unpaid care work among women and girls, which is often more time-consuming than in urban areas because of poor access to basic services and infrastructure such as water and

electricity, labour-saving equipment and processed food. The level of education also affects the time spent on unpaid care work, but with opposing effects for women and men. More educated women tend to dedicate less time to unpaid care and domestic work, while the higher men’s education the more time is spent on unpaid care work. Gender gaps in unpaid care work also persist across different races and ethnicities. For example, in the USA, women spend more time on unpaid housework and care-related tasks than their male partners, with the largest differences found in Hispanic and Asian couples (Hess et al. 2020) (Figure 4).

Figure 4 Average hours per day spent on unpaid care and household work, by gender and race/ethnicity, USA, 2018



Source: Hess et al. 2020. IWPR analysis of American time use survey microdata

Race-based unpaid care gaps can be explained by the fact that racial and ethnic minorities are more likely to live in poverty, in larger families with multiple generations, with less access to childcare and health services (Women’s Budget Group 2020). This results from entrenched multi-faceted socioeconomic inequalities linked to systemic racism (Fawcett Society, Women’s Budget Group, Queen Mary University of London, and the London School of Economics and Political Science 2020).

Across all countries, the amount of time women devote to unpaid care work increases with the presence of children in a household. This results in a so-called “motherhood penalty”, that is, the share of losses accruing to women’s earnings after childbirth. For example, in Denmark, mother’s penalties in earnings doubled from 40 percent in 1980 to 80 percent in 2013 due to the impacts of children on women’s occupation, sector and firm choices (Kleven et al. 2018). This can be explained by social norms that persist even in relatively egalitarian countries, as women who grow up in families based on the male breadwinner model tend to incur larger penalties when they become mothers themselves. Such penalty contrasts with a “fatherhood premium”, with fathers reporting the highest employment-to-population ratios compared not only with non-fathers, but also with both non-mothers and mothers (ILO 2018). Furthermore, unpaid care work and the struggle to reconcile family and work responsibilities not only lead women to earnings downgrading but can also result in women’s withdrawal from the labour market. Lack of

workplace flexibility and husband's support in parenting are among key factors in women's decisions to quit the workforce and devote themselves to childcare (Stone and Lovejoy 2004).

4. Emerging evidence of COVID-19 impacts on unpaid care work

The COVID-19 crisis has amplified the impacts on unpaid care work (ActionAid 2020; Bolis et al. 2020; Nesbitt-Ahmed and Subrahmaninan 2020; UN 2020b; UN Women 2020). Due to reduced care supply, both formal through care facilities and informal via grandparents and family network, many parents working from home have been struggling to reconcile their job and care responsibilities. Much of this additional workload has fallen on women, as care continues to be assumed predominantly by women during the pandemic. It particularly concerns women working in essential services including healthcare where in addition to their paid work, they can also be responsible for looking after their household members. At the same time, as COVID-19 has drastically affected sectors with high shares of female workers, many women have been left without jobs and income, prompting them to stay in the private sphere of home and perform more domestic responsibilities. This can widen gender gaps in labour force participation, wages, and unpaid care work.

Beyond health and economic effects, the COVID-19 crisis has posed a shock to social norms around the distribution of unpaid care and household work. The crisis has altered daily living in such a way that may re-entrench gender roles, while also offering an opportunity to shift them. The widespread shutdown of schools and childcare facilities transferred the responsibility for their provision to parents. This has not only increased the amount of time that parents spend on childcare, but also necessitated many to provide homeschooling. Fulfilling these demands presents a challenge for many parents, especially for those who continue working. This is complicated by the limitations of care support provided by grandparents, as they are at higher risk for severe illness from COVID-19 and have to minimize contact with others, especially with children who can be asymptomatic and carry the potential to spread the virus without being aware of it (UNDESA 2020). Recent evidence from Germany, for example, shows that the share of grandparents providing care dropped from 8.3 percent to 1.4 percent since the epidemic started (Möhring et al. 2020). As part of mitigation measures, older people have been instructed to stay home, making them to rely on family, friends or social care workers to deliver groceries and vital medications to them. Much of this support has been part of women's responsibility.

Furthermore, women's unpaid work burden can be even higher in lower-income households with more dependents, where demands for care tend to be greater. In these settings, it is nearly impossible to maintain distance and avoid exposure to the virus when infected people live in homes that do not have much space. A recent survey among households in the USA that has integrated an intersectional perspective with racial and ethnic dimensions shows that unpaid care and domestic work demands during the COVID-19 pandemic had increased more sharply for Black or African American, Hispanic or Latino/a, and Asian respondents than for White respondents (Oxfam, Promundo-US and MenCare 2020). Among those hit the hardest are also lone parents who face triple challenges combining work, care and homeschooling responsibilities with limited financial and family support. This impact is the most acute for lone mothers who substantially

outnumber lone fathers,⁴ and are more likely to be the sole providers of increased childcare during the lockdown.

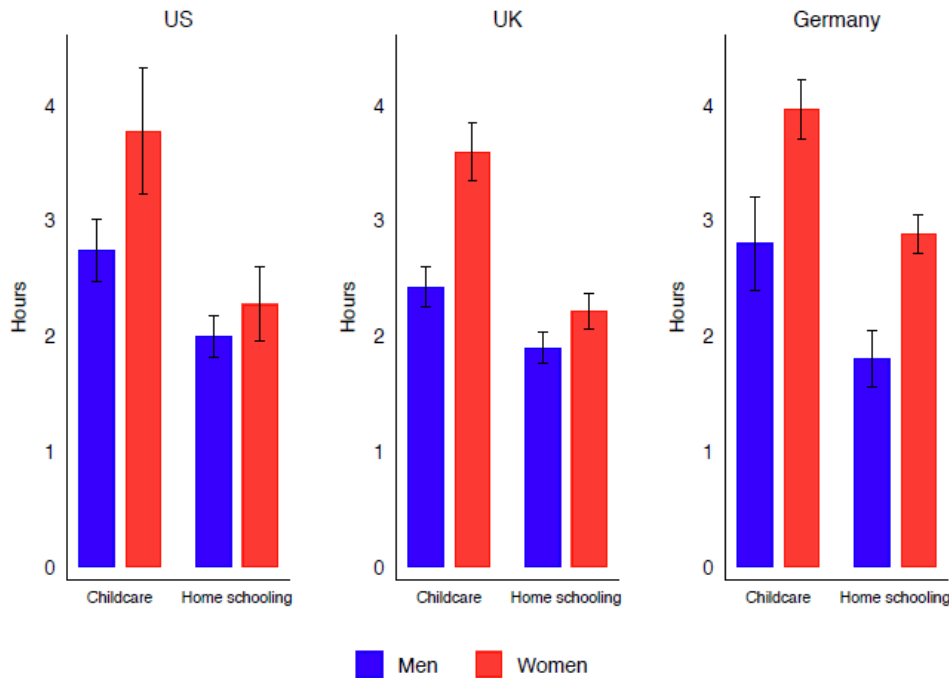
On the positive side, due to facilities closure and the shift to flexible work arrangements (notably, in white collar jobs), many men are more exposed to the double burden of paid and unpaid work. This may lead to fathers' increased involvement in unpaid work, which could contribute to eroding the social norms and bringing a more equal division of care and domestic responsibilities (World Bank 2020). In households where women work in healthcare and other essential services, many men are likely to turn into primary informal care providers. Evidence from studies on fathers taking parental leave suggests that sharp exposure to care and household work can have long-lasting effect on men's involvement in unpaid care work (Farré and González 2019; OECD 2020; Tamm 2019). Yet, previous research on parents' use of flexible working conditions shows a different uptake by fathers and mothers. Work flexibility can result in more paid work related overtime for fathers and increased time spent on childcare for mothers.⁵

While there is no yet comprehensive evidence on the time use of spouses since the onset of the crisis, emerging research on the impacts of the COVID-19 crisis on unpaid care work shows mixed findings. On the one hand, there is a pattern towards re-traditionalization of care in the household. For example, a recent study by Adams-Prassl et al. (2020) finds that, among the population working from home in the USA, UK and Germany during the lockdown, women spend significantly more time caring for children as well as homeschooling relative to men (Figure 5).

⁴ For example, in the USA, 15 million children live with a lone mother, compared to 3 million with a lone father (<https://www.pewresearch.org/fact-tank/2018/04/27/about-one-third-of-u-s-children-are-living-with-an-unmarried-parent>, accessed 8 June 2020).

⁵ <https://www.dw.com/en/germany-flexible-working-conditions-lead-to-overtime-study-shows/a-47771436>, accessed 8 June 2020

Figure 5 Hours spent by men and women on childcare and home schooling in a work day during the COVID-19 lockdown in the US, UK and Germany



Source: Adams-Prassl et al. (2020). **Notes:** The data show average number of hours that men and women reported spending on childcare and home schooling. The thin black bars represent the 95 percent confidence intervals.

Homeschooling has in fact become a new domestic task for many families in the time of COVID-19, and it seems more likely to fall on women’s shoulders. A survey conducted by Carlson et al. (2020) among US parents during the pandemic has found that it is seen as a mother’s responsibility to find and create educational content for children. This increases women’s workload on top of existing childcare and housework responsibilities.

Persistent gender unpaid care gaps are also found in another study which shows that working mothers in the UK spend less time on paid work but more time on household responsibilities during the COVID-19 pandemic (Andrew et al. 2020). The difference between women and men doing unpaid care work remains regardless of their employment status and earnings. Even in families where working mothers earn more, they still do more childcare than working fathers.

On the other hand, there seems a positive trend towards more egalitarian care arrangements in times of COVID-19. For example, the same study by Carlson et al. (2020) has tentatively found that in the USA the proportion of families where mothers are primarily responsible for domestic work decreased substantially, whereas equal sharing of housework and childcare between mothers and fathers increased since the pandemic began. Such increase is largely triggered by fathers spending more time on domestic work. At the same time, the survey finds that fathers may perceive that they are spending more time in these tasks than they actually are. Another research with

preliminary results shows that in Spanish households, while women continue to bear most of the burden of domestic chores, men slightly increased their participation in household tasks such as grocery shopping (González and Farré 2020). Somewhat in contrast to these findings on the kind of tasks performed by parents, a survey among Australian households indicates that the COVID-19 lockdown was associated with fathers' increased time with children, thus narrowing the childcare gap from 54 percent to 40 percent (Craig and Churchill 2020). However, women spent more time on housework and caring for the elderly than men. This led researchers to conclude that men prefer spending more time with children than doing housework, as the former is more rewarding.

Further evidence in support of the more egalitarian trend is provided by a study by Sevilla and Smith (2020) who collected real-time data of UK families with young children during COVID-19. They have found that due to the pandemic, families on average do 40 hours of additional childcare each week that would previously have been done by external providers. While most of this additional work is done by women, the gender childcare gap has slightly narrowed from 30.5 to 27.2 percent since lockdown, indicating more equal share of childcare work. This is attributed to men's employment status and their subsequent availability to participate in childcare when they work from home, are furloughed or lost their job. In contrast to men, women's involvement in unpaid care work is much less dependent on their employment and they do more childcare than men regardless of the working conditions. The assumption that men's employment status affects their availability for unpaid care work is confirmed by Andrew et al.'s (2020) study which reveals that fathers who nearly doubled their time on childcare during the lockdown were those who lost their job. At the same time, an income level of working parents may also play a role in the division of unpaid care work, as found in the research on COVID-19 impacts in Germany (Möhring et al. 2020). It shows that the higher the household income, the more egalitarian distribution of childcare work, as fathers with higher earnings are more likely to work in the home office and thus provide more care support.

In support of these findings, some promising predictions are made in relation to increased redistribution of unpaid care work in households where fathers have more working flexibility. For example, in their ongoing research, Alon et al. (2020) used existing survey data to assess the potential impact of the COVID-19 crisis on gender equality in the USA. Based on their tentative analysis, they expect to see the biggest impact on the division of unpaid work in families where fathers, but not mothers, work from home during the crisis and have therefore become main childcare providers. The authors conclude that the crisis is likely to produce an upward shift in men's participation in childcare. Similar predictions are made in another study in the UK which expects men to take over the bulk of increased childcare and housekeeping responsibilities where mothers work in critical jobs and fathers have to work from home (Hupkau and Petrongolo 2020).

Emerging empirical evidence on the COVID-19 pandemic therefore seems to suggest that the redistribution of unpaid care work in the household depends on three key factors: (i) an employment status of parents (whether or not a mother and a father are in paid work); (ii) parents' working conditions (whether parents have flexible work arrangements and whether a father in particular can work from home); and (iii) a type of job performed by a mother (whether it is essential services). The situation where fathers work from home or lost their job is likely to increase their participation in unpaid care work, at least temporarily, because they have more

flexibility and hence availability for performing childcare and household responsibilities. At the same time, mothers in most cases continue to do more unpaid care and domestic work regardless of their employment status and working arrangements.

5. Care policy responses

Elaborating on Dugarova's (2016) conceptualization of family support policies, in the current paper, care policies are understood to encompass policy arrangements based on four key components – time, services, resources and infrastructure – which contribute to addressing unpaid care work. The care policies are classified into four main groups, accordingly:

- i. Time: this includes parental leave policies (which depending on a context include maternity, paternity or childcare leave); and flexible work arrangements such as teleworking and flextime that assure time for parenting and help parents reconcile their work and family commitments.
- ii. Services: this entails early childhood care and education policies that provide services to support the development of children; care services related to the provision of care for children, the elderly and persons with disabilities; and other services such as psychosocial support.
- iii. Resources: this involves family allowances and child benefits that contribute towards covering the cost of childcare; and cash for care that provide compensations for parents for school and daycare closures or financial subsidies to employers who provide workers with paid leave.
- iv. Infrastructure: this includes social infrastructure such as care, health and education facilities (for example, childcare centers and care homes for the elderly), and physical infrastructure such as water and energy supply that can contribute to reducing the time and labour intensity associated with unpaid care and domestic work.

The paper has adapted this analytical framework and classified care policy measures in response to the COVID-19 crisis as follows: (i) parental leave (in relation to time), (ii) care services (in relation to services), (iii) financial support (in relation to resources), and (iv) utility support (in relation to infrastructure).

While the systematic review and analysis of all care policies implemented during the crisis is beyond the scope of the current paper, it has identified the most relevant and promising policy responses that have the potential to address unpaid care work directly or indirectly. The policy measures provided here have been implemented since 16 March 2020, and are based on the information in global and national news outlets, government press releases and briefings.

(i) Parental leave

To support working parents' care responsibilities during school and childcare facilities closure, countries across regions have provided paid leave which has mainly benefited female and male workers in the formal sector covered by social insurance. Notably:

- Europe: In Italy, working parents can take leave for up to 15 days at 50 percent of the salary paid by the state. In Austria, employees with care responsibilities can take up to 3 weeks of care leave with full wage replacement, with a third of the salary reimbursed to employer by the government. In France, parents are entitled to paid sick leave if no alternative care or work

arrangements can be found. Parents whose children are subject to isolation and who therefore cannot go to work benefit from sick leave up to 20 days. In Norway, the number of days of childcare leave has been doubled to 20 care days. In Cyprus, parents who are employed in the private sector have been granted a special leave allowance for the care of children for the period of 4 weeks. In Romania, a new law grants paid leave at 75 percent of salary to one of the working parents who takes care of a child.

- Latin America and the Caribbean: In El Salvador, private companies with support from the government are mandated to provide paid sick leave for 30 days to certain worker categories, including pregnant women. In Nevis, all public servants with children in preschool or day care are required to take paid vacation or leave so that they can stay at home with children for the initial period of six weeks. Trinidad and Tobago introduced ‘pandemic leave’ as a new paid leave measure to help working parents who don’t have access to a childcare support system during school closure.
- North America: In the USA, for the first time, parents caring for children whose schools or daycare facilities closed are entitled up to 12 weeks of paid family leave at 67 percent of the salary.
- Asia: In Uzbekistan, one of the working parents is provided paid leave for the duration of schools and kindergartens shutdown, during which the pay is increased from 60-80 percent to 100 percent of the salary.

Several countries have also expanded flexible working options specifically to help parents combine work and care. For example, Ireland provided a range of flexible working opportunities for public sector employees, including teleworking, flexible shifts, staggered shifts, longer opening hours and weekend working. Spain introduced temporary 100 percent reduction of working hours for those providing care for dependents. Cabo Verde offered teleworking arrangements for one of the parents to enable them to care for children.

(ii) Care services

Despite the widespread facility closures, in several countries care institutions have remained open to provide care support for children of essential service workers. These include the following.

- Europe: In France, childcare facilities for families of essential workers can host up to 10 children, and childminders working out of their homes may exceptionally receive up to 6 rather than 3 children. Austria and the Netherlands have adopted measures to maintain childcare facilities for children of healthcare workers.
- North America: Canada established childcare centres for essential workers in several cities across regions.
- Oceania: In Australia, the Early Childhood Education and Care Relief Package gives families fee relief while supporting childcare services to keep their doors open and offers free childcare services for workers in essential jobs.
- Middle East: Iran has opened new nursing homes in the capital Tehran.

(iii) Financial support

Many countries have provided income support to parents during the COVID-19 crisis, including through the monetary compensation for the loss of jobs or reduction of working hours, family benefits and child allowances. Among these measures, the most notable ones in terms of the amount of support have been implemented in the following countries.

- Europe: In Malta, in situations where one of parents is required to stay home to take care of children and neither of the parents is able to telework, the government provides a benefit of EUR 800. Italy, as part of its “Cura Italia” stimulus package, provides a childcare voucher of up to EUR 600 to cover costs of babysitting for private-sector workers who decide not to take parental leave. The value of the voucher can reach up to EUR 1,000 for workers in the health sector. Belgium provides a temporary parental allowance for the self-employed at the amount of EUR 532 euros (or 875 euros for lone parent families). In Germany, parents receive a cash handout of 300 euros per child. In Portugal, parents with children who cannot work from home and whose children are affected by school closures receive a benefit of two-thirds of their salary. Finland, as part of its national social insurance, provides a sickness allowance to providers of children placed under quarantine, which offers full compensation for the loss of income occurred during a period of absence from work. In Sweden, parents who have to stay home to care for children are eligible for a temporary parental benefit which amounts to 90 percent of the daily allowance they would normally receive. Bulgaria provides one-off cash transfer of BGN 375 (EUR 192) to parents who are on unpaid leave for at least 20 days due to inability to work from home during the state of emergency. In Armenia, unemployed women, lone pregnant women and those whose husbands lost jobs during the pandemic receive a 100,000 AMD (USD 201) lump-sum payment.
- North America: Canada introduced the Emergency Care Benefit at up to CA\$ 900 bi-weekly, for up to 15 weeks, for parents with children who are unable to earn income.
- Latin America and the Caribbean: In Brazil, lone mothers are entitled to the double benefit (BRL 1,200). In Argentina, women who receive a universal maternity benefit and beneficiaries of the Universal Child Allowance receive additional cash payment. In Cuba, a working mother, father or guardian receive a childcare benefit at the amount of 100 percent of their basic salary during the first month and subsequent compensation of 60 percent.
- Asia: South Korea provides parent employees up to 5 days of childcare leave along with the pay of 50,000 won (USD 40) per day. In Myanmar, support is provided to mothers of children under the age of two and pregnant women at the amount of MMK 30,000 (USD 22).
- Oceania: Australia offers one-time cash payment of AUD 750 per person (around USD 455) to those receiving family tax benefits, disability support and carer payments. A time-limited coronavirus supplement at a rate of AUD 550 per fortnight (around USD 330) is also provided to recipients of parenting payment. Cook Islands provide an additional child benefit of USD 100 during school closure.
- Africa: In South Africa, the Child Support Grant – paid to about 7 million parents or other caregivers, for about 12.5 million children – increased by R500 (USD 26) per month from June to October.
- Middle East: Tunisia offers one-off cash transfer of TND 200 (USD 68) to households fostering children without parental support. In Turkey, cash transfers for women increased by

29 percent for health, postnatal and pregnancy payments and those for new mothers increased to 100 TL (around USD 15.5).

In addition to social benefits to households and individuals, several countries have provided financial support to companies that provide paid leave or to employees with care responsibilities. For example, Spain offers subsidies to employers who provide workers with paid family leave. As part of its short-time work benefit scheme, Germany provides wage compensation of 67 percent to working parents. Japan gives subsidies to firms that establish their own paid-leave systems for workers affected by school closures. It also facilitates access to after-school childcare centres to support working parents and provides support for enterprises whose employees need to hire childcarers. South Korea increased existing indirect employment-cost subsidies to 400,000 won (USD 335) per worker in situations where an employee reduces working hours due to COVID-19-related family care. In Montenegro, the government introduced wage subsidies at 70 percent of minimum wage for employees on paid leave who have to stay home to care for a child. In the Czech Republic, the government offers up to 100 percent of average wage compensation to companies when their employees face obstacles to work due to childcare.

(iv) Utility support

During the COVID-19 crisis, a number of countries have provided free or subsidized water and electricity, and introduced waivers or moratoriums for household utility bills. These measures aim to support family members with costs of utilities during the crisis and can indirectly address care burdens. These include:

- Europe: Armenia reimburses gas and electricity bills up to a certain amount, which takes place automatically and applies to all. Georgia subsidizes fees for electricity, gas and water bills for households.
- Latin America and the Caribbean: In Colombia, water services are provided free of charge for low-income families. In Argentina, key utilities such as energy, gas, water, telecommunication, internet and TV services cannot be suspended during the crisis even if bill payments are missed. El Salvador granted a waiver for bill payments for utilities, including electricity, water, telephone, and internet.
- Africa: Burkina Faso provides subsidies for water and electricity bills and removes penalties on these bills. In Chad, electricity and water bills of vulnerable households are paid by the state up to six months. Cote d'Ivoire postpones for all subscribers payment deadlines for electricity and water bills, while covering these bills for disadvantaged households. In Mali, the government helps cover electricity and water bills for low-income households. In Mauritania, the government covers the costs of water for the rest of the year for all rural citizens. Senegal provides subsidy to nearly one million vulnerable households to pay for electricity and water bills.
- Asia: India provides free cooking gas to women in rural areas for three months. Indonesia finances the electricity bill 24 million households, or 40 percent of the population. South Korea provides a 1.3 trillion won worth of electricity bill payment deferral, which includes 1.57 million low-income households. In Nepal, households receive a subsidy on electricity consumption and waiver of late fees on all public utility fees. Kyrgyzstan offers deferral of utilities service charges and fees for electricity, water and gas.

6. Conclusions

The analytical review of the COVID-19 impacts on unpaid care work in the current paper has identified the following unprecedented effects of the crisis, which are likely to have far-reaching implications for gender equality, labour productivity, and economic development.

- a. Widespread closure of schools and childcare facilities has resulted in increased unpaid care work which continues to be predominantly performed by women. In this context, homeschooling has emerged as a new task that seems to be taken primarily by women. Such a sharp increase in care, housework and homeschooling responsibilities across countries is new. However, the fact that they are assumed by mothers reinforces pre-existing gender relations and social norms.
- b. Informal care support that is often provided by grandparents and grandmothers in particular has become more limited, as older persons are more susceptible to COVID-19 and have to keep physical distance from their family members. At the same time, they also rely on support from their household or social workers. This increases unpaid workload for women, especially those who continue to work during the pandemic.
- c. COVID-19 has hit the hardest sectors with high shares of female employment. This negatively affects women's paid work in the labour market, while increasing their unpaid work at home. As economic and employment prospects are dire, this can have further repercussions for the unequal gender division of labour, women's workforce participation, and the gender pay gap in the post-COVID era.
- d. At the same time, the COVID-19 crisis has the potential to shift distribution of unpaid care work towards more egalitarian arrangements, at least in the short run and under certain conditions. This can happen in households where: (i) men have more flexible work arrangements (which have been implemented at such a large scale for the first time); (ii) women work in health care or other essential services during the crisis; or (iii) men lost their jobs. In these settings, men may increase their engagement in household work and in some cases may turn into main informal care providers.

While the impacts of the COVID-19 crisis are yet to be fully uncovered, it provides a critical window of opportunity to build more effective, inclusive and resilient systems. Care needs to be considered a universal right and must be put at the heart of the global and national agenda. To this end, governments need to design comprehensive care systems from the gender and intersectional perspective that foster co-shared responsibility between men and women, the state, the market, households and the community. These care systems should include policies that provide universal, good-quality public services, resources and infrastructure to meet the different care needs of the population.

To achieve better outcomes in the reduction and redistribution of unpaid care work, care policy arrangements need to be complemented with labour market policies that improve work-life balance for gender equality to enable women and men to better reconcile their job and care responsibilities; reduce gender wage gaps; and protect rights of workers both in formal and informal sectors.

In line with this, the paper offers the following policy recommendations.

I. As part of the national care systems:

- (i) enhance support to working parents with childcare responsibilities by expanding access to paid family leave and paid sick leave;
- (ii) improve gender-responsive services through the universal provision of quality care services, including for children, older persons and persons with disabilities;
- (iii) increase financial support by expanding the reach and levels of family and child benefits, and provide additional assistance in the form of subsidies and vouchers to hire child services for working parents;
- (iv) prioritize investments in social infrastructure such as childcare facilities and care homes for older persons, and in physical infrastructure to ensure adequate access to water, sanitation, energy and digital services.

II. As part of labour market policies:

- (i) promote active labour market measures that support (re-)integration of unpaid carers into the labour force, including through (re-)training programmes and new skills development that will prepare them for new demands of the labour market;
- (ii) improve flexible work arrangements for both male and female workers with care responsibilities, including the option of home-based/remote work, paid reductions in working time, and flexible hours;
- (iii) legislate to protect the rights of all workers including carers in both formal and informal sectors, and secure living wages for paid care workers;
- (iv) improve institutional culture with more attention to well-being and self-care of workers, and reinforce policies on discrimination and harassment on the basis of gender identity, race/ethnicity, age and other factors.

In addition to care and labour market policies, a supportive macroeconomic environment is also important, with adequate fiscal and monetary policies that shape fiscal space and budgeting and make resources available for building more gender-responsive, resilient and egalitarian societies.

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