

Women's Equality and the Covid-19 Caregiving Crisis

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Abstract

The Covid-19 pandemic *revealed*, but did not *induce*, the caregiving crisis in the United States. For most people, it was always already a major ordeal to provide reproductive labor. I explain that the caregiving crisis was less *visible* before the pandemic because it was suffered unequally, in part due to the different positions of American women vis-à-vis reproductive labor. Some women paid other women to do care work, different women got different sets of benefits from federal and state governments, and some women got far more support from their employers than other women. Pandemic-induced shocks, including the closure of K-12 schools, child care centers, and reduced access to domestic workers and elder care workers, appears to have triggered greater alignment of perspectives and interests among diverse women. Though women's demands for support seem to have pushed the Biden Administration to propose more expansive family policies, stereotypes and norms that marginalize care work and care workers within families and across the economy also need to change to achieve equality for women.

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The Covid-19 pandemic has raised awareness of the caregiving crisis in the United States, which involves hardships created by the patchwork of official support for reproductive labor, the activities involved in maintaining human beings on a daily basis and across generations (Glenn, 1992, 2010). Before the pandemic, it was tough to hold a paid job while feeding, cleaning, housing, and supporting children, elders, and other dependents, particularly for people at the lower end of the income spectrum. Covid-19-related closures of schools and child care centers saddled parents with the additional burden of educating and caring for children, making it virtually impossible to perform well at work and at home.

My argument in this essay is that the pandemic *revealed*, but did not *induce*, the caregiving crisis. For most people, it was always already a major ordeal to provide reproductive labor. Since people who struggled the most tended to be poor, or marginalized by race or ethnicity, the “care deficit” was less *visible* and rarely *recognized* as a crisis in popular discourse and the media (cf. Ehrenreich and Hochschild, 2003; Nadasen, 2015).

Why did the pandemic raise the visibility of the caregiving crisis? What are the implications for women’s equality? To answer these questions, I start by explaining the historic differences among women vis-à-vis reproductive labor. Though reproductive labor is gendered in that women bear primary responsibility for it, in practice, not all women carry the same burdens.¹ Women with resources have tended to pay other women to do much of their reproductive labor, often Black and brown women, who also usually have dependents of their own to care for. Differing relationships to reproductive labor have been a source of division and undermined solidarity among women.

Conditions during the pandemic seem to have generated a greater alignment in women’s perspectives. Though women’s experiences with paid work continued to differ dramatically—some were able to work from home, others had to go to work, and many others got fired—women with children from all groups faced common challenges due to the closure of K-12 schools and child care centers (Alon et al., 2020). Put another way, it took the pandemic

to compel privileged women to realize what less fortunate women had been up against all along. The anxiety, outrage, and demands of privileged women then pushed the rest of society to concur that we have been experiencing a caregiving crisis. As Strolovitch argues, the discursive distinction between “crisis” and “normal times” tends to be shaped by the experiences of privileged groups and obscure the conditions of life of marginalized groups, whose ongoing experience of inequality rarely registers as a “crisis” (Strolovitch, 2013).

In the last part of the essay, I consider whether the growing recognition of women’s common challenges around reproductive labor, and the policy response by the Biden administration, will lead to greater equality for women. Though the new official discourse—which forecasts a major expansion of social provision for working families—offers grounds for hope, comparative experiences suggest that government policy is not sufficient to produce change. Pernicious stereotypes and sticky norms preclude equality even within the context of generous policies and formally equal institutions. The same stereotypes and norms surrounding race and gender, which helped render the caregiving crisis less visible in the first place, are likely to continue to pose obstacles to women’s equality.

1 Inequality among women regarding care work

Women, as a social collective, are divided by multiple axes of difference, including class, racial, ethnic, national, and religious identities, sexual orientation, gender identity, and more (Garcia Bedolla, 2007; Hancock, 2016; Weldon, 2008; Young, 1994). One axis of difference concerns women’s diverse social relationships to the provision of reproductive labor, which includes but is not limited to “purchasing household goods, preparing and serving food, laundering and repairing clothing, maintaining furnishings and appliances, socializing children, providing care and emotional support for adults, and maintaining kin and community ties” (Glenn, 1992).² Some women employ other women to do this type of work, some women buy

reproductive labor on the market while others rely on family members or the state, different women get different sets of benefits from federal and state governments, with differing levels of stigma, and some women get far more support from their employers—such as paid parental leave—than other women.

Most cultures and societies assign women primary responsibility for reproductive labor, an arrangement that changed little even as women entered the paid labor force in massive numbers and gained formal, legal equality (see, e.g. [England, 2010](#); [Hochschild and Machung, 2012](#); [UN Women, 2019](#)). Informed by stereotypical gender beliefs, hiring managers, merit evaluators, political party leaders, and other gatekeepers tend to assume that women—even when they are single, childless, and workaholics—are committed primarily to their children and families ([Ridgeway, 2011](#); [Tinkler, 2012](#)). Gendered norms constitute a major explanation for women’s lower pay, lower status, and their low numbers relative to men as CEOs, top surgeons, in elected office, and other demanding professions (see, e.g. [Budig and England, 2001](#); [Correll et al., 2007](#); [Iversen and Rosenbluth, 2010](#); [Keohane, 2020](#); [Sanbonmatsu, 2020](#); [Teele et al., 2018](#)) and pose challenges to the ability of well-intended social policies to produce equality for women, as the final section of this essay discusses.

In the United States, there is a pronounced racial division of reproductive labor *among women*.³ Black and brown women constituted a major share of domestic workers hired to perform reproductive labor for white women in the South and the West, while white immigrant women served as reproductive laborers in the Northeast and Midwest ([Glenn, 1992](#)). In this era, domestic work was the biggest source of women’s employment: in 1870, for example, half of all working women were domestic workers ([Duffy, 2005](#)).⁴ Over the course of the 20th century, white women tended to move into other jobs, and women of color came to dominate most of the care work sector. By the early 21st century, minority women and immigrant women constituted the majority of domestic workers in urban areas ([Theodore et al., 2019](#)).⁵

Between 1900 and 1990, a great deal of reproductive labor moved outside of the household to institutional settings including schools, nursing homes, and child care centers (Duffy, 2007). But Black and brown women—and, increasingly, men—still make up a disproportionate share of institutional care workers, particularly lower status positions such as kitchen workers and janitors. Most institutional care work is low pay, offers few benefits, is subject to arbitrary supervision, and turnover is high (Duffy, 2007; England and Folbre, 1999; Glenn, 1992). In contrast to European countries such as Sweden and France where the child-care and early-education sectors are almost entirely public, and where wages are comparable to average wages of women economy wide, the largely private U.S. child care industry relies on a low-wage, largely unskilled, and flexible workforce characteristic of a liberal market economy (Morgan, 2005).

Most women need help with reproductive labor in order to earn wages to support themselves and their families, or to be economically independent even if they have others—such as spouses—who contribute financial support (Gornick and Meyers, 2003). Yet as this brief historical overview implies, women have differed and still differ dramatically in the sources of support they get (cf. Michel, 1999). U.S. social policy, which structures access to benefits according to income rather than providing access to all, contributed to these differences among women (Folbre, 2008; Michel, 1999; O'Connor et al., 1999).

Women with resources can buy high quality reproductive labor on the private market, which has been a crucial mechanism enabling them to gain access to higher-paid professional and leadership positions. Many educated women advanced because they were able to outsource a great deal of exhausting, frustrating, and unpredictable carework to other women.⁶ As in the pre- and early-industrial era, upper-class women often hire maids, nannies, personal care aides, night nurses, and au pairs. Private caregiving is more convenient for the employer due to the flexibility and home-based nature of the arrangement, but can be far more exploitative for the domestic worker who labors in unregulated and (usually) unseen

conditions (Romero, 1998).

Outsourcing reproductive labor, especially multiple-hour per day care work performed by maids, nannies, personal care aids, and au pairs, has enabled many women to succeed professionally, as caregiving presents less interference with their professional schedules and trajectories (Ehrenreich and Hochschild, 2003). Upper-income professional women are more available to work on a round-the-clock basis, which advancement into the most lucrative and elite professions usually requires (Goldin, 2014). This arrangement facilitates the advancement of some women without changing the gender division of reproductive labor. However, as Slaughter (2015) points out, even outsourcing has its limits. The culture of overwork and expectations of top jobs in both the public and private sector preclude anyone from actually spending time with their families and “having it all” (Moravcsik, 2010; Slaughter, 2015).

Economic inequality is the background condition of outsourcing, and outsourcing exacerbates inequality (Ehrenreich and Hochschild, 2003; Romero, 1998). Joan Tronto argues that when wealthy people hire domestic workers for child care “the result is unjust for individuals and society as a whole.” Individual women workers suffer low pay, lack of dignity and autonomy, and alienation from their own children and families (Tronto, 2002). Like Tronto, Nancy Fraser contends that elite women are able to “lean in” to elite professions only by “leaning on” the labor of other women, usually women from backgrounds disadvantaged by class, race, and immigration status (Gutting and Fraser, 2015). Tronto further contends that the model supports “intensive and competitive mothering,” which abuses workers and is bad for children (Tronto, 2002).

Women with fewer resources have a much harder time obtaining high-quality care work and other forms of reproductive labor. The U.S. historically provided no entitlement to support for care work and little public recognition of its value (Gornick and Meyers, 2003; O’Connor et al., 1999). The major exception to this pattern was a short period during the Second World War, when the federal government spent over a billion dollars (in contempo-

rary terms) for the construction and operation of child care centers in 49 states.⁷ Hundreds of thousands of children enrolled in federally-subsidized child care while their mothers participated in the paid labor force. Though the government cut it off in 1946, the program helped improve the lives of mothers and their children over the longer term ([Herbst, 2017](#)).

Today, child care is expensive and consumes a large share of family income, especially among the poor ([Malik, 2019](#)).⁸ Women with lower incomes often rely on the support of family members, on informal care arrangements with friends or neighbors, and, when they qualify, on subsidies for child care from state governments. Yet in practice, the share of qualified infants and toddlers who actually have access to publicly-funded child care is extremely low ([Michel, 1999, 2017](#)).⁹

Though the U.S. actually offers more benefits to families with children than is commonly realized ([Folbre, 2008](#)), U.S. systems of social provision drive additional wedges between women, as the previous discussion of child care showed. Benefits are complicated and inconsistent. They vary not just by state but also by marital status, nature and source of employment, number of children, and other criteria. Societal and legislative discussions surrounding family benefits, and reform of them, have been marked by racist and gender stereotypes and false moralizing that does not correlate with actual characteristics and behavior of recipients ([Mink, 2002](#)).

Women's access to paid parental leave varies dramatically. The Family and Medical Leave Act of 1993 mandates unpaid leave of up to 12 weeks but only for workers in companies employing more than 50 people. 2018 surveys estimate that only around 56% of workers are eligible for the leave ([Brown et al., 2020](#)). Beyond the provisions of federal law, several states and many large companies, not to mention public sector workplaces and institutions of higher education, offer paid family leave, which benefits primarily well-off workers. Almost 80% of private sector workers overall, and 95% of the lowest wage workers, lack paid family leave ([White House, 2021](#)).

The most generous way the U.S. provides family benefits—through tax deductions and credits—further stratifies women by class and preferences on gender roles (Folbre, 2008). Over the course of the 20th century, the monetary value of child care tax deductions and child care credits expanded, as did the number of recipients (Michel, 2017). However, the structure of benefits assumed a peculiar U-shaped pattern. Parents who earned enough to reach the lowest tax bracket realized fewer tax benefits per child than parents with incomes so low they were exempt from taxpaying. Middle class parents realized fewer benefits than high income earners, and high income earners got more if one parent stayed home (Folbre, 2008).

The 2017 tax reform adopted during the Donald Trump presidency exacerbated this regressive arrangement. Though the child tax credit doubled, not all of it was refundable, putting the full benefit out of reach of the lowest income earners (Collyer et al., 2019). Meanwhile, couples with incomes up to \$400,000 per year were able to claim child tax credits (up from the previous ceiling of \$110,000) (Maag, 2019).

Different points in U.S. history have seen the mobilization of movements of reproductive laborers demanding recognition for their rights and critical economic functions. In the middle of the 20th century, movements led by African-American women challenged their marginalization by feminist groups, racial justice movements, and labor unions (Nadasen, 2015). In the 21st century, the National Domestic Workers Alliance (NDWA) created a support infrastructure across states and municipalities, raised awareness of working conditions, and collaborated with members of Congress to develop a federal bill on domestic workers' labor rights (Nelson, 2020). As I argue later in this article, domestic workers' movements have the potential to help promote the greater valuation of care work.

2 Effects of the Covid-19 pandemic

The Covid-19 pandemic produced shocks to family, market, and state provision of reproductive labor and appears to have triggered a greater convergence of experiences among diverse women at all wealth levels. To be sure, the experiences of single mothers facing rising unemployment, women whose family members lost jobs, not to mention women suffering disease themselves or death and disease of their loved ones were worse. And there is plenty of data to show that the effects of the pandemic were suffered disproportionately by Black women, Hispanic-Latina women, Native American women, and Native Hawaiian-Pacific Islander women. These minority groups were more likely to get infected with Covid-19 ([Van Dyke et al., 2021](#)). Black and Latina mothers were more likely to be primary breadwinners and simultaneously responsible for all housework than white mothers ([Huang et al., 2021](#)). Latina women were more likely than Latino men to suffer mental health problems ([Gomez-Aguinaga et al., 2021](#)). However, even many privileged women with plenty of money faced profound challenges with few exits.

The pandemic reduced infant- and child-care supports for women of all socioeconomic groups, as well as the availability of personal care aides and other elder care support ([Irani et al., 2021](#); [Malik et al., 2020](#); [Patrick et al., 2020](#); [Russell and Sun, 2020](#)). For many months, and in some places for over a year, there was no K-12 in-person school. Child care centers across the country closed down, leaving fewer slots for working parents. Nannies were unable or unwilling to work, and travel restrictions reduced the supply of au pairs. Family members, a major source of support especially for women with fewer resources, were less willing to help out with caregiving ([Beach et al., 2021](#)).

Pandemic-related economic shocks increased women's unemployment overall, and women made up the majority of some of the economic sectors experiencing the greatest job losses, such as personal care services, food services, and sales ([Alon et al., 2020](#); [Dua et al., 2021](#);

[Petts et al., 2021](#)). Closures of child care centers—due to state orders as well as spiking operating costs—threw care workers out of jobs and led to significant increases in women’s unemployment ([Ali et al., 2021](#); [Russell and Sun, 2020](#)). In addition, the pandemic reduced many women’s ability to commit to paid work. One in four women considered leaving their professions or downsizing their careers ([Coury et al., 2020](#)).

The pandemic turned many women’s jobs into dangerous endeavors that put them at risk of death and disease. Though women make up around half of the labor force, they constitute almost two-thirds of workers deemed essential. And women make up an even larger share of some essential worker groups who kept society functioning during the pandemic, including front-line health care workers, child care and social service workers, and grocery, convenience, and drug store workers ([Rho et al., 2020](#)).

Meanwhile, women professionals who kept their jobs and were fortunate enough to work from home—as opposed to most of the essential workers—had a hard time juggling work responsibilities with the needs of children and other dependents. Women academics, for example, faced extra demands on all sides. They had more work transitioning to online teaching and tailoring instruction to students with varying levels of internet access. At the same time, women academics with dependents had to home school, care for young children, and often, elders. Climate surveys and interviews conducted at universities revealed that faculty were less productive, confronted heavier workloads, and experienced challenges at home ([ADVANCE at UNM, 2020](#); [ADVANCE Program, 2020](#)).

As a result, research productivity declined, especially by women. Multiple surveys and studies showed women—and all parents with small children—across multiple disciplines submitted fewer papers for publication, conducted fewer peer reviews, and attended fewer funding panel meetings ([Bell and Fong, 2021](#); [Gabster et al., 2020](#); [Kibbe, 2020](#); [Krukowski et al., 2021](#); [Myers et al., 2020](#)). As one faculty member put it: “Since the schools closed, I immediately purged my research agenda of everything not immediate and crucial. I have said “no”

to every review request received since March [2020]. I have declined every service request made of me as well. I pivoted my extremely limited time to only the things that are a) on fire, or b) for my students. I basically get to work for 3 hours a day now *if* my 3 year old naps. If not, it all goes to pot” (quoted in [ADVANCE at UNM, 2020](#)).

Women’s expressions of outrage and desperation echoed throughout national television, newspapers, and social media. (See, e.g. “The Primal Scream,” a *New York Times* series on working mothers and the pandemic.) For women with few resources, as well as women who are single parents, the pandemic’s toll was particularly excruciating. As Liz, a single mother of an 11-year old boy who works as a paralegal in Spokane told the *New York Times*, “It’s kind of impossible for me to make this work because I’m not like your classic design of a family...I depend heavily on social things like school to get me by and without it, I don’t know what I’m supposed to do.” Another mother featured in the same “Agony of Pandemic Parenting” podcast said, “I’m so angry at our entire government and societal system. There’s just no backup or no help or nothing.” Yet another confessed, “This pandemic has made me realize that maybe I’m not cut out to be a mother. I love my kids but I don’t like being a mom and I don’t like being a mom in America because it’s just so much more clear that America hates women and hates families.”¹⁰

For educated professional women who had bought reproductive labor on the private market, the challenges were more unfamiliar. As one self-described “parenting expert” and mother of two wrote in the *New York Times*, the Covid-19 lockdown represented the most time she had ever spent with her own children. In her op-ed, she apologized to the all the other parents who, unable to outsource care like she did before the pandemic, struggled with caregiving and felt judged by her criticisms of parental failures to enforce limits on screen time ([Kamenetz, 2020](#)). As this suggests, the Covid-19 pandemic’s reduction of caregiving supports for small children, school-age children, and the elderly pushed women with resources closer to the experiences of what poorer and less educated women have *always* lived: the

challenge of working and caring in a society that devalues care, devalues women, and provides far too little support for reproductive labor.

3 Will policy change solve the caregiving crisis?

The pandemic raised awareness about caregiving and induced a greater convergence of women’s experiences and perspectives, which created a window of opportunity for the Biden administration to propose major policy changes. Before the election, the Biden campaign had pledged to expand official support—in dramatic ways—for caregivers of dependents of all ages (Biden and Harris, 2020). As part of the Covid-19 relief effort, the government increased the amount of the child tax credit and paid it out to families on a monthly basis, similar to the child allowances provided by other advanced welfare states (deParle, 2021). Then, the “American Families Plan” announced in the spring of 2021 went even further by outlining a national, paid family leave program, a minimum wage for child care workers, a cap on the share of income families pay for child care, universal preschool, greater funding for home care workers, and more (Boushey et al., 2021; White House, 2021), moves that push the U.S. in the direction of what other advanced democracies have offered for decades.¹¹

Entrenched stereotypes can produce bias and discrimination even in the context of generous policies, however. Without explicit attention to the cultural associations surrounding reproductive labor, there is a risk that progressive policy changes will produce only a limited effect on structures of inequality. As I discussed in section 1, stereotypical gender beliefs assign reproductive labor to women. Since reproductive labor tends to be undervalued, norms associating women with care work produce negative effects on their status and opportunities (Hirschmann, 2008; Okin, 1989). For example, regardless of their experiences and qualifications, most women tend to suffer a wage penalty for being mothers (Budig and England, 2001). Hiring managers are less likely to call mothers for job interviews, rate them

less competent and committed, and give them lower salaries than women who aren't mothers and men (Correll et al., 2007). And even when women and men similarly suffer from the “crushing culture of overwork” characterizing many elite occupations, assumptions that women—but not men—face challenges balancing work and family lead to biased treatment (Ely and Padavic, 2020; Padavic et al., 2020).

Experiences from other countries such as Norway shows that state policy can change gendered cultural associations surrounding reproductive labor, at least within individual households. In Norway, for example, the “fathers’ quota” policy, introduced in 1993, has produced a massive increase in father’s roles in infant caregiving.¹² Before the daddy quota, fewer than 3% of fathers took paternity leave, which grew to 25% in the month after the law was changed, to 60% in 2006, and more than 70% of men in 2018. What is more, a large share of men take some of the rest of the parental leave that can be used by either parent. It is common to see scores of men with strollers on streets and in parks in the middle of the workday. The father’s quota has improved child well being and caused men to assume more housekeeping responsibilities such as laundry (Cools et al., 2015; Htun and Jensenius, 2020a; Kotsadam and Finseraas, 2011, 2013).

In the U.S., surveys show that men took on more child care and housework during the pandemic (Carlson et al., a; Coury et al., 2020). Telecommuting is one possible reason for men’s growing role: even before the pandemic, fathers who worked from home, even intermittently, engaged in significantly more child care than fathers who did not work from home (Carlson et al., b). However, other evidence suggests that underlying preferences about the distribution of household labor did not change during the pandemic (Hutchinson et al., 2020).

Yet in most economies, the stereotypes that need to be changed are economy-wide, and not just within households. As I emphasized earlier, care work jobs lack status and prestige. People who perform reproductive labor in homes and institutions—such as domestic workers,

child care workers, and food service workers—tend to have some of the lowest wages in the economy and to lack many of the benefits others have. These jobs are often a last resort for workers shut out of higher-paying occupations (Duffy, 2005; England, 2010; Morgan, 2005).

Part of the status problem owes to women’s disproportionate presence in care work jobs, a situation that few people see a need to change (England, 2010; England and Folbre, 1999; UN Women, 2019). For example, experiments show that people are aware of the gender imbalance in both woman-dominated care-giving professions and male-dominated STEM professions. However, they express greater support for changing the gender composition of male-dominated professions than woman-dominated occupations (Block et al., 2019). The low status associated with these jobs makes them unattractive.¹³ Women’s labor market advancement has occurred as women moved into traditionally male jobs, not vice versa (England, 2010).

It may be tougher to change the status of care work in the economy than to adjust the gender division of labor within individual families. Norway has attempted to increase men’s participation in the paid care giving workforce but change is slow. The 2000 government gender equality plan set a 20% target for the share of preschool teacher positions held by men. This led to a growth in the share of men in the sector from 5.7% in 2003 to 8.4% in 2013, when 16% of preschools met the 20% target (Engel et al., 2015). The rate of change is significant, but men are still only a small minority of preschool workers.

As this suggests, even in the context of full legal equality and generous government policy, social norms are stubborn. But without legal equality and major policy reforms, changing norms may be impossible. In Japan, for example, the government has labored for many years to change attitudes and practices surrounding care work and men’s roles. The state has tried to convince more male workers to take paternity leave, to reduce working hours, and to make fathering more attractive. These efforts have borne little success, as only some 6 percent of eligible fathers actually take paternity leave. Long working hours, lengthy commutes, and

the codification of gender inequality the the household registration system, tax code, and civil code pose obstacles to change (Dominguez et al., 2018).¹⁴

In the shorter term, organizations may want to contemplate more proactive interventions to change perceptions of norms about reproductive labor. Social change campaigns that manipulate norm perceptions can compel people to behave in more socially desirable ways, such as reducing the tendency for gender-based violence and harassment, turning out to vote, and limiting alcohol consumption (see, e.g. Bruce, 2002; Gerber and Rogers, 2009; Green et al., 2020; Paluck et al., 2010; Paluck and Shepherd, 2012). Promoting the perception that care work in both domestic and institutional settings is prestigious and valuable, and that many men do it and enjoy it, may help promote a more equal distribution of reproductive labor and raise the status of the care sector.¹⁵

In summary, though it is clear that norms need to change to promote a more equitable division, and greater valuation, of reproductive labor both within households and in the economy overall, we have less clarity about effective norm-changing strategies. It is likely that transformation of the negative cultural associations that contribute to the economic marginalization of reproductive labor will occur organically over the long term. As policy causes wages and benefits rise in care work jobs, for example, more members of dominant groups may join this sector. Greater diversity among care workers may help to erode negative gender and racial stereotypes associated with care work. The growing tendency to work from home and other changes in work styles may induce shifts in gender roles. Activists should aim for a good balance between top-down change efforts and bottom-up social processes to generate legitimate norms over the longer term (Htun and Jensenius, 2020b).

4 Conclusion

The Covid-19 pandemic has been terrible, but it has also created a chance for positive change (cf. [Gates, 2020](#)). As I showed in this essay, women have been divided for generations on the basis of their diverse positions and conflicting interests surrounding reproductive labor. U.S. social policy and an unequal society reinforced these differences. In contrast to the more universal and national systems of child care, family leave, and child allowances in other advanced democracies, U.S. benefits—in law and in practice—have been stratified by income and usually put poor and middle-class working families in a tough bind.

By triggering a growing alignment of perspectives and interests among women, the pandemic raised awareness of the United States’s caregiving crisis and the economic importance of reproductive labor in the home and in institutional settings. The Biden administration has demonstrated some political will to address the country’s “care deficit.” The “American Families Plan” signals a major change in approach from previous presidential administrations.

New public policies are necessary but far from sufficient to change the social status of care work and care workers, however. Norms that devalue reproductive labor, and that assign it primarily to women, must also change for women to achieve equality ([Okin, 1989](#)).

Organizations of domestic workers, such as the the National Domestic Workers Alliance (NDWA), have gained visibility for reproductive laborers and their contributions to the economy. Men’s greater participation in caregiving during the pandemic has also nudged norms. In the framework of greater policy support, the combination of civic mobilization efforts and behavioral changes among people with race and gender privileges—such men’s greater employment in the care sector—may help raise the prestige of reproductive labor and alter centuries-old norms and practices that contributed to the pandemic’s caregiving crisis.

Notes

¹This essay is concerned primarily with equality for women, so women are my main focus. There are many other dimensions of inequality in the United States, including inequalities surrounding reproductive labor and caregiving, which merit greater attention than they receive in this essay. My analysis is slanted toward caregiving for children more than caregiving for elders, even though elder care may constitute a bigger burden for women than child care in the U.S. today (Glenn, 2010).

²In this essay, I use the terms “reproductive labor” and “care work” interchangeably, though care work is frequently defined more broadly. See, e.g. England and Folbre (1999) who define care work as “any occupation in which the worker provides a service to someone with whom he or she is in personal (usually face to face) contact.” Duffy (2005) introduces a distinction between reproductive labor broadly—maintaining humans on a daily basis—and a subset of such labor, which she calls “nurturance.” Whereas nurturance involves face-to-face care and aims to improve health and skills, reproductive labor may also include cooking, cleaning, and laundry work that involves little face-to-face interaction.

³Hankivsky (2014) argues that scholars should be cautious using social categories like “race” or “migrant status” to generalize about reproductive labor, since experiences and perspectives often vary significantly *within* the category.

⁴In other societies, the division of reproductive labor is also framed in racial and ethnic terms. In Brazil, for example, black women make up the majority of domestic workers (Pinheiro et al., 2011). In much of Asia and the Middle East, many domestic workers are immigrants who participate in the “global care chain” to support their families at home (see, e.g. Ehrenreich et al. (2003)).

⁵Looking at the country as a whole, not just urban areas, the minority and immigrant share of domestic workers drops to less than a majority (Theodore et al., 2019).

⁶Estévez-Abe and Hobson (2015) use the term “outsourcing” to refer to the greater reliance on private markets, on the part of both families and states, to secure domestic work. In this essay, I use the term “outsourcing” primarily to refer to the purchase of reproductive labor by individuals.

⁷During and after the War, some states adopted Temporary Disability Insurance programs, and Rhode Island included pregnancy as a disability, effectively creating a short-lived program of paid maternity leave (Remick, 2021).

⁸Net child care costs in the U.S. (23% of average wages) are significantly higher than the OECD average (14% of average wages) (OECD, OECD). Yet as mentioned earlier, home-based and center-based child care centers pay low wages, operate on slim margins, and quality is variable (Michel, 1999).

⁹Uneven provision of child care is harmful and even deadly for children. In New Mexico, for example, many of worst episodes of child abuse happen when working parents lack access to qualified care care and out of desperation leave children with friends or family members who are ill-suited to care for them. Author interview with Children, Youth, and Families Department Secretary Monique Jacobson, September 2015.

¹⁰These quotes were transcribed by the author from [Times \(2021\)](#).

¹¹Explaining why the U.S. lagged other countries is beyond the scope of this essay. Many other scholars have offered important accounts of how and why the U.S. differs from more generous European systems (see, e.g. [Lynch, 2006](#); [Mares, 2003](#); [Michel and Mahon, 2002](#); [Morgan, 2006](#); [O'Connor et al., 1999](#); [Sainsbury, 1996](#)). Nor does this essay attempt to explain why care work tends to be underpaid and underprovided. For discussions of the continuing undervaluation of care work even as women have advanced into other spheres, see, e.g. [England \(2010\)](#); [England and Folbre \(1999\)](#).

¹²Parental leave is split into a part reserved for the mother, a part reserved for the father, and a part that can be taken by either parent.

¹³[Block et al. \(2019\)](#) attribute the asymmetry in support for social change to people's assumptions about the reasons for gender imbalance: they tend to perceive women's scarcity in engineering, for example, as a function of external factors such as bias and discrimination, and men's low numbers in care giving due to low motivation.

¹⁴In the U.S. as well, a major obstacle to gender equality, norm change, and the greater valuation of care is the culture of overwork characterizing the most lucrative occupations ([Ely and Padavic, 2020](#)). Wages per hour in many of these jobs increase at a non-linear rate ([Goldin, 2015](#)). Part of the care agenda involves challenging the 24-7 availability expectations and rewards of top jobs in both public and private sector management, policy making, elected office, science, medicine, law firms, and so forth (cf. [Slaughter, 2015](#)). Data show that professions that have made it easier for one professional to substitute for the other, such as pharmacy, are more egalitarian and family-friendly ([Goldin and Katz, 2016](#)). This is a crucial topic, but space precludes full engagement with it here.

¹⁵It is important to recognize that social change interventions, including efforts focused on norms, may produce unintended effects. For example, there is little evidence that diversity training and sexual harassment training achieves their intended goals, especially when participation is mandatory ([Dobbin and Kalev, 2019](#); [Dobbin et al., 2015](#)). Efforts to raise awareness about gender-related policies may exacerbate traditional gender stereotypes and trigger defensive reactions ([Htun et al., 2018](#); [Tinkler, 2012, 2013](#)), as well as induce hostility and reactance among men ([Bingham and Scherer, 2001](#); [Tinkler et al., 2015](#)).

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