

**How the COVID-19 Pandemic has Influenced Women's Employment
and their Health: An Inquiry into their Lived Experiences**

by

Alanna C. Veitch

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fulfillment of the requirements for the degree of

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THESIS EXAMINATION INFORMATION

Submitted by: **Alanna Veitch**

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An oral defense of this thesis took place on August 3, 2023, in front of the following examining committee:

Examining Committee:

Chair of Examining Committee	Dr. Efrosini Papaconstantinou
Research Supervisor	Dr. Toba Bryant
Examining Committee Member	Dr. Jen Rinaldi
Examining Committee Member	Dr. Hilde Zitzelsberger
External Examiner	Dr. Jill Hanley, McGill University

The above committee determined that the thesis is acceptable in form and content and that a satisfactory knowledge of the field covered by the thesis was demonstrated by the candidate during an oral examination. A signed copy of the Certificate of Approval is available from the School of Graduate and Postdoctoral Studies.

ABSTRACT

The COVID-19 pandemic accentuated employment vulnerabilities among women working in the Canadian services sector. Research shows how poverty, precarious employment, and crisis are gendered and racialized. Few studies, however, critically explore women's employment in Canada and how neoliberalism drives inequality. A Feminist political economy framework was used to examine the lived experiences of ten racialized women who work in the services sector in the GTA. Comparative thematic analysis of online interviews revealed intensified impoverishment, persisting inequalities, intersectional oppression, a deterioration of women's mental health, and the inadequacy of existing public policies to address the cycle of neoliberal austerity and poor health experienced by racialized women in Canada. This research makes explicit how gender, race, and social class interact and shape women's health. Governments must strengthen public provisions to address longstanding intersectional inequalities.

Keywords: feminist political economy; women's employment; women's health; social determinants of health; qualitative inquiry

AUTHOR'S DECLARATION

I hereby declare that this thesis consists of original work of which I have authored. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

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The research work in this thesis that was performed in compliance with the regulations of Research Ethics Board (REB) under **REB Certificate number 16940**.

ALANNA C. VEITCH

STATEMENT OF CONTRIBUTIONS

I hereby certify that I am the sole author of this thesis and that no part of this thesis has yet been published or submitted for publication. I have used standard referencing practices to acknowledge the ideas, research techniques, and materials that belong to other scholars and individuals. Furthermore, I hereby certify that I am the sole source of the creative works and/or inventive knowledge described in this thesis.

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LIST OF ABBREVIATIONS AND SYMBOLS

CERB	Canada Emergency Response Benefit
GTA	Greater Toronto Area
OHIP	Ontario Health Insurance Program
SDH	Social determinants of health

Chapter 1. Introduction

1.1 Introduction and Background

Between February and April 2020, the unemployment rate in Canada rose from 5.9% to 13.0% (OECD, 2020; Statistics Canada, 2020a). Unlike previous crises, such as the 2009 global financial crisis, more women than men between the ages of 25 and 54 years experienced job loss and reduced work hours during the first months of the COVID-19 economic shutdown. The same is true for racialized minorities, for whom *Labour Force Survey* data were not reported in Canada until July 2020 (Statistics Canada, 2020b). Furthermore, when the economy began an unsteady reopening, the recovery of employment among working age (25 to 54 years) women and racialized minorities lagged in comparison to that of men and their non-racialized counterparts (Nolen, 2021; Statistics Canada, 2020b). Inadequate access to supports such as paid sick leave and childcare, among others, were identified as contributing to the disproportionate impact the COVID-19 crisis has had on women and racialized minorities, and other marginalized populations (Aquanno & Bryant, 2021; Macdonald, 2020; Statistics Canada, 2021).

These issues have been most prominent in the services sector (i.e., hospitality, food services, and retail) where most initial employment losses occurred in March 2020. Jobs in this sector are often insecure, meaning that they often lack employment protections, are part-time, temporary, and low paying (Stanford, 2021; Statistics Canada, 2020a; Vosko et al., 2003). In addition, women and racialized minorities are overrepresented in this sector and in jobs that lack worker protections (Campos-Serna et al., 2013; Cooper, 2017; Cranford et al., 2003; Statistics Canada, 2020b). Aquanno and Bryant (2021), for instance, argue that the gendering and racialization of certain types of

(insecure) work is not a coincidence, but in fact woven into the fabric of welfare state capitalist societies such as that of Canada.

The Canadian welfare state is classified as a liberal regime that treats the market, rather than the state, as the main arbiter of public goods (Esping-Anderson, 1990; Kushi & McManus, 2018). Access to services is, therefore, provided according to individual need rather than on a universal basis. As a liberal welfare state, Canada is especially susceptible to neoliberalism and its imperatives which, in response to the economic downturn in the late 1970s and early 1980s, brought about employment restructuring and an increase in insecure forms of employment (Bryant, 2016; Coburn, 2004; Navarro, 1998; Vosko et al., 2003). *Neoliberalism* is the dominant political ideology that considers minimum state intervention and market deregulation, among other priorities, to be the best ways to stimulate economic growth. This is achieved through austerity policies that involve reduced social spending and cuts to social welfare provisions, including income supports and worker protections (Bryant et al., 2020; Mercille & Murphy, 2015; Ruckert & Labonté, 2017). Such actions are made under the guise that an unregulated market will meet any identified public need. This approach to public policy continues despite evidence that such policies make society increasingly prone to crisis and deepening inequality. In doing so, they threaten the health and well-being of populations, and especially of women and racialized minorities, among other marginalized groups.

In this introductory chapter, I begin by defining the key theoretical concepts that inform and frame my thesis research. These include the social determinants of health, women's health, women's employment, and feminist political economy—the analytic framework guiding this thesis. I then provide a brief overview of the literature on

women's employment and health discussed in greater detail in Chapter 2. In the third section, I outline the feminist qualitative methodology I describe in Chapter 3 and use to examine the lived experiences of ten women of colour during the COVID-19 pandemic in Canada. I follow this with a summary of the key findings and analytical insights discussed in Chapter 4. Overall, this thesis research offers a complex and intersectional understanding of how gender, race, and social class have shaped racialized women's employment and health experiences in Canada during the COVID-19 pandemic. It also discusses what governments and employers can do to address persisting crisis inequalities, and it identifies questions for future research.

1.1.1 Theoretical Concepts

As described earlier, the purpose of this section is to outline the key theoretical concepts¹ that frame the work of my thesis research on women's employment and health in Canada. I will begin by defining the *social determinants of health* (SDH) which are the material living and working conditions in which people live, work, and grow (Raphael et al., 2020; World Health Organization, 2023). The SDH also include the broader socio-political systems, such as public policy, that shape these conditions and the social and health outcomes of individuals and populations. The World Health Organization (2023) lists ten SDH, including income, unemployment, working conditions, food insecurity, housing, and access to affordable quality health services, among others. Raphael et al. (2020), however, identify seventeen SDH, which, in addition to those just listed, include gender, race, and globalization (a complete list of all seventeen is provided in Table A1 in

¹ Note that some of these concepts are also described in the second chapter.

Appendix A). While my work aligns closest with the work of Raphael et al. (2020), both sources emphasize how social policies, societal norms, and political and economic structures distribute the SDH to create and reproduce social and health inequalities that are also unnecessary and preventable through public policy.

Employment is one SDH that influences whether and to what extent individuals have access to an income—arguably, the most important determinant (Benach et al., 2014; Raphael et al., 2020; Tremblay, 2016). This is because employment influences individuals' ability to afford nutritious food, adequate housing, and necessities for living. It also interacts with other SDH to shape individuals' social status based on their income, social position, upbringing, and job. Since the 1970s, employment has become increasingly insecure, which research shows is associated with burn-out, stress, depression, chronic illness, and poor general health (Benach et al., 2007; Benach et al., 2014; Tompa et al., 2016; Tremblay, 2016; World Health Organization, 2023). The way that *insecure employment* influences health is through repeated and prolonged periods of part-time work, unemployment, and low wages that exacerbate feelings of insecurity and powerlessness. Insecure employment also often lacks employment protections like paid sick days and collective agreement coverage that are associated with better health outcomes. Research also shows that women and racialized groups tend to be segregated in insecure low-wage positions (Cranford et al., 2003; Statistics Canada, 2019). This issue draws much needed attention to understanding the ways through which women's employment influences their health.

My focus on women's employment and health is motivated by insight into such issues that disproportionately affect women, as well as by my personal experiences

working as a woman in precarious jobs and living with a permanent disability. When I refer to women in this thesis, I recognize that *woman* is a social construct of gender identity upheld by society and its social institutions (Beauvoir, 1980; Blackstone, 2003). I am also aware of the complexity of conceptualizing what a woman *is* (Beauvoir, 1980). Thus, for the sake of transparency and (I hope) simplicity, *women* herein concerns individuals who identify as cisgender women doing gendered paid work—that is, service sector jobs that are often precarious and performed by women and racialized minorities (Cranford et al., 2003; Glenn, 1992; Kowalchuk, 2018). *Women's employment* therefore focuses on women's employment in hospitality, food services, and retail. It is also necessary to acknowledge here that women and racialized minorities are not distinct from one another in a feminist analysis. Rather, a feminist analysis like the one I employ in this thesis accounts for the intersections between gender, race, and social position (i.e., class, age, ability, etc.) (Armstrong & Connelly, 1999; Ferguson, 2008; Fraser, 2013).

In relation to women's employment, Campos-Serna et al. (2013) and Fujishiro et al. (2021) discuss how a psychosocial or behavioural lens have predominantly been used to conceptualize *women's health* as a product of women's ability to manage their paid work and domestic responsibilities. Both researchers demonstrate how these approaches individualize women's responsibility for their health and fail to recognize the impact that broader societal structures have on health. They also find that few studies apply a critical social science perspective, such as feminist political economy, and qualitative design to understand and explain these issues (Campos-Serna et al., 2013; Fujishiro et al., 2021). In order to obtain a deeper understanding of women's health, and particularly in relation to their work and the broader socio-political context, feminist scholars like Armstrong

(2015) and Cohen (1998) argue for a critical inquiry into women's health grounded in their perspectives on their health and well-being—i.e., how women understand their health and what it means, including their physical, mental, psychosocial health.

An important aim of critical social science theories is to challenge dominant assumptions about issues, such as women's employment and health, in order to bring about social change (Armstrong, 2020; Fraser, 2013). *Feminist political economy* is a social science analytic framework that examines broad socio-political structures and values systems considered to shape people's living and working conditions (the SDH). Further, this framework directs attention to how socio-political structures and systems are experienced differently by women and minority groups. Feminist political economy is also concerned with how differences in power and influence create and maintain social and health inequalities, as well as how to mobilize civil society members to promote social and political change. Because this framework is orientated towards emancipatory change and equitable distribution of material conditions, feminist political economy is consistent with a critical qualitative inquiry (Lincoln et al., 2011; Mason & Stubbs, 2012), and well-suited for exploring and understanding women's perspectives on their employment and health.

1.2 Brief Literature Review

Discussed in further detail in Chapter 2 of this thesis, a review of research literature on women's employment and health published between 2015 and 2021 identified three themes. A total of 50 texts were reviewed, 80.0% of which are quantitative, while only 20.0% use qualitative designs—similar to the findings of the systematic review by Campos-Serna et al. (2013). The dominant theoretical approach

used to examine health in relation to employment was a gender-based psychosocial or exposure-disease perspective (Campos-Serna et al., 2013; Fujishiro et al., 2021; Håkansson & Ahlborg, 2017; Heikkilä et al., 2021; Honjo et al., 2020; Hulsegge et al., 2018; Mai et al., 2019; Milner et al., 2018). These frameworks examine gender differences in workers' health, such as poor sleep, stress and stress-related disorders, heart rate variability, and other health outcomes in comparison to different exposures to precarious or part-time work, hazardous work, and shift work, among other work-related exposures. Although useful for making connections between hazardous work conditions and health outcomes, these perspectives often fail to consider broad structural forces that influence workers' exposure to health supporting or health threatening conditions.

Regarding location, most studies are concerned with the employment conditions and health of the workforce in Central Europe² (De Moortel et al., 2015; Edge et al., 2017; Julià et al., 2019; Mai et al., 2019; Pirani & Salvini, 2015; Ponomarenko, 2016; Sage, 2015; Schütte et al., 2015; Wahrendorf et al., 2016; Weber et al., 2019; Zella & Harper, 2020) or the United States (Falconi et al., 2020; Franco et al., 2020; Hardie et al., 2019; Ish et al., 2020; Jacobs et al., 2016; Kelley, 2016; Khubchandani & Price, 2017; Lefkowitz & Armin, 2021; Palumbo et al., 2020; Spitzmueller et al., 2016; Treadwell, 2019). The few studies (n=4) that explore work and health in Canada focus on pregnancy and work experiences of undocumented women (Hanley et al., 2020), low-income

² Central European countries broadly, including Italy, the United Kingdom, and Germany. These excluded studies in Northern Europe, such as Denmark, Finland, Iceland, and Sweden (Håkansson & Ahlborg, 2017; Heikkilä et al., 2021; Hulsegge et al., 2018; Jonsdottir et al., 2020; Macassa et al., 2017; Pietiläinen et al., 2020; Sigurðardóttir & Snorradóttir, 2020).

families' experiences after the 2009 financial crisis (Labonté et al., 2015), exclusion of immigrant women working as health care aides (Lightman, 2021), and pathways between precarious employment and health among immigrant men and women (Premji, 2018).

Only two of these studies inquire solely into women's experiences.

Among the three themes that were identified, the first captures analyses that find precarious employment and poverty are conditions that are gendered and racialized (Akhter et al., 2017; De Moortel et al., 2015; Edge et al., 2017; Falconi et al., 2020; Håkansson & Ahlborg, 2017; Hanley et al., 2020; Hardie et al., 2019; Ish et al., 2020; Jonsdottir et al., 2020; Julià et al., 2019; Kowalchuk, 2018; Lefkowitz & Armin, 2021; Macassa et al., 2017; McKay & McKenzie, 2020; Ní Léime & Street, 2019; Pirani & Salvini, 2015; Ponomarenko, 2016; Sage, 2015; Sigurðardóttir & Snorradóttir, 2020; Treadwell, 2019; Van den Broeck & Maertens, 2017; Wu et al., 2016; Zella & Harper, 2020). This theme reflects how women and racialized minorities are overrepresented in precarious and low-wage work which lacks protections such as paid sick days that help to alleviate financial hardship in the event of illness, unemployment, and other contingencies. To explain this finding, many authors criticize traditional sociocultural norms that position women as homemakers and men as breadwinners (Biswas et al., 2021; Håkansson & Ahlborg, 2017; Honjo et al., 2020; Jonsdottir et al., 2020; Macassa et al., 2017; Mai et al., 2019; McKay & McKenzie, 2020; Milner et al., 2018; Sigurðardóttir & Snorradóttir, 2020; Sinha, 2017; Spitzmueller et al., 2016; Van den Broeck & Maertens, 2017; Wu et al., 2016; Zella & Harper, 2020). While an important critique, it falls short of explaining racial differences within countries. In addition, their critiques often neglect how the division of labour by gender and race is political and

requires, among other social and political actions, an ideological shift in favour of redistributive public policies (Aquanno & Bryant, 2021; Kowalchuk, 2018; Labonté et al., 2015).

The second major theme pertains to societal institutions as shaping access to social and health support, and in large part through employment (Akhter et al., 2017; Edge et al., 2017; Falconi et al., 2020; Franco et al., 2020; Håkansson & Ahlborg, 2017; Hanley et al., 2020; Hardie et al., 2019; Hulsegge et al., 2018; Ish et al., 2020; Jonsdottir et al., 2020; Julià et al., 2019; Kowalchuk, 2018; Labonté et al., 2015; Macassa et al., 2017; McKay & McKenzie, 2020; Nena et al., 2018; Ní Léime & Street, 2019; Sage, 2015; Sigurðardóttir & Snorradóttir, 2020; Spitzmueller et al., 2016; Treadwell, 2019; Zella & Harper, 2020). This finding refers to the ways in which employment enables women to access mental health support or childcare directly through their employer, or indirectly through their earned wages.

Globalization and market deregulation are implicated by several studies as forces that reinforce gender and racial inequalities in labour markets (Akhter et al., 2017; Falconi et al., 2020; Labonté et al., 2015; McKay & McKenzie, 2020; Ní Léime & Street, 2019). These forces also have implications for women's access to childcare and other resources. Many authors recommend enhancing women's access to health and social services through existing institutions or by creating new ones (Hanley et al., 2020). While these are potential policy responses, most discussions indicate that public policy change can occur easily or rationally through discussions with employers and policy officials. Aquanno and Bryant (2021) and Fujishiro et al. (2021), however, argue that public policy change is complex and indeed not easy.

The final major theme is concerned with the welfare state, politics, and the distribution of power (De Moortel et al., 2015; Edge et al., 2017; Falconi et al., 2020; Kowalchuk, 2018; Labonté et al., 2015; Ní Léime & Street, 2019; Pirani & Salvini, 2015; Ponomarenko, 2016; Sage, 2015; Wu et al., 2016). Various gender-sensitive typologies are used to analyze employment and health by welfare state. Most, however, are predominantly concerned with what Kushi and McManus (2018a), Esping-Andersen (1990, 2009), and Olsen (2007) classify as social democratic and conservative welfare regimes and their respective sociocultural norms. These include Scandinavian, Nordic, and many Central European countries. Few studies are directly concerned with women's employment and health in free-market capitalist systems (i.e., liberal welfare states like Canada and the United States), and the role of neoliberalism in shaping modest social provisions during crises (Kowalchuk, 2018; Kushi & McManus, 2018a; Labonté et al., 2015; Ní Léime & Street, 2019). Institutional policy change is recommended to achieve gender and racial equality in labour markets, but discussions generally portray public policy change as a rational process, meaning that policy decisions are made impartially by government. Thus, not only does this misrepresent the complexity of public policy change, as Bryant (2015) elucidates, but it depoliticizes issues concerning women's employment and health.

Pertinent to the proposed inquiry, the third theme draws attention to a research literature concerned with crisis and the extent to which crisis drives political change to the benefit or detriment of people's health (Kowalchuk, 2018; Labonté et al., 2015; Lightman, 2021; Ní Léime & Street, 2019). These inquiries explore crisis, neoliberalism, work, and health through the perspectives of women and racialized populations. The

inclusion of their perspectives importantly helps to democratize the research process and the knowledge that it creates (Garthwaite et al., 2016). It also has the power to make issues of gender and racial inequality politically relevant and important.

1.2.1 Research Questions

The following research questions emerged from the literature review to be addressed through this inquiry:

1. How has the COVID-19 pandemic affected women's employment in Canada's services sector, and what does this mean for their health?
 - a. How do women make sense of their experience working/becoming unemployed in Canada's services sector during the COVID-19 pandemic, and what does this mean for their health?
 - b. What potential public policy responses to the pandemic and/or supports would women working/recently unemployed in Canada's services sector identify?
 - c. What are potential areas for future research on women's employment and health?

1.3 Feminist Qualitative Methodology

The third chapter opens with a reflective poem to capture the subjective complexity of doing qualitative research. In the chapter, I unpack the philosophical assumptions that underpin the methods of my inquiry into women's lived experiences during the COVID-19 pandemic in Canada. I do so by responding to scholars like Guba and Lincoln (1994) and Mason and Stubbs (2012) to situate my research in a critical and feminist inquiry paradigm, and specifically a feminist political economy framework

(Fraser, 2013). By drawing from methodological and feminist texts, I discuss how critical approaches to qualitative inquiry, such as feminist political economy, are important for identifying alternate truths about issues of power and inequality (Bezanson & Luxton, 2006; Fraser, 2013; Marshall et al., 2022; Mason & Stubbs, 2012). Such insight can then offer alternative ways of challenging and changing structures of oppression.

Next, I describe my strategy to purposively recruit ten women with experience working in the services sector during the COVID-19 pandemic. Purposive sampling was selected because it is often used for research interested in exploring individuals' experiences with a specific phenomenon (Creswell & Poth, 2018; Hole, 2014; Larkin et al., 2019; Marshall et al., 2022). The aim was to recruit a small and relatively homogeneous sample that have similar experiences with the event of interest. Prior to receiving ethics approval, I built relationships with various community agencies that provide employment and financial support services to low-income working women in the Greater Toronto Area (GTA). These efforts enabled me to successfully recruit ten women of colour in the GTA who are/were employed in hospitality, food service, or retail; between the age of 25 and 54; and able to speak and understand English.

A short survey was used to collect demographic data on women's age, annual income range, job, and area of residence. Data on education level, family status, and immigration status would have provided deeper insight into the characteristics of sample. The absence of these data is therefore a limitation of this study. I then conducted online semi-structured interviews with each participant to explore women's employment experiences during the COVID-19 pandemic and what this means for their health. A semi-structured interview guide was used to provide structure during the interviews,

while enabling me to probe new insights provided by each participant (Charmaz, 2011; Larkin et al., 2019; Marshall et al., 2022; Thorne, 2016). All interviews took place mid-October through early November 2022, and lasted an average of 45 minutes. After each interview, participants were provided an electronic \$50 gift card for their choice of grocery center, gas station, public transit, or childcare centre. This honorarium was provided in appreciation of participants' time and contributions to the study (University of Toronto, 2019).

With each participants' consent, interviews were audio recorded and transcribed using *Otter* transcription software. To ensure confidentiality and protect the identity of each participant, unique meeting links were created with secure entry, and all data were saved on a password protected USB and stored in a locked drawer (Archibald et al., 2019; Carter et al., 2021). Data were then cleaned, anonymized, and names were replaced with participant codes (i.e., P01).

Manual thematic analysis and interpretive description were used to organize interview excerpts into categories and themes, and ensure that the knowledge from this research would be practically relevant (Terry et al., 2017; Thorne, 2016). I also used a constant comparative method to identify similarities and differences between the data and extant literature (Charmaz, 2006). These methods allowed me to answer the research questions, develop a critical understanding of the participants' employment and health experiences, and ground this understanding in racialized women's personal perspectives on their employment and health.

I close the chapter by identifying several key tensions I found myself navigating during the research process. These included power dynamics (Karnieli-Miller et al.,

2009), empathy and self-disclosure (Watson, 2009), validity (Angen, 2000; Cho & Trent, 2006), and ethical considerations when conducting research online (Archibald et al., 2019; Carter et al., 2021). Through this inquiry, I sought to build alliances with women who can help identify potential policy responses to the crisis, challenge dominant understandings, and bring about social and political change (Guba & Lincoln, 1994; Guenther, 2019; Mason & Stubbs, 2012). This inquiry is not only timely, but necessary to enhance current understandings about women's work and health in Canada and the GTA, and how to improve their health and working conditions.

1.4 Key Findings and Analysis

I divided Chapter 4 into two sections, beginning with a presentation of the main study findings and demographic characteristics of the ten women who participated in the study. Among these findings were four categories and six intricately connected themes that developed from the interview transcripts using manual thematic analysis and a constant comparative technique (Charmaz, 2006; Terry et al., 2017; Thorne, 2016). All women participants identified as women of colour³ between the ages of 25 and 34 years who work in hospitality/food service, caregiving/nursing, or teaching/administration, most of whom were mothers. Most participants (60%) earned below \$40,000, which according to recent calculations is below the standard cost of living in the GTA (Coleman & Shaban, 2022). In addition, nearly all participants (90%) lost their jobs or experienced significant reductions in their paid work hours shortly after the pandemic shutdown began in March 2020. At the same time, the women were thrust into extra work that intensified

³ It was initially assumed that the sample might consist of both racialized and non-racialized women; this however was not achieved.

existing economic vulnerabilities and resulted in poorer mental health outcomes, specifically increased levels of stress and depression.

In the second section, I carried out a feminist political economy analysis and discussion of each theme. I did so by opening the analysis with women's perspectives, and by engaging with feminist contributions to everyday political economy and social reproduction. This analytic approach illuminated the gendered and racialized dimensions of labour and health inequalities, crisis, and austerity (Elias & Rai, 2019; Evans, 2015; Fraser, 2013, 2022; Glenn, 1992; Hennein et al., 2021; Kushi & McManus, 2018b; Perry et al., 2013; Williams et al., 2016). Overall, the experiences of the women in this study reveal an intensification of social exhaustion and time poverty among women of colour, a gendered burden of crisis and austerity, persisting gender and racial inequalities, and a resistance to value structures that reinforce the oppression of women and women of colour. What the women's crisis experiences meant for their health was a deterioration of their mental health that manifested in increased levels of stress and depression, all of which were attributed to low income and inadequate social and employment policies.

I discuss participants' calls for governments to strengthen existing public provisions, and for governments and employers to increase women's wages and balance employment relations by providing women opportunities to bargain for better wages and safer working conditions. During our conversations, women participants articulated how these policy efforts will address existing labour market inequalities and support their health by enabling them to afford their basic living expenses and avoid the detrimental health effects of income insecurity and neoliberal austerity. Together, these themes represent the complex way that gender, race, and social class interact and shape racialized

women's health experiences in the GTA during the COVID-19 pandemic, and what policy responses are needed now and in the future.

1.5 Conclusion

Women and racialized minorities working in the Canadian services sector have been particularly adversely affected by the COVID-19 pandemic and economic shutdown (OECD, 2020; Statistics Canada, 2020b). Statistical portraits of the impacts of the pandemic provide an incomplete understanding of what it means to live and work through a prolonged and unequal health and economic crisis, and what structural responses have the potential to rectify these inequalities (Aquanno & Bryant, 2021; Fujishiro et al., 2021). Aside from a small number of inquiries (Hanley et al., 2020; Labonté et al., 2015; Lightman, 2021; Premji, 2018), the failure of Canadian research to include women's voices in research and public policymaking signifies a need to explore how women perceive and understand their work and health, and to identify potential remedies that will improve their work situations and health.

To address this gap, I apply a feminist political economy framework and qualitative design to explore women's perspectives on their employment and health in Canada during the COVID-19 pandemic (Fraser, 2013). Individual semi-structured interviews were carried out virtually with ten women of colour, and interpretive thematic analysis was used to identify themes for comparative analysis (Charmaz, 2006; Terry et al., 2017; Thorne, 2016). Overall, ten women of colour participated in this research study. The experiences each shared revealed the complex way that income, gender, and race shape the employment and health experiences of racialized women (Bear, 2014; Calkin, 2015; Elias & Rai, 2019; Hennein et al., 2021), and how government responses to the

COVID-19 pandemic have exacerbated persisting inequalities (Evans, 2015; Griffin, 2015; Kushi & McManus, 2018b). In addition to identifying questions for future research, this study discusses actions that governments and employers can take to effectively support the health and employment of racialized women in Canada.

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Chapter 2. Critical Literature Review

2.1 Introduction

Comparable to the social and economic insecurities experienced during the 1930s Great Depression, national and global responses to the coronavirus pandemic have triggered an economic and employment crisis that accentuated existing inequalities in the labour market (OECD, 2020). In Canada, the unemployment rate more than doubled from just below 6.0% in February 2020 to 13.0% in April 2020 (OECD, 2020; Statistics Canada, 2020a). Women's employment was particularly affected. During the first two months of the economic shutdown, the Royal Bank of Canada reported that 1.5 million women lost their employment (Deschamps, 2020), compared to 1.4 million men (Statistics Canada, 2020a). These losses occurred primarily in the services sector, including hospitality, retail, and food services, among others. Not only does this sector employ a large proportion of women, but these jobs also tend to be part-time, temporary, and low-paying (Campos-Serna et al., 2013; Statistics Canada, 2019, 2020c; Vosko et al., 2003). Such jobs are categorized as nonstandard employment arrangements, and compared to standard employment are less likely to have labour protections, be unionized, or have collective bargaining.

As Canadian provinces began reopening their economies in late spring 2020, the return of women's employment to pre-pandemic levels lagged in comparison to that of men's (Nolen, 2021b; Statistics Canada, 2020b; Sultana & Ravanera, 2020). Compounding the unequal loss of and return to paid work is the fact that women continue to shoulder much of the caregiving responsibility for children and family members. This work is unpaid and can limit women's ability to enter or return to the workforce

(Campos-Serna et al., 2013; Cranford et al., 2003; Tremblay, 2016). Research on the COVID-19 shutdown explicates the unequal work burden that women experience (Bambra et al., 2021; Deschamps, 2020; Nolen, 2021a). It also illuminates the longstanding insecurities that many women face in the Canadian labour market. How, then, does women's employment impact or influence their health and well-being?

To answer this question, I apply a feminist political economy framework and social determinants of health (SDH) perspective to examine the recent literature on women's employment and health (Armstrong, 2015; Armstrong & Connelly, 1999; Fraser, 2013). I selected five health and social science databases to capture research published between 2015 and 2021 in both disciplines. My objectives with this review are to critique the scholarly and grey literature on women's work and health, synthesize research findings and conceptualization of women's employment and health. From my analysis of 50 sources, eight subthemes emerged and were organized under three broad themes: precarious work is gendered and racialized; social institutions such as employment influence access to social and health supports; and the welfare state distributes power and crisis—crisis as an impetus for social and political change. In this review, I identify and argue that there is a lack of theory-driven and qualitative research concerned with the lived experiences and health of women working in Canada. The concluding research question will address this critical gap in the research literature.

2.2 Background

The dramatic decline in employment among women at the start of the pandemic and their slower return to the labour market begs the question: What is it about women's work that made them susceptible to unemployment and insecurity during the public

health crisis? Beginning in the late 1970s, forms of nonstandard (i.e., insecure) employment accelerated in the global and Canadian labour markets (Bezanson & Luxton, 2006; Cranford et al., 2003; Harvey, 2005). Changes to work arrangements occurred in response to a growing demand among the corporate sector for cheaper, portable human labour (Harvey, 2005; Mercille & Murphy, 2015). This was accomplished through neoliberal policies that favour market deregulation, reduced labour power, and reduced state or government involvement in the market economy. While impacting a growing share of the workforce, Campos-Serna et al. (2013), Statistics Canada (2019), and others (Bezanson & Luxton, 2006; Cranford et al., 2003), report that women and racialized groups are more likely than men and non-racialized groups to have precarious jobs that lack worker protections, benefits, full-time status, and a living wage.

2.2.1 Neoliberalism and Feminist Political Economy

Neoliberalism, Harvey (2005) explains, is a theory or political ideology, according to which a free market economy with minimal state intervention is best for advancing human (and economic) well-being. Unimpeded by the state, the market distributes social resources and promotes competition (under the guise of *equal opportunity*) to stimulate economic growth. Neoliberal policies thus involve retrenchment of state-managed social provisions (i.e., affordable childcare, universal education, worker protections, etc.) under the assumption that the private sector will meet these public needs (Bezanson & Luxton, 2006; Harvey, 2005; Mercille & Murphy, 2015). Inequalities are accepted as inevitable under neoliberal thought, despite evidence that such policies in free-market capitalist systems create profound social and health inequalities that disproportionately threaten the well-being of groups like women and racialized minorities

(Coburn, 2004; McGibbon, 2021). These inequalities are not inevitable, nor are they necessary.

Political economy is a critical social science perspective that takes into account political and economic power and political ideology—a system of values and beliefs about the way society should be governed (Bryant, 2016; Coburn, 2004). Like a SDH perspective, political economy is directly concerned with the ways in which political and economic structures distribute social resources and create and maintain inequalities (Armstrong & Connelly, 1999; Fujishiro, Ahonen, Gimeno Ruiz de Porras, et al., 2021). A *feminist lens* is applied in this project to examine differences experienced by women, and across gender and social position—be that race, ethnicity, ability, social class, etc. (Bezanson & Luxton, 2006; Hankivsky et al., 2007). *Feminist political economy* therefore importantly considers the health and social implications of public policies, and the political and economic structures that shape the working and living conditions of women and groups that experience disadvantage (Bezanson & Luxton, 2006; Fraser, 2013). This perspective illuminates the injustices inherent in free-market capitalist societies that rationalize subordination across gender and racial lines.

2.2.2 *Social Determinants of Health: Employment, Income, and Gender*

The SDH are the material living and working conditions that shape the health of individuals and populations (Hankivsky et al., 2007; Raphael et al., 2020). There are seventeen SDH (Table A1 in Appendix A); among them are employment, income, and gender which are critical to this review. Consistent with feminist political economy, distribution of the SDH is shaped by broad political and economic structures, whereby

unequal distribution creates social and health inequalities that are both unnecessary and preventable (Armstrong, 2015; Coburn, 2004).

Employment is an important SDH that influences one's access to a secure and adequate income (Raphael et al., 2020; Tompa et al., 2016). In doing so, employment influences the degree to which an individual or household can afford adequate housing and healthy food, among other health prerequisites. *Employment insecurity* creates conditions that are associated with burn-out, chronic stress and illness, depression, anxiety, poor self-rated health, poor coping behaviours, and other poor health-related outcomes (Benach et al., 2014; Raphael et al., 2020; Tompa et al., 2016). Employment insecurity encompasses periods of unemployment, fixed-term or temporary employment, low-wages, absence of labour protections and benefits, low collective bargaining power, fear of job loss, and poor promotion prospects, among others (Tremblay, 2016; Vosko et al., 2003). Persistent employment insecurity is indicative of precarious employment.

Temporary employment is one of the most precarious work arrangements. Women are also more likely to work temporary part-time jobs while seeking full-time employment (Tompa et al., 2016). In 2018, for example, a significantly greater proportion of Canadian women (16%) were temporarily employed compared to men (4.8%) (Statistics Canada, 2019). In the same year, women earned \$0.83 per dollar earned by men (Pelletier et al., 2019). The gender wage gap is an issue that has been persistently neglected, thereby exacerbating the insecurity women in Canada face.

Further, the segregation of certain groups like women into precarious forms of work deepens with race (Raphael, 2018; Tompa et al., 2016). For instance, in July 2020 Statistics Canada (2020b) reported that racialized women are disproportionately

employed in the service sector positions that experienced the greatest losses during the first months of the pandemic. This report also marked the first time that labour force data on race and ethnicity were collected and reported in Canada.

Accordingly, I identify themes that are concerned with the social, political, economic, and/or ideological forces that shape women's employment, health and well-being. This analytical approach facilitates a critical examination of how employment is conceptualized and distributed across society, and how women's health and well-being are understood. Policy implications presented by the literature are also noted and discussed.

2.3 Methodology

2.3.1 Theoretical Framework and Thematic Analysis

In this review, I employ a feminist political economy framework outlined by Armstrong and Connelly (1999), Bezanson and Luxton (2006), and Fraser (2013) to identify emergent themes in recent literature on women's employment and health. Of interest are findings and discussions concerned with social, political, and economic forces that influence women's employment, health and well-being. A feminist political economy analysis is chosen because it facilitates a critical and intersectional examination of how women's employment and health are conceptualized, and identification of the dominant theoretical perspective(s) that shape how both are understood. Public policy responses presented in the literature are also noted and discussed, with an intention to advance analyses of social and political change.

While not explicitly a feminist perspective, Fujishiro, Ahonen, Gimeno Ruiz de Porras, et al. (2021) provide a useful graphical framework of political economy that,

extending beyond the traditional exposure-disease model,⁴ captures broad socio-political forces that create and maintain social and health inequalities through various mechanisms and pathways. Mechanisms include societal institutions such as employment and social policies. Pathways include social divisions such as gender, race, age, class, etc. that shape access to and effectiveness of social provisions.

2.3.2 Search Strategy

The systematic review by Campos-Serna et al. (2013) provides a strategy on which to base this literature search. The authors examine gender inequalities in occupational health literature published between 1999 and 2010. Based on thirty international studies (most being cross-sectional), Campos-Serna et al. (2013) found that women are more likely to be insecurely employed, have lower job control and worse contractual conditions, and report poorer physical and mental health compared to their male counterparts. The literature reviewed, however, was published over ten years ago, thus warranting a review of more recent research on the topic.

Given the interdisciplinary nature of the research question, I consulted librarians from both health sciences and social science and humanities faculties in the fall of 2020 and 2021 who directed me to appropriate databases. A combination of five health and social science databases were chosen: ProQuest Sociology, Sociological Abstracts, Medline (via EBSCOhost), ProQuest Nursing & Allied Health Premium, and the

⁴ The exposure-disease model is a framework through which workers' health is compared to different types or levels of exposure to develop physiological pathways of disease that are linked to the exposure (Fujishiro, Ahonen, Gimeno Ruiz de Porras, et al., 2021). It has been applied to examine the health effects of physical, chemical, and biological workplace hazards, as well as job stress, but it fails to consider societal factors that shape workers' exposure or vulnerability to hazardous work environments.

Cumulative Index to Nursing and Allied Health Literature (CINAHL). Boolean operators were used to narrow the searches. The following script was used: (women OR female* OR woman) [abstract] AND (employment OR job OR work) [abstract] AND (health and well-being) [abstract]. The search results were then filtered by year of publication between 2015 and 2021. To capture a broad array of recent literature on women's employment and their health and well-being, the search was not restricted to Canadian studies, nor to sources in specific geographic, economic, or political contexts.

2.3.3 Inclusion and Exclusion Criteria

Inclusion and exclusion criteria for the literature were determined a priori. Literature focusing on women's health and well-being in relation to their work and participation in the labour market are included. Studies that employed a gender-based analysis to find or compare gender differences in the health and employment of men and women were also included. Lastly, studies or reports published in English between 2015 and 2021 are included. These inclusions ensure that the literature is current and available in the language with which I am most familiar.

Because I am concerned with women's employment and health, studies focusing solely on men's health and employment are excluded. Like Campos-Serna et al. (2013), research focusing solely on the distribution of domestic or care responsibilities without examining paid employment arrangements or conditions in relation to women's health-related outcomes or experiences are excluded. This decision is consistent with aspects of *social reproduction theory*—an important subsection of feminist political economy—and aims to capture “dimensions of the tensions between social reproduction [the production and maintenance of people] and capital accumulation” (Bezanson & Luxton, 2006, p.7).

Dissertations are removed for logistical purposes. No additional exclusions are made based on study design, publication type, or country of study.

2.4 Results

Over 500 articles were returned from all five databases. Duplicates were first removed. Titles and abstracts were then screened for inclusion, exclusion, and relevance to the research question, as were sources citing the review by Campos-Serna et al. (2013). More than 60 publications were exported into EndNote X9, of which 50 met the criteria for full review.

While several sources appeared in multiple databases, 50.0% were retrieved from health science databases—CINAHL, in particular—and 30.0% from social science databases (Table B1 in Appendix B, p. 38). The remaining 20.0% were obtained from citation searches and shared sources. Regarding study design, the majority (66.0%; n=33) use longitudinal, cohort, or cross-sectional survey data, while 20.0% (n=10) are qualitative inquiries. The remaining 14.0% (n=7) are scoping, systematic, practice, and editorial review articles (Table B2 in Appendix B).

2.4.1 Study Approach and Population, and Impression of the Literature

The dominant analyses used are gender-based and exposure-disease (work-strain) models. Approximately 22.0%, however, are considered *atheoretical*, as they do not make explicit a theoretical approach or analytic framework. Most sources (38%; n=19) are concerned with the European labour force more broadly, while the remaining studies examine the health of women (and men) working in a range of higher and lower income countries in Asia, Africa (Senegal), Australia, Latin America and the Caribbean. While 22.0% (n=11) of the studies analyze women's employment and health in the United

States, only four (8.0%) studies explore this issue in Canada (Hanley et al., 2020; Labonté et al., 2015; Lightman, 2021; Premji, 2018). Only two of these studies focus explicitly on the employment conditions and health outcomes of migrant and racialized women working in Canada (Hanley et al., 2020; Lightman, 2021).

Using a feminist political economy analytic framework, I identify eight interrelated subthemes and three broad themes. Table B4 in Appendix B distributes the literature by each broad theme. Discussed in more detail below, the general impression is that women's health outcomes are understood to be a result of their ability to balance their domestic and paid employment responsibilities (Akhter et al., 2017; Ponomarenko, 2016; Zella & Harper, 2020). Women's health is often related to their psychological well-being (i.e., level of stress, anxiety, depression) and determined by their level of access to social support and health care services.

Women's employment is overwhelmingly conceptualized as precarious, low-paid, part-time, temporary, and exploitative (Akhter et al., 2017; Falconi et al., 2020; Hanley et al., 2020; Kowalchuk, 2018; Pirani & Salvini, 2015). To explain the segregation of women (particularly racialized women) into precarious work, many authors criticize changing labour markets, globalization, and women's low socioeconomic position relative to that of men. Most researchers consider this to be the result of traditional gender norms about women's place and role in society (Falconi et al., 2020; Kelley, 2016; Palumbo et al., 2020; Van den Broeck & Maertens, 2017)—as homemakers, caregivers, and supplemental income earners, whereas men are viewed as primary breadwinners, as Blackstone (2003) elaborates. Few studies identify or examine the economic, political, and ideological forces that influence women's employment and their

well-being, and how transformative change to women's working conditions and health can be realized.

2.4.1.1 Employment Histories Influence Health and Social Well-being Later in Life

This first theme reflects the dominance of a lifecourse perspective in research to examine how employment histories shape health and well-being in later life (Edge et al., 2017; Ní Léime & Street, 2019; Palumbo et al., 2020; Ponomarenko, 2016; Wahrendorf et al., 2016; Weber et al., 2019; Zella & Harper, 2020). Most studies use quantitative methods to focus on the well-being of women and men of retirement age (over 50 years) in European countries, while two studies integrated the health of older women in the United States (Ní Léime & Street, 2019; Palumbo et al., 2020). In general, health is conceptualized in relation to healthy aging, which is shaped over the lifespan by type of work, work stress, frequency and duration of non-standard employment, work-family conflict, financial security, and country of residence. Overall, reports indicate that women are more likely to have unstable employment across the lifespan which differentially impacts their health.

Moving slightly beyond the perspective that views healthy aging as an individual responsibility (Short & Mollborn, 2015), some research identifies institutional forces, such as poor working conditions (i.e., low control, low wages, high stress, part-time work) and gender role practices to explain women's unstable work histories and generally poorer health outcomes (Ponomarenko, 2016; Wahrendorf et al., 2016; Zella & Harper, 2020). More critical discussions identify structural forces, such as welfare regime, public policy, and the gender pension gap as responsible for shaping employment conditions that disadvantage women and their health (Edge et al., 2017; Ní Léime & Street, 2019;

Ponomarenko, 2016; Zella & Harper, 2020). Despite associations between demanding work histories and poor health, there remains a bias towards individual responsibility for health and economic security (Wahrendorf et al., 2016).

2.4.1.2 Societal Institutions and Policies Shape Women's Employment and Well-being

The second theme captures research that focuses on societal institutions as forces that shape women's participation in the labour market, employment opportunities, compensation, satisfaction, and thereby their health and well-being through social and labour policies (Franco et al., 2020; Hanley et al., 2020; Sage, 2015; Sinha, 2017; Spitzmueller et al., 2016; Treadwell, 2019; Van den Broeck & Maertens, 2017; Wahrendorf et al., 2016; Wu et al., 2016). While some authors call for expanded family and healthcare policies through employers or employment arrangements (Akhter et al., 2017; Franco et al., 2020; Hanley et al., 2020; Treadwell, 2019; Van den Broeck & Maertens, 2017), many are concerned with the health outcomes and health behaviours of working-aged women—mothers, especially—and the extent to which these are influenced by their employment (Spitzmueller et al., 2016; Wahrendorf et al., 2016).

In several studies, women's health and well-being is associated with their ability to balance their paid work and family responsibilities (Franco et al., 2020; Sinha, 2017; Spitzmueller et al., 2016; Van den Broeck & Maertens, 2017; Wu et al., 2016). More critical discussions identify institutional biases, societal values, recent changes in the global labour market, and active labour market programs that exclude and/or disadvantage women and racialized groups, and have implications for their health and well-being (Hanley et al., 2020; Sage, 2015; Treadwell, 2019; Van den Broeck & Maertens, 2017; Wu et al., 2016). The general policy responses are to develop effective

interventions that will help women (and men) cope with insecure employment, implement broad active labour market programs, offer flexible work arrangements to accommodate women's domestic responsibilities, and review institutional policies and values that disadvantage women—particularly low-income and racialized women.

2.4.1.3 Traditional Gender Norms and the Gendered Division of Labour

A considerable proportion of recent literature discusses how traditional gender norms that view women as caregivers and men as sole breadwinners play a critical role in shaping how work—in the private sphere (i.e., the home) and the public sphere—is distributed between men and women, and how this impacts health (Akhter et al., 2017; Edge et al., 2017; Kowalchuk, 2018; Macassa et al., 2017; Mai et al., 2019; McKay & McKenzie, 2020; Pirani & Salvini, 2015; Ponomarenko, 2016; Sinha, 2017; Spitzmueller et al., 2016; Treadwell, 2019; Van den Broeck & Maertens, 2017; Wu et al., 2016; Zella & Harper, 2020). The dominant analytic approach these authors use to examine the employment and health experiences of working aged women (and mothers) is gender-based, with many concerned with the marital status and/or financial background of the women under study.

Nearly half of these sources explore the lived experiences of working-aged women employed in lower-income countries, or the experiences of racialized women working in the United States or Canada (Akhter et al., 2017; Hanley et al., 2020; Kowalchuk, 2018; Lightman, 2021; McKay & McKenzie, 2020; Sinha, 2017; Treadwell, 2019; Van den Broeck & Maertens, 2017). The remaining studies analyze workforce survey data from higher-income countries, including women in urban China and regions in Europe (Macassa et al., 2017; Mai et al., 2019; Pirani & Salvini, 2015; Ponomarenko,

2016; Wu et al., 2016). Two studies examine the health of the older working or retired population (Edge et al., 2017; Zella & Harper, 2020).

The authors report that women bear most (if not all) of the responsibility for caregiving and domestic work inside and outside of the home (Akhter et al., 2017; Edge et al., 2017; Hanley et al., 2020; Kowalchuk, 2018; Macassa et al., 2017; McKay & McKenzie, 2020; Pirani & Salvini, 2015; Spitzmueller et al., 2016; Treadwell, 2019; Van den Broeck & Maertens, 2017; Zella & Harper, 2020). They find that married women tend to be more socially and economically secure than their single or unmarried counterparts. In addition, most reports find that women's paid work (particularly that of migrant, racialized, and low-income women) is often underpaid, insecure, and exploitative. The implications for health include higher levels of stress, financial insecurity or dependence, isolation, depression, and high work-family conflict experienced by these women. To explain these findings, some studies implicate changing labour markets and globalization, but most cite traditional gender norms—upheld by societal institutions—as responsible for the ways in which work is distributed between women and men.

2.4.1.4 Employment to Escape Poverty and Achieve Women's Empowerment

Some of the literature identifies employment as a way for women—specifically, migrant or racialized women, and/or women in lower income countries—to escape poverty and gain financial independence (Akhter et al., 2017; Hanley et al., 2020; McKay & McKenzie, 2020; Van den Broeck & Maertens, 2017). These authors examine working conditions among undocumented female migrant workers in Canada, and women working in Bangladesh, Cambodia, or Senegal. Most women are married with children

and have taken up paid employment in the city—away from their homes—to supplement their household income.

Several studies illustrate that, overall, women in paid employment report higher life satisfaction and improved well-being compared to women who were not employed (Van den Broeck & Maertens, 2017). These effects are more noticeable for those experiencing poverty. Employed women also report greater autonomy, financial independence and security, and ability to move out of poverty and improve their material living conditions (i.e., reduced food and housing insecurity) (Akhter et al., 2017; Hanley et al., 2020; McKay & McKenzie, 2020).

Despite these positive reports, women’s employment arrangements are also portrayed as isolating, seasonal, poorly paid, and exploitative. To resolve these issues, authors propose the need for more collaboration between governments and international corporations to invest in rural development and, especially, improve women’s working conditions and wages (Akhter et al., 2017; McKay & McKenzie, 2020). Other solutions include providing onsite health and childcare services, providing housing, reviewing migrant policies, and reinforcing human rights to health care (Akhter et al., 2017; Hanley et al., 2020).

2.4.1.5 Employment as a Determinant of Social Support

Roughly half of the literature identifies employment as an important determinant of whether and to what extent women are able to access social and health supports (Akhter et al., 2017; Edge et al., 2017; Franco et al., 2020; Hanley et al., 2020; Mai et al., 2019; Pirani & Salvini, 2015; Sage, 2015; Treadwell, 2019; Wu et al., 2016; Zella & Harper, 2020). Supports refer to health care, childcare, parental leave, medical leave, and

unemployment support, among others. Some of the issues examined include a lack of employment insurance or household income to pay out-of-pocket for these services and/or afford to temporarily exit the labour market. Under this theme, women's health is generally institutionalized—that is, medicalized. In other words, women's level of access to these services directly shapes their health outcomes whereby women are recipients of and/or dependent upon these social provisions for good health.

In response, several studies propose expanding health care services, childcare services, and/or parental leave policies (Akhter et al., 2017; Edge et al., 2017; Franco et al., 2020; Hanley et al., 2020; Zella & Harper, 2020). Others suggest reviewing and identifying effective active labour market programs, increasing the minimum wage, and challenging institutional norms and biases (Lightman, 2021; Pirani & Salvini, 2015; Sage, 2015; Treadwell, 2019; Wu et al., 2016).

2.4.1.6 Private Sector Employment is associated with Reduced Well-being

Several studies measure the social and health outcomes of women (and men) working in the private sector, compared to those working in the public sector (Kowalchuk, 2018; Mai et al., 2019; Pirani & Salvini, 2015; Wu et al., 2016). Most participants are between 16 and 65 years of age and from various regions including Latin America, Europe, and China. All four studies briefly examine private or public work arrangements of labour markets outside of Canada through a gender or feminist lens. Three take more critical approaches, two of which identify broad changes to labour and social policies as responsible for the gender and racial inequalities in employment, health, and well-being (Kowalchuk, 2018; Pirani & Salvini, 2015).

In general, authors report that employment in the private sector tends to be more demanding (i.e., requiring more work hours), less secure, and associated with poorer self-reported well-being among women compared to those in the public employment sector (Kowalchuk, 2018; Mai et al., 2019; Pirani & Salvini, 2015; Wu et al., 2016). With the exception of one study, most identify structural factors, such as labour restructuring and deregulation of the market, as contributing to the growth of the private employment sector and the subsequent rise in precarious work arrangements (Kowalchuk, 2018; Pirani & Salvini, 2015; Wu et al., 2016). They propose changing societal norms, enhancing social security protections, regulating the private sector, and (most critically) a radical redistribution of power.

2.4.1.7 Union Membership and Bargaining Power is Beneficial to Women

This theme is concerned with research that examines, albeit briefly, women's union membership and bargaining power (Kowalchuk, 2018; Macassa et al., 2017; McKay & McKenzie, 2020; Pirani & Salvini, 2015). The majority take a gendered approach to understand women's lived experiences, or to analyze how women's health is affected by their employment (Kowalchuk, 2018; Lightman, 2021; McKay & McKenzie, 2020; Pirani & Salvini, 2015). Macassa et al. (2017), however, fail to differentiate their findings and implications by gender.

Overall findings suggest that union membership and/or bargaining power at work is associated with higher labour participation, more control over work, financial security, and higher well-being among women (Kowalchuk, 2018; Macassa et al., 2017; McKay & McKenzie, 2020; Pirani & Salvini, 2015). Few studies consider the impact of unionization in relation to women's health. No studies examine unionization among

women working in Canada. Lightman (2021), however, demands that governments in Canada (Alberta) reduce barriers to unionization for racialized health care aides working in long term care facilities. Most studies in this theme implicate structural factors such as welfare regime, globalization, and labour market restructuring in the creation and maintenance of precarious working conditions. Of these studies, three demand redistribution of political and economic power, improved social protections, and political will to realize broad system changes (Kowalchuk, 2018; Lightman, 2021; Pirani & Salvini, 2015).

2.4.1.8 Women are more likely to have Insecure or Precarious Employment

Approximately half of the literature indicates that women's employment is more likely to be insecure or precarious (Edge et al., 2017; Hanley et al., 2020; Kowalchuk, 2018; Macassa et al., 2017; Mai et al., 2019; Ponomarenko, 2016; Treadwell, 2019; Van den Broeck & Maertens, 2017; Wu et al., 2016). These studies also note that there are differences in health (such as sleep) and subjective well-being between women and men in similar employment arrangements. While both women and men experience precarious employment, the authors acknowledge that women are more likely to be insecurely employed or experience disadvantage in the labour market. This is particularly the case for racialized women and/or women migrant workers.

To explain this occurrence, the literature overwhelmingly emphasizes traditional gender norms that view women predominantly as caregivers and homemakers who must balance their paid work and domestic responsibilities (Edge et al., 2017; Hanley et al., 2020; Kowalchuk, 2018; Macassa et al., 2017; Mai et al., 2019; Ponomarenko, 2016; Treadwell, 2019; Van den Broeck & Maertens, 2017; Wu et al., 2016). More critical

studies identify the devaluation of women's work in society and recent changes in the labour market as key forces responsible for women's precarious employment (Kowalchuk, 2018; Labonté et al., 2015; Treadwell, 2019; Wu et al., 2016). Two identify neoliberal policies as responsible for women's and racial minorities' segregation into precarious work (Kowalchuk, 2018; Labonté et al., 2015).

2.5 Discussion and Analysis

The proceeding discussion and analysis group the previously listed themes into three broad themes, which include: poverty and precarious employment are gendered and racialized; institutions shape women's access to social and health services; and the welfare state distributes power and crisis, which often drives political change. While interrelated, subthemes are organized by concept and policy implication concerning women's employment and health. The groupings are provided in Appendix B, Table B5.

2.5.1 Precarious Employment and Poverty are Gendered and Racialized

As I noted earlier, much of recent literature criticizes traditional norms upheld by societal institutions that devalue what is considered to be women's work, or the work of racialized groups (Akhter et al., 2017; Edge et al., 2017; Hanley et al., 2020; Kowalchuk, 2018; Lightman, 2021; Mai et al., 2019; McKay & McKenzie, 2020; Pirani & Salvini, 2015; Ponomarenko, 2016; Sinha, 2017; Spitzmueller et al., 2016; Treadwell, 2019; Van den Broeck & Maertens, 2017; Wu et al., 2016; Zella & Harper, 2020). *Traditional gender roles* are ascribed to women and men according to how society constructs *gender* (Blackstone, 2003; Cranford et al., 2003; Hankivsky et al., 2007). Based on traditional constructions of gender, women are viewed as natural caregivers and suited for child rearing and domestic work, whereas men are "expected to be the primary breadwinners

for their families” (Blackstone, 2003, p. 337). The literature generally subscribes to this definition and argues that societal gender norms ultimately shape women’s employment opportunities and well-being by segregating them into domestic work that is often insecure, low paying, unpaid, and/or leaves women dependent on the state or a male partner.

Analyzing how societal institutions value the roles of women and racialized minorities has important implications for how paid and unpaid work are distributed (Blackstone, 2003; Cranford et al., 2003; Raphael, 2018). In other words, this perspective is important to understand how societal values influence public opinion and public policymaking on women’s employment and health. Also important, however, is that traditional gender norms reflect the unequal way in which material resources (i.e., the SDH) and power are distributed between women and men at home and in society more broadly (Blackstone, 2003; Hankivsky et al., 2007; Raphael, 2018). Such inequalities often force women—racialized women, in particular—into impoverished situations. Few studies consider that material deprivation results from the unequal distribution of material conditions such as income, secure employment, food, and housing (Kowalchuk, 2018; Pirani & Salvini, 2015; Treadwell, 2019). Few authors consider that how power is distributed outside the home—reflecting and reinforcing unequal power relations inside of the home—is a political issue and one that is not easily addressed (Fraser, 2013; Kowalchuk, 2018; Pirani & Salvini, 2015). These studies do importantly call for redistribution of material and economic resources, and thus power.

Only one study implicates neoliberalism as a driving force behind the growth of *precarious employment* and women’s vulnerability to insecure work arrangements m

Failure to challenge these broad political and economic forces as sources of inequality in capitalist societies may position the inequities that women and racialized populations experience as unproblematic and/or unpolitical (Bambra et al., 2020; Bezanson & Luxton, 2006; Raphael, 2018; Vosko, 2002). In other words, it may imply that women's health and segregation into precarious work are familial or institutional issues, rather than broad political issues.

2.5.2 Societal Institutions Shape Women's Access to Social and Health Support

The second broad theme pertains to reports that women's access to social and health support is shaped by societal institutions, particularly through their employment (Akhter et al., 2017; Edge et al., 2017; Falconi et al., 2020; Franco et al., 2020; Håkansson & Ahlborg, 2017; Hanley et al., 2020; Hardie et al., 2019; Hulsegge et al., 2018; Ish et al., 2020; Jonsdottir et al., 2020; Julià et al., 2019; Kowalchuk, 2018; Labonté et al., 2015; Macassa et al., 2017; McKay & McKenzie, 2020; Nena et al., 2018; Ní Léime & Street, 2019; Sage, 2015; Sigurðardóttir & Snorradóttir, 2020; Spitzmueller et al., 2016; Treadwell, 2019; Zella & Harper, 2020). What this means is that employment enables women to access (mental, physical, pre-natal, etc.) health services and/or childcare directly through their employer or state provisions, or indirectly through their earned wages. Thus, many sources recommend enhancing women's access to health and social services through existing institutions (i.e., expanding health care services), or by creating new ones that will meet women's needs (Edge et al., 2017; Hanley et al., 2020; Khubchandani & Price, 2017; Lightman, 2021; Ní Léime & Street, 2019; Premji, 2018). Expanding existing policies or legislating new policies regarding paid sick leave,

parental leave, minimum wage, state pensions, etc. are included and considered necessary public policy responses.

These responses are consistent with recent reports calling for better protections during and after the COVID-19 pandemic (Decent Work and Health Network, 2020; Scott, 2021; Sultana & Ravanera, 2020). Fraser (2013), and Bezanson and Luxton (2006) (feminist political economists), however, criticize programs that subject women and racialized minorities to increased surveillance as *clients* of new and existing social provisions, which is often the case in capitalist welfare systems such as Canada. That only few studies acknowledge the difficulty of implementing transformative public policy change (Kowalchuk, 2018; Labonté et al., 2015; Lightman, 2021) makes it critical to assert that such changes to political and economic structures requires broad public action and research that actively integrates the voices of those most affected by public policy decisions, yet are often excluded (Aquanno & Bryant, 2021; Fujishiro, Ahonen, Gimeno Ruiz de Porras, et al., 2021).

Feminist political economy explicates that neoliberalism has stimulated a shift toward market deregulation and privatization of public services, such as healthcare, childcare, and employment insurance, among others (Aquanno & Bryant, 2021; Coburn, 2004; Mercille & Murphy, 2015). In short, governments that are concerned with reducing budget deficits and minimizing public expenditures—a neoliberal concern—tend to implement modest social and health policies. Consequently, and consistent with Fraser's (2013) critique, women in general, and especially women of racialized populations are disproportionately impacted.

Most of the literature, unfortunately, does not criticize these broader economic, political, and ideological forces—particularly under neoliberalism. In fact, only three studies acknowledge the period of severe insecurity that has followed such political and economic restructuring (Kowalchuk, 2018; Labonté et al., 2015; Pirani & Salvini, 2015). Only Kowalchuk (2018) and Labonté et al. (2015) identify neoliberalism and its contingencies as driving forces of inequality. Failure to criticize these broader political, economic, and ideological forces often depoliticizes the inequities experienced by many women—cue the final point of discussion.

2.5.3 Welfare State, Politics, Power, and Crisis

The final broad theme is concerned with the welfare state, politics, and the distribution of power (De Moortel et al., 2015; Edge et al., 2017; Falconi et al., 2020; Kowalchuk, 2018; Labonté et al., 2015; Ní Léime & Street, 2019; Pirani & Salvini, 2015; Ponomarenko, 2016; Sage, 2015; Wu et al., 2016). Various gender-based typologies are used to analyze employment and health by welfare state and/or region. Most studies, however, are predominantly concerned with what Kushi and McManus (2018) and Esping-Andersen (1990, 2009) classify as social democratic (Nordic) and conservative (Continental) welfare regimes and their respective socio-cultural norms. These regimes include Nordic and many European countries. The typology, devised by Esping-Andersen (1990, 2009) and expanded by Kushi and McManus (2018) to integrate gender, include four regimes:

- *Social democratic regimes (Nordic systems)*: promote equality and the reduction of unemployment through universal redistribution and state intervention. Sweden, Finland, and Denmark are social democratic welfare

states. Through generous social provisions and supportive family policies, among other features, Nordic welfare systems are considered most effective at promoting gender equality.

- *Liberal regimes*: such as Canada and the United States, promote liberty and minimal state intervention. Liberal welfare states therefore tend to be most receptive to neoliberal ideology, and as a result, provide minimal assistance to citizens based on need; also known as means-testing. The market is the central institution that reinforces reliance on private income and/or benefits. It individualizes provisions and penalizes women who often bear the costs associated with caregiving and domestic work.
- *Conservative regimes (Continental systems)*: such as Germany, promote solidarity and social stability. Citizens are supported through insurance schemes that are tied to past contributions. The family and occupational classes are the central institutions that reinforce traditional social divisions of labour by gender, where men comprise the core workforce and women are often employed in nonstandard part-time work.
- *Latin regimes (Southern and Eastern European systems)*: are modeled similarly to conservative/continental regimes, but less developed. The gendered division of labour is based on traditional social norms, whereby women and “outsiders” (i.e., non-citizen groups) have limited access to social benefits and secure employment.

As previously mentioned, few studies are directly concerned with examining women’s employment and health in free-market capitalist systems (i.e., liberal welfare

states like Canada and the United States), and the role that neoliberalism plays in shaping modest social provisions during crises (Kowalchuk, 2018; Kushi & McManus, 2018; Labonté et al., 2015; Ní Léime & Street, 2019). In fact, at times liberal welfare regimes serve as a *control* in comparative welfare analyses (De Moortel et al., 2015; Kushi & McManus, 2018). The limitations and gender inequalities common to each regime that Kushi and McManus (2018) extrapolated following the 2009 global financial crisis, however, provides a strong foundation on which to explore women's employment and health in the context of the COVID-19 crisis, and to identify policy responses.

This last point draws attention to literature concerned with crisis and the extent to which crisis drives political change (Kowalchuk, 2018; Labonté et al., 2015; Lightman, 2021; Ní Léime & Street, 2019). As Kowalchuk (2018) and Labonté et al. (2015) reveal, such change can be to the benefit or detriment of people's (and women's) health. These inquiries are predominantly qualitative and explore crisis, neoliberalism (or neoliberal policies), employment, and health through the perspectives of women and racialized populations. While recognizing the inequalities and exclusions exacerbated by crises—the 2009 global financial crisis in particular—these authors address the need to include people's perspectives in research and potential policy responses. Such efforts are important for democratizing the research process, the knowledge that it generates, and the public policies and/or services it identifies. Garthwaite et al. (2016) further posit that including the voices of groups who have been silenced and/or excluded from the policy process has the power to (re)politicize issues of gender and racial inequality.

Feminist political economy iterates that governments are not impartial but inclined to serve the interests of the corporate sector over the interest of workers',

women, and subordinated groups (Armstrong & Connelly, 1999; Coburn, 2004). Canada is not immune. In fact, an imbalance in political and economic power during the COVID-19 pandemic has exacerbated existing inequalities that disproportionately threaten the well-being of many women and racialized populations in Canada (Aquanno & Bryant, 2021; McGibbon, 2021). As a liberal welfare state, the Canadian governments' modest policy responses have left many without income, social, and employment protections (Macdonald, 2020; Scott, 2022). For example, women who are unable to return to work due to a lack of affordable childcare, and those without paid sick days are disproportionately impacted. These outcomes reflect a lack of political will to ensure that women and racialized groups have secure employment, among all other SDH.

2.6 Limitations

There are several limitations to this review. The first is that insecure employment and precarious employment are used interchangeably which may not represent the various ways in which precarious employment is or can be conceptualized (Benach et al., 2014; Vosko et al., 2003). In addition, while a number of research gaps can be identified, I focus on only one, which was the objective of this review. This research gap was chosen because statistical data from Canada shows that women and racialized populations are disproportionately employed in the services sector. This sector lost the largest number of jobs in the first several months of the pandemic shutdown (Statistics Canada, 2020a, 2020b). Moreover, ethnicity and racial data were neither collected nor reported in the Canadian Labour Force Survey until July 2020. This should prompt researchers, policy makers, and community advocates to ensure that women and minority groups are represented.

While researchers and institutions may advocate for more quantitative research on this issue, a critical exploration into women's lived experiences is also required to gain a deeper understanding of what impact their employment has on their health and well-being. There is an overrepresentation of quantitative studies that fail to account for broad economic and political structures that influence women's employment and health, as I have identified in this review. The unequal representation of women's perspectives in research also falls short of capturing how women's work is experienced, and what this means for women's health in Canada.

2.7 Conclusion

Broad political, economic, and ideological forces distribute political power and shape women's employment and health (Bezanson & Luxton, 2006; Bryant, 2005). One critique that was missing in most of the research literature that I reviewed was how neoliberalism is responsible for creating and reinforcing inequalities that disproportionately impact women's employment and health, particularly among racialized women. Such inequalities have been accentuated by the current pandemic (Aquanno & Bryant, 2021; Lefkowitz & Armin, 2021). Using a feminist political economy framework to review recent literature on women's employment and health (Bezanson & Luxton, 2006; Fraser, 2013), I identified three broad themes: precarious employment and poverty are gendered and racialized; societal institutions shape women's access to social and health supports through their employment; and the welfare state plays a key role in distributing power and crisis. There is currently a lack of research that takes a critical and qualitative approach to explore broad socio-political forces, while recognizing the complexity of the public policy making process (Bryant, 2015;

Garthwaite et al., 2016). In addition, the dearth of recent Canadian research on this subject warrants an exploration into the health impact of women's employment during the COVID-19 pandemic. Specifically lacking is critical inquiry into the lived employment and health experiences of women and racialized minorities employed in Canada's services sector, which I will address in this thesis research.

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Chapter 3. Towards a Critical Feminist Methodology

A Mountain of Knowing and Unknowing

*I notice, I question, I listen and write
but it's more difficult than this to reach you*

*You, a mountain of woven cloth;
of patterns I hope to some day discern*

*I hope, but I fear I will fail to unravel
the bundles of breath you leave in this space*

*In my mind, as we speak you grow deeper in colour
too rich for me to express with words*

*Why writing to reach you, and hearing to know you
brings distance much closer than what lay before*

*You're a mountain of knowing and I of unknowing
with need to understand where your mind wanders from*

*And not only from, I must know where to
Where is it you see the future must go?*

- A. Veitch

3.1 Introduction

In this chapter, I set out to unpack and make visible the philosophical and ideological assumptions that underpin my inquiry. I open with a poem that I wrote in March 2022 in anticipation of the work that lay before me, titled *A Mountain of Knowing and Unknowing*. The passage is uneven, arranged in seven stanzas, reflecting the ambiguity, unpredictability, power, and bewilderment that scholars like Charmaz (2011) speak of regarding qualitative research. It is now March 2023. I am nearing the end of my research and my feelings are much the same.

Keeping the above poetic verse in mind, I herein situate my research in a critical paradigm (Guba & Lincoln, 1994), and most importantly in what Fraser (2013) and Mason and Stubbs (2012) require of a feminist approach. Although Mason and Stubbs (2012) discuss approaches to criminological research which differ from dominant

approaches to health research (Bourgois et al., 1997)—a discipline that I come from—they clarify what constitutes a feminist approach which has bearing on my work and my aim to bring a feminist sensibility to how we understand women’s employment and health. My inquiry and analysis are guided by a feminist political economy framework that foregrounds gender to examine power and structures of inequality across race, class, and social position (Armstrong & Connelly, 1999; Bezanson & Luxton, 2006; Fraser, 2013). In what follows, I first detail what is critical and feminist about my approach by responding to scholars like Guba and Lincoln (1994) who call on qualitative researchers to situate themselves and their research within an inquiry paradigm—a way of looking at and relating to the world—to become aware of the legitimate boundaries of their inquiry. To do so, I address three fundamental questions about my ontological, epistemological, and methodological assumptions. I then describe the methodology I used to explore women’s un/employment and health experiences during the COVID-19 pandemic, and I discuss three key tensions I have navigated during this research.

This task is not a simple one. Not only must I acknowledge my beliefs and value systems, but I must also question my assumptions and illustrate how my beliefs are consistent with my method of inquiry (Charmaz, 2011; Guba & Lincoln, 1994; Terry et al., 2017). This requires a degree of tact, vulnerability, and submission to the possibility of rejection or resistance from the academic community and/or those with whom my research is concerned. More importantly, such an examination reveals my moral commitment to the truth(s) and knowledge that I seek, and the values that shape how I interpret insights that have been shared with me (Angen, 2000; Johnson, 2011; Karnieli-Miller et al., 2009; Van Manen, 2014).

3.1.1 Critical Feminist Ontology: What is the nature of reality, and can it be known or accessed?

According to Guba and Lincoln (1994), a critical ontology assumes that reality is shaped over time by social, political, and economic value structures and experienced differently across gender, class, racial, and social lines. These structures, the authors write, have become reified and are now taken as real, natural, and “immutable” (p. 110). While I agree with the existence of these structures, I hesitate to say that there is anything natural (i.e., naturally occurring) or truly immutable about them. My view is more consistent with feminist thinkers like Armstrong and Connelly (1999), Bezanson and Luxton (2006), Fraser (2013), and Mason and Stubbs (2012) who implicate socio-political and economic structures as real forces that work to maintain systems of oppression and inequality. Women and other marginalized groups have subsequently had less political and economic power, and thus have been generally subject to situations of dependence and/or subordination. What receives less attention, however, is that these structures are amenable to public policy change and shifting political value systems.

Fraser (2013), for example, argues that capitalist welfare systems use bureaucratization and monetarization of state services as “instruments of women’s subordination” (p. 46). She further asserts that “[s]ince social meanings of gender still structure late-capitalist official economic and state systems, the question is not whether lifeworld norms will be decisive but, rather, which lifeworld norms will” (p. 47). What Fraser is saying is that social constructs of gender through norms and values shape socio-political and economic systems and, thereby, reality. When she writes about lifeworld norms, she refers to the systematic exclusion of different ways of knowing about the

social world from how systems and the instruments they use are structured. This brings me to the next question about what constitutes a critical feminist epistemology.

3.1.2 Critical Feminist Epistemology: What counts as knowledge?

What has become central to a feminist approach is the use of women's experiences as a source of knowledge and springboard for political activism and change (Bryant et al., 2007; Marshall et al., 2022; Mason & Stubbs, 2012). Calls to include women's experience stem from the systematic exclusion of women's voices from research and public policy making. Integrating their experiential knowledge, therefore, offers researchers and activists a way of democratizing research and community action, linking individual experiences to gendered power relations at the broader societal level, valorizing women's perspectives, and recognizing women's agency in challenging dominant ways of knowing about the social world (Bryant et al., 2007; Guenther, 2019; Mason & Stubbs, 2012). Cohen (1998), for instance, explains how women's perspectives are integral for understanding women's health. She traces the historical development of definitions for women's health, which began with a fixation on women's sexual and reproductive functions as deviations or disorders in the 19th century. Cohen (1998) shows how definitions should focus on the interplay between women's understandings of their health and the broader socio-political structures that influence women's health experiences.

When looking to experience as a form of evidence, as I do, Scott (1991) warns that things become easily complicated. This is because “[w]hat counts as experience is neither self-evident nor straightforward; it is always contested, and always therefore political” (Scott, 1991, p. 797). What she means is that not every experience or method of

inquiry is considered equally valuable for advancing societal knowledge. In other words, the choice to include experience, and the way it is interpreted are not impartial processes, but rather subjective and conflict-ridden (Scott, 1991), revealing dynamic social relations and inequalities of power (Karnieli-Miller, 2009). For these reasons, the decision to include experience as a form of evidence is political. Moreover, how knowledge is derived from experience is not always clear (Scott, 1991). Researchers must constantly question common assumptions about reality, while navigating and negotiating perspectives that may conflict with one another (Angen, 2000; Garthwaite et al., 2016; Guba & Lincoln, 1994). This process, too, is political.

To understand what can be known about experience and the social world, a critical epistemology requires that the relationship between researcher and participant be interactive and transactional (Guba & Lincoln, 1994; Thorne, 2016). Rather than seeking an objective truth that is uninfluenced by the researcher—a positivist ideal—what can be understood about a woman's experience and how she makes sense of it is revealed and negotiated through dialogue. This interaction between participant and researcher is complex and circular, like hermeneutic approaches to research that seek to explore and understand the lived experience (Larkin et al., 2006; Van Manen, 2014). Hermeneutics is the interpretative process of uncovering the implicit meanings of the lived experience, as it is experienced. As Larkin et al. (2006) and Van Manen (2014) demonstrate, it is not an impartial endeavour. Rather, the researcher's values become integral to the knowledge and meanings that are produced (Guba & Lincoln, 1994; Watson, 2009). Knowledge creation thus becomes a value-dependent process that integrates the interpretative stances of both researcher and participant.

3.1.3 Critical Methodology: In what ways can I go about finding out what I believe can be known?

Scott (1991) provides several definitions of experience, one of which refers to experience as a process that captures “the lived realities of social life” (p. 784). Similarly, Van Manen (2014), a proponent of hermeneutics, defines experience as the lived through human existence. These understandings of experience as being lived within social life provide an account of experience that is simultaneously pre- and post-reflexive, inter- and intra-personal. Getting at experience is therefore highly interpretive (Larkin et al., 2006; Thorne et al., 2004), and to be critical, its knowledge must have application to the social world (Guenther, 2019; Thorne, 2016). Consistent with the belief that knowledge can be produced through dialogue, a feminist emphasis on experience and subjectivity is said to privilege qualitative ways of inquiring into the social world (Mason & Stubbs, 2012; Thorne, 2016). My inquiry embraces this belief. To illustrate how my method of inquiry is consistent with a critical feminist epistemology, I now outline the methodological components of my thesis research.

3.2 Qualitative Feminist Methodology: An Inquiry into Women’s Lived Experiences

As I laid out in earlier chapters, the questions driving my research are: What have been women’s experiences working or losing their employment in Canada’s services sector during the COVID-19 pandemic, and what does this mean for their health? To address this research question, I am interest in exploring with women: What does their job, having a job, or losing a job mean to women? How do women define their health and what it means to them? And what potential services or public policy responses to the pandemic would women identify? My research addresses the need for more qualitative

insight into women's working and health experiences (Campos-Serna et al., 2013; Fujishiro et al., 2021). Consistent with a feminist epistemology (Fraser, 2013; Guba & Lincoln, 1994; Marshall et al., 2022), such insights will enrich the predominantly quantitative and positivist body of knowledge on women's work and health (Campos-Serna et al., 2013; Fujishiro et al., 2021). I therefore endeavour to sketch a more complete picture of what it was like for women to work in Canada during a crisis, and to foreground women's perspectives in potential public policy responses that will improve women's employment conditions and their health.

Using a feminist political economy framework to centre women's experiences in the context of a public health and economic crisis (Fraser, 2013, 2022), I conducted individual semi-structured interviews online with ten women of colour from across the Greater Toronto Area (GTA). I used an interpretive thematic analysis to identify emergent categories and themes (Larkin et al., 2006; Terry et al., 2017; Thorne, 2016; Van Manen, 2014), and I turned to a constant comparison to examine similarities and differences between the data and the extant literature on the intersections of gender, race, employment, and health (Charmaz, 2006; Glaser & Strauss, 1984). Excerpts from the data were supported by interpretive descriptions to provide a deeper understanding of women's employment experiences during the pandemic, what this means for their health, and what potential public policy responses are needed.

3.2.1 Positionality Statement

I am a novice researcher completing a master's degree in health science at *Ontario Tech University*, where I also work as a teaching assistant and digital archivist. Over the last six and a half years, I have been working in the community as a

rehabilitation assistant with the older adult population, which I am currently doing remotely—a privilege many workers are not afforded. As a white cis-gender woman with settler ancestry, I recognize that I have a responsibility to the communities and peoples whose lands I call home. I endeavour to continue working in the academic space doing critical feminist research that is interdisciplinary, policy-oriented, and grounded in experience, community, social justice, and broad understandings of health.

As a woman with a permanent disability, I have grown especially sensitive to issues concerning women's health, employment, status, and social and economic well-being. My commitment to women's employment and health is motivated in large part by my personal experiences working in precarious service jobs that subjected me to financial hardship and that undervalued my labour as a woman. These experiences are compounded by my disability and made more precarious by the emphasis of capitalism on competition and normative conceptions of productivity. My personal experiences and academic pursuits are indelibly linked and have drawn me towards critical feminist research and advocacy efforts that seek to (1) dismantle structures of oppression, and (2) improve people's living and working conditions and health across gender, race, ethnicity, ability, class, and social position.

3.2.2 Sampling Strategy

A purposive sampling technique was used to recruit women from the GTA who were willing and able to provide insight into their employment and health experiences during the COVID-19 pandemic. The GTA was chosen because it is the largest and most racially and ethnically diverse metropolitan area in Canada that is home to 6.2 million people, over half (52%) of whom live in the Toronto core and identify as visible

minorities (Fleiszure et al., 2019; Statistics Canada, 2022). The area therefore provided a large pool from which to find a representative and diverse sample with (un)employment experiences during the COVID-19 pandemic.

Purposive sampling was chosen because it is especially useful for researchers seeking to reach participants who are located in a particular geographic or social area, and who have experience with the phenomenon of interest (Creswell & Poth, 2018; Marshall et al., 2022). It is also often used by researchers working within a critical feminist paradigm (Mason & Stubbs, 2012). Following Labonté's et al. (2015) mixed sampling strategy to inquire into the lived experiences of low-income families in Canada after the 2009 global financial crisis, I also factored in the possible need for snowball sampling. Snowball sampling enables researchers to reach eligible participants who might not have otherwise been aware of the research study (Creswell & Poth, 2018; Marshall et al., 2022).

My objective was to recruit between eight and ten women (1) employed or recently employed in the services sector (i.e., hospitality, food services, and/or retail) in the GTA during the pandemic, (2) between 25 and 54 years of age, and (3) able to speak and understand English without an interpreter. A small sample is well-suited to qualitative research because it does not seek to generalize or make probabilistic statements about a population (Charmaz, 2011; Larkin et al., 2006; Marshall et al., 2022; Terry et al., 2018). Rather, it aims for an in-depth exploration of individuals' experiences with a particular phenomenon, and depending on the type of inquiry and analysis, the sample can be as few as one or two individuals. My sample size adheres to recommendations made by Terry et al. (2017) who provide guidelines to graduate student

researchers conducting interpretive thematic analysis. The knowledge that is produced is rooted in individuals' understandings of their experiences, which can be useful for inquiring into similar phenomena in different regions and/or among different populations.

To help ensure the success of my recruitment efforts, I approached community agencies in the GTA that provide employment services and financial support programs to low-income women working in the region. Establishing rapport with these agencies was necessary to be able to disseminate information about my research study in locations that would be visible to eligible participants. Due to the ongoing pandemic, there were few physical spaces where I could post my recruitment flyers. Instead, I presented my proposed study at one of the agencies' (the Ontario Federation of Labour [OFL]) virtual Women's Committee Meetings in September 2022. This opportunity enabled me to reach community activists and women-supporting groups in the region. Other organizations provided a list of women-centered agencies for me to connect with about the study. It was through these rapport-building and networking efforts that my recruitment was so successful.

After the study received ethics approval from the Ontario Tech University Research Ethics Board (REB #16940) in October 2022, I disseminated my recruitment poster via the OFL's weekly e-blast. The recruitment poster (provided in Appendix C) directed individuals to contact the research team (me and PI, Bryant) directly by email to express interest in the study and to pose any questions or concerns. There was an overwhelming response to the call for participants that exceeded the sample objective. Participants who met the eligibility criteria were chosen on a first come, first serve basis, with focus on ensuring a diverse and representative sample. I anticipated a more diverse

sample comprised of roughly half non-racialized and half racialized women because the GTA is home to racially and ethnically diverse populations. The initial concern was that racialized women and/or women of colour might be underrepresented; however, this was fortunately not the case. In fact, the sample was relatively homogeneous, fulfilling a requirement of approaches that seek in-depth insight into a phenomenon (Larkin et al., 2019; Terry et al., 2017; Thorne, 2016).

All ten participants who participated in the study identified as women of colour between the ages of 25 and 34 years, the majority of whom were mothers or caregivers. Because I initially intended to recruit half racialized and half non-racialized women, I identify this as a limitation in the next chapter that warrants further research on the employment experiences and health of non-racialized and older women in Canada. I also, however, recognize this as a strength of the research that enabled me to respond to recent research that identifies gender and race as key dimensions of poverty, precarious employment, and poor health (Hanley et al., 2020; Labonté et al., 2015; Procyk & Maisonneuve, 2017; Statistics Canada, 2020). Having recruited a small sample of women of colour, therefore, allowed me to focus on racialized women's employment and health experiences in Canada during the COVID-19 pandemic.

Compensation (or honorarium) is used to recognize and/or incentivize individuals to participate in research (Creswell & Poth, 2018; Marshall et al., 2022). It is also a recognized convention for research involving low-income persons/families, women, and marginalized populations. This is because of the greater financial and social barriers that prevent these groups from participating in research, and because they have been either historically excluded or over-researched without being fairly compensated for their

labour (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council, 2018; Labonté et al., 2015; Largent & Fernandez Lynch, 2017; University of Toronto, 2019). Following this research convention, an honorarium was provided to each participant as a token of my appreciation for their time, contributions, and willingness to share their experiences. Each participant received one \$50 gift card electronically for their choice of a grocery centre, internet provider, public transit, gas station, or childcare centre. This research study was financially supported by a larger project titled *Restructuring Work: Labour and the Organization of Global Capitalism* funded by a Social Science and Humanities Research Council (SSHRC) Insight Grant (REB #15387) held by PI Dr. Aquanno and co-PI Dr. Bryant. This information was communicated on the recruitment poster and consent form, negotiated with each participant at the end of their interview, and then documented in writing.

3.2.3 Data Collection

A short survey was used first to collect participants' demographic characteristics, including their age, race/ethnicity, employment status, job, place of residence, and range of annual income. Educational attainment and immigration status were not included and considered limitations of this research. Answers to the survey were recorded on an Excel spreadsheet, anonymized, and analyzed using descriptive statistics (Ose, 2016). The primary research data were collected in fall 2022 over two one-week periods via one-on-one interviews between me (the student lead) and each participant over Google Meet and Zoom. On average, the interviews lasted 45 minutes, and ranged between 31 and 58 minutes. While the interviews may seem short, it reflects how busy and squeezed for time

these women are, many commuting between job locations or caring for their families during their interview. All data were collected on a password protected device, stored on a password protected USB, and kept in a locked drawer only accessible to me.

A semi-structured interview protocol was used to guide the interview while allowing me the flexibility to re-arrange questions and follow or probe new insights brought forward by each participant (Creswell & Poth, 2018; Larkin et al., 2006). According to Larkin et al. (2006), such flexibility gives participants some directive control over the interview, which is important for establishing trust and maintaining rapport. The semi-structured guide I developed is provided in Appendix C at the end of the thesis. Initial questions were broad and became more focused as the interview progressed (Johnson, 2011; Larkin & Fieldsend, 2021; Roberts, 2020). My goal was to initiate a conversation, a dialogue, between myself and each participant (Guba & Lincoln, 1994; Thorne, 2016). With participants' consent, interviews were audio recorded and transcribed using *Otter Pro* transcription software. I exported the raw transcripts into a Word file to compare with the audio recording, clean, anonymize, and prepare for thematic analysis (Ose, 2016; Terry et al., 2017). Aware that pseudonyms might be identifying, participant codes (i.e., P01) were used to maintain confidentiality and ensure anonymity of each participant's identity and responses.

Influenced by the data collection methods used by Labonté et al. (2015) and Lightman (2021), I made notes to supplement the interview transcripts and capture real-time observations and impressions. These comprised part of the reflexive writing I began in anticipation of the interviews that reveal how I have navigated the tensions I discuss later in this chapter. They also included analytic notes that have influenced my analysis.

Recognizing my role in shaping each interaction, but also my dependence on each participant and where she was willing to go with me, I paused to listen, rephrased questions, paraphrased and repeated what I heard, asked for clarification, probed, and offered some form of reciprocity (Charmaz, 2014; Johnson, 2011). Of course, some women seemed more comfortable and open, but when I return to the verse in the poem I shared earlier—*I hope, but I fear I will fail to unravel / the bundles of breath you leave in this space*—I am confronted by the fact that my observation might reveal more about my openness and confidence during the interviews. These lines speak to the difficulties of accessing an individual's world, while reminding me of the commitments that feminist and interpretive approaches make to amplify individuals' voices and make sense of their experiential statements (Karnieli-Miller et al., 2009; Mason & Stubbs, 2012; Terry et al., 2017; Thorne, 2016).

In addition, the online setting for interviews posed unique communicative challenges related to internet stability, technical difficulties, audio quality, and my ability as the interviewer to monitor facial expressions and body language (Carter et al., 2021). To prepare for these challenges, I invited participants to virtually walk through the conference platform prior to their interview, and I created unique meeting links with controlled entry for each respective participant (Carter et al., 2021). A response protocol was also prepared and included monitoring for signs of distress such as visible and/or verbal upset, withdrawal from the interview, and declining to answer multiple questions. My response to potential signs of distress involved moving to a new question if/when asked, taking a break from the interview, and checking in with participants throughout their session. Despite these unique challenges, an online setting was most appropriate for

navigating an ongoing pandemic (Ontario Tech University Research Ethics Board, 2020), and convenient for participants, most of whom had busy schedules and preferred to remain visually anonymous by being able to keep their video cameras off. While it is not immediately evident why participants chose to keep their video cameras off, several indicated that they were concerned about protecting their identities and were either commuting between jobs or were caring for their children during the interview.

3.2.4 Data Analysis

One of the unique features of qualitative research is that data collection and analysis occur simultaneously (Charmaz, 2006; Marshall et al., 2022). While generally treated as a distinct stage in the research process, analysis occurs while data are collected, coming through in the questions, probed insights, and analytic notes that shape the final report. In addition, because qualitative inquiry challenges more positivistic research conventions, concurrent data collection and analysis can offer researchers flexible ways of completing their analysis (Charmaz, 2011; Terry et al., 2017; Thorne, 2016). Of course, there are different analytic methods depending on one's approach to inquiry, i.e., constant comparison is often used for grounded theory (Charmaz 2006; Glaser & Strauss, 1967), interpretive phenomenological analysis can be used for phenomenological inquiry (Larkin et al., 2006), and narrative or thematic analysis have application to narrative inquiry (Creswell & Poth, 2018). Working within a feminist political economy framework to examine structures of inequality (Frazer, 2013), I used thematic analysis and interpretive description to identify categories and themes within and across the data with practical and political application (Terry et al., 2017; Thorne, 2016). Simultaneously, I turned to constant comparison to identify similarities and differences

between the data and extant literature (Charmaz, 2006). The analysis was completed individually and manually, creating what Marshall et al. (2022) call a single interpretation that is partial and positional.

As a novice qualitative researcher my intention was to have some structure, while also retaining the ability to engage creatively with the data in ways that reflected my epistemological standpoint. This intent, according to Terry et al. (2017), can be achieved through thematic analysis—specifically, a ‘Big Q’ approach that “is characterised by (genuine) theoretical independence and flexibility, and organic processes of coding and theme development ... underpinned by very different conceptualisations of knowledge” (p. 20). Such an approach to data analysis is imperative for qualitative research interested in diverse ways of knowing about the world. Terry et al. (2017) liken the researcher to a sculptor who interacts with the data to develop themes, rather than an archaeologist who sifts through the data to discover already existing themes. I attempted to emulate this approach, knowing that thematic analysis can be used within diverse theoretical frameworks, including a critical feminist paradigm. Within this framework, I turned to Charmaz’s (2004) discussion and use of constant comparison to identify similarities and differences within and across the data and literature. My intention was to avoid prejudgement by constantly returning to the data to “make analytic sense of the material, which may challenge taken-for-granted understandings” (Charmaz, 2006, p. 54). With a concern for how the findings of my study can be applied to the social world and public policy, I found Thorne’s (2016) interpretive description approach to health research useful for bridging theoretical understandings about the world to practical public policy responses.

After the interviews were conducted, I began the formal stage of analysis with a thorough reading and re-reading of each transcript (Charmaz, 2006; Larkin et al., 2019; Terry et al., 2017; Van Manen, 2014). During this stage, I highlighted key moments and prepared a one- to two-page summary of each transcript. These processes enabled me to get close to the data and identify patterns within and across each woman's narrative (Charmaz, 2006; Terry et al., 2017). A series of open line-by-line coding followed, which I repeated for each interview transcript. During the next stage of theme development (Terry et al., 2017), I clustered codes from across the dataset into broad categories and themes. These were organized into a table, where the categories initially reflected the structure of the interview guide. Each theme was supported by excerpts from the transcripts (Charmaz, 2006; Creswell & Poth, 2018; Terry et al., 2017), and a description was provided for insight into the development of each initial theme.

As I continued into the next phase of thematic analysis (Terry et al., 2017), I turned to a constant comparison method to review, refine, and define the themes, and to capture similarities and differences between each woman's narratives (Charmaz, 2006). Themes were further refined through comparison against existing research literature that provided intersectional perspectives on women's employment and health. A feminist political economy framework helped me to identify and critically assess contradictions in current and historical understandings of the topic (Fraser, 2013). Understanding women's experiences and how they are represented in prominent texts helped to formulate practical policy responses that will address the issues that women identified, and to determine what kind of changes are needed.

3.2.5 Key Tensions

Now that I have presented the ideological assumptions that underpin my approach and method of inquiry, there remain several key tensions that I found myself navigating in my thesis research. I focus on three interrelated tensions: power dynamics, empathy and self-disclosure, and validity which is credibility in qualitative research. I return, again, to my poem, in which I wrote about the difficulty of accessing an individual's experience, of establishing trust, of valuing their perspective, of patterning our exchange, and of understanding this exchange beyond common assumptions about how the world *is*. My concern about the future was a concern about what kind of social change could be envisioned by women. Also palpable was my struggle to relinquish control while also fearing the authority I had over the process. This raises the question: to what extent can research provide voice to the experiences of participants, in this case those of racialized women?

Power dynamics. Karnieli-Miller et al. (2009) address the issue of power dynamics in health research and the use of specific strategies to democratize the research process. They argue that democratizing research is an admirable aim, but one that also raises a number of ethical and methodological challenges through each stage of the research process. One challenge Karnieli-Miller et al. (2009) identify is the potential incongruity between a researcher's ideology and moral commitments and how these are methodologically played out. For instance, by taking a critical feminist approach, I commit myself to democratizing my research and giving voice to women's experiences (Bryant et al., 2007; Marshall et al., 2022; Mason & Stubbs, 2012). Looking at my methodology, however, I am first confronted by my choice to use codes rather than

pseudonyms. This strategy will of course help to protect women's identities, but it may also dehumanize their experiences and lean towards a positivist ideal. Although I remain unsettled by this point, I am comforted by the fact that participants preferred that I keep their identities as distant as possible from the data and final report. I respect their wishes knowing that my identity will remain indelibly linked to my representation of their lived experiences (Watson, 2009).

Often viewed strictly as a way of validating one's research (Creswell & Poth, 2018; Guba & Lincoln, 1994), member checking can also be used to rebalance existing power dynamics between the researcher and participant(s) (Angen, 2000; Karnieli-Miller et al., 2009). Attempting to bridge both aims and to recognize women's ownership of their statements, I asked several participants to member-check a section or summary of their anonymized transcript. I also gave participants the opportunity to confirm and/or correct what I was hearing during their interview. These strategies were used to ensure that participants' perspectives would be represented as accurately as possible, and to valorize the women's experiences. I must confront, however, that these strategies fall short of a truly collaborative and democratic research project (Angen, 2000; Karnieli-Miller et al., 2009; Marshall et al., 2022). Nonetheless, working within a feminist paradigm, I committed myself to ensuring that my analysis and write-up integrated women's statements in ways that attend to the broader socio-political context of a crisis, and challenge common assumptions about what this means for women's employment and health. It also required that I engage in reflexive practices to disclose the beliefs, assumptions, and values that underpin my inquiry (Angen, 2000; Karnieli-Miller et al., 2009; Marshall et al., 2022).

Empathy and self-disclosure. Empathy and self-disclosure are often used to gain access to participants' lifeworlds and attend to the power imbalances in one's research (Karnieli-Miller et al., 2009; Watson, 2009). In the first vein, Watson (2009) offers a critical perspective on empathy, contending that "empathetic understanding in qualitative research runs the risk of becoming a form of colonization of the other as the object of research" (p. 107). Being someone who considers herself an empath with no intention of "othering" the participants, I admit that Watson's (2009) critique is rather unsettling. I am nonetheless pulled towards her concern about the place of empathy in qualitative research, and the moral complexity of understanding through sameness (i.e., similarity) versus understanding through difference. For example, aware of the racial differences between me and the ten participants, I reflected on our interactions and noted how several women seemed more willing to share their experiences, while several seemed more reticent. As I mentioned earlier, this willingness speaks to the power that participants have in deciding what to share, when to share it, and how much to share (Karnieli-Miller et al., 2009). It also however reveals the differences in experience rooted in broader structural inequalities.

Depending on whether it felt appropriate in that moment, I offered some personal insight to those who seemed more reluctant. These included my having a disability, my love for dark chocolate, or my previous work as a waitress/server. I also kept my video camera on while respecting participants' choice to leave theirs off. While these choices may be useful strategies for establishing rapport (Carter et al., 2021; Smith & Fieldsend, 2021), something about them also felt natural and allowed me to acknowledge my humanness beyond being a researcher.

Of course, my attempts to relate to participants were met with mixed responses, including agreement, more sharing, brief laughter, clarification, or silence. Fortunately, Watson (2009) offers some clarity to what these interactions might reveal. She draws on the work of Deleuze whose attention to difference, rather than sameness, offers researchers new ways of responding to uncertainty that are not available in common approaches to empathy. For instance, my perspective and experiences may differ or conflict with those of the participants. Rather than trying to construct a shared understanding about experience, difference offers new ways of challenging common assumptions about reality. As such, it appears that recognizing difference is part and parcel of a critical approach and its aims to transform the social world and how it is understood.

Validity. There has been considerable debate about how to integrate validity into qualitative research (Angen, 2000; Creswell & Poth, 2018; Marshall et al., 2022). It is therefore only reasonable for me to consider how I might address this concern in my study. Most debates attempt to shift away from positivist strategies that treat validity as a goal that can be measured. Alternatively, Angen (2000) and Cho and Trent (2006) invite qualitative researchers to approach validation as a process that extends throughout the research. Both contend that, although useful, an emphasis on meeting specific validation criteria like those offered by Creswell and Poth (2018) remains positivistic and may lead to conflict about whose truth represents reality. Such criteria include bracketing, member checking, thick description, reflexivity, peer review, triangulation, and/or audit trails. While remaining generous about the usefulness of these strategies, Angen (2000) reconfigures ways to validate interpretive projects like mine. She writes that interpretive

research can be judged by its moral soundness (i.e., treatment of participants and their voices), its acknowledgment of historical and socio-political contexts, and how it negotiates and presents the research findings. Angen (2000) provides a methodological framework that will help ensure my adherence to a critical feminist paradigm. Cho and Trent (2006) also offer a validation framework that foregrounds the goals of the research. Having been moved by their perspectives, I took on the challenge of engaging in reflexive exercises that position me in relation to the women whose insights I aimed to valorize in the context of a crisis. I made sure to check back with participants, and I layer the themes with excerpts and meaningful descriptions. Whether my efforts will be considered credible is what has kept me committed to the process.

Further ethical considerations. Although not a new way of conducting qualitative research, interviewing participants online brings forward technical, ethical, and communicative challenges that differ from in-person research (Archibald et al., 2019; Carter et al., 2021; Creswell & Poth, 2018; Smith & Fieldsend, 2021). These include issues obtaining informed consent, maintaining privacy and confidentiality, maintaining an internet connection, and securely storing data. Archibald et al. (2019) and Carter et al. (2021) provide useful strategies that I included in my research such as an electronic signature, briefing participants on the platform and its safety features, creating unique meetings with controlled entry, and offering a data voucher to those who may have limited access to the internet. Regarding data collection and storage, all data were collected on a password protected computer, saved on a password protected USB, and stored in a locked drawer that only I could access.

3.3 Concluding Thoughts

In this chapter, I unpacked the ideological and epistemological assumptions that situate me and my inquiry within a critical feminist paradigm (Guba & Lincoln, 1994; Fraser, 2013; Mason & Stubbs, 2012). I centred women's lived experiences and used a semi-structured dialogue to inquire into their experiences. I also used a feminist political economy analysis to examine the socio-political structures that have shaped women's experiences. I did this to elucidate what women's experiences mean for women's employment and their health, and to identify what kind of public policy responses are needed. I acknowledge that some points may remain unresolved or in conflict with the paradigm in which I position myself and my inquiry. I nonetheless remain committed to the process—this inquiry serving as a starting point. I believe that the poem I continue to cycle back to captures many of these tensions, while representing my commitment to the reflective process required of qualitative researchers.

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Chapter 4. Findings and Critical Discussion

4.1 Introduction

“[P]eople don’t really know, you know. They have families and they couldn’t eat, and lots of things happened ... lots of people lost their jobs during the pandemic. I don’t know if there are different ways if they could get it back and, you know, feel supported somehow. ... It’s not that everyone, you know, have gotten back on their feet since COVID.” (P01)

Late in October 2022, a woman shared her concern for the women and families impacted by the pandemic shutdown. Having already shared her experiences, she imparted a need to learn about the experiences of the women I had yet to interview. In her statement, she emphasized the problem of not knowing, of not understanding what it has been like for women to live and work through the crisis, and how such an understanding might offer ways of supporting women. Her words have stayed with me as a pressing reminder of the commitment I had made to understand women’s experiences and to ground this understanding in women’s own perspectives on their experiences.

By December 2022, I had completed ten semi-structured interviews with women from across the Greater Toronto Area (GTA). Interviews were conducted virtually, and with participants’ consent each interview was audio recorded and transcribed for analysis. All participants identified as women of colour between the ages of 25 and 34, and most cared for children or dependents; many of whom indicated that they did this alone or with little help. More than half (60%) of the women earned less than \$40,000 annually, 60% worked in hospitality/food service, and 90% either started a new job or took on additional paid work soon after the economy was shut down in March 2020. While it is unclear why

none of the participants applied for the Canadian Emergency Response Benefit (CERB), this finding shows that most were engaged in work that could not be done remotely and felt it was necessary to continue to work rather than exit the labour market. It could reflect a lack of trust in government. A statistical portrait, while useful, unfortunately cannot capture the complex and multiple work arrangements that most participants described. This finding strengthened my aim to illustrate the subjective and political complexity of women's health and employment experiences in the GTA, Canada's most populated and racially diverse metropolitan area (Statistics Canada, 2022).

Using manual thematic analysis and constant comparison (Charmaz, 2006; Terry et al., 2017; Thorne, 2016), I organized excerpts from the data into four broad categories and six interconnected themes. I consider them interconnected as Fraser (2022) positions the crisis of social reproduction: that each "is not freestanding and cannot be adequately grasped on its own" (p. 54). Rather, each theme is part of a complex web of experience and the conditions that make these experiences possible. In this vein, while each woman's experience was unique, together their narratives exposed several commonalities of experience: the social exhaustion and impoverishment of women's time; the gendered burden of crisis; persisting gender and racial inequalities; women's resistance to oppressive value structures; amplified stress and depression due to lost income, discrimination, and inadequate labour policies; and calls for government to expand social provisions, and for government and employers to increase the wages of racialized women and mothers working and living on low incomes.

This chapter is divided into two sections. The first section details the study findings, beginning with a demographic portrait of the ten women who participated in the

study and ending with a description of the four broad categories supplemented with excerpts from the interview transcripts. In the second section, I provide a critical analysis and discussion of the six themes and how they address the research questions, including what they reveal about women’s employment and health in Canada, and how Canadian governments and employers can respond to the unequal impact of the COVID-19 crisis.

4.2 Part 1: Findings and Demographic Portrait

Representing different areas from across the GTA, all ten women who participated in the study identified as women of colour (specifically Black, or Black Canadian) between the ages of 25 and 34; most of whom (80%) were between 25 and 29 years old. Reflecting on Chapter 3, this sample of women are among the 9% of Black individuals living in the GTA, which was the third leading group of visible minorities in 2016 (Fleiszure et al., 2019). As listed in Table 4.1, more than half of the women (60%) reported an annual household income below \$40,000, with only one having earned above \$60,000. While this will be explored further in the next section of the chapter, nearly all the women who participated in this study were and continue to be financially squeezed. In addition, of the ten women, seven have children or dependents. This is unpaid work that women must balance with their paid employment, and in some cases, manage alone or with little help.

Table 4.1

Demographic portrait of women who participated in the study, Greater Toronto Area

Age (years)	Frequency n (%)
25-29	8 (80%)
30-34	2 (20%)
Annual Income (\$)	
<20,000	1 (10%)

20,000-39,999	5 (50%)
40,000-59,999	3 (30%)
70,000-89,999	1 (10%)
Employment Arrangement	
Full-time	4 (50%)
Part-time	3 (30%)
Full-time, contract/multiple employers	2 (20%)
Part-time, temporary/contract	1 (10%)
Self-employed, full-time	1 (10%)
Started new/additional job*	9 (90%)
Service Job During the Pandemic	
Hospitality/Food service	6 (60%)
Caregiver/PSW, Nurse	2 (20%)
Teaching/Administration**	2 (20%)

*Started a new job or additional job due to lost income from lay-off or reduced work hours; **excluding public administration.

While the table also provides a brief statistical sketch of women’s current employment arrangements, it falls short of capturing the complexity of their experiences working in the GTA’s services sector during the COVID-19 pandemic. For instance, those who were working full-time also worked for multiple employers, worked temporarily on contract, or recently became self-employed. Nearly all (90%) of the women who participated in this study were precariously employed going into the pandemic shutdown. Recall from background section in Chapter 2 that precarious employment is multidimensional and encompasses persisting job insecurity, part-time and/or temporary work, low wages, periods of unemployment, limited workplace rights and protections, and low bargaining coverage, among other nonstandard arrangements (Benach et al., 2014; Vosko et al., 2003). This is a situation that has had lingering effects on women’s employment, income, and health, and affected other areas of their lives in various ways. Within the services sector, women worked in positions which I have grouped into three sectors: hospitality/food service, healthcare/caregiving, and

teaching/administration. The majority (70%) were employed in the food services industry preceding the pandemic, and 60% of the women remained employed in this industry, despite having been temporarily laid off or experiencing significant changes to their work hours and responsibilities.

4.2.1 Categories and Themes of Women’s Lived Experiences

An interpretive thematic analysis was used to identify themes with application to the social world and to public policy (Terry et al., 2017; Thorne, 2016), and a constant comparative method was used to identify and compare similarities and differences across the data (Charmaz, 2006). Guiding my analysis was Fraser’s (2013) feminist political economy framework, which considers how broad socio-political and economic forces structure social and health inequalities across gender, race, and social position. As Bezanson and Luxton (2006) discuss, feminist political economy is also concerned with the social reproduction work (i.e., the paid and unpaid labour involved in reproducing and sustaining a working population) that is disproportionately done by women and racialized groups, and which influences women’s economic stability and dependence.

Table 4.2

Broad categories and themes on women’s employment and health experiences

Category* and Theme	Description
Women’s Employment Experiences during the Pandemic	
Social exhaustion and time poverty: Overworked, underemployed, and increasingly underpaid	Refers to the theory of social exhaustion and time poverty among women due to crisis, increasing workloads, lack of paid work, and loss of income.
(Un)expectedly bearing the burden of crisis: Women having to take it upon themselves	Refers to the unexpected nature of the pandemic shutdown, but also the expected way that structural crises are offloaded onto individuals, and particularly women. Refers also to women having no choice but to adjust to the situation; many taking it upon themselves to make ends

	meet and lessen the impact of financial insecurity on other areas of life. The unequal burden of crisis expands on the theme identified in the literature review.
Work, Income, Gender and Race: Women's Experiences of Intersectional Oppression	
Persisting inequality and workplace discrimination across gender and race	Refers broadly to women's experiences of being discriminated against, subjected to harassment, and treated as less productive, weak, and inferior based on their gender and skin colour.
Resisting value structures that reinforce women's oppression and subordination	Refers to women's resistance and effort to dismantle value structures that reinforce the oppression and subordination of women and racialized groups. Women reported positive experiences working alongside other women and mothers, and most importantly within supportive work environments.
Women's Health Experiences during the Pandemic	
Crisis manifestations on women's health: Stress and depression	Refers to the heightened stress reported by women after the economy was shut down, and the lingering effects of dealing with insecure employment, low income, and being overworked. Women were fearful of losing their jobs, but also of getting the virus, having to go to the hospital, and consequently losing the income they needed to survive. Refers also to women's experiences with depression as a direct result of lost income.
Women's Calls for Public Policy Responses	
Strengthening the social safety net, women's wages, hiring practices, and rights to bargain	Refers to women's call for better access to public services and expanded social safety nets that will meet the needs of women working in the services sector and living on low incomes. Women called on government and employers to increase wages, respect service workers, strengthen worker protections (i.e., collective bargaining, general meetings, fair hiring and pay practices, protection from harassment and racial discrimination), and provide benefits for new and expecting mothers.

*Categories are presented in shaded rows above their respective themes and descriptions

While each woman's experience was unique, their narratives converged on several salient points that revealed important commonalities of experience. Excerpts from their transcripts were grouped into four broad categories that guided the interview schedule. Listed under each category are themes that resonated across the women's narratives (Terry et al., 2017). These themes are presented in Table 4.2 and described

using Thorne's (2016) approach to interpretive description and Fraser's (2013) feminist political economy framework.

4.2.1.1 Women's Employment Experiences during the Pandemic

"Oh, for the pandemic there was a lot of change. I mean drastic change. Because ... there was no work for people, and I didn't get calls It affected my financial life and my ... kids and everything." (P03)

Every woman⁵ I spoke with experienced some form of change in their employment and how this change impacted their income and other aspects of their lives, including their children, their housing, their health, their social lives, and their monthly budget. In fact, shortly after the COVID-19 pandemic began and the economy was shut down in March 2020, all but one woman either lost their job and main source of income, or they had experienced a notable reduction (25% to 50%) in their paid work hours. What is more concerning is that the additional work that women were thrust into to make up for this sudden loss of income, or because responsibilities at work had increased due to layoffs, exceeded any reduction in their work schedules and lost wages. One woman, for instance, shared:

"During the pandemic, I lost my job, so I couldn't get any means of income. I've got a lot of bills to pay. I searched for jobs. So, getting jobs, I got a job with less payment, I had to just leave it." (P04)

⁵ As discussed in the previous chapter, pseudonyms were not assigned. Instead, "woman," "women," and/or "participant/s" are used to refer to the women who participated in this study. The intention was to take a feminist stance and recognize that those who contributed to this study were women, rather than objects of study.

Another woman explained that “when the pandemic came, some workers were laid off, so then the work increased” (P08). She continued, “it was very tiring considering the pay that I was getting. ... I was just being overworked” (P08).⁶ She explained that she was given more responsibilities at work because there were fewer workers, while emphasizing that her wage did not reflect the extra work that she was assigned and expected to do. Rather, her income fell alongside the reduction of her scheduled work hours.

Having fewer working hours, several women spoke positively about the extra time they had to rest, attend to their health, and spend with their children and families during the pandemic. Our conversations nonetheless illuminated several key concerns. In particular, the unsustainable and depleting nature of women’s work arrangements that preceded and were amplified by the pandemic and economic shutdown, and the deepening impoverishment of women’s time. The economic shutdown had forced women into more precarious circumstances, leaving them desperate to find alternative ways of earning a stable income—that is, something reliable and trustworthy. When the economy was shut down, the women expressed that they had no choice but to find another job or a side hustle. Several of the women also started their own businesses that would enable them to work from home and rely on themselves rather than on an employer who might again reduce their income or lay them off. This complex experience was captured by one woman’s statement:

⁶ By presenting the statements of the women in this study in this way, I intend to give presence to their words and articulation of the public policies indelibly linked to gender and racial socio-economic and health inequalities.

“I wasn't expecting I [would] lose my job so soon. So it was...it really shook me, so that was one of the reasons I had to think about a job—a job I can do myself, that even if there are risks of some sort or relocation...I would still be able to carry on with my job without having any restrictions.” (P07)

Rather than turning to temporary financial support programs such as CERB, the women in this study (in their words) “took it upon themselves” to adjust to the situation, make ends meet, and remain in good enough health to be able to work. Among those who took on additional work, most have continued working extra jobs even after the economy began reopening in 2021 and their work hours were (or were promised to be) increased to pre-pandemic levels. This finding may reflect how vulnerable most participants felt and why they found it necessary to continue working rather than exit the labour market.

In addition to finding alternative sources of income, several women described having to move in with family, relocate to a cheaper home, and/or ask friends or family for financial support. None of these decisions were easy, nor were they presented as a matter of choice. When I asked the women what their job, or having a job, means to them, most indicated that their job is both a means of subsistence and something that connects them to community, future employment possibilities, and financial stability. In many ways, their experiences brought a feminist and intersectional sensibility to the fact that having a secure job and source of income are the most important things in today's capitalist economic arrangement, as both Labonté et al. (2015) and Premji (2018) conclude. Having interviewed low-income families and precariously employed immigrants, both authors illuminate the destructive capacity of low income and job insecurity or unemployment on individuals' health and social well-being. They also

highlight the gendered and racial dimensions of precarity and poor health, to which this study gave precedence.

4.2.1.2 Work, Income, Gender and Race: Women's Experiences of Intersectional Oppression

“[T]he first family I worked for was a white family, and they kind of looked down on me. They said ... a lot of hurtful things to me. ... I almost quit my job. But looking at ... how things are and how desperate I'm...I'm really in need of this job. I just had to let that go. And I said to myself, “Oh, I'm a Black woman. I'm not going to, you know, let whatever they say about my gender or my colour get to me. Rather, I'm going to wear my colour and my gender, and then work hard in order to change the narrative of what people have been saying about black women.” (P09)

A direct look into how being a woman influences women's experiences at work revealed two significant points. First, participants spoke about persisting gender and racial inequalities in the workplace, and specifically about being treated as weaker, less productive, and inferior compared to their male and/or white colleagues because of their gender and skin colour. “We women,” one participant stated, “we're living on a double standard, and we're being judged on a double standard than men. And we feel like they [men] can do better than us” (P03). Some of the inequalities that the women discussed included receiving fewer hours, being paid less, and holding lower positions than their male coworkers; being scheduled during off-peak business hours; and being subject to harassment and discrimination with little-to-no protection at work. Participants said that

this kind of treatment was unequal, “disadvantageous” (P08), “annoying” (P03), and “demotivating” (P10).

The women in this study also demonstrated a resistance to the value structures that reinforce the oppression and subordination of women and racialized women in the workplace, and in society at large. For example, during our conversations participants asserted that as women they bring value to the labour force and, as one woman noted, “have a lot more to offer in any industry” (P01). The women in this study explained how societal norms become oppressive when work traditionally performed by and expected of women is imposed upon them. One woman made this point when she said, “I feel like in just the general sense, you know, most people assume that women are better cooks than men. So that also favors us a little bit. ... So far as you do not impose it on me” (P02). Her response might suggest something deeper about the social and emotional labour that women unequally carry and, with little choice, have come to accept as a personal responsibility. This unequal burden of care might have been the impetus for responses, such as, “Whatever a man can do, a woman can do better” (P01). Following this line, this woman said, “I don’t think gender has a role to play in ...what you bring to the table. ... I know I don’t do nothing much apart from going to work...[but] I know I do a whole lot when I do” (P01). I interpreted her words to be a powerful display of resistance towards oppressive gender norms.

Regarding the intersection of gender and race, one participant spoke directly about her experiences as a woman of colour, and admonished society’s failure to address gender and racial discrimination because of their negative social and health implications. Her statement reads:

“A lot of people do see women as, you know, a weaker version, coupled with the fact that I’m Black, and they just see us ... as inferior beings and people who can’t, you know, really do anything. ... I work hard in order for them, you know, to just be different from the generations that [were] speculating about women and Black women.” (P09)

She was the only participant who spoke openly about her employment experiences as a racialized woman. Her words were nevertheless powerful and revealed how gender and racial discrimination are reinforced through employment policies and practices. Some of these practices and policies include hiring predominantly non-racialized workers, scheduling women during off-peak business hours, and failing to provide workers protection from racial and gender-based harassment in the workplace.

On perhaps a more hopeful note, the women in this study individually spoke about their ability to thrive when working amongst women, for women, and within supportive employment environments. “I’m working with people who have the zeal, you know, and they’re putting their best in whatever they do. So I think, you know, working with women kind of influences us positively to do our work very well” (P06). Words such as hers offered potential ways of challenging and changing how society understands women’s employment and health, and what responses to the COVID-19 crisis would be useful to women and women of colour.

4.2.1.3 Women’s Health Experiences during the Pandemic

“I would say I’m a little stressed because you feel like oh, you don’t know what this week is gonna look like. ... I just get so stressed and everything. I get that a

lot ... [It] feels like you want to take a break and the next thing you get in a car, so okay, you just have to get up and go (soft laughter).” (P03)

Regarding their health experiences, the women in this study explained how the sudden and unexpected loss of income and simultaneous increase in their workloads—paid and unpaid—had deleterious effects on their health. Participants specifically identified how this sudden change negatively affected their mental health and well-being. Some participants also noted physiological responses that accompanied these changes, such as heightened concerns about their blood pressure, blood sugar, headaches, and lost appetite. It was striking that few participants identified issues with their physical health unless it was in relation to stress. For example, one of the women shared,

“The only problem I had with my health was the level of stress because I felt like it was a lot for me to take on. I had to ... work my shift in the hospital and then I leave the hospital to somewhere where I am needed. ... Sometimes I had migraines, I have headaches, I don't have, I don't have appetite for food” (P01).

The women specifically reported amplified levels of stress, anxiety, and fear of losing their job or getting the virus—whichever came first because they needed to work to earn a wage. One woman in this study spoke directly about this fear of not being able to earn an income if she fell ill. She said, “During the pandemic, I was kind of scared. You know ... I had to go to work. I had to stay home. Locked myself up. Allow my kids to stay indoors because I wanted a good hour wage” (P05). Unfortunately, she was not alone.

When asked about whether and how changes to their employment affected their health, most women in this study made clear connections between their loss of income, increased work, amplified stress, and feelings of depression. They attributed their health

experiences to being without any form of social or financial security, which was captured by one woman's statement: "The only way it could affect my health was because I was getting low income" (P02). Another woman in this study similarly noted: "It really shook me. I, on the financial side, I was down. I even fell sick. I felt sick for a while" (P07). Their words drew attention to the insidious and lingering effects that financial insecurity has on health. In addition to the stress of living on a low income, another participant said, "It was a very difficult and very tight moment, period for me. I kind of felt depressed because basically I couldn't afford some basic things for myself. ... I had to become a therapist for myself" (P09). Together, the health experiences that the women in this study described importantly echoed critical perspectives on the social determinants of health that illuminate the profound impact that precarious employment and income insecurity have on one's health and well-being.

When asked what their health means to them, all the women in this study said that their health was very important, underrated by society, and necessary to be able to live and work. Moreover, the women with children or dependents (n=7) emphasized that they must maintain a good level of health because they have children or siblings who depend on them. This was a moving display of their commitment to motherhood and their children's well-being. As such, the image of good health that participants sketched included being free from stress and illness, being able to rest, having stable social support, and being able to balance work and life. And although several of the women reported being in better health at the time of the interview (in fall 2022) compared to when the pandemic shutdown began in spring 2020, it seemed that many participants were still dealing with lingering stresses triggered by the shutdown.

4.2.1.4 Women's Calls for Public Policy Responses

"I feel like right now maybe it's just more income.... Because when you have more income, like, the stress just leaves, you know." (P02)

As our conversations moved to a close, I gave each woman space to share what efforts, programs, or services they would consider useful for supporting their employment and health going forward. With an overwhelming concern about their income and its impact on their health, the women's responses pointed to three interrelated policy actions. The first called on governments to strengthen and expand the social safety net and access to public services. Women's stories revealed that, presently, the public programs available are not meeting the needs of those working in the services sector and living on low incomes. I remember that over half (60%) of the women who participated in this study earned below \$40,000 per year. Such inadequacy in women's wages and public programs was made clear in statements, such as, "What will help me manage my health and planning is more benefits. ... Some kind of clothing benefits, groceries, benefits, sick pay, leave pay" (P04), and "Some kind of increase in my salary. ... like for the childcare, groceries, ... basically a lot of things" (P05). Both of these women's statements highlighted the difficulties of affording basic necessities like food, housing, children's clothing, and living expenses without a suitable and stable income.

Drawing attention to the inadequacy of financial supports and services for mothers, one woman in this study called for more "benefits for pregnant [women]" saying, "The moment we get pregnant, we don't usually have much ... time to work with an infant because we're kind of focused on the baby and everything" (P03). Another participant similarly stated that "they [government] should provide [some] kind of health

insurance for people of, you know, low class [low income] ... who are not able to afford, you know, basic medical...bills” (P09). Indeed, the participants’ stories implicated the federal and provincial governments for failing to meet the needs of racialized women, mothers, and female-led households during and prior to the COVID-19 crisis.

The second call was directed at governments and employers who both have the power and responsibility to increase workers’ wages, implement fair hiring practices, strengthen worker protections by providing paid sick days and health benefits, offer workers opportunities to voice their concerns and ask for better wages through general meetings, and protect workers against harassment and racial discrimination. Concerning their wages, for example, the participants asked for “Just a bit of dedication on [her employer’s] part. ... Or just, you know, [be] given a personal notice or something to be able to find another source of income before they reduce the income” (P02); and for “lesser work with pay” (P03). This second participant affirmed “That [better pay] would support me. Because the reason why I go to work and have multiple working hours is because of pay” (P03).

Concerns about unfair hiring and scheduling practices were reflected in statements like, “I would encourage them [employers] to maybe have the same ratio of men to women. Yeah, and also, we are not weak characters, so they shouldn’t give us like that kind of less work” (P08). Continuing this call to address gender-based inequalities, two of the women identified a need for women-specific services, one of whom requested more “empowering women programs ... [that provide] information about different kind of work environments, [and] how you are supposed to handle them” (P08). As noted earlier, one participant spoke about her experience with “racial discrimination [in her

place of work]” (P09). She continued, “if everyone is treated equally, I would really love that” (P09). This woman participant indicated that her employer hired fewer people of colour because the families being served preferred White/non-racialized workers. Requests to be treated more fairly at work wove through every participant’s response, which could be rectified in part by fair non-discriminatory hiring, scheduling, and remuneration practices.

The issue and lack of control participants had over their work was articulated clearly when one woman in this study said, “I don’t have a lot of power because if I did, they [her employer] probably wouldn’t have reduced my hours” (P02). In her statement, she brought attention to the imbalanced employment relations that exist between low-wage workers and employers, and how these are intensified by crisis. To address this issue and gain more control over their work, two participants (P08 and P05) made explicit their interest in negotiating with their employers. One of these participant’s suggested that her “employers [could] hold some kind of a meeting and ask us for what we want, how we want it” (P05). The second participant similarly explained how weekly meetings would enable women like her to “relay the problems they have suffered” (P08) and push for “measures to protect us” (P08). Both women disclosed how they and their female colleagues were subject to discrimination and harassment from coworkers and clients who frequented the establishment, and that there were few measures in place to protect women from such treatment. Furthermore, what penetrated most deeply through both statements was a need to strengthen their labour power and rights to bargain for better wages and secure working conditions.

4.3 Part 2: Discussion and Analysis of Women's Employment and Health Experiences

In what follows, I provide a feminist account of the themes presented earlier in Table 4.2, giving attention to the words and socio-political and economic conditions that have shaped Black women's experiences in the services sector in the GTA. In doing so, I bring together the first four themes to explicate how working during the COVID-19 crisis affected women's health. Drawing from feminist conversations that discuss the gendered and racialized nature of social class, crisis inequalities, and austerity (Bezanson & Luxton, 2006; Elias & Rai, 2019; Evans, 2015; Glenn, 1992; Hennein et al., 2021; Liu, 2019; Mezzadri & Majumder, 2022; Perry et al., 2013), I endeavour to ground this understanding in women's perspectives on their health. In the final theme's discussion, I outline the public policy actions that women identified as necessary for supporting their employment and health.

Our conversations revealed that the women in this study continue to shoulder the burden of crisis and austerity, face inequalities and discrimination at work because of their gender and race, and experience high levels of stress and depression due to inadequate social and employment policies. Together, the women's statements imparted a complex and intersectional understanding of what it was like for women of colour to work in the Canadian services sector during the COVID-19 pandemic and economic shutdown. The analysis makes explicit the complex way that gender, race, and social class interact to shape women's health. Governments are called on to strengthen public provisions, and, with employers, increase wages and provide workers opportunities to negotiate better employment conditions to support the health of women, mothers, and racialized women in Canada.

4.3.1 *Social Exhaustion and Time Poverty: Overworked, underemployed, and increasingly underpaid*

“At the time I was working, like, I was working full time. But the organization decided that since the business was...there was no, I’d say, good business. So, we were just employed...part time to reduce the salary, the amount of expenses the owner was paying. ... some [waitresses] were laid off, so then the work increased. ... And it was very tiring considering the pay that I was getting. ... So I am just being overworked.” (P08)

I open the analysis here to draw from this woman’s statement a contradiction inherent to capitalism: its reliance on the service work predominantly performed by racialized women, and its drive to diminish wages for the same amount of labour. Fraser (2022) refers to this as an acute *social contradiction*, or a *crisis of social reproduction* (Bakker, 2007). This occurs “when capital’s drive to expanded capital accumulation becomes unmoored from its social bases. ... [When] the logic of economic production overrides that of social reproduction, destabilizing the very processes on which capital depends” (Fraser, 2022, p. 57). These processes being the domestic and public activities needed to maintain a working population and to sustain the accumulation of capital, the boundless growth of profit. Having detached itself from the social processes that make capital accumulation possible, the *good business* logic that, in this case, justified reducing workers’ wages or laying off employees to minimize employer expenses signifies one way of destroying these essential social conditions (Calkin, 2015; Fraser, 2022). Consequently, workers—women and racialized women in particular (Bakker, 2007; Duffy, 2005; Elias & Rai, 2019; Glenn, 1992)—are left without adequate purchasing

power to reinvest in such businesses, while at the same time without sufficient means to sustain themselves and their families whose labour ensures the flow and growth of capital.

Rai et al. (2014) conceptualize this phenomenon as the *depletion* of social reproduction, where the outflow or use of resources such as income, health, and time (among others) exceed their inflow or replenishment through social networks, income, and health care, to name a few. According to Fraser (2022), this is the cannibalizing of capital's "conditions of possibility" (p. 58) by capital itself. What this means for women, and especially women of colour, is that the essential labour they provide to society is continuously undermined and treated as disposable (Calkin, 2015; Elias & Rai, 2019; Evans, 2015), thereby exacerbating gendered and racialized experiences of insecurity, social exhaustion, and impoverishment.

Kowalchuk (2018) draws similar conclusions about the persistent devaluation of the nursing profession—a position predominantly held by women—in El Salvador following a period of neoliberal austerity, political change, and re-investment in health care services. She is among a group of scholars who examine the gendered and health dimensions of (health) care work, how such work continues to be carried out primarily racial-ethnic woman, and is socially and politically devalued (Duffy, 2005; Glenn, 1992; Hartz & Wright, 2019; Hennein et al., 2021; Kowalchuk, 2018; Lightman, 2021; Murat et al., 2021; Ní Léime & Street, 2019; Treadwell, 2019). A notable difference, however, is between the value of each type of health care work, and its ability to influence public policy. For instance and thoroughly under attack in a process of constant devaluation (Payne, 2022; Registered Nurses' Association of Ontario, 2021), the nursing profession

has made important labour strides in Canada that those working as healthcare aides or personal support workers (PSWs) have not been able to achieve (Lightman, 2021). Such differences were striking between the employment conditions and socioeconomic status of two women working in health care positions: the first as a nurse, and the second as a caregiver/PSW. Both identifying as women of colour, this finding illuminates the complex intersections of social position, class, gender and race, and how these figure “in the broader socio-geo-political ordering of capitalism” (Ferguson, 2008, p. 52).

The complex intersections that, within capitalist society, create differences in status, power, and experience brings forward a key point of feminist and intersectional analysis: the complex formation of social class across gender, race, and social position (Armstrong, 2020; Ferguson, 2008; Liu, 2019). Revisiting feminist accounts of embodied labour, Ferguson (2008) endeavours to bring class and “capitalist relations of social power” back into discussion (p. 43). She is among several theorists who expose class struggle as an important but forgotten dimension of inequality and intersectional oppression (Liu, 2019; Porter et al., 2015)—class being defined through a combination of objective and subjective measures of income strata, education, occupation, power, influence, and opinion about others’ social position. For instance, in addition to statistical indices of class such as income, judgements are made about people’s class based on what they wear, where they live, how they speak, and the types of jobs they have (Porter et al., 2015). Class is then “not inherently a social group [like gender or race] since, in social groups, individuals have a sense of identity with one another” (Liu, 2019, p. 174). Rather, class represents individuals’ perceptions of and experiences within established social

relations of power, and how these intersect and are influenced by gender, race, and social position.

Returning to the value of women's work, Evans (2015) writes about the treatment of women as a *disposable labour force* under capitalism—a theory coined by Breughel to capture women's employment realities using Marx's reference to women as a *reserve army of labour*. She argues that positioning women as a labouring reserve for capital accumulation has not resulted in “greater political solidarity and political action” among the working class that Marx and Engels had predicted (Evans, 2015, p. 150). Nor has it secured women's status and entry into stable and good paying jobs. Rather, workers have become increasingly divided by the scarcity of well-paid jobs due to neoliberalism, with racialized women continuously segregated into *disposable* and underpaid work that intensifies existing social and economic vulnerabilities (Porter et al., 2015). What Evans (2015) also draws attention to is the remaining hesitancy around—if not, outright resistance to—women's employment in paid work and how much women should be paid for their work. Constrained by its own moral imperative that individuals participate in paid work, Evans (2015) argues that neoliberalism “is left with the conundrum of who will undertake unpaid care work” (p. 150), to which I would add: who will undertake un(der)paid care and service work that makes possible the functioning of society and growth of capital?

The devaluation and disposability of women's work were made especially visible during the COVID-19 crisis, evidenced by the loss of employment and income reported by nearly every woman who participated in this study. The experience of loss and intensified powerlessness was aptly conveyed by all the participants in this study,

whether they were laid off or had their hours reduced without notice, were thrust into additional work, or turned to self-employment to gain a sense of control and power over their work. Power, an important measure of class, represents women's control over their time and working conditions, and what their time is worth (Armstrong, 2020; Bakker, 2007; Bezanson & Luxton, 2006; Liu, 2019). In other words, more hours and control over their time would bring the women closer to socioeconomic security and good health. The women in this study revealed that being without both financial security and health made coping with the crisis increasingly difficult, because the reduction of their paid work hours coincided with an increase in their responsibilities to the point where they described being both overworked and increasingly underpaid.

Participants who started their own businesses to make up for the income they lost when the pandemic shutdown took effect similarly problematized the disposability of their work. They also revealed another problem: the sudden loss of time and energy to accommodate for market volatility. Not only had it become impossible to work enough hours and keep track of their time, but the endless work thrust upon women during the crisis required more energy than they had available. This made it increasingly difficult to maintain their health and balance existing tensions between their paid work and family responsibilities. After examining conversations about the spatial and temporal imperatives of where and how women's work (paid and unpaid) is performed (Elias & Rai, 2019; Ferguson, 2008; Fraser, 2022; Rai et al., 2014; Williams et al., 2016), there appeared to be a juxtaposed entanglement between the disposability and depleting nature of women's work, and how this is intensified by race and social class.

Like Vickery (1977), Williams et al. (2016) examine time as another dimension of poverty connected to income poverty. Time, they argue, is a scarce resource as life's currency; a position also held by Elias and Rai (2019). The authors discuss how individuals with limited incomes may also lack access to time saving devices and services, such as internet and childcare. Consequently, individuals “may lack the time necessary to escape income poverty (e.g., they may not be able to work enough hours at their current wage rate), or they may only do so at the expense of their individual and household well-being (e.g., neglecting childcare or sleep)” (Williams et al., 2016, p. 270). Such deficits have negative effects on individuals' well-being and ability to participate in social activities, thus pushing them to more marginal positions in society (Elias & Rai, 2019; Williams et al., 2016). What is especially concerning is that time poverty is higher among those who have multiple jobs and are from single parent/women-led households. These groups are also more likely to be poor, impoverished, or at risk of becoming poor (Uppal, 2023; Vickery, 1977). These were the tensions that most of the women in this study described having to navigate during the pandemic.

Keeping in mind the relationship between income and time as dimensions of poverty, I recall that 60% of the women who participated in this study had an annual income below \$40,000, and 90% earned below \$60,000. In addition, most participants were managing multiple jobs, and 70% had children or dependents for whom they were the primary or sole caregiver. To give some comparative context, in 2019 the total median after-tax income in Canada was \$62,900, and in the same year the median income of those in the second quintile was \$41,100 (Uppal, 2023). According to recent calculations by Coleman and Shaban (2022) from the Ontario Living Wage Network, as

of November 2022, the standard (and modest) cost of living in the GTA was slightly above \$42,000 annually. This is equivalent to a \$23.15 hourly wage rate working 35 hours per week for 52 weeks per year. Although calculations are based on a family of four with two working parents, Coleman and Shaban (2022) explain how the living wage rate differs very little for single parent or single adult households. Evidently, individuals with employment arrangements that deviate from this standard, as was the case for most women who participated in this study, are not only at risk of income poverty, but also of time poverty and experiencing the negative ways both circumstances influence health.

This finding coincides with reports by Block et al. (2019) and Block and Galabuzi (2011), who demonstrate that income inequality, poverty, and precarious service sector work in Canada are gendered and *colour-coded*. In 2016, for instance, they found that 67% of Black Canadians and 60% of all racialized groups were in the bottom half of the income distribution compared to only 47% of non-racialized Canadians (Block et al., 2019). Within these groups, racialized women were overrepresented. In a more recent impact analysis of inflation in Canada, Uppal (2023) reported that in 2019 63% of those in the lowest income quintile (\$21,000 median after-tax income) were concerned about their ability to afford their day-to-day expenses (i.e., food, transportation, and shelter), compared to 19% of those in the highest income quintile. Compared to non-racialized groups, racialized groups were more likely to take on debt, and Black Canadians were nearly twice as likely (20% versus 11%) to be unable to make their mortgage or rental payments (Uppal, 2023). Among these groups, women were more likely to be living in the lower income quintiles and have difficulty affording their daily expenses.

This difficulty was expressed by most women in this study who, despite losing a substantial portion of their incomes, still needed to be able to cover their bills. The women were, therefore, left with no choice but to find alternative sources of income. Participants' words were also a reminder that, while their work hours and wages disappeared, the corporate business sector accumulated record-high profits that paralleled exorbitant inflation rates during the pandemic (Canadian Union of Public Employees, 2022; Uppal, 2023). Indeed, business had been good for some, aided not only by the cost of goods outpacing wage increases across Canada's labour force, but also by corporate tax cuts and trickle-down economics that justified efforts to maximize corporate profits, even if that meant reinforcing income inequality.

The issue of inequality leads me to another compelling way to understand women's experiences of time, poverty, and social exhaustion: through a gendered or feminist political economy of the everyday (Bakker, 2007; Bear, 2014; Calkin, 2015; Elias & Rai, 2019; Ferguson, 2008; LeBaron, 2010). Having examined the broad restructuring of space and time in the global economy under neoliberal capitalism, Harvey (1990) developed the theory of *time-space compression*, a contradiction of spatial relations that involves the annihilation of "space by time" for expanded capital accumulation (p. 425). Such an understanding developed from international political economy perspectives rooted in Marx's exploration of the abstraction of time and accrual of capital through social relations. According to Bakker (2007) and Bear (2014), the abstraction of time can be best understood by looking to experience where conflict exists and is lived—that is, the everyday. Ferguson (2008) usefully draws on this work to consider how the spatialization of labour and location of labouring bodies

determine how individuals become involved in the process of social reproduction. By making this consideration, the politics of everyday life (i.e., the *private* domestic sphere) is brought into conversation with the politics of the official local and global economy (i.e., the *public* sphere). Social position, class, gender, and race, then become central to the complex ways in and through which space and time are lived.

Similarly interested in the politics of everyday life, Elias and Rai (2019) analyze how social reproduction is carried out (and depleted) in social spaces, across time, “and in relation to violence” (p. 207). Their analysis reveals space as a gendered politics of the private-public divide, time as a limited commodity in the everyday social economy, and violence as the organization of labour and policy that secure ideologies and public-private boundaries. It is through these structures of violence that class, gender, and racial segregation and oppression are defended and maintained—and resisted (Elias & Rai, 2019; Ferguson, 2008).

4.3.2 *(Un)expectedly Bearing the Burden of Crisis*

“During COVID I lost my job as a waitress and ... I started wondering what kind of job can I do that doesn't require me [to leave] my house? ... I had to think about a job—a job I can do myself, that even if there are risks of, of some sort or relocation...I would still be able to carry on with my job.” (P07)

The urgency that permeated through this woman's statement was palpable. What was also noticeable in this moment and across interviews was the responsibility for a global economic and employment crisis that women shouldered. Participants' statements exposed several concerns about the unequal distribution of crisis responsibilities: Were the risks that women were willing or forced to take indeed new? To what extent has a

history of structural inequality, crisis, and austerity failed to meet the needs of women and racialized groups? These are several concerns that I will explore by looking to feminist contributions to political economy, austerity, and welfare state analyses (Bakker, 2007; Brodie, 2003; Calkin, 2015; Evans, 2015; Glenn, 1992; Kushi & McManus, 2018a, 2018b). I argue that the burden of crisis has historically been gendered—the COVID-19 pandemic being no exception—and distributed in ways that continue to threaten women, mothers, and racialized women.

The issue of responsibility is prominent across health and social science literature. Generally, approaches range between two perspectives (Raphael, 2011; Raphael & Bryant, 2023). On one side is a dominant perspective that advocates for individual liberation and autonomy from the state for matters concerning health, income, employment, wealth, and the family, among many others. On the other side is a critical perspective that calls for mobilizing efforts that will confront and defeat power imbalances. This perspective also calls for redistributive public policies and government accountability (i.e., state responsibility) in ensuring access to health care, income, employment, housing, and social security, among others.

The first approach is rooted in neoliberal thinking that justifies gradually downloading the responsibility for systemic problems onto individuals through austerity measures, such as reduced or inadequate social spending (Bakker, 2007; Brodie, 2003). The second approach takes root in Marxist and feminist political economy critiques of capitalism (Armstrong, 2020; Armstrong & Connelly, 1999; Evans, 2015; Raphael & Bryant, 2023). These critiques problematize the ways in which features of capitalism work to maintain inequality through the destruction and inequitable distribution of

income, employment, housing, and social security, among others (i.e., the social determinants of health). The resulting inequalities and material deprivation then manifest in poor social and health outcomes, and as Fraser (2022) argues, the eventual downfall of capitalism. What has nonetheless been observed is the ability of capitalism to shape-shift by, for example, coopting the emancipatory goals of feminist movements and using military force to control international economies (Evans, 2015; Fraser, 2013; Griffin, 2015; Harvey, 2005). Thus, through different forms of violence, capitalism has managed to maintain dominance, while intensifying its contradictory impulse.

In her interrogation of the paradoxical and destabilizing efforts of capitalism on global economies and individuals, Brodie (2003) uses the term *responsibilisation* to represent the “progressive detachment of individuals from social networks and supports, while at the same time, responsibility for systemic problems is being downloaded onto the individual” (p. 63). Detached from social networks and stable socioeconomic support, nine women who participated in this study explained how they increasingly took it upon themselves to find alternative work and made lifestyle changes in order to afford basic food and housing (P02-P10), and two described how they became their own therapist to deal with the health effects of intensified workloads and insecurity (P01, P09). Bakker (2007) argues that these tensions arise through the erasing of gender from public policy spaces, and through *neoliberal rationalisation* which together create gaps in social and public provisioning. In other words, through *gender-neutral* policymaking (i.e., the removal of gender), low social spending, reliance on market forces, and underdevelopment of the welfare state. As a result, risk—whether that be the cost for social programs, inequality, and/or crisis—is distributed unequally across the population

rather than collectivized. I outlined in my discussion in the second chapter that the welfare state plays a key role in distributing risk across the population. It does so through political and economic institutions designed to uphold the socio-cultural norms that shape the development of these institutions, which indeed are not gender-neutral (Aquanno & Bryant, 2021; Calkin, 2015; Griffin, 2015; Kushi & McManus, 2018a, 2018b).

In fact, Kushi and McManus (2018b) find that societal norms that divvy work in the home, paid workforce, and market according to gender become more pronounced during times of crisis and economic hardship. They make this argument by drawing parallels between female unemployment and cultural beliefs about women's participation in paid employment surrounding the 2008 crisis. Kushi and McManus (2018b) also examine the gendered effects of social provisions by welfare regime (i.e., Nordic/Social Democratic, Liberal, Continental/Conservative, and Southern and Eastern Europe/Latin) and find that the type of welfare state was the strongest predictor of women's unemployment. Based on participants' statements, the intensified gendering of unemployment and work during the COVID-19 pandemic repeated and surpassed previous crisis inequalities.

With respect to culture and gender norms, survey data reveal major differences between welfare regimes on whether women should exit the paid workforce and return to the home during the economic downturn (Kushi & McManus, 2018b). Compared to Liberal welfare states like Canada and the United States, responses from Nordic countries and a few from Continental Europe were less supportive of the belief that women should exit the labour force, whereas more support was reported across countries in Southern and Eastern Europe. While Liberal and Nordic regimes provided similar levels of

unemployment protection for women and men (Kushi & McManus, 2018a), Nordic states provided more generous social protections to insulate citizens from the crisis, whereas Liberal regimes relied less on social spending and more on labour market flexibility to avoid significant gender differences in unemployment. Considered alongside women's and men's employment rates in Liberal countries, this finding raises broader concerns about gender inequality. For example, the lack of social support provided by Liberal welfare states forced women and single mothers "to return to work out of necessity" rather than "to pursue meaningful employment" (Kushi & McManus, 2018a, p. 450). As such, not only does it seem that Nordic states were more successful at protecting women from the unequal gendered effects of crisis, but also at mitigating cultural bias around gender role expectations inside and outside the home.

Similarities can be drawn with women's and mothers' more recent crisis experiences with the COVID-19 pandemic in the GTA. Several of the women in this study disclosed having no option but to continue to work despite feeling unhappy, stressed, dissatisfied, and discouraged (P02, P04, P08, P10). In addition to doing most of the domestic work at home, most participants (70%) indicated having to take on a side job, reduce their expenses to be able to cover their bills (which did not reduce), move to a more affordable house or move in with family, and convince themselves that they were "okay" with making these concessions. In fact, most of the women participants worked hard to avoid exceeding their monthly budgets, especially because there was uncertainty about when the pandemic would end.

Despite these very real challenges, it seemed that the women in this study overwhelmingly found it necessary to identify several positive aspects of their work.

Whether they were *lucky* to not have been laid off, saw the pandemic as an *opportunity* to start their own business, or accepted that caregiving was their *duty* as women and mothers, women's *need* to work in order to earn an income to live aptly explains why most of the participants found it necessary to justify or rationalize the challenges they experienced. What participants' justifications also illuminated was that women's need to work resulted from inadequate employment protections and financial supports that would have otherwise insulated women from the deleterious effects of the crisis.

This issue of course brings forward concerns about the unequal impact that a preference for market forces over social spending on public provisions has on women and marginalized groups; and specifically, the unequal impact of pre-/post-crisis austerity and lack of gender-sensitive policymaking. Evans (2015) offers a robust perspective on austerity politics, referring to it as a regime that *intensifies* rather than *produces* hardship. The intensification of hardship through austerity is accomplished through retrenchment of social programs and reduced public spending in effort to address fears about public debt, reduce state involvement, and establish greater reliance on the market for distributing public goods. Bakker (2007) refers to these austerity efforts as *neoliberal rationalisation*. Challenging the idea that austerity is unique to recent policy decisions, Evans (2015) argues that it is only "the 'new' form of 'old' poverty" (p. 147). She asserts that austerity has been the everyday reality of women across history and only reinforced through neoliberal ideology. Kushi and McManus (2018b) and Bryant et al. (2020) similarly identify the gendered costs of crisis and austerity, explaining how such costs are reinforced by neoliberal logics and acted out through political resistance to policies such as national childcare, paid sick days, or stronger labour protections that would mitigate

rather than intensify hardships uniquely experienced by women and racial groups. It is this intensification of hardship and inequality among racialized women that I now endeavour to highlight.

4.3.3 *Persisting Inequality and Discrimination across Gender and Race*

“I’ll say that being a woman at work is kind of disadvantageous. Because, for instance, if we compare the number of men that are there, there are so many compared to the women. And I also find that, I found out that most of the men are employed full time, but the ladies are just part time. So I’m assuming they kind of lack confidence in us [women], like they don’t think we can perform what the men are doing. ... It makes me feel bad. But we [women] don’t have an option because it’s work.” (P08)

One woman participant’s words highlighted the troubling reality that *being* a woman in society today is disadvantageous. Like many critical feminist thinkers (Armstrong, 2020; Bakker, 2007; Calkin, 2015; Duffy, 2005; Elias & Rai, 2019; Fraser, 2013), her words challenge the neoliberal belief that any form of paid employment empowers women and represents progress towards gender equality. Drawing from inquiries into women’s paid employment experience makes it clear that women are not necessarily empowered, but rather under more intensified situations of exploitation (Akhter et al., 2017; Elias & Rai, 2019; McKay & McKenzie, 2020). The alternative, however, is not to have women return to the home (a privilege not often afforded to racial women), or replace men in the formal labour market (Armstrong, 2020; Calkin, 2015; Fraser, 2022; Mezzadri & Majumder, 2022). Rather, more radical forms of resistance are required. The reason being is that the neoliberal reordering of capital accumulation

through scarcity has worked hand-in-hand with oppressive gender norms to ensure that women remain subordinate and segregated into low-wage part time work (Calkin, 2015; Evans, 2015; Fraser, 2022; LeBaron, 2010). As such, not only have the devaluation and treatment of women's work as disposable reinforced a constant state of labour market vulnerability, but they have also undermined, if not erased, women's struggles for status rights, power, and recognition through political and economic practices.

Bringing the everyday into conversation with feminist political economy, Elias and Rai (2019) argue that such exclusions are forms of violence woven into broader structures of socio-political and economic power. From public spaces to households, violence is enacted in and through measures of austerity and government complacency when it comes to implementing gender-sensitive policies (Bryant, 2015; Kushi & McManus, 2018b; Schmidt, 2008), addressing the gender-pay gap (Pelletier et al., 2019; Schäfer & Gottschall, 2015), and providing workers protection through paid sick days and affordable childcare (Andrew-Amofah & MacEwan, 2020; Gu, 2022), among other measures. In addition to the gendered dimensions of class and inequality, race becomes an important intersection that shapes women's oppression and exploitation (Armstrong, 2020; Elias & Rai, 2019; Ferguson, 2008; Glenn, 1992). This intersection is a reminder of a powerful quote cited in the first half of this chapter when one woman (P09) emphasized the socio-cultural violence and material conditions that constrain and prevent racialized women from escaping poverty and discrimination. She brought attention to the longstanding intersectional oppressions that Black and other racialized women continue to push against in hope for change.

Noting how race had previously been ignored in feminist labour analyses, Glenn (1992) maps the racial divisions of reproductive domestic and institutional service work that had previously been captured in interviews with African American women. In her analysis, she argues that not only have racialized women been “relegated to a lower tier of low-wage, dead-end, marginal jobs” and stripped of legal and political rights preventing them from “moving out of that tier” and into better jobs (Glenn, 1992, p. 2), but also that “capitalism has reorganized reproductive labor, shifting parts of it from the household to the market” and creating intersecting racial and gender divisions of reproductive work (p. 3). This is part of a broad neoliberal restructuring of global and local labour markets that resulted first in the racial division of household servant work where women of colour were employed by white families, and second in the overrepresentation of racialized women in lower-level public service work.

Although Glenn (1992) focuses on the American labour market, her analysis of paid domestic and institutional service work offers context into the racial organization of labour has relevance to research in Canada. Some of this work includes reports by Block and Galabuzi (2011) and Block et al. (2019) who draw attention to Canada’s colour-coded service sector labour market and income inequality; Hanley et al. (2020) who describes the exploitative working conditions of undocumented pregnant women that limit their access to healthcare and good health outcomes; and Lightman (2021) who discusses the social and economic exclusion experienced by racialized women working in Canada’s long-term care sector, and how these have been exacerbated by the COVID-19 pandemic. As Liu (2019) elucidates in her review of literature on the precarious nature of work among immigrants in Canada, insight into the racialization and gendering of work

exposes their centrality to operational structures of power, social inequality, financial insecurity, and low socioeconomic advancement.

Drawing from Canadian and international literature, Ferguson (2008) also discusses the gendered and racialization of labour. She maintains that rather than simply reducing race to the colour of one's skin, "people become racialized insofar as they are *associated* (by skin color, cultural identity, language or accent) with *other* socio-geographic spaces" (Ferguson, 2008, p. 52). By challenging dominant narratives that focus narrowly on skin colour and consequently miss the larger issue of systemic racism, her perspective offers us a unique way of understanding how racial codes are used in countries like Canada to identify people of colour, immigrants, and visible minorities as *others*. It is these codes that help to perpetuate racist beliefs, actions, and exclusions (Collins, 2017; Ferguson, 2008). They also, however, offer potential ways to mobilize against forms of racial and gender violence.

4.3.4 Resisting Oppressive Value Structures of Gender and Race

"[T]he first family I worked for was a white family. And they kind of looked down on me, they said ... a lot of hurtful things to me. But at the end of the day, I almost quit my job. But looking at ... how things are and how desperate I'm...I'm really in need of this job. I just had to let that go. And I said to myself, 'Oh, I'm a black woman. I'm not going to, you know, let whatever they say about my gender or my colour get to me. Rather, I'm going to wear my colour and my gender, and then work hard in order to change the narrative of what people have been saying about black women.'" (P09)

What began as uncertainty about what I meant when I asked how being a woman influenced women's experiences at work eventually evolved into a unique display of resistance to the oppressive value structures that denigrate and push women and racialized groups into marginal un(der)paid positions in society. In the statement that opens this theme, such resistance brewed in this woman's commitment to change the harmful narratives that perpetuate racism and the violences it incites towards women of colour. Glenn (1992) discusses the implications of these narratives, one of them being: racialized women "were incapable of governing their own lives and thus were dependent" on the benevolence of white families willing to employ them (p. 14). Even so, Glenn (1992) notes, "racial-ethnic women were acutely aware that they were trapped in domestic service by racism and not by a lack of skills or intelligence" (p. 15). Fraser (2022) and Collins (2017) bring together the complex capitalist arrangement of accumulation through expropriation and exploitation that distinguishes dependent individuals from those who are *free* to work in exchange for an income.

Indeed, it was clear that the women involved in this study were also quite aware of their social and financial vulnerability, but that these were more the result of negative gender and racial stereotypes perpetuated by political and economic institutions, rather than a personal fault of their own. Women participants' awareness and discursive resistance came through in their statements that aimed to dispel the belief that gender determines their worth, level of productivity, and job. An example from earlier being, "Whatever a man can do, a woman can do better" (P01). One might, as I initially did, interpret statements like this to be more consistent with liberal responses to women's oppression (Calkin, 2015; Evans, 2015; Fraser, 2013). And to some degree it might be,

but when read through an intersectional black feminist lens (Collins, 2000, 2017; Lobo, 2019), it reads in a powerfully different way.

What I mean is that, initially puzzled by my question, the women in this study rejected the notion that their gender determined their value in society and, instead, were quick to challenge (sometimes, with laughter) and reconstruct what being a woman means in society today. According to Collins (2000), women's efforts to challenge and recast what it means to be a woman of colour in today's society are how women shape "potentially powerful expressions of everyday consciousness into an articulated, self-defined, collective standpoint" (p. 36). It is this collective standpoint that Collins (2000) argues "is key to Black women's survival" (p. 36). Without insight into the thoughts of racialized women and Black women in particular, their voices and unique understanding of their everyday realities would otherwise remain problematically unheard and invisible.

The invisibility or erasure of women's voices, and their segregation into exploitative and precarious service work are forms of violence sanctioned through economic coercion and political domination (Collins, 2000, 2017; Elias & Rai, 2019; Fraser, 2022; Glenn, 1992). Violence then operates not only through war or physical domestic abuse, but also through exclusionary policies and practices embedded within the broader ordering of capitalist society. Through different forms of political domination, these extend beyond the economic costs placed on women and subordinated groups to render them "defenseless, fair game for expropriation [and violence]—again and again" (Fraser, 2022, p. 37). Linking the broader political economy to the everyday, Elias and Rai (2019) similarly identify the state's role in generating distinctions between groups

that afford some individuals more protections than others, and which become increasingly harmful during times of crisis.

By making this public-private connection, Elias and Rai (2019) show how women's work in the everyday social economy "attracts both structural and individual violence and in turn provokes resistance to such violence through agential mobilisations" (p. 207). What they mean here is that moments of resistance can also be invoked in the everyday intimate spaces where violence operates. From this position, they offer a complex understanding of the ways through which agency and resistance can be exercised—whether overtly or strategically—by "reimagining the social relations of production and reproduction" (Elias et Rai, 2019, p. 217). This understanding brings me back to Collins' (2000, 2017) perspective about how developing a collective standpoint can provide racialized women an alternative way of analyzing relations of power and their political relevance. It is for these reasons that I consider women's responses to be an exercise of their agency and a strategic rhetorical (or covert) display of resistance.

4.3.5 Crisis Manifestations on Women's Health: Stress and Depression

"My mental health changed. Like okay, on a scale of one to ten, my mental health was a bit low, maybe four to five because the pandemic came with many challenges. Actually at first, I was scared I would be laid off of work. I had bills to pay. Yeah, so I was kind of depressed ... [and that] really impacted my production at work. And also at home, I was not the real me. ... I had to pretend that I'm okay, but deep down I knew I was sad because the bills were too much." (P10)

The commonality between women's experiential statements was that their loss of income and lack of financial security were the biggest factors that negatively affected

their health during the COVID-19 pandemic. In addition to social exhaustion and depletion, women's crisis experiences manifested in poorer mental health outcomes, and specifically in increased levels of stress and depression. Few participants identified issues with their physical health unless it was in relation to stress, which increases individuals' risk of developing cardiovascular disease, diabetes, back pain, and cancers (Wilson et al., 2011). As evidenced above, the ways that the women in this study wove together their employment and health experiences echoed critical perspectives on the social determinants of health that illuminate the profound way that precarious employment and income insecurity influence individuals' health and well-being (Hanley et al., 2020; Labonté et al., 2015; Raphael et al., 2020; Silva-Peñaherrera et al., 2020; Wilson et al., 2011). In addition, the women involved in this study provided unique perspectives on how gender, race, and discrimination collide with employment, income insecurity, and class to shape health. Their words draw attention to persisting gender and racial health inequalities that result from inadequate employment policies under neoliberal capitalism (Hennein et al., 2021; Kelley, 2016; Perry et al., 2013; Pietiläinen et al., 2020), and how these can take the form of elevated stress and depression due to precarious work, low income, crisis, and austerity; all of which interact with and intensify discrimination.

According to the World Health Organization (2023a), stress is a “state of worry or mental tension caused by a difficult situation” (para. 1). Excess stress can present as increased anxiety, stomach issues, troubles sleeping, and difficulties concentrating. When experienced over long periods of time, stress can cause or exacerbate pre-existing health issues, one of these being depression. As the leading cause of disability worldwide (World Health Organization, 2023b), depression has become a global mental health

priority. One reason for this is the negative impact that depression has on work productivity that, in 2019, accounted for 12 billion lost working days and nearly 50% of societal costs on mental illness (World Health Organization, 2023b). Some of the symptoms of depression include tiredness, loss of appetite, prolonged sadness, and hopelessness. When I return to women's transcripts, I can recognize that these were the symptoms described by nearly every woman who participated in this study.

Some of the difficult situations that are known to increase stress and the risk of depression include unemployment, unstable employment arrangements, intense work demands, low wages, lack of control, discrimination, and unsafe working conditions, among others (Benach et al., 2014; Labonté et al., 2015; Raphael et al., 2020; World Health Organization & International Labour Organization, 2022). What is also important to highlight is how economic crises and public health emergencies, such as the COVID-19 pandemic shutdown, can intensify already challenging and stressful situations, which can lead to or exacerbate existing physical and mental health concerns such as heart disease, digestive disorders, and depression, among others.

These are the same health concerns that Wilson et al. (2011) identify after examining the health impacts of employment and income insecurity on racialized groups living in Toronto's Black Creek community. Stress and depression were also major health concerns reported by the families who participated in the study by Labonté et al. (2015), most of whom were immigrant women from low-income families living in Montreal, Toronto, and Vancouver. Both studies draw attention to the psychosocial effects of precarious employment and financial insecurity, and the insidious ways that these material conditions can lead to cardiovascular disease, cancers, diabetes, stroke, back

pain, and arthritis, among others. In fact, individuals employed in low-paid, casual, domestic, and front-line service jobs are especially vulnerable to poor mental health outcomes (Hanley et al., 2020; Khubchandani & Price, 2017; Pirani & Salvini, 2015; Ponomarenko, 2016; World Health Organization & International Labour Organization, 2022). Women, people of colour, and migrant workers face an even greater risk to their health as a result of ongoing discrimination and unequal labour markets that push these groups into undervalued, low-paid, precarious and exploitative jobs.

The issue of gender and racial discrimination further develops the previous discussion on persisting gender and racial inequalities in the Canadian and global labour markets. As subsets of capitalism, sexism and racism are forms of discrimination that reflect dominant attitudes and beliefs about individuals' place in society based on their sex, gender, skin colour, race, and social position (Collins, 2000; Ferguson, 2008; Perry et al., 2013). These beliefs form the ideological bases of socio-political institutions that reinforce social and health inequalities and class distinctions across gender and racial lines.

Recent reports from Canada show that in 2019, one year before the pandemic, one in ten women in Canada experienced some form of gender discrimination at work compared to fewer than one in twenty men (Statistics Canada, 2021). Among women working in service jobs, nearly one in three were targets of discrimination. In the same year, nearly half (49%) of Black women in Canada were unfairly treated or discriminated against, compared to 20% of non-racialized women (Cotter, 2022). Some of the ways discrimination takes form in everyday interactions is through derogatory language, poor treatment, or unwanted sexual advances, all of which were situations that women

described experiencing in their places of work. Broader systemic and institutional forms of discrimination are enacted through unfair hiring and scheduling practices, as several participants (P02, P08, P09, and P10) noted, which reproduce patterns of inequality.

Research examining the health effects of gender and racial discrimination found that discrimination predicts symptoms of depression, anxiety, burnout, and posttraumatic stress (Hennein et al., 2021). Discrimination is also associated with long-term sickness absence from work (Pietiläinen et al., 2020), suggesting that racial and gender discrimination remains an important issue for government and employers to address. With an interest in examining the role of gender and racial discrimination in the stress process of African American women, Perry et al. (2013) found that low-income women facing high levels of discrimination are increasingly vulnerable to poor mental health, low existential well-being, severe anxiety, and poor overall health. The authors also report that strong associations exist between forms of discrimination and individual stressors such as employment and financial stresses, personal illness, loss of social networks, motherhood, and childhood victimization (Perry et al., 2013). Taken together, women and racialized groups tend to be caught in a cycle of marginal, low-paid work where gender and racial discrimination are also more prominent, all of which have deleterious effects on health that often manifest as stress and depression.

Women's employment and health experiences provided evidence of this cycle tendency, as well as how low income, discrimination, and poor health become especially acute during periods of economic crisis. This is because neoliberalism—prone to crisis (Fraser, 2013, 2022; Harvey, 2005)—produces, reproduces, and intensifies insecurity and discrimination through retrenchment and austerity (Bezanson & Luxton, 2006; Elias &

Rai, 2019; Glenn, 1992; Griffin, 2015; Kowalchuk, 2018; Labonté et al., 2015; Lefkowitz & Armin, 2021). These in turn create inhospitable working and living conditions for women and racialized groups, which have deleterious effects on their health and well-being.

4.3.6 Women's Calls for Public Policy Responses

"I'm still looking for it [another job], but I'm trying to look for something that, you know, [will] still give me time to stay with my children, and not just make me too busy because I'm mostly the only one they have." (P02)

Twenty months into the pandemic, a woman continues her search for a job that would provide her with a stable income and accommodate her caregiving responsibilities. Being without a secure job, an income, enough time, and adequate supports to ensure that she can care for her children and herself, her words bring together the previous discussions about the ongoing tensions and austere conditions that women and mothers in Canada have had to navigate. Focusing directly on the Canadian liberal welfare state, Bryant et al. (2020) show how its lack of preparedness for a crisis like the COVID-19 pandemic resulted in the temporary delivery and expansion of financial support programs by the federal and provincial governments. These included, among others, the *Canadian Emergency Response Benefit (CERB)*, extended *Employment Insurance* sickness benefits, and additional funding for the *Canada Child Benefit*. While more generous than the usual public policy approach, Bryant et al., (2020) argue that the provisions were rash and did nothing to "address wider patterns of income, housing and food insecurity or...alleviate structural power imbalances within labour markets" (p. 28). Rather, they remained committed to the neoliberal ethos of austerity. In doing so, government responses have

exacerbated existing labour market vulnerabilities and reproduced unequal health outcomes among women, racial minorities, and vulnerable groups.

Bryant's et al. (2020) critique is consistent with those of feminist scholars like Evans (2015), Fraser (2013), and Griffin (2015) who interrogate the cooptation and promotion of feminist ideals by and through neoliberal logics of individualism, women's empowerment, market economies, and public-private distinctions. They argue that rather than dismantling structures of oppression and subordination, such thinking has reinforced structures of power and domination, and reproduced labour market inequalities among women, racial minorities, and low-income individuals. These effects echoed across women's statements, all of whom indicated that they had neither applied for nor received any of the governments' temporary provisions. The women instead took it upon themselves to make up the income they lost, or they turned to family, friends, or charity, as Uppal (2023) also reports. Women's reluctance to use government support, or disclose whether they had, might suggest some level of distrust in public institutions or in governments to meaningfully alleviate the deleterious effects of crisis inequalities.

A recent report by the Organisation for Economic and Cooperative Development (OECD, 2022) on the drivers of trust in government and public institutions reveals lower levels of trust in national government among women (43.4% compared to 46.0% of men), low-income individuals (42.9% compared to 50.6% of high-income earners), and those with financial concerns in Canada, including those who are precariously employed, unemployed, underemployed, or with debt. Apart from the level of trust among women from Nordic countries (where there are also stronger public supports and more opportunities for women relative to other countries), these discrepancies are consistent

across OECD nations. Furthermore, differences in trust are more pronounced between individuals in Canada who feel that they have a say in government decisions (73.9%) and those who do not feel they have a say in government decisions (21.5%) (OECD, 2022). Such feelings are associated with social and political exclusion, and low political participation.

In fact, across countries, people are skeptical that their opinions will be considered when it comes to public policy decisions and policy change (OECD, 2022). Indeed, this has important implications for democratic processes, and can be especially problematic during economic downturns. What this finding also suggests is a need for governments in Canada and globally to renew their commitment to public engagement and parity across gender, race, class, and social position. While further insight is needed into women's level of trust in government, the OECD (2022) report helps to explain why women might not have applied for government supports and instead identified long-term solutions. When they were offered the opportunity to voice their opinions, most women were quick to identify what governments and employers should do to address their employment and health concerns now and in the future. Their requests included strengthening existing social provisions, increasing women's wages, and addressing power imbalances by strengthening women's rights to bargain for better work conditions.

4.3.6.1 Strengthening social provision

“What will help me manage my health and planning is more benefits. ... Some kind of clothing benefits, groceries, benefits, sick pay, leave pay.” (P04)

As presented above, what I gathered from most participants was a call for governments to expand and strengthen current public provision. This would include

extending coverage for health services like prescription medications, as well as implementing universal access to affordable childcare and paid sick days, among other programs. Universalizing access to these provisions has been part of ongoing public debates in Canada, and made more urgent by the COVID-19 pandemic (Andrew-Amofah & MacEwan, 2020; Benzie, 2021; Bryant et al., 2020; Canadian Labour Congress, 2020; Hill & Cheff, 2022; Macdonald, 2020; Rosenberg & Wadehra, 2023; Vazquez et al., 2020; Vogel, 2019). The authors of these reports clearly identify existing (and growing) gaps in employer-provided benefits and coverage among low-income and precariously employed workers who also tend to be women, racialized, and marginalized individuals.

Expanding on Vickery's (1977) policy discussions concerning the issue of time poverty, Williams et al. (2016) conclude that public and labour policies such as childcare, family leave, predictable work schedules for those in low wage service jobs, and benefits for part-time employees can directly or indirectly address the issue of time poverty, and particularly among lower income workers and women who are often responsible for time-consuming and labour-intensive activities. Rosenberg and Wadehra (2023) from the Wellesley Institute similarly argue that "access to workplace benefits is critical for sustaining workers' health, wellbeing, and household economic security" (p. 3). Noting how the current model that delivers benefits in Ontario is inadequate and deepens social and health inequities, the authors outline several actions that governments should make to implement an *Ontario Portable Benefits Program* and move families in the GTA closer to economic security and better health. These include encouraging or mandating employers to offer benefits to all employees, providing benefits under OHIP+ (Ontario Health Insurance Program), and/or implementing universal programs that provide

external health benefits to all Ontario and Canadian residents (Rosenberg & Wadehra, 2023).

Andrew-Amofah and MacEwan (2020) and Heymann and Sprague (2021) make similar recommendations for paid sick day legislation, the latter affirming that a “national approach is the far more efficient way to cover not only paid sick days but also longer-term medical leave” (Heymann & Sprague, 2021, p. 1). Their justification is based on a global examination of paid sick leave legislation (Heymann et al., 2020) which found that national comprehensive sick leave policies were most effective at reducing the spread of COVID-19. These reports came after the pandemic began, and at a time when countries faced the detrimental health and economic costs associated with inadequate paid sick leave coverage.

In addition to these recent reports, and despite commissioning a federal advisory council in 2019 that recommended a public single-payer universal pharmacare program (Djuric, 2023; Vogel, 2019), the only long-term policy action that has been taken in Canada is on affordable childcare (Crawley, 2022; Government of Ontario, 2022). Already an overdue program, the Federal-Ontario childcare agreement signifies a potential shift in Canada’s intergovernmental relations, although the Ontario Government’s delay in making the deal indicates that still more cooperation is needed (Bryant et al., 2020; Crawley, 2022; Yalnizyan, 2021). The deal aims to lower childcare fees in Ontario from \$70 per day to \$10 per day by September 2025 when the program is also set to renew (Crawley, 2022). This gives future assurance to working parents who are unable to afford quality regulated childcare, and it promises to create new well-paid

jobs for childcare workers and registered early childhood educators, many of whom are women.

4.3.6.2 Increasing women's wages

“I feel like right now maybe it's more income.... Because when you have more income, the stress just leaves, you know.” (P02).

To address their biggest concern regarding low income and lack of financial security, the women in this study broadly called for an increase in their wages and annual incomes. As noted in the statement above, being paid a higher (and living) wage would not only enable women to afford their basic day-to-day expenses, but it would also enable them to be free from the stress and poor health created by low income and intensified by crisis and austerity. Their words are buttressed by research and advocacy efforts demanding an increase in minimum wages in Ontario and across Canadian provinces and territories (Coleman & Shaban, 2022; Hill & Cheff, 2022; Procyk & Maisonneuve, 2017; Scott, 2021). Notably, these same efforts also advocate for more benefits and employment security for low-income and racialized workers in Ontario.

Returning to recent living wage calculations by Coleman and Shaban (2022), the standard cost of living in the GTA is slightly above \$42,000 annually. Their calculations are based on basic living expenses, which is above the annual income of more than half (60%) of the women involved in this study. As such, not only were women struggling to afford their daily living expenses, but they were also far from thriving. According to Hill and Cheff (2022), thriving necessitates that individuals are prospering physically, mentally, economically, and socially. In 2017 (five years before the 2022 Living Wage Network report), an income to thrive in the GTA was estimated between \$46,186 and

\$55,432 (Hill & Cheff, 2022). This would enable individuals to afford good housing, nutritious food, healthcare, education, and other necessities, while being able to pay off debt and save money.

At the time of the 2017 Wellesley report, the Ontario minimum wage was \$14.25 (Hill & Cheff, 2022). It remained at this rate until October 2021 when it was increased to \$14.35, and has since been tied to inflation (i.e., the Ontario Consumer Price index) (Government of Ontario, 2023). The Ontario minimum wage is now \$15.50 and expected to increase to \$16.55 in October 2023 (Government of Ontario, 2023). This increase is ten cents below the federal minimum wage of \$16.65 and drastically (40%) below the \$23.15 hourly rate currently needed to live in the GTA (Coleman & Shaban, 2022). It is thus clear that wages are indeed a political matter and dependent on the policies implemented by each level of government and upheld by societal institutions, labour unions, employers, and workplaces. The present inadequacy of wages reflects the inadequacy of current employment policies to support workers and reveals deeper power imbalances within Canada's labour relations that unequally threaten the health and socio-economic well-being of women, mothers, and racialized groups.

4.3.6.3 Strengthening labour power and women's rights to bargain

"[W]orking as a woman in a café or a restaurant is difficult. So, like maybe we can have weekly meetings, and the women can relay the problems they have suffered." (P08)

The final policy action that the women who contributed to this research study identified involved a shared commitment from employers and governments to implement fair hiring, scheduling, and remuneration practices, and measures to protect racialized

women from gender and racial discrimination in the workplace. An important part of this call was women participants' interest in strengthening their labour and bargaining power within Canada's services sector. This interest in gaining power over their labour laid clearly behind the women's requests for regular meetings with their employers to negotiate higher wages, better work hours, protection measures, and to discuss their other employment concerns. Without explicitly calling for union membership, their requests revealed an acute interest in the kind of bargaining power afforded to workers who are unionized and/or working under a collective agreement. This is because union density and collective agreement coverage are good measures of labour power (i.e., workers' control over their labour) that indicate the degree of power imbalance in employment relations (Benach et al., 2007; Greer, 2018; Morissette, 2022; Muller & Raphael, 2021). Both are also associated with the protective capacity of existing welfare provisions.

In fact, workers' ability to bargain for better wages and working conditions (i.e., their level of bargaining power) is directly related to their ability to exit the labour market and "choose not to endure hazardous work environments" while at the same time maintaining an "acceptable standard of living independent of market participation" (Benach et al., 2007, pp. 38-39). Drawing from previous discussions, the insulating effects of Canada's welfare state have been modest and continue to intensify individuals' dependence on their participation in the labour market economy. What is also important to remember is that most of the women in this study reported having to make significant concessions to maintain an acceptable standard of living, and therefore had no choice but to continue working, often in multiple, low-paid, labour intensive, and discriminatory work environments. Most participants also faced a high degree of vulnerability in the

labour market with few opportunities to negotiate for better working conditions with their employers. This suggested that few women in this study, if any, were unionized or protected by a collective agreement.

The absence of unionization in women's discussions about their employment might reflect its absence from broader political and health promotion discussions in Canada (Greer, 2018; Muller et al., 2021; Muller & Raphael, 2021; Porter et al., 2015). In fact, liberal welfare states like Canada—where neoliberalism has successfully shifted power into the hands of the corporate sector and soured public opinions on unionization—tend to have lower union density, higher job insecurity, and greater income and health inequalities compared to Nordic nations like Finland and Sweden. Moreover, not only are unionization and collective agreement coverage lower in Canada than in Nordic countries (Muller & Raphael, 2021), between 1981 and 2022 the unionization rate in Canada fell by 9% from 38% to 29%, with the largest decline seen among those employed in the private commercial sector (i.e., industries dealing with the sales of goods and services outside of health care, education, and public administration) (Morissette, 2022). While men in the commercial sector experienced the greatest decline in unionization (from 31% in 1981 to 19% in 2022, compared to 17% in 1981 and 10% in 2022 among women), union membership among men in all sectors remained higher than that of women (Morissette, 2022). Such changes are attributed in part to the shift towards service sector jobs where unionization tends to be low, but also to the increasing flexibilization and automation of work, all of which have been spearheaded by neoliberalism (Greer, 2018; Ruckert & Labonté, 2017).

4.4 Conclusion

In the first section of this chapter, I presented the main study findings and demographic characteristics of the ten women who participated in the study. Among these findings were four categories and six interrelated themes that I developed from transcript excerpts using manual thematic analysis and a constant comparative technique (Charmaz, 2006; Terry et al., 2017; Thorne, 2016). All the women in this study identified as women of colour between the ages of 25 and 34 working in hospitality/food service, caregiving/nursing, and/or teaching/administration, most of whom were mothers. Most (60%) earned below \$40,000, which is below the standard cost of living in the GTA (Coleman & Shaban, 2022). In addition, nearly all participants (90%) lost their jobs or experienced significant reductions in their paid work hours shortly after the pandemic shutdown in March 2020. At the same time, these women were thrust into extra work that intensified existing economic vulnerabilities and resulted in poorer mental health outcomes, specifically increased levels of stress and depression.

In the second section, I carried out a feminist political economy analysis and discussion of each theme. I did so by grounding the discussion in women's perspectives, and by engaging with feminist contributions to every political economy and social reproduction to illuminate the gendered and racialization of labour, class, crisis, austerity, and health inequalities (Elias & Rai, 2019; Evans, 2015; Fraser, 2013, 2022; Ferguson, 2008; Glenn, 1992; Hennein et al., 2021; Kushi & McManus, 2018b; Liu, 2019; Perry et al., 2013; Porter et al., 2015; Williams et al., 2016). The analysis revealed an intensification of social exhaustion and time poverty among women of colour, a gendered burden of crisis and austerity, persisting gender and racial social inequalities, and a

resistance to oppressive value structures. What these experiences meant for women's health was a deterioration of their mental health, and increased levels of stress and depression, attributed to low income and inadequate social and employment policies.

Governments are called to strengthen existing public provisions, and to work with employers to increase women's wages and balance employment relations by providing women opportunities to bargain for better wages and safer working conditions. These policy efforts are needed to address existing labour market inequalities and support women's health by enabling them to afford their basic living expenses and avoid the deleterious effects of income insecurity and neoliberal austerity. This study makes explicit the intersecting complexity of racialized women's employment and health experiences in the GTA during the COVID-19 pandemic, and what policy responses are needed now and in the future.

4.5 References

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Chapter 5. Conclusion

“More attention should be paid to women who are working in the [service industry]. ... People should pay more attention to that and [provide] more pay.”
(P03)

Faced with the lack of income and social supports available to women and mothers working in Canada’s services sector, throughout interviews carried out in the fall of 2022, ten racialized women from the Greater Toronto Area (GTA) individually demanded more attention and income security be provided to this essential workforce. Their calls for political action resonated in response to the increasing vulnerability, job loss, impoverishment, intensified (paid and unpaid) workloads, and economic insecurity that women in Canada experienced after the COVID-19 pandemic and economic shutdown began in March 2020 (Aquanno & Bryant, 2021; Deschamps, 2020; Scott, 2022; Statistics Canada, 2020a). Together, the women in this study provided a complex account of how their gender, race and colour of their skin, income, and social status interact and influence their health and vulnerability to neoliberal austerity and crisis inequalities.

In what follows, I provide a summary of the thesis research, beginning with an overview of the issue and theoretical concepts informing this work. I then describe the feminist qualitative methodology I employed, and how this thesis contributes to research on women’s employment and health. I also discuss the strengths and limitations of the study, and I finish the chapter with a series of recommendations to consider in future research and advocacy efforts.

5.1 Reflective Summary and Contributions to Research

Women and racialized minorities working in the Canadian services sector were especially vulnerable to unemployment and the economic effects of the COVID-19 pandemic shutdown (Bryant et al., 2020; Lefkowitz & Armin, 2021; OECD, 2020; Statistics Canada, 2020b). This is because these groups tend to be over-represented in jobs in this sector that are often part-time, temporary, low-paid, without worker protections, and insecure or precarious (Block & Galabuzi, 2011; Cranford et al., 2003; Statistics Canada, 2019). The rise of precarious forms of employment is attributed to the proliferation of neoliberalism in the 1970s and 1980s, a political ideology and economic theory that justifies unleashing the market economy and reducing state intervention, among other measures, to maximize economic growth (Coburn, 2004; Fraser, 2013; Harvey, 2005). This belief continues to dominate political decisions despite evidence that neoliberalism is a key driver of inequality that reduces workers' labour power in ways that especially threaten the lives and well-being of women, racial minorities, and marginalized groups.

In this thesis, I used a feminist political framework to examine the socio-political, economic, and ideological forces that shape how power, influence, and public goods are distributed across society (Armstrong & Connelly, 1999; Bezanson & Luxton, 2006; Fraser, 2013). Feminist political economy is especially concerned with how structural inequalities are experienced differently across gender, race, and social position, and how individuals can be mobilized to advocate for social change. This framework is consistent with a critical social determinants of health (SDH) perspective which focuses broadly on people's living and working conditions, and how these interact and influence health

outcomes and inequalities (Benach et al., 2014; Raphael et al., 2020). Employment is one of the SDH that affects individuals' income and financial security, one of the most important SDH.

Gender, too, is a SDH and social construct upheld by societal institutions and practices (Beauvoir, 1980; Blackstone, 2003). This thesis research focused on woman as a gender subset, and particularly on individuals who are cisgender women doing gendered paid service work, and how their work influences their health (Cranford et al., 2003; Kowalchuk, 2018). A feminist analysis, like the one I employed, accounts for the intersections between gender, race, social position, and health in ways that are grounded in individual's (women in this case) perspectives on their experiences (Cohen, 1998; Fraser, 2013; Mason & Stubbs, 2012).

A review of recent literature published on women's employment and health showed that poverty and precarious employment are gendered and racialized (Akhter et al., 2017; Fitch et al., 2017; Hanley et al., 2020; Kelley, 2016; Kowalchuk, 2018; Labonté et al., 2015; Lightman, 2021; Pirani & Salvini, 2015; Premji, 2018); social institutions influence women's access to social and health support (Akhter et al., 2017; Edge et al., 2017; Franco et al., 2020; Macassa et al., 2017; Nandi et al., 2018; Ní Léime & Street, 2019; Ponomarenko, 2016; Treadwell, 2019; Wu et al., 2016); and the welfare state distributes power and crisis (Falconi et al., 2020; Kowalchuk, 2018; Labonté et al., 2015; Lightman, 2021). Few studies apply a critical framework and qualitative design to explore women's employment and its impact on their health in Canada, and how neoliberalism drives inequality.

To address this gap in this thesis research, I used a feminist political economy framework (Bezanson & Luxton, 2006; Fraser, 2013) and qualitative design (Charmaz, 2006; Marshall et al., 2022; Terry et al., 2017; Thorne, 2016) to examine women's experiences working in Canada's services sector during the COVID-19 pandemic, and what this means for their health. After receiving ethics approval in October 2022, ten women from across the GTA were recruited using purposive sampling. Individual semi-structured interviews were conducted online to understand how women made sense of their employment and health experiences, and to identify potential public policy responses to the pandemic. Interviews were audio recorded and transcribed using *Otter* transcription software, anonymized, and stored in a locked drawer to protect women's identity and ensure the confidentiality of their data.

Excerpts from the interview transcripts were manually organized into four categories and six interrelated themes using thematic analysis and a constant comparative technique (Charmaz, 2006; Terry et al., 2017; Thorne, 2016). All participants were women of colour between the age of 25 and 34 working in hospitality/food service, caregiving/nursing, and/or teaching/administration, and most (70%) had children or dependents for whom they were the primary or sole caregiver. Over half (60%) of the women in this study earned below \$40,000 annually, which falls below what it costs to live in the GTA (Coleman & Shaban, 2022). Every woman experienced major changes to their employment when the pandemic shutdown began, whether that was reduced paid work hours, being laid off, or being assigned additional work-related responsibilities. These experiences intensified their existing financial vulnerabilities and resulted in poorer mental health outcomes, specifically increased levels of stress and depression.

I grounded the analysis in the study participants' perspectives, and in feminist contributions to everyday political economy and social reproduction. This analytic approach illuminated the gendered, racial, and class dimensions of labour, crisis, austerity, and health (Elias & Rai, 2019; Evans, 2015; Fraser, 2013, 2022; Glenn, 1992; Hennein et al., 2021; Kushi & McManus, 2018; Liu, 2019; Perry et al., 2013; Williams et al., 2016). Together, the experiences of women in this study revealed an intensification of social exhaustion and time poverty, a gendered burden of crisis and austerity, persisting intersectional oppression, and a resistance to value structures that reinforce the oppression of women and women of colour. What these women's crisis experiences meant for their health was a deterioration of the women's mental health that manifested in increased stress and depression, all of which were attributed to low income and inadequate social and employment policies.

The analysis made explicit the intersecting complexity of gender, race, and social class in shaping women's health and crisis experiences (Elias & Rai, 2019; Ferguson, 2008; Hennein et al., 2021; Liu, 2019; Mezzadri, 2019; Perry et al., 2013; Porter et al., 2015). It also illuminated how neoliberalism intensifies and perpetuates inequality and oppression through austerity and policies that continually fail to meet the needs of women, mothers, and racialized groups in Canada (Block et al., 2019; Bryant et al., 2020; Calkin, 2015; Evans, 2015; Griffin, 2015; Kushi & McManus, 2018). Governments are called to strengthen public provisions, such as paid sick leave and extended health coverage, and to work with employers to increase women's wages and bargaining power over their working conditions.

5.2 Strengths and Limitations

Although considered a strength that allowed for greater focus on young adult women of colour in the GTA's services sector, the first limitation concerns the lack of diversity with respect to age and race. Because a younger cohort of adult women participated in this study, future research is needed to examine the health and employment experiences of older working women between the ages of 35 and 54 (if not, older), and how their experiences differ or relate to those of younger working adult women. As identified in the literature review and labour force survey data, older working women are differently impacted by policy change, crisis, and age discrimination (Edge et al., 2017; Ní Léime & Street, 2019; Statistics Canada, 2020a; Zella & Harper, 2020). Moreover, little could be said about what the COVID-19 crisis might mean for women's health later in life in this study. This limitation exposed another area of research and, I argue, the general lack of foresight within neoliberal policy making.

With respect to race, a direct comparison between the employment and health experiences of racialized and non-racialized women could not be made, which was an initial component of the proposed research. A review of recent research did however identify race as a key dimension of precarious employment, poverty, and poor health (Hanley et al., 2020; Labonté et al., 2015; Procyk & Maisonneuve, 2017; Statistics Canada, 2020b), which warranted a focused exploration into racialized women's employment and health experiences during the COVID-19 crisis. Keeping in mind that the sample size was small—one of the requirements of qualitative research into the lived experience (Marshall et al., 2022; Terry et al., 2017)—it was considered a strength of the research study to have recruited a relatively homogeneous group of women.

The final limitations of this research involved the lack of insight into women's trust in government and women's perspectives on unionization (Benach et al., 2007; Muller & Raphael, 2021; OECD, 2022). Both issues surfaced during the discussion and exposed another area to examine in future research. Such insight might offer additional ways for future research and advocacy efforts to strengthen political engagement, social provisions, and labour power among working racialized women and mothers in Canada. Such insight might also help to strengthen racialized women's voices and agential influence over public policy.

5.3 Next Steps and Future Recommendations

“Everyone wants, you know, to have a good backup. You know? A support system. Because I'm a single mom. ... I feel like reducing people's income is...stressful because it's not nice. It puts a lot of pressure on people.” (P02)

Given the persistent nature of crisis inequalities, women's ongoing struggle for equality, and the resilience of neoliberalism via violence and cooptation (Calkin, 2015; Elias & Rai, 2019; Evans, 2015; Ferguson, 2008; Kushi & McManus, 2018), implementing the kinds of public policy responses that the women in this study identified will not be easy. Recognizing this tension, Calkin (2015) and feminist scholars like Evans (2015), Ferguson (2008), and Fraser (2022) call for a re-imagined feminist future that brings race, gender, and social class together, and conceptualizes social reproduction in ways that take seriously the consequences of its depletion. To effectively challenge the pervasiveness of neoliberal ideology, such a future must revolve “around the collapse of the public/private distinction, the personalisation of the political, and the refusal to accept the persistent consignment of female labour, bodies and movements to a subordinate

position in the political hierarchy” (Calkin, 2015, p. 195). As I endeavoured to do here, feminist research and movements must continue to act with urgency to ensure political change is oriented towards positive social transformation rather than being “empty of feminist values” (Calkin, 2015, p. 195).

I would be remiss not to mention how this task is further complicated by Canada’s federal political system that has led to fractured intergovernmental relations, made Canada increasingly susceptible to neoliberal imperatives, and become a barrier to real progressive change (Banting & Corbett, 2002; Bryant, 2015; Bryant et al., 2020; Johnson, 1968; Macdonald, 2021). According to Banting and Corbett (2002), Bryant et al. (2020), and Yalnizyan (2021), a renewal of cooperative federalism can help mend intergovernmental ties, strengthen the democratic process, and hold governments accountable for the policies they implement. Much like the new universal childcare program, this renewal would facilitate the implementation of universal paid sick day legislation and a national pharmacare program, among other necessary public policies.

Concerning labour power and health, Benach et al. (2007), Muller and Raphael (2021), and Ruckert and Labonté (2017) call for a reorientation of public policy making away from neoliberal rationalisation and towards supporting human health. They also recommend broad social movements to strengthen and mobilize workers’ and labour unions, and to put pressure on governments to implement the kinds of policy change that working women and mothers in this study called for and need. It is this kind of multi-level advocacy that Ontarians have seen regarding the fight for paid sick day legislation and repeal (Ontario Public Service Employees Union, 2021), the repeal of Bill 124 that limited the wages and bargaining rights of workers in the public sector (Unifor, 2023).

and the progress made by Metro Ontario workers who won a new collective agreement that secured better wages and benefits (United Food and Commercial Workers, 2022). This is the kind of collective action and radical change needed to ensure a just recovery from the COVID-19 crisis, lessen the unequal impact of future crises, and sustain the women, mothers, and racialized groups on whose labour capitalism depends.

5.4 References

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<https://doi.org/10.1177/0898264318821205>

Appendices

Appendix A.

Table A1: The social determinants of health

Social Determinants of Health	
1. Income and income distribution	10. Health services
2. Education	11. Geography
3. Unemployment and job security	12. Disability
4. Employment and working conditions	13. Indigenous ancestry
5. Early child development	14. Gender
6. Food insecurity	15. Immigration
7. Housing	16. Race
8. Social exclusion	17. Globalization
9. Social safety net	

Source: Raphael, D., Bryant, T., Mikkonen, J., & Raphael, A. (2020). *Social determinants of health: The Canadian facts* (2nd ed.). Ontario Tech University Faculty of Health Sciences & York University School of Health Policy and Management. <http://www.thecanadianfacts.org/>

Appendix B.

Table B1: Distribution of literature by database

Database	Author(s), year	Frequency (n)
<i>Social Sciences Database</i> (ProQuest Sociology; Sociological Abstracts)	(Edge et al., 2017; Hanley et al., 2020; Hardie et al., 2019; Jonsdottir et al., 2020; Kowalchuk, 2018; McKay & McKenzie, 2020; Ní Léime & Street, 2019; Pirani & Salvini, 2015; Ponomarenko, 2016; Sage, 2015; Sigurðardóttir & Snorrardóttir, 2020; Spitzmueller et al., 2016; Van den Broeck & Maertens, 2017; Wahrendorf et al., 2016; Wu et al., 2016)	31.2% (15)
<i>Health Sciences Database</i> (Medline; CINAHL; ProQuest Nursing & Allied Health)	(Akhter et al., 2017; De Moortel et al., 2015; Falconi et al., 2020; Fitch et al., 2017; Franco et al., 2020; Håkansson & Ahlborg, 2017; Ish et al., 2020; Jacobs et al., 2016; Julià et al., 2019; Khubchandani & Price, 2017; Labonté et al., 2015; Lefkowitz & Armin, 2021; Macassa et al., 2017; Mai et al., 2019; Meenakshi & Panneer, 2020; Murat et al., 2021; Nena et al., 2018; Palumbo et al., 2020; Pietiläinen et al., 2020; Premji, 2018; Schütte et al., 2015; Sinha, 2017; Treadwell, 2019; Watkins et al., 2019; Zella & Harper, 2020)	52.1% (25)
<i>Citation Search and Shared Sources</i>	(Biswas et al., 2021; Fujishiro, Ahonen, & Winkler, 2021; Heikkilä et al., 2021; Honjo et al., 2020; Hulsegge et al., 2018; Kelley, 2016; Lightman, 2021; Milner et al., 2018; Silva-Peñaherrera et al., 2020; Weber et al., 2019)	1.7% (10)
Total		100% (50)

Table B2: Distribution of literature on women’s employment and health by study design

Study Design	Author(s), year	Frequency (n)
Qualitative inquiries	Akhter et al. (2017); Hanley et al. (2020); Kowalchuk (2018); Labonté et al. (2015); Lightman (2021); Macassa et al. (2017); McKay and McKenzie (2020); Ní Léime and Street (2019); Premji (2018); Sigurðardóttir and Snorradóttir (2020)	18.7% (10)
Longitudinal or cross-sectional surveys, or cohort studies	De Moortel et al. (2015); Falconi et al. (2020); Fitch et al. (2017); Fujishiro, Ahonen and Winkler (2021); Håkansson and Ahlborg (2017); Hardie et al. (2019); Heikkilä et al. (2021); Honjo et al. (2020); Hulsegge et al. (2018); Ish et al. (2020); Jacobs et al. (2016); Jonsdottir et al. (2020); Julià et al. (2019); Khubchandani and Price (2017); Mai et al. (2019); Milner et al. (2018); Murat et al. (2021); Nena et al. (2018); Palumbo et al. (2020); Pietiläinen et al. (2020); Pirani and Salvini (2015); Ponomarenko (2016); Sage (2015); Schütte et al. (2015); Silva-Peñaherrera et al. (2020); Sinha (2017); Spitzmueller et al. (2016); Van den Broeck and Maertens (2017); Wahrendorf et al. (2016); Watkins et al. (2019); Weber et al. (2019); Wu et al. (2016); Zella and Harper (2020)	66.7% (33)
Systematic or scoping review	Biswas et al. (2021); Edge et al. (2017); Meenakshi and Panneer (2020)	6.2% (3)
Professional practice article	Franco et al. (2020)	2.1% (1)
Review article	Kelley (2016); Lefkowitz and Armin (2021); Treadwell (2019)	6.2% (3)
Total		100% (50)

Table B3: Distribution of literature on women’s employment and health by country

Country or Region	Literature: Author(s), year	Frequency (n)
Europe	De Moortel et al. (2015); Edge et al. (2017); Julià et al. (2019); Mai et al. (2019); Pirani and Salvini (2015); Ponomarenko (2016); Schütte et al. (2015); Wahrendorf et al. (2016); Weber et al. (2019); Zella and Harper (2020)	20.8% (10)
Northern Europe (Denmark, Finland, Iceland, Sweden)	Håkansson and Ahlborg (2017); Heikkilä et al. (2021); Hulsegge et al. (2018); Jonsdottir et al. (2020); Macassa et al. (2017); Pietiläinen et al. (2020); Sigurðardóttir and Snorradóttir (2020)	14.6% (7)
United Kingdom	Sage (2015)	2.1% (1)
South and Southeast Asia (Bangladesh, Cambodia, and India)	Akhter et al. (2017); Fitch et al. (2017); McKay and McKenzie (2020); Meenakshi and Panneer (2020); Sinha (2017)	10.4% (5)
East Asia (Japan, China, and Korea)	Honjo et al. (2020); Wu et al. (2016)	4.2% (2)
Turkey	Murat et al. (2021)	2.1% (1)
Greece	Nena et al. (2018)	2.1% (1)
Senegal	Van den Broeck and Maertens (2017)	2.1% (1)
Australia	Milner et al. (2018)	2.1% (1)
United States	Falconi et al. (2020); Franco et al. (2020); Hardie et al. (2019); Ish et al. (2020); Jacobs et al. (2016); Kelley (2016); Khubchandani and Price (2017); Lefkowitz and Armin (2021); Palumbo et al. (2020); Spitzmueller et al. (2016); Treadwell (2019)	22.9% (11)
Canada	Hanley et al. (2020); Labonté et al. (2015); Lightman (2021); Premji (2018)	6.25% (4)
Latin America and Caribbean	Kowalchuk (2018); Silva-Peñaherrera et al. (2020)	2.1% (2)
International	Biswas et al. (2021); Fujishiro, Ahonen and Winkler (2021); Ní Léime and Street (2019); Watkins et al. (2019)	8.3% (4)
Total		100% (50)

Table B4: Women's employment and health literature review: Broad themes

Broad Theme	Literature: Author(s), year	Frequency (n)
Labour, poverty, and precarious employment are gendered and racialized	Akhter et al. (2017); Biswas et al. (2021); De Moortel et al. (2015); Edge et al. (2017); Falconi et al. (2020); Fitch et al. (2017); Franco et al. (2020); Håkansson and Ahlborg (2017); Hanley et al. (2020); Hardie et al. (2019); Heikkilä et al. (2021); Ish et al. (2020); Jacobs et al. (2016); Jonsdottir et al. (2020); Julià et al. (2019); Kelley (2016); Kowalchuk (2018); Lefkowitz and Armin (2021); Lightman (2021); Macassa et al. (2017); Mai et al. (2019); McKay and McKenzie (2020); Milner et al. (2018); Ní Léime and Street (2019); Pietiläinen et al. (2020); Pirani and Salvini (2015); Ponomarenko (2016); Premji (2018); Sage (2015); Sigurðardóttir and Snorradóttir (2020); Silva-Peñaherrera et al. (2020); Treadwell (2019); Van den Broeck and Maertens (2017); Watkins et al. (2019); Weber et al. (2019); Wu et al. (2016); Zella and Harper (2020)	72.9% (37)
Employment institutions shape access to health and social support	Akhter et al. (2017); Edge et al. (2017); Falconi et al. (2020); Fitch et al. (2017); Franco et al. (2020); Fujishiro, Ahonen and Winkler (2021); Håkansson and Ahlborg (2017); Hanley et al. (2020); Hardie et al. (2019); Heikkilä et al. (2021); Hulsegge et al. (2018); Ish et al. (2020); Jacobs et al. (2016); Jonsdottir et al. (2020); Julià et al. (2019); Khubchandani and Price (2017); Kowalchuk (2018); Labonté et al. (2015); Lefkowitz and Armin (2021); Lightman (2021); Macassa et al. (2017); McKay and McKenzie (2020); Meenakshi and Panneer (2020); Murat et al. (2021); Nena et al. (2018); Ní Léime and Street (2019); Palumbo et al. (2020); Pietiläinen et al. (2020); Premji (2018); Sage (2015); Schütte et al. (2015); Sigurðardóttir and Snorradóttir (2020); Spitzmueller et al. (2016); Treadwell (2019); Watkins et al. (2019); Zella and Harper (2020)	75.0% (37)
Welfare state distribution of power and crisis	De Moortel et al. (2015); Edge et al. (2017); Falconi et al. (2020); Fujishiro, Ahonen and Winkler (2021); Hanley et al. (2020); Heikkilä et al. (2021); Julià et al. (2019); Kelley (2016); Kowalchuk (2018); Labonté et al. (2015); Lefkowitz and Armin (2021); Lightman (2021); Ní Léime and Street (2019); Pirani and Salvini (2015); Ponomarenko (2016); Premji (2018); Sage (2015); Treadwell (2019); Wu et al. (2016)	37.5% (19)
Total		100% (50)

Table B5: Women’s employment and health literature review: Subtheme groupings

Broad Theme	Subthemes*
Labour, poverty, and precarious employment are gendered and racialized	<ul style="list-style-type: none"> 1. Employment histories 3. Traditional gender norms 4. Employment enables women to escape poverty 8. Women are more likely to have precarious employment
Employment institutions shape access to health and social support	<ul style="list-style-type: none"> 2. Societal institutions 5. Employment determines access to health support 6. Private sector employment negatively influences health
Welfare state distribution of power and crisis	<ul style="list-style-type: none"> 2. Societal institutions 7. Union membership and bargaining power

*Subthemes are numbered according to their presentation in the results section of the review

Appendix C.

Figure C1: Research Ethics Board (REB) Approval

Date: October 06, 2022
To: Toba Bryant
From: Ginny Brunton, REB Vice-Chair
File # & Title: 16940 - How the COVID-19 pandemic has influenced women's employment and their health: An inquiry into their lived experiences
Status: **APPROVED**

Review Type: **Delegated Review**
REB Expiry Date: **October 01, 2023**
Documents Approved:

Document Name	Comments	Version Date
#Response to Clarifications	Please see the attached file with our responses to the REB queries. Thank you.	2022/08/18
Clarifications Requested Letter	clarifications requested letter sent	2022/09/30
#Response to Clarifications	Response to Clarifications	2022/08/17
#Data Management Plan	Appendix 4 - Data Management Plan	2022/08/17
#Data Collection Materials	Appendix 3 - Interview Protocol/Script and Questionnaire (clean)	2022/08/17
#Data Collection Materials	Appendix 3 - Interview Protocol/Script and Questionnaire (tracked)	2022/08/17
#Participant Materials/Handouts	Appendix 2 - Consent Form (clean)	2022/08/17
#Participant Materials/Handouts	Appendix 2 - Consent Form (tracked)	2022/08/17
#Participant Materials/Handouts	Appendix 5 - Participant Appreciation Email (clean)	2022/08/12
#Participant Materials/Handouts	Appendix 5 - Participant Appreciation Email (tracked)	2022/08/12
#Participant Materials/Handouts	Appendix 5 - Agency Appreciation Email (clean)	2022/08/12
#Participant Materials/Handouts	Appendix 5 - Agency Appreciation Email (tracked)	2022/08/12
#Confidentiality Agreements	Appendix 2 - Confidentiality Agreement (clean) - it is unlikely that a research assistant will be needed	2022/08/12
#Confidentiality Agreements	Appendix 2 - Confidentiality Agreement (tracked) - it is unlikely that a research assistant will be needed	2022/08/12
#Recruitment Materials	Appendix 1 - Agency email (clean) to ask permission for student lead to post information about the research	2022/08/16

#Recruitment Materials	Appendix 1 - Agency email (tracked) to ask permission for student lead to post information about the research	2022/08/16
#Recruitment Materials	Appendix 1 - Recruitment Poster (clean)	2022/08/16
#Recruitment Materials	Appendix 1 - Recruitment Poster (tracked)	2022/08/16
#Recruitment Materials	Appendix 1 - Recruitment letter for snowball sampling (if needed) post initial purposive recruitment	2022/08/15
#Recruitment Materials	Appendix 1 - Recruitment letter for snowball sampling (if needed) post initial purposive recruitment	2022/08/15
Clarifications Requested Letter	Initial clarification letter.	2022/08/12
#Participant Materials/Handouts	Appreciation Email to Community Agencies	2022/05/25
#Participant Materials/Handouts	Appreciation Email to Participants	2022/05/25
#Data Collection Materials	Interview Protocol and Interview Schedule Script	2022/05/25
#Confidentiality Agreements	Confidentiality Agreement - it is unlikely that a research assistant will be needed and that this agreement will be required	2022/05/25
##Consent Letter	Consent to Participate Form	2022/05/25
#Recruitment Materials	Agency Email	2022/05/25
#Recruitment Materials	Participant Recruitment Email	2022/05/25
#Recruitment Materials	Participant Recruitment Poster	2022/05/25
#TCPS2 Certificate	TCPS2: CORE certificate for Dr. Bryant, PI and Supervisor	2012/11/30
#TCPS2 Certificate	TCPS2: CORE Certificate for Alanna Veitch, Graduate Student Lead	2020/01/18

Notwithstanding this approval, you are required to obtain/submit, to Ontario Tech Research Ethics Board, any relevant approvals/permissions required, prior to commencement of this project.

The Ontario Tech Research Ethics Board (REB) has reviewed and approved the research study named above to ensure compliance with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS2 2018), the Ontario Tech Research Ethics Policy and Procedures and associated regulations. As the Principal Investigator (PI), you are required to adhere to the research protocol described in the REB application as last reviewed and approved by the REB. In addition, you are responsible for obtaining any further approvals that might be required to complete your project.

Under the TCPS2 2018, the PI is responsible for complying with the continuing research ethics

reviews requirements listed below:

Renewal Request Form: All approved projects are subject to an annual renewal process. Projects must be renewed or closed by the expiry date indicated above (“Current Expiry”). Projects not renewed 30 days post expiry date will be automatically suspended by the REB; projects not renewed 60 days post expiry date will be automatically closed by the REB. Once your file has been formally closed, a new submission will be required to open a new file.

Change Request Form: If the research plan, methods, and/or recruitment methods should change, please submit a change request application to the REB for review and approval prior to implementing the changes.

Adverse or Unexpected Events Form: Events must be reported to the REB within 72 hours after the event occurred with an indication of how these events affect (in the view of the Principal Investigator) the safety of the participants and the continuation of the protocol (i.e. un-anticipated or un-mitigated physical, social or psychological harm to a participant).

Research Project Completion Form: This form must be completed when the research study is concluded.

Always quote your REB file number (**16940**) on future correspondence. We wish you success with your study.

Sincerely,

Ginny Brunton, REB Vice-Chair Research Ethics Coordinator
researchethics@ontariotechu.ca

NOTE: If you are a student researcher, your supervisor has been copied on this message.

Figure C2: Recruitment Poster

Women Needed for Study on Women's Employment and Health

Are you a Woman who?

1. Works/worked in hospitality, food services, or retail during COVID-19;
2. is between 25 and 54 years old; and
3. speaks and understands English

Purpose of this Study:

- To understand women's experiences of working/becoming unemployed during the COVID-19 pandemic
- To understand how the COVID-19 pandemic has affected women's health
- To identify potential services that will support women and their health

Your participation is completely voluntary and will involve a 1-hour online interview with Alanna Veitch, the student lead.

For participating in this study, you will receive one \$50 gift card to a grocery store, internet provider, bus or gas station, or childcare center.


If you would like to participate in this study or have any questions, please contact:

- **Ms. Alanna Veitch**, Student Lead, at alanna.veitch@ontariotechu.ca
- **Dr. Toba Bryant**, PI/Supervisor, at Toba.Bryant@ontariotechu.ca

This study is part of Ms. Alanna Veitch's Master's Thesis and is being supervised by Dr. Bryant in the Faculty of Health Sciences.

This study has been approved by the Ontario Tech University Research Ethics Board (REB #16940) on October 6, 2022.

This study is funded by an SSHRC Insight Grant (REB #15387) held by PI Dr. Aquanno and co-PI Dr. Bryant.



Version date (06-October-2022)

Figure C2: Consent Form

Consent Form to Participate in a Research Study

Research Study: *How the COVID-19 Pandemic has Influenced Women's Employment and their Health: An Inquiry into Women's Lived Experiences*

Principal Investigator (PI)/Supervisor: Dr. Bryant, Toba.Bryant@ontariotechu.ca

Graduate Student Lead/Researcher: Ms. Alanna Veitch, alanna.veitch@ontariotechu.ca

Institutional Affiliation: Faculty of Health Sciences, Ontario Tech University

External Funders:

Social Sciences and Humanities Research Council – Insight Grant (REB #15387, held by PI Dr. Aquanno and co-PI/applicant Dr. Bryant)

This form includes details about the study's procedures, risks, and benefits that you should know before you decide if you want to take part. Participation in this study is completely voluntary.

Purpose of the Research: The purpose of this inquiry is to gain an understanding of women's experiences of working and/or becoming unemployed in Canada's services sector (hospitality, food services, and retail) during the COVID-19 pandemic, and how this has affected their health.

Who is eligible: You are invited to participate in this study if you are: (1) a woman who works or worked in hospitality, food services, and/or retail in the Greater Toronto Area during the pandemic; (2) between the age of 25 and 54 years; and (3) able to speak and understand English. Please note that we aim and prioritize recruitment of a diverse population of women in the GTA. Women of all cultural and economic backgrounds are welcome if you meet the above 3 criteria.

What you will do: You will be asked to join a one-on-one interview of about 60 minutes (1 hour) on Google Meet with the student researcher. You will receive a unique meeting link with controlled entry to protect your privacy and ensure the confidentiality of the interview. Please do not share this link with any other person or party to protect your privacy and confidentiality.

The interview will begin with a verbal questionnaire about your age, race/ethnicity, job, place of residence, and range of income. I will record responses on a paper hard copy, which will be recorded in an excel sheet and saved on a password protected USB. Please indicate if you would like me to provide a list of these questions by email prior to the interview and I will be happy to do so. All information will remain confidential. You will then be asked questions about your work experiences during the pandemic, and how this has affected your health. With your consent, the interview will be audio recorded and transcribed using Otter.ai transcription software, which will be checked for accuracy and removed of all identifiers. You will be offered the opportunity to review your coded transcript and suggest changes or further deletions.

Potential Risks: There are no physical risks for participating in this study. Any potential social risks related to others' knowledge of your participation, such as your current/previous employer, will be minimized by maintaining confidentiality of the information you share.

Regarding potential situations of distress, a response protocol has been established that requires the researcher to monitor for signs of distress and, if present, move to another question. Please let the researcher know if you need a break from the conversation. While making effort to avoid potential distress, the researcher recognizes that questions about your employment and health must be approached with sensitivity. If you experience any distress or mental health challenges, a list of agencies and their contact information can be provided.

Potential Benefits: While you will not directly benefit from participating in this study, your insights will contribute an understanding of women’s employment and health, and the services and supports for women and their health. Questions for future research may also be identified.

Confidentiality: To safeguard your confidentiality, all identifiers will be stripped from your transcript and a participant code (i.e., P1) will be used in place of your name. Demographic data (i.e., age, race, job, income range, residence) will be aggregated and reported as a composite (not presented individually). Direct quotes from the transcript will be used to support key findings. Quotes will not contain identifiable information. Any names of persons that you provide will also remain confidential. Please note that despite best efforts to remove identifying information, it is possible that your identity can be determined even when data is aggregated.

Use and Storage of Data: All information, including audio recordings and transcripts, will be received on a password protected computer, saved on a password protected USB, and deleted from the Google Drive and desktop folders. The USB and all hardcopies of the data, such as questionnaires and printed transcripts, will be stored in a locked drawer accessible to only the researchers listed here until publication of the study findings. All audio recordings will be destroyed by January 2, 2023, after you have had an opportunity to review your transcript and/or withdraw from the study. Consent forms, participant codes, and original transcripts linking participants to the data will be stored in a locked/password protected USB location separate from the data for 3 years, at which point they will be deleted and/or shredded. Remaining data, such as de-identified demographic data and transcripts, will be stored for up to 10 years for potential secondary use for future research.

Voluntary Participation: Your participation in this study is completely voluntary. You may refuse to answer any question you do not want to answer without any consequence to you.

Right to Withdraw: You may leave the study at any time for any reason and withdraw your data until January 2, 2023, without any penalty. Your interview recording and transcript will then be digitally destroyed, and all hardcopies shredded. Please note that it may be impracticable to withdraw data once findings have been published or otherwise disseminated.

Compensation: To recognize your time and contributions to the study, one \$50 gift card to a grocery store, internet provider, bus station, gas station, or childcare centre will be provided to you by mail or electronically by December 1, 2022, after the interview, even if you withdraw from the study. Please note that any compensation you receive for participating in this study is not considered a potential benefit.

Debriefing and Dissemination of Results: You will be given the opportunity to review your transcript and email your suggested changes within two weeks. A virtual meeting can be scheduled with the researcher to discuss the study findings and their significance. If you are interested in being notified of the study results, please let the researcher know by May 1, 2023.

Please note that the security of email messages is not guaranteed. While safeguards are in place to protect your privacy and confidentiality, emails may be forged, forwarded, kept indefinitely, or seen by others using the internet. Only send files that are encrypted or password protected. Do not use email to discuss sensitive information, or in an emergency since emails may be delayed.

Conflict of Interest: There are no conflicts of interest to report.

Participant Rights and Concerns: Please ensure that all your questions about this study and your participation are answered to your satisfaction before signing this form. If you have further questions, please contact Alanna Veitch at alanna.veitch@ontariotechu.ca or her supervisor at Toba.Bryant@ontariotechu.ca. If you have any questions or concerns about your rights as a

participant in this study, please contact the Ontario Tech University Research Ethics Office at (905)721-8668 ext. 3693 or at researchethics@ontariotechu.ca. This study has been approved by the University of Ontario Institute of Technology (Ontario Tech University) Research Ethics Board (REB #16940) on October 6, 2022.

By signing this form, you do not relinquish any legal rights, nor does this form relieve the investigators, sponsors, or institution of their legal and professional responsibilities.

*Please initial and date the **Consent to Participate** form below*

Consent to Participate

I, _____, have read this form and understand the study entitled *How the COVID-19 Pandemic has Influenced Women's Employment and their health: An Inquiry into their Lived Experiences*, conducted by Ms. Alanna Veitch (Master of Health Science student) and supervised by Dr. Bryant (PI). I freely consent to participate in this research study and allow audio recording of my interview, understanding that I may discontinue participation at any time and may withdraw my data by January 2, 2023, without penalty. My agreement below indicates my consent. A copy of this Consent Form has been made available to me.

I agree

_____ Date

Secondary Use of Research Data for Future Research Purposes

I understand the possible need for secondary use of my data for future research, and I provide consent for the use of my data in future studies. The research team has informed me that a separate REB application will be submitted. My initials (typed) below indicate my consent.

Participant must initial

_____ Yes

_____ No

Figure C3: Semi-Structured Interview Guide: Women's Employment and Health

Experiences with (Un)Employment

1. What is your current job/what was your most recent job?
2. What is/was a typical week like for you?
 - a) Probe: work responsibilities, hours, commuting, family, social activities
3. In what ways has your work changed since the pandemic began (if any changes)?
 - a) Probes: income, work hours, control over work, job loss, looking for work, benefits, sick leave
 - b) To what extent do you think the pandemic brought about these changes?
4. What does/did your work mean to you?
 - a) Probes: just a job, source of enjoyment, means of subsistence
 - b) In what ways do you think that being a woman influences your work experiences?

Health Experiences

5. How would you describe your health right now?
 - a) Probe: physical, mental, stress-levels
 - b) What does your health mean to you?
6. What changes have you experienced in your health since the pandemic began, if any?
 - a) To what extent do you think the pandemic brought about these changes?

(Un)Employment and Health

7. Based on how you defined your health and what it means to you, how has your job/loss of work affected your health?
 - a) Probe: stress levels
 - b) How has your work/loss of work affected other areas of your life, such as your family responsibilities and leisure time?
 - c) In what ways do you think the pandemic has contributed to your experiences?

8. What do you find is helpful for managing your work/unemployment and health?
 - a) What is unhelpful for managing your work/unemployment and health?
 - b) What types of supports are available to you at work?
 - Probe: counselling, sick leave, paid sick days, subsidized childcare
 - c) What has been your experience receiving these supports? (*Approach sensitively*)

Potential Responses for the Future and Closing

9. What would help you manage your health and your work/unemployment?
 - a) What would you like to see at work (i.e., from your employer)?
 - b) What would you like to see in your community (i.e., from the government)?
10. Is there anything that you would like to add?
11. Do you have any questions for me?