

## HOW TO ADVANCE TO FEMINIST CITIES AFTER THE PANDEMIC?

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*The pandemic that has beset us for more than a year has had serious effects on public health, the economy, employment, and inequalities, especially in the urban sphere, which has concentrated 95% of the world's COVID-19 cases (UN HABITAT, 2020). This situation presents a range of challenges that recovery policies will have to address, but it also offers a scenario for (re)construction that should allow us to advance towards a generation of more egalitarian and resilient societies. If this is to happen, it will be essential to pay due attention to the various kinds of care work without which there would be no social reproduction or survival.*

The pandemic has shown how indispensable care work is in responding to the crisis. On the one hand, in the domain of health, it has been crucial at a time when the boundaries between health and illness can blur at any moment. On the other hand, in the domestic sphere, care work has multiplied with total confinement and temporary isolation. In these circumstances, with restricted school activities and access to certain types of care, the home has become the main space of attending to children, adolescents, the elderly, and dependents. Meanwhile, the pandemic has multiplied needs for food, hygiene, and the provision of goods in all homes as the result of the many restrictions on mobility and sociability. Who has taken up the burden of this care work?

### **The different faces of the woman carer**

A recent UN Women report (2020) recognises that, in both the domain of health and the domestic sphere, women are basically responsible for care work. It estimates that, globally speaking, women do three times more unpaid care work than their male partners, especially in the home. This pre-determines their use of time (less time for leisure, rest, remunerated work, et cetera), which then affects their wellbeing and mental health. The sexual division of care work and its limitation to the domestic sphere is, in fact, an old reality from which cities haven't escaped as they have historically ignored it because of the dichotomy between public space and private space established by patriarchal societies. Furthermore, far from being neutral, modern urban planning has contributed towards shaping public spaces designed by and for men in accordance with their needs and uses of the city. It has therefore played an active role in the consolidation of hierarchies and social roles.

The data show that care work has a woman's face. However, the woman carer doesn't have just one face but several since the experience of care-giving changes radically in accordance with such factors as purchasing power, education, origins, and the geographical contexts in which women live, and so on. Hence, although work in the area of formal healthcare is remunerated, the situation of workers in the sector varies in keeping with the place they occupy (medical, administrative, cleaning, et cetera), which is directly related with their access to education or condition as a migrant, for example.

Unlike formal healthcare, domestic care work is either unpaid or underpaid. Moreover, it's also done in situations that tend to be exposed to all kinds of abuse (working conditions or sexual). Low-income women who live in certain urban areas also have to deal with overcrowding at home, lack of basic infrastructure (access to water and electricity), and overburdened sanitation systems. Especially acute in the global South, these problems multiply their workload, because they have to take care of more people in the domestic domain, assuring the provision of certain goods (water, for example), having to do more housework due to the lack of facilities (electricity), and carrying out more healthcare tasks. For adolescent girls, too, the sexual division of care work has a major impact on their educational possibilities since they are obliged to carry out these tasks more frequently than boys. Neither do women engaged in professions outside the home enjoy equal sharing of household and child-rearing work, to which they devote more time than their male partners.

### **Post-pandemic opportunities for care work policies**

Due to the pandemic, these socioeconomic and gender-based inequalities have been greatly exacerbated. Women are overworked, carrying out tasks that remain precarious and under-recognised, despite their importance for social reproduction and wellbeing. Yet, for decades now, certain academic, social, and political circles have recognised that, in addition to production of goods and services in the market sphere, there also exists the work of (re)production of life, which is equally (or more?) essential for society. Among the intellectuals who argue along these lines are the Nobel laureates Joseph Stiglitz and Amartya Sen. International organisations including the United Nations, the European Union, the OECD, the IMF, and the World Bank, also concede that preparing meals, caring for people, and housework are productive activities, and urge countries to develop satellite accounts for measuring non-remunerated work (estimated at about 9% of the global GDP: [ILO 2018](#)).

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What policies could counter the prevailing economic androcentrism and contribute towards greater gender equality? Recognising the role of care work in society requires the implementation of a wide range of public policies, at state, regional, and local levels. In the urban domain it means ensuring that the city, through the way it is shaped, takes care of us, that it is governed with sufficient care, and that it is sensitive with regard to everyday life and the role care work plays in it.

### **Cities that care**

A *caring city* is one that conceives of urban space as a caring element in itself: with enough public spaces (inclusive and of good quality) to promote and facilitate sociability, interaction, and communal living (essential for mental health); with green spaces and natural elements for recreation, sports, and environmental sustainability; with cycling routes and pedestrian streets that reduce the dominant presence of private transport in favour of other less contaminating types; and with a clear concern for its environs (waste and water management, and urban vegetation).

A *city governed with sufficient care* gives priority to public services, good treatment of citizens, and has public policies designed with a focus on rights and attentive to the needs of different groups. It also seeks to serve all neighbourhoods from a polycentric perspective, and to be transparent and participatory.

Finally, a *city that is sensitive to everyday life* recognises the role of care work in bettering people's lives and it therefore creates public care services for people (creches, parenting spaces, time banks), favours the formation of mutual support networks, and promotes individual care (good nutrition, sports facilities, emotional management, leisure, and healthy lifestyle). It also encourages third-sector provision of care services and supports initiatives coming from the social and solidary economy, while also improving the working conditions of carers, and contributing towards creating employment in this area.

### **Multilevel governance and a change of paradigm**

Nevertheless, though necessary, these urban-based interventions aren't sufficient for consolidating the change of paradigm that is required. Care work must also be dealt with from multilevel schemes of government. UN Women proposes a roadmap organised around five Rs: recognition, reduction, redistribution, rewards, and representation. This means *recognising* the economic and social value of care work, including social protection policies for caregivers with possibilities of paid leave and pensions. *Reducing* the workload faced by carers in certain geographical contexts as a result of absence of basic infrastructure would entail ensuring access to water, electricity, and public transport, among other services which can help to minimise the extra time needed for going about daily life when these goods and services aren't supplied. *Redistributing* care can be achieved by means of affordable and accessible quality services making it possible to provide care for children, the elderly, people with disabilities, and dependents; it also requires a reinforced formal health system that is more involved in attending to people and responding to the needs of different

groups of the population throughout their lives. Care work should be *re-warded* through fair pay and decent working conditions, whether the work is done in the domestic sphere or in public services. Finally, guaranteeing *representation* of women carers should also be included in the design, implementation, and monitoring of these policies so that they can express their needs and be heard.

This is a complex challenge that won't be met with simple solutions. Policies will need to be implemented from the different spheres of government. The COVID-19 crisis could be a stimulus for hastening change towards greater individual and collective co-responsibility. But the demand for this change will have to come from below. The feminist movement can play a key role in this regard. It remains to be seen whether, after a year of health crisis and worsening of the gender gap, feminists will take advantage of the next 8 March to reenergise their protests and demand that post-pandemic recovery efforts give proper attention to care work. Arguments and solutions are within reach, but they will need to be mobilised.