

Caring Under COVID-19:

How the Pandemic Is – and Is Not – Changing Unpaid Care and Domestic Work Responsibilities in the United States



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About Oxfam

Oxfam is a global organization working to end the injustice of poverty. We help people build better futures for themselves, hold the powerful accountable, and save lives in disasters. Oxfam provides grants and technical support to local organizations around the world. Together with these partners, we support long-term solutions that help poor communities grow nutritious food, access land and clean water, and obtain decent work and fair wages. Local to global, Oxfam uses advocacy to tackle the systems, policies, and practices that keep people trapped in poverty. We take on inequality, climate justice, gender justice, and inequities in the food chain, and we advocate for the basic human rights and dignity of survivors of conflicts and disasters. We challenge governments, multinational companies, international organizations, and other actors to use their vast power and influence to improve the lives of poor and vulnerable people. Oxfam works with local people to lead humanitarian responses that provide immediate relief during conflicts and disasters, and to build resilience against future threats. For more information see: www.oxfamamerica.org/about

About Promundo

Founded in Brazil in 1997, Promundo works to promote gender equality and create a world free from violence by engaging men and boys in partnership with women, girls, and individuals of all gender identities. Promundo is a global consortium with members in the United States, Brazil, Portugal, the Democratic Republic of the Congo, and Chile that collaborate to achieve this mission by conducting cutting-edge research that builds the knowledge base on masculinities and gender equality; developing, evaluating, and scaling up high-impact interventions and programs; and carrying out national and international campaigns and advocacy initiatives to prevent violence and promote gender equality. For more information, see: www.promundoglobal.org

About MenCare

MenCare is a global fatherhood campaign active in more than 55 countries on five continents, coordinated by Promundo and Sonke Gender Justice. Our mission is to promote men's involvement as equitable, nonviolent fathers and caregivers in order to achieve family well-being, gender equality, and better health for mothers, fathers, and children. We aim for men to be allies in supporting women's social and economic equality, in part by taking on more responsibility for childcare and domestic work. We believe that true equality will only be reached when men are taking on 50 percent of unpaid care work. For more information, see: www.men-care.org

I. Why Focus on Unpaid Care and Domestic Work During a Pandemic?

COVID-19 has brought an unprecedented visible crisis of care.

The COVID-19 pandemic has created an immense social, economic, and political disruption around the world and in the United States. As substantial proportions of the US population adjust to unemployment, reduced working hours, or working from home, they have also had to care for children who have been out of school for social distancing measures. Simultaneously, the realities of infection risk, mortality rates, and social distancing measures have increased strain on everyone trying to care for family members and other loved ones. Without family support, access to the usual paid and public care services, or subsidized care supports, Americans are facing overlapping risks and challenges when developing care and safety strategies. Within these new constraints, the authors of this study set out to answer: *During the COVID-19 pandemic, who has been doing the unpaid care and domestic work, and at what expense?*

Care matters. The care that people provide for their children, sick or unwell family members, and loved ones is fundamental for families, communities, and society in general to survive and thrive.

“Unpaid care and domestic work” encompasses a wide range of activities that are essential to life, including looking after children, older adults, and those with physical and mental illnesses and disabilities; daily chores such as cooking, cleaning, washing, mending, and repairing; and so much more. Unfortunately, unpaid care and domestic work has often neither been recognized as real work nor valued economically and socially as such. The scale of this work has also not been understood accurately. To policymakers and family members alike, this work often remains invisible, unvalued, uncompensated, and unsupported. However, without this work, households, communities, workplaces, and whole economies would grind to a halt. This unpaid work is the necessary support infrastructure for paid work and the formal economy. It also undergirds essential functions of society such as education, health, nutrition, politics, social development, and community-building.

Care is love, but care is also work.

An overwhelming portion of care and domestic work around the world is provided as a gift, unpaid, and within households. To this day, in societies rich and poor, the responsibility for unpaid care and domestic work has disproportionately and unjustly fallen to women and girls.¹ Although men in the United States are contributing more than they once did, and some households have achieved equality in care work, women continue to carry out most of the unpaid care and domestic work in the home. As recently as early 2020, researchers reported that women in the United States spend 37 percent more time on unpaid household and care work than men, a difference of more than two hours per day.² In addition to this inequitable gender distribution, care and domestic work is also often delegated to other

community members who are less privileged and given little status or compensation, such as domestic workers and childcare providers.

Furthermore, unpaid care and domestic work responsibilities intersect with inequalities in employment, with the harshest COVID-19 consequences falling to those who already experience structural discrimination, especially Latina and Black women.

Recent reports from the US Bureau of Labor Statistics show important changes in the employment status of the civilian population in the United States as a direct consequence of COVID-19. According to the bureau, the unemployment rates in May 2020 were 12 percent for adult men and 14 percent for adult women, up from 3 percent for adult men and 3 percent for adult women in February 2020.³ It is important to note that Hispanic or Latina women (19 percent), followed by Black or African American women (17 percent), presented the highest rates of unemployment.⁴ So while women hold a disproportionate amount of unpaid care and domestic responsibilities, they also disproportionately bear job loss and concomitant income loss for their household, especially Latina and Black women.

Has COVID-19 made that inequality greater or lessened it?

What are people thinking about their unpaid care and domestic work now during the COVID-19 pandemic? These are vital questions as advocates engage policymakers and employers in discussions about how to support unpaid care work and make it more equitable.

II. About This Study

This study set out to better understand the shape of these strains and stresses and to assess US patterns of unpaid care and domestic work during COVID-19 from a gender and intersectional lens.

Oxfam America and Promundo-US collaborated on a short poll, conducted in May 2020 (approximately two months into widespread social distancing policies in the United States). The study sought to understand the US public's perceptions about changes to their overall workload, household care arrangements and responsibilities, and the associated stresses and other related emotional reactions. Knowing that other recently published studies on similar themes have looked only and specifically at heterosexual couples, the study's authors expanded the research to *households* rather than couples. To this end, the study investigated the role of other adults in the household when it comes to dependent care and also explored unpaid care and domestic work distribution patterns in households with no children, with only female adults, or with only male adults. Finally, the study sought to gauge US public opinion on progressive care work-related policies in the context of COVID-19, as well as on government responses to the pandemic.

Commissioned by Oxfam America and Promundo-US, the polling firm Data for Progress conducted an online and phone survey of 1,743 respondents. The poll took place in May 2020 and included 927 women and 816 men aged 18 to 80.⁵ The survey was conducted in

English. The sample was designed to give greater emphasis to households with one or more dependents at home, whether child or elderly dependents, resulting in a final sample wherein 71 percent (weighted) of respondents had one or more dependents. As a side effect of this design, the proportion of the sample aged 30 to 55 is disproportionately high.⁶

As mentioned before, the sample was designed to include multiple kinds of households, including households with both female and male adults (73 percent of the sample, weighted), households with only female adults (16 percent), and households with only male adults (11 percent). Ninety-one percent of respondents defined themselves as heterosexual, with the rest affirming another sexual orientation. Regarding race and ethnicity, 77 percent of respondents identified themselves as White, 10 percent as Black or African American, 6 percent as Hispanic or Latino/a, 3 percent as Asian, 3 percent as American Indian or Alaska Native, and 1 percent as a different identity. Finally, regarding income composition, 42 percent of the study participants reported a current household income under \$50,000, 34 percent reported an income between \$50,000 and \$100,000, and 25 percent reported an income above \$100,000.⁷

Regarding the limitations or shortcomings of the sample, results suggest a slightly higher-than-expected proportion of older, higher-income men, as well as of lower-income women and women not working for pay at the time of the survey. The sample is restricted to those with reliable internet access, meaning participants are exclusively those who feel comfortable using technological devices such as computers and cell phones. While these patterns are corrected somewhat by the application of the analytic weights, they remain important to note.

In line with the expertise of Data for Progress, this sample was weighted to be representative of *likely voters*⁸ in the United States based on age, gender, education, urbanicity, race/ethnicity, income, and voting history for all analyses presented in this report. *As a result, it is important to interpret all the findings herein as reflective of the demographics of the US population who are most likely to vote.* This weighting strategy and sample was chosen to contribute to current issue and policy discussions in the combined context of upcoming US elections and of living with the consequences of the COVID-19 pandemic and government responses. Voters' views on issues matter in their voting choices, and policymakers and elected officials listen to voter views as part of their decision-making processes and campaign commitments. The study's authors recognize that this design and weighting approach also has substantial tradeoffs since many populations are historically and systemically underrepresented in elections. Residents of US territories were not excluded from participation in this study, for instance, but rates of participation were very low and the weighting strategy further decreases their power in the findings presented here. The survey neither asked about nor filtered for whether immigrant respondents were documented.

Intersections With Racial Injustice During a Pandemic

The survey design and fieldwork took place prior to the May 25, 2020, killing of George Floyd by a Minneapolis Police Department officer; however, the analysis and writing took place in the immediate days and weeks thereafter, amid widespread protest, demonstrations, civil unrest, and acts of excessive force by police and military against protesters, members of the media, and bystanders.⁹ These events brought necessary, overdue, and renewed attention to the many facets of systemic racism and to the particularly disadvantaged position of Black people in the United States.

Issues of racial injustice must necessarily be brought to bear on any research related to COVID-19, as the pandemic has demonstrated that risks of infection, transmission, and death are all related to preexisting social and economic inequalities and disadvantages. Early evidence from New York City showed that death rates were substantially higher among infected Black/African American people (92 deaths per 100,000 population) and Hispanic/Latino people (74) than among White (45) or Asian (35) people, for example.¹⁰ More recently, a study comprising 28 US states found that Black people are more than 3.5 times more likely to die of COVID-19 as White people, while Latinx people are nearly twice as likely to die of the virus as White people.¹¹ Inequalities in living conditions, work conditions, access to care, incarceration rates, and many other factors all contribute to these disproportionate morbidity and mortality patterns in intersecting ways.

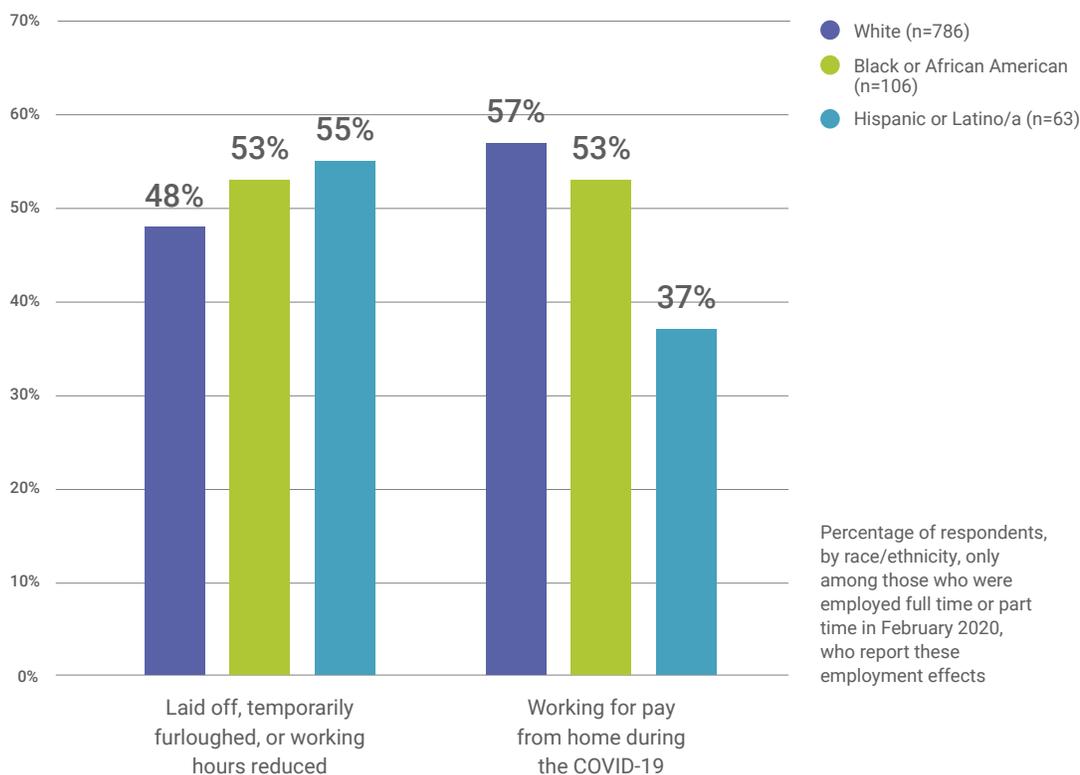
The survey is also designed to understand how race/ethnicity, income, and gender intersect to shape patterns of unpaid care and domestic work within this same intersectional analytical perspective, and the findings related to these intersections appear throughout the “Six Key Insights” section, whenever the data support comparative conclusions. The results show that unpaid care and domestic work demands during COVID-19 had increased more sharply for Black or African American, Hispanic or Latino/a, and Asian respondents than for White respondents, for instance, and in the conclusions, Black or African American women’s support for progressive childcare policies is featured, among several other such findings. More broadly, however, due to the timing and circumstances of this report’s publication, Oxfam, Promundo-US, and MenCare wish to express its support for and solidarity with the Black community and with everyone who is in pain and outraged by the historical and ongoing assault on Black people in the United States and the systems that have allowed this violence and injustice to persist.

III. Six Key Insights

INSIGHT #1:

COVID-19 has substantially impacted Americans' work lives, with the greatest toll falling on low-income, Black or African American, and Hispanic or Latino/a households – with a persistent gender gap.

FIGURE 1
EMPLOYMENT EFFECTS UNDER COVID-19



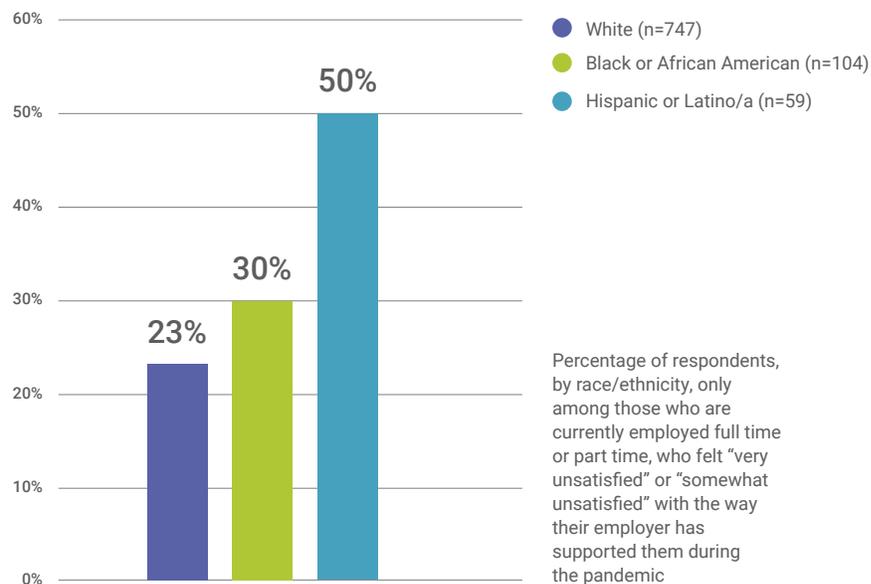
Approximately half of the overall sample reported that they had been laid off, had been temporarily furloughed, or had their working hours reduced as a result of COVID-19.

Figure 1 shows these rates, based on a sample restricted only to those who said that they were employed full or part time in February 2020 (prior to the most substantial COVID-19-related effects). Whereas 48 percent of White respondents reported these work impacts, greater proportions of Black or African American (53 percent) and Hispanic or Latino/a (55 percent) respondents have experienced one of these outcomes.¹²

This pattern overlaps with the analysis by income (not shown), in which the lowest-income respondents (53 percent) were the most likely to report having been laid off, been temporarily furloughed, or had their working hours reduced. By contrast, higher-income respondents (76 percent) are much more likely than lower-income (40 percent) and middle-income (49 percent) respondents to be able to work from home for pay during COVID-19. As Figure 1 shows, White respondents are also much more likely to be able to work from home than Black or African American and Hispanic or Latino/a respondents.

There is also a meaningful gender divide in employment effects. Employed men (62 percent) were also more likely to report currently being able to work from home for pay than employed women (47 percent). The implications of these clear trends by gender, race/ethnicity, and income are that already disadvantaged groups – such as women, lower-income workers, and Black or African American and Hispanic or Latino/a workers – will have a tougher time practicing social distancing, increasing their risk of exposure to coronavirus and transmission in their households – and, therefore, any related health care costs.

FIGURE 2
UNSATISFIED WITH SUPPORT FROM ONE’S EMPLOYER



Discrepancies also exist in whether respondents feel satisfied with how their employers have supported them during the pandemic; as with employment effects, patterns by race/ethnicity and income emerge strongly.

On the income side, the lowest-income employees (those earning under \$25,000 per year) are least satisfied with their employers’ response. As Figure 2 shows, race/ethnicity is also linked to workers’ perceptions regarding their employers’ support during COVID-19. While only 23 percent of White respondents (among those currently employed full or part time) said that they are unsatisfied, 30 percent of Black or African American respondents and 50 percent of Hispanic or Latino/a respondents shared this view.¹³

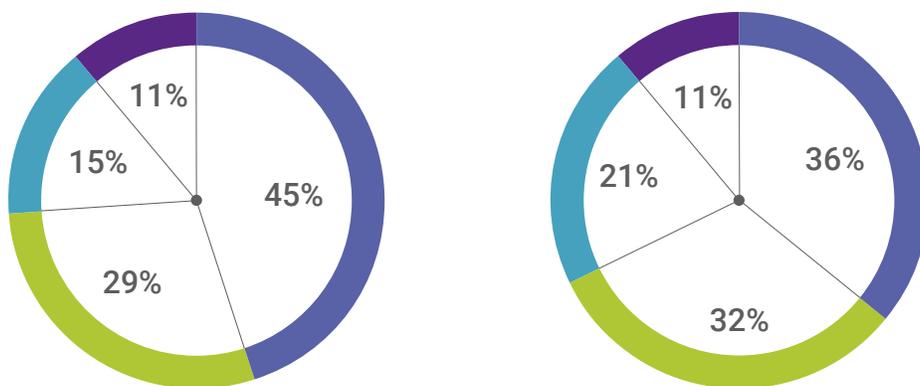
INSIGHT #2:

COVID-19 has led to an increase – often of many hours per day – in unpaid care and domestic work demands for Americans.

Substantial majorities of men and women agree: As a result of COVID-19 and the related social distancing measures, the daily amount of household domestic and care work has increased.

Sixty-four percent of men said that this work has increased overall, a larger proportion than the 55 percent of women who said the same. This discrepancy is likely caused by the pandemic leading men to see or take part in aspects of unpaid care and domestic work that they usually do not, whereas women may have noted slightly less of a change due to already spending more time per day on this work prior to COVID-19 (in particular, women not employed full time).¹⁴ In terms of the magnitude of observed increase in this work, some 26 percent of women and 32 percent of men said their household’s daily domestic and care work has gone up by at least three hours (see Figure 3). An increase of three or more hours in daily domestic and care work demands is sure to have drastic implications, as the rest of this report will explore.

FIGURE 3
INCREASED DOMESTIC WORK AND CARE WORK AS A RESULT OF COVID-19



Female respondents (n=927)

- No, not at all
- Yes, by up to 2 hours per day
- Yes, by 3-5 hours per day
- Yes, by more than 5 hours per day

Male respondents (n=807)

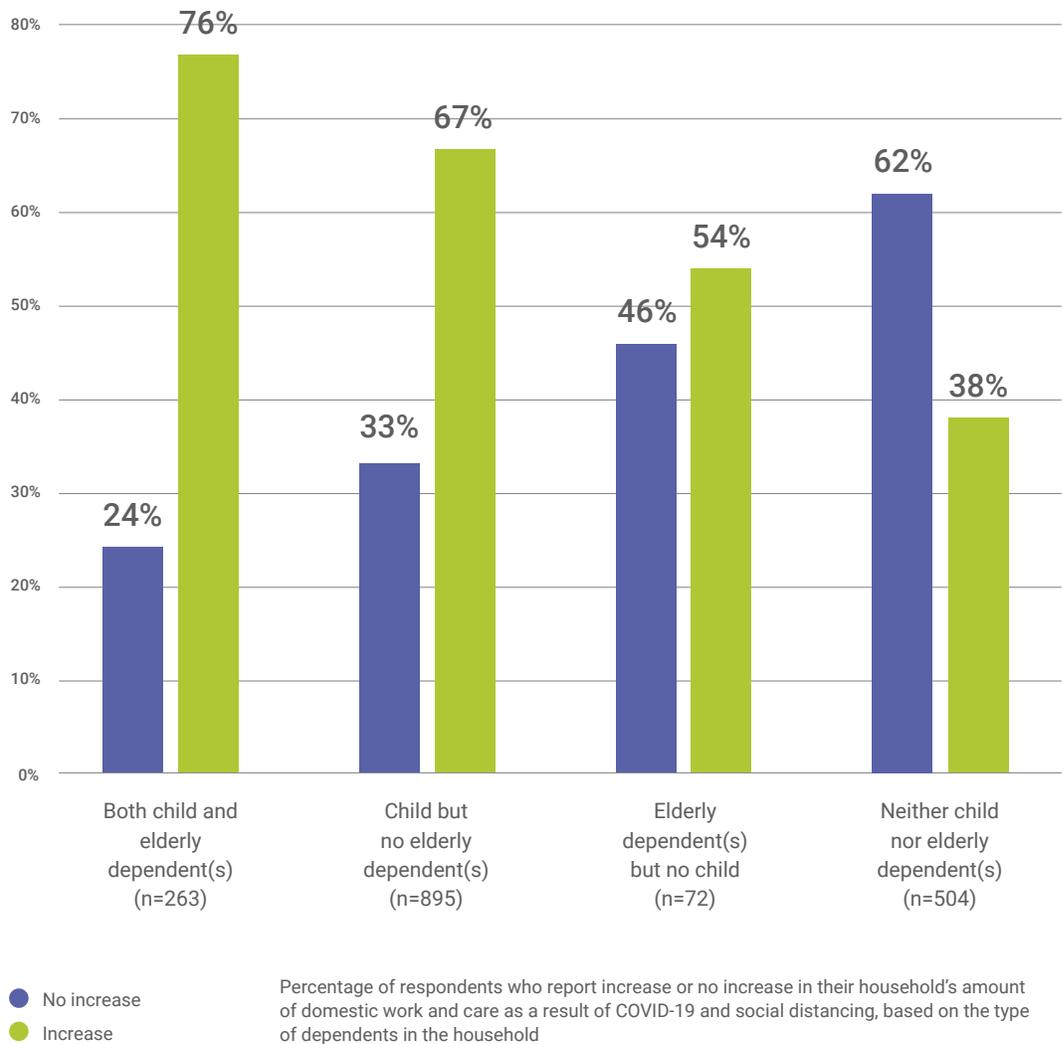
- No, not at all
- Yes, by up to 2 hours per day
- Yes, by 3-5 hours per day
- Yes, by more than 5 hours per day

Percentage of respondents, by gender, who report various levels of increase in their household’s amount of domestic work and care as a result of COVID-19 and social distancing

Digging deeper, increases in unpaid care and domestic work are unequal. In particular, race/ethnicity and the number and type of dependents in the household also play a substantial role.

Whereas 57 percent of White respondents said that their daily domestic and care work has increased at all, this rate is higher among Black or African American respondents (71 percent), Hispanic or Latino/a respondents (74 percent), and Asian respondents (79 percent). Furthermore, as Figure 4 shows, domestic and care work increases are most pronounced in families with *both* child and elderly dependents in the home, followed by those with child but no elderly dependents and those with elderly but no child dependents. In families with neither child nor elderly dependents, respondents were more likely to say that there has been no increase in daily domestic and care work as a result of COVID-19 and any related social distancing measures.

FIGURE 4
DOMESTIC AND CARE WORK INCREASE BY TYPE OF DEPENDENT(S) IN THE HOME



For many households, social distancing has also meant the disappearance of the usual sources of help for house or care work – whether from paid workers or from extended family members.

While a small proportion of households are still drawing this support, a substantial number of respondents said that they used to pay for help with house or care work but now can't (15 percent) or used to have extended family member help but now do not (12 percent). In both cases, it is the highest-income families who make up the biggest proportion of these numbers. In the case of paying for domestic or care work, this is logical, as it is likely that lower-income families simply couldn't afford this help anyway. These results suggest that some higher-income families in the United States are being compelled by the current reality to do more unpaid care and domestic work directly rather than paying for it to be done.

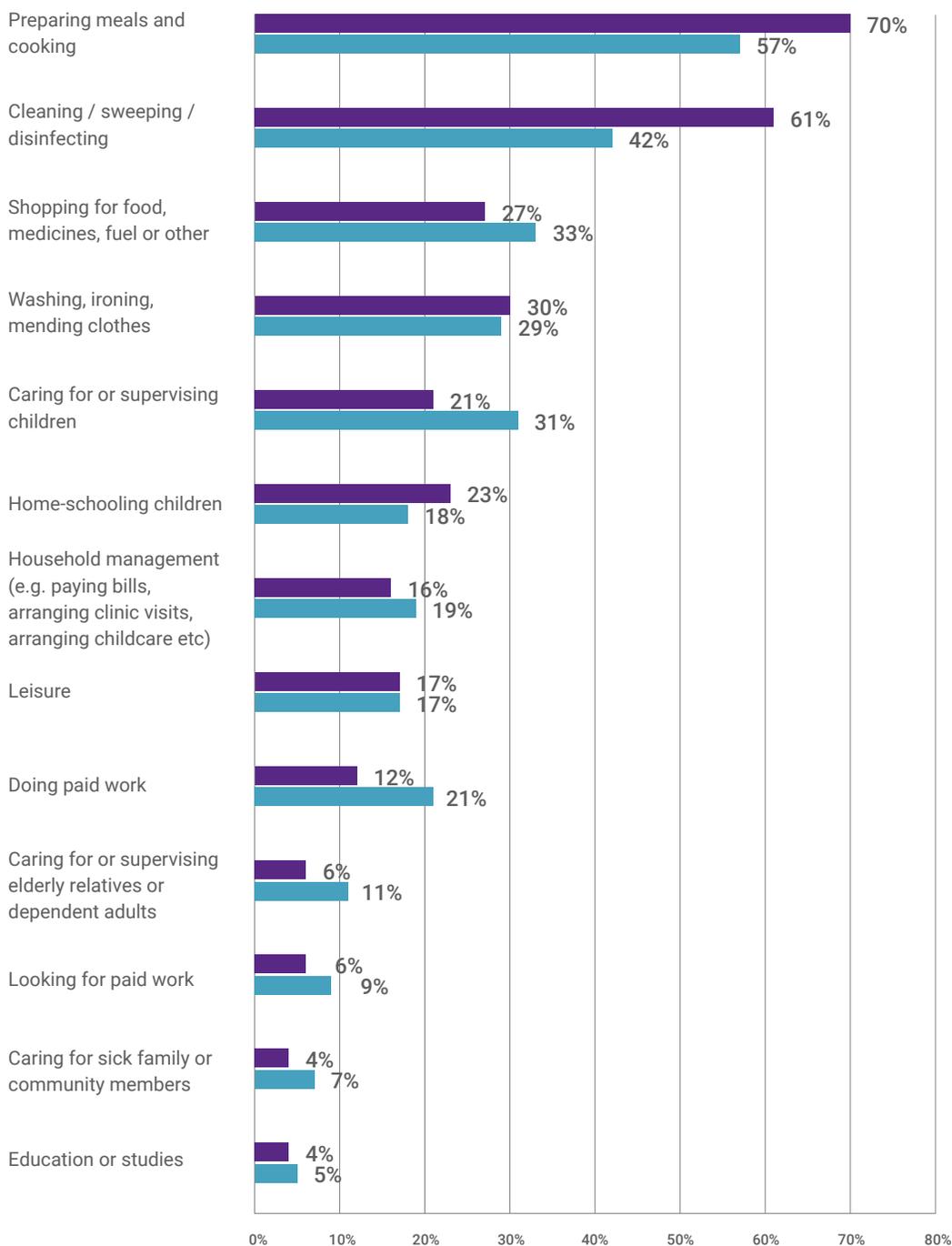
Inversely, Hispanic or Latino/a and Black or African American households are *newly* drawing on extended family help during the pandemic.

Thirteen percent of Black or African American respondents, 18 percent of Hispanic or Latino/a respondents, and 12 percent of Asian respondents said that "extended family didn't previously help do this work but they have started to during lockdown." Therefore, while for some COVID-19 has meant a loss of support and a clash with the true toll of unpaid care and domestic work, for others – with a notable proportion of Hispanic or Latino/a and Black or African American families – it is a moment of increased support from across the extended family.

INSIGHT #3:

Under COVID-19, Americans are squeezing more unpaid care and domestic work into the day, at the expense of rest, creative work, and social connection.

**FIGURE 5
MOST TIME CONSUMING TASKS**



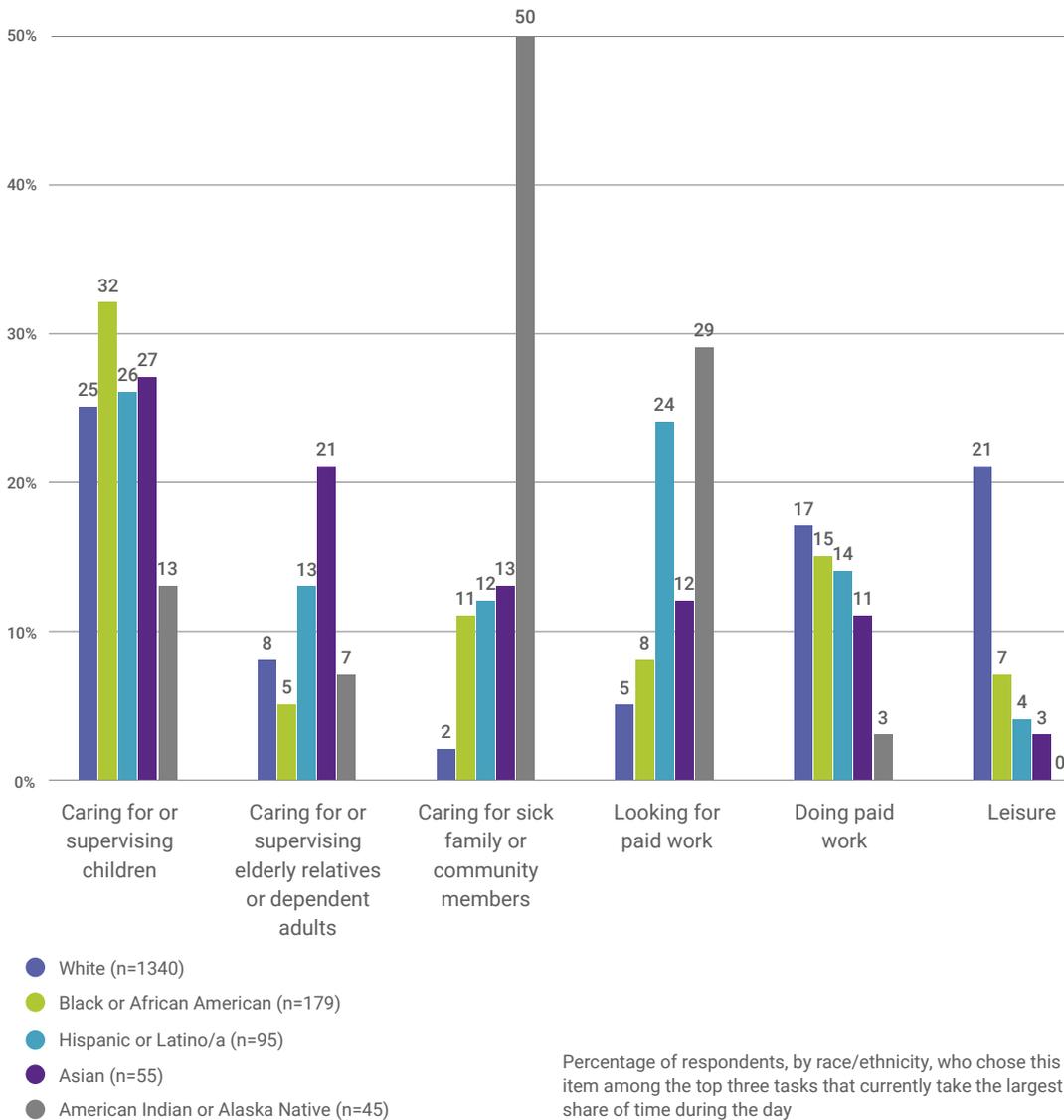
● Women (n=927)
● Men (n=807)

Percentage of respondents, by gender, who chose this item among the top three tasks that currently take the largest share of time during the day

When respondents were asked to identify the three tasks that are taking up the largest share of their day during the COVID-19 period, they pointed primarily to unpaid care and domestic work.

Taking the average of men’s and women’s responses, the three tasks most likely to be listed were preparing meals and cooking; cleaning, sweeping, or disinfecting; and shopping for food, medicines, fuel, or other goods. Additionally, approximately one in five men (18 percent) and women (23 percent) from the entire sample said that home-schooling children has risen to this level of prominence in their day, surely an increase over pre-COVID-19 rates. Doing paid work seems to have decreased substantially in priority, with only 12 percent of women and 21 percent of men overall saying that paid work is in their top three most time-consuming tasks. When restricting the sample to only respondents who are currently employed full or part time, only 30 percent of men and 31 percent of women said that doing paid work is among the three most time-consuming tasks in their lives during COVID-19. Clearly, people are feeling the squeeze of more unpaid care and domestic work and the time it takes.

**FIGURE 6
A DEEPER LOOK AT SIX TIME CONSUMING TASKS**



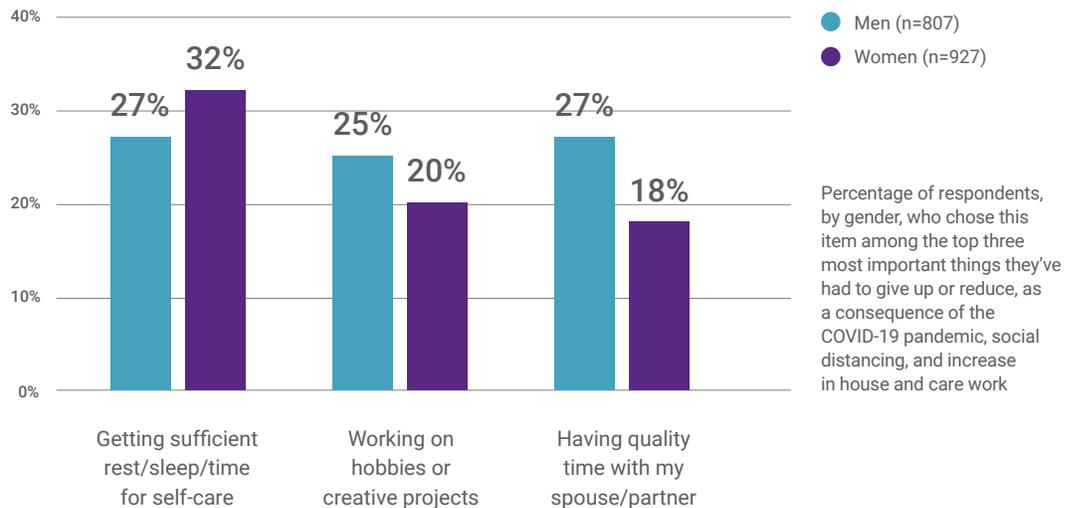
Analyzing the breakdown of time-consuming tasks by race/ethnicity also points to some compelling patterns, albeit in some cases with a very small number of respondents reporting.

Figure 6 includes a select number of tasks for which race/ethnicity group differences are most pronounced. Asian respondents were particularly likely to report caring for or supervising elderly relatives or dependent adults. Caring for sick family or community members was a rare choice for White respondents (2 percent), while at least one in ten Black or African American, Hispanic or Latino/a, and Asian respondents reported this task taking up a large share of their time, and fully 50 percent of American Indian or Alaska Native respondents indicated this. Additionally, Hispanic or Latino/a and American Indian or Alaska Native respondents were by far the most likely to report *looking for paid work*, while (unsurprisingly, given other trends discussed) White respondents were most likely to report *doing paid work*. White respondents also appear to have much more time for leisure than any other racial/ethnic group surveyed.

The increase in unpaid care and domestic work comes at a cost, as participants point to essential facets of life that they've had to give up or reduce as a consequence of the COVID-19 pandemic.

Among female respondents, 32 percent said that “getting sufficient rest/sleep/time for self-care” is one of the top three most important things they've had to give up, a sentiment shared by 27 percent of men. While 27 percent of men shared that they've had to give up “having quality time” with their partner or spouse, a somewhat lower proportion of women (18 percent) listed this as among the most important things they've had to give up. Substantial proportions of men (25 percent) and women (20 percent) also reported having to give up or reduce “working on hobbies or creative projects.” It is clear that the increased care demands and overall stresses of the COVID-19 pandemic come at the expense of rest, creativity, and social connection.

FIGURE 7
WHAT HAVE YOU HAD TO GIVE UP?



When comparing Black or African American and Hispanic or Latino/a women and men to the responses among all women and men, notable differences emerge.

Compared to the 25 percent for men overall in Figure 7, only 10 percent of Black or African American men listed “working on hobbies or creative projects” as one of the top three most important things they’ve given up or reduced. Black or African American women were much more likely to have chosen “pursuing my education or studies” (14 percent chose this) than women overall (only 6 percent). Additionally, taken in combination with Figure 6, a clear focus on struggles with paid work emerges for Hispanic or Latino/a men. Fully 44 percent chose “looking for paid work” as an important thing they’ve given up, nearly triple the rate among all men.

INSIGHT #4:

The gendered *distribution* of unpaid care and domestic work has not changed during COVID-19, even as this work has multiplied.

Exceedingly few study participants have observed substantial changes in the gendered *distribution* of unpaid care and domestic work during COVID-19 compared to before the pandemic.

The survey sought to understand this distribution through many indicators: First, respondents were asked to reflect in a very broad sense, listing the percentages of overall care and domestic work done by male adults, female adults, male children, female children, and other household members, both when thinking about the periods before and during COVID-19. With very few exceptions, “before” and “during” responses were essentially identical. As prior and recent studies have found, women and men tended in this survey to list higher rates of involvement in unpaid care and domestic work for themselves than they did for the others in the household.¹⁵ But respondents of both sexes were united in their view that though the unpaid care and domestic workload has increased (as previously shown here), the *distribution* of that work has not changed dramatically as a result of the pandemic. Furthermore, male and female respondents reported similar levels of children’s contributions to domestic and care work and reported that children’s participation in care work has not changed during the pandemic (approximately 6 to 7 percent of total household labor before and during, as reported by women and men).

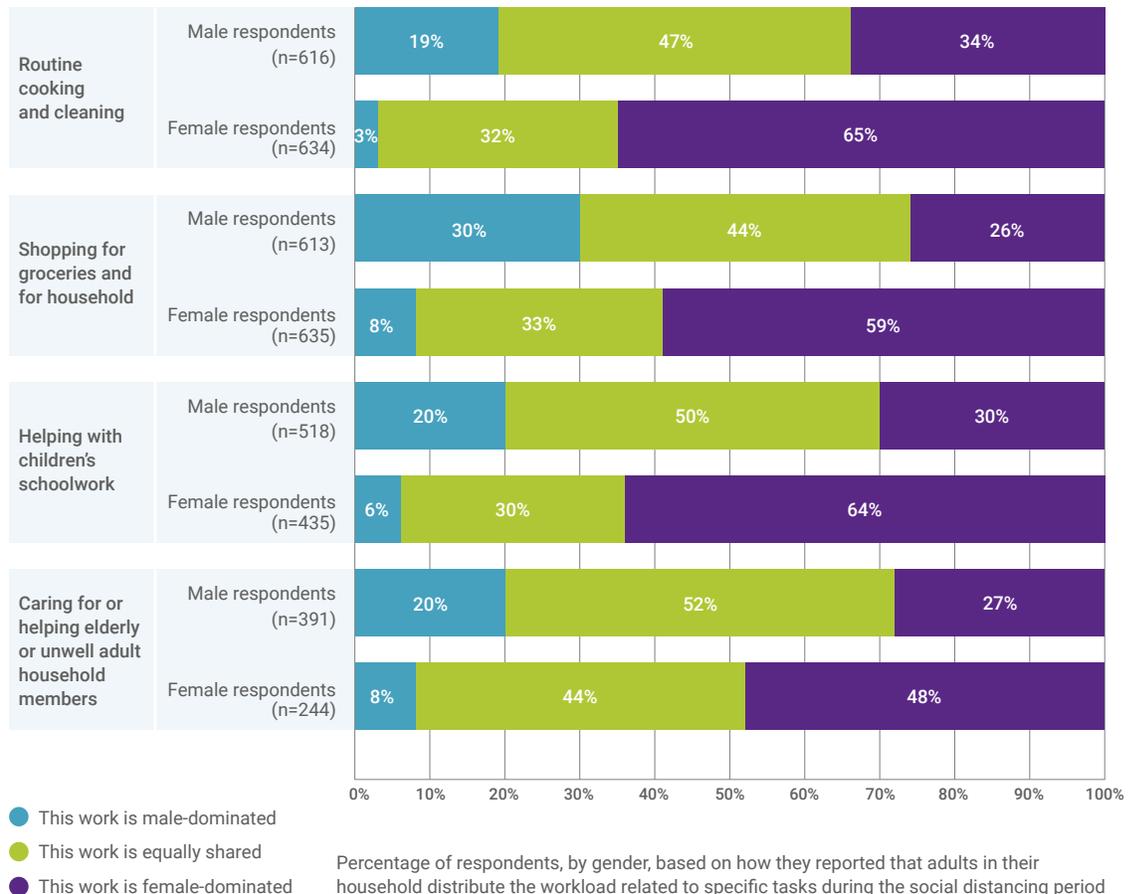
INSIGHT #5:

Women continue to take on a disproportionate amount of unpaid care and domestic work even as some men claim equality.

When asked about the gender distribution of *specific* tasks, all respondents agreed that women are more likely than men to undertake unpaid care and domestic work.

The survey included questions on four specific unpaid care and domestic tasks, asking study participants how this work was completed in terms of gender both before and during the COVID-19 pandemic. There were few substantial changes in the distribution by gender of these four tasks before and during COVID-19, underscoring the previously discussed finding that the pandemic has magnified existing (inequitable) trends. For three of these four tasks, male respondents were more likely to indicate that the work is “mostly done by women” or “100% done by women” than to indicate the same categories about men themselves: routine cooking and cleaning; helping with children’s schoolwork; and caring for or helping elderly or unwell adult household members (see Figure 8). The one exception in this list is shopping for groceries and supplies; men still felt this is more likely to be undertaken predominantly by men than by women.

FIGURE 8
DISTRIBUTION OF THE WORKLOAD



Many men see equality where women see inequality regarding the gendered distribution of labor in the household.

Figure 8 also demonstrates that women and men have a different threshold for what constitutes equality in unpaid care and domestic work. For all four tasks (limited to respondents from households in which both female and male adults are present), men were much more likely than women to say that this work is equally shared. The differences are substantial, with 47 percent of men perceiving that cooking and cleaning are equally shared, while only 32 percent of women indicated this. Even more stark, 50 percent of men feel that helping with children's schoolwork is equally shared, while only 30 of women feel the same. In sum, perhaps the most substantial insight on the gendered distribution of unpaid care and domestic work under COVID-19 is this persistent discrepancy: Many men believe that specific tasks are shared equally between male and female adults in the household, while many women continue to reassert that most forms of unpaid care and domestic work – which are historically and unjustly assigned by social norms to women – remain an unequal responsibility that adult women in the household carry.

While not shown in the figure, in the case of respondents from households with only female adults or only male adults, study participants reported that helping with children's schoolwork was the task most equally shared by adults before or during COVID-19. Furthermore, in all-male households, the percentage of adults reporting equal sharing in this task increased during COVID-19 from 33 percent to 37 percent.

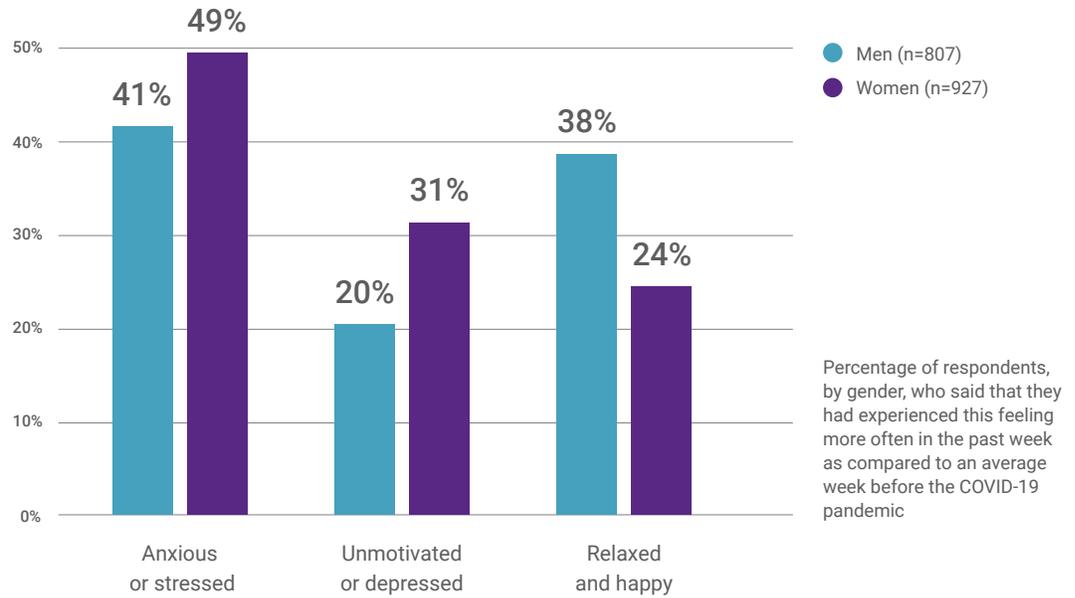
INSIGHT #6

Life under social distancing has a different emotional toll for women than men, while anxiety and conflict are widespread.

Respondents demonstrated an increase in anxieties, fears, conflict, and inability to find essential items during COVID-19, with some gendered differences.

As Figure 9 demonstrates, women were more likely than men to report increased feelings of being “anxious or stressed” and “unmotivated or depressed,” while in a reverse trend, men were much more likely than women to report an increase in feeling “relaxed and happy.” The overall increase in stress and anxiety (reported by 49 percent of women and 41 percent of men) points to the emotional toll the country is experiencing amid a pandemic. These anxieties and stresses, combined with movement restrictions keeping people in close proximity within the same household, can be associated with conflicts or even an increase in acts of domestic and intimate partner violence, as many sources have already demonstrated during COVID-19.¹⁶ Worryingly, nearly one in five of all respondents (18 percent of men and 17 percent of women) said there has been “increased conflict/criticism in the household” as a result of the COVID-19 pandemic.

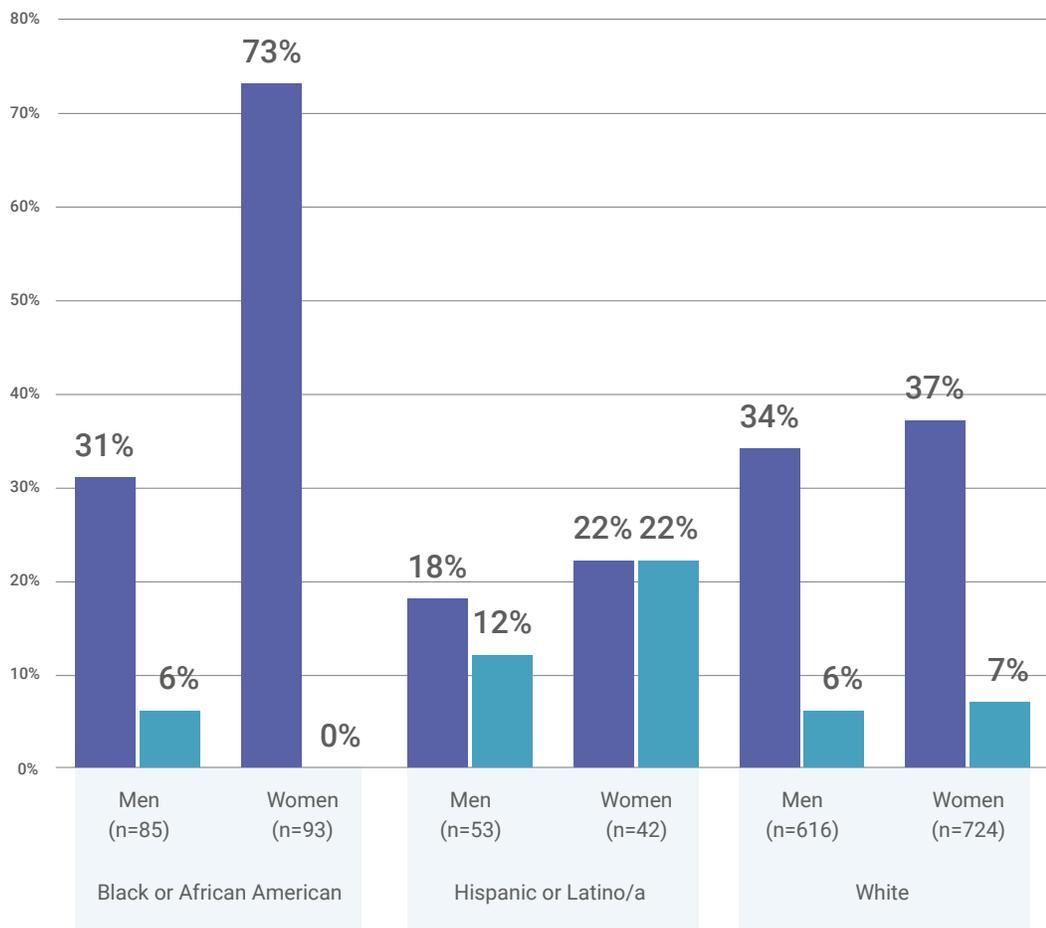
FIGURE 9
CHANGE IN FEELINGS UNDER COVID-19



Intersectional analysis by race/ethnicity and gender point to Black or African American women’s emphasis on gratefulness for time spent with family and point to food insecurity challenges for Hispanic or Latino/a families.¹⁷

Fully 73 percent of Black or African American women reported that they’d felt grateful for time spent with family more during the pandemic, which suggests that some are able to embrace a “silver lining” to social distancing and a general slowing of outside social activities in favor of time within the home amid the increase in unpaid work (see Figure 10). However, Hispanic or Latino/a respondents (12 percent of men and 22 percent of women) reported that being unable to provide for their family’s basic food needs is their serious concern, the highest among all races/ethnicities.

FIGURE 10
A DEEPER LOOK AT FEELINGS UNDER COVID-19



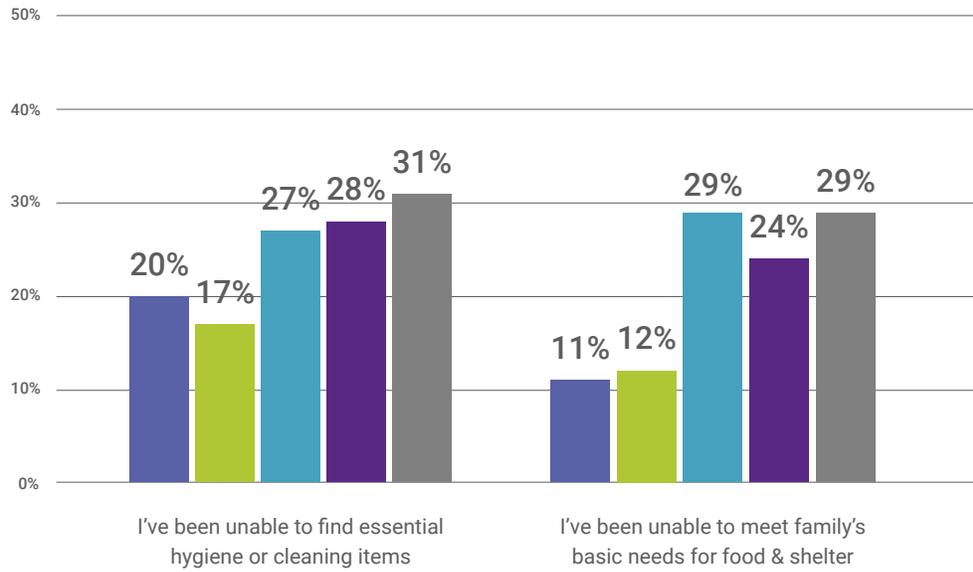
- Grateful for time spent with family
- Unable to provide my family's basic need for food

Percentage of respondents, by race/ethnicity and gender, who said that they had experienced this feeling more often in the past week as compared to an average week before the COVID-19 pandemic

Some portion of anxiety and stress during COVID-19 is surely related to the broad economic consequences of the pandemic, from unemployment to food shortages to lack of access to certain hygiene items.

Figure 11 shows the proportions of respondents who indicated that they've been unable to find essential hygiene or cleaning items and/or unable to meet their family's basic need for food and shelter, with some substantial trends appearing when analyzing these responses by race/ethnicity. While the samples are small, American Indian or Alaska Native (29 percent), Hispanic or Latino/a (29 percent), and Asian (24 percent) respondents in particular reported food and shelter concerns. These three groups were also the most likely to report difficulties in accessing hygiene or cleaning items. These among other findings demonstrate that social crises affect different communities differently, often magnifying existing inequalities.

FIGURE 11
UNABLE TO...



- White (n=1341)
- Black or African American (n=179)
- Hispanic or Latino/a (n=95)
- Asian (n=55)
- American Indian or Alaska Native (n=45)

Percentage of respondents, by race/ethnicity, who reported these challenges as a result of the COVID-19 pandemic, social distancing, and increase in house and care work

IV. Where to Go From Here?

As this study has shown, COVID-19 has brought about a crisis of care, alongside and driven by the vast public health and economic consequences of the virus.

These data make it clear that we need a dramatic shift in who does unpaid care and domestic work, how we support paid and unpaid caregivers protecting health and safety in our communities, and how we support parents and caregivers to care for children and others. In the home, this means men taking on an equal share of unpaid care and domestic work and not just saying they are.¹⁸ This also means focusing our efforts on the people and communities most affected by the crisis, including the Black community, the Latinx community, single parents, essential workers, and low-income families low-income families. The work of caring needs to be better valued, paid, and supported. Amid the COVID-19 pandemic, we urgently need to advance these goals:

- ***Prioritize paid leave, childcare, and flexibility, in line with clear and consistent policy demands from advocates.***

The data presented here demonstrate that families simply don't have enough time or support for everything that needs to happen during the pandemic period. Vast majorities reported that unpaid care and domestic work responsibilities have increased during the pandemic, with many sharing that these responsibilities have increased by more than three hours per day. When asked what takes up the most time in their day, even the majority of currently employed respondents said that the most time-demanding tasks are related to unpaid care and domestic work. The results also show what respondents are giving up to accommodate these responsibilities: time dedicated to paid work (and, therefore, economic security and livelihoods), as well as sleep and self-care (and, therefore, long-term health and well-being). We cannot continue to sacrifice the livelihoods, health, and well-being of so many when clear and proven policy options exist to provide the necessary support.

Among many other policy areas, advocates have long emphasized the benefits of ***paid leave*** (for new or adoptive parents, for caregivers of unwell loved ones, for anyone who falls ill, and for a range of other situations), ***access to free or affordable childcare***, and ***increased overall flexibility in working hours and conditions***. The MenCare Parental Leave Platform, for instance, sets out eight considerations for equal, non-transferable, fully paid leave policies for new parents to include.¹⁹ However, paid leave shouldn't stop at parental leave; Americans need to be able to take paid time off for a much wider range of family and personal needs. While access to affordable childcare was already uneven prior to the pandemic, COVID-19's myriad economic, health, and safety factors pose legitimate threats to the country's childcare infrastructure. As such, it is a particularly

urgent time to demand new protections and investments in making childcare accessible, affordable, and high quality.

Additional workplace flexibility will also be essential for families managing unpredictable – and overflowing – caregiving responsibilities as emphasized in the data presented here.

- ***Build upon COVID-19–period policy breakthroughs to ensure that they alleviate, rather than exacerbate, existing inequities.***

We have already seen policy breakthroughs related to care in the United States during the pandemic period. In March 2020, Congress passed two COVID-19 stimulus bills that included provisions to address the increased levels of unpaid care work in many families. The Families First Coronavirus Response Act (FFCRA)²⁰ was passed on March 18, 2020, and was amended by the Coronavirus Aid, Relief, and Economic Security (CARES) Act,²¹ which was passed on March 27, 2020. This legislation is remarkable for many reasons. By providing an “economic impact payment” of up to \$1,200 per adult with an individual income under \$99,000, plus \$500 per child under 17 years old, the CARES Act is a rare example of a direct cash transfer policy in American history. Additionally, the CARES Act introduced expanded paid sick leave protections for certain workers who are unable to work because they are quarantined, experiencing COVID-19 symptoms and seeking a diagnosis, or needing to care for a dependent who is sick, quarantined, or whose school or daycare provider is closed due to COVID-19.

These developments show that certain “social safety net” policies, which would have been nonstarters prior to COVID-19, are achievable in these remarkable circumstances. All the same, the current legislation does not go nearly far enough. Millions of workers are exempt from these new paid leave provisions. Most notably, employers with more than 500 employees – which includes large grocery chains, pharmacies, general merchandise stores, and warehouses – are explicitly excluded. This means more than 59 million employed in these industries are unable to use emergency paid sick days and paid family leave for childcare coverage. Additionally, employers with fewer than 50 employees, as well as employers of health care providers and emergency responders, can opt out. Because women of color make up a disproportionate share of essential health care workers, advocates insist that these gaps are likely to perpetuate rather than alleviate racial inequities in access to paid sick days and paid leave.²² Furthermore, the federal government itself, the nation’s largest employer, is also exempt from providing long-term leave under this law.²³

- ***Expand voters’ imagination about the types of policies that may benefit them, and follow the lead of those with the closest view of existing problems and inequalities.***

Amid their economic dislocation and rising unpaid care and domestic work demands, men and women in the study also share a new vision for policy reforms in the United States. The survey presented seven policy ideas that, as a reflection of the preceding point, pushed respondents to

think beyond the bounds of current mainstream policy debates. This included suggestions²⁴ such as no-cost, high-quality childcare provided by the government or companies, a national health care system such as Medicare for All, and more flexible workplace hours and locations (such as work from home), among others. Furthermore, respondents were asked to express their unequivocal support for each policy proposal, not any degree of partial support. Even with the suggestions' imagination beyond the mainstream and a high bar for support, multiple ideas had near majority or majority support, and none of the ideas had fewer than one-third of the overall sample expressing their unequivocal support. It seems that during COVID-19, there is no such thing as a nonstarter in care policy debates, even as voters may need additional information and awareness-raising before supporting wholeheartedly.

More substantial, however, is *who* is calling for these policy changes. Across the board, the respondents who have the closest view of injustice and inequality are also the most likely to support policy changes. It's time we took their lead. When it comes to care-related policies, this starts first and foremost with listening to women. Women were more likely than men to show unequivocal support for all seven progressive policy ideas proposed in the survey, a logical extension of the other findings. Because of persistent patterns of inequality in care and domestic work – both paid and unpaid – women are more attuned to the true volume of care and domestic work and the true shape of inequality in their homes and in society – and therefore, the need for urgent change. The survey also found that Black or African American women in particular have progressive views in favor of policies such as no-cost, high-quality childcare provided by the government or companies, and lower-income women form a great deal of the support for Medicare for All and equal pay for equal work. These findings underscore the need to continue increasing and amplifying awareness-raising, education, advocacy, and organizing around these issues nationwide, including in ways that are effective in reaching – but not prioritizing – men.

V. Final Reflections

This rapid polling of perceptions on unpaid care and domestic work during COVID-19 offers a chance to learn how to expand collective understanding of the issues.

The urgent need to understand the impacts of COVID-19, with the aim of sharing insights and recommendations in a timely manner for public discussions, has changed the dynamics and considerations of the research process. The study authors needed to be clear on what this type of opinion polling could and could not shed light on in terms of the kinds of insights it could offer and from whose perspective or standpoint. The development of this poll permitted the report authors to test questions on unpaid care and domestic work and learn from the process of developing the questions, running the poll, and seeing the opinions on the issues that respondents shared.

The results confirmed US perceptions regarding the increase in unpaid care and domestic work for households in the context of COVID-19 and that women continue to bear the greatest share in the current pandemic. Moreover, the results highlight issues that require deeper exploration to include people excluded from phone-/internet-based polling focused on likely voters (e.g., to include undocumented workers). Additionally, an intersectional gender analysis for deeper inquiry into unpaid care and domestic work issues would provide greater understanding of differences and shared experiences across race/ethnicity, income, education, age, and locality.

The results also point to a need for greater understanding of:

- Loss due to unpaid care and domestic work and to paid work: what is given up, what goes unaddressed – and by whom, for what reasons, and with what consequences to addressing unpaid care load.
- Implications of stress, anxiety, and depression associated with increased unpaid care load and increased time in households as a function of government responses to COVID-19.
- Requirements to care for myriad dependents because multiple dependents and dependent types exponentially increase unpaid care responsibilities.
- Work flexibility and its potential to support unpaid care work and the gender gap both in unpaid care and paid work.

The testing of survey questions provides only a starting point to reflect on how to gain greater understanding of the realities of marginalized communities whose experiences regarding unpaid care and domestic work have not been captured in depth by mainstream research, such as undocumented populations, rural populations, and LGBTQI+ communities that might have broader understandings of care work in relation not only to the household but also to extended family and community networks. Finally, existing research on care and domestic work focuses predominantly on the demands of labor within the household sphere, leaving out other notions on care.

Lastly, it is critical to understand the challenges and ethical considerations when studying the unpaid care and domestic work of marginalized communities, such as undocumented immigrants. Including their realities and perceptions is essential to fully understand how to address unpaid care and domestic work as a social challenge with differentiated experiences.

This study sought to better understand how COVID-19 has affected the balance of unpaid care and domestic work responsibilities in the United States.

In sum, this study found much evidence of a particular crisis of care during the pandemic that is exacerbating, rather than alleviating, persistent inequalities by gender, income, race/ethnicity, and their intersections. The authoring institutions hope that these vital questions and findings will be helpful in efforts to engage policymakers, employers, and the public alike in discussions about how to support unpaid care and domestic work and make it more equitable.

INTRODUCING THE #HOWICARE CAMPAIGN AND POLICY ASKS

This study is a component of a broader initiative known as the #HowICare project, which includes a US and global campaign. The #HowICare Campaign is led by Promundo and Oxfam as an international project of MenCare: A Global Fatherhood Campaign, active in more than 55 countries. A data-informed social media campaign, #HowICare aims to shed light on the realities, difficulties, and disparities of providing care – specifically in caring for children – to advocate for additional support for caregivers (including the parents and care workers who are most impacted) during the COVID-19 crisis and beyond. It also aims to activate men as individuals, employers, and advocates in ensuring that care is a collective responsibility: shared equally and supported by structures and policies. This campaign features rapid response polling data from Canada, Kenya, the Philippines, and the United Kingdom, in addition to the US data in this report.

In line with the conclusions and recommendations in this report, the #HowICare Campaign presents seven specific policy asks for participating advocates to pick up, adapt, and support in their particular country context. This platform for US advocacy and action was developed in consultation with PL+US (Paid Leave for the United States). The headlines of the seven policy asks are:

1. Call for equal, fully paid, non-transferable parental leave for all parents as a supplement to maternity leave, not an alternative.
2. Ensure all individuals have access to paid sick and family and medical leave, and strengthen and expand workers' protections to include caregiving needs.
3. Ensure that the amount of paid leave is increased, is paid at 100 percent, and can be taken for a wide range of reasons.
4. Call for the government to take immediate action to ensure that the existing childcare infrastructure will survive the COVID-19 pandemic.
5. Call for the government to challenge harmful norms and sexist beliefs – particularly when it comes to the notion of care being women's responsibility alone.
6. Ensure flexibility in working hours and conditions, as well as schedule control.
7. Social protection programs should support caregivers and recognize care as work.

Additional details about the campaign, and information on how to participate, can be found at www.men-care.org/HowICare or by following @MenCareGlobal, @Promundo_US, @Oxfam, or @OxfamAmerica and using the hashtag #HowICare on Twitter.

Endnotes

- 1 Lawson, M., Parvez Butt, A., Harvey, R., Sarosi, D., Coffey, C., Piaget, K., & Thekkudan, J. (2020). *Time to care: Unpaid and underpaid care work and the global inequality crisis*. Oxfam. <https://www.oxfam.org/en/research/time-care>
- 2 Hess, C., Ahmed, T., & Hayes, J. (2020). *Providing unpaid household and care work in the United States: Uncovering inequality* (IWPR Briefing Paper # C487). Washington, DC: Institute for Women's Policy Research.
- 3 It is important to note that the unemployment rates in May 2020 declined in general by 1.4 percent in relation to April, likely due to the relaxation of COVID-19 social distancing measures in many states.
- 4 U.S. Bureau of Labor Statistics. (2020, June 5). *Economic news release. Employment situation summary* [News release]. U.S. Department of Labor. <https://www.bls.gov/news.release/empst.nr0.htm>
- 5 Data for Progress use a web panel method. Web panels are a nonprobability sample from which respondents are drawn to meet specific quotas.
- 6 For this project, we started with a quota for 30-55-year-old married individuals, to help fill out the dependents target while still hitting our demographic targets. We then expanded that quota out to people 18 and older with no limitations other than residing in the US.
- 7 Percentages presented in this report, including this paragraph, may not add up to 100 percent due to rounding.
- 8 "Likely voters" are defined as people who, based on their voting history and demographic characteristics, are considered likely to vote in the next national election (2020 general). Furthermore, "likely voter sample" refers to how the sample was weighted for analysis; we did not limit to eligible or likely voters when conducting fieldwork.
- 9 Oxfam America. (2020, June 2). *Oxfam condemns violence against protesters in the US* [News release]. <https://www.oxfamamerica.org/press/oxfam-condemns-violence-against-protesters-us/?fbclid=IwAR0YMAHugejyc9Ppl-A1YFKr5D7JGIXtKme4LSZTxQ-X4S9mkm8icaFMeGI>
- 10 Centers for Disease Control and Prevention. (2020). Coronavirus Disease 2019 (COVID-19): Racial and ethnic minority groups. Retrieved February 11, 2020, from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html>
- 11 Gross, C. P., Essien, U. R., Pasha, S., Gross, J. R., Wang, S. Y., & Nunez-Smith, M. (2020). Racial and ethnic disparities in population level Covid-19 mortality. *MedRxiv*. doi 10.1101/2020.05.07.20094250
- 12 Asian respondents and American Indian or Alaska Native respondents are not included in this analysis due to insufficient sample size after applying the necessary sample restrictions.
- 13 Same as 12.
- 14 Hess, C., Ahmed, T., & Hayes, J. (2020). *Providing unpaid household and care work in the United States: Uncovering inequality* (IWPR Briefing Paper # C487). Washington, DC: Institute for Women's Policy Research.
- 15 Carlson, D. L., Petts, R., & Pepin, J. R. (2020). US couples' divisions of housework and childcare during COVID-19 pandemic. doi:10.31235/osf.io/jy8fn; Miller, C. C. (2020, May 6). Nearly half of men say they do most of the home schooling. 3 percent of women agree. *The New York Times*. <https://www.nytimes.com/2020/05/06/upshot/pandemic-chores-homeschooling-gender.html>
- 16 UN Women. (2020). *COVID-19 and ending violence against women and girls*. <https://www.unwomen.org/en/digital-library/publications/2020/04/issue-brief-covid-19-and-ending-violence-against-women-and-girls#view>
- 17 Same as 12 and 13.
- 18 See the MenCare Commitment, a global advocacy campaign calling for men to take up fully 50 percent of all unpaid care work, starting with an initial pledge of 50 minutes more per day: <https://men-care.org/what-we-do/advocacy/the-mencare-commitment/>
- 19 MenCare. (n.d.). *The MenCare Parental Leave Platform*. <https://promundoglobal.org/resources/mencare-parental-leave-platform>

- 20 Families First Coronavirus Response Act, Public Law No. 116-127 (2020). <https://www.congress.gov/116/plaws/publ127/PLAW-116publ127.pdf>
- 21 Coronavirus Aid, Relief, and Economic Security Act, Public Law No. 116-136 (2020). <https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf>
- 22 National Partnership for Women & Families. (2020, April). *New emergency legislation provides paid sick days and paid leave for child care for millions*. <https://www.nationalpartnership.org/our-work/resources/economic-justice/new-emergency-legislation-paid-sick-days-paid-leave-child-care.pdf>
- 23 These are only a few of many substantial critiques of these laws that have been voiced by paid-leave advocates. The law also only allows working people to take longer-term leave to care for children due to school or childcare closures – not to care for themselves if they fall ill, are quarantined, or must self-isolate because they are at high risk or to care for any other loved ones, including an adult family member other than a child whose place of care has closed or who must self-isolate due to high risk. Furthermore, people with disabilities who may have lost their principal caregiver due to COVID-19 will be unable to have their family members use paid sick leave under the bill to provide care, among other shortcomings.
- 24 The policies proposed in the survey were a national health care system such as Medicare for All; no-cost, high-quality childcare provided by the government or companies; increased amount of paid family leave and paid parental leave; more flexible workplace hours and locations, such as work from home; equal pay for equal work regardless of gender; a national minimum wage of \$15 per hour; and increased paid sick days for all workers.

