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Social Reproduction and State Responses to the
Global Covid-19 Pandemic: Keeping Capitalism
on the Move?

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Social Reproduction and State Responses to the Global Covid-19 Pandemic: Keeping Capitalism on the Move?

Ania Plomien, Alexandra Scheele and Martina Sproll

1 Introduction

This chapter analyses the global Covid-19 pandemic and the state responses to it through the lens of social reproduction. The pandemic emerged in the context of a deep-rooted crisis of social reproduction, which is intrinsically linked to the contradictions and crises of capitalism. From this broader perspective, the transnational gendered impact of the pandemic (contesting equality and exacerbating inequality) is inextricable from the crisis-prone state-managed nexus of production and reproduction. The ongoing pandemic has affected multiple dimensions of life, catching the world unprepared to deal with the virus and handle its public health and socioeconomic consequences. How far do countries, with their different routes to and through the Covid-19 pandemic, reinforce the ‘careless’ capitalist economy, abstracting from those resources and services of reproduction that can only partly be turned into value? To what extent do state responses intensify existing gender inequalities? Although governments everywhere responded to the health, social, and economic dimensions of Covid-19 with an unprecedented amount of attention and resources, the numerous and wide-ranging interventions have hardly been gender sensitive. Consequently, the current crisis exposes long-standing contradictions in the capitalist economic and social order, on the one hand, and the gender order (as its constitutive moment), on the other. The state responses reshape, but do not transform, the relationship between the spheres of production and social reproduction. We interpret this as an attempt to keep capitalism on the move without addressing the causal mechanisms that perpetuate the global social reproduction crisis.

2 Theorizing social reproduction, capitalist production, and the state

Our approach to analysing policy responses to the Covid-19 pandemic and their gendered consequences combines two theoretical frameworks: the feminist political economy perspective on social reproduction and feminist materialist state theory. First, we draw on early (e.g. Dalla Costa/James 1972; Vogel 1983; Truong 1996; Elson 1998) and recent (Fraser 2016; Bhattacharya 2017; Winders/Smith 2018; Plomien/Schwartz 2020) Marxist feminist theorizing of social reproduction as a process integral to capitalist production. Social reproduction encompasses the gendered daily and intergenerational work crucial to supporting life by meeting people's daily needs and reproducing the next generations. To a great extent, social reproductive activities take place in households and draw on the skills and resources of their members, particularly women. However, social reproduction also combines resources from and activities that take place in the market and via the public provision of services and benefits. In all these domains, social reproductive work is gendered and intersects with other axes of inequality, especially race or ethnicity, migrant or citizen status, and class and caste. Together, the combination of unpaid and paid work taking place across the household, the market, and the public sphere comprises social reproduction.

Social reproduction forms a nexus with capitalist production, characterized by an inherently necessary and contradictory relationship. The necessary aspect of this nexus concerns the social reproductive activities producing workers in a work-ready state – people need to be nurtured, fed, clothed, educated, trained, rested, entertained, and willing to participate in the system of production. Production is not possible without reproduction, because workers must themselves be produced as biological and social beings (Nelson 1998). Without reproduction, whole social systems, including production systems, would disintegrate. This necessary task of producing workers and regenerating societies, however, comprises dimensions that are not oriented towards profit maximization, especially when this task is not commodified and rests on non-market relations of domestic labour (Vogel 1983). Social reproduction thus operates according to a logic distinct from capitalist production, where goods and services are produced to realize surplus value for capital through the exploitation of labour. Periodically, tendencies of capitalist accumulation face limits in the process of value extraction, leading to economic crises that require adaptations, including through the creation of new markets or market restructuring. The paradigm of growth and the continual expansion of capitalism undermines the necessary conditions for social reproduction, highlighting the contradictory aspects of the production/reproduction nexus (Vogel 1983; Fraser 2016).

The necessary and contradictory character of the production/reproduction nexus becomes problematic for capital. This raises the question of how theoretically to grasp the gendered character of the state as the second element of our analytical framing. We draw on feminist materialist debates on the state and state power (e.g. Nowak 2017; Rai 2019; Sauer 2021), according to which the state is a structure of dominance and an arena for transformation. Specifically, we focus on two aspects of the state. First, we understand the state as an *apparatus* consisting of various bureaucratic institutions (for instance, a supra-national body like the European Commission, a national government, a federal or a regional state administration), as well as policies, laws, and norms to manage the social order (Sauer 2021), including the separation of production and reproduction (Rai 2019). The second aspect rests on an understanding of the state in terms of its *embeddedness in society* and *relationality of power*. The state is a social field, shaped by and shaping gender relations, in which competing and conflicting interests struggle over outcomes. This means that the state, while being a central node of power, is not separate from society, but is “a specific material condensation of a given relationship of forces” and that “class contradictions are the very stuff of the state” (Poulantzas 1978/2000: 73 and 132). And so, the state does not only act but is also acted upon: as social struggles (such as feminist movements) relate to the state, the state is affected by them and their claims. Consequently, the state acts within an unstable equilibrium of compromises, and adopts policies that matter to people (Nowak 2017).

The state therefore can and does intervene (Perrons/Plomien 2010) in moderating the contradiction between the productive and reproductive spheres and the process of exploiting and renewing labour power, although such interventions are not pre-determined. How the capitalist state approaches the crisis tendencies of capitalist societies varies historically, depending on the specific regime of accumulation (Fraser 2016). For example, accumulation by dispossession as a strategy to overcome the crisis of Fordist accumulation (Harvey 2004) restricts the conditions for the social reproduction of households and communities which rely on means of subsistence such as land or water. The privatization and commodification of social provisioning implies “deepened social cleavages and lop-sided economic structures” (Razavi/Hassim 2006: 7) based on the legacy of colonial asymmetries and power relations. In different contexts and periods, the state can prioritize redistributive, egalitarian projects and policies, and stabilize the contradiction between economic production and social reproduction; or it can limit redistribution and drive the widening of inequalities through privileging the interests of capital, thereby weakening the conditions for social reproduction. The state is thus crucially important through its regulatory and resourcing functions across all the spheres involved in social reproduction, for instance: in the market, concerning access to and conditions of waged employment; in the public domain, concerning provisioning through

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social and care infrastructure; and in the domestic sphere, concerning reproduction, care, and housework.

Over the last several decades, global neoliberal restructuring processes have transformed the interrelated spheres of production and reproduction. Although important differences in the various contexts remain, similarities of trends can be noted (Razavi/Hassim 2006). The first relevant change is the informalization and casualization of employment accompanied by increased labour market participation of women, reflected in the double meaning of feminization of labour (Standing 1999; Scheele 2004). The second involves the social sector and its provision of services and benefits. This has been subject to spending cuts, commodification, and privatization, leaving many segments of the population unable to access adequate provision, while some elements of social protection and social provision, like healthcare or pensions, are available only to those who can afford them (Razavi/Hassim 2006). These two broad labour market and public sector processes interact with the third set of changes taking place in the domestic sphere. The time and wage implications of the necessity of all (adult) household members to take on (precarious) paid employment and the residual or targeted character of public goods that substitute elements of social reproductive labour indicate that the household capacity for social reproduction has diminished, while the need for it has increased. Consequently, the contradiction between capitalist production and social reproduction has intensified to the point of crisis (Fraser 2016). The onset of the global Covid-19 pandemic has thus confronted societies the world over that are already weakened by the intensification of complex inequalities and disinvestment in social infrastructure across all the domains underpinning social reproduction. This has demanded immense state effort to deal with the public health and socioeconomic consequences of this unprecedented crisis.

3 The gendered effects of the Covid-19 pandemic and state responses

From the beginning of the Covid-19 pandemic, state policies tended to follow a similar pattern. Faced with rising infections, and increasing numbers of people in need of hospitalization and dying from the virus, governments attempted to stop the virus from spreading by imposing lockdowns, quarantines, and curfews. In addition to tackling the public health dimensions of the pandemic, many governments created policies and programmes to mitigate its economic and social consequences through new financial assistance instruments and by adapting already existing labour market programmes or infrastructural projects. Three factors – the spread of Covid-19, severe restrictions on movement

and social contact, and public policies to support livelihoods and economies – have affected entire populations. However, contrary to the idea of the ‘great levelling effect of the virus’ reported in the media, the effects of Covid-19 have been socially differentiated.

3.1 Gendered effects of the pandemic in the production/reproduction nexus

Starting with the gendered effects of the pandemic on paid work, women globally have been particularly affected, since they are overrepresented in the so-called essential jobs, typically including health and other forms of care, food provisioning, retail, service, and public transportation jobs. While many workers have been required to adapt to working from home, those in jobs classified as essential have had to commute and work onsite. This has lowered their risk of unemployment and working time and pay reductions, or a complete loss of income, but it has increased their risk of infection due to direct contact with customers, patients, passengers, or colleagues (EIGE 2021: 61-63).

In Europe, gender is a crucial factor disadvantaging women in terms of exposure to contagion through work, due to sectoral and occupational segregation: women are less likely to be able to work remotely than men and their jobs often involve close contact with others (Lewandowski/Lipowska/Magda 2021). In the EU, one of the world regions with the highest employment in the care sectors, women represent over 76% of healthcare workers, 90% of other caring professions such as childcare and elderly care, and 95% of domestic workers (proportionally the smallest segment of care employment) (EIGE 2021: 57). In other world regions, care employment is also highly feminized, but domestic workers comprise a larger proportion of care jobs, especially in Kuwait and Saudi Arabia, as well as in many countries in Latin America, including Brazil (ILO 2018). Even in countries with low levels of care employment, care work is an important source of income for women, for example in India, where paid care employment accounts for 10% of women’s overall employment, although a high share of it is informal, even in education, health, and social work (ILO 2018).

Despite a large proportion of women working in essential services, the pandemic has increased women’s job insecurity because of their employment in sectors that have been affected by lockdowns – nursery, secretarial, domestic, non-essential retail, hospitality, and tourism work. Data for the European labour markets show that women and men were hit by unemployment more or less similarly in the second quarter of 2020, but by the summer’s slight recovery, fewer women than men had re-entered the labour market (European Union 2021: 20). This is a more widespread phenomenon – even in countries where

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men's unemployment is higher, more women left the labour market altogether in 2020 (UNCTAD 2021). Globally, and across all regions, in 2020 women's relative employment losses were higher than men's, although men lost more jobs in absolute numbers (ILO 2021). This development attests to women's more precarious labour market position, whether due to part-time, short-term, or informal employment, which makes them especially vulnerable to economic contractions. Being in precarious employment, women are unprotected by social security systems, do not receive unemployment benefits or other 'post-support labour income' (ILO 2020, 2021: 2; Kesar et al. 2021), and shoulder the gendered responsibility for unpaid work.

Everywhere, without exception, women spend more time on housework and care than men, performing 76% of the total unpaid care work, or 3.2 times more than men (from 1.7 in the Americas to 4.7 in the Arab states) (ILO 2018; Blasko et al. 2020). The pandemic has increased the burden of housework and its intensity and the need to provide home-based care, with women and girls carrying the greater load of these increased demands (UN Women 2020b). With the closing down of schools and childcare facilities, in many European and other high- and middle-income countries, women more than men have reduced their working hours or have left employment to provide childcare (European Union 2021; UN Women 2020b). This implies a widening of the gender gap in unpaid labour, given additional reproductive work resulting from caring for family members with a Covid-19 infection or quarantining at home and in the community. Furthermore, 'stay at home' orders potentially trap more women in domestic spaces, exposing them to increased risk of experiencing physical and psychological harm through domestic violence (Scheele 2021). All EU countries have reported an increase in domestic violence against women and children during the pandemic (European Union 2021: 5), and the UN has called the global increase in domestic violence a "shadow pandemic" (UN Women 2020c).

Importantly, not all women have been affected in the same way and we find significant differences in vulnerability between different groups of disadvantaged women. These differences build on pre-existing global social inequalities (Sproll 2020). Studies show that the degree of inequality varies largely according to race/ethnicity, class, caste, migration/citizenship status, or lone parenthood (Kesar et al. 2021; Desai et al. 2021). Several studies point at Brazil, the United Kingdom, and the United States, where especially Black and ethnic minorities, both women and men, have experienced above-average infection, illness, and death rates (Gomes 2020; PHE 2020; CDC 2021). In India, where the pandemic reached another peak in the spring of 2021, the existing caste system regulates established hierarchies, discrimination, and social distancing. Many basic healthcare workers are women from lower castes (Dalit) who often work with low or no remuneration and personal protective equipment, while Muslims, Dalits, and women are most affected by job losses and

food insecurity (Gosh 2020: 528). While the intersectionality of inequalities is highly significant in all world regions, it plays an even more fundamental role in many countries in the Global South, not least because of colonial legacies. Given the gendered socioeconomic impact of the ongoing pandemic, what has been the state's response and with what consequences?

3.2 State responses

In many countries worldwide, by April 2021 the fiscal stimulus responses to the pandemic had reached unprecedented levels. In Germany, three supplementary budgets amounted to 347 billion euros or 10.3% of GDP. The Polish anti-crisis shield and the financial shield reached nearly 70 billion euros or 14.5% of GDP. In Brazil, a series of fiscal measures added up to 12% of GDP, while in India, immediate spending, deferred revenues, and expedited spending amounted to 9% of GDP (IMF 2021). This financial aid moderated the economic shock and its effects on businesses and employees. Governments gave money or deferred revenue streams to small, medium, and large companies, either as direct grants or indirect benefits through tax and payment advantages, public loans, and extensions of deadlines for social security contributions.

In Germany, for example, tourism companies such as TUI received 1.25 billion euros, while the airline Lufthansa received a rescue package funded by Germany, Switzerland, Austria, and Belgium providing various aid and equity measures amounting to 9 billion euros – of which the airline had only drawn 2.3 billion by summer 2021 (Spinnler 2021). Different from the UK, where the Coronavirus Job Retention Scheme obliged companies in the aviation sector to secure employment, the state aid scheme for Lufthansa did not. At the same time, restaurant owners, hoteliers, and small- and medium-sized enterprises as well as the self-employed were entitled to apply for assistance based on a certain percentage of lost revenue. Countries also addressed employees directly; for example, in Spain federal states offered public guarantees for repayable new loans and direct financial support to self-employed persons. Yet, some programmes, like furlough schemes to support workers in the UK, ended up benefitting firms owned by the world's wealthiest people and tax exiles (Guardian 2021).

In addition to fiscal and monetary measures, many countries in the Global South have also focused on social assistance, direct aid programmes, and in-kind benefits. These have been particularly relevant to women, as about half of these policy measures explicitly “fall into the social protection category” (UN Women 2020a: 8). These programmes have partly been supported by the World Bank (2021) and ranged from direct cash transfers to food supplies and sanitary provision. They are aimed mainly at preventing the complete loss of

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livelihood and starvation by the poor and thus reflect the existing high levels of socioeconomic inequality and poverty that have been exacerbated by the pandemic. Many countries of the Global South do not have the financial, institutional, or managerial capacities to buffer the effects of the crisis, although there have been diverse and partly successful strategies (Saad-Filho/Ayers 2020: 87).

As a whole, neoliberal restructuring has systematically dismantled state capacities and reinforced the implementation of conditionality in social provisioning, which has intensified inequalities along the lines of gender, class, and race/ethnicity. This reflects a very low level of state responsibility for social reproduction as a whole, even in countries that are among the big economic powers in the world, such as India and Brazil. In India, where the government provided grains, pulses, and stoves to the poor in urban agglomerations during the first lockdown, health systems are collapsing during the current explosion of infection and death rates, while the production capacity for vaccines does not serve the Indian poor. In Brazil, which has one of the highest per capita death toll from Covid-19 at the time of writing (Johns Hopkins University & Medicine 2021), the government paid a hard-fought emergency assistance package to ameliorate the existential threat to the livelihoods of many people. However, while billions of reais have been pumped into the financial system and big companies, the funding for emergency assistance is not only insufficient, but is partly being refinanced through the public sector, resulting in cuts to infrastructure and wages in feminized occupations, such as academics, teachers, public service employees, and – outrageously – the health system (Boschetti/Behring 2021). Of the globally adopted fiscal and economic measures to assist businesses, only 10% channel resources to women-dominated sectors, while of the social protection and labour market policies, only 8% address unpaid care and only 10% prioritize women (UN Women 2020a: 8).

Regarding the health sector, which over the last several decades has been, in most countries, underfinanced and subject to severe budget cuts through privatization and marketization, its capacity and resilience have needed reinforcement. The French government, for example, set up a policy programme, *Ségur de la Santé*, which includes 8.2 billion euros

“for salary increases for hospital personnel and a further 19 billion Euros investment in the healthcare sector, including 6 billion Euros for Long-Term-Care institutions over the next 5 years” (EIGE 2021: 64).

The difference between having (an even basic) healthcare infrastructure – or not – becomes apparent in the case of Brazil, where the constitution of 1988 includes a public healthcare system (*Sistema Único de Saúde*, SUS) guaranteeing basic access to healthcare for all (Paim et al. 2011). Despite the high

number of infections and deaths, it does provide important infrastructure for the country's Covid-19 vaccination program.

The examples of state responses to the Covid-19 pandemic share similar patterns of activity. Governments have rapidly set up numerous policy measures (sometimes circumventing usual procedures), reacting to the crisis by providing financial subsidies to those economic sectors hit most. As a result, public spending and debt are at a historical peak, but are hardly driven by investments into the social infrastructure necessary for social reproductive work to flourish, and thus into the future of societies.

4 Conclusion

From the beginning of the Covid-19 pandemic, gender has been a prominent feature. It has been recognized in public and policy debates, and experienced by those involved in the immediate response to the health crisis, or those social spheres most affected by the lockdowns and the reallocation of resources. Gender has become more visible because women are employed in education, care, and service jobs that were deemed essential to the daily functioning of societies, and because childcare in households suddenly presented itself as a challenge for parents, especially mothers. Both brought greater awareness of the highly gender-segregated labour markets and gendered division of labour. In addition, the high rate of infections among workers on short-term contracts, the closure of borders, and the restriction of labour migration, as well as the unequal access to preventive healthcare and medical assistance in case of Covid-19, have all shed light on large-scale intersectional inequalities exacerbated by the pandemic. All of these developments suggest that “arguments for investing in a care-led recovery might get a better hearing” (De Henau/Himmelweit 2021: 467). It is, therefore, a paradox that public awareness of these problems did not result in adequate state policy programmes. Most policies have not only lacked gender sensitivity, but have exacerbated gender inequality, since they neither protect the most vulnerable groups in the labour markets nor initiate a fundamental change to build a more sustainable economy. Instead, we have witnessed a further increase in precarity for those in employment, especially for those working in essential jobs, and those excluded from labour markets and/or who are working in the informal economy. In general, state responses did not address the described crisis of social reproduction and the underlying structural causes of gender, class, caste, and race inequalities. Consequently, the global crisis of social reproduction is further deepening, while current policies are keeping capitalism on the move in unsustainable ways.

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Social Reproduction and State Responses

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