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**Another Turn of the Screw**

The COVID-19 Crisis and the  
Reinforced Separation of Capital and Care

Raquel Rojas Scheffer



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# Another Turn of the Screw: The COVID-19 Crisis and the Reinforced Separation of Capital and Care

Raquel Rojas Scheffer

## Abstract

In most Latin American countries, the upper and middle classes tend to meet their care needs through the market, resorting to options such as private schools and care centres, as well as the labour of domestic workers. However, these practices were affected by the COVID-19 pandemic and its containment measures. Drawing on a series of interviews with employers of domestic workers in Paraguay, this paper analyses the changes in convivial relations and arrangements regarding the distribution of care within households that outsource domestic chores and had to adapt to lockdown measures. By doing so, I seek to highlight not only changes in the routine of family members but also the exacerbation of inequalities regarding the social organisation of care, and the discourses provided for justifying and naturalising these inequalities. I argue that while at first glance, lockdown measures seemed to have contested the separation of the world of work and family, they produced a rebound effect that translated into a reinforced separation of capital and care, expressed through a deepening of the privatisation, feminisation and commodification of care.

**Keywords:** care | paid domestic work | inequalities | conviviality | COVID-19

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## 1. Introduction

Long before the COVID-19 pandemic, on a cold autumn morning in 2016, I met with three researchers of the Universidad de la República, the main Uruguayan public university, at the Social Sciences Faculty in Montevideo. They had actively supported the domestic workers' trade union and were sharing their experiences in this regard. This was an issue of great interest for me as a PhD student writing my dissertation on the organisation of domestic workers in Uruguay and Paraguay. At some point in our discussion, my interlocutors mentioned the ideas they had developed to help domestic workers stage a strike. In part because of the reduced membership of the trade union, in part because of the characteristics of this labour relation, this was a difficult – if not altogether impossible – task. One of the options they had considered was to team up with the public transport trade union to plan a joint strike. It never materialised. Nevertheless, it had us imagining the enormous impact that such an action could have: If domestic workers do not go to their workplaces, if they are not there to clean, cook and tend to children and the elderly, their employers and the whole society would see how relevant they are, how essential their work is. For sure, we were not the first ones discussing how powerful a domestic workers' strike would be; this idea has indeed been often present in feminists' imagination (Gutiérrez Rodríguez 2010: 95).

Fast-forward to March 2019. The World Health Organization declared the outbreak of COVID-19 a pandemic, and soon after, many countries worldwide underwent lockdowns or established restrictions to mobility and social contact, urging people to stay home. Just like that, the long-imagined domestic workers strike scenario seemed to have materialised, and at a moment when their work was needed the most since the closure of schools and the switch to home office translated into a heavier load of care work within households.

But has this situation led to valorising care and the people who perform care activities? In this text, I argue that despite early-pandemic hopes that the COVID-19 crisis could lead to a revalorisation or better distribution of care (Alon et al. 2020; Hupkau and Petrongolo 2020; Sevilla and Smith 2020), this is far from being the case. On the contrary, the evidence points to an exacerbation of inequalities within and between households, as well as a reinforced separation of production and reproduction, of the public and the private sphere.

Certainly, discussions about contradictions of capital and care (Fraser 2016) or the life-capital conflict (Pérez Orozco 2014) predate the emergence of the COVID-19 pandemic. That said, these debates have gained prominence under the current circumstances. For instance, Tithi Bhattacharya and Gareth Dale highlight how the COVID-19 crisis “has starkly revealed not only the brutal systemic priorities of capitalism – profit-making over

life-making – but also the relationship between capital and the capitalist state form” (Bhattacharya and Dale 2022). On a similar note, Ania Plomien, Alexandra Scheele and Martina Sproll contend that state responses to the pandemic have aimed to “keep capitalism on the move”, without addressing the causes of the social reproduction crisis (Plomien et al. 2022); and Karina Batthyány asserts that states’ incapacity to see the structural dimension of care given the current circumstances is – to say the very least – worrisome (Batthyány 2020a). While this text enters into conversation with this body of literature, its focus lies at a different level, namely, the one of the households. In this respect, I aim to focus closely on convivial relations to analyse how the logic that conceals the nexus between capital and care is reproduced through daily interactions within and between households and how, by neglecting this nexus, the value of care is transferred to capital (Federici 2012), reproducing the undervaluation of care activities and those that perform them. In this sense, instead of discussing what “capital” or “the state” have done during the crisis, I will focus on families’ responses to it. As Luci Cavallero and Verónica Gago contend, the battlefield of capital against life is not abstract (Cavallero and Gago 2020). In this context, households are a main space of struggle.

To illustrate this discussion, I draw on a series of interviews with employers of domestic workers in Asunción, Paraguay’s capital city, which had to adapt to lockdown measures. This meant, in most cases, the absence of domestic workers for months at a time. With this analysis, I seek to highlight not only changes in the routine and time use of family members but also the exacerbation of inequalities regarding the social organisation of care, and the discourses provided for justifying and naturalising these inequalities. By doing so, I aim to address shifts in the nexus between inequality and conviviality within and between households in the context of the pandemic, focusing on the social organisation of care as a vector for reproducing inequalities (Rodríguez Enríquez 2015, 2020).

It is noteworthy that the voices that appear in this text are relevant not for their representativeness but as individual experiences of people who try to adapt and give meaning to radical changes in their everyday life. Each account, as personal as it might be, is nevertheless marked by social, historical and political processes, and each family arrangement is interrelated with broader dynamics of inequalities based on gender, ethnicity and class regimes. Yet the opposite is also true: care produces and reproduces convivial practices that, although experienced through interpersonal relationships, have an impact beyond the immediate level of daily life, shaping the way systems of production and reproduction are organised.

This paper presents five sections. Following this introduction, I start by discussing the concept of care and its links to other related formulations, as well as current

approaches and political debates that it has sparked in Latin America over the last decade. Subsequently, I explain why I decided to focus my analysis on households, highlighting the importance of these as convivial and political spaces, as well as their emergence as central *loci* amidst the pandemic. Section 4 focuses on the situation in Paraguay and the responses of middle- and upper-class families to this scenario of confinement, the greater load of care work, and changing labour relations with domestic workers. Even if the spotlight is on the relations within households, the arguments provided by the interviewees allow nevertheless for an analysis of relations between households since, by outsourcing domestic work, they are involved in care chains that link them to other households. This section also offers a synthesis of the implications of the COVID-19 pandemic and its containment measures on the nexus of conviviality-inequality at the level of households and beyond. Finally, in the last section, I contend that while at first glance, lockdown measures seemed to have contested the separation of the world of work and family, they produced a rebound effect that translated into a reinforced separation of capital and care, based on further feminisation, privatisation and commodification of care. In this regard, the pandemic has shown that disruptive events might not disrupt existing dynamics and arrangements but rather exacerbate them.

## **2. From Wages for Housework to the Politics of Care: Emergence and Development of Care as an Analytical Category**

At least since the first decade of the 2000s, discussions around care have been gaining prominence in Latin America, both in academic and political debates. However, as a quick revision of the literature shows, care is a polysemic term (Batthyány 2020b: 40; Carrasco et al. 2011: 9–10; Hirata 2020: 108; Martín Palomo 2020: 243; Vega and Gutiérrez Rodríguez 2014: 9). Yet, despite the lack of a unified definition, there is a common understanding of care as the type of labour that is fundamental for sustaining life and reproducing society. In the formulation of feminist economist Corina Rodríguez Enríquez, care comprises the various activities and practices that are indispensable for satisfying people's basic needs and providing the physical, emotional and symbolic elements necessary to live in society. It refers not only to taking direct care of other people (or oneself), but it also includes the management and organisation of care provision, as well as pre-conditions needed for providing care, i.e., domestic chores such as cleaning or cooking (Rodríguez Enríquez 2015: 36).

The concept of care is linked to those of house- and domestic work, as well as reproductive labour in a way that could be regarded as a “conceptual evolution” (Esquivel 2011: 16). While the debates around housework focused on the sexual division of labour and the inextricable relation between the work performed for a wage

and the unpaid activities carried out within the household (Dalla Costa and James 1975; Federici 1975); discussions on reproductive labour expanded the domain of life-sustaining activities beyond the household, including the work of nurses, teachers, as well as other – highly feminised and starkly underpaid – care-related occupations (Benería 1981; Molyneux 1979; Picchio 1981). In fact, regardless of the focus being on paid or unpaid care work, both are, up until today, provided overwhelmingly by women, and even when perceiving a remuneration, this work tends to be undervalued and poorly paid (ILO 2018).

In their review of the emergence of the concept of care in Latin America and its establishment as a new field of study, Cristina Vega and Encarnación Gutiérrez-Rodríguez state that while reproduction focused primarily on the incorporation of domestic work in the capitalist dynamic, care highlights the intersubjective dimension and ambiguities of this type of work (Vega and Gutiérrez Rodríguez 2014: 13). On a similar note, Batthyány – drawing on Cristina Carrasco, Cristina Borderías and Teresa Torns – points out that care shares with domestic work its invisibility and its feminine association but differs on its relational component (Batthyány 2020b: 14; Carrasco et al. 2011). There is also a change regarding the focus, shifting from the *locus* of its intervention (the *domus*, the home), to the work process, as Nancy Folbre asserts (Folbre 2006: 186). Care, thus, regardless of being provided free of charge or in exchange for a remuneration, within households or beyond them, highlights the relational and interpersonal component of the activity: it is provided by someone and received by another person. While there are circumstances or moments in the life cycle when the need for care is greater – infancy, aging, disability, mental or chronic illness, as well periods of acute sickness – all members of society require care even when at their peak of their productive lives. That is, nobody is completely outside of care relations. In this vein, according to Esquivel, care also broadens the analysis by focusing not only on the costs of these activities to those providing it – most of the time, women – but also highlighting the contributions to the wellbeing of those receiving care (Esquivel 2011: 10).<sup>1</sup>

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1 There are different ways to address care, and Batthyány identifies at least four analytical approaches in Latin America (Batthyány 2020b): 1) the care economy, developed by feminist economists, which highlights the important contributions of care to the production of goods and the generation of wealth and focuses its analysis on “the sustainability of life” to counterbalance the centrality of the market (Rodríguez Enríquez 2015: 32); 2) care as a component of wellbeing, which discusses the ways in which societies organize, distribute and offer care and the different systems that emerge thereupon; 3) care as a right, considering both the right to receive and to provide care, as well as the right to choose not to provide care in family settings, questioning the assumptions of care as a feminine obligation; and 4) the ethic of care, a perspective which highlights the ambivalences of care relations and the centrality of affective and emotional components that make care work different from other occupations (Tronto 1993, 2006). Research on care, particularly drawing on the second and third approaches, has shown a close link to discussions on public policies, leading to the introduction of care issues in political agendas (Torres Santana 2021).



While there are different actors that provide and distribute care in society, such as the state, the market, families and communitarian organisations, most care worldwide is provided by unpaid caregivers in the domestic sphere (ILO 2018). Drawing on Esping-Andersen's analysis of welfare regimes, Shahra Razavi's introduces the concept of "care regime" or "care diamond" to address the interactions of these different actors and the configurations that their participation in the provision of care produces (Razavi 2007). Along a similar line, Latin American discussions have engaged with the term "social organisation of care", calling attention to the region's lack of consolidated care policies and the prevalence of rather fragmented state interventions. In this regard, Valeria Esquivel, Eleonor Faur and Elizabeth Jelin assert that in highly unequal societies as the Latin American, far from considering care regimes as a monolith, analysis in this respect should identify the various "diamonds" that emerge through a differentiated access to care services depending on the position actors occupy in the social structure, something that I will address in more detail in the fourth section of this paper (Esquivel et al. 2012: 33).

Now, despite local particularities, authors such as Esquivel, Rodríguez Enríquez and Lilian Soto et al. point out that the social organisation of care is, throughout Latin America, intrinsically unfair, and this can be observed at two levels: on the one hand, at the level of the distribution of responsibilities between actors, since care is provided overwhelmingly by families; and on the other, at the level of families or households, since it is mostly women who assume care responsibilities (Esquivel 2011; Rodríguez Enríquez 2015, 2020; Soto et al. 2016).<sup>2</sup>

How care is socially organised has direct consequences on people's everyday life and on shaping social structure. As Rodríguez Enríquez contends, the social organisation of care can be viewed as a vector for reproducing inequalities (Rodríguez Enríquez 2015, 2020). In this regard, the privatisation and feminisation of care reproduce inequalities within households in the sense that, facing an inadequate public provision of these services, families meet their demands for care resorting to the labour of their own members, primarily women. However, depending on their position on the social structure, some households have enough resources to pay for care services, commodifying care and transferring at least part of the burden to others and freeing time for (female) family members to participate in the labour market. This process exacerbates inequalities between households not only because some can outsource care responsibilities and free time for their members to generate income while others cannot, but also because those providing care to their first group tend to belong to the

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<sup>2</sup> Time use surveys have shown that – irrespective of the global growth of female participation in employment – women in "developing" countries perform four times more unpaid care work than men (ILO 2016: 20).

second, receiving markedly lower wages for their work, as in the case of paid domestic workers.

In fact, paid domestic work and social inequalities are deeply intertwined. As Merike Blofield points out, inequalities produce the demand for outsourcing domestic activities – since care responsibilities are not distributed in an egalitarian way within the household – while at the same time create a ready supply of inexpensive labour to meet such demand (Blofield 2012). Furthermore, inequalities appear as both cause and effect of paid domestic work: they do not only create the conditions – the demand and the supply, in Blofield’s terms – for its realisation, but it is also through domestic work that inequalities are (re)produced. The concept of care chains – which can also acquire a transnational or global dimension (Hochschild 2000; Pérez Orozco 2007; Skornia 2014) – illustrates the process by which women from more affluent households outsource their domestic responsibilities by hiring women from a poorer background that, in turn, generally rely on a woman from an even poorer background – or an unpaid family member – that assumes their care responsibilities at home. The transfer of care from one household to another, based on power inequalities, is key to this concept. So is the idea of the devaluation of care work when going back further in the chain, so much so that it generally remains unpaid in the end.

It is important to note that states play an important role in this dynamic. As Anna Katharina Skornia shows in her study of Peruvian caregivers in Italy, sending countries tend to have a discourse that favours migration and programs in the fields of remittances and co-development, while receiving countries implement migration policies that institutionalise the employment of migrant domestic workers, supporting the continued privatisation and feminisation of care (Skornia 2014). Legislation on domestic work within countries, which historically have granted fewer rights to domestic workers than to other workers, demonstrates a similar situation. Thus, even if arrangements between families and workers could be regarded, at first sight, as a private matter, the truth is that by passing laws that mandate longer working hours and fewer benefits for this sector, the state has historically subsidised this labour force for privileged social classes (Blofield 2012).

This dynamic also highlights the broad analytical spectrum of the concept of care: it comprises not only arrangements and negotiations that take place within households and between family members, but also allows for a reading of how private decisions are intertwined with the macro social structure. In fact, as Batthyány contends, the concept of care interrelates the micro (everyday relationships) and macro (level of provider agents) in such a way that gender norms that associate women with care are

articulated according to the way in which the state assigns responsibilities to different actors (Batthyány 2020b).<sup>3</sup>

In fact, given the relevance of states not only in the provision of care, but also in the distribution of responsibilities between other actors (i.e., families, markets, the community), research on care has been closely linked to discussions on public policies. Throughout Latin America, feminist academics and members of women's organisations, many times with support of international cooperation organisations, have been leading these debates. In this respect, in a recently published compilation on the politicisation of care, Ailynn Torres Santana argues that the distribution of care has been progressively permeating social and political agendas in Latin America, although at a different pace in each country: while in Mexico, Colombia, Chile, and Uruguay there have been more solid debates and interventions, in other countries the discussion is more incipient (Torres Santana 2021).

As I have pointed out in this section, academic analyses on care and its unjust social organisation, as well as the politicisation of these debates in Latin America, predate the COVID-19 pandemic. However, the rapid global spread of the SARS-CoV-2 virus and the implementation of containment measures worldwide have put more pressure on households and their female members, bringing their role in the provision of care to the forefront.

### **3. The Centrality of Households during the Pandemic**

Even if households have always been spaces where various types of necessities – biological, affective, social, material – are addressed, the context of global lockdowns has turned them into the *locus* of social life (Pérez Sáinz 2021), putting the tensions around the so-called work-family reconciliation under the spotlight. As Batthyány contends, this situation revealed with remarkable clarity the complexities that most women deal with: if before, they were delivering both paid and unpaid work throughout the day, now they had to do it at the same time, combining paid work with home-schooling and household chores, resulting in a situation that was experienced as a collapse of the private and public spheres (Batthyány 2021).

But it was not only with the emergence of the pandemic that households were transformed into workplaces: domestic workers have been delivering their work in private homes for decades, challenging the assumption of households as exclusively private sites.

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<sup>3</sup> Even if the association between women and care is a global phenomenon, it does not mean that they can be regarded as a homogenous group, as some women tend to be considered “naturally” gifted to do care work, in opposition to others that would not have such an “innate” ability. This differentiation is primarily based on ethnicity or citizenship classifications (Lan 2006; Peñaranda et al. 2006; Skornia 2014).

Following Gutiérrez-Rodríguez, households that hire domestic workers can be regarded as a space of compulsive encounters where people of different origins and social class meet, experiencing physical proximity that makes the social distance that prevails between them even more noticeable (Gutiérrez Rodríguez 2010). As I have discussed elsewhere (Rojas Scheffer 2020), this makes these households a paradigmatic site for observing negotiations and disputes concerning social inequalities, and a critical context to study the reciprocal constitution of conviviality and inequality, in the terms developed by Sérgio Costa (Costa 2019).<sup>4</sup> Conviviality refers to the ways of living together in contexts characterised by social inequality and diversity, where everyday interactions can be analysed as processes of negotiation of differences and disputes (Mecila 2017). In this regard, when focusing on negotiations or practices of resistance – for instance, when domestic workers show defiance, demand rights and destabilise power relations – the analysis can go beyond the understanding of household as a site of reproduction or work, and it emerges also as a political space.

However, this political aspect can also be observed even without the presence of a domestic worker. As Jelin points out, households are social organisations that not only share an interest in their maintenance, but that also rely on a structural base for conflict and struggle, since “each [member] has his or her own distinct and at times incompatible interests, based on individual positions within intra- and extra- domestic production and reproduction processes” (Jelin 1991: 33–34). The distribution of housework and care responsibilities is one possible element of conflict, and one that middle- and upper-class families tend to avoid by outsourcing at least part of these tasks to domestic workers (Anderson 2000). This also highlights the fact that even when care is provided within households, it is not always delivered by one of its members, establishing relationships with external actors: the domestic worker, for sure, but also the state and the laws that regulate this type of interactions. In this sense, the domestic sphere is inherently tied and interrelated to broader political and social dynamics. It is not only “shaped and changed in relation to other institutions and spheres of society”, but it also shapes them, in a back-and-forth process that shows the households’ “innovative politicised potential” (Jelin 1991: 19).

The possibility to reduce or eliminate conflicts around the distribution of domestic chores between family members by hiring a domestic worker has also been affected by the COVID-19 pandemic. In countries that have imposed strict contact and mobility restrictions this has meant that live-out domestic workers had to stop working because

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4 According to Costa, conviviality and inequality are not only interrelated but reciprocally constituted, insofar as inequality is a relationship that “assumes meaning and consequences in the realm of conviviality, that is, in the context of social interactions which, in turn, reflect existing inequalities” (Costa 2019: 28).

of the risk that commuting entailed.<sup>5</sup> For live-in domestic workers, on the other hand, this translated into spending the lockdown period in their workplace, the employers' household, not being able to leave or visit their families for months at a time. The old fear of domestic workers as vectors of diseases (Brites 2014; Peñaranda et al. 2006) was magnified in the context of an epidemiological crisis, affecting in turn traditional care arrangements.

In fact, care provision experienced changes worldwide. Yet while early-pandemic analyses of the distribution of housework and childcare in European countries and the United States found an increase in male involvement in these activities (Mangiavacchi et al. 2020; Sevilla and Smith 2020), raising expectations that the COVID-19 crisis could help reduce some aspects of gender inequality and promote a shift in gender norms in the long run (Alon et al. 2020; Cos-Montiel 2021; Hupkau and Petrongolo 2020), the data collected in Latin America showed a different picture early on. Research on the impact of the pandemic in the region has revealed that women are disproportionately carrying the burden of housework (ONU Mujeres and NU. CEPAL 2020; UN 2020). Furthermore, in households that had relied on a domestic worker before the lockdown, the gender gap has grown even wider, implying that women absorb the chores that were previously outsourced, as Victoria Costoya and her colleagues found analysing data from Argentina (Costoya et al. 2020).

Now, has this led to a different way of approaching care, to a revalorisation of these activities or those that perform them, as many of us were hoping a domestic workers strike could? Or has this situation pushed women that now had to provide housework and care all day long to demand a better distribution of these responsibilities, more state involvement, or public policies in this regard? To address these questions, I draw on the experiences of middle- and upper-class women that had outsourced care work before the start of the pandemic, and that then had to adapt to new situations when lockdown measures were implemented.<sup>6</sup> Throughout Latin America, households from this stratum tend to rely heavily on private provision of care (e.g., private nurseries and schools, as well as paid domestic work), all services that were directly affected by the pandemic and its containment measures. In this regard, the focus on these households seeks to provide evidence from families that, from one day to the next,

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5 "Live-out" refers to the labour relationship in which domestic workers provide services to their employers during the day but leave after their workday is over, spending the night in their own dwellings. By contrast, "live-in" domestic workers are those that also dwell in the household where they provide care services.

6 Even if including men's accounts would undoubtedly provide a deeper insight into household arrangements, the focus lies on female employers since they are nearly always the ones in charge of organizing domestic chores and managing the relationship with the domestic worker (Hondagneu-Sotelo 2001; Lan 2006; Rollins 1985; Romero 2002), as well as the ones who absorbed most of the care responsibilities during lockdown periods. Moreover, obtaining male participation has proven extremely difficult in similar studies (Gorbán and Tizziani 2019: 29; Skornia 2014: 78).

found it impossible to continue with their traditional care arrangements. I am interested in how they dealt with the new load of care work, if the absence of domestic workers led to tensions and new dynamics regarding the distribution of care work between family members, if the lockdown period affected their conceptions about the nexus between capital and care, or about the role of the state in providing care. In what follows, I address these points by drawing on the case of Paraguay.

#### **4. Coping with the Pandemic: Experiences from Households that (previously) Outsourced Care**

In their study about the social organisation of care in Paraguay, Patricio Dobrée and his colleagues state that the Paraguayan society is characterised by a strong family bias which naturalises the idea that the domestic group is the main – if not the only – actor responsible for providing care (Dobrée et al. 2021: 571), while the public and private sector play a rather subsidiary role (Dobrée et al. 2021: 596). Drawing on data from the national time use survey (STP et al. 2017) the authors show not only that women devote twice as much time as men to care activities, but also that among them the load of care and housework varies significantly depending on their position in the social structure. In this regard, even if 100% of women declared performing domestic chores for their families (without receiving any remuneration for it), the amount of time devoted to “indirect care” – i.e., cleaning, cooking, doing laundry, etc. – varies greatly when comparing different groups: wealthier women and those with more years of study devote up to 35% less time to domestic chores than those from lower strata (Dobrée et al. 2021: 575). This would suggest, as Dobrée and colleagues contend, that better-off women are liberating time for other activities by outsourcing domestic chores. Paid domestic work, thus, appears as a widely used alternative for those that have the means to pay for it.

In fact, Paraguay is the country in Latin America with the highest proportion of women employed in domestic service (17.2%), surpassing the regions’ average of 14.3% (ILO 2019). According to national data, over 93% of domestic workers in the country are women (DGEEC 2019), a high proportion of which have migrated from rural to urban areas, are Guaraní speakers, are under the poverty line, had reduced access to formal education, and started to work at young ages (Soto 2014). This is also the occupation most affected by informality, since 94.1% of domestic workers do not have access to the retirement system (INE – Instituto Nacional de Estadística 2021b), even though there is a law that makes employers’ contribution payments to the workers’ social security and retirement compulsory.<sup>7</sup>

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<sup>7</sup> For further details on the Law on Paid Domestic Work in Paraguay and its current (lack of) enforcement, see Zub-Centeno 2020.

There is no official data on the proportion of households in Paraguay that hire domestic workers, but it is assumed that at least 13% of them do so, a percentage that is obtained by dividing the number of domestic workers by the number of households registered in the last published Households Survey (DGEEC 2019). In other words, if the total number of people performing domestic work were distributed by the total number of registered households in Paraguay, the result would be approximately one domestic worker for every nine households. That said, it is important to notice that this is a conservative estimation, which assumes that each worker provides services to only one household. While this is most probably the case for live-in domestic workers, there is no up-to-date information about those working under live-out arrangements. What is clear, is that the live-out model is getting more common in the country (Heikel 2014), in consonance with the regional trend (Blofield 2012: 27; Hobden 2013; Valenzuela 2012). At the same time, data from 2019 shows that from the 1,181 new contracts with domestic workers registered at the MTESS (Spanish acronym for Ministry of Labour, Employment and Social Security) throughout the year, 82.3% corresponds to the part-time modality (Zub-Centeno 2020). This means that it is highly probable that many domestic workers are employed by more than one household simultaneously. Nevertheless, even within the conservative estimate, if we were to consider domestic workers' own households, we could infer that over 20% of households in the country are involved in care chains that were affected by the COVID-19 pandemic and its containment measures.

Paraguay was one of the first countries in Latin America to undergo a complete lockdown in early 2020. The first containment measures were taken on 10 March, just three days after the first confirmed case of COVID-19 in the country. It included actions such as the closure of schools at all levels, cancellation of public events and gatherings, partial closure of borders and the imposition of a curfew. By 20 March, stricter measures joined the ones already in place, implementing total restriction of movement (MSPBS - Ministerio de la Salud Pública y Bienestar Social 2022a). School at all levels switched to virtual classes until the end of 2020, which meant that almost the whole school year took place under the on-line format, since classes had only started a few weeks before the lockdown. The Government Stringency Index – a composite measure based on nine response indicators such as school/workplace closures and travel bans, re-scaled to a value from 0 to 100 – stayed above 90 during the period comprised of 23 March through 24 May, over 80 up to 4 October, slowly decreasing afterwards and staying around 50 up until mid-2021, with eventual increases (Our World in Data 2022a). Since the beginning of 2021 some schools, predominantly private ones, have implemented “hybrid” systems, but with arrangements that varied greatly from case to case. That said, classes did not return to a 100% in-person format up until the last couple of months of the school year in 2021.

The impacts of the pandemic in this country have been analysed mostly from a labour market perspective so far, showing some clear gendered effects. For instance, women's labour force participation rate has decreased more than men's, and when this indicator started to get better, by the end of 2020, women experienced a harder time being reincorporated into the labour market, while men recuperated quickly to pre-pandemic levels.<sup>8</sup> As a result, not only the proportion of women outside the labour market grew larger, but also the gender gap in this respect, increasing from 24.7% in the first trimester of 2020 to 26.8% by the third. Regarding unemployment and underemployment, the gender gap has showed a clear upward trend, going from 6.1% in the first trimester of 2020 to 7.5% in the second and 11% in the third (Serafini 2020). In the case of domestic workers, taking as a baseline the number of those active in 2019, official data showed a decrease of 20% and 22% in the second and third trimesters of 2020. In 2021 the number of domestic workers started to increase again, getting back to pre-pandemic levels by the third trimester of 2021 (INE 2021a). Nevertheless, the months of unemployment during and after lockdown, combined with little or no social protection, has caused many domestic workers to be left with insufficient or no income to support themselves and their families, putting them in a highly vulnerable situation and making them dependent on governmental aid and the solidarity of their communities.<sup>9</sup>

Although to a different extent, the effects of the suspension of domestic workers were also felt in the households of their employers. To inquire about this, I conducted semi-structured online interviews with female employers of domestic workers living in Asunción and other cities that form part of its metropolitan area, between June and July 2021.<sup>10</sup> While lockdown measures were more relaxed at that time, Paraguay was going through its more virulent phase of the pandemic, recording the world's highest Covid

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8 The labour force participation rate is a measure of the proportion of a country's working-age population that engages actively in the labour market, either by working or looking for work (see ILOSTAT n. d.).

9 For instance, domestic workers' trade unions organized food kits deliveries to those that had lost their job and were not granted governmental help. See *Ultima Hora* 2021a) and Hoy (2022) as well as publications on the Facebook page of SINTRADESPY, one of the domestic worker's trade unions (SINTRADESPY 2022).

10 I conducted a total of nine interviews with women from Asunción, Mariano Roque Alonso, Luque and Lambaré. The interviewees, recruited through a snowball sampling method, were between 23 and 44 years old, all of them had university-level studies, and all but one were mothers of children under 18 years old attending private schools. Eight were living with their partners in heterosexual relationships and one was divorced. Seven households were comprised of nuclear families (the couple and their children) and two were extended families (parents, grandparents, siblings, or in-laws). While all of them had employed at least one domestic worker before the pandemic, their situation during and after lockdown varied: In five cases, the employers had to adapt to the absence of the domestic worker, and in four, the domestic worker(s) stayed in the household of the employers during the lockdown. Eight of the nine households had hired at least one domestic worker at the time of the interview.



death rate per capita in mid-June<sup>11</sup> and reporting record numbers of new infections almost every day.<sup>12</sup>

The interviews were guided by questions regarding household arrangements before, during and after lockdown measures, participation in the labour market and employment situation of the interviewees and their partners, changes in the relationship with the domestic worker(s), as well as care policies and the role of the state. Even if questions about income were not included, a series of elements allow inferring the privileged position of these households in the social structure, for instance, the fact that all interviewees had university level studies and that their children were attending private schools. That said, there are other elements that highlight differences among them, such as the number of domestic workers employed, the work modality of domestic workers (live-in, live-out or hourly), and where the interviewees and their families had been vaccinated or were planning to get vaccinated.<sup>13</sup>

In the next subsection I address the changes within households, this is, the care arrangements and impacts at the micro-level of everyday social relations. Afterwards, I inquire the effects of lockdown measures on the relations between households, focusing on the discourses of the interviewees regarding the social distribution of care and the role of the state, shifting thus the focus to a meso- and macro-social level.

#### **4.1 Further Feminisation of Care and Exacerbation of Inequalities within Households**

Chaos, crisis, a nightmare or a horrific experience. Those are some descriptors used by interviewees to refer to the pandemic and the changes it caused in their households and personal lives. Considering that almost all of them are mothers, it is hardly surprising that one of the most disruptive changes was having to home-school their children. But their accounts go beyond just listing this as a new role; they also highlight

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11 On 13 June 2021, Paraguay registered 19 COVID-19 deaths per million, compared with 1.82 in India, 1.05 in the United States, 9.32 in Brazil, 11.28 in Peru, and 12.93 in Argentina. See Our World in Data (2022b) and Costa et al. (2021).

12 According to the Paraguayan Health Ministry (Ministerio de Salud Pública y Bienestar Social), 4 June 2021 was, with 3,484 reported cases, the day with the highest number of confirmed COVID-19 cases until that point in time. See MSPBS (2022b) and La Nación (2021).

13 Turismo de vacunas (vaccine tourism) to the USA was at its highest when the interviews were conducted. According to the director of the Paraguayan Department of Migration, around 20 thousand people had travelled from Paraguay to the United States between April and the first week of July 2021 (see Última Hora 2021b), paying a minimum of around 1400 USD per person for each trip. From the employers I interviewed, one had already gone to New York to get vaccinated, while three others were planning trips for them and/or family members at the time of the interview. The rest declared to be waiting for vaccines to be available locally.

the heavy burden that it meant and how this affected their own mental stability and their relationships with other family members.

Something that really wore me out was adapting my children to virtual classes. I am ashamed to admit it, but it really drove me out of my mind (Rocío, four children aged 21, 13, 9 and 8).<sup>14</sup>

The hardest thing for me was having enough patience to teach my youngest. Because there was already a lot of pressure, not knowing what was going to happen, having more things to do at home, and this part of doing homework with her [her daughter] was just too much. It made me lose my patience very quickly and one day I realised that I made her cry. That made me think about all moms, about women who are at home working, providing care, and who now have one more thing to do, to teach their children. What a crazy situation. Because in my case, even having privileges in that regard – because we had all we needed during the lockdown – my patience was exhausted and I ended up treating my daughter badly (Lorena, two children aged 14 and 8).

Home-schooling the children seems to have been one of the most difficult tasks for families during lockdown. This is hardly surprising considering the novelty of the situation and the lack of experience of parents dealing with it. But this was not the only chore that was added to their responsibilities. Having the family spend the whole day at home also meant the house getting dirtier, having to cook (almost) all meals, and taking care of children non-stop. On top of that, the fear of contagion created new cleaning routines: clothes were washed more often, surfaces had to be disinfected many times a day and getting the groceries turned into a longer process now that each product needed to be cleaned before being put away. Unsurprisingly, the overload of activities was felt with more weight in households that could not resort to outsourcing some chores, as they had done before the pandemic. The over-exhaustion referred to by the women also relates to the fact that most of them were not accustomed to taking care of household chores, had to learn to do them and to organise their time in an already tense situation. As Thays Monticelli states when analysing narratives of employers of domestic workers during lockdown in Brazil, this situation led to many of them “discovering their own homes” (Monticelli 2021: 90).

The hardest thing for me was cleaning the house. Because my house is very big, and it tired me out physically. And that despite the fact that I am an active person, sporty and active, but it was exhausting to keep this house [clean] when I did not have the *empleada* [domestic worker] (Rocío, four children aged 21, 13, 9 and 8).

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<sup>14</sup> All interviews were conducted in Spanish and translated by the author. All names have been changed.

The first month of lockdown I lost two kilos from the physical work around the house. Then I told myself: “Well, Melisa, Claudia [domestic worker] doesn’t take 40 minutes to clean each bathroom. So, you have 15 minutes.” I started giving myself timeframes and a schedule. And then I said: “I don’t need to scrub the toilet every day. No, I clean the toilets three times a week. I don’t have to do laundry or wax the living room floor every day, I will do it once a week and that’s it”. (Melisa, two children aged 4 and 1, two domestic workers before the pandemic. The nanny stayed in the household during lockdown, the cleaner did not).

This also led, as the last quotation highlights, to relaxing some cleaning routines. The expectations of having “a perfect home”, in the words of one of the interviewees, disappeared once the domestic worker was not there to attend to every minimum detail. Adaptations such as wearing the same clothes two days in a row, along with realisations such as the grass did not need to be mowed every week, or that the design of the garden made keeping it groomed too difficult, as mentioned by the employers, would probably not have crossed their minds if not because of the lockdown. As Anderson points out, domestic workers are many times expected to perform tasks that are pointless or that nobody “with a choice” would undertake (Anderson 2000: 16–17). It seems that only having to deliver the work themselves did employers realise how unrealistic their expectations were.

Yet despite these adaptations, the load of care work remained unusually high for these women, accustomed to outsourcing these activities. Moreover, most of them have had a rather difficult time sharing the burden with other household members. From the women I talked to, only two mentioned redistribution practices with their partners or, in the case of an extended household, with other family members. In all other cases, the women had assumed all care responsibilities themselves. Furthermore, this arrangement was not discussed; it was tacitly assumed that they were the ones that had to change their routine to adapt to the new situation, even in households where both the woman and her partner were working from home.

I ended up taking on that burden [work previously done by the domestic worker]. My husband locked himself on the balcony to work. Period. He locked himself on the balcony [sighs loudly]. And I delegated one hundred percent of the kids to the nanny. I would take my breaks to breastfeed the youngest, or to help the nanny at bath time, or to assist her with certain tasks, but I delegated the kids to her, and I took on the household chores. Cleaning, tidying, cooking, doing groceries, logistics, all that (Melisa, two children aged 4 and 1, she and her husband switched to home office during lockdown).

The sexual division of labour, in most cases well established before the pandemic, further reinforced the imbalanced allocation of care duties during lockdown. For instance, when asked if they tried to involve their husbands in doing some care work, Lorena and Dalila replied:

His work schedule does not allow him to get involved. He leaves at 7 a.m. and comes back after 6 p.m. In fact, this gave me some peace of mind during the lockdown, that he continued working normally (Lorena, two children aged 14 and 8, economically inactive since the beginning of the pandemic, was working part-time before).

He works long hours, and in fact, he was the one with the most stable income. In that regard, I think we went back to the 1950s, with the man bringing in the money [laughs]. I mean, he leaves at 6:30 in the morning, comes back at 7:30 at night, exhausted. He has a lot of responsibilities at work, so I wouldn't tell him at nine o'clock at night: "let's do the kid's homework". I have taken on all that. But not because he is an irresponsible father or anything like that, but the workload he has is quite a lot (Dalila, one 6-year-old child, switched to an independent job during the pandemic).

As stated, the division of labour is nothing new in these households. However, it is striking that even facing an unprecedented situation in which the care workload gets magnified, this does not lead to families revising the traditional allocation of care duties. Men's "privileged irresponsibility" (Tronto 1993, 2006) does not seem to be affected by this new scenario. Moreover, men are once again excused from basic caring responsibilities because they have "more important work to perform" (Tronto 2006: 12), i.e., earn money. The model under which a member of the couple can be devoted solely to making money, while the other assumes most of the care work (while, in many cases, also making money) continues thus to be reproduced and justified. Not only the very understanding of work is here at stake, but also the distinction between those who produce value and deserve a wage, and those that stay home and only provide care. This logic not only naturalises differentiated gender roles, but also perpetuates the separation between care and capital production, giving more importance to the second and disregarding the caregivers' situation: women are also exhausted and working long hours, without a clear schedule or guaranteed breaks.

This becomes particularly clear in the case of women that kept working for a wage during the lockdown period, having to juggle both types of work, paid and unpaid. This situation was described as extremely difficult because work and family "got intermixed", making it impossible for them to concentrate as they used to when going to their workplaces. If at home, their children demanded their attention, and the only

way to “reconcile” work and family life was working late, once the kids had gone to bed, extending their working hours, and giving them the impression of never catching a break. In a way, these women were pointing out the impossibility of separating care and paid work if both were to be delivered in the same place, as caring for kids cannot follow strict schedules.

Everything got mixed up and it was very difficult to separate. Even now, when I eventually work from home, it is hard for me to separate one thing from the other. For instance, my boss calls and tells me “Melisa, I need such and such a file”, and I am here, breastfeeding the baby, “yes, I’ll send it in 15 minutes” - “I need it now!”, she tells me. So, I do everything in a hurry. During office hours I am reachable, but I can’t really do much work, so I make up for it at night, when the kids are already asleep (Melisa, public servant, two children aged 4 and 1).

Yeah, it can be difficult [child cries in the background]. It’s complicated [the crying child interrupts, she tries to calm him down] these things happen. Now I am talking to you, but I could be working, and this would happen anyway. Then I would have to stop doing what I was doing to give him attention [child continues crying]. And obviously, yes, things get complicated working at home. In fact, my husband always said that, that he needed to go somewhere else to be able to concentrate (Ámbar, started a family business during the pandemic, three children aged 12, 8 and 2).

Both men and women realise that they “have to go somewhere else to be able to concentrate”. The difference is that men could leave the house or lock themselves in a separate and more secluded area because their partners ended up assuming most of the care responsibility, regardless of having to work for a wage too. Thus, while women had to adapt to the situation to the detriment of their resting time (working late into the night), in many cases men could continue with almost no interruptions or feeling barely any change.

He has his desk here, from where he was working during the lockdown, and with the kids we would leave and go – because we live in a gated community, and there is this small soccer field – so we would go there when my husband had his meetings. These meetings were very important, and he would say “I do not want to hear any crying”, so I would grab the kids and take them to the soccer field (Viviana, two children aged 4 and 3, economically inactive since the beginning of the pandemic).

It was really very stressful for me. We women have more responsibilities, not only [wage-paying] work, which any man has, but we also must add to that the family and the home, keeping everything on wheels. I also never really stopped

working [for a wage], but my husband's experience was completely different to mine. I mean, for him, the pandemic did not bring any change, this did not affect him psychologically, as in my case. I even went to the psychologist a couple of times, and she told me that I had a burnout and that I was, like, already on the verge. I did feel the emotional blow. My husband never felt it, I felt everything, for both of us (Dalila, one 6-year-old child, switched to an independent job during the pandemic).

It is well known that the closure of schools, nurseries and other providers of care transferred a heavy load of new responsibilities to families, further privatising care. The accounts of these women do nothing but confirm this. Yet, as previously discussed, care duties do not tend to be allocated in an egalitarian way among family members. In this regard, a greater involvement of families in the provision of care translates directly into its further feminisation.

To be sure, the imbalanced distribution of care responsibilities was already present in these households, but its effects were not felt with the same intensity since, on the one hand, at least part of the burden was transferred to domestic workers and, on the other, family members did not tend to be at home throughout the day, sharing the same space and experiencing such physical proximity all the time. In other words, a more intense conviviality, as the one experienced in the narrowness of the household during lockdown periods, has led in turn to a more intense way of experiencing inequalities between family members. Under these new circumstances the inequality in the allocation of care became clearer, and its effects, palpable. That said, and as I will argue in the next section, this did not necessarily lead to negotiations or a new approach regarding the distribution of care within the family or between other institutional actors.

#### **4.2 Further Commodification of Care and Exacerbation of Inequalities between Households**

While many domestic workers lost their job because of the pandemic, for others, this period became one of more intense work. Some of them, generally those working under live-in arrangements, spent the lockdown period at their workplace. When asked about how this decision was taken, or how negotiations in this regard went, the interviewees stated that the workers themselves opted for this solution "because of economic reasons" or "to avoid wage loss". This indicates that they were working informally. If they have had a work contract and access to social security, they could have applied for subsidies for temporary employment suspension. In this sense, staying at their workplace without being able to leave or see their families for months at a time, was more than a decision: it was probably the only option these workers had to secure

some income. The situation of live-out domestic workers does not seem to be much different.

She [domestic worker] wanted to come to work, but she couldn't leave her town. And she would call me because she needed [to work]. Well, suddenly she stopped earning money, right? (Rocío, four children aged 21, 13, 9 and 8).

She [domestic worker] kept coming to our house because, she said, it was her only source of income. My mother-in-law did not want her to come, but she insisted. She only stopped coming when everything had to close, between March and May [2020]. But after that, as soon as it was possible to access the city again, she wanted to come back (Gabriela, three elderly adults at home, one of whom is bedridden).

We didn't want her to come to our house. We didn't want to go anywhere; we didn't know what was going to happen. So, she [domestic worker] lost her job, and I felt really sorry for her (Carolina, two children aged 6 and 4, two domestic workers before lockdown, one after).

The suspension of activities, even if it was not a decision taken by the workers, is presented by employers as if it were, or at least, as not entailing any obligation on their part. However, after making this type of claims, most of them highlighted that "even if they did not have any obligation towards the workers" they still have tried to "help them" during these difficult times. This discourse moves the focus away from a labour relationship that entails rights for the worker and obligations for the employer, being portrayed rather as a solidarity action performed to assist the workers because they "feel sorry for them". This way of understanding the relationship between domestic workers and employers brings to light the continuity of the colonial logic that shapes social relations in Paraguay. Far from being recognised as workers entitled to rights, domestic workers continue to be considered subordinated subjects that depend on the generosity of those that are better-off. Along this line, their fast return to their workplaces is presented as something that occurred not so much because the employers needed them, but rather because the workers needed the job. By contrast, however, employers' narratives indicate that the presence of domestic workers was central to achieving some balance in their households during these unprecedented times.

My girlfriends who were left without help were exhausted; most of them have young children and some also had to work [for a wage]. I mean, I really don't know what my life would have been like if I hadn't had them [domestic workers]. I guess I would have been just as tired as the people who had to live through that. I was really blessed that I had help during this period (Ámbar, three children aged 12, 8 and 2).

In fact, confronted with the increase of care work and not having the option to transfer part of it to private institutions such as schools or childcare facilities, as they used to, the solution that many households found was to secure the presence of domestic workers, or even to introduce new figures such as the *profesora sombra* (shadow teacher), as in the case of an interviewee that needed someone to help her young child with online classes while she was at work.

Today he has a shadow teacher. She arrives at my place at 8 in the morning, in time for [her child's] class, and stays with him until noon. She turns on the microphone for him, helps him, passes him his pencils, his books, helps him do his homework. She then uploads the homework onto the platform, every day. But getting to this solution took me a while; at the beginning I didn't know what to do. I had to look for different options, because the [private] school is expensive and so is a shadow teacher (Jazmín, has a 5-year-old child, private employee, home office only during harder lockdown).

In the households of the women I interviewed, the exacerbation of the privatisation of care during the pandemic – due to the closure of schools and care facilities – also led to further commodification. While lower classes resorted to communal ways of organising care, as they traditionally do (Colmán Benítez and Yampey Díaz 2020; Dobrée et al. 2021: 596–597), in the middle- and upper-classes the adaptation strategies relied even more heavily on the market, either extending the presence of domestic workers or resorting to new figures such as the *profesora sombra*.

The contrast with the situation in domestic workers' households, as referred by the employers, could hardly be starker. Not only do the workers not have access to the options offered in the market – such as private teachers or nannies for their own kids – but their children cannot count on their mothers or other family members to help them with their homework or learning process, whether because of the impossibility for the parents to work from home or their limited resources. The differentiated care options available to the lower classes ends up magnifying differences between households, as the employers acknowledge:

There is a big social difference, it is abysmal. Low-income people suffer much more in these situations. For example, my nanny has no one to take care of her son, so she leaves him with her mother. She can't afford a babysitter herself, but she has to go to work, so she can't take care of her own son (Carolina, two children aged 6 and 4).

I printed school material and helped the cook's daughter from afar. It was crazy. [The public education system] is very precarious, kids are taught really poorly.



In the case of the cook's daughter, for instance, she had to drop out of school because she wasn't learning anything (Viviana, two children aged 4 and 3).

[During 2020] she [domestic worker] was coming to our place three times a week because she has four school-aged children who were attending classes virtually. And this year [2021], when classes started and the Minister of Education said that all students would advance to the next grade regardless of their performance, she told me "I want nothing to do with teaching my kids at home anymore, they aren't learning anything. If they learn something, good, and if they don't, they don't." So, she personally decided to disassociate herself from this issue, which in a way makes me feel, I don't know, a bit sad about her children. But it was a family decision (Melisa, two children aged 4 and 1).

While the interviewees recognise the differences between their experiences and those of the women that work for them and try, according to their own accounts, to help them – by printing learning materials for the domestic workers' children, giving them old tablets or smartphones to connect to classes, or granting the worker days off to stay home and help their kids with their homework – they do not seem to think there is much to be done other than continue helping them at an individual level and out of their goodwill. Furthermore, as we see in the last quotation, instead of acknowledging these asymmetries as structural inequalities that need to be addressed socially and via public policies, they are seen as an outcome of "family decisions", and thus, as choices made by actors that could have chosen to address the situation differently.

With such an individualised and privatised idea of care, it is hardly surprising that the state as an actor was almost completely absent in the interviewees' accounts. In fact, it was only mentioned after direct questions about care policies. Even so, in their narratives, the state's role is circumscribed to providing the bare minimum to the poor population. The interviewees themselves did not expect anything from the state and, moreover, expressed deep distrust in its capacities to address all types of matters. Overall, the family is seen as the main actor for providing care, even if this conception could lead to the reproduction of inequalities.

Regarding the state, I don't know how much... Maybe regarding education, I don't know, providing faster internet service, materials that are better suited to study at home. But I don't know how much of an effect that would have; it depends on each individual (Viviana, two children aged 4 and 3).

Demands to the state? Well, first, there is the issue of education, infrastructure. In other words, the state should provide schools at least with the minimum resources for cleaning and security. Mostly that, I don't know what else it could be (Dalila, one 6-year-old child).

There is not much to expect from the government. They have already showed you who they are when they swallowed the money that was meant for containing the pandemic. Realistically, I think it is up to each family, and I know this is a horrible thing to say, because there are many families that are not prepared (Gabriela, three elderly adults at home, one of whom is bedridden).

As in many other Latin American countries, also in Paraguay there have been important developments regarding discussions about care as a right and as a matter of public policies (Dobrée et al. 2021). Yet the women I interviewed did not only not know about this, but also had a completely opposite position regarding how care responsibilities should be distributed in society. For them, the state had almost no role to play, limiting its intervention to offering the bare minimum for those who cannot pay for better services. In stark opposition to what Monticelli found when analysing a similar scenario in Brazil, the changes the lockdown measures brought with them did not lead my interviewees to alter their perception about public policies or state participation regarding care (Monticelli 2021). In their view, care is not a public issue: it is rather the responsibility of each family to satisfy their necessities the best they can with the resources they have available.

This interpretation of care not only reinforces inequalities between households, but it also justifies the practices that reproduce them. If each family is to look for options to address its members' care needs, who could blame the employers that resort to cheap labour if it is for the sake of their children, especially in difficult times? At the same time, since domestic workers are in such great need of the job, are employers not doing the workers a favour by hiring them, even if the working conditions are precarious? These discourses drive the focus away from rights and obligations attached to a labour relationship, reinforcing the coloniality of labour that cuts across paid domestic work (Gutiérrez Rodríguez 2010, 2013).

## **5. Conclusion: The COVID-19 Rebound Effect**

The COVID-19 pandemic has not only posed a global health emergency and taken a toll on the economy, but it has also disrupted people's intimate lives, changing the way in which we interact with each other. The "Stay Home" slogan, used by many governments across the world, forced homes to become overnight also the school, the workplace, the playground, the gym, and many other facilities that used to keep private and public life separate. This translated into new responsibilities and roles for family members, particularly in households with school-aged children that switched to online learning, while new needs resulting from the pandemic itself (e.g., caring for

those highly vulnerable to contagion or sick with COVID-19) meant an even greater care workload.

With this text, I tried to bring to the fore how the contradictions of capital and care get entrenched in the fabric of daily life, in the organisation of care and the responses to the COVID-19 pandemic. Decisions on the distribution of responsibilities that confinement measures transferred to households, such as who can concentrate almost exclusively on wage work and who will reduce their participation in the labour market to provide care, might seem a private issue. However, they are inextricably linked to social structures, being affected by, and having a repercussion on them. In this regard, care is a hinge concept between the micro and macro social levels of analysis that, far from implying a dichotomic separation of social structures and everyday life, integrates both dimensions. It is also a relational concept that entails interpersonal and everyday interactions among actors marked by differences and inequalities and as such, a realm of conviviality.

For many middle- and upper-class professionals, the lockdown period meant switching to home office. Work and family got intermixed as never before, and while at a first glance this situation seemed to have contested the traditional interpretation of the separate spheres, a closer look shows that it produced a rebound effect, expressed through a series of strategies that sought to reinforce boundaries between capital and care. In fact, the collapse of private and public spheres was lived as a chaotic experience, particularly in the case of families with young children who cannot follow strict schedules and caring for them therefore requires constant adaptation. In this regard, the separation was longed for, and various strategies to keep it were put in place, such as locking oneself in a secluded area of the house and sending the children somewhere else, practices which rely on the transfer of care responsibilities to others. Far from recognising the intertwined nature of capital and care and the necessity of working towards a different way of addressing the social organisation of care, as current debates on public policies try to foster, middle- and upper-class families instead resorted to reinforced separation strategies to try to prevent the collapse of the spheres, maintaining the illusion of breadwinners that are completely detached from care needs and obligations, and neglecting the role of care in the production of value.

The separation of life into public and private realms, moreover, “makes it possible for vicious circles of unequal care to perpetuate themselves” (Tronto 2006: 4). The accounts of the women I interviewed go along this line. On the one hand, there is an exacerbation in the feminisation of care: While most women have reduced their participation in the labour market or extended their working hours to assume more care responsibilities, their partners managed to continue with their routines with fewer disruptions. The lack of discussions on how to distribute the new roles that the lockdown created, tacitly

assuming the women were going to assume all responsibility, indicates how ingrained the sexual division of labour still is. In fact, instead of addressing the unequal allocation of care responsibilities in the family, these women decided to shoulder the burden, waiting for the crisis to be over, for the domestic worker to return, and for things to go back to normal. In other words, they preferred to deal with the exhaustion, burnout and depression that the overload of work produced over negotiating a more egalitarian distribution of care responsibilities with their partners.

On the other hand, there is no doubt that these women are, using their own terms, “privileged” or “blessed” in comparison to a large proportion of the population that did not have access to the necessary infrastructure to adapt to lockdown measures, that could not work from home, and that was unable to make sure their children would continue learning while attending online classes. Now, this way of framing their higher position in the social structure as a gift emanated from a higher power or mere luck offers an interpretation that detaches their higher position from relations of inequality that sustain their privileges. Not being able to stay home with their kids, lacking the capacity to help them with new school content and not having enough resources to hire someone that could, the same domestic workers that made the situation in the interviewees’ households more bearable had to come to terms themselves with their own children “missing out a school year” or “moving on to the next grade without learning anything”. Despite recognising the profound inequalities between households involved in care chains, as well as the inequalities within their own households, middle- and upper- class women fail to see the necessity of care policies and more state involvement.

To be sure, the effects of the pandemic on the households and personal experiences of the women I interviewed were, without a doubt, disruptive. Faced with an overload of care work as never before, they suffered the effects of an imbalanced allocation of care responsibilities in their own flesh, experiencing, according to their accounts, physical and psychological exhaustion. However, this situation was lived as a personal problem, and thus, as something to be resolved through individualised solutions. In other words, these new experiences did not lead to collective demands, to a better distribution of care within their families, or to reflections about the necessity to change the way society addresses care needs. In fact, in my conversations with middle- and upper- class women, I could not find any indication of boundaries delimiting production from reproduction being redrawn, as could happen in periods of crisis (Fraser 2017). These women also sought to separate, as much as possible, work from family, even if this meant working late hours, while in most cases their partners could dissociate themselves from care activities focusing solely on earning money. Beyond discourses about the importance of care, or an acknowledgment of how exhausting providing care

can be, this did not lead to changes in the labour relationship with the domestic worker or to demanding recognition, reduction or redistribution (the so-called 3 Rs of care) (Sallé et al. 2018).

This shows that as long as care is perceived as an activity that does not produce value, those in positions of power will continue to transfer their care responsibilities to others, freeing their time and energy for better valued activities. It also underscores how discussions on the social organisation of care as a public issue and on the politicisation of the domestic sphere still need to be diffused to some sectors of society, particularly of the middle- and upper-classes. So far, the crisis seemed to only have exacerbated existing inequalities, emerging not so much as an opportunity for change, but rather as another turn of the screw.

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