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Right to health, right to live: domestic workers facing the COVID-19 crisis in Latin America

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ABSTRACT

This article presents the results from a survey on the impact of COVID-19 on domestic workers in 14 Latin American countries. The data reveal a massive employment and social crisis, with about half of respondents having been dismissed or suspended while they had no access to social protection. We further demonstrate the harms on the health and safety of domestic workers, with evidence of pre-existing health conditions making them more vulnerable, lack of adequate protection at the workplace, and an increase in violations of rights. We argue that this situation of extreme vulnerability creates a crisis of social reproduction, making more acute the underlying contradiction between the necessity for domestic workers' labour to sustain the economy and their precarious working and living conditions. This situation has been worsened by COVID-19 to the point that not only jobs, but also lives are being threatened, and with it, the provision of reproductive labour across Latin America.

Cet article présente les résultats d'une enquête sur l'impact de la COVID-19 sur les travailleuses domestiques dans 14 pays d'Amérique latine. Les données recueillies mettent en évidence une importante crise sociale et de l'emploi ; en effet, environ la moitié des personnes interrogées ont été licenciées ou suspendues alors qu'elles n'avaient pas accès à une quelconque protection sociale. Nous démontrons par ailleurs les préjudices sur la santé et la sécurité des travailleuses domestiques, présentons des données factuelles indiquant que les problèmes de santé préexistants les rendent plus vulnérables, que le degré de protection sur le lieu de travail est inadéquat et que le nombre de violations des droits augmente. Nous soutenons que cette situation d'extrême vulnérabilité crée une crise de reproduction sociale, et rend plus aiguë la contradiction sous-jacente entre la nécessité du travail domestique pour soutenir l'économie et les conditions de travail et de vie précaires de ces travailleuses. Cette situation a été aggravée par la COVID-19 à tel point que ce ne sont pas seulement les emplois mais aussi les vies qui sont menacés, ainsi que, en parallèle, la disponibilité de main-d'œuvre reproductive à travers l'Amérique latine.

Este artículo presenta los resultados de una encuesta realizada en 14 países latinoamericanos que investigó el impacto de la Covid-19 en las trabajadoras del hogar. Los datos obtenidos dan cuenta de la existencia de una crisis laboral y social masiva: cerca de la mitad de las encuestadas fueron despedidas o suspendidas, careciendo de acceso a las distintas modalidades de protección social. Además, examinamos los daños a la salud y la seguridad de las trabajadoras del hogar que

KEYWORDS

Domestic workers; social reproduction; COVID-19; labour unions; Latin America

poseen condiciones de salud preexistentes, lo que incrementa su vulnerabilidad; a ello se suman la falta de protección adecuada en el lugar de trabajo y el aumento de las violaciones a sus derechos. Sostenemos que esta situación de extrema vulnerabilidad provoca una crisis de reproducción social, agudizando la contradicción subyacente entre la necesidad del trabajo del hogar para sostener la economía y las precarias condiciones de trabajo y de vida de estas trabajadoras. La Covid-19 agravó esta situación, al punto de que tanto los puestos de trabajo como la vida misma se encuentran amenazados y con ello la provisión de trabajo reproductivo en toda América Latina.

Introduction

As the world reaches the tragic record of over 97 million people infected by COVID-19, and over two million related deaths by 25 January 2021, debates on what will happen post-crisis and questions on when we will be back to 'normal' are raging. But going back to normal might not be sufficient, or even desirable; after decades of environmental degradation, austerity measures, rising informality and the persistence of gender inequalities, the crisis was already there for millions of people. More specifically, we argue in this article that the COVID-19 crisis can be understood as a 'crisis of care' (Fraser 2016) or of social reproduction, making more visible and more dramatic pre-existing social inequalities embedded in the racial and sexual division of labour.

If the pandemic itself could not be anticipated, it did happen against the backdrop of a deficient social organisation and years of precarisation of the labour force. Quite strikingly, the sectors and people most essential to the reproduction of human life are also those most exposed and least protected during the pandemic crisis. Amongst them, there are the two billion informal workers¹ who live off their daily earnings with limited or no access to labour rights. These workers are the poorest and most precarious, yet, they are also responsible for some of the most vital tasks to sustain society. Domestic workers hold a particular place within this informal workforce, being the ones executing most of the 'dirty work' (Duffy 2007) some families cannot, or do not want to, perform themselves.

There are over 52.6 million domestic workers worldwide, working for and in private households in exchange for a wage. This includes cleaning, cooking, washing clothes, taking care of children, elderly, disabled or sick people. About 90 per cent of these workers are women, living in poverty and located in the informal economy (International Labour Organization (ILO) 2013). Domestic work has been historically undervalued and conceived as not real work, since women 'naturally' do it for free inside their houses. In Latin America, there is also a racial division of labour inherited from the colonial past that assigns most of the reproductive work to black and indigenous women (see data from ECLAC, ILO and UN Women 2020). Until the late 20th century, domestic workers were not included in labour laws and not recognised as proper workers, and in most countries, they still have a differentiated legal status. Blofield (2012) qualifies this situation of exclusion as 'feudal enclaves'.

Ironically, as the middle and upper classes were being kept in quarantine during the pandemic, trying to reconcile home office with their children's online learning and housework they do not usually perform, domestic and care work gained a central place in public debates. Lewis (2020) has claimed that the coronavirus is a 'disaster for feminism', with women absorbing most of the sudden increase in care responsibilities. The fact that women are more likely to be in lower-paid and 'flexible' jobs means that they are also more likely to be either dismissed or the first ones to leave their paid position to focus on household tasks (Power 2020). With schools closed, health services overwhelmed, and more members of the household staying at home, the tasks of reproducing everyday life have become unsustainable to many people. More than ever, care work is being seen and felt as real work, and the pandemic crisis has made more acute the lack of mechanisms to ensure its sustainable and fair provision.

Although the centrality of care and domestic work is nothing new in feminist theories (Federici 1975; Saffioti 1969), and the fight for their recognition as real work started decades ago in Latin America (Chaney and Castro 1989), we argue that the COVID-19 crisis has exacerbated the ongoing crisis of social reproduction. On the one hand, the amount of reproductive work required to sustain households has dramatically increased and, on the other, the conditions of the workers usually remunerated to provide these services have severely degraded. Indeed, domestic workers are amongst the hardest hit by the pandemic crisis; it has affected not only their health, but also their employment and living conditions, threatening their capacity to survive. For these women, the right to health and decent work has become a fight to simply stay alive, as they are being forced to choose between the virus and their job.

In this article, we discuss the results of a survey conducted amongst IDWF's (International Domestic Workers' Federation) and CONLACTRAHO's (Confederation of Domestic Workers of Latin America and the Caribbean) affiliates in 14 Latin American countries, which assessed the impact of COVID-19 on the sector. We show that the disruptions created by the crisis have reproduced and worsened pre-existing, deeply entrenched, social inequalities. We first review debates on the value of domestic work, to explain why the current crisis can be seen as a crisis of social reproduction. Then, we present our methodology and data collection process, before examining the impact of COVID-19 on domestic workers' labour and health conditions. Finally, we provide some insights on how organised domestic workers are resisting against the crisis. In conclusion, we call for a feminist recovery that takes into account the centrality of care, and reorganises reproductive work on a fairer and more sustainable basis.

Domestic work and the value of reproductive labour

Domestic work includes the tasks of cleaning, cooking, taking care of children or elderly people, and the domestic worker is the person who performs this work in exchange for a wage. This differentiates her, for instance, from a housewife or an unpaid family member providing care for relatives. However, the similarity of the tasks performed explains in part the social devaluation of domestic work: it is seen as women's natural task rather

than a job, something that most women around the world do for free, or for ‘love’, on a daily basis (England 2005; Folbre 2012). Because this activity does not produce commodities that can be sold in the market, it has historically been considered as non-productive and as non-work. It has no ‘value’ in classical economic terms. Yet, those tasks are necessary to reproducing life and the labour force: people as workers need to be taken care of, eat, sleep, and wear clean clothes to go to work everyday.

Since the 1970s, Marxist feminists and thinkers of what has been coined ‘Social Reproduction Theory’ (Bakker 2007; Bhattacharya 2017) have been challenging the assumed absence of value of reproductive labour. They have shown the interconnection between the productive and reproductive spheres, and argued that the unpaid work of women inside the home is essential to the capitalist process of accumulation. Indeed, those tasks are necessary to reproduce the labour force on a daily basis, but also to ‘produce’ the future workers: the children. Because this process happens outside the market, it is done at no cost for the capital, and this extraction of unpaid labour constitutes precisely the core of women’s oppression (Federici 2012). In this sense, the sexual division of labour, within which the reproductive sphere is subordinated to the productive one, dispossesses women of the surplus value they produce. Many studies have confirmed the permanence of the unequal sexual division of labour across countries, showing that women remain responsible for virtually all the unpaid housework, even with their increased participation in the labour market (Campaña *et al.* 2018). This has consequences for their availability for paid work and explains their structurally less-favourable economic position. Thus, it is crucial to include care and reproductive work into policy, practice, and development projects if we want to tackle gender inequalities (Chopra and Sweetman 2014).

However, remunerated domestic work poses a challenge to Marxist feminist theories: not all women are equally exploited, since some can afford to transfer the cost of reproductive work on to others. Indeed, paid domestic work relies on race and class inequalities (Anderson 2001; Glenn 1992), as well as on disparities between countries (Parreñas 2001). The migration of women from the global South to work as maids and nannies in the global North creates ‘global care chains’ that sustain an unequal global division of labour and inequalities among women themselves (Ehrenreich and Hochschild 2003). In Latin America, this dynamic is rooted in the colonial legacy, which continues to attribute the burden of reproductive work disproportionately to underpaid black and indigenous women (Santana Pinho and Silva 2010; Thomson 2009). Although paid domestic work has evolved over time, it has consistently been one of the largest sectors of employment for women, and for poor racialised women in particular (Poblete and Tizziani 2013). In Brazil, the biggest employer in the region, with over six million domestic workers, this is still the first sector of activity for black women (Pinheiro *et al.* 2019). Therefore, it seems that the exploitative character of this occupation does not rely only on whether it is paid or unpaid; domestic work is shaped by intersectional dynamics of oppression (Hirata 2014).

A recent study from ECLAC, ILO, and UN Women (2020) shows that there are about 18 million domestic workers in Latin America, 93 per cent of whom are women, 63 per

cent afro-descendants, and 17 per cent international migrants. They represent between 10 and 14 per cent of the economically active female population. The same study reports that domestic workers' wages are equal or inferior to 50 per cent of the average earnings of other workers, despite the adoption of legislations guaranteeing them the national minimum wage in most countries. Three-quarters work under conditions of informality, which means they have no access to labour rights or social protection. Domestic workers are also the principal providers of care work across the region (ILO 2018).

Therefore, an important part of the reproductive labour is not done for free by a housewife; some families are able to outsource it. Casanova (2019) suggests that this represents a different form of exploitation compared to the traditionally described capitalist one; domestic workers are paid from other workers' wages. This indirect relation to capital contributes to domestic work being perceived as not a real job, more associated to a form of household consumption than a working relationship between employer and employee. This is illustrated by the popular saying that the domestic worker is 'like one of the family' (Bapat 2014), often used to justify lower pay and informal arrangements. The particular location of domestic work within the private sphere makes it harder to regulate and contributes to its social devaluation (Casanova 2019). All these factors combined explain the particularly precarious and marginalised position of domestic workers.

Thus, we face an important paradox: while domestic work is essential to the reproduction of the labour power of other workers, as well as the survival and well-being of millions of household members, it is performed under the worst conditions. This indicates the inevitable character of what Fraser (2016) calls the crisis of social reproduction: the very conditions for the reproduction of capitalism, and life in general, are jeopardised by the process of accumulation itself, which devalues and decimates the reproductive labour on which it relies. By paying as little as possible to domestic workers, and denying them labour rights, employers make immediate monetary gains but risk in the long run to destroy this workforce they rely on so much.

We argue that the COVID-19 crisis has made this process more evident, exacerbating, but also creating, new conditions for a crisis of social reproduction. Millions of households around the world are struggling with the unprecedented increase of domestic tasks provoked by the pandemic, while the workers usually remunerated to undertake these services are left to either die of starvation or contamination. As we will show in the next sections, when they are dismissed, domestic workers lose their main source of income, jeopardising their ability to survive, but when they are kept in work, they are exposed to particularly unsafe and abusive working conditions.

Collecting data amidst the pandemic crisis

We designed this survey in April 2020, as it became clear that domestic workers were being hardest hit by the crisis. We all agreed that we needed 'hard' data to make their stories more visible at the regional level, as we know that sometimes policymakers are more likely to respond to numbers. We also wanted to have an overview of the impact

of the crisis across countries and among different areas of domestic workers' lives. The questionnaire was designed on a Google form, which is easy to access and fill out from any electronic device, and made available online from 13 April to 25 May. It contained questions on domestic workers' employment situation, health and well-being, working conditions and policy responses from the governments. Most questions were closed, offering multiple-choice options, but we left a few questions open to allow respondents to share comments and additional information. One form was written in Spanish for the 13 Hispano-speaking countries and one in Portuguese for Brazil, which resulted in two separate databases. The survey was then disseminated through IDWF's and CON-LACTRAHO's affiliate organisations in Latin America, as well as our personal and academic networks, using a snowballing method. The union leaders further conducted phone interviews with the members who could not answer by themselves for lack of access to the internet or because of their low levels of literacy. But we faced some major challenges in this process.

First, there was no participation at all from Ecuador, as we had trouble staying in touch with local leaders who were dealing with a real humanitarian catastrophe. At the time, corpses of COVID-19 victims were literally piling up in the streets. Secondly, in all the countries, many domestic workers did not have access to the internet or to a smartphone. When the survey started, we had already been into isolation measures for about a month; domestic workers were struggling to survive and could not spare the money to buy phone credits. Thirdly, the restrictions on mobility and the risks of contamination meant that it was impossible to do fieldwork or face-to-face interviews. Consequently, the domestic workers who could not be reached by phone disappeared from our networks. Therefore, our sample – in total 2,650 respondents – reflects this inequitable access to technologies; only the domestic workers who had access to the internet or those we could call directly were able to participate. [Table 1](#) shows the number of respondents per country as well as the relative weight for each country, both in general and in the survey specifically. The disparities reflect variations in terms of size and resources of the unions, as well as the particular situation of each country at the time of the survey.

The data were analysed on SPSS to run basic descriptive statistics, and open questions were coded manually. It is important to note that 57 per cent of the sample is composed of unionised domestic workers whereas the actual rates are between 1 and 2 per cent in each country. This is a direct consequence of our methodology, and we can assume that the situation of the domestic workers we could not reach, who are not organised and not within our most immediate networks, is far worse. The absolute majority of respondents (96 per cent) are women, aged on average 41 (ranging from 16 to 82 years old), 47 per cent of them are single and 84 per cent are mothers, although the age of the children is not specified. About half of them pay rent, 23 per cent are internal migrants and 19 per cent are international migrants. The level of informality is slightly lower than the 75 per cent reported by the ILO (2020), but still similar: in our survey, 70 per cent of domestic workers did not have a written contract and 62 per cent were either not covered by social security or did not know if they were. [Table 2](#) shows the variation across countries.

Table 1: Distribution of respondents per country.

Country	Number of domestic workers*	Relative regional weight (%)**	Number of respondents to the survey	Relative weight in the survey (%)
Argentina	1,200,000	9.32	395	14.91
Bolivia	190,000	1.48	20	0.75
Brazil	6,200,000	48.16	413	15.58
Chile	484,700	3.76	273	10.30
Colombia	700,000	5.44	193	7.28
Costa Rica	135,000	1.05	236	8.91
El Salvador	112,000	0.87	97	3.66
Guatemala	246,580	1.92	85	3.21
Mexico	2,500,000	19.42	160	6.04
Nicaragua	117,000	0.91	187	7.06
Panama	90,000	0.70	27	1.02
Paraguay	230,000	1.79	113	4.26
Peru	475,000	3.69	245	9.25
Dominican Republic	194,000	1.51	206	7.77
Total	12,874,280	100	2,650	100

*Sources: Ardila (2020), ILO (2013), ILO (2014a, 2014b), INEGI (2020), MITRADEL (2017), Pinheiro *et al.* (2019), WIEGO (2018).

**Calculated for the countries represented in the sample, based on the total number of domestic workers.

Table 2: Written contract and social security coverage*.

Country		Is covered by social security	Has a written contract
Argentina	Count	243	162
	%	61.50	41.00
Bolivia	Count	1	1
	%	5.00	5
Brazil	Count	175	113
	%	42.40	27.40
Chile	Count	126	186
	%	46.20	68.10
Colombia	Count	103	83
	%	53.40	43.00
Costa Rica	Count	170	131
	%	72.00	55.50
El Salvador	Count	3	4
	%	3.10	4.10
Guatemala	Count	1	1
	%	1.20	1.20
Mexico	Count	13	6
	%	8.10	3.80
Nicaragua	Count	24	19
	%	12.80	10.20
Panama	Count	6	4
	%	22.20	14.80
Paraguay	Count	11	12
	%	9.70	10.60
Peru	Count	75	39
	%	30.60	15.90
Dominican Republic	Count	56	28
	%	27.20	13.60
Total	Count	1007	789
	%	38.00	29.77

*The differences between countries are statistically significant ($p < 0.000$).

Domestic work is the main source of income for 92 per cent of the respondents, and 68 per cent are the main providers of their household. About 40 per cent of the respondents are day labourers, and 8 per cent live at their employer's house. Lastly, their average salary

(shown in Table 3) is relatively low, and in every country, below the national minimum wage. Thus, as we could expect, domestic workers are entering at a great disadvantage into the pandemic crisis: they have low levels of social protection and are highly dependent on their low salary, while being often responsible for the survival of their households.

Table 3: Average monthly salary in US dollars*.

Country	Average reported by respondents	National minimum wage**
Argentina	266	279
Brazil	193	205
Bolivia	183	306
Chile	323	375
Colombia	214	298
Costa Rica	362	525
El Salvador	151	Between 300 and 200 depending on the sector
Guatemala	151	346
Mexico	111	6.5 per day
Nicaragua	106	177 for the sector of community, social, and personal services
Panama	396	Between 650 and 970 depending on the sector
Paraguay	172	330
Peru	235	294
Dominican Republic	138	185 approximately, depending on sector
Average	214	–

*Exchange rate as of May 2020.

**These figures are approximate, they only indicate the minimum established in the legislation and do not accurately reflect the fast changing rate between local currencies and US dollars.

A large-scale labour and social crisis

The first, and perhaps most anticipated impact of the pandemic crisis on domestic workers is the massive loss of job and income. Figure 1 summarises domestic workers' employment situation during the crisis. About half of the respondents (49 per cent) were either fired or suspended, and since only 30 per cent had a written contract, these dismissals are very likely to be legal and not conducive to any form of financial compensation. In fact, only 2 per cent reported having access to unemployment benefits. As these women are the main or sole provider of their households, the social consequences are dramatic:

I don't have any income to survive and I have a son who depends on me. I am extremely affected because I am a mother, head of household, I am a day labourer and live off what I make every day. (Respondent from Colombia)

I am totally affected, without a job, my daughter is pregnant and my grand-daughter is 7 years old. We already ran out of savings, we need to pay rent, buy food and gas, it's really bad. (Respondent from Chile)

The situation of the other half – who had not lost their jobs – was not much better. About 14 per cent were working with losses, such as reduction of hours and salary, or forced anticipated vacations. Some governments have adopted temporary measures to allow such schemes, but these would only apply to the domestic workers who have a working contract and would normally enjoy paid annual leave. A respondent from Costa Rica

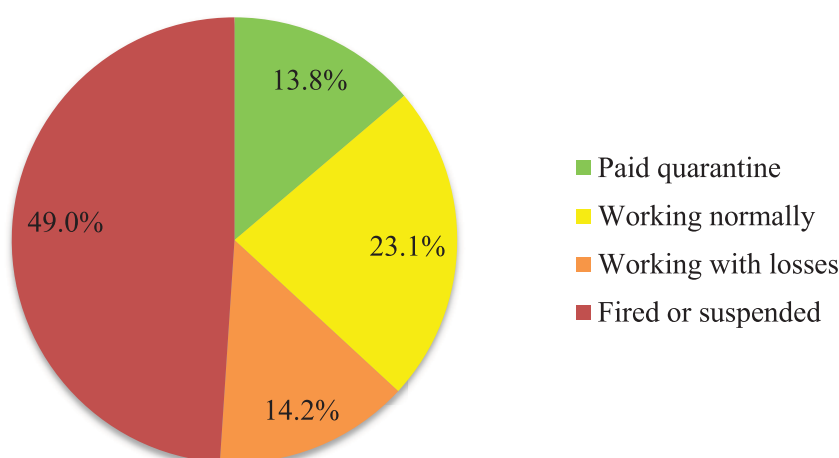


Figure 1: Employment situation during the crisis.
Notes: Excluding 'retired' and 'other'. Excluding Brazil.

explained: 'the anticipated vacation, it's illegal, but we accept these irregularities out of necessity'. In this case, the worker would not be able to take her vacation at another moment of the year and her quarantine becomes then a paid 'holiday'. Just under a quarter of respondents (23 per cent) were working normally, which means that no measures were taken to protect them. Their workload, working hours and travel to work remained the same. Finally, only 14 per cent said that they were in paid quarantine, when this should have been the standard measure for all domestic workers under such circumstances.

For those who remained in work, there was an increase of irregularities and violations of rights, as indicated in Figure 2: 3 per cent were forced to take the COVID-19 test, 5 per cent reported violence or mistreatment (detailed in the following section), 6.7 per cent were in forced quarantine at their employer's house and 11.8 per cent were asked to work more hours than usual. The increase in workload was a consequence in part of these forced quarantines – staying at the employer's house often results in being available around the clock – and in part of more household members being at home, which increased the amount of domestic tasks. Thus, we can see a polarised situation, with about half of domestic workers left without their source of income, while those kept in work suffered from excessive workload and abusive situations. A respondent from Chile shared:

I am locked at work, gathering my days to be able to travel for longer to see my children. I only rest on Sundays and that exhausts you, stresses you, and the situation ... I think it collapses us, we have more work because everyone is at home.

If we add those who were dismissed or suspended to those who are working with losses, the total amount of domestic workers negatively impacted by the crisis is 63 per cent, close to other findings. According to the ILO (2020), 74 per cent of domestic workers in the Americas have been negatively impacted by the crisis in the form of loss of job and wage, or reduction of hours worked. Three-quarters of those are informal, which means they had no access to social security or unemployment benefits.

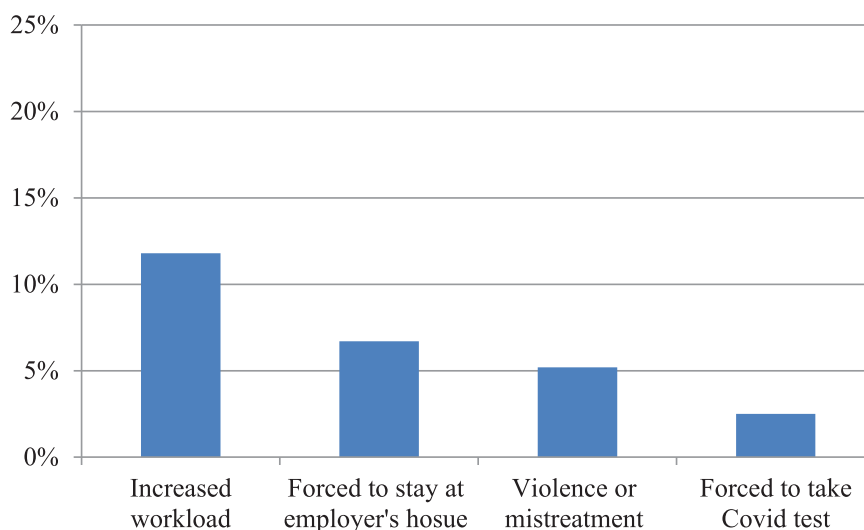


Figure 2: Irregularities at the workplace.

National disparities and lack of government support²

Although the situation is dramatic everywhere, there are important national variations. Table 4 shows the employment situation by country and Table 5 shows the level of support received from the government. In Central America, the overall situation appears worse compared to the southern part of the continent: an absolute majority of domestic workers was dismissed or suspended, and there was virtually no paid quarantine scheme or government support. The pre-existing situation of informality, combined with the lack of adequate public response, creates a real social disaster plunging millions of workers into extreme poverty. Nicaragua stands as an outlier: there was no compulsory lockdown at the time, as reflected by the high rate of respondents working normally (82 per cent). Yet, if social isolation is 'voluntary' and there is no measure to guarantee workers' income, we can expect that the poorest will be forced into work at the expense of their health.

In South America, we can see mixed cases such as Brazil or Colombia, where the lockdown was only partially respected while governments implemented some insufficient social policies.³ In both countries, domestic workers were not listed as essential workers during the period of the lockdown, except for caretakers, which led to restrictions on their mobility and a relatively high level of dismissals. Brazil and Colombia adopted emergency financial aid for the informal sector, for which the day labourer (*diarista*) could apply (*ibid.*). However, the registration process was mostly done online, making it hard to navigate for workers with low levels of literacy and limited access to technology. In addition, the amount delivered remained below the basic needs of a family. In Colombia, only 13.50 per cent of the respondents said they received the financial aid from the government, while in Brazil 26 per cent did. Thus, the choices made by these governments appear inconsistent: while they have

Table 4: Employment situation per country.

		Fired or suspended	Working with losses	Working normally	In paid quarantine	Total
Argentina	Count	51	39	75	178	343
	%	15	11	22	52	100
Bolivia	Count	10	0	5	4	19
	%	53	0	26	21	100
Brazil	Count	129	33	69	90	321
	%	40	10	21	28	100
Chile	Count	134	39	45	22	240
	%	56	16	19	9	100
Colombia	Count	140	12	14	15	181
	%	77	7	8	8	100
Costa Rica	Count	117	62	38	5	222
	%	53	28	17	2	100
El Salvador	Count	79	8	3	1	91
	%	87	9	3	1	100
Guatemala	Count	45	8	21	0	74
	%	61	11	28	0	100
Mexico	Count	82	37	21	13	153
	%	54	24	14	8	100
Nicaragua	Count	9	20	141	3	173
	%	5	12	82	2	100
Panama	Count	18	2	4	0	24
	%	75	8	17	0	100
Paraguay	Count	57	29	17	0	103
	%	55	28	17	0	100
Peru	Count	142	12	57	11	222
	%	64	5	26	5	100
Dominican Republic	Count	101	18	23	25	167
	%	60	11	14	15	100

Notes: Excluding 'retired' and 'other'. The differences between countries are statistically significant ($p < 0.000$).

restricted the possibilities for domestic workers to work, they did not provide them with the adequate level of support to guarantee their survival during the lockdown. Domestic workers represent one of the largest segments of the female workforce; yet, in most countries, they are partially excluded from labour legislations under 'normal' circumstances and already exposed to precarious conditions. The crisis only made these entrenched inequalities more visible and governments' measures failed to include this vulnerable population.

Finally, Argentina stands out with a majority of respondents (52 per cent) confirming to be benefiting from a paid quarantine (see Table 4), and a third reporting that they received financial support from the government (see Table 5). In fact, Fernandez' administration adopted a quite pro-active policy: a one-time cash transfer for self-employed and informal workers, and an Emergency Family Income (*Ingreso Familiar de Emergencia* – IFE) of \$150 per month for informal workers not covered by unemployment benefits.⁴ The IFE has reached about 9 million workers,⁵ and although only a third of our respondents mentioned it, this rate is comparatively higher than in the other countries. Yet, this remains a minority, alerting to the low level of protection offered to domestic workers across the continent.

Thus, our results confirm the precarious living and working conditions of domestic workers, as well as the damaging consequences of informality. In a context of pandemic crisis, such workers cannot access social benefits, and many are forced to stay in work to

Table 5: Support received from the government.

		Distribution of food baskets or vouchers	Financial support or cash transfer	Nothing
Argentina	Count	10	133	184
	%	2.50	33.70	46.60
Bolivia	Count	0	8	8
	%	0.00	40.00	40.00
Brazil	Count	0	106	185
	%	0.00	26.00	45.00
Chile	Count	4	25	208
	%	1.50	9.20	76.20
Colombia	Count	9	26	136
	%	4.70	13.50	70.50
Costa Rica	Count	98	14	87
	%	41.50	5.90	36.90
El Salvador	Count	7	11	70
	%	7.20	11.30	72.20
Guatemala	Count	8	2	62
	%	9.40	2.40	72.90
Mexico	Count	1	4	130
	%	0.60	2.50	81.30
Nicaragua	Count	4	4	123
	%	2.10	2.10	65.80
Panama	Count	2	6	17
	%	7.40	22.20	63.00
Paraguay	Count	10	43	30
	%	8.80	38.10	26.50
Peru	Count	13	34	146
	%	5.30	13.90	59.60
Dominican Republic	Count	9	30	143
	%	4.40	14.60	69.40

Notes: Open question, not compulsory and manually coded. The results displayed do not add up to 100% because missing values and options with lower levels of occurrence are not included in the table. The differences between countries are statistically significant ($p < 0.000$).

survive despite this representing a considerable risk for their health. For this population, a loss of revenues means falling into extreme poverty, while being kept in work means an increase of violations of rights and occupational hazards. The lack of support from governments also reinforces the idea that reproductive work is not ‘real’ work; women are expected to take on all the additional reproductive labour for free inside their homes, while domestic workers are exposed to increased risks and/or being left without income.

Health, safety, and well-being

The occupational health hazards faced by domestic workers were already concerning before the pandemic crisis. Some studies show, for instance, a high incidence of burns, falls, allergic reactions to chemical products, and overwork (Santana *et al.* 2003), in addition to verbal abuse, violence, and humiliations. Informal domestic workers are made more vulnerable because they do not have access to social security, and the majority would keep working even when they are sick or in pain (Theodore *et al.* 2019). The situation tends to be even worse for migrant domestic workers, especially if they are undocumented, as it is harder for them to access health services or report abuses from their employers (Fernandez 2018). The degree of dependence on the employer can also be higher, particularly for those who live at their workplace (Gideon 2014).

Our survey reveals the worrying extent of pre-existing health conditions making domestic workers more vulnerable to the pandemic crisis (see Figure 3). A quarter of the respondents had at least one of the conditions considered as risk factor for COVID-19: high blood pressure, diabetes and overweight, while 38 per cent were undergoing medical treatment. These conditions are heavily determined by social factors, such as the quality of food, stress, and lack of physical exercise. The prevalence of allergies, sinusitis, and asthma is also noticeable for a group of workers whose main task is cleaning. Another striking element is the reporting of mental health issues: 11 per cent of the respondents suffered from depression and 7 per cent from anxiety. Existing research confirms that female domestic workers have overall poorer psychological health than women in other occupations, and this is correlated to the specific occupational hazards they face: isolation, insecurity, lack of control over their time, racism, and abuse (Hanley *et al.* 2010). Sales and Santana (2003) further argue that the lack of formalisation is a factor of stress, while constant devaluation and humiliations are conducive to poorer mental health and low self-esteem. Finally, the excessive workload can lead to feelings of exhaustion and tiredness (Bauleo *et al.* 2017).

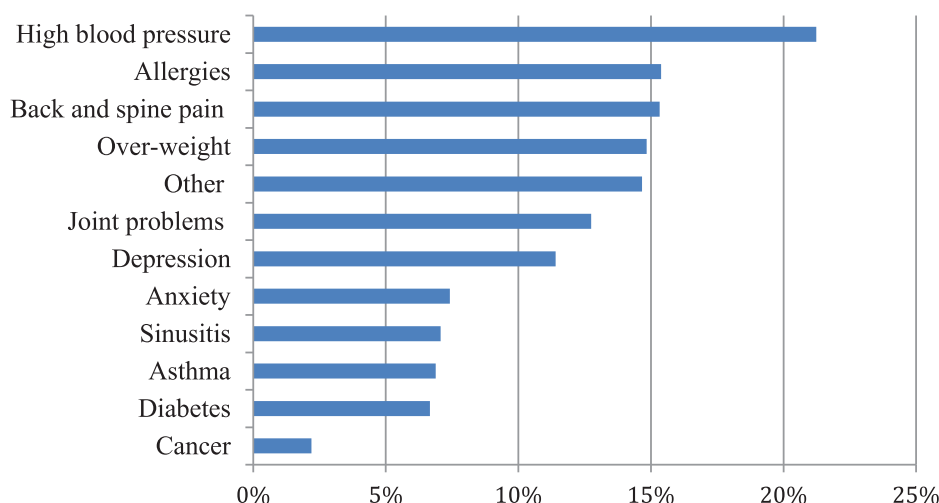


Figure 3: Pre-existing health conditions. Notes: Excluding Brazil. Multiple choices were allowed most respondents suffered from more than one condition. This figure shows single occurrences only for each condition.

Cumulating all the risks

All these elements worsened with the pandemic crisis. Uncertainties regarding the immediate future, difficulties in providing for their families, and the accumulation of debts exacerbate domestic workers' stress and anxiety. Higher levels of stress are also likely to affect blood pressure, thereby creating a vicious cycle for many women. A respondent from El Salvador explains:

I could not pay my rent or my bills, and I didn't receive anything from the government. This has affected my health, I have been very stressed and my blood pressure went up.

Many others reported feeling 'sad', 'anxious', 'worried', or 'afraid'. Those who kept working also complained about the increase in workload that made them more tired, while some expressed concerns for being away from their families as they have had to stay in quarantine at their employers. The journey to and back from work is another issue. The majority of respondents (57 per cent) commute for more than one hour to go to work, and it is practically impossible to maintain social distance on public transport.

In addition, the very nature of the job exposes domestic workers to contamination; they are totally dependent on their employers' hygiene and willingness to respect the safety measures. Caretakers and nannies are in direct and constant contact with other people, which significantly increases their chances of contracting COVID-19. Our results show that 4 per cent have been forced to share the space or take care of someone who was possibly infected, rising to 7 per cent in El Salvador and Guatemala, and 10 per cent in Paraguay. However, these figures only reflect the extent of domestic workers' knowledge about the health condition of the household members for whom they work. Taking care of another person is in itself a factor of risk, and the unions consulted reported several cases of employers not informing the employee that a member of the household was sick.

Quite shockingly, domestic workers were not being provided with Personal Protection Equipment (PPE) to a sufficient level. Only a small majority, 56 per cent, said they were given adequate equipment at their workplace, but this average hides significant national variations: 59 per cent of respondents from Guatemala, 61.6 per cent from Brazil, 71 per cent from El Salvador, and 74.6 per cent from Colombia were *not* provided with protective equipment. If nannies, cleaners, and caretakers are so essential to their employers that they cannot stop working during a pandemic, why don't the employers provide them with PPE? This shows complete disregard for the health and safety, and indeed the life, of domestic workers and their families. As a result of those cumulated risks, a relevant proportion of respondents (6 per cent) said that they have felt the symptoms of COVID-19 but were not tested. In Chile, 9 per cent reported having felt the symptoms while 1.6 per cent of the general population tested positive, in Brazil 12 per cent and in Peru 17 per cent (versus 1 per cent of the population who tested positive in both cases). Since respondents were not tested, we cannot assume that they actually contracted the virus, rather, these figures show the lack of access to health services, the scarcity of tests, and confirm the higher level of exposure faced by domestic workers.

Violence and harassment

Last but not least, domestic workers as women are also exposed to the 'shadow pandemic' (UN Women 2020) of gender-based violence. A report from UN Women released in May 2020 shows that there has been an increase of about 30 per cent in domestic violence during periods of lockdown. The report suggests that these rates could be explained by increased worries about health and survival, which create tensions within households,

as well as the situation of confinement itself. Harassment and violence in the public sphere against women workers who are on the frontline has also worsened, as streets were emptier and specialist services less accessible. For domestic workers, working in a private home is in itself a considerable factor of risk: before the pandemic, sexual abuse from the employer was already listed as the second most common cause of resignation amongst migrant domestic workers (ILO 2016). As many were forced to stay in quarantine at their employers' house, their situation of vulnerability increased.

Considering our data collection method and the difficulties we encountered, our results probably are an underestimate of the actual level of violence and mistreatments suffered by domestic workers at the workplace during the crisis. One issue is that respondents might not feel comfortable reporting it to their union leaders over the phone (though they are all women), these traumatic events being particularly hard to share. Another problem could be the non-identification of some behaviours as mistreatment; insults or demeaning talk can be quite normalised and hard to capture through a quantitative survey. Given the barriers to name and report these aggressions, even when domestic workers understand the act perpetrated as sexual violence or harassment, silence is often the most common answer (Ribeiro Corossacz 2020). Indeed, sharing the same private space as their employer, working without a formal contract, and being a migrant are all factors that increase the barriers to identifying and reporting acts of sexual abuse in the sector (Ojeda Parra 2005).

Nonetheless, our results give an indication of the risks faced by domestic workers. About 5.20 per cent reported having experienced violence or mistreatment from their employer during the period of the crisis, rising to 7 per cent amongst those who work as caretakers and 8.50 per cent of the internal migrants. Informal domestic workers were almost twice as likely to report violence or mistreatment as formal domestic workers (6 per cent versus 3.6 per cent, respectively). For those working without a written contract, reporting is more challenging, and will often result in a dismissal. Quarantine measures further mean that employers are more present than usual, which increases the contact with male family members and the risk of exposure to harassment. A respondent from Mexico, where 8 per cent affirmed having suffered from violence or mistreatments at the workplace, wrote: 'One of the men is working from home and is touching me when the lady is not there. He is harassing me.' Although more research is needed, our data suggest that those who were confined at their employers' house during the pandemic crisis experienced some level of harassment and violence, and lacked adequate support. Because the workplace is also a private home, the challenges for domestic workers who suffer from harassment or violence are particularly complex and require much more robust systems of intervention.

Fighting for the right to stay alive

Thus, domestic workers face multiple risks: loss of job and revenues, violation of rights, lack of access to social benefits, existing co-morbidity factors with the COVID-19, increased occupational health hazards and disregard for safety measures from the

employers, and exposure to sexual violence and mistreatments. In fact, many tragedies have been marking the sector throughout the period, showing that some lives matter less than others. As reported widely by both the international and national press, in Brazil, one of the first confirmed death by COVID-19 was of a domestic worker: a 63-year-old, diabetic black woman, who worked in the upper-class area of Leblon in Rio de Janeiro. Cleonice Gonçalves was infected by her employer who had just returned from a trip to Italy, and neglected to inform her she had been contaminated. The employer survived, Cleonice did not (Slattery and Viga Gaier 2020). For domestic workers, the right to health and decent work has become a fight to stay alive. While middle-class and 'qualified' workers can work from home, receiving their regular pay, poor and informal workers around the world are forced to choose between their health and their wages. Paradoxically, those workers are also amongst the most essential to the reproduction of the labour force: food producers and deliverers, waste pickers, cleaners, nannies, and caretakers. This shows the unsustainability of social reproduction under its current form, as the most essential tasks to the reproduction of life are being performed under conditions of extreme poverty and precarity (Fraser 2016).

Domestic workers are well aware of their value and the role they play in sustaining millions of families. In Latin America, they have been fighting for equal rights and decent work for decades, arguing precisely that their work should be recognised as productive and valuable (Acciari 2019). The first associations were created as early as the 1920s in Chile and Mexico (Rojas-García and Toledo González 2017), and in the 1930s in Colombia (Elvis Plata Quezada 2013) and Brazil (Pinto 2015). Back then, domestic workers were already demanding equal labour rights and fair treatment. In 1988, domestic workers' organisations from Argentina, Bolivia, Brazil, Colombia, Chile, Costa Rica, and Guatemala came together to create the CONLACTRAHO, which has been a key actor at the transnational level (Goldsmith 2013). In 2011, after decades of mobilisation, domestic workers finally obtained a dedicated ILO Convention (189) guaranteeing decent work for the sector (Acciari 2019). Following this victory, in 2013, they created the first women-led global federation, IDWF. In Latin America, IDWF has 22 affiliated unions, from 15 countries, directly representing over 100,000 members across the region, and most unions are affiliated to both CONLACTRAHO and IDWF.⁶

Despite their transnational force and mobilising capacity, domestic workers' unions are quite atypical. Because of the specificities of the sector, they are under-funded and have very precarious structures. The leaders are usually volunteers, struggling to combine their paid work as domestic worker with their activism. Also different from the other sectors, the unions are entirely led by women. Union leaders know they represent one of the largest categories of female workers and that the entire social organisation relies on them. As the leaders often say: 'if domestic work stops, society stops'. Their constant, decades-long, struggle for equal rights and decent work became even more crucial during the crisis. Domestic workers' unions have implemented three types of action in response to the pandemic crisis: information, legal mobilisations, and humanitarian aid, which are discussed below.⁷

Providing vital information

As soon as the crisis started, domestic workers' unions across the region shared information with their members about their rights during the pandemic, the virus itself, and basic safety measures to observe for those who kept working. Given domestic workers' social marginalisation and low levels of formal education, this information proved to be vital. In Mexico, the National Union of Home Workers (SINACTRAHO) produced cards explaining how to avoid contamination at home and at work. In Brazil, the National Federation of Domestic Workers (FENATRAD) published an extensive protocol, with the help of the feminist NGO Themis, containing detailed guidelines for both workers and employers. Amongst their key recommendations were: reducing the number of days of work to limit domestic workers' travel but without reducing their salary, providing alternative means of transportation such as taxi or private cars, and changing the worker's schedule to avoid rush hours in public transports. Local leaders also undertook individual and legal casework, but over the phone instead of face-to-face. IDWF-Latin America further organised an online training on health and safety protocols in July 2020, as the quarantines were easing out and many domestic workers were being called back into work.

Legal mobilisations

Domestic workers have also been pressing governments and policymakers to try to ensure that they are included in emergency programmes. Across Latin America, there has been an impressive online mobilisation, as it was impossible to mobilise in the streets or to attend meetings physically. Leaders have had to learn fast and adapt to new technologies. In the Dominican Republic, the unions forced the Ministry of Labour, through online roundtables and negotiations, to include domestic workers in the programme 'Stay at Home', which provided social benefits to those not able to work during the lock down (Garcia, 2020; IDWF, 2020). In Chile, domestic workers obtained the right to unemployment benefits (Pereira, 2020).

The one of the most noticeable legal achievements in the region comes from Peru. After almost a decade of mobilisation, domestic workers finally obtained a reform of the labour legislation that includes most of the rights contained in ILO Convention 189. Although this mobilisation had started before the crisis, it is significant that they won a legislative victory in the middle of the pandemic. The new law includes: the right to a written contract, the national minimum wage, a limitation of eight hours of work per day and compensations for extra time, the obligation for employers to enrol their house employee in social security schemes, and compensations for unfair dismissal.⁸ It remains to be seen how effectively this will be implemented, but as the crisis continues, these rights are crucial to protect domestic workers.

Humanitarian action, care, and solidarity

Quite remarkably, domestic workers' unions also mobilised for the survival of their members and launched the campaign 'Care for those who care for you' (*Cuida a quien te*

cuida) on the entire continent. This slogan touches on the core of the problem raised by the pandemic crisis: who takes care of those who care for us? If these workers get sick or die, who will provide care for the elderly, who will look after the children when parents are at work (inside or outside their homes), who will keep the houses clean and cook for the busy and time-poor middle class?

Domestic workers' unions, at the local, national, and global level, have been fundraising to support those who lost their jobs. Thousands of food baskets were distributed in Latin America, and in many cases, these represented the only means of survival for domestic workers who had been dismissed and could not access any social benefit.⁹ Some initiatives were improvised, calling upon individual donations, while some were professionally organised with online platforms to collect donations. Local unions, and IDWF itself, have had to switch from labour-based actions and promotion of decent work to humanitarian aid, thus completely revising their immediate strategy and priorities. For most leaders, this was the first experience doing humanitarian relief, and many implemented concrete politics of care within their unions. Leaders' new daily tasks involved, for instance, calling their members to check on them and be a supportive voice they can talk to (Acciari 2020). Affiliates started meeting online regularly just to see each other and be together, and some unions are offering mental health support and group discussions on women's health and well-being. Through small-scale and localised actions, organised domestic workers are showing us the way forward to the 'new normal': more solidarity, more care, and more collective action.

Conclusion

This article has provided a picture, although partial and incomplete, of the situation of domestic workers in Latin America during the COVID-19 crisis. Despite the challenges in collecting data and an over-representation of unionised domestic workers in the sample, our survey shows the extent of the social, employment, and health crises faced by the workers of the sector. Domestic workers have experienced a massive wave of dismissal and loss of revenues, and for those who stayed in work, their conditions worsened. Pre-existing vulnerabilities produced by their informal and precarious status precipitated millions into extreme poverty and jeopardised their ability to survive. In addition, if their health conditions and occupational hazards were worrying before the crisis, the pandemic has both exacerbated and created new risks for domestic workers. They faced risks of contagion due to the nature of their job, while the workers who were confined at their employer's house were exhausted by the increase in workload, and more exposed to violence and mistreatments, including those of a sexual nature.

Because domestic workers have been historically undervalued and marginalised within labour laws, policy responses were blind to their specific situation. Once again, reproductive labour is not being considered as 'real' work, at a time where it is so much needed. Fundamentally, the COVID-19 crisis has revealed that the most essential workers are also the most exploited and precarious ones. Quarantines and lockdowns have made more striking the importance of the work of social reproduction; during this exceptional period

of time, with all the schools closed and half of the world population confined in their homes, the level of care and domestic work has increased for most households. Yet, paid domestic workers were either dismissed, which means they were no longer providing their services to the middle class, or kept in work at the expense of their own health and safety.

All of this is not new to feminist studies, but we argue that the COVID-19 pandemic has created the conditions of a new crisis of social reproduction. If domestic workers remain unemployed, get sick or die (either of starvation or coronavirus), it is the entire system of social reproduction, as well as the lives and well-being of millions of families – including their own – that are being threatened. Therefore, we call for a feminist response to the crisis; one that values and protects domestic workers, and more broadly, that recognises reproductive work as work. We do not want to go back to ‘normal’, we need a fairer, more inclusive and gender-responsive alternative. In line with the coalition of feminist organisations that elaborated a comprehensive response to COVID-19,¹⁰ we believe that any suitable response must involve:

- A society centred on the well-being of all people, with sensitive and inclusive policies that take into account the informal sector and guarantee access to social services and the right to care.
- Measures that ensure health and safety, including sexual and reproductive health rights, and both physical and mental health. Those should protect, in particular, front-line workers (who are mostly women), and promote a publicly funded and inclusive health system.
- A comprehensive paradigm shift, relying on adequate and equitable financing that addresses underlying economic inequalities, guarantees decent work, sustainable development, and gender equality, and supports a better distribution of care and domestic work across society.
- For domestic and care workers in particular, we demand fair pay, respect of their rights under the ILO Convention 189, full inclusion in governments’ emergency and income-support programmes regardless of their status (migrant, informal, or any other modality), and the right to a paid quarantine. Their safety and well-being must be guaranteed by appropriate transportation, provision of PPE, reasonable workload and working hours, no forced quarantine at their employers’ house, and adequate mechanisms to prevent and respond to harassment and sexual violence.¹¹

Notes

1. See WIEGO and IDWF campaign: ‘Covid-19 and the World’s Two Billion Informal Economy Workers’, www.wiego.org/COVID19-Platform (last checked 28 January 2021).
2. For a detailed mapping of government measures, see the Observatory of Covid-19 in Latin America provided by ECLAC: <https://cepalstat-prod.cepal.org/forms/covid-countrysheet/index.html?country=ARG&theme=4> (last checked 28 January 2021).
3. See *ibid.*

4. *Ibid.*
5. *Ibid.*
6. See IDWF website with the full list of affiliates: <https://idwfed.org/en/affiliates/latin-america>
7. For more detailed examples from each country, see IDWF's website: <https://idwfed.org/en/covid-19/the-idwf/rapid-responses-by-the-idwf-affiliates/every-action-counts> and IDWF regional newsletters: <https://idwfed.org/es/recursos/fith-e-boletin> (both last checked 28 January 2021).
8. See the campaign of the National Federation of Domestic Workers of Peru: www.facebook.com/fenttrahop.peru/, and the details of the legislation (law no. 31047): <https://busquedas.elperuano.pe/normaslegales/ley-de-las-trabajadoras-y-trabajadores-del-hogar-ley-n-31047-1889434-1/> (last checked 28 January 2021).
9. See <https://idwfed.org/en/covid-19/the-idwf/rapid-responses-by-the-idwf-affiliates/latin-america>
10. See 'A feminist response to Covid-19': www.feministcovidresponse.com/static/media/principles-en.a6f9f4a2.pdf (last checked 28 January 2021).
11. See more recommendations from IDWF: <https://idwfed.org/en/covid-19/the-idwf/advocacy/idwf-recommendations.pdf> (last checked 28 January 2021).

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