

Press Release

“gratitude alone doesn’t bring food on women’s tables “

Athens 8 March 2021.

The Centre for Gender Studies of Panteion University organized an Online Guest Lecture and an Online Policy Discussion Panel on the first theme of ProGender project **Gender, care and labour during Covid-19** with participants from Norway, Iceland and Greece.

A. The **Online Guest Lecture**, entitled **“Chaos ruined the children’s sleep, diet and behaviour: Gendered discourses on family life in pandemic times”** took place on February 15, 2021 with the presence of the Ambassador of Iceland, Ingibjorg Davidsdottir, who opened the event emphasizing the importance of the benefits of gender equality for all, not only women and girls, but also men and boys, who should also be part of the conversation and the solution.

The guest speaker **Annadís Greta Rúðólfssdóttir**, Associate Professor at the School of Education (University of Iceland), analyzed the impact of the Covid-19 crisis in Iceland from a gender perspective, focusing on households that became the primary care and work hubs, as primary schools, run out of capacity. She analyzed gender representations of working parents during the pandemic in public discourses and policies adopted during the pandemic and the demands of and problems that parents face regarding the reconciliation of their professional, private and family lives.

One of the main findings of the research is that motherhood is a strong ideology that is very closely interconnected to stereotypical notions of femininity. The ideal parents are represented as organized, involved, neat, disciplined and positive and mothers as the ones who should be managing everything at home and consider children’s needs above all others’. Even if in Iceland there are strong feminist movements and structures against gender inequalities, society has embraced the neoliberal ideology that child parenting is an individual woman’s task. Compared to the financial crisis of 2008, the Covid-19 crisis has increased the burdens entrusted on women, while the renegotiation of gender roles within families is still a challenge, as men continue to push the responsibilities for care and domestic work mostly to women.

B. The **Online Policy Discussion Panel** entitled **“How essential is health and care work during COVID 19? A discussion on Gender, Care and Labour”**, took place on March 1, 2021.

The participants engaged in a discussion on the gender aspects and policy implications of the pandemic on their professional and private lives. The participants were:

- From Iceland **Kristín Dýrfjörð**, Associate Professor at the School of Humanities and Social Sciences (University of Akureyri) and **Sonja Ýr Þorbergsdóttir**, Chair of the Federation of State and Municipal Employees (BSRB).
- From Norway **Kristine Sommerset Bjartnes**, International Advisor at IPPF organization and **Silje Naustvik**, Deputy Head of the Norwegian Nurses' Association.
- From Greece **Tzannis Polykandriotis**, General Secretary of the Panhellenic Trade Union Nursing Federation of the Hellenic National Health System (PASYN0 - ESY), **Dimitris Charalampopoulos** representative of Panhellenic Federation of Public Hospital Employees (POEDIN) and **Aurora Tabangin**, care worker and member of Melissa Network of Migrant Women.

One of the groups at the frontline are **pre-school teachers**, who are in their majority women. In Iceland preschool structures remained open for long periods of time during the lock downs, as 97% of 6-year-old children continued going to the all-day preschools, unlike Greece, where for the greatest part of the pandemic they were closed. Pre-school teachers were proud for their contribution, but they had to do jobs that were not part of their job description without adequate training or guidance.

Moreover, the healthcare systems survived under unprecedented pressure because of the work of **nurses** and other medical staff, who were in their majority female. Despite their significance for the fight against the pandemic, the representatives of nurses were not included in the scientific commissions for COVID-19. In Iceland, 80% of female nurses are part time workers and their decision to work part-time is connected to work-life balance issues. In Norway, nurses are still underpaid and overworked with long shifts and weeks without days-off, which leads to a lot of part time work too. In Greece, the healthcare system was not ready to deal with Covid-19 because of shortages of nursing staff caused by austerity budget cuts in public spending during the financial crisis. The nursing staff is exhausted and under a lot of psychological stress, as they work under extremely difficult conditions and without days-off. Female nurses face more problems because on top of their demanding work schedules they have to take care of their families.

Another group that is affected by the lock downs are **migrant domestic and care workers**, who play an important role in sustaining the care system in Greece: because of government restrictions live outs face unemployment and poverty, while live-ins face isolation and

confinement in the houses of their employers working 24/7 without compensation. Finally, during lock downs a lot of health and reproductive care services that were previously available to women were reduced or even closed creating enormous obstacles to the protection of women's health as access to contraception and abortion was undermined. Workers in these sectors should be allowed to continue their work during lockdowns in order to protect the **health and reproductive rights of women and girls** who have been seriously hit during the pandemic.

Although Greece's healthcare system differs because it is characterized by a much larger private sector, the discussion showed that there are common gender inequalities and challenges across borders. Overall, Covid-19 has brought to the forefront gender issues that pre-existed that require immediate gender focused policy responses in all three countries. Policy makers should realize that "gratitude alone doesn't bring food on women's tables". Nurses' and carers' representatives should be included in future strategic plans on the health care system. Public spending on the healthcare system should increase targeting especially the understaffing of female dominated sectors and the gender pay gap, new full-time positions should open and adequate training, vaccinations and protections should be provided. To do so, the voices of women in the healthcare sector need to be heard. The resilience of the healthcare system cannot be built on the shoulders of women who overwork with low payments at the lowest sectors of the labour market.

The events were organized with the collaboration of the Center for Gender Research of Norwegian University of Science and Technology (NTNU) and the RIKK- Institute for Gender, Equality and Difference of University of Iceland in the framework of the project ProGender: A Digital Hub on Gender, the Covid-19 Crisis and its Aftermath, which is funded by the of the European Economic Area (EEA) Financial Mechanism 2014-2021 (EEA Grants 2014-2021). The EEA Grants represent the contribution of Iceland, Liechtenstein and Norway towards a green, competitive and inclusive Europe. There are two overall objectives: reduction of economic and social disparities in Europe, and to strengthen bilateral relations between the donor countries and 15 EU countries in Central and Southern Europe and the Baltics. The three donor countries cooperate closely with the EU through the Agreement on the European Economic Area (EEA). For the period 2014-2021, the EEA Grants amount to €1.55 billion.

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