We Need a Feminist 'New Deal' to Shape a Post-pandemic Society

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We all know that the pandemic crises has disproportionately impacted on girls and women and will quite likely amplify existing gender inequalities in the absence of effective strategies to fight gender discrimination and violence. The need to address the gendered impact of the pandemic is strong. The paper discusses some gendered implications of the Covid-19 outbreak and reflects upon the crucial role played by women in the response to the health crisis, in both the private and public sphere. It also reflects upon the need to address the interconnected crises related to Covid-19 using an intersectional feminist approach and to include women' voices, knowledge and organizations at the heart of the Covid-19 global response.

Lockdowns are Gendered Policies

The Covid-19 pandemic has had a devastating impact on people's lives worldwide, inequality and poverty. The pandemic is a complex event, with multiple socio-economic effects (direct and indirect, long term and short term, individual and collective), and no one knows when the Covid-19 pandemic will end. In addition to this, the adverse effects of the coronavirus crisis are not equally distributed. Existing literature has shown that Covid-19, like Zika and Ebola, differentially affects women and men and that women and girls are paying the highest price (European

Parliament, 2015; Bahn et al., 2020). Women and girls are particularly exposed to both the short- and long-term effects of health crises because they are hit by multiple and intersecting forms of gender inequality caused by centuries of discrimination and deep-rooted patriarchy and sexism (Crenshaw 1989, 1991; Care, 2018; OECD, 2020a; Oxfam, 2020). Social institutions (such as the family, economic, governmental, educational, religious, judicial, welfare institutions) play a key role in the construction of gender and in the reinforcement of gender inequality, affecting choices and opportunities by unequally allocating privileges and disadvantages. Moreover, when societies with existing discriminatory gender structures, gendered and racialised policies are hit a by a crisis, these biases become even more explicit. When times are difficult, societies tend to return to older ways of thinking and behaving.

The application of confinement measures – social distancing, (self)quarantining, lockdowns – cannot be gender neutral (OAS-CIM, 2020) as these measures act within gender ideology frameworks in which women are kept subordinate in several ways. As explained (European Parliament, 2020: 53), it is not the virus itself that causes disproportionately negative socio-economic impacts on women, but rather the mechanisms introduced by institutions to mitigate against disease transmission. Not surprisingly, mass closure of schools, child-care centers and centers for elderly and disabled people has particularly affected women because they still bear much of the responsibility for providing care. Lockdown measures and stay at home mandates have enormously increased the domestic labour within households across the EU. However, whilst men have taken on some of this additional work, women's time spent on domestic activities and childcare has increased dramatically (European Parliament, 2020: 29; Power, 2020). Women are also deeply challenged by the need to simultaneously manage paid work (either at home or outside, both online and offline) and their usual, unpaid domestic workload. The double burden for women has multiplied amid covid-19 crisis. In the study conducted in Iceland by Bjarnadóttir & Hjálmsdóttir (2020), mothers felt guilty and frustrated for not being able to keep everything going as if it were normal, and for not being able to respond to gender role standards imposed by society on them.

Regarding employment, the pandemic crisis has widened work inequalities, intersecting with both vertical and horizontal job segregation. Women are more likely than men to lose their jobs because they remain clustered in secondary labor markets marked by uncertainty, precariousness, and vulnerable job positions. In Italy, women accounted for nearly all of job losses due to the pandemic crisis. ISTAT-Italian National Institute of Statistics (2020) shows 101,000 jobs were lost in December 2020, with 99,000 of them due to a fall in employment among women. Around 444,000 jobs were lost in the year to December: 312,000 women compared with 132,000 men. In

December 2020, Italy's unemployment rate rose 0.2 per cent to 9 per cent, and youth unemployment rose 0.3 to 29.7 per cent. Migrant women – that play a disproportionate role in key professions such as domestic workers, healthcare workers, childcare workers, elderly carers, and are thus vital to the Covid-19 response – are at particular risk, as they tend to be in informal employment, often unregistered and excluded from labour protections (Durant & Coke-Hamilton, 2020; UN, 2020a, 2020b; UN Women, 2020a). Women are also disproportionately represented in industries and sectors that are expected to decline the most due Covid-19 and lockdown measures: hospitality, food service, recreation, tourism, and education/childcare (Magvadkar et al., 2020). While the pandemic will eventually come to an end, the fear is that it could have long-lasting impact on the younger generations and especially on young women's future (OECD, 2020b). Recent evidence on the economic and social impact of the coronavirus pandemic shows that young people aged 18–29 (ILO, 2020a) and 12-24 years (Leavey, Eastaugh & Kane, 2020) are one of the worst-affected groups, particularly in terms of employment, education, mental well-being, rights and social activism.

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Another key area of concern is women's health, wellbeing, and gender-based violence. A high infection risk is assumed for women because they constitute the majority of caregivers in both the informal sector (families and informal employment for child and elder care) and the formal sector (nurses, medical staff, teachers, community workers) (Gausman & Langer, 2020). Women are particularly exposed to the risks to health and life posed by the pandemic, with many on the frontlines in the Covid-19 fight, providing essential medical and health services. They constitute 70 per cent of the workers (ILO, 2020b) in these sectors globally, and this substantially increases their risk of exposure to the disease, especially if they do not have adequate protection against transmission. In some countries, Covid-19 infections among female health workers are twice that of their male counterparts (UN Women, 2020b). Women's health has also been affected by disruption and changes to health systems. The changes to maternity and sexual and reproductive health services have been very detrimental. Many of these services were either cancelled, reduced, or moved to online-phone provision (European Parliament, 2020). Emerging research has found that the pandemic and subsequent confinement and social distancing measures have had negative impacts on mental health, with larger effects on women, especially those who are pregnant, postpartum, miscarrying, or experiencing intimate partner violence (Almeida et al., 2020; Etheridge & Spantig, 2020; Farré et al., 2020).

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intensified, as a result of more time spent at home and additional stressors of job insecurity, concern of infection and potentially additional domestic workloads (OECD, 2020a; UNFPA, 2020; UN Women, 2020c). With more people working from home using information and communication technology, workers are also more exposed to work-related cyberbullying.

Intersectional Feminist Voices

Pandemic and lockdown measures have increased isolation and caused widespread concern, stress, and fear, amplifying the impacts of the health crisis on specific subjects and groups (UN, 2020a). As COVID-19 continues to run its course, anxiety, depression, frustration will last long. The drastic public health measures that seek to slow the spread of the virus and prevent the collapse of health services are creating disproportionate consequences for people living in vulnerable circumstances. Women are among those most heavily affected because they do the majority of unpaid care work in households, are overrepresented among certain health-care occupations and face high risks of economic insecurity violence and exploitation. It is likely that the negative impacts for women and families will last for years without proactive interventions (OECD, 2020b; Power, 2020). In short, the virus pandemic has revealed the fragility of complex societies, highlighting several key vulnerabilities of our socio-economic and political systems and the need for a quick and radical change of course.

To adequately respond to the challenges posed by the pandemic an intersectional feminist approach is urgently needed (Crenshaw 1989, 1991; Berkhout & Richardson, 2020). Feminism is a movement to free democracy from patriarchy that has distinctive goals: to improve the lives of women as a social group; to put an end to sexism, sexist exploitation, women's oppression, gender-based violence; to promote women's empowerment; to achieve gender equality in any area of life. The intersectional approach allows us to understand how different forms of oppression and discrimination combine and overlap and can contribute to a more robust pandemic response. Women are not a homogenous group, and nor will they all experience the social disruption caused by the pandemic in the same way. Different factors (such as race, ethnicity, location, religion, sexual orientation, socio-economic condition, the level of resources women were able to build up prior to the crisis and are able to draw on now) will further affect women's dramatic experience of Covid-19. Those most impacted include girls and young women, lone mothers, pregnant women, older women, migrant and refugee women, women without a home, women with disabilities, women in precarious employment and economic insecurity; women with limited or no access to the internet, women who are at risk of intimate partner violence, victims of trafficking for sexual exploitation.

There is thus a need for forward-looking socio-economic plans and policies aimed at empowering girls and women. Both women and women's organisations should be at the heart of the Covid-19 global response (UN, 2020b; UN Women 2020b). Women should be equally represented in decision-making processes and women's civil society organizations be consulted with when developing and implementing local, regional, national and supranational responses and plans for redesign and renewal (UN Women, 2021). A global study by Women Deliver and Focus 2030 confirms that there is shared awareness of the wide-ranging impact of the pandemic, particularly on girls and women, and the need for a gender-responsive recovery. There is overwhelming support (82% on average across the 17 countries) for women to be involved in all aspects of the global health response and recovery efforts to Covid-19, including the development of policies and treatments. The survey gathered the views of 17,000 men and women in 17 countries (Australia, Argentina, Canada, Colombia, France, Germany, Great Britain, India, Japan, Kenya, Mexico, New Zealand, People's Republic of China, South Africa, Switzerland, Tunisia, the United States) (Women Deliver-Focus 2030, 2020).

A recovery plan means that organizations and governments are committed to transforming inequitable systems and structures that continue to make people vulnerable, also tackling the multifaceted systemic challenges that hinder progress towards gender equality. As written (Hawai'i State Commission on the Status of Women, 2020) rather than 'rush' to rebuild the status quo that has produced inequality, a deep structural transition to a society and social institutions that place women and care work at the center is encouraged and needed. Women are playing an outsized role responding to Covid-19 in the prevention, containment and follow up phase, both in the private and public sphere. As mothers, daughters, domestic workers, nurses, midwives, social workers, community health workers they are contributing to building the resilience of the communities most deeply affected by Covid-19 (World Bank, 2020). Women's unpaid and paid caring work has supported, is supporting and will support society – sustaining individuals, families, workers, institutions – and is fundamental to our survival and future. It is for these reasons that women and feminist women's leadership must be at the center, now and in the future, of any recovery plan.

A Feminist 'New Deal'

The global pandemic should be an incentive for governments to change their agendas. As said, the pandemic has deepened existing inequalities, hit hardest the most exposed groups and in many cases amplified the inequalities women experience on an everyday basis. That is why we must craft better, longer-lasting transformative solutions that fundamentally address the root causes

that have led us to this crisis. There is a need to understand and problematize the socio-economic and political systems that contribute to uphold gender inequalities and other forms of inequality. In order to successfully move towards post-pandemic societies, we see a need to 'build back better', rejecting to return to normalcy and instead use the situation to carefully discuss and tackle the many intersecting inequalities the pandemic has exposed. There are many feminist voices for a just recovery through gender-sensitive principles: those voices argue for a Feminist New Deal, able to recognize that 'building back better requires building back differently' (Cohen and MacGregor, 2020; OECD, 2020c; Women's Policy Group NI, 2020; UN Women, 2021).

To move into a post-pandemic world we need an intersectional feminist approach able to understand that all oppression is linked and that transformative change is more than just 'adding women' or making sure that women are represented in high-level decision-making positions. A feminist intersectional thinking can serve as a starting point for social justice, supporting an alternative economy centered on the principles of care and on the recognition that care work is the most central activity of human life (Bjørnholt, 2020; Oxfam, 2020). Democracy is dependent on care (Tronto, 2013, 2015): if democracy needs care to be placed at the core of society, caregivers are a central component of any recovery programme. An effective policy response to the pandemic should consequently be rooted in an ethic of care that starts from the reality that all human beings need and receive care, give care to others and that care is integral to human survival (Gilligan, 2013; Tronto, 2013, 2015). According to Gilligan (2013: 29), care is a feminist ethic, and feminism, guided by an ethic of care, is arguably the most radical (in the sense of going to the roots) liberation movement in human history. Equitable recovery policies should give value to caring culture and knowledge and (re)evaluate emotional labour and care work, both unpaid and paid (Madre, 2020).We need to "care about care" because our future depends on caring: caring for our societies, for each other and for the planet as well.

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