

Lessons from the Coronavirus: The socialization of care work is not “just” a women’s issue

Smriti Rao*

The defining images of the coronavirus crisis in India are the images of migrants, children in tow, walking hundreds of kilometers to return home – only to be denied entrance. These images are driving home the extent of the government’s indifference to the lives of millions of Indians, with the situation for India’s non-migrant daily wage workers less visible but equally desperate. It may seem unfair to accuse the government of being indifferent to human survival when the current lockdown was announced to reduce the spread of this virus. But ordering physical distancing is not enough. Human survival and well-being depend upon access to clean water, access to a safe space we can retreat to at times like this and access to basic health care and food. This calls for a public infrastructure that can provide these vital goods and services to citizens regardless of their income – one that exists at all times, but can be boosted even further at critical moments like this one. In India, our government has prioritized various forms of public expenditure that subsidize profit-making and profit-makers over those that subsidize human survival and well-being, leaving the latter almost entirely to the private sphere. Our current crisis is revealing the true costs of this choice.

In India, it is largely left to households and families to mobilize and allocate the labor and resources required to achieve human survival and well-being – labor that feminist economists call care work, or, more generally, the ‘labor of social reproduction’. The labor of social reproduction encompasses all the work required to produce and maintain life. It includes the work of biological reproduction- the bearing and birthing of children – but extends beyond it. Maintaining life requires the performance of direct care work: the emotional and physical labor involved in bathing, feeding, providing medical care to, and more generally assisting not just children and the elderly but other adults around us. It also requires the performance of indirect care work: the work of cooking food, keeping physical surroundings clean and safe, and ensuring that we have enough fuel, water and other essentials to maintain life.

Within households, this work is performed either without pay by family members, and/or for pay by maids, cooks and other (under)paid domestic employees working for more privileged families. But this labor can also be socialized: it can be partially provided and subsidized by institutions other than the family, such as the state or corporations. Corporations do this by providing workers with benefits such as pensions or subsidized access to child care and health care. States help socialize this labor when they provide high quality and accessible public schools, Anganwadis, Janata kitchens, PDS systems and health care facilities. The “socialization of care work” thus involves subsidizing such work and redistributing its burden away from the household-family and toward other institutions such as the state or corporations.

Within policy making circles, the socialization of care work is often assumed to be a “women’s issue”, and thus treated as a niche subject. It is true that feminist economists – including Indian economists such as Devaki Jain, Indira Hirway, Jayati Ghosh or Gita Sen to name just a few – are especially interested in studying care work. This is partly because such work is often coded as ‘feminine’ and performed

primarily by women and girls. Their studies have shown quite clearly the economic, mental and physical burdens for women, particularly the most marginalized women, in societies that refuse to subsidize and redistribute this labor. The difficulty of reconciling income generation with the performance of reproductive labor grows in such societies, reducing women's income earning opportunities, and often increasing their time poverty as they try to bear their 'double burden'. The disproportionate responsibility placed on them to fulfill these responsibilities opens them up to forms of social violence ranging all the way from domestic violence to being shamed as 'bad mothers' or worse. When the larger for-profit economy contracts, and states rush to rescue profit-making enterprises, including through so-called austerity measures, they often do so by cutting corporate and state responsibility for social reproduction, leaving women and girls within households to further intensify their labor. In India, we can see the effects in our abysmally low child sex ratios, and our low women's labor force participation rate.

But studying how the labor of social reproduction is distributed also matters because across the world, we are confronted by economies that explicitly and implicitly undervalue such work, prioritizing the production of profits above the production and maintenance of life. This bias is built into GDP statistics, which do not count the value of what is produced by unpaid labor. The impact of this perversion of priorities goes beyond the costs borne by women and girls. Some development economists such as Amartya Sen have argued that as a true measure of how developed an economy is, but also as a way to lay a strong foundation for future growth, the degree to which a society is able to socialize the provision of the basics of life is the key indicator. Does society provide its members, particularly its most vulnerable members, with the means to access food, clean water, healthcare and a safe living situation regardless of the economic situation of the individual and the family the individual is part of? If it does not, any increase in GDP is both narrow in its benefits and not sustainable in the long term. The coronavirus crisis is demonstrating, on a vast and tragic scale, the truth of this proposition.

There are at least three significant ways in which this failure to develop a public infrastructure of social reproduction is making it significantly harder to control both the health and economic effects of the coronavirus.

The physical distancing that epidemics force us to engage in assumes that each person has a safe space to retreat to, and that food, water or sanitation can be accessed without leaving that space. This is not true for the millions who live in crowded urban slums, and the millions of migrants in migrant camps at construction facilities or brick kilns across rural and urban India. Unfortunately, it is also not true for rural households, who may have some land and a housing structure, but cannot access food, sanitation or health care without violating physical distancing measures. If this unprecedented lockdown fails to control the spread of the epidemic, this will be why.

The lockdown also cuts off sources of income for the vast majority of India's workers who are daily wage workers, whose private sector employers take no responsibility for their social reproduction, and almost none of whom have savings that would allow them to tide over any kind of interruption to their livelihoods. Once again, if the public infrastructure of social reproduction were in place we could see a Keynesian-type effect of the state propping up the economy by directing greater spending toward this infrastructure, in ways that European countries in particular have done. This

would mitigate, to some extent, the general economic slowdown. And of course if families could be assured that they and their children could satisfy their most basic needs for food and housing without earning an income, there would be much less pressure on daily wage workers to return to work, increasing the effectiveness of the lockdown from a public health perspective.

This lack of attention to the infrastructure of social reproduction is certainly long standing in India. But there was a moment in the 1970s and 1980s when there appeared to be some momentum towards reversing that neglect. That momentum vanished with the post-1993 rise of a growth-first, private profits-first mentality that is counter to the ethic of reproduction-first. A slight shift in the opposite direction from 2004-2010 (NREGS, increased spending on pensions and housing) was reversed by the BJP government in 2014. State governments in Kerala, Tamil Nadu and Delhi are doing more, in part because the political will exists, but also because they have created the infrastructure that enables them to do so.

The almost complete privatization of social reproduction in India has also left its legacy in the large-scale malnourishment that makes our population uniquely vulnerable to the coronavirus. It is also one of factors behind the massive increase in temporary, precarious migration this century. Millions of Indians were forced to move for work, in part because even the intensified labor of women was not enough to secure their survival. And while they may be able to earn some income at their destinations, their access to water, schools or sanitation is often even more limited, forcing them now to return home when the income is gone. The work these migrant laborers have performed under abysmal conditions in our cities has subsidized the urban boom of the twenty-first century, but as they embark on their perilous journeys home, they have made more visible what was true all along. Our government is willing to subsidize profit making. It is not willing to subsidize the infrastructure of social reproduction that will save their lives.

There are many possible explanations for the scale of this perversion of priorities in India. Does caste, the original form of social distancing as P. Sainath recently called it, reduce our investment in the survival of our fellow Indians? Did colonial strategies of divide and rule accentuate those and other divisions? Did a long history of patriarchy shield men from the worst burdens of social reproduction and thus minimize consideration of those burdens within politics and policy? Did decentralized and predatory forms of capitalism make it harder for workers to band together and demand redistribution? Even as we try to understand these reasons better, the next few months will make it unfortunately very clear that the socialization of care work is far from being “just” a women’s issue.

*** Smriti Rao is a Professor of Economics, Assumption College and a Resident Scholar, Women’s Studies Research Center, Brandeis University.**