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Covid-19 and Women's Triple Burden: Vignettes from Sri Lanka, Malaysia, Vietnam and Australia

Helen Jaqueline McLaren [1,*], **Karen Rosalind Wong [2]**, **Kieu Nga Nguyen [1]**
and **Komalee Nadeeka Damayanthi Mahamadachchi [2]**

[1] College of Education, Psychology and Social Work, Flinders University, Bedford Park 5042, Australia; nga.nguyen@flinders.edu.au
[2] College of Business, Government and Law, Flinders University, Bedford Park 5042, Australia; ros.wong@flinders.edu.au (K.R.W.); maha0135@flinders.edu.au (K.N.D.M.)
* Correspondence: helen.mclaren@flinders.edu.au

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Abstract: During disease outbreaks, women endure additional burdens associated with paid and unpaid work, often without consideration or the alleviation of other life responsibilities. This paper draws on the concept of the triple burden in theorizing the gender divisions in productive and reproductive work and community activities in the context of disaster. Events that include famine, war, natural disaster or disease outbreak are all well documented as increasing women's vulnerability to a worsening of gendered burdens. In the case of the Covid-19 coronavirus pandemic, this is no different. Focussing on Sri Lanka, Malaysia, Vietnam and Australia, the four vignettes in this paper serve to highlight the intersections between Covid-19 and gendered burdens, particularly in frontline work, unpaid care work and community activities. While pre-disaster gender burdens are well established as strong, our analysis during the early months of the pandemic indicates that women's burdens are escalating. We estimate that women will endure a worsening of their burdens until the pandemic is well under control, and for a long time after. Public policy and health efforts have not sufficiently acknowledged the issues concerned with the associations between gender and disease outbreaks.

Keywords: Covid-19; coronavirus; disease outbreak; women; gender; productive work; reproductive work; triple burden; triple roles; Sri Lanka; Malaysia; Vietnam; Australia

1. Introduction

Gender analyses frequently highlight the triple burdens on women in everyday life. In her analysis framework, Caroline Moser (1993) asked "Who does what?" in seeking to draw attention to the gender divisions of labour in productive, reproductive and community roles. Across these spheres, and traversing many cultures and countries, she, among others (Lee et al. 2019; Nawaz and McLaren 2016; Strong and Schwartz 2016), consistently propose that it is most often women who carry the heaviest of these burdens.

In the application of Moser (1993) gender analysis framework, it is well known that women's vulnerabilities are exacerbated during times of disaster, such as famine, war, natural disaster and disease outbreak (Bradshaw 2015; Bradshaw and Fordham 2015; Mondal 2014). This is because the additional responsibilities cast upon women build upon their pre-disaster vulnerabilities in which gendered burdens are already inequitable. The impact of additional and intensifying burdens on women can be long-lasting, which they may endure well beyond the resolution of the disaster itself. Women's burdens in the context of the coronavirus disease, Covid-19, are no different.

New roles borne by women during disaster events usually come without the alleviation of their existing responsibilities (Moreno and Shaw 2018). To first clarify the three spheres of women's triple burden, these are depicted across broad categories of productive, reproductive and community work (Moser 1993). Productive work is associated with paid labour, in which goods are produced and services provided. Reproductive work involves childbearing, cooking or cleaning and caring for family, including children, the sick or the elderly. Community work is focused on improvements to community resources and is often voluntary.

Women's engagement in productive work is more often known as routine, less visible and less valued than that of men (Nawaz and McLaren 2016). In nearly all societies, both patriarchy and women's engagement in homosociability afford men greater opportunities in leadership, professional specialisations, "clean work" and higher earning capacities (McLaren et al. 2019; Mehta and Awasthi 2019). Reproductive work is mostly performed by women and it is usually non-monetised, hidden and discursively cast as not "real work" (Delaney and Macdonald 2018). In community activities, women most often volunteer their time to hands-on manual activities, such as visiting the infirmed, fundraising, cooking or cleaning, compared to men's community activities, which are more often political and figure-heading (Moreno and Shaw 2018). All in all, the productive, reproductive and community activities of women are more often arduous, undervalued and can even be hazardous to health and life.

In times of poverty, war, natural disaster or disease outbreak, such events can alter the power relations between women and men, drawing upon women's vulnerabilities and acquiescence to additional burdens. Some authors suggest that gender-mainstreaming activities in the context of disaster may be empowering for women, particularly for those women who acquire new opportunities to engage in social, economic and political life (Leckie 2016; Momsen 2019; Omona and Aduo 2013). In the main, however, most women are reported as experiencing a deterioration in their own wellbeing as they take up greater responsibilities across productive and reproductive work, as well as community activities (Nawaz and McLaren 2016). Implicated by women's disproportionate exposure to the disease in question, this serves to compound and intensify the worsening of women's triple burden.

Development initiatives have long recognised the burden of gender and sought to implement mechanisms to support women's empowerment (Nawaz and McLaren 2016). Despite this, studies continue to identify gender inequity in the burden of care. In providing a snapshot, Patti et al. (2007) researched the quality of life (QOL) of women and men (n = 445) in Italy and found that simply being female was a key predictor of lower QOL and the psychological morbidity of spousal carers. Perrin et al. (2015) administered a series of scales to caregivers in Latin America (n = 81), likewise finding that women had lower scores in mental health, social support and health related QOL. In relation to disaster and global change, Cutter (2017) examined the gender burdens affecting women at two time points, 20 years apart. She established that gender inequity persisted, or even worsened, and the compounding gendered burdens upon women during disasters affected their ability to cope with and recover from them.

Disease outbreak, disaster or other crises create increases in women's workloads, and this decreases women's ability to balance their time among spheres (Bradshaw 2015; Bradshaw and Fordham 2015; Mondal 2014; Stemple et al. 2016). Support services and organisations can be a lifeline for women when aimed at helping them to deal with their burdens, but they may not necessarily be alleviating. This is because accessing support services, in itself, can weigh heavily on people in need and add to their burdens (Bent-Goodley 2015; Kong et al. 2016; Young et al. 2015). When these women become unwell or contract disease, stigma diminishes their ability to engage in activities that may have the potential to empower them or alleviate their burdens.

When this manuscript was initially submitted, more than three months had passed since China's disclosure of the Covid-19 disease to the rest of the world. The number of confirmed cases worldwide had surpassed 2.5 million, and the number deaths was nearing 200 thousand and was still rising

exponentially (Australian Government Department of Health 2020). Media critiques of the secondary effects of the disease on women have emerged. These included reports on the risks that Covid-19 presents to feminism (Lewis 2020), in particular, Covid-19 adding significant weight to women's existing burdens (Graves 2020) and fears for women and children trapped in lockdowns with violent domestic abusers (Baird 2020; McCarty 2020; Richards 2020). There were grave concerns being raised for women's wellbeing, safety and advancement.

In this paper, we contribute to these discussions by drawing loosely on Caroline Moser (1993) gender analysis framework and the literature to unearth the escalation of women's burdens in association with the Covid-19 disaster. Our examination of "Who does what?" during the early months of the Covid-19 pandemic is elucidated with the use of vignettes, as examples. Each of the four researchers led the generation of a vignette, with analysis drawn from media reports from their own countries of origin: Sri Lanka, Malaysia, Vietnam and Australia. In our analysis, we consistently identified that women's burdens across all spheres were not only heavier, but also more dangerous for women across life domains.

2. Methods

While Caroline Moser (1993) gender analysis framework is frequently used to explore the division of labour in mostly developing countries, it is also relevant for analysing the burdens associated with gender inequity universally. Moser (1993) categorised women's work across three spheres of productive and reproductive work and community activities. She demonstrated the ways in which women assume multiple roles, simultaneous to the uptake of additional responsibilities, usually without the alleviation of existing productive, reproductive and community burdens. In the contexts of disaster, disease outbreak, pandemic or other emergencies, authors internationally argue that policy responses tend to reinforce women's multiple roles, as opposed to those of men, who are more likely than women to engage in community politicking and remain relatively protected from the uptake of laborious and burdensome tasks (Balgah et al. 2019; George 2007; Najafizada et al. 2019; Podems 2010). Moser (1993) provided the conceptual frame in which to engage in drawing examples of gender inequity from media reports in association with Covid-19.

We undertook a gender analysis of reporting in media from Sri Lanka, Malaysia, Vietnam and Australia. This involved the deductive searching of media articles from each country, available via online news websites, which were completed during the early months of the pandemic from February 2020 to April 2020. This activity involved searching for, reading and identifying reports containing indicators of women's productive, reproductive or community burdens associated with Covid-19. A sample of the media was collected from each country and the researchers engaged collectively in the iterative refining of the media until four vignettes could be generated as representations of the key issues underpinning women's multiple burdens. With each vignette being led by one of the four authors of this manuscript, these vignettes offer a succinct summary of the core issues for the women being reported on at that time.

Each vignette was informed by each of the authors' own feminist and socio-political interests and their engagement with Covid-19 news media. Each vignette draws upon issues related to women's productive, reproductive and/or community burdens, and which warranted further examination. While the analysis of the vignettes cannot be generalised, they each provide a snapshot of gender inequity. The findings are intended to contribute to debates on the need for public policy and health efforts to be considerate of gender in the context of disease outbreaks, as opposed to producing finite answers.

The focuses at the heart of the gender analyses, therefore, were: (1) women's triple roles with consideration, where applicable to each vignette, afforded to; (2) women's immediate practical gender needs and strategic needs in response to the disaster context; (3) the control of resources and decision making; (4) any policy planning and responses to balancing women's triple roles; (5) which public policies and health efforts could transform women's subordinate position in the context of disaster,

specifically disease onset/pandemics. Moser (1993) framework goes further, by seeking to involve women and gender-aware stakeholders in planning. This final step remains reserved for future applied research in gender-informed policymaking.

There exists some criticism of the triple role framework, such as that it may not sufficiently capture women's heterogeneity. Despite this, it remains useful for unravelling and theorising the way that gender may intersect public policy, health, and social inequalities. In being known to put gender at the centre, we applied relevant components of Moser (1993) gender analysis framework to contemporary, local vignettes focused on Sri Lanka, Vietnam, Malaysia and Australia in the context of the Covid-19 pandemic.

A limitation of the current study is that women's voices, personal narratives and testimonies are not being presented. However, the current study focuses on the structure of societies, more so from a descriptive angle as opposed to being based on intense empirical techniques. This provides a means to clarify gender bias based on current events. We argue our intention to simulate academic debate and accelerate transformative approaches that have the potential to assist societies in addressing gender discriminations more quickly in their recovery.

3. Results

In this section, each vignette is provided as a provocation for Covid-19-related gender analysis. These are followed by analytical findings resulting from the application of Moser (1993) triple burden concept. The vignettes represent each of the authors' observations of their representations in media. Our analysis identified that women's reproductive burdens were the most intensified of the three spheres. This was because women were tasked with the ongoing organisation of their homes and families under pandemic conditions. The worsening of the women's reproductive burden, therefore, more so informs our reporting and discussion.

3.1. Discrimination towards Women Health Workers

More than 67% of health workers involved in the intimate care of patients in Sri Lanka are women (Department of Census and Statistics 2019). These women are at a heightened risk of Covid-19 exposure. Due to fear of the coronavirus pandemic, families, communities and societies are turning against them.

> *Sri Lanka vignette:*
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> *Many women who are frontline health workers have lost their support in the provision of reproductive work, involving care for their children and elderly relatives. This is because schools have closed and relatives, friends and neighbours are refusing to assist due to fear of disease transmission. In addition, women in health-related productive roles are experiencing increased discrimination, such as being refused access to public services, transportation and local food markets, and landlords are reportedly evicting them from their homes (EconomyNext 2020; Fonseka 2020; Silva 2020), thus, exacerbating the burden of gender associated with balancing multiple roles.*

The application of Moser (1993) gender analysis framework draws attention to the ways in which women health workers in Sri Lanka have assumed multiple roles simultaneously. News reports informing the brief vignette above provides a small insight into the gender burdens experienced by women in the context of Covid-19. There are elevated risks to women's immediate health, merely due to the number of women in productive roles involving the direct care of Covid-19 victims on the frontline. Of the quarantined health workers, approximately 90% are nurses (the majority being women) and some of them are infected with the virus (Jayawardane 2020). The withdrawal of the reproductive support and services that enable women to engage in productive work means that women's time may be additionally burdened with negotiating transport between home and work in order to fulfil their triple role.

News reports worldwide highlight how health workers are carpooling and sleeping at the hospitals employing them, in hotels, attics and garages, or even sleeping rough, in order to avoid spreading the disease to their families and communities (Dettmer 2020; Lee 2020; Malay Mail 2020; Rimmer 2020; Thompson 2020). However, in a heavily patriarchal society, such as Sri Lanka, women engaged in productive work are expected to continue in their reproductive roles while their productive roles intensify. In the context of Covid-19, Sri Lankan health workers are spending longer hours in paid work and more time negotiating transport, but many are not necessarily being alleviated of their reproductive work. The withdrawal of reproductive support due to community fears of Covid-19 has ensured the worsening of the gendered burdens across multiple spheres. Gender-responsive health planning and policy are needed so that when women's productive burdens increase, this can help to transform women's subordinate position in the contexts of disease or pandemic.

3.2. Women's Lock-Down in Malaysia

Across the world, nations have taken dragoon measures to curb the transmission of Covid-19. Malaysia went into a two-week lockdown during March in response to the disease (Wong 2020). This has created difficulties for women in their navigation of both public and private spaces, particularly those who have continued employment in frontline health and welfare services, coupled with caring for family and volunteering time to their community.

> *Malaysia vignette:*
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> *During March 2020, Malaysia's Minister for Work introduced legislation that allowed only one person, specifically the head of families, to venture out of home isolation. This was to purchase daily necessities. The police were provided powers to charge those who breached the rules (Tang 2020). Men are "naturally" the heads of families in Malaysia's contemporary patriarchal system, hence women have become exposed to adverse social responses when mobile outside of the home. Women fear being targeted for prosecution when venturing into food markets, pharmacies, or when accessing other services.*

Consistent with the experiences in Sri Lanka, Malaysian women predominate in frontline health, welfare or disaster relief (Hamid et al. 2018). These women are caring for fellow citizens in their productive roles and for their families in their reproductive lives. Many also engage in community work. Tasked with careful negotiation in traveling between productive employment sites and home, these women must take the most direct routes possible. Covid-19 laws have bestowed men with the power to leave the family home, albeit under strict conditions. Alternatively, women are prevented from purchasing necessities for themselves or their families, not even when travelling between work and home, or for community volunteering.

Malaysia's post-colonial society, consistent with the other societies discussed herein, is heavily patriarchal. Whether women engage in productive roles or not, they are discursively positioned with predominant reproductive responsibility in their households (Ning and Nwanesi 2018). For women who undertake paid employment, managing these multiple responsibilities has become increasingly difficult. The male heads of households are expected to assume the shopping for essential family needs under Covid-19 related restrictions, but this does not alleviate the women's reproductive burdens. A feminist perspective highlights the men's actions as abiding to state instructions as opposed to authentic generosity. There is no evidence of the intention of the state or men to contribute to the gender balance of women's reproductive burdens, even to those women engaged in responding to Covid-19 on the frontline. Instead, gynocentric policy is reinforcing women's place as being in the home. The authentic disinterest of the male heads of households is more likely the reality and this is causing women an additional burden as they instruct and supervise his "helping" with the shopping.

3.3. Women, Be Pleased Your Men Are at Home

In Vietnam, the chasm in the gender divisions of reproductive roles is deep-rooted in strict cultural practices founded upon Confucian ideology (Gao 2003; Ha 2014; Hoang and Yeoh 2012). It is commonplace for men to work, socialise with friends, and return home momentarily to eat food prepared by their wives before heading back to the bars and pubs.

Vietnam vignette:

News media in Vietnam have focused on changes to family dynamics during quarantine (Chuyen trang Tri Thuc Tre 2020; Khanh 2020; Thu 2020). With more men at home, this is pitched in terms of changes to women's domestic chores alongside opportunities for renewed intimacy. For example, Thu (2020) paints a picture of women spending a considerable amount of time on housework prior to quarantine, but highlights quarantine as the perfect time for women to devote even more time to cooking better food, cleaning and taking better care of their men. The article proposes that women are indescribably happy as they have the luxury of serving their men, which is suggested to be the essence of Vietnamese women's dreams.

Vietnamese women live amidst the pressure of cultural traditions that are reinforced collectively in their society. When they marry, Vietnamese women mostly cohabitate with their husbands and in-laws. Mother-in-laws, aunts and other members of these multigenerational households reinforce the gendered expectations of younger wives (Drummond and Rydstrøm 2004; Rydstrøm 2017). This is the perfect environment in which matriarchal lineage demand brides' and younger wives' obedience to domestic servitude. As noted in Vietnamese literature, the groom is never judged; however, the woman marries into a form of indentured servitude to the in-laws and to societal expectation (Duong 2013). The expectation is so strong, that she is fearful of not conforming.

Now that Covid-19 policies worldwide have encouraged working from home to curb the spread of disease, Vietnamese media are increasingly recognising changes in family dynamics and spousal relationships. The vignette above draws attention to men who are working from home and spending more time with their families. This was rarely seen prior to the Covid-19 quarantine. There is no acknowledgement, however, of women's productive work on the frontline, or of women's changes to work at home. The increase in women's reproductive work is presented in terms of the luxury of serving their husbands, indicating that women should be grateful for the opportunity to perform their gender duties. In what Huckin (2002) and others (McLaren and Patil 2016; Patil and McLaren 2019) identify as the media's manipulative silences, there is a complete denial of women's multiple burdens and it is the intention of the media to prevent any uprising by women whose burdens have multiplied.

3.4. Australia and Women's Responsibility for Children

There are policies in Australia that support women's unpaid caring as a mechanism to enable women's engagement in productive roles in frontline health, essential services and other paid work. These include policies on flexible working hours, child friendly workplaces, formal childcare rebates and tax relief incentives (Beutler and Fenech 2018; Deeming and Smyth 2015; Poduval and Poduval 2009). It is well known from research that women who are employed tend to use formal childcare or extended family as they experience relatively little alleviation of the triple burden from male partners (Abbott et al. 2013; Schueller-Weidekamm and Kautzky-Willer 2012), since it remains women who are responsible for arranging and negotiating reproductive support.

Australia vignette:

Schools and child-minding services have remained open for the duration of Australia's social distancing period, primarily so that health and other essential workers can be comforted by the knowledge that their children are in secure care. Occupational segregation in Australia, as elsewhere, means that most of the employees in frontline health, social welfare, children's services and schools, who are relying on support for the care of their children, are women. (Wong and Charles 2020)

With reference to gender equity, women in Australia are generally held responsible for negotiating productive, reproductive and community work. In comparison to Sri Lanka, Malaysia and Vietnam, Australia is likewise not progressive in terms of addressing gender equity in reproductive burden (Craig et al. 2019). In the context of Covid-19, the Australian Government has relentlessly announced that schools and child-minding services are to remain open (Iorio 2020; Zimmer and Kelly 2020). This has enabled health and essential workers, who are mostly women, to remain productive. This political act has reinforced and perpetuated discursive constructions that it is primarily, and in many families wholly, the responsibility of women to arrange care for their children when also engaged in productive and community roles.

The role of men in sharing the increasing reproductive burden is absent in Australia's workforce policy and Covid-19 responses. Many individuals have either lost their jobs or are working from home. For those women who are in productive work for longer hours, many are also transporting their children to school or formal care. Opinion articles from Australia and elsewhere (Abdulaal 2020; Graves 2020; Lewis 2020) are increasingly voicing the fact that women are still coming home to do all of the housework, even when male partners and adult children are at home working, studying or are unemployed. Australian public policy responses have shown little concern for the associations between Covid-19 and gender inequity.

4. Discussion

Studies of disease outbreak emphasise changes to women's productive burden, stemming from the gendered nature of the frontline health, welfare and care workforces. More women than men are employed as nurses, social workers or teachers, and are working with populations that present an increased exposure to diseases that include HIV/AIDS, Ebola, Zika (Davies and Bennett 2016; Fawole et al. 2016; Stemple et al. 2016) and now also Covid-19.

Nursing, in itself, carries risks due to an increased exposure to airborne or bodily fluids. Social workers on the frontline may experience greater risk when working with individuals who do not have the capacity to avoid Covid-19 exposure or are unable to socially distance or self-isolate (i.e., living rough or in shelter services). The gendered burdens during Covid-19 have been compounded by increases to women's productive burdens, and their reproductive and community responsibilities.

Burdens associated with Covid-19 are arduous and hazardous, and likewise gendered. Our concern is that public policy and global health efforts have not been sufficiently proactive in understanding these gender differences in preparation for disease outbreaks and their impact. One could argue for the importance of a proactive policy which fortifies the importance of men sharing the reproductive burden, but this is difficult to achieve when social discourse reinforces women's place as being in the home. This was evident in the Sri Lanka vignette where women, despite barriers to their mobility, endured travel between productive and reproductive work to ensure the care of their children and elderly relatives. Likewise, in the Malaysia vignette, heteronormative discourses underpinned home isolation and social distancing, which allowed only the heads of households to leave the family home if not specifically for paid work. The women's responsibility for their reproductive lives was fortified in Covid-19 related laws. Alternatively, Confucian ideology in Vietnamese society holds strong male privilege. Effectively, women have been silenced by the media (Chuyen trang Tri Thuc Tre 2020; Khanh 2020; Thu 2020), advising women who always wanted their men to be at home more to serve them and stop complaining. In Australia, opportunities have been provided so that women can intensify their productive roles by keeping schools and formal childcare services open, and so that men do not become implicated in the women's reproductive burdens.

For women with productive, reproductive and community responsibilities, the outbreak of infectious disease is unlikely to give them the time to alleviate their multiple burdens (Lee et al. 2019; Nawaz and McLaren 2016; Strong and Schwartz 2016). Disaster events, such as the Covid-19 pandemic, magnifies women's existing inequalities. Women are silenced by their burdens. Discursive influences and political banter insist that it is not the time for women to stand on their

soapboxes and advocate gender equity (Clark and Harman 2004). Our brief analysis of "Who does what?" (Moser 1993) has indicated that the effects of gender mainstreaming over the last few decades have lacked legitimacy with respect to gender informed health care policy in the context of disaster.

Universally, more women than men are working in frontline healthcare and welfare services, and women have less political power in decision-making during disease outbreak (Wenham et al. 2020). As a result, women cannot narrate their difficulties amid famine, war, natural or other disasters, or outbreaks of disease. This is implicated especially when women are heavily burdened, and their multiple needs remain unmet.

5. Conclusions

Across the world people have been in Covid-19 lockdown, quarantine and self-isolation. Families are at home more and this has exposed, as well as intensified, women's existing triple burden. While the vignettes focused on Sri Lanka, Malaysia, Vietnam and Australia only expose minor differences among women, they consistently raise concerns that women's reproductive burdens have been perpetuated, reinforced and increased in the context of disease. Women employed in frontline health, welfare and social care are shouldering the worst of the increasing multiple gendered burdens.

Women have immediate practical and strategic needs. Interpersonal, societal and policy responses to the Covid-19 pandemic have not been sufficiently considerate of gender. Strategic political responses are needed that include women in the development of disaster responses, the control of resources and in the decision-making of matters affecting them.

Understanding the extent to which Covid-19 affects women and men differently will be fundamental to understanding the broader impact of this disease both during the crisis and during individual and societal recovery. In the main, it is critical that public policy and health efforts are proactive in devising transformative approaches that address women's subordinate position in the context of this disease.

Further research involving observation and measurement to understand the direct impact and full extent of the disease on women's productive, reproductive and community life is still needed. Extending analysis that crosscuts intersections between caste, minority religious groups in Asia and Australia, and women occupying various socioeconomic positions in societies is likewise important. Together with a focus on recommendations for civil society groups, this could help to inform recommendations for a robust and meaningful feminist policy response to Covid-19.

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