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Global Pandemic and the Veiled Crisis of Care in Turkey: Politics of Social Reproduction and Masculinist Restoration

Başak Akkan *

Abstract: »Globale Pandemie und die verschleierte Krise der Pflege in der Türkei: Politik der sozialen Reproduktion und maskulinistische Restauration«. Drawing on feminist debates about social reproduction and care while looking closely at gendered care politics and gender-insensitive containment measures, this article critically explores the politics of care in Turkey in the midst of the COVID-19 pandemic. It does so by engaging with the theoretical debate over “social reproduction as a site of crisis” (Fraser 2016, 2017) and provides a contextualised reflection on the contested features of the crisis of care in a highly gendered political setting where a familialist regime defines gender relations. Because such regimes expect women to increase their burden of care in times of crisis, the pandemic’s gender-insensitive containment politics fundamentally strengthened the boundaries between paid and unpaid work. The article explores the combination of gendered vulnerabilities related to increased unpaid care work and degraded conditions experienced by care workers during lockdowns as a manifestation of the crisis of care in Turkey. Besides neoliberal capitalism, as suggested by Fraser, Turkey’s rising authoritarian conservatism also characterises the crisis of care, which has implications for gender inequalities. Accordingly, this article invokes the conceptual framework of “masculinist restoration,” as suggested by Kandiyoti (2016, 2019) and argues that women’s situatedness as care providers has been losing its positional power as a cultural element of the familialist regime in Turkey. Instead, this situatedness is being enforced as a political project that aims to institutionalise familialism to secure patriarchal domination in a society, which therefore pertains to a veiled crisis of care.

Keywords: COVID-19, politics of social reproduction, crisis of care, familialist regime, gender inequality, authoritarian capitalism, Turkey.

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1. Introduction

Over a year has passed since the World Health Organization (WHO) declared the COVID-19 outbreak a pandemic. The economic downturn and social turmoil that followed and the associated contested containment measures will have enduring effects on societies worldwide. Additionally, the pandemic ruthlessly exposed the prevalent inequality regimes of neoliberal capitalism (Roy 2021). As outlined in the introduction to this HSR Forum (Dowling 2021a), the crisis of social reproduction and care has been a site of contention, and the pandemic revealed the contested nature that shapes boundaries of care as paid and unpaid labour. However, depending on the welfare and gender regime, the pandemic-driven crisis of care has taken different forms. This raises the question: How does the institutional and the political context that is intertwined with neoliberal capitalism define this contemporary crisis of care? To address this question, the article focuses on the politics of care in Turkey in the midst of an emerging health crisis. Notably, the COVID-19 pandemic has uncovered the severe consequences of gender hierarchies in the country, as mounting evidence reveals women's prevailing vulnerabilities concerning paid and unpaid care work (Eroğlu and Gençay 2020; İlkaracan and Memiş 2021; Kalaylıoğlu, Öztürk and Eker 2020).

This article critically engages with the theoretical debate about “social reproduction as a site of crisis” (Fraser 2016, 2017) and provides a contextualised reflection on the contested features of the crisis in a highly gendered, political context. Prior to the outbreak of the COVID-19 pandemic, scholarly work and political action had focused on the crisis-generating effects of capitalism in the realm of social reproduction and care (Fraser 2011, 2016; Fraser and Jaeggi 2018). According to Fraser (2016), struggles around the boundaries of production and reproduction have defined one strand of the 21st century's crisis of capitalism. However, rising authoritarian conservatism also underlines crisis of care in Turkey. Accordingly, this article draws on the conceptual “masculinist restoration” framework suggested by Kandiyoti (2016, 2019) to provide a critical analysis of the Turkish context where rising authoritarian conservatism – intertwined with the neoliberal capitalism – also defines the “boundary struggles” suggested by Fraser. In doing so, the article sheds light on Turkey's *veiled crisis of care*, where a familialist regime defines gender relations as well as discontent around care arrangements. While other contributions to this HSR Forum also point to entrenched familialism in the context of the COVID-19 pandemic, here, familialism is considered an institutional framework (formal and informal) that the ruling elites instrumentalise for the contested project of masculinist restoration. Therefore, by scrutinising gendered care politics and gender-insensitive containment measures in the wake of the COVID-19 pandemic, the article addresses the crisis of care within

a context of authoritarian capitalism and argues that the pandemic has exacerbated the crisis and worsened gender inequalities.

Although the *politics of care* refers to a broad realm of care policies, this article uses the term to refer to childcare policies, which largely define the gender regime in Turkey. By drawing on several studies – mostly surveys – concerning the immediate impacts the COVID-19 pandemic had on women, it critically explores the gendered aspect of government containment measures. While the United Nations Development Programme (UNDP) COVID-19 Global Gender Response Tracker (UNDP 2020) demonstrates that the Turkish government’s responses to the pandemic have been gender insensitive, the ongoing global pandemic has also highlighted contentions about care in Turkey. Nevertheless, investigating contentions requires further empirical research that is beyond the scope of the article. Instead, together with the other contributions to this HSR Forum, it contemplates pandemic-specific politics of care within a larger debate on the crisis of care. By framing its conceptual framework around the analysis of care politics in Turkey, the article first draws on feminist debates about the social reproduction and care, which have taken on historically different meanings and explanations. Next, by drawing on this conceptual framework, the article provides a critical inquiry of Turkey’s politics of care as a masculinist restoration and the veiled crisis of care during the COVID-19 pandemic.

2. The Feminist Debate on the Social Reproduction and Care

Social reproduction and care are often used interchangeably and both address gendered institutions and societal arrangements, but embody different explanations in feminist literature. This scholarship demonstrates that capitalism has historically built institutionalised boundaries between the production of value and the social reproduction of commodity labour power, which have emerged as two separate yet intertwined spaces (Bakker 2003; Bhattacharya 2017; Fraser 2016). Social reproduction can be defined more broadly than care, as it encompasses the reproduction of human life and can also indicate reproductive labour in social institutions like health and education (Bakker and Gill 2003; Ferguson 2017). However, care is a relational concept that includes a set of interdependent relations and practices (Akkan 2020; Dowling 2021b). This qualitative connotation distinguishes care from social reproduction as an economic category; yet, care is politically, economically, and historically conditioned by how gender, race, and class are embedded in power relations (Dowling 2021b; Tronto 1993). Accordingly, the definition of care combines institutional boundaries and the web of relations.

While addressing social reproduction and care interchangeably creates conceptual complexity, it helps to define the crisis of care in the 21st century, because its boundary struggles (Fraser 2016, 2017) have economic *and* non-economic features.

By interchangeably referring to care and social reproduction, Fraser also implies a broader definition of social reproduction that includes “the creation, socialization and subjectivation of human beings; including making and re-making of culture, intersubjectivity solidarity, social meanings and value horizons” (Fraser and Jaeggi 2018, 32). The institutionalised separation of production and social reproduction as distinct spheres under capitalism has led to a process where waged labour (production) is valued and unwaged labour (social reproduction) is undervalued, which has worked as a mechanism to the subordination of women (Fraser and Jaeggi 2018; Tronto 1993). Consequently, the notion of social reproduction carries a normative weight that positions it outside of production relations. However, because social reproduction entails commodified relations under neoliberal capitalism, its institutional and spatial boundaries have become increasingly contested (Aulenbacher and Leibfingler 2019). The commodification and marketisation of care reflect a dualized social reproduction, which Fraser suggests is “commodified for those who can afford it, privatized for those who cannot” (Fraser and Jaeggi 2018, 169).

To understand and give meaning to the crisis of care evoked and perpetuated by the COVID-19 pandemic, this article uses *boundary struggles* (Fraser 2016; Fraser and Jaeggi 2018) as an element of analysis, which have become more evident in the pandemic’s distorted public and private spaces. Hence, debates on the boundary struggles of social reproduction not only encompass institutional boundaries, but also spatially bound relations of care. In this context, COVID-19 lockdowns reinforced existing spatial boundaries between the public and private. At the same time, the lockdowns revealed their contested nature as the workspace and home space became distorted for women in their roles as unpaid care providers and paid care workers. Hence, the way the pandemic was spatially organised through lockdown measures was also a gendered process that necessitates redefining the contested sites of boundary struggles. Because formal and informal care work is further intertwined within the “locked” spaces of the home, the COVID-19 pandemic has caused these boundaries to become more contested.

In certain contexts, like Turkey’s, escalating conservative authoritarianism in the political sphere has also played a role in restoring historically established boundaries within capitalist processes, which has implications for gender hierarchies. While it is relevant to view the crisis of care through a capitalist framework, a proper analysis of the Turkish context must also analyse the rise of political authoritarianism and what this means for the country’s masculinist restoration in order to contemplate how gender hierarchies are

currently being restored. Therefore, politics of care in Turkey represents a major site for consolidating neoliberalism and authoritarian conservatism.

3. The Care Regime and Masculinist Restoration in Turkey

Over the last two decades in Turkey, the politics of care has evolved in a political context where its gender equality regime has regressed. At the beginning of the 2000s, Turkey took important steps to establish the legal basis for its gender equality framework as part of its Europeanisation efforts, and as an outcome of advocacy by women's NGOs for reforms (Dedeoğlu 2012, 2013). Amendments to the Civil Code in 2001 and the Criminal Code in 2004 represented fundamental changes in the legal framework for the establishment of a more egalitarian gender regime (Acar and Altunok 2013; Coşar and Yeğenoğlu 2011). As the ruling party (Adalet ve Kalkınma Partisi [Justice and Development Party]; AKP) consolidated its power, women's NGOs – who were the pioneers of change – became increasingly marginalised, while the prospect of EU accession lost its political influence on Turkey. This recent political ambivalence has received multiple explanations; for example, Arat (2021) suggests that liberal reforms from the early 2000s were also used as the instruments of legitimisation of an Islamically rooted party rule in a secular context. Nevertheless, despite the country's liberal reforms at the beginning of the 2000s, Turkey gradually shifted to an era of conservative politics over the next 20 years, which has had implications for gender rights issues.

In recent years, a rich body of literature has developed that examines Turkey's backsliding gender equality regime within the twofold framework of neoliberalism and neoconservatism (Acar and Altunok 2013; Coşar and Yeğenoğlu 2011). Regarding Turkey, rising conservatism is also referred to as "cultural conservatism" (Bugra 2014) or "Islamic conservatism" (Çavdar and Yaşar 2019) to emphasise the country's cultural political transformation. This form of religiously conservative politics is primarily characterised by the encroachment of religion into politics (Arat 2010) and conservative "intimate" politics (Acar and Altunok 2013; Unal and Cindoglu 2013). Consequently, the last two decades offer a new political understanding of this conservatism in Turkey and its corresponding neoliberal values (Coşar and Özkan-Kerestecioğlu 2016). On one hand, the country's economic, political, and social spheres are currently separate entities, with the social sphere being completely negated (Coşar and Özkan-Kerestecioğlu 2016, 161). On the other hand, authoritarianism has become more prominent in the political realm (Coşar and Özkan-Kerestecioğlu 2016; Kaygusuz 2018; Tansel 2018; Yazar 2020). As Turkey has moved towards more authoritarian politics, the

conservative perception of women in society has regained a prominent position in the institutional boundaries of the authoritarian regime (Yarar 2020). In the realm of welfare politics, this process is supported by political discourses that promote the family as the sacred unit, and by social policies that are oriented towards the “protection of the family from degeneration and disengagement” (Akkan 2018).

Kandiyoti (2016, 2019) identifies these new politics of gender under rising authoritarianism as masculinist restoration wherein patriarchy is losing its hegemonic status as a form of domination. This process demands coercive politics to guarantee patriarchy and is being reproduced as a political project (Kandiyoti 2019). As Kandiyoti asserts, “in the context of established and rising authoritarianism, masculinist restoration requires a politics of systematic indoctrination, greater surveillance, and higher levels of intrusion into citizens’ lives” (Kandiyoti 2019, 39). Hence, current politics of care and their changing features of familialism that concerns a veiled crisis of care can also be discerned within the masculinist restoration framework. In other words, the current re-arrangement of care relations in Turkey is an inherent component of ongoing masculinist restoration, which has further deepened the country’s existing care crisis.

In Turkey, the normative conceptualisation of family has historically shaped its familialist care regime and sees family as an entity where “inter-generational relations are strictly and normatively controlled” (Reher 1998, 211). In regimes like those in Italy and Turkey, intra-family obligations are prescribed by family law that ascribes the responsibility to care for descendants and ascendants to the family (Akkan 2018; Saraceno 2010). Hence, changes to family structure that arose out of the shift from the extended to the nuclear family have challenged Turkey’s historically established familialist care regime (Özbay 2015). This transformation has established a new paradox: While gender issues have been addressed through conservative religious politics, care has received more political interest than in any other historical period of the modern welfare regime (Akkan 2018). Thus, this era has demonstrated a visibly strong inclination to portray the *sacred family* as an ideological instrument that is different from the path-dependent familialist regime. In the early 2000s, this characterisation helped define the evolution of Turkey’s explicit family politics at the discursive and the institutional levels as well as its newly introduced care policies (Akkan 2018). The political discourse on the sacred family and family-focused social policymaking have defined the boundaries of newly introduced care policies. Consequently, the government prioritised restoring the patriarchal family by readjusting global trends in care policies like cash for care, flexible labour, and work and family reconciliation. Furthermore, the combination of public childcare’s path-dependent weakness and low enrolment rates in early childhood education and care (ECEC) has reinforced this care politics.

The state's capacity for care expanded in the 2000s, most notably through cash schemes, but also through market-based provisions. The means-tested cash-for-care scheme, introduced in 2006, was a policy tool to support the 24/7, family-based care of disabled and older people, and the number of beneficiaries has grown by 1800% over 14 years (28,583 in 2007 to 535,805 in 2021; ASHB 2021). Cash for care is provided to a family member – usually a woman – and has become a major instrument in this new approach to familialism that has restored the boundaries of family-based care (Akkan 2018). While the scheme is used as a mechanism to rebuild a patriarchal ideology, the political community, including the opposition, has been silent about its gendered nature (Atasü-Topçuoğlu 2021). Empirical research demonstrates that the gendered nature of care arrangements means that women who receive cash for care face major challenges that have become harder to recognise within political discourses (Akkan 2010; Aşaroğlu 2018). This represents a veiled crisis of care where the cash-for-care scheme restores gendered arrangements of care. Furthermore, given the country's high levels of poverty, the cash-for-care scheme operates as a social assistance scheme for the household and draws the boundaries of care arrangements, which has significant implications for women from lower socioeconomic classes.

During the COVID-19 pandemic, childcare became a major site of Turkey's contested politics of care. Because the country has one of the OECD's highest gendered, unpaid labour disparities in the private sphere, the issue was already a leading gender equality issue before the pandemic's onset. According to the Time Use Survey (2014–2015), women spend 4.17 hours per day on household and family care, compared to only 0.51 hours amongst men (TÜİK 2015). The reasons for women's considerably poor labour market participation, which falls below the OECD average, are difficult to untangle. Contributing factors may include the country's pace of industrialisation as a late-industrialised country, its labour market structure, care arrangements, the cultural perception of women's societal role (prone to change), positions held by political parties, and other immanent factors (Bolukbasi and Kutlu 2019; Bugra 2014; Bugra and Ozkan 2012; İlkkaracan 2012).

Underdeveloped institutional childcare and ECEC have had a negative effect on women's labour market participation in Turkey, with 47% of non-participating women indicating housework and care duties as factors (TÜİK 2020). Concerning labour market regulations, women are eligible for 16 weeks of statutory maternity leave, with the option for an additional unpaid leave of up to 6 months. In 2016, flexible working hours were introduced as part of new labour market regulations, which included part-time work for women with children. While flexible work was introduced as a reconciliation mechanism, institutional childcare policies have not been prioritised in Turkey (Akkan and Serim 2018). Consequently, women's NGOs have opposed these policies, arguing that flexible working hours serve to reinforce

women's position as care providers (Akkan 2018). Hence, in a changing society, the emerging politics of care that supports women's caring position through cash schemes and flexible labour market policies pertains to a veiled crisis of care that has become more evident during the pandemic.

4. The Pandemic and the Veiled Crisis of Care

The COVID-19 pandemic's gender-insensitive politics in Turkey, which enforced family-based care, have become prominent elements of the political project of masculinist restoration. Protecting society and the economy from the pandemic has rested upon a political imagination of the family as a natural space of social reproduction and care. The country's lockdowns were enforced without any gender-sensitive measures to prioritise the every-day struggles surrounding care arrangements that arose during the pandemic. Hence, the pandemic politics of care that was built on the institutionalisation of familialisation reveals a crisis of care that is veiled within the spatial boundaries of the household as a "locked" space of social reproduction. This veiled crisis of care was created by gender-insensitive pandemic politics of care that are entrenched in the ongoing masculinist restoration political project.

As a large volume of emerging research demonstrates, the COVID-19 pandemic has an inherent capacity to increase multifaceted inequalities and vulnerabilities. One salient observation from surveys conducted throughout the pandemic is the significant increase to women's unpaid care work, which has long been a problem in Turkey. Although both men and women have seen increased time spent on unpaid work, it has been much greater for women. For example, İlkaracan and Memiş (2021, 295) show that women's time spent on unpaid work has almost doubled from 2.85 to 4.49 hours (per day) and that the gender gap in unpaid work rose from 2.58 to 3.36 hours (per day) during the pandemic, while other research has articulated women's concerns about this intensification. In one study conducted in April 2020 (during the peak of the pandemic), 77% of women cited experiencing an increase in housework (cleaning and maintaining own dwelling and surroundings) during the pandemic compared to 47% of men (Kalaylıoğlu, Öztürk, and Eker 2020). Additionally, class position and having children had a compounding effect on women's unpaid work during this period (İlkaracan and Memiş 2021). Likewise, the number of women reporting long hours of unpaid work also increased: Before the pandemic, 15.9% of Turkish women spent more than 4 hours per day doing housework, which rose to 41.80% during the pandemic (Eroğlu and Gençay 2020).

At the same time, a seemingly positive outcome of the pandemic was the increase in men's time performing unpaid work, which almost tripled

(İlkkaracan and Memiş 2021). However, men typically perform childcare activities rather than housework tasks: Among families with children aged 0 to 6 years, men's childcare involvement increased by between 8.2% and 16.5% during the pandemic (Eroğlu and Gençay 2020). For household tasks, a survey covering September to October 2020 showed that the percentage of men who stated that they shared household tasks with their partners increased from 13% to 18%, while it increased from 10% to 16% for women (Aygün, Köksal and Uysal 2021). Despite men's increased involvement in unpaid work during the pandemic, the gender gap in unpaid work widened (İlkkaracan and Memiş 2021).

In the familialist regimes like Turkey, informal networks hold great importance for women. Informal intergenerational care is a solidaristic relationship among women of different ages, as the care work provided by grandmothers is especially empowering for young women with children (Can 2019). However, besides their effect on access to formal institutions like schools, COVID-19 lockdowns also hindered informal care networks. Because these measures restricted the movement of older people, they created barriers to informal intergenerational care arrangements. As a result, young women with children found themselves in a more vulnerable position between their increased burden of unpaid work and impeded access to intergenerational solidarity networks. As Kandiyoti expresses, crises reveal the indispensable presence of such every-day informal mechanisms that operate as support and solidarity mechanisms (cited from Başaran 2020). Nevertheless, informal care as a solidarity relationship across generations has also been institutionalised by Turkey's familialist care regime in the absence or weakness of formal childcare institutions. Hence, this familialist regime is being institutionalised through a heavy dependence on such informal mechanisms. On one hand, the pandemic process demonstrated how fragile these institutionalised informal care relations are. On the other hand, women's dependence on informal care networks and their lost capacity for care revealed a veiled crisis of care.

The intergenerational solidarity relations between mothers and their older daughters are also evident in Turkey, where girls (young carers) contribute to housework and caring for their siblings (Akkan 2019). During the COVID-19 pandemic, the alliance between mothers and daughters has worked as a solidaristic mechanism in response to increased unpaid household work. For example, a recent UNWOMEN survey shows that 72% of women who continued to work during the pandemic received support from their daughters (Kalaylıoğlu, Öztürk, and Eker 2020). Therefore, the burden of this increased unpaid work was shared by older daughters who remained at home without access to schools during lockdown. However, from a long-term care perspective, intergenerational solidarity is also important for older adults, many of whom lost these networks along with care networks because of movement

restrictions on those aged 65 and older. Thus, it is clear that women of all ages were negatively affected by the crisis of care, which requires future intersectional analysis.

By March 16, 2020, Turkey had closed all schools, preschools, and childcare facilities, which exacerbated the care burden for women with school-age children during the lockdown. İlkaracan and Memiş (2021, 303) found in their analysis that compared to 2018 data, women with children between the ages of 6 to 9 years saw an average increase of 0.94 hours per day spent on unpaid work, and 1.55 hours per day for children aged 10 to 14 years. Given Turkey's comparatively low enrolment rates for preschool education, women largely rely on their informal networks to help with childcare. Thus, the pandemic-driven disappearance of those networks had a profound effect on women with preschool-age children. However, middle-class families largely benefited from for-profit childcare services and caregivers employed within the home (Akkan 2018). The rate of women who employed domestic childcare workers declined from 12.5% before the outbreak to 2% in the first six months of the pandemic, while the rate of women receiving services for the care of their dependents declined from 4.1% to 1.6% (Eroğlu and Gençay 2020, 156). Hence, the pandemic has also demonstrated the importance of accessible public care services in Turkey. This has implications for the equal division of labour within the household since the gender gap in unpaid work has been shown to decline when families have access to formal childcare services outside the family (Memiş and Kongar 2020).

In Turkey, women constitute 50% of physicians, 70% of all healthcare workers, and 100% of midwives (UN Turkey 2020). A recent UNFPA survey of women health workers powerfully demonstrates how women doing essential work have struggled with the burden of increased paid and unpaid work, which again reflects the veiled crisis of care in the familialist setting. For example, 72% of respondents revealed that they were responsible for the care of one or two persons during the pandemic, 38% worked 41 or more hours per week, and 34% for 36 to 40 hours per week. Furthermore, 68% continued to work during their routine shifts, 13.6% worked flexible hours, and only 0.4% worked from home (Yıldırımkaaya et al. 2020). While most healthcare workers had long working hours, they also mentioned having caring responsibilities for at least one family member. When asked about required support, 71.7% wanted psychosocial support, 57.7% help with household chores, 37.1% help with childcare, 26% help with shopping, and 25% help with caring for another adult they were responsible for. Furthermore, 65% of health workers who worked with COVID-19 patients revealed that they were exhausted both at and outside of work (Yıldırımkaaya et al. 2020).

The spatial boundaries of care evoked by the COVID-19 pandemic revealed further vulnerabilities in long-term care, especially concerning the position of care workers. While the lockdowns transformed the home space into a

space where social reproduction encompassed women's lives, care workers in institutional long-term care settings and care workers employed in households – particularly live-in migrant care workers – found themselves confined to their workspaces, which increased the burden of paid care work. Since the onset of the pandemic in March 2020, Turkey introduced strict measures for care institutions, which included requiring nursing homes employees to work 14-day shifts where they could not leave the site. Although this arrangement helped prevent the spread of the virus within long-term care institutions, it placed a tremendous burden on care workers (Akkan and Canbazer 2020).

As one nursing home care worker described:

If you are staying in the institution, that means you are working. The care workers were not able to see their children for 14 days. Their children are at home, older ones are trying to follow the courses on EBA TV [the national educational television network] and look after their younger siblings. We are not compensated for the extra work hours. This process has been emotionally hard for the care workers. (Alan 2021)

Because migrant care work is an important part of Turkey's long-term care regime, one of the COVID-19 pandemic's major consequences was the increased vulnerabilities among migrant care workers, who are predominantly women. Before the pandemic, migrant care workers were already burdened by their lack of secure labour contracts with social security or access to health services. However, at the first peak of the pandemic, they found themselves under lockdown in their clients' homes and unable to leave during certain phases. An agency representative (hiring migrant care workers for families) who participated in our ongoing research on care workers reveals that

The migrant care workers did not receive any leave for three months at the beginning of the pandemic. The lockdown started in March; the majority did not leave the household until June. Some care workers who are not live-in workers lost their jobs, as they were fired by their employees due to the fear of the virus spread. Many migrant workers moved to live-in arrangements. They chose to undergo a greater burden of care work rather than risk losing their jobs or catching the virus on public transportation. If they wanted to change their job, they were asked to take the [COVID-19] test before they entered another home.¹

Hence, the increased paid care work burden during lockdowns is another defining feature of Turkey's veiled crisis of care, which exists within the contested spatial boundaries that define vulnerabilities and inequalities related to unpaid and paid care work.

¹ The quote from the agency representative (hiring migrant care workers to families) was extracted from ongoing research on care workers conducted by Başak Akkan and Cemre Canbazer at the Boğaziçi University Social Policy Forum.

5. Gender-Insensitive Containment Measures

Turkey recorded its first positive COVID-19 case in March 2020, after which several containment measures were adopted to slow the spread. These included curfews, domestic travel restrictions, and bans on flights from certain countries, as well as the closures of schools, universities, retail stores, and other venues. Turkey eased its lockdown measures between May and September 2020 until reintroducing them during the “second wave.” Towards the end of the year, Turkey heightened its restrictions to include mandatory face-masks in public areas, weekend curfews, preschool closures, and restrictions on gatherings. Although a gradual reopening process began in early March 2021, restrictions were again tightened later that month following an abrupt increase in positive cases. After reintroducing the lockdown at the end of April 2021, all COVID-19-related restrictions (e.g., curfews, intercity travel ban) were removed by the end of June 2021.

In response to the pandemic’s economic and social effects, the Turkish government introduced support packages that included tax cancellations, deferred social security premiums for certain sectors, deferred loan payments (3 months), and financial support for businesses affected by the pandemic. The three-phase social support programme included a one-time cash payment to families and a three-month ban on layoffs. Additionally, the government covered 60% of employee wages for businesses at risk of financial problems due to COVID-19. Furthermore, a short-time work allowance was introduced and the processes required to benefit from the allowance were expanded throughout the pandemic (OECD 2020).

Only 25% (7 out of 28) of the COVID-19-related policy measures adopted in Turkey were gender sensitive according to the UNDP COVID-19 Global Gender Response Tracker (UNDP 2020), with violence against women constituting the majority (5 out of 7). Regarding the labour market, the Turkish Ministry of Trade introduced a grant programme for women cooperatives that aimed to alleviate the pandemic’s economic impacts, allowing each cooperative to apply for up to TL150,000 (\$15,000 US) under the Ministry’s Cooperatives Support Programme.

Another gender-focused response measure was the Turkish cash transfer programme, which increased the amount of cash transfers aimed at women: Conditional cash transfers were increased by 29% for health, postnatal, and pregnancy payments, while cash transfers for new mothers were increased to TL100 (\$15.50 US), and monthly transfers for recently widowed women were raised to TL325 (\$50 US). Women with children under 10 years, pregnant women, women on breastfeeding leave, disabled people, and people over the age of 60 who work in public institutions were granted a 12-day paid administrative leave. However, the administrative leave rights that were granted to

women employed in the public sector were not granted to those in the private sector or those with children whose schools were shut down due to COVID-19. Conversely, private sector companies with suitable working conditions and means were encouraged to adopt flexible working standards. Nevertheless, because Turkey did not implement any measures to prioritise unpaid care work, the burden of caring for family members was inherently gender insensitive.

Turkey demonstrated an ambivalent approach to closing and opening preschool and childcare institutions during the COVID-19 pandemic. On March 16, 2020, preschool education, childcare centres, and other educational institutions were closed as part of the country's containment measures and remained closed until May 31. These institutions reopened in June 2020 until late November 2020 – only to be reopened again shortly thereafter. Following the introduction of new lockdown measures on April 29, 2021, all preschools run by the Ministry of Education were closed. However, preschools operated by for profit organisations accredited by the Ministry of Family and Social Services remained open for working parents who were exempted from lockdown rulings. The childcare centres run by two different ministries both serve children aged 3 to 6 years with the same curriculum. While around 15% of Turkish preschool-aged children attend these private, Ministry-run institutions, most attend preschools run by the Ministry of Education (MEB 2021).

Depending on their choice of childcare service, the discretionary approach to opening and reopening these institutions and the duality of the childcare system created uneven vulnerabilities amongst parents. Working mothers of young children, particularly essential workers employed in health and social care positions – who are unable to benefit from administrative leave or flexible distance working schemes – were left in a disadvantaged position by the gender-insensitive decisions about preschool and childcare centre accessibility. As one working mother revealed,

I raise my child on my own. My daughter used to go to a kindergarten for three days a week. I was organising my work according to her kindergarten programme. But now [as the preschools are closed], she is going to be at home all the time. I have out-of-town business trips; I cannot find anybody to look after my child. My family moved into my house; they have to change the city, and they look after my child. However, this cannot last. I want to hire a nanny but with my state employee wage, I cannot afford it. I will use all my annual leave and look after my child; I do not want to think of the rest. (Yüce 2020)

It is clear that in the wake of the COVID-19 pandemic, Turkey failed to prioritise childcare policies. Furthermore, the childcare sector was not recognised as a priority sector eligible for government loans. In this regard, a day-care owner in Ankara revealed that they suffered material and emotional hardships due to lost income (Mayda 2020). Hence, in the absence of parental leave schemes, discretionary and overnight decisions about the childcare

facilities and schools run by different Turkish ministries have led to controversy among working women, especially essential workers. While efforts to curtail the pandemic have been delegated to health and care workers, care for their children and other dependents has emerged as a major source of discontent. For example, many hospital-based health workers had to bring their young children to the workplace (Alan 2020), which generated anger and frustration among families.

On Twitter, *hashtags* appeared that depicted societal discontent, including *#kreslerkapanmasin* (do not close the day-cares), *#okulöncesikapanmasin* (do not close the preschools), and *#cocugumkimeemanet* (whom to trust to look after my child). Likewise, public statements released by labour unions who represented essential workers like teachers and health and social care workers also portrayed the dissatisfaction over gender-insensitive care policies. In a statement made by labour union representative Sağlıkksen (who represented healthcare workers), he denounced the non-prioritisation of childcare during the COVID-19 pandemic, which dramatically increased healthcare workers' vulnerability (Sağlıkksen 2021).

As mentioned above, civil servants with children younger than 10 years were granted administrative leave and could work from home under flexible measures. However, measures that prioritise the gendered notion of work and family reconciliation have been criticised as gender insensitive by labour unions who represent teachers. Instead, as suggested by Eğitimşen (2021a), Turkey should introduce a parental leave scheme. In its absence, the current administrative leave scheme for civil servant women with young children creates dualities and categorisations among women. Even so, the administrative scheme was not implemented across all government institutions since its regulation allows civil servant employers to call workers in as needed. Furthermore, although teachers are civil servants, female teachers could not benefit from the leave scheme or other flexible work arrangements (Eğitimşen 2021b). Thus, such policies paved the way for discretionary decisions in the public sector. Conversely, the private sector was able to make its own decisions about implementing flexible measures, which requires future investigation.

By not recognising the childcare needs of essential workers, the situation in Turkey demonstrates a gender-insensitive pandemic politics of care, which is a manifestation of how the country has re-established the family as the sole institution responsible for family care needs.

6. Concluding Reflections

Under circumstances like those in Turkey, women are expected to increase their burden of care in times of crisis. Regarding measures and policy

instruments that the government enacted to protect society and the economy from the COVID-19 pandemic, gender-sensitive measures have not received any priority: Gender equality did not have a place in the political imagination. As a result, the pandemic's gender-insensitive containment politics inherently served to strengthen the boundaries of paid and unpaid work, which were further reinforced by neoliberalism and authoritarian conservatism. Accordingly, this article has explored the gendered vulnerabilities related to increased unpaid care work, along with degraded conditions experienced by care workers during lockdowns as a manifestation of the crisis of care in Turkey. This process pertains to a veiled crisis of care in a changing society. The discontent surrounding inaccessible childcare resources and the increased vulnerabilities of care workers – as well as working women in general – emerged as a site of boundary struggles contextualised by rising authoritarianism that instrumentalised familialism and strengthened boundaries during the COVID-19 pandemic. The veiled crisis of care in Turkey and its associated discontent demonstrate that women's situatedness as care providers continues to lose its positional power as a cultural element of the country's familialist regime. Instead, the positioning of women as care providers is being enforced as a political project that aims to institutionalise familialism towards securing patriarchal domination in society.

Familialism as a political project entails an ideational struggle in Turkey, where the pandemic's gender-insensitive politics of care lie at its heart. Consequently, the familialist politics of care contributed to a clear, ongoing masculinist restoration project, which added to an existing care crisis as the pandemic unfolded. Therefore, the veiled crisis of care and its gender-insensitive lockdown measures arguably evoked new avenues for gender politics by bringing to light existing boundaries of paid and unpaid work, production, and social reproduction. In the post-pandemic era, Turkey's crisis of care will likely reflect the contestation of masculinist restoration, which requires further empirical scrutiny.

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Emma Dowling

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