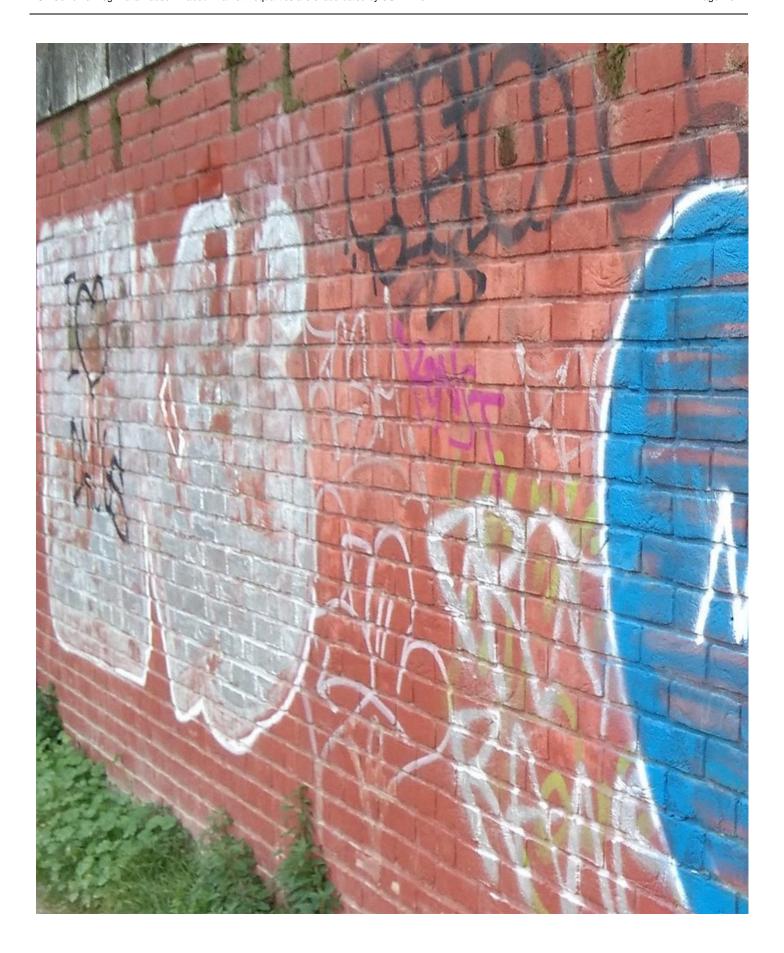
Naila Kabeer | Labour market inequalities are exacerbated by COVID-19

Crises illuminate the inequalities that we tend to overlook in normal times and COVID-19 is no exception. In this blog, **Naila Kabeer** (LSE) draws on some explicit and implicit ways of classifying workers that are emerging in the current pandemic to illuminate long-existing inequalities in labour markets across the world and associated inequalities in the quality of life and likelihood of death.

Let's start with the official classification of essential and non-essential workers that is now part of COVID-19 vocabulary. We can all agree that, right now, the most essential in the essential category are health workers – doctors and nurses on the front line every day battling the virus. Yet, as the crisis has revealed in stark terms, inequalities exist even among these most essential of workers. In a telling statement early in the crisis, UK Secretary of Health, Matt Hancock, reported that 4 doctors and 'some' nurses had died. Asked how many nurses, he admitted he 'didn't know'. Classifying workers, into those whose deaths were counted and those that weren't, is the gendered tip of these hierarchies. Women make up 89% of nurses in the UK's National Health Service, but only 5% of female staff are doctors compared to 22% of male staff.

As the death toll from the virus mounted, other inequalities came into view: men were more likely to die than women and members of Black and Minority Ethnic (BAME) communities were more likely to die than white people. Within the health service, the intersection of these two inequalities was startlingly evident when the first ten doctors reported to have died from the virus were all male, all migrant and all from BAME communities. The first four was also Muslim. For a government that has been determined to create an 'inhospitable environment' for migrant workers, these were politically embarrassing findings.

It is now alarmingly obvious that BAME health staff are generally at higher risk of infection and death: They are disproportionately more likely than white workers to be working in conditions that expose them directly to the virus and far less likely to be engaged in decision-making from a safe distance. (Black and ethnic minorities make up 19% of all NHS staff, but just 7% of its most senior management roles.) Labour market inequalities are also at play in explaining the higher rates of death within the wider BAME population in the UK – and within the African American community in the US. Minority groups, and men more than women within them, are more likely to be working in poorer-paid 'essential' jobs that expose them more directly to the virus: transport, food and service sectors.



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Turning to the 'non-essential' category of workers, the pandemic has revealed the deep divide between the 'haves' and the 'have-nots'. The 'haves' have homes to lock down in, security of income or savings to fall back on. Death rates from the virus are, not surprisingly concentrated among the 'have-nots', and once again, over-represented among ethnic minorities. Not only are they more likely to be suffering from the underlying health conditions that make them more vulnerable to the virus but they are also more likely to suffer from the underlying condition of poverty that go with the kind of work they do: low paid with little or no social security, high likelihood of layoffs, crowded homes, under-served neighbourhood.

Gender, class and race intersect in shaping the pattern of job losses. In the US, 21% of women reported job losses or pay cuts since the lockdown compared to 14% of men but black women were twice as likely to report these setbacks as white men. Motherhood exacerbates gender inequality: in Canada, women with children experienced a 17.8% drop in employment at the start of the lockdown compared to 13% of women without children, 9.9% of men with children and 7.8% of men without children.

In the countries of the Global South, non-essential workers with secure and well-paid jobs have been able to stock up on rations and essential amenities in their homes. But not all sections of their middle classes are as secure in their livelihoods as their equivalents in OECD countries and there are stories from Bangladesh, for instance, about their shame in having to queue up for food. But the worst hit is obviously those, the majority in these countries, who eke out a hand-to-mouth existence in the most precarious forms of work. While nations worry about the trade-off between creating wealth and preserving health, for these workers, whose health is their only wealth, the trade-off is between dying from hunger or dying from the virus.

Women are disproportionately represented in these precarious jobs. A rapid study by BRAC in Bangladesh finds that while incomes and food have dropped sharply for informal workers, the drop is much sharper for households headed by women, particularly in rural areas. Some workers are linked to a global economy that is now in meltdown. Women are being laid off in larger numbers than men in Bangladesh, many from its export-garment industry as international buyers cancel their orders and employers close factories. And among men and women who have migrated to other countries to earn a living, it is women who are more likely to have worked for employers who have no legal responsibility for them and so are more likely to be left penniless and stranded.

Finally, there is a large category of overwhelmingly female workers across the world who do essential work within the home which is neither recognized as 'essential' or even as 'work'. They look after their children and take care of their families on an unpaid basis, though many may combine it with paid work in the labour market. Their responsibilities have been multiplied as schools, factories and office close since family members are now at home all day. Given that research tells us that men are reluctant to share such work even when unemployed, early results that women's unpaid work burdens have increased in many countries are not surprising. A very telling indicator of the double burden faced by working women comes from the academic community; while male academics are submitting 50% more papers than they did before coronavirus, the number of papers submitted by women has dropped drastically.

The home has also emerged as the site of what has been called 'the shadow pandemic': an increase in the numbers of women experiencing domestic violence during lockdown. We do not know if it is because women cannot escape abusive partners; because men feel greater strain with restrictions on the freedom of movement they normally take for granted; or economic insecurity lead them to take out their frustrations on those less powerful than them. We need a much better understanding of the links between male violence within the home and structural violence in the wider society – and what we can do about it.

We will also need to take a good hard look at the economic system that governs our lives. It has allowed the <u>richest 1% more wealth than the rest of the world combined and access to tax havens to protect the bulk of this wealth but it pays the nurses who take care of our health in both normal and extraordinary times less than what the Home Secretary, Priti Patel, calls a 'low-skilled' wage. This is not the last pandemic we will face. There will be others and increasingly they will be global. We need to learn what we should have done to have been better prepared for this one – Kerala's decades of investment in robust health care services provides an important lesson. (Interestingly, in a crisis in which women leaders seem to setting an example, the Health Minister of Kerala, hailed for its remarkably effective response to COVID-19, is also a woman.) We need to keep justice at the centre of our efforts to reboot the economy: Hawaii's feminist recovery plan may offer a model. And we need to build human and planetary resilience to minimize the chances of future crises – Jacinda Ardern's achievements in her two years in office seems like a good place to start[xix] – and that is even before the crisis hit.</u>

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