Women's Equality and the COVID-19 Caregiving Crisis

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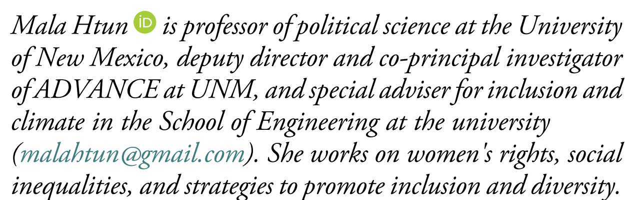
The COVID-19 pandemic revealed, but did not create, the caregiving crisis in the United States: for most people, it was already a major ordeal to provide reproductive labor. The caregiving crisis was less visible before the pandemic because it was suffered unequally, in part due to the different positions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

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

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

**Data replication sets are available in Harvard Dataverse at: https://doi.org/10.7910/DVN/E7CLML*



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

Conditions during the pandemic seem to have generated a greater alignment in women's perspectives. Women's experiences with paid work continued to differ dramatically—some were able to work from home, others had to go to work, and many others got fired— but women with children from all groups faced common challenges caused by the closure of K–12 schools and childcare centers (Alon et al. 2020). Put another way, it took the pandemic to compel privileged women to realize the challenges that less fortunate women had confronting all along. The anxiety, outrage, and demands of privileged women then pushed the rest of society to agree that we have been experiencing a caregiving crisis. As Strolovitch (2013) argues, the discursive distinction between "crisis" and "normal times" tends to be shaped by the experiences of privileged groups and to obscure the conditions of life of marginalized groups, whose ongoing experience of inequality rarely registers as a "crisis."

In this article, I also consider whether the growing recognition of women's common challenges around reproductive labor, as well as the policy response by the Biden

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administration, will lead to greater equality for women. Although the new official discourse—which forecasts a major expansion of social provision for working families—offers grounds for hope, comparative experiences suggest that government policy is not sufficient to produce change. Pernicious stereotypes and sticky norms preclude equality even within the context of generous policies and formally equal institutions. The same stereotypes and norms surrounding race and gender that helped render the caregiving crisis less visible in the first place are likely to continue to pose obstacles to women's equality.

Care Work and Inequality among Women

Women, as a social collective, are divided by multiple axes of difference, including class, racial, ethnic, national, and religious identities; sexual orientation; and gender identity (Garcia Bedolla 2007; Hancock 2016; Weldon 2008; Young 1994). One axis of difference concerns women's diverse social relationships to the provision of reproductive labor, which includes but is not limited to "purchasing household goods, preparing and serving food, laundering and repairing clothing, maintaining furnishings and appliances, socializing children, providing care and emotional support for adults, and maintaining kin and community ties" (Glenn 1992, 1).[2] Some women employ other women to do this type of work, some women buy reproductive labor on the market, and still others rely on family members or the state. In addition, women receive different sets of benefits from federal and state governments, with differing levels of stigma. Some women get more support from their employers, such as paid parental leave, than other women.

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

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

Between 1900 and 1990, a great deal of reproductive labor moved outside the household to institutional settings. including schools, nursing homes, and childcare centers (Duffy 2007). But Black and brown women—and, increasingly, men—still made up a disproportionate share of institutional care workers, particularly in lower-status positions such as kitchen workers and janitors.

Most institutional care work is low pay, offers few benefits, is subject to arbitrary supervision, and has high turnover (Duffy 2007; England and Folbre 1999; Glenn 1992). In contrast to European countries such as Sweden and France where the childcare and early education sectors are almost entirely public and where wages are comparable to the average wages of women across the economy, the largely private US childcare industry relies on a low-wage, largely unskilled, and flexible workforce characteristic of a liberal market economy (Morgan 2005).

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

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

unregulated and (usually) unseen conditions (Romero 1998).

Outsourcing reproductive labor, especially multiple-hour care work performed by maids, nannies, personal care aides, and au pairs, has enabled many women to succeed professionally, because caregiving then presents less interference with their professional schedules and trajectories (Ehrenreich and Hochschild, 2003). Upper-income professional women are more available to work on a round-the-clock basis, which the most lucrative and elite professions usually require for advancement (Goldin 2014). Under this arrangement, some women thrive professionally, but the gender division of reproductive labor remains intact. However, as Slaughter (2015) points out, even outsourcing has its limits. The culture of overwork and the high expectations found in top jobs in both the public and private sector preclude anyone from actually spending time with their families and "having it all" (Moravcsik 2015; Slaughter 2015).

Economic inequality is both the background condition of outsourcing and is exacerbated by outsourcing (Ehrenreich and Hochschild 2003; Romero 1998). Joan Tronto (2002, 35) argues that when wealthy people hire domestic workers for childcare "the result is unjust for individuals and society as a whole" Individual women workers suffer low pay, lack dignity and autonomy, and time with own children and families (35). Like Tronto, Nancy Fraser contends that elite women are able to "lean in" to elite professions only by "leaning on" the labor of other women, usually women from backgrounds disadvantaged by class, race, and immigration status (Gutting and Fraser 2015). Tronto (2002) further contends that the model supports "intensive and competitive mothering," which abuses workers and is bad for children.

Women with fewer resources have a much harder time obtaining high-quality care work and other forms of reproductive labor. Historically, the United States provided no entitlement to support for care work and little public recognition of its value (Gornick and Meyers 2003; O'Connor, Shola Orloff, and Shaver 1999). The major exception to this pattern was a short period during World War II when the federal government spent more than a billion dollars (in today's dollars) for the construction and operation of childcare centers in 49 states.[7] Hundreds of thousands of children enrolled in federally subsidized child care while their mothers participated in the paid labor force. Though the government eliminated this benefit in 1946, the program helped improve the lives of mothers and their children over the longer term (Herbst 2017).

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

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

Women's access to paid parental leave varies dramatically. The Family and Medical Leave Act of 1993 mandates unpaid leave of up to 12 weeks but only for workers in companies employing more than 50 people. Surveys conducted in 2018 estimate that only around 56% of workers are eligible for this benefit (Brown et al. 2020). Several states and many large companies, public sector workplaces, and institutions of higher education do offer paid family leave but primarily to well-off workers. Almost 80% of private sector workers overall and 95% of the lowest wage workers lack paid family leave (White House 2021).

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

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

At different points in US history, movements of reproductive laborers have mobilized, demanding recognition of their rights and economic roles. In the middle of the twentieth century, movements led by African American women challenged their marginalization by feminist

groups, racial justice movements, and labor unions (Nadasen 2015). In the twenty-first century, the National Domestic Workers Alliance created a support infrastructure across states and municipalities, raised awareness of working conditions, and collaborated with members of Congress to develop a federal bill on domestic workers' labor rights (Nelson 2020). As I argue later in this article, domestic workers' movements have the potential to promote the greater valuation of care work.

Effects of the COVID-19 Pandemic

The COVID-19 pandemic produced shocks to family, market, and state provision of reproductive labor and seems to have triggered a greater convergence of experiences among diverse women at all wealth levels. To be sure, worst off were single mothers facing rising unemployment, women whose family members lost jobs, and those suffering disease themselves or the death and disease of their loved ones. A great deal of data show that the effects of the pandemic were suffered disproportionately by Black, Hispanic-Latina, Native American, and Native Hawaiian-Pacific Islander women. These minority groups were more likely to get infected with COVID-19 (Van Dyke et al. 2021). Black and Latina mothers were more likely than white mothers to be primary breadwinners and simultaneously responsible for all housework (Huang et al. 2021). Latina women were more likely than Latino men to suffer mental health problems (Gomez-Aguinaga, Dominguez, and Manzano 2021). However, even many privileged women with plenty of money faced profound challenges with few care options.

The pandemic reduced infant care, childcare, and elder care supports for women of all socioeconomic groups (Irani, Niyomyart, and Hickman 2021; Malik et al. 2020; Patrick et al. 2020; Russell and Sun 2020). There was no K–12 in-person school for many months throughout the country and in some areas for more than a year. Childcare centers across the country closed temporarily or shuttered permanently, leaving fewer slots for working parents. Nannies were unable or unwilling to work, and travel restrictions reduced the supply of au pairs. Family members, a major source of support especially for women with fewer resources, were less willing to help with caregiving (Beach et al. 2021).

Pandemic-related economic shocks increased women's unemployment overall, and women made up the majority of some of the economic sectors experiencing the greatest job losses, such as personal care services, food services, and sales (Alon et al. 2020; Dua et al. 2021; Petts, Carlson, and Pepin 2021). Closures of childcare centers—due to state orders as well as spiking operating costs—threw care workers out of jobs and led to significant increases in women's unemployment (Ali, Herbst, and Makridis 2021; Russell and Sun 2020). In addition, the pandemic reduced many women's ability to commit to paid work. One in four women considered leaving their professions or downsizing their careers (Coury et al. 2020).

The pandemic also turned many women's jobs into dangerous endeavors that put them at risk of death and disease. Although women make up around half of the labor force, they constitute almost two-thirds of workers deemed essential. And women make up an even larger share of some essential worker groups who kept society functioning during the pandemic, including frontline health care workers, childcare and social service workers, and grocery, convenience, and drug store workers (Rho, Brown, and Fremstad 2020).

Meanwhile, women professionals who kept their jobs and were fortunate enough to work from home—in contrast to most of the essential workers—had a hard time juggling work responsibilities with the needs of children and other dependents. Women academics, for example, faced extra demands from all sides. More work was required to transition to online teaching and tailor instruction to students with varying levels of internet access. At the same time, women academics with dependents had to home school their school-age children, care for younger children, and often take care of elder family members. Climate surveys and interviews conducted at universities revealed that faculty were less productive, confronted heavier workloads, and experienced greater challenges at home (ADVANCE at UNM 2020; ADVANCE Program 2020).

As a result, research productivity declined, especially for women. Multiple surveys and studies showed that women —and all parents with small children—across multiple disciplines submitted fewer papers for publication, conducted fewer peer reviews, and attended fewer funding panel meetings (Bell and Fong 2021; Gabster et al. 2020; Kibbe 2020; Krukowski, Jagsi, and Cardel 2021; Myers et al. 2020). As one faculty member put it,

> Since the schools closed, I immediately purged my research agenda of everything not immediate and crucial. I have said "no" to every review request received since March [2020]. I have declined every service request made of me as well. I pivoted my extremely limited time to only the things that are a) on fire, or b) for my students. I basically get to work for 3 hours a day now *if* my 3-year-old naps. If not, it all goes to pot. (quoted in ADVANCE at UNM 2020)

Women's expressions of outrage and desperation echoed throughout national television, newspapers, and social media (see, e.g. "The Primal Scream," a *New York Times* series on working mothers and the pandemic). For women with few resources, as well as for single parents, the pandemic's toll was particularly excruciating. As Liz, who works as a paralegal in Spokane and is a single mother of an 11-year-old boy, told the *New York Times*, "It's kind of impossible for me to make this work because I'm not like your classic design of a family.… I depend heavily on social

things like school to get me by and without it, I don't know what I'm supposed to do." Another mother featured in the same "Agony of Pandemic Parenting" podcast said, "I'm so angry at our entire government and societal system. There's just no backup or no help or nothing." Yet another confessed, "This pandemic has made me realize that maybe I'm not cut out to be a mother. I love my kids but I don't like being a mom and I don't like being a mom in America because it's just so much more clear that America hates women and hates families."[10]

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

Will Policy Change Solve the Caregiving Crisis?

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

Entrenched stereotypes can produce bias and discrimination even in the context of generous policies, however. Without explicit attention to the cultural associations surrounding reproductive labor, there is a risk that progressive policy changes will produce only a limited effect on structures of inequality. As I discussed in the article's first section, stereotypical gender beliefs assign reproductive labor to women. Because reproductive labor tends to be undervalued, norms associating women with care work produce negative effects on their status and opportunities (Hirschmann 2008; Okin 1989). For example, regardless of their experiences and qualifications, most women tend to suffer a wage penalty for being mothers (Budig and England 2001). Hiring managers are less likely to call mothers for job interviews and more likely to rate them as less competent and committed, and to give them lower salaries than women who are not mothers and than men (Correll, Benard, and Paik 2007). Even when women and men similarly suffer from the "crushing culture of overwork" characterizing many elite occupations, assumptions that women—but not men —face challenges balancing work and family lead to biased treatment (Ely and Padavic 2020; Padavic, Ely, and Reid 2020).

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

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

Yet in most economies, the stereotypes that need to be changed affect the entire economy and not just individual households. As I emphasized earlier, care work jobs lack status and prestige. People who perform reproductive labor in homes and institutions—such as domestic workers, childcare workers, and food service workers—tend to have some of the lowest wages in the economy and to lack

many of the benefits others have. These jobs are often a last resort for workers shut out of higher-paying occupations (Duffy 2005; England 2010; Morgan 2005).

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

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

Thus, even in the context of full legal equality and generous government policy, social norms are stubborn. But without legal equality and major policy reforms, it may be impossible to change norms. In Japan, for example, the government has worked to change attitudes and practices surrounding care work and men's roles for many years. The state has tried to convince more male workers to take paternity leave, to reduce their working hours, and to find fathering more attractive. These efforts have yielded little success, as only some 6% of eligible fathers took paternity leave in 2018. Long working hours, lengthy commutes, and the codification of gender inequality in the household registration system, tax code, and civil code pose obstacles to change (Dominguez, Htun, and Jensenius 2018).[14]

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

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

Conclusion

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

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

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

Organizations of domestic workers, such as the National Domestic Workers Alliance, have increased the visibility of reproductive laborers and recognition of their important contributions to the economy. Men's greater participation in caregiving during the pandemic has also

nudged norms. In the framework of greater policy support, the combination of civic mobilization efforts and behavioral changes among people with race and gender privileges—such as men's greater employment in the care sector—may help raise the prestige of reproductive labor and alter centuries-old norms and practices that contributed to the pandemic's caregiving crisis.

Notes

1 This article is concerned primarily with equality for women. Many other dimensions of inequality in the United States, including inequalities surrounding reproductive labor and caregiving, merit greater attention than they receive here. My analysis focuses on caregiving for children more than for elders, even though elder care may constitute a bigger burden for women than childcare in the United States today (Glenn 2010).

2 I use the terms "reproductive labor" and "care work" interchangeably, though care work is frequently defined more broadly. For example, England and Folbre (1999, 40) define care work as "any occupation in which the worker provides a service to someone with whom he or she is in personal (usually face to face) contact." Duffy (2005) introduces a distinction between reproductive labor broadly—maintaining humans on a daily basis—and a subset of such labor, which she calls "nurturance." Whereas nurturance involves face-to-face care and aims to improve health and skills, reproductive labor may also include cooking, cleaning, and laundry work that involves little face-to-face interaction.

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

4 Other societies also frame the division of reproductive labor in racial and ethnic terms. In Brazil, for example, Black women make up the majority of domestic workers (Pinheiro, Fontoura, and Pedrosa 2011). In much of Asia and the Middle East, many domestic workers are immigrants who participate in the "global care chain" to support their families at home (see, e.g., Ehrenreich and Hochschild 2003).

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

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

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

8 Net childcare costs in the United States (23% of average wages) are significantly higher than the OECD (2021) average (14% of average wages). Yet as mentioned earlier, home-based and center-based childcare pay low wages, operate on slim margins, and quality is variable (Michel 1999).

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

10 These quotes were transcribed by the author from the *New York Times* (2021).

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

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

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

14 In the United States as well, a major obstacle to gender equality, norm change, and the greater valuation of care is the culture of overwork characterizing the most lucrative occupations (Ely and Padavic 2020). Wages per hour in many of these jobs increase at a nonlinear rate (Goldin 2015). Part of the care agenda involves challenging the 24–7 availability expectations and rewards of top jobs in both public and private sector management, policy making, elected office, science, medicine, law firms, and so forth (cf. Slaughter 2015). Data show that professions that have made it easier for

one professional to substitute for the other, such as pharmacy, are more egalitarian and family friendly (Goldin and Katz 2016). This is a crucial topic, but space precludes full engagement with it here.

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

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