

### Covid, Crisis, Care, and Change? International Gender Perspectives on Re/Production, State and Feminist Transitions

Kupfer, Antonia (Ed.); Stutz, Constanze (Ed.)

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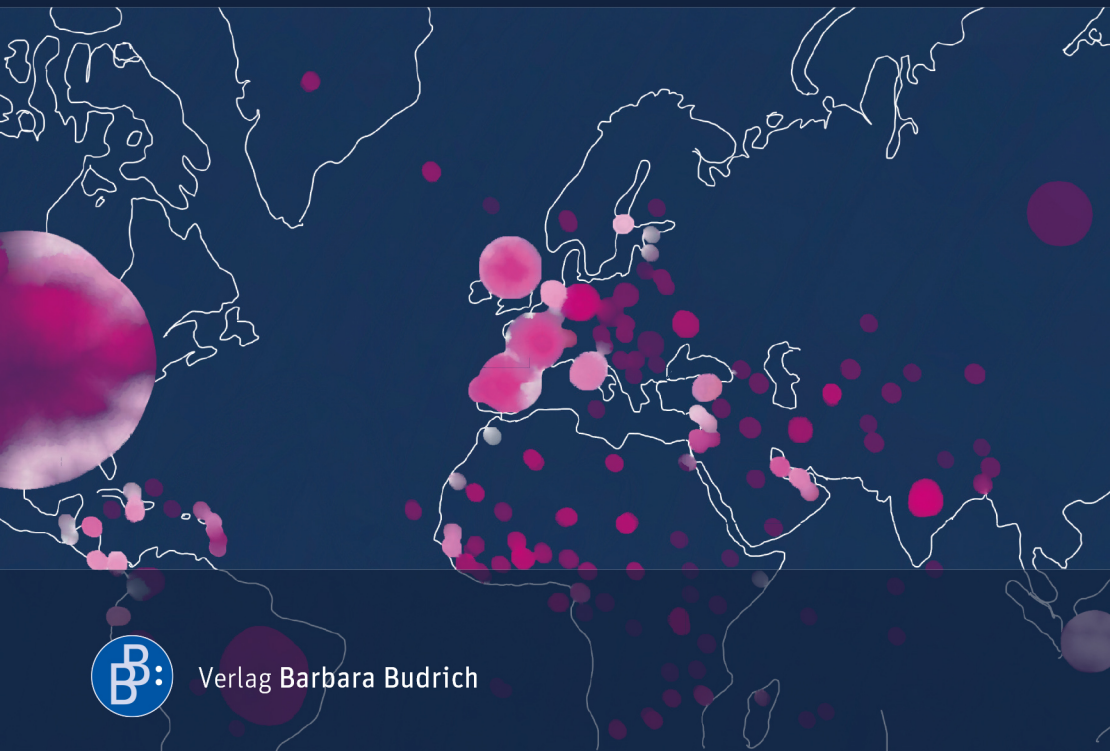
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Antonia Kupfer  
Constanze Stutz (eds.)

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# Continuity, not Change: The unequal Catastrophe of the Covid-19 Pandemic: An Introduction

*Antonia Kupfer and Constanze Stutz*

The global outbreak of the novel Sars-CoV-2 virus in 2020 pushed a highly contagious disease between people and the world. Social contacts became threatening and possibly infectious. After some hesitation, states all over the world reacted with similar measures of social distancing, lockdowns of their citizens at home and shutdowns of the service sector. As a man-made rather than a natural catastrophe, whose origins are closely connected to capitalist extractivist expansion, the Covid-19 pandemic reached every corner of the world (Wallace 2021). Eva Illouz wrote about the first months of the crisis: ‘Being locked in during the Corona crisis was not only associated with the loss of the public world, but also with the loss of the world itself’ (Illouz 2020, translation C.S.).

While social-economic crises are a significant characteristic of democratic capitalism (see e.g. Streeck 2014), this one felt different as it exposed many people’s fundamental vulnerabilities. Additionally, the impacts hit close to home as the crisis directly affected the everyday world of the middle classes in Europe, North America, Australia and elsewhere. Consequently, for democratic-capitalistic societies of the Global North, the routine externalization of the devastating effects of global capitalistic expansion – i.e. the concentration or shifting of these effects *out of sight*, particularly among poor and racialized groups, and *elsewhere*, especially in the Global South – was not as easy to manage as it had been for decades. Daily routines changed for almost everyone at the same time, and yet not at the same scale. Globally and along the lines of gender, age, ‘race’ and ability, the omnipresent metaphor of Covid-19 as a magnifying glass for pre-existing social inequalities was often used to critically expose whose vulnerability counts and whose does not. Following this, social scientists pointed to the already cognitively known, but seldom affectively recognized, fact that democratic-capitalistic societies differentiate between worthy and worthless lives (e.g. Lessenich 2020a).

Tying in with scientific findings regarding how social, political and economic structures shape our everyday world, in the summer of 2020 we started working on the call for a conference entitled ‘Covid, Crisis, Care and Change?’ which would focus on scientific findings regarding peoples’ power and ability to resist, shape and create the structures that form their everyday worlds (e.g. Bourdieu 1972). Thus, despite all ambivalences, we believed that there lay a potential for fundamental social change through the Covid-19 crisis. We saw evidence for this in widespread public discussions of the vast and unmistakable

social inequality present across the globe, which took place to an extent unthinkable a couple of months earlier. The crisis-ridden times opened up leeway for reflection by intellectuals (e.g. Rosa 2020) on how society should be set up and how we could rebuild a more sustainable world; though none of these reflections in fact went beyond the ancient traditions of *Buen Vivir* and others. Left-wing thinkers loudly discussed the Covid-19 pandemic as a ‘window of opportunity for a new solidarity’ (Institut für Gesellschaftsanalyse 2020: 11).

These hopes for change, for a fundamental societal shift, were partially grounded in the shared perception that the all-powerful TINA – *there is no alternative* – doctrine of neoliberal governance had crumbled, while simultaneously the importance of key professions and jobs in the health and food sectors became apparent even beyond feminist analysis (e.g. Dörre 2020a). In addition, the fundamental dependence on structures supporting the reproduction of society, in particular childcare, to set free the (female) workforce could no longer be neglected or taken for granted by elected officials. A new consciousness regarding the importance of reproduction, and our dependency on one another as well as on essential and key (or in German-speaking countries, system-relevant) occupations for the maintenance of life (see Grenz/Günster in this volume) brought about hopes for an increase not only in the recognition and value given to these occupations, but also in their remuneration (Institut für Gesellschaftsanalyse 2020).

Even the transnational feminist strike movement followed the narrative of crisis as a chance in their broadly received *Transnational Feminist Manifesto to Emerge from the Pandemic Together and Change the System*, wherein they stated:

We call on everyone who rejects the patriarchal, exploitative, colonial, and racist violence to mobilize and join together to enrich and strengthen the global feminist struggle, because if we unite we can not only emerge from the pandemic, but we can change everything (Transnational Feminists 2020).

In such feminist approaches, hopes for a fundamental societal shift and a long-term social transformation were tied into traditional material feminist knowledge by pointing to how the pandemic dynamic is revealing the fundamental contradiction between profit-making and life-making that lies at the core of capitalism (Marxist Feminist Collective 2020). Once tangible, a window of opportunity could emerge to transform the capitalist relation between production and reproduction, which subordinates people’s lives to the accumulation of profit. As feminist scholars and activists placed their hopes in emerging social struggles and strikes about social reproduction for life-making in contrast to profit-making (Arruzza 2020), they renewed a historically well-known link between crisis and (hopes for) social change.

## 1 Theoretical perspective: Gramsci's distinction between organic and conjunctural crises

To examine times of crisis and social change through social and cultural analysis, it is necessary to qualify the crisis at hand and with that the chances for change. In fact, the question of how to define social change altogether is a founding and fundamental sociological issue (e.g. Popitz 2010 [1957/58]) and has been addressed by classic theorists such as Marx, Durkheim and Parsons on a more macro-sociological level, and by Simmel, Mead and Homans on a more micro-sociological level. While targeting different levels of society and starting from different conceptions of human beings and epistemes (for an overview, see Strasser/Randall 1979), at the core of the question of social change is the tension between the two mutually constituting and yet distinct phenomena of continuity and dynamism.

For our purpose of examining the ongoing Covid-19 pandemic, we have selected Antonio Gramsci's (1991) focus on crisis as a motor of change. Gramsci's concept serves our purpose, because the level of society he was targeting corresponds with the level of the current Covid-19 pandemic.<sup>1</sup> According to Randall and Strasser (1979: 227, translation A.K.):

most types of sociological theories of social change traditionally aimed to grasp the reasons for large-scale social upheaval [gesellschaftliche Umwälzungen] and to describe the most important processes of transformation. In recent decades (...), social scientists receded from "grand theories" and targeted the description of singular processes in which change manifested at small and large scales.

This change of emphasis went along with a stronger inclusion of the effects of societal conditions on groups and individuals, and additionally a stronger focus on the contribution of individuals to the initiation of change (see *ibid.*) – a description we assign Gramsci's concept to. Further criteria for selecting Gramsci's approach are that we share his conception of human beings as not determined by economic structures, and his general episteme of finding ways to fight fascism and proceed towards a society with common ownership. In recent research, Gramsci's concept has, for instance, been applied to interpret the significance of the 2007/8 financial crisis (e.g. Scherrer 2011).

Gramsci distinguished between crises of different scales. He argued that conjunctural crises can be processed and controlled through minor adjustments in the exercise of power, and can be analysed by criticizing policy in detail, on a daily basis, linked to small groups of leaders and the immediate people in power. Organic crises, on the other hand, are profound upheavals. They require

1 Dörre (2020) also utilizes Gramsci's concept, without saying so explicitly, by qualifying the Covid-19 pandemic as an organic change.

‘societal-historical critique’ addressing large groups beyond the immediate responsible and leading personnel (see Gramsci 1996: 1556). In organic crises, the social connection between the means of production and way of life,<sup>2</sup> of the economy and politics itself, also falls into crisis: ‘The crisis consists precisely in the fact that the old is dying and the new cannot be born: in this interregnum a great variety of morbid symptoms appear’ (Gramsci 1991: 354).

Following Gramsci,

The mistake many commit in political-historical analyses consists in missing the correct relation between the organic and the conjunctural: as a result, either one depicts causes as acting directly, which are actually acting indirectly, or one asserts that the direct causes are the only acting causes; in the one case, there is an excess of “economism” or doctrinaire pedantry, in the other, an excess of “ideologism”; in the one case, the mechanical causes are overestimated, in the other the “voluntaristic” and individual element is emphasized (Gramsci 1996: 1557, translation A.K.).

Gramsci indicates that the distinction between organic and conjunctural motions needs to be applied to different types of situations if analyses of power relations are to take place. On top of this, Gramsci conceptualizes organic and conjunctural crises not as distinct categories, but dialectically. Though as he admits, ‘To determine precisely the dialectic between the two types of movement and thus of the research is difficult’ (ibid.). In our analysis, we argue mainly that the abundance of recent and current changes are not powerful enough to be qualified as indirect causes, and thus cannot lead to an organic change. Our arguments are backed with empirical data to the extent that it is already available.

The solution to an organic crisis depends on whether a renewal of leadership can succeed in modernizing capitalism as a whole, or whether forces are formed for an emancipatory transformation (Becker et al. 2013). While it seemed at first as if the pandemic could bring about an organic crisis, the in-depth analysis presented in the chapters collected in this edited volume shows that democratic-capitalist industrialized countries have (so far) succeeded in dealing with the crisis with known means. However, some crises take decades to unfold, and we are currently unable to know how long the Covid-19 pandemic will endure. Additionally, a definition of its length would require and include clear measures and the establishment of criteria – themselves subject to societal analysis and thus dispute. Therefore, with this collection of chapters and our own analysis, we offer a preliminary contribution to the ongoing multifaceted and global discussion on the societal significance of the Covid-19 pandemic.

2 A phenomenon that was discussed in the years shortly before the emergence of Covid-19, through reference to Polanyi’s *The Great Transformation* published in 1944 (see e.g. the 2019 regional congress of the German Sociological Association).

In the following, we will examine and develop our argument first for the area of production and labour, then with a focus on the health sector, characterized as it is by largely low-paid care work, followed by an analysis of the area of reproduction and unpaid care work. In all three parts, we place a special focus on state regulations through the lens of Gramsci's categories of organic and conjunctural crises. Though we begin with a global perspective, we will then mainly make our arguments with reference to Germany, due to the accessibility of sources – though several of our observations are also true for other countries.

## 2 No organic change in the area of production, service and labour

State regulations in the area of production, service and labour could be sorted into those that restrict capitalist market mechanisms on the one hand and those that support such mechanisms on the other. During the ongoing Covid-19 pandemic, we can observe both at the same time, at the national and international level. Restrictive state regulations that shut down production operations and halted various services evoked hopes for change, as outlined above. While writing this introduction, a global corporate tax of a maximum of 15% was issued by the G20 (OECD 2021). Since the G20's formation in 1999 as a response to several economic crises, the 19 alternating governments of the wealthiest nations in the world, plus the EU, have never before ruled for such a strong restriction to capitalist market mechanisms. While the ruling evoked strong critique of being far too small to trigger an organic change, we might nevertheless observe indirect effects in the future that could induce some change. As a snapshot in time, we detect slight change in the power relations between the national and the corporate level on a global scale.

Across Europe, the closure of national borders in response to the pandemic, which impeded the commute of carers, harvest hands, contractors, craftsmen and workmen from Eastern European countries to work in private households and care homes, in agriculture, the meat industry and in construction, resulted in the (temporary) shutdown of many exploitative businesses in Western European countries. But already the second area of state restrictions, those consisting of shutdowns of mainly small enterprises and public organizations and institutions in the leisure and service sector, such as restaurants, cafés, pubs, shops, hairdressers, nail care and massage studios, theatres, cinemas and sports grounds, as well as public administration services such as the administration offices for citizens, was regarded with ambivalence: physical distancing was

necessary to keep infections low, but was ineffective as long as people travelled in packed buses and underground trains to and from workplaces in shop floors, open-plan offices, and storehouses etc., which remained in operation. This distinction made clear that the state's priority was to keep businesses running while putting people's needs for leisure, culture and socializing last. Later on in the unfolding pandemic, as infection numbers maintained high levels, a juridical act in Germany (SARS-COV-2 Arbeitsschutzverordnung) mandating working from home wherever possible was issued for a limited time; at the time of writing this text, it has currently been prolonged. Mandatory home office was and still is fought by many employers, even though it saves costs for office rents, among other benefits. Many employees without care responsibilities for others enjoy working at home, while others simply survive by doing so, balancing working and taking care of their children or sick and elderly relatives at the same time.

We now turn to the second type of state regulation that we introduced above: regulations *supporting* production, services and labour. Worldwide, large sums of tax money and future debt have passed through legislation. For example, in spring 2021, the Biden administration passed the 'American Rescue Plan' consisting of US\$350 billion in emergency funding, of which parts are for economic relief and are directed to the assistance of small businesses. After weeks of discussion, the EU passed the €750 billion 'NextGenerationEU' program, a seven-year instrument for recovery from the Covid-19 pandemic (EU 2021). China had already started before the pandemic to systematically support its public and private economy with significant investment programs (such as its global infrastructure 'Belt and Road Initiative' adopted in 2013, aimed at enlarging China's income, influence and recognition worldwide). For many countries, creating their own supply chains is one of the central aims – an important lesson learned from the pandemic. In Germany, large sums of money in the form of subventions have gone to large corporations both outside (e.g. €9 billion to the German airline Lufthansa) and within the health sector.

Another area of state financial support is the public money going into the development of vaccines. The pharmaceutical industry is an area where states' interrelation with and dependency on companies becomes highly visible. Governments have spent large amounts of public funds on the development of vaccines.<sup>3</sup> Private companies were the main recipients of public research and development (R&D) investments.<sup>4</sup> The US was the first country to carry out the government purchase of Covid-19 vaccines, realized in the second quarter of

3 According to the Global Health Centre (2021), the US is on top, having spent US\$2,289 million in 2020, followed by Germany with US\$1,507 million, the United Kingdom with US\$500 million and the EU with US\$327 million.

4 Janssen (owned by Johnson & Johnson) received US\$1,028 million in public funding, followed by Moderna with US\$955 million, BioNTech/Pfizer with US\$800 million, and CureVac with US\$726 million.

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2020, while the EU started in the third quarter of 2020 and realized more in the fourth quarter of the year through multilateral purchases (EU 2021).

After several developed vaccines were approved extraordinarily quickly, both the Pfizer-BioNTech and AstraZeneca vaccines experienced delays in delivery. Although it had been agreed upon and paid for in advance that vaccine production companies would start production before receiving clearance from the European Medicines Agency (EMA), they did not. A fierce discussion involving accusations and responsibilities erupted, accompanied by the opacity<sup>5</sup> of contracts between governments, multilateral organizations and private companies. Governments' dependency on companies became obvious, and in the public media the image of slow and foolish politicians prevailed over images of unable and/or profit-greedy companies, with the European Commission president apologizing for having been too confident about receiving the ordered vaccines.<sup>6</sup>

Furthermore, no concerted efforts were made to ensure that the vaccines would be affordable and accessible the world over. During a World Trade Organization (WTO) meeting in January 2020, the EU, UK and US denied the request of less wealthy countries to release the patents on the vaccines, at least temporarily. Instead, we are witnessing a rise in 'vaccine nationalism' (Rutschman 2021: 183). In May 2021, China, Russia and the US declared their support for patent waivers, though the European Commission and the UK are still holding back (Nature 2021).

Turning from the global economy to employment figures, we observe that 'Globally and across all regions and country income groups, women have been affected by employment loss to a greater extent than men' (ILO 2021: 9). In 2020, the global employment loss for women was 5% and for men 3.9% (ibid.); this greater burden of job loss among women is despite the fact that the overall rate of male employment exceeds the overall rate of female employment. In contrast to previous economic recessions, the European Parliament has used the term '*she*-cession' to grasp the enormous economic impact of the pandemic on women, because

the governmental measures to halt the pandemic have had the most indirect impact on the economic sectors in which women tend to be overrepresented – i.e. gastronomy, hospitality, retail, care, domestic work (European Parliament 2021: 10).

5 Although AstraZeneca agreed at the end of January 2021 to publish its contract with the European Commission, large parts have been blacked out.

6 A lawsuit initiated by the European Commission against AstraZeneca was finally settled in September 2021, with a stricter formulation regarding vaccine delivery commitments as well as a regulation on rebates in case of delays; though it is yet to be seen whether this will lead to any significant change.

‘Indirect impact’ here refers to lockdowns in these areas to prevent the spread of the virus. While this policy measure is comprehensible, it is important to note its gendered impact.

In light of the documented gender inequality in employment – the gender pay gap was at 18% in Germany in 2020 (Statistisches Bundesamt 2021a) – the often-praised German short-time work allowances require closer examination. Without doubt, this Keynesian measure saved millions of employees from redundancy. It was especially effective as it kicked in as soon as a minimum of 10 per cent of a company’s workforce were affected by the lack of work (Bundesregierung 2020). The largest share of short-time work allowances was thus handed out to the catering and hotel industry. Instead of collecting negative working hours first, the short-time work allowances can be received immediately. Contract workers are also eligible for these short-time work allowances. The employers’ share of social insurance contributions through short-time work allowances are fully reimbursed by the Federal Employment Agency, and thus redistributed to the taxpayer. Short-time work allowances are, however, only paid to companies that employ employees with social security, thus so-called ‘mini-jobbers’, who can only earn up to €450 per month (and are thus exempt from tax and social security contributions), are excluded. In 2019, 61% of mini-jobbers were women (WSI 2021).

The ease with which the government coalition of conservatives and social democrats dismissed its prior policy of austerity to prevent further debt evoked hopes for policy change. According to Dräger (2021), state debts could remain low in times of economic growth given that interest rates remained relatively low; at the time of writing, interest rates are even negative, so that Germany may benefit from its debts. Large-scale state financial support in pandemic times is also being targeted with more urgency to induce and participate in economic green growth to promote a reduction in CO<sub>2</sub> emissions (Krebs 2021). However, some federal German states are already starting to cut their budgets and activists demanding ‘system change not climate change’ accuse government policies of green washing.

In sum, it is comprehensible that in pandemic times, personal services such as haircutting, nail care and massage studios, as well as cafés, restaurants and pubs, will be shut down, as these are locations where people come into direct physical contact or get quite close to each other. Theatres, music venues, cinemas and museums were closed in order to decrease the locations of contact in general. But governments refrained from lockdowns of large corporations and companies in the production sector, despite these being locations of contact. Volkswagen, one of the major corporations in Germany’s car industry, sent its employees on short-time work allowance for only about a couple of months (March to June 2020) during the first wave of the pandemic in Europe. Significantly, this was due to interruptions in the supply chain, mainly concerning microchips from China, and *not* in order to prevent infections. During the



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course of the pandemic, a couple of further periods of short-time work allowances at Volkswagen followed, but only for a few days, and again because of interruptions in supply chains. The decrease in delivered cars in 2020 was 15.2% compared to 2019 (Volkswagen 2021). At the end of 2020, however, an increase in car buying due to the reduction of value added tax as an incentive for consumption took place.

Volkswagen is just one example of many and serves to illustrate that there have been almost no state regulations restricting production and labour in industrial sectors in order to prevent the spread of Covid-19 and protect employees. Corporations suffered only from a lack of demand, and interruptions in production and supply chains, but not from any governmental restrictions, thus no organic change could be detected. In Italy and the US, at least some workers resisted by refusing to show up for work due to the risks of catching the virus (Arruza 2020), though there were no strikes of significance in Germany.<sup>7</sup>

By keeping the majority of companies open during the pandemic, the German government demonstrated its priority of keeping the economy running, while accepting the risk of infections at workplaces (see also Plomien/Scheele/Sproll in this volume). Only in cases where infections were obviously spread in large numbers at workplaces, such as in the meat industry, were companies shut down for a short time, and mainly migrant workers from Eastern Europe were forced to quarantine in extremely sordid and crowded flats (Friedrichsen 2020; Wagner 2020). This policy could be qualified in terms of a continuity of worker exploitation – and thus classified as conjunctural crisis management.

In the face of the third Covid-19 wave in Germany, about a year after the initial outbreak of the virus, a discussion took place about whether to close all companies that are not essential for survival for about three weeks in order to break the wave and get infections down to a manageable number. A campaign known as ‘ZeroCovid’, which began in December 2020 in the UK, was spread to other countries in Europe by medical scientists, campaigners, trade unionists, political figures, academics and writers, and several organizations like the Feminist Strike Collective (Feministisches Streikkollektiv) Frankfurt am Main and the Federal Association of Green-Alternative University Groups (Bundesverband grün-alternativer Hochschulgruppen), who signed a petition demanding that the German government pay people to take a break in order to get the number of infections down. The campaign included the demand for a solidarity contribution paid by those with high assets and income, high-earning companies and levied on financial transactions, to cover the costs for those

7 In Germany, only a few protests have been expressed against this policy: a few workers from Amazon, one of the corporations that has benefitted most from the pandemic, went on strike after large numbers of workers tested positive for Covid-19 (CNBC 2020). These were small and short-lasting strikes, however, which did not lead to any change.

with no income. However, supporters of the ZeroCovid strategy were unsuccessful in convincing the government to take such action.

### 3 Conjunctural crisis management in the care economy

The care economy belongs to the service sector. However, since its function is arguably of greater importance than other services – in terms of providing care for people who are unable to sell their labour – we briefly examine this special area of the economy in a separate section before going on to the area of reproduction.

According to Philipp Ther (2014), neoliberalism has been the determining economic ideology in democratic-capitalistic countries for the last 40 years. As a consequence, the health care sector in Germany has been largely privatized and currently functions following the logic of profit (Dittmar/Glassner 2017). In order to reduce costs, cuts in staff are common. Until 2003, hospitals in Germany received funding according to the number of days patients stayed, independent of their needs and treatments. Since 2003, payment changed to cover the costs of treatments. Categorization in diagnosis-related groups (DRGs) occurs following the classification of the illness, the severity of the disease and the performed services (Bundesministerium für Gesundheit 2021). Since 2020, care staff is paid extra, independent of the DRG. As a consequence, patients stay for a shorter time in hospital, sometimes leaving before they have fully recovered. And while intensive care beds increased by 36% during 1991-2018, other hospital beds decreased by 25% during this period (Statistisches Bundesamt 2021b).

During the Covid-19 pandemic, the health care sector became the most visible of the essential sectors (see Hintermayr in this volume). According to numbers published by the European Parliament, ‘76% of all health care and social care workers are women and 86% of personal care workers in health services are women’ (2021: 12). This means that women ‘have been systematically exposed to the virus and have dealt with an overall higher risk of contagion’ (ibid.) compared to men. At the same time, the health care economy is a sector with traditionally low wages.

A major concern of government policies regarding Covid-19 pandemic management has been to ensure that hospitals do not become over-crowded and that there are sufficient beds in intensive care units for Covid-19 patients. Apart from aiming to be able to take care of Covid-19 patients, government policies have been consistently oriented towards avoiding chaos and upheaval (with its risk of inducing organic change) and averting being forced to turn

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down patients and practice triage. Taking into account the available number of intensive care beds is still a fixed reference in government politics, and can clearly be categorized as a measure to fix a conjunctural crisis, following the terminology of Gramsci.

Since 19<sup>th</sup> July 2021, UK prime minister Boris Johnson declared an end to all measures aimed at restricting infections, with the exception of wearing masks on the London Underground. While writing this introduction in the same month, the UK is facing shortages of staff in essential economies such as supermarkets due to millions having to stay in quarantine. It remains to be seen whether this Social Darwinian policy of ‘survival of the fittest’ will come to a halt when hospitals and elderly care centres are deserted of staff. For the time being, it appears part of Johnson’s explicit policy to call on his fellow citizens to reconcile themselves with more Covid-19 deaths. While Segato (2021) asserts that a denial of death is an outcome of the last decade’s neoliberal policies, we specifically accuse Johnson of calculating and causing deaths. In Germany, Wolfgang Schäuble, the presiding officer of the German parliament, announced in spring 2020 that the protection of life is not always the priority, initiating a fierce debate. In Brazil (see Plomien/Scheele/Sproll in this volume), people protested repeatedly against their government’s policy of rhetorically denying – and thereby increasing – the deadly risks of Covid-19.

## 4 Managing the conjunctural crisis in the area of reproduction and unpaid care work

IPSOS conducted an 18-country poll from 1<sup>st</sup> to 3<sup>rd</sup> May 2020 in consultation with UN Women, ‘which reveals that women are, indeed, taking on a lot more responsibility for household chores and care of children and family during the pandemic’ (UN Women 2020). To our knowledge, in dealing with the pandemic, there is no state that did *not* take advantage of the resource of family when it comes to (child)care. Rather, it was taken for granted that parents would continue to work, even in times of closed childcare centres and schools. How to manage this became a problem at the family level.<sup>8</sup> As a result of this

8 At an ad hoc group discussion we facilitated on 24<sup>th</sup> August 2021, Sylvia Walby reflected on China’s practice of offering publicly provided locations for quarantine for people with Covid-19, instead of sending them home to their family and friends. By distinguishing between individuals and households, family and household members were protected and infected individuals were cared for. This is in contrast to the policies of many countries, including Germany, where infected people were sent home, which often led to work and (child)care conflicts – in particular for women/mothers, who bear the greatest share of domestic care responsibilities.

position taken by the state, the general, already-existing contradiction between the organization of production and reproduction in capitalist-patriarchal societies was brought starkly to the surface. Across the 18 countries analysed in the UN Women study, women were 4% more likely than men to strongly agree that their care load had increased during the pandemic. Given that 'previous research revealed that women tend to underestimate the time and energy they allocate to caring for others, while men are inclined to overestimations' (ibid.), this 4% is quite significant.

Without mainly women carrying out unpaid care and reproductive work, such capitalist-patriarchal societies would look very different, since the gendered division of labour is structurally woven into social organization. Following Kohlrausch and Zucco (2020), 54% of women and 12% of men in Germany indicated that they had taken over most of the childcare since the onset of the pandemic.<sup>9</sup> This represents a continuation of the unequal distribution of childcare that already existed before the pandemic. The authors argue, however, that even a *retraditionalization*<sup>10</sup> of the division of work between men and women could be observed, as only 60% of the sampled couples who had shared childcare equally before the Covid-19 pandemic were still practicing equal childcare arrangements during the pandemic. This share dropped to 48% among couples with a household income of less than 2000 Euros.

In November 2020, when data was collected again, 66% of the interviewed women with a child or children and in partnerships stated that they had taken on the greatest share of childcare (Hans Böckler Stiftung 2020). Furthermore, it is important to highlight that an increase in childcare responsibilities leads to a reduction of paid labour activities. Panel data from February to April 2020 from the US Current Population Survey revealed that mothers with young children had reduced their work hours four to five times more than fathers (Collins et al. 2020). In Germany, 27.1% of interviewed women had reduced their paid labour time, while this was 16.3% for the interviewed men (Hans Böckler Stiftung 2020). This unequal share is mainly a consequence of unequal wages among men and women, in which women earn less than men and couples decide that the partner with less income should reduce their working hours in order to maintain a higher overall household income.

Other studies also indicate that a larger share of women took on childcare responsibilities during the pandemic compared to men. For example, a study from the University of Mannheim which collected data on a daily basis found that in the first week of lockdown in March 2020, 49% of women took on care

9 Data was collected in April 2020 among 7,677 people in paid work via computer-based online interviews. The sample was built with quota following age, gender, federal state and education.

10 Dölling (2003) criticizes the use of the term *retraditionalization* as it conveys the illusion that there have been times in which childcare and household work have been divided equally among mothers and fathers.

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responsibilities alone compared to 26.5% of men (Möhring et al. 2020). In the second week, women's share increased to 52% and men's went down to 24%. In a study conducted by researchers at the German Institute of Economy (Deutsches Institut für Wirtschaft, DIW), reproductive work is differentiated into childcare and household labour. Compared to 2019, during May to July 2020 the share of household labour that was done almost exclusively by women increased by 8% and for childcare by 16% (Jessen et al. 2021).

In a persistent patriarchy (see Walby 1989; Cyba 2010), as one could describe German society, these numbers might not be surprising; they are in line with the dominant gendered division of labour. On the other hand, since more women than men are employed in essential jobs (Zoch et al. 2021) that cannot be abandoned, even in pandemic times, this could have been an opportunity for a larger share of men to take over childcare responsibilities. But it would appear that men are unwilling to take care of their children to a significant extent, and the German government is not increasing wages in essential jobs to cover family living costs. Thus, we can observe that the conjunctural crisis in unpaid reproductive and caring work (Dücker 2018) is, even under pandemic conditions, still largely managed as an additional workload by women.

As Gundula Ludwig argues in this anthology, the state deploys gendered care politics successfully as a political strategy of crisis management. Similar research findings were presented at a conference we held on 19<sup>th</sup> March 2021 by Eman Nahhas and Khwala Zoabi on female Arab students in Israel.<sup>11</sup> Strikingly, a year after the start of the pandemic in Germany, hundreds of jobs had been categorized as *essential* (see Grenz/Günster in this volume); a sign of how the government prioritizes maintaining as close to a normal economy as possible, over the reduction of infection numbers.

## 5 Conclusion

Despite initial appearances and hopes, democratic-capitalist industrialized countries and their patriarchal structures have not been gravely undermined by the Covid-19 pandemic. However, there are changes happening, probably the largest in the ways in which state regulations in the Global North have in a few areas – mainly in the production and paid work sector – departed somewhat from a purely neoliberal agenda and have taken a slight shift in a more Keynesian direction (as Walby 2020 argues), influencing markets and capitalism to a certain, albeit small, degree. Following Gramsci's distinction between crises

11 See: <https://tu-dresden.de/gsw/phil/iso/mak/covidcrisiscarechange> (accessed 11.10.2021).

of different ranges, we argue that while global social inequalities have increased and deepened during the Covid-19 pandemic, democratic-capitalist industrialized countries have (so far) succeeded in dealing with the crisis through established modes of regulation: individual responsibility for social reproduction and the deployment of gendered care politics as a political strategy for crisis management (Lessenich 2020a; Ludwig in this volume).

As modified state regulations were able to stabilize the connection between the way of production and living, the Covid-19 crisis does not seem to condense into what Gramsci described as an organic crisis. However, even as a conjunctural crisis for democratic-capitalist industrialized countries, the Covid-19 pandemic is embedded in the crisis dynamics of the last decade, which could be grasped with Arruza's (2014) term *living totality of social relations*, among which not only are gender, class, 'race', sexual orientation, citizenship and religion important, but also societal relations to nature (Kupfer forthcoming, following Carolyn Merchant). Or it could be framed as an *economic-ecological pincer crisis* (Dörre 2020, following Rosa Luxemburg), and as such can only be analysed globally.

Global social inequalities, as we have shown above, have increased during the Covid-19 pandemic. After the virus had spread around the globe and sparked initial hopes for systemic change, it soon became clear that people already facing hardships, such as those living in overcrowded and/or shanty housing and working informal jobs, were much more affected than those living in large flats and houses with a secure income. Already-difficult living conditions thus became even harder (Al-Ali 2020). And while the economies of already-wealthy nations in the Global North have begun to recover steadily<sup>12</sup> and concerns raised at the beginning of the pandemic have partly vanished, there are currently more people suffering from lack of nutrition worldwide than before the Covid-19 pandemic.

At the organizational level, economic recovery in the Global North is taking place mainly in large companies operating in the gig economy, such as Google and Amazon (Karen Weise 2021). The pandemic requirement of social distancing and the avoidance of physical contact served their business model perfectly. Looking ahead, their mode of production and its contribution to the flexibilization of work is likely to spread and will eventually push out small and middle-sized companies. Other corporations outside the IT sector have also benefited in recent times, such as Mercedes Benz, which profited from a boom in combustor sales from China. And while migrant workers in the meat

12 In its April 2021 prognosis, the IMF states that 'adaption to pandemic life has enabled the global economy to do well despite subdued overall mobility, leading to a stronger-than-anticipated rebound, on average, across regions' (IMF 2021: xiii). State fiscal support to help boost domestic economic recovery in the US and the EU is also contributing to this positive economic outlook. The IMF projects a growth of 6% in 2021 and 4.4% in 2022 (IMF 2021). China had already returned to its pre-Covid-19 GDP in 2020. Nevertheless, according to Gopinath, Director of Research at the IMF, growth will take place mainly in wealthy countries.

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industry did gain slightly better working conditions through the prohibition of contract to produce a work (Werkvertrag), other precarious workers such as food deliverers are facing increased competition and pressure.

In the care economy in Germany, especially the health care sector, no major increase in public funding or staffing has yet taken place. This is even more incomprehensible given several warnings that pandemics similar to Covid-19 are likely to increase in the future due to destruction of the natural environment (McNeely 2021).<sup>13</sup>

At the individual level, we can see exhaustion, individualization and reduced possibilities for politicization. Stephan Lessenich (2013) argues that through the entrenching of individual responsibility as part of neoliberal governance, crisis management in times of Covid-19 has simply worked within the well-known boundaries, while the structural causes of the crisis have been neglected. Decades of neoliberal policies have led to an internalization of the norms of self-entrepreneurship (Voß/Pongratz 1989), whereby employees and workers pursue the achievement of performance standards without demanding adequate working conditions (Menz 2021). Data on sick leave show that numbers actually decreased during the pandemic (AOK BV 2020), which is in part due to people working while sick in home office (Zeit Online 2020).

In summer 2021, while writing this introduction, in many wealthy countries there is an abundance of vaccine supplies, while the majority of countries in the world are still being denied significant access. In wealthy nations, citizens are being offered incentives to take part in vaccination programs, as the overall vaccination rates remain relatively low despite widespread availability. Furthermore, studies on vaccination hesitancy have detected several social inequalities along the intersections of gender, 'race', formal educational degree and partisan preference regarding confidence, complacency and circumspection (for the US, see Liu/Miao Li 2021; for a study looking at eight countries, see Stojanovic et al. 2021).

For real change to be achieved, collective effort is needed. Yet this is impeded by the specificity of the pandemic response mandating the avoidance of social contact. Instead, the desire to get back to 'normality' and life as it was before the pandemic seems to prevail and matches public policies. As we look back to the initial feminist hopes for fundamental societal change and long-term social transformation, through the stark revelation of the key contradiction between profit-making and life-making at the core of capitalism, *a possi-*

13 In 2021, however, the German cabinet of conservatives and social democrats did pass a budget of several million Euros for research into how hospitals and other care institutions can, in the following years, deal more efficiently and effectively with probable future pandemics, aiming at adjustments to, instead of the avoidance of, future catastrophes – a pattern that one can also observe in the way in which the German government is dealing with incidents related to climate change.

*ble progressive outcome of these crisis dynamics* will largely depend on political and social struggle and whether social forces are formed for an emancipatory transformation. Politicizing the structural causes of the Covid-19 pandemic, and their mediation with ecological and economic crises of the present day, seems to be a possible compass through the interregnum, where ‘the old is dying and the new cannot be born’ (Gramsci 1991: 276). Not least due to the Covid-19 pandemic, it is crucial to take stock again of *The Human Condition* (Arendt 1958) from a global feminist perspective.

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## Continuity, not Change

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# Part I: The Sphere of Production, Labour and Professions





# Ambivalent (In)Visibility: Commercial Cleaning Work during the Covid-19 Crisis in Austria

*Karin Sardadvar*

## 1 Introduction: Cleaning as essential work

In light of the Covid-19 pandemic, some jobs became publicly highlighted as ‘essential’ or ‘key’ work. In German-speaking countries, this discourse focuses on the so-called ‘system-relevant’ work (see also Grenz/Günster and Dudley in this volume). Even if the terms differ, they basically refer to jobs that are indispensable for basic human needs and the functioning of society. Among them are jobs in care and medicine, schools and teaching, and critical infrastructure such as public transport and waste disposal.

Cleaning is another of these system-relevant professions. Cleaning work is necessary for the functioning of a society and its economy. Living in a clean home, working in a clean factory, and keeping hospitals sanitary and grocery stores and storehouses tidy are matters of well-being and life quality, but also of basic hygiene, health, and safety. Like other reproductive work, cleaning is essential for making productive work possible in the first place (Becker-Schmidt/Krüger 2009).

Moreover, cleaning work is closely linked to activities that fight the pandemic more directly. This is the case, for example, when workers clean rooms where Covid-positive people have been staying, when they disinfect rooms and surfaces in order to help prevent infections, and when they work on sites connected to managing and fighting the pandemic, such as hospitals and doctors’ offices.

What, then, does the new attention to key work in the context of the pandemic mean for cleaning work? What does it imply for the working conditions of cleaners during the pandemic and in the future? How is the cleaning sector faring in the crisis? In this paper, I will take a closer look at these questions. The objective is to shed light on work in a sector that often remains invisible (Sardadvar 2019) and has particularly bad employment conditions (see section 2 in this paper), and to see how the pandemic has affected it.

I start by summarizing typical employment conditions in the cleaning sector, showing that cleaning work is particularly bad off among key jobs. I continue by conceptualizing cleaning as invisible work, drawing on theoretical frameworks of dirty, hidden, and invisible work. After that, I describe the data and methods of my empirical research. Then I turn to my empirical findings on the state of the commercial cleaning sector in Austria and the challenges that have been brought on by the crisis, pointing to several impacts on everyday

work tasks and appreciation. In conclusion, I will argue that the contradictory implications of the crisis can be described as ambivalent (in)visibility.

## 2 Context: Employment conditions in essential jobs and the cleaning sector

Before the onset of the Covid-19 pandemic, the cleaning sector already stood out negatively in terms of employment and working conditions. Among other things, comparing it to other sectors at the European level, the cleaning sector is characterized by a large proportion of fixed-term contracts and part-time employment, has one of the lowest wages, is linked to health and safety risks, and scores low on future prospects and job quality (Eurofound 2014). The working times are fragmented and unfavourable, including involuntary part-time, work at unsocial hours, and split shifts (see also EFCI 2014).

International stocktaking illustrates that the consequences of outsourcing and neoliberal politics in the sector are globally extensive (Aguiar/Herod 2006). In fact, scholars have pointed to the ‘disconcerting pioneering role’ (Gather et al. 2005: 209, translation K.S.) of the cleaning sector with regard to both flexibilization and precarization. Cleaning work that has been outsourced to the private sector is particularly affected and prone to being made invisible (see Hochschild 2016; Gather et al. 2005; Aguiar/Herod 2006). Most of these findings at the EU level are reflected in the Austrian context (Sardadvar 2019). Furthermore, there are pronounced social inequalities *within* the sector with regard to gender, class, ethnicity, disability, and their intersections (Schürmann 2013; Abbasian/Hellgren 2012; Sardadvar et al. 2015; Sardadvar 2016).

In a comparison among essential jobs, cleaning also fares particularly badly. This is documented by topical data published for Austria in the crisis year 2020 (Schönherr/Zandonella 2020; Statistik Austria 2020), which I present here in more detail. About one million people in Austria can be regarded as working in a key job. At the same time, eight out of eleven jobs classified as essential have higher shares of women than men. Women’s shares are particularly high in childcare (88%), retail (86%), and cleaning (83%). Shares of migrants vary between sectors, with the highest in cleaning, where 29% have migrant backgrounds (Schönherr/Zandonella 2020). Of all part-time workers in key jobs, 88% are women. Part-time work, including involuntary part-time, is particularly widespread among cleaners. Moreover, cleaners are among the two groups of people in essential jobs that are most often atypically employed (the other group are physicians, who often have fixed-term contracts) (Schönherr/Zandonella 2020).

The ‘services to buildings sector’<sup>1</sup> in Austria, which includes commercial cleaning services, is among the ten economic sectors in the country with the lowest gross wages per hour (Statistik Austria 2017). Cleaners also earn the least when compared to all other essential jobs (EUR 12,900 per year).<sup>2</sup> Meanwhile, women working in the sector earn even less than men (EUR 12,700 vs. 15,200) (Statistik Austria 2020). Seventy-six per cent of cleaners say they can hardly or cannot make ends meet on their income. Many also think that they will not be able to live on their pensions (Schönherr/Zandonella 2020).

Among essential jobs, cleaners are also the group most heavily exposed to physical demands at work. In addition, they are in the highly affected when it comes to psycho-social demands (including stress and time pressure). Cleaners also score particularly low with regard to satisfaction with their situation: only 53% are satisfied with their social position, 57% with their rights as workers, and 56% with their social security (Schönherr/Zandonella 2020).

Most of these negative employment and working conditions are typical for essential jobs (Statistik Austria 2020). However, it is remarkable how poorly work in the commercial cleaning sector fares, even just in comparison with other key jobs. This makes it highly important to investigate what has been happening to work in the cleaning sector in light of the Covid-19 pandemic, when cleaning became even more important for societal health and safety.

### 3 Theoretical perspective: Cleaning as invisible work

In the formal and informal sectors, different kinds of cleaning work take place: unpaid domestic work, informally performed but paid cleaning work in households, paid cleaning work in the commercial cleaning sector, and platform-mediated cleaning work in private households. All of these areas have been affected by the pandemic. In this contribution, I refer mainly to paid cleaning work done in the formal, private-sector cleaning industry, with a focus on office cleaning. One thing that all of these kinds of cleaning work have in common, however, is that the work is, in different senses and to different extents, dirty, hidden, and invisible.

‘Dirty work’ is a concept originally described by sociologist Everett Hughes (1951). What characterizes dirty work is that the stigma of the activity

- 1 This refers to the Austrian sector ‘Gebäudebetreuung’, sector no. N81 in the Austrian nomenclature of economic activities classification (ÖNACE).
- 2 The comparison included (ordered by wage, descending): physicians, police officers, secondary school teachers, members of the regular armed forces, primary school teachers, non-academic nurses, kindergarten educators, care assistants, non-academic skilled workers in social care, waste disposal workers, salespersons, child minders, and cleaners.

is transferred onto the person who does it. There are physical, social, and moral types of dirty work (see Deery et al. 2019). Examples include working with dirty materials (as in waste collection), with stigmatized people (as in a prison), or with stigmatized activities (as in sex work). Cleaning work can mainly be seen as dirty work in the sense that it is work linked to bad smells and dirty things and surroundings, but being dirty work, there is also a social taint linked to it, which lowers its esteem (see also Soni-Sinha/Yates 2013).

‘Hidden work’ is conceptualized by Noon and Blyton (1997: 187) in contrast to ‘formal’ or ‘visible’ work, which they define as work sectors where the goods and services produced are included in official statistics, where the workers receive a wage, and where this wage is subject to tax. They name two main forms of hidden work. The first is concealed work, which is actively kept out of sight because it involves illegal or stigmatized activities (e.g. deviant or non-declared work). The second is unrecognized work, referring primarily to unpaid domestic work and voluntary work.

The categorization of hidden work (see also Crain et al. 2016) is taken up and refined in the work of Hatton (2017), who provides a differentiated concept of invisible work. She suggests looking at three intersecting mechanisms that make work invisible: socio-cultural, socio-legal, and socio-spatial mechanisms of invisibility. The first category, socio-cultural mechanisms, refers to ideologies of gender, race, class, age, sexuality, ability, and more (Hatton 2017: 338ff.). These can operate at the level of workers’ bodies (hidden bodily labour) or at the level of workers’ skills (naturalization and devaluation of skills). With regard to cleaning, one can note that there is a gendered devaluation and naturalization of cleaning as a ‘female’ or ‘housewife’ skill. The second category, socio-legal mechanisms, refers to making work invisible by excluding it from legal definitions of employment (Hatton 2017: 341). Hatton mentions, among other examples, unpaid interns, working prisoners, and workshops for people with disabilities. Regarding cleaning work, this dimension can be applied to some contexts of unpaid or informally paid domestic work. The third category, socio-spatial mechanisms, is the one that applies most clearly to the problem of invisibility in commercial cleaning work, which is the focus of the present paper. Hatton includes here work that is devalued because it is performed in the domestic sphere or in other non-traditional work sites (Hatton 2017: 343).

In the case of cleaning, the work sites are the customers’ premises, and what renders the work invisible is, I argue, among other things, the organization of the working times. This refers mainly to the working times that are typical for the corporate cleaning sector, especially in the important area of office cleaning. In many countries, office cleaners work before and after the operating hours of the customer companies in order not to disturb the employees (EFCI 2014). This renders their work invisible in the sense that the cleaners are not met physically and are not seen doing their jobs (Sardadvar 2019). It is

this physical, socio-spatial invisibility (Hatton 2017), facilitated by the typical working times in the sector, that further contributes to the work's low esteem (see also Gruszka/Böhm 2020).

## 4 Empirical research: Context, data, and methods

The research presented here is derived from a sub-project of a larger research project that focuses on working times in the cleaning and care sectors in Austria (the SPLITWORK project).<sup>3</sup> In light of the Covid-19 pandemic, it was decided to include this issue in the study. For this sub-project on cleaning during the Covid-19 pandemic in Austria, I conducted additional qualitative interviews based on two interview methods: formal expert interviews (loosely guided qualitative interviews) and ethnographic interviews (informal interviews conducted during other visits and contacts in the field). The interview partners for the seven expert interviews were a trade union representative, a representative of the cleaning sector's employers' association, a work councillor, two management members of a city's cleaning unit (public sector), one manager of another city's cleaning unit (private sector), and one managing director of a cleaning company.

While the expert interviews were formally organized and took place at specifically appointed times, the ethnographic interviews were conducted on other occasions, such as during workshops, meetings, and events in the field that took place as part of other research and dissemination activities in the sector. The interview partners for these interviews included management members of cleaning companies, trade unionists, work councillors, speakers from the employers' association, speakers from the chamber of labour, and some cleaners working in schools and offices. The research is still in progress and will be continued, especially the parts on cleaners' perceptions. What is presented here represents the initial findings and focuses on the perceptions of the sector stakeholders (both the employer and employee side). Due to lockdowns, most of the interviews were conducted via online communication or phone.

Field access was facilitated by the ongoing qualitative research that is taking place as part of the overarching project, which implied that the research team was in regular contact with sector stakeholders. The sampling was based on existing contacts that could be quickly activated, and on theoretical sampling related to the process of data analysis.

3 The SPLITWORK project, 2018-2022, Austrian Science Fund (FWF): V-598, see: <https://bach.wu-wien.ac.at/d/research/projects/3187/#abstract>.

All of the expert interviews were recorded and transcribed. For the ethnographic interviews, if they could not be recorded, protocols were written. All data was gathered and interpreted according to the overall grounded theory framework of the general project. In the analysis, which was supported by the software NVivo, different steps of coding in the grounded theory traditions of Strauss and Corbin (1990) and Charmaz (2014) were used. The analysis was an interpretive process starting with open coding, which stays very close to the data, and proceeding to more comparative, abstract, and focused coding. Coding was conducted by the author. Preliminary findings were discussed with peer researchers and with sector experts and stakeholders at several stages.

## 5 Empirical findings: (In)visible work at the frontline

### 5.1 Cleaning demand and short-time work: The economic situation and the labour market

Economically, the cleaning sector is not faring badly, despite the Covid-19 crisis. In fact, cuts, stability, or even increases in turnover depend strongly on the kinds of customers that a cleaning or facility management company has. Many schools, restaurants, and hotels, for instance, had to close for some time during the pandemic. This was often linked to decreasing work for cleaning companies. In other areas, however, the need for cleaning services actually increased, for example in hospitals or communal areas in blocks of flats (with people being at home more, which meant that places like stairwells, backyards, elevators etc. became dirty more rapidly).

Interestingly, in some contexts, the demand for cleaning services increased because the people in charge wanted the public or their employees to see cleaning being done – e.g. on public transport or at workplaces. Here, operators and managers wanted to reassure the users of the vehicles or premises by ensuring that they saw that the surfaces, doorknobs, and workspaces were being regularly cleaned and disinfected. This indicates a certain increase in awareness of the importance of cleaning and hygiene in light of the pandemic. This contributed to cleaning work being *seen* more, both in direct ways (staff cleaning handrails in the subways), which thus increased its socio-spatial visibility, and indirect ways (in terms of awareness).

The vast majority of cleaning companies, according to experts' estimations, made use of the Austrian government's short-time work scheme [Kurzarbeit], which allowed companies to keep workers employed with sharply reduced working times supported by public funding (see Bundesministerium für Arbeit

2021). The scheme was supposed to prevent dismissals, though they could not be completely avoided in the cleaning sector. Some cleaners lost their jobs, while others are still afraid of losing their jobs at the time of writing (September 2021).

## **5.2 ‘Wear your mask correctly!’: Changes in jobs, tasks, and workplace interactions**

Cleaners have experienced many changes to their work during the pandemic. These include unforeseen changes of tasks, job sites, and working times. Disinfection activities came in as an additional work task, often substituting other cleaning tasks that were less necessary during lockdowns. Shifts in cleaning activities implied that some cleaners had to be deployed in new places. For some, this required high flexibility and having to work in new contexts. For others, this could also involve fears and insecurity, when they had to work in places in which they felt uncomfortable, such as elderly care homes or medical settings. Moreover, cleaners had the same worries as others in the population: could they be infected by colleagues, by clients, by aerosols, by surfaces?

Nevertheless, cleaners kept working. Several interview partners reported that they were afraid that cleaners would just stay at home, call in sick, or quit their jobs at the onset of the crisis, though no one reported that this had actually happened. Some sector experts even thought that in some contexts, cleaners may have considered their work to be more meaningful when its relevance became more acknowledged during the pandemic. Either way, as a rule, cleaners kept doing their job, even under the new and often harder conditions.

At the same time, new problems and conflicts at the micro-level of everyday workplace interactions arose. For instance, at the very beginning of the Covid-19 crisis, communication between customers and cleaning companies sometimes broke down, so that cleaners, arriving at their usual work sites, found themselves in front of closed doors. Moreover, new conflicts in the relationship between company employees and cleaners took place; for instance, the employees of a company telling the cleaners that they were not wearing the right kind of mask or that they should put it on correctly. Such micro-level evidence is an important starting point for further investigation regarding altered interactions between customers and cleaners. In this example, cleaners actually became *more* visible, but by means of negative attention and in a way that made them potentially vulnerable.

### 5.3 From health and safety issues to new inequalities

Obviously, the pandemic involved additional health and safety issues for cleaners. For one thing, cleaners are exposed to infection risks. They cannot work from home, they tend to have several customers in one day, and they often use public transport to travel between work sites. For another, they may also have to clean places that were used by people suspected of having a Covid-19 infection, or even with a proven infection, as part of their work.

Not only did disinfection activities represent a change in the cleaners' work tasks, especially at the beginning of the crisis when the risk of surface infection was feared to be high, but disinfection also adds to cleaners' exposure to chemicals that can have adverse effects on the respiratory system (Clausen et al. 2020). In addition, in some phases of the crisis, workers had to wear masks covering their mouths and noses whenever they were not alone, which could make their physical work more strenuous. In the early phase of the pandemic, however, the main problem with regard to safety equipment was that it was not sufficiently available. In fact, access to rubber gloves was still limited in 2021.

Moreover, a range of new issues regarding the question of who is responsible for employees in settings typical for cleaning work arose, particularly in relation to fragmented work such as value chains and outsourcing (see Weil 2014). These new questions include: Who should pay for all the new protective equipment? Who is responsible for cleaners' testing? In whose vaccination programme do cleaners take part (and thus, at which point in time, when vaccines are scarce) – the customer company's, the employer's, the state's?

In terms of the future, meanwhile, employee representatives are, at the moment of writing, worried that vaccination policies might lead to a division into two classes of cleaning workers: those who can work with clients and those who cannot (and will not be able to find work or will have to work in even more isolation than before). This problematic future outlook might further increase invisibility, while at the same time increasing inequality within the workforce along the lines of who is vaccinated and who not.

### 5.4 Visibility and appreciation

There is an ambiguity in what has happened to cleaning work during the pandemic. On the one hand, it became slightly more visible at the *discursive level*. Media debates and public discourse on essential jobs focused primarily on the care and retail sectors, but cleaning was sometimes mentioned too.



## Ambivalent (In)Visibility

At other levels, the pandemic has increased as well as decreased the visibility of cleaning work. Employers wanted their employees to see that buildings were clean and hygienic. Cleaners (publically and privately employed) became physically more visible in settings such as healthcare institutions and public transport. At the same time, with lockdowns and working from home, cleaners also became even less visible in public spaces and workplaces. In offices, the focus of my empirical data, there is now even more reason to keep cleaners away from the rest of staff than before. Thus, existing problems with cleaning as invisible work, especially regarding the dimension of socio-spatial visibility, have worsened.

Another important aspect connected to invisibility is the fact that trade unions and work councillors are in an even more difficult situation than before when it comes to organizing and representing workers, as they now meet cleaners less often. This is another aspect of socio-spatial visibility, one that is linked to employee voice and representation. Organizing workers who are scattered to different workplaces and have fragmented working times was already challenging even before the pandemic, but has been exacerbated since (Soni-Sinha/Yates 2013).

According to a survey conducted in 2020 by employers in Austria, the public recognition of cleaning work increased during the pandemic (Wirtschaftskammer Österreich [WKO] 2020). The Viennese cleaning sectors' employers' association also launched a 'thank you' campaign in 2020, presenting different cleaners and describing their tasks (Landesinnung Wien der Denkmal-, Fassaden- und Gebäudereiniger [Cleaners' professional association of monuments, frontages and buildings in Vienna] 2020). However, two questions have to be asked against the backdrop of such developments: first, is the increased recognition sustainable, i.e. how long will it last; and second, will it have any meaningful consequences for cleaners' working conditions?

So far, there have not been any rewards or improvements for cleaners in response to the higher demands and risks and the slightly increased attention that came with the pandemic. The yearly wage increases negotiated by the social partners (employee and employer representatives for the sector) were not higher in 2021 than usual. There were no bonuses, either, with an exception for publically employed cleaners working in medical settings. There has only been one recommendation by the employers' association to their member companies to give a tax-privileged coronavirus bonus of EUR 100 to their workers for their extraordinary work during the crisis. But to date, private-sector cleaning workers are still not entitled to any material recognition of their 'essential' work.

## 6 Conclusions and outlook: Visibility within invisibility

The pandemic did not only change the labour market situation; it also led to a new distinction between those who can work from home and those who cannot (Schönherr/Zandonella 2020). Essential jobs typically have to be done on-site, often with particularly high exposure to health-related risks. Recent studies have shown that low-wage groups in society have to move around more in their jobs and are thus exposed to higher infection risks, including Covid-19 (see Beirat für gesellschafts-, wirtschafts- und umweltpolitische Alternativen [BEIGEWUM] 2020). The low wages in jobs such as care, retail, and cleaning do not compensate for these increased demands (Schönherr/Zandonella 2020).

As for health and safety issues, there are now new ones added to those that were always present in the sector. Social partners and health and safety authorities could take this moment as an opportunity to discuss both new and prevailing risks linked to cleaning work – including, apart from Covid-19, the risk of injuries, accidents, allergies, and problems with musculoskeletal conditions and respiratory system diseases (Holtgrewe/Sardadvar 2012). Among many other things, these risks lower workers' prospects of staying in employment until retirement (Mayrhuber et al. 2021).

Working from home might also change the nature of office cleaning in the future. There are indications that home office work is here to stay (see Hans-Böckler-Stiftung 2020). For cleaning companies, this means that they might lose contracts (Komarek 2020). For cleaners, it might imply that some will lose their jobs or that they will have to work in an even more isolated way than before. Working from home not only changes homes, it also changes offices for those who go to work there. Carstensen (2021, translation K.S.), illustratively, speaks about 'dark aisles at the workplace' as a possible future development, i.e., empty, quiet and less lively offices with little social exchange and a different atmosphere. If this development continues, cleaners will lose some jobs, or it will be these 'dark aisles' that they will increasingly be working on, even more on their own and less seen by others than before.

Cleaning is, like care work, inevitable work – work that will always have to be done in a society. During the pandemic, it has become even more vital due to the importance of hygiene – but has it received more recognition, or become more visible? I argue that the impacts on visibility are ambiguous. During the pandemic, the cleaning sector has received some more visibility with the new attention being paid to key work. Yet within key work sectors, visibility for cleaning remains low, and the working conditions are still among the worst within key work sectors (Schönherr/Zandonella 2020). While the importance of hygiene has become clearer, and in some contexts cleaning work has been seen more by others, in other contexts, the socio-spatial visibility of

the work in particular has further decreased against the backdrop of lockdowns and working from home. I thus conclude that the pandemic has brought about ambiguous (in)visibility for the cleaning sector.

There are several reasons for the invisibility of cleaning work. One is its proximity to domestic work, which is done unpaid, mostly by women, in the household, and is linked to low societal and economic recognition (England 2005). However, much of the invisibility of cleaning work also lies in the *organization* of the work. Thus, higher recognition and, as a consequence, improved working conditions in the commercial cleaning sector can be fostered in several parallel ways. For one thing, the Covid-19 crisis, and the reorganization of work linked to it, could be used to consider an expansion of daytime cleaning. Examples from other countries, such as Norway, show that changes towards working times during office hours are possible. Such a change needs strong cooperation between social partners, but also the involvement of customers (Sardadvar 2021). Additionally, the crisis could be an occasion to re-evaluate work on a broad societal and economic scale. In this regard, the increased attention to cleanliness and hygiene that is connected to the Covid-19 crisis could provide a helpful impulse that can be taken up by social partners, politicians, employers, and customers to improve employment conditions for cleaning work.

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# Who is relevant? And to Which System? The Re/Production of Power Relations during the Debate about ‘System-Relevant’ Professions from a Discourse Analytical Perspective

*Frauke Grenz and Anne Günster*

## 1 Introduction

In 2020, the term ‘system-relevant’ was frequently used in the German media and political discourses in connection with the consequences of the global Covid-19 pandemic. From a linguistic point of view, the term encompasses at least two different meanings: work that is ‘indispensable for a stable economic and financial system’, but also ‘relevant for the development of society in general’ (Möhrs 2020: 6, translation F.G./A.G.). The first, narrow definition clearly points to the global financial crisis of 2008/2009, where the term system-relevant was used to legitimize the state funding of banks and other financial institutions (ibid.). In contrast, the second definition leaves open what exactly ‘the system’ is. This second meaning gained attention in early 2020 and led to a public debate about the status and recognition of system-relevant professions during the Covid-19 crisis. Given its history, the term encompasses both a description and a critique of allegedly indispensable professions or institutions. Furthermore, in contrast to its English equivalent ‘essential workers’, the German term ‘system-relevant professions’ hints at the safeguarding of a system (and not of the workers themselves) and poses the question of relevance (and therefore irrelevance) of certain professions for the benefit of this unspecified system.

From a discourse analytical perspective, this paper takes a closer look at the debate in the media about the so-called system-relevant professions. The data corpus consists of online publications by the national daily press that contain the keywords ‘system-relevant’ and ‘Corona’/‘Covid’ from March to September 2020. The documents were analysed with regard to the following research questions: Which discursive possibilities are opened up by the classification ‘system-relevant’? How is the term used to tackle power relations and inequalities and demand change? And how is the term discursively transformed to reproduce and stabilize nationalist, heteronormative, and capitalist conditions?

First, we outline our discourse theoretical perspective with special regard to the entanglement of power relations, subject positions, and vulnerability.

Second, we delineate our analytical approach with a focus on discursive strategies. Third, the results are presented, sorted into five identified discursive strategies. In conclusion, we summarize the main results and offer some perspectives for further research.

## 2 Discourse theoretical perspective: Power, subjectivation, and vulnerability

In everyday speech we often assume that language merely represents reality. Michel Foucault and Judith Butler, however, have established that discourses are productive. They are ‘practices that systematically form the objects of which they speak’ (Foucault 1972: 49). Thus, discursive practices are not practices of speaking or writing, but practices that constitute knowledge and truth (Fegter et al. 2015: 14). Discourses determine the constitutive boundaries of what can and cannot be thought, what can and cannot be lived (Villa 2010: 149).

The discursive production of truth is a powerful process. However, Foucault assumes ‘that something called Power, with or without a capital letter, which is assumed to exist universally in a concentrated or diffused form, does not exist’ (Foucault 1982: 788). Rather,

‘[p]ower exists only when it is put into action’ (ibid.). Acting subjects are both the effect as well as the carriers of power. From this analytical perspective on the productivity of power relations, subjects and their actions are constituted simultaneously. This means that discursive practices provide the frame of reference within which subjects are perceived and able to speak. According to Foucault’s notion of subjectivation, subject positions provide ‘the place from which individuals are able to produce statements’ (Wrana et al. 2014: 394, translation F.G./A.G.).

Judith Butler extends Foucault’s notion of subjectivation by focusing not only on the processes of subject formation with regard to the speaking subject, but also on the subject that is addressed by a statement and thereby recognized. Butler underlines that the recognition of subjects is always framed by discursive orders, but at the same time never fully determined by them: ‘Subjection consists precisely in this fundamental dependency on a discourse we never chose but that, paradoxically, initiates and sustains our agency’ (Butler 1997: 2). However, Butler emphasises that the recognition of subjects is not only framed by discursive orders and social norms, but that, vice versa, certain practices of recognition or, indeed, certain breakdowns in the practice of recognition mark a site of rupture within the horizon of normativity and implicitly call



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for the institution of new norms, putting into question the givenness of the prevailing normative horizon (Butler 2005: 24). Rendering visible the discursive practices of recognition can thus challenge the social norms that are sustained by these practices.

For Butler, the recognition of subjects is strongly intertwined with the concept of corporeal vulnerability: Butler assumes that ‘the body is (...) vulnerable by definition’ (Butler 2010: 33; see also Ludwig in this volume). However, this vulnerability as a basic human condition is ‘fundamentally dependent on (...) recognition’ (Butler 2006: 43). Thus, it becomes subject to biopolitical mechanisms:

Lives are supported and maintained differently, and there are radically different ways in which human physical vulnerability is distributed across the globe. Certain lives will be highly protected (...). Other lives will not find such fast and furious support and will not even qualify as “grievable” (Butler 2006: 32).

Whose lives matter and whose deaths are grieved (see Butler 2010) depends on the subject positions that individuals are discursively placed in.

### 3 Analytical approach: Identifying discursive strategies in online articles

The goal of our analysis was to work out the different discursive strategies that seized upon the dictum ‘system-relevant’ in order to either question gendered, racialized, and capitalist power relations or reproduce and stabilize the status quo. The term ‘discursive strategies’ is not meant to constitute intentional tactics by certain identifiable individuals. With reference to Foucault’s *Archaeology of Knowledge* (1972), we rather use the term to describe the discursive practices that we have identified as regulated ways of reproducing or transforming knowledge and truth (Foucault 1972: 64–70).

Discourse analysis is not a research method in itself, but rather a methodological perspective. Thus, in order to work out the discursive strategies, it is necessary to develop an analytical procedure adequate to the research subject (see e.g. Gasteiger/Schneider 2014). We started out by putting together a data corpus of online articles from the national daily press focusing on the two main<sup>1</sup> German newspapers *Frankfurter Allgemeine Zeitung* (FAZ) and

1 In 2020, FAZ and SZ had the second and third highest circulation among the German supra-regional daily newspapers (see Schröder 2020; Schröder 2021); the tabloid *Bild* had the highest circulation.

*Süddeutsche Zeitung* (SZ), as well as the written news published by *Tagesschau*, the main German TV news program. We chose exclusively online publications for the data corpus because statistical reports show that in the course of the Covid-19 pandemic in 2020 there was a significant increase in user numbers of German newspaper websites (see Zeitungsmarktforschung Gesellschaft n.d.). In the data corpus, we included all online publications of FAZ, SZ, and *Tagesschau* that contained the keywords ‘Corona’ or ‘Covid’ and ‘system-relevant’ published between March and September 2020. The final corpus consisted of 217 articles.

Like many discourse analysts, we drew on the process of theoretical sampling and the coding techniques of Grounded Theory Methodology (Strauss/Corbin 1990). However, we modified these techniques with regard to our discourse theoretical perspective. The discourse analytical coding process aims to identify the conditions of statements. The goal is to answer the question, ‘[H]ow is it that one particular statement appeared rather than another?’ (Foucault 1972: 27). The task is to work out the probability or improbability that certain statements occur (Gasteiger/Schneider 2014: 149). Discourse analytical coding therefore focuses mostly on discontinuities, inconsistencies, and vague statements in order to analyse what has been said, but also what has been rendered invisible or unspeakable.

## 4 Results: Discursive strategies

We identified five main discursive strategies through which gendered, racialized, and capitalist power relations were first challenged and then reproduced during the debate about system relevance: making power relations visible (3.1), recognizing heroes (3.2), demanding and denying change (3.3), securing privileges (3.4), and restoring ‘pre-Covid’ normalcy (3.5). Although there is a chronological development in these strategies, the strategies also appear simultaneously throughout the data corpus.

### 4.1 Making power relations visible

‘Maybe this crisis is like a contrast medium that shows what is missing from our societies, what we have recklessly weakened, which inequalities we have tolerated, whom we have denied recognition, and whom adequate pay’ (Emcke

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2020).<sup>2</sup> Our material shows that through the debate about system-relevant professions, social power relations and their intersectional entanglements between gender, class, and race became visible.

Thus, the Covid-19 crisis serves as a magnifying glass for what feminist research and politics have been criticizing for decades: reproductive and care work is mostly done by women and under precarious conditions (see e.g. Becker-Schmidt 2010; Lutz 2018). In our material, the media addresses the issue that ‘in the food retail sector 73 percent of the workers are women, in hospitals 76 percent and in preschools even 92 percent’ (Blazekovic/Bös 2020). Unpaid domestic care work is also mostly done by women in their own families. In our data corpus, it is significant that in many depictions of the challenges regarding the so-called work-life-balance, it is exclusively women who are portrayed as being ‘caught in the Covid trap’ (Bös 2020). Those who try to manage home office work with kids ‘do mostly ‘home’ and little ‘office’ (Joachim 2020). It is the subject position ‘woman’ that is constructed as always already vulnerable to the challenge of balancing family and career. This becomes especially apparent in times of crisis, when it appears to be a self-evident truth that especially women have to put their careers on hold in order to do the system-relevant but often unpaid care and reproductive work (see e.g. Joachim 2020).

However, there are also nationalist power relations that become apparent in our data. It is explicitly stated that (poorly paid) domestic care work is mainly done by migrant women from Eastern Europe (tagesschau 2020a; tagesschau 2020b). Similarly, it becomes apparent that it is migrant workers who ensure the national food supply: ‘In Germany, about two thirds of the foreign harvest workers are from Romania. (...) German helpers for this strenuous work have not been found for a long time’ (Burger/Martens/Steppat 2020). In our material, however, migrant care and harvest workers mainly appear as an anonymous mass. It is the missing *workforce* caused by international travel restrictions during the pandemic that is relevant to the (German) care and food supply system. The individuals, on the other hand, do not seem to matter. The material we analysed does not address the effects that the travel restrictions have on the people whose livelihoods depend on seasonal work in Germany.

2 The analysed material was originally in German. The cited quotes have been translated by the authors.

## 4.2 Recognizing heroes

‘Right now, we are seeing an incredibly high number of heroes of everyday life’ (Hampel/Salavati 2020). This statement by the Secretary of Labour indicates both a higher public visibility of system-relevant professions and an increase in the social recognition of reproductive vocational groups such as nurses and preschool teachers: ‘The virus has changed a lot, such as the perspective on certain professions. Suddenly, people are called system-relevant who may have been ridiculed as preschool tinkers or low-paid nurses in hospitals and nursing homes only yesterday (Ludwig 2020).’ Therefore, not only do the people working in system-relevant professions become more visible, but unequal social power relations are explicitly addressed by the media, as it becomes apparent that ‘the Covid crisis shows that people in the so-called system-relevant professions receive relatively low wages’ (Záboji 2020) and ‘system-relevant professions clearly gain less prestige’ (Bös et al. 2020). Now, it is these system-relevant professions that are being praised for ‘keeping society alive and running’ (Blasekovic/Bös 2020) at great personal risk: ‘In times of crisis, their work is not only essentially relevant to the survival of humans and society. Most of them are also exposed to an extraordinary risk of infection (Bös et al. 2020).’ Thus, system-relevant professions receive public recognition as the heroes of the crisis.

## 4.3 Demanding and denying change

Some members of the so-called system-relevant professions are using this new moral recognition to demand an improvement in their wages and working conditions. Unions stress how important it is ‘that these people receive not only moral but also material appreciation’ (Blazekovic/Bös 2020). In an interview, a sales assistant in a drug store says, ‘Many have called me a hero, but I don’t do this job for free’ (tagesschau 2020c). However, it becomes apparent that this is exactly what is expected of the new heroes. The term ‘hero’ comprises an ambivalent recognition: while calling someone a hero may be a gesture of respect and appreciation, the term also implies a subject position that is constituted by a moral duty to bravely face dangers in order to save society without asking for anything in return. This becomes especially clear as the answers to increased demands for improved wages and working conditions for the ‘Covid heroes’ are rather reluctant. In the beginning of the crisis, many different reproductive professions were collectively identified as system-relevant. However, the discussion about moral and monetary recognition for system-relevant work goes hand in hand with the reintroduction of known power relations. For

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some system-relevant professions, such as the exclusively non-German harvest workers, even the moral recognition has been short-lived, as they are not mentioned as belonging to the new heroes. Discussions about monetary recognition for others do not include a systematic change of remuneration. Rather, the focus lies, for example, on a possible ‘Covid bonus’ of up to 1,000 euros, which would be awarded to some system-relevant professions, but not all (see e.g. SZ 22.04.2020).

In some of the articles we analysed, this development of the debate about system-relevant professions is explicitly criticized: ‘Maybe the possibility of a fundamental systematic change is wasted since money is distributed but not redistributed’ (Anzlinger 2020).

As long as we take for non-negotiable what especially the better-off dramatically glorify as “our freedom, our values, and our lifestyle”, it is impossible to bestow adequate appreciation, pay, and working conditions upon the worse-off system-relevant groups (Schulte von Drach 2020).

However, it is precisely this non-negotiability of the status quo that is discursively reproduced. Through the analysis of our data, we identified two discursive strategies (3.4, 3.5) through which capitalist, heteronormative, and nationalist power relations are reproduced during the debate about system relevance.

### 4.4 Securing privileges

As the Covid-19 crisis and the corresponding containment strategies such as (partial) lockdowns go on, the term system-relevant is being used less and less to criticize grievances in the care and supply sector. Rather, the focus increasingly lies on the fact that it is through the term system-relevant that access to certain privileges is regulated. In a first discursive transformation, system-relevant professions are no longer exclusively seen as being performed by people who *have* to work under dire conditions, but rather those who are *allowed* to work despite the availability of short-time work allowances (in German: Kurzarbeit) and forced closures (see e.g. Zoch 2020).

Another example relates to access to childcare. In many German federal states, only those working in system-relevant professions have been entitled to external childcare during the lockdowns. Thus, being allowed to work and having access to childcare have been discursively constructed as privileges of system-relevant groups. In order to secure these privileges, more and more professions have claimed system relevance. The vagueness of the term is being exploited so that it is no longer limited to the care and supply sectors, but also to ‘the economic sectors which have to be maintained even in times of crisis’ (Süddeutsche Zeitung 2020). The affected professions have claimed that

‘banks and businesses are just as important in order to get the system running again after the crisis’ (Blazekovic/Bös 2020). In contrast to the mostly precarious and underpaid professions practiced mainly by women and migrant workers that were initially classified as system-relevant, the term is now increasingly being used for relatively secure and well-paid professions that are predominantly practiced by white men (see e.g. Sektion Politik und Geschlecht in der DVPW 2020).

## 4.5 Restoring ‘pre-Covid’ normalcy

In addition, the question about system relevance is subject to a dethematization strategy. Who is system-relevant is declared to be the wrong question. Rather, one should focus on the question of how to return to the ‘normal’ social conditions that existed before the Covid-19 pandemic. Thus, inequalities and power relations that existed before the pandemic are discursively constructed as the norm to which we should strive to return. The difficulty in defining who is system-relevant is used to reintroduce capitalist logics as unquestionable:

[A]s it is difficult to define which professions are system-relevant (...) [s]upply and demand, qualification and interchangeability are the determining factors for wage formation (Blazekovic/Bös 2020).

Structural inequalities and the nationalist and capitalist exploitation of labour are disguised as the result of individual choices:

Despite the high risk of infection, which has led to at least one case of death of a Romanian temporary worker so far, the work in Germany remains economically attractive for many Romanians. Many certainly know what to expect as a harvest worker or at slaughterhouses in Germany, they are aware of the risks (...) but still they are coming back year after year (Burger/Martens/Steppat 2020).

Thus, by demanding to return to pre-Covid-19 normalcy, the structural inequalities that this normalcy entails are rendered invisible.

## 5 Conclusion

In this study, we analysed the discursive possibilities that were opened up by the classification ‘system-relevant’ during the Covid-19 crisis in 2020, and were able to identify a discursive transformation with regard to the use and

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meaning of the term system-relevant in press coverage. In the beginning of the pandemic, the classification system-relevant held the utopian potential of questioning the ‘system’, of changing nationalist, heteronormative, and capitalist structures. The term was used to draw attention to underappreciated women and migrant workers: as precariously employed nurses, preschool teachers, cashiers, sales assistants, and harvest workers, they ensured that the most fundamental human needs for care and food were provided for even in times of crisis. Here, the focus lay on maintaining a care and supply system. Soon, however, the widespread debate about power relations and precarious working conditions seemed to be reduced to the evening applause for the so-called heroes of the crisis, while fundamental and necessary social changes for these heroes were denied. At the same time, we observed that the term system-relevant was increasingly being used to protect existing privileges and maintain the status quo. As the pandemic drew on, use of the term system-relevant was extended to further professions – mostly white German bankers and businessmen – considered relevant to a both nationalist and capitalist system, whose logics are discursively constructed as an incontestable truth, especially in times of crisis.

Notably, not only were social power relations first challenged and then stabilised throughout the debate about system-relevant professions, but furthermore, the debate has contributed to the discursive production of different subject positions, which has meant that certain (groups of) individuals have been recognised as system-relevant subjects while others have not. Drawing on the link between discursive practices, subjectivation, and vulnerability, our findings can be interpreted as discursive regulations regarding whose lives are protected, grieved, or rendered invisible. In our data corpus, for instance, while migrant workers were initially classified as system-relevant, they were ultimately denied a subject position as they mostly appeared as an anonymous mass or as the constitutive outside to the winners of ‘the capitalist game’. Their lives do not seem to require increased protection, as their acceptance of underpaid work is framed as an individual choice rather than the result of capitalist exploitation.

Women too are constructed as system-relevant subjects, as they are the ones who do most of the reproductive and care work. However, they are also constructed as being especially vulnerable to the effects of the pandemic, as it is women who are faced with the challenge of balancing care work and career. Thus, while women are predominantly depicted as exhausted and over-worked, men are rendered invisible as vulnerable subjects. Finally, collectively, most system-relevant professionals are called heroes. They are thus placed in an ambivalent subject position that recognises the moral value and the risks of infection that certain professions entail during the pandemic, yet at the same time ascribes vulnerability and establishes a moral duty to accept these risks (see also Hintermayr in this volume; Sektion Frauen- und Geschlechterforschung in der DGfE 2020).

These findings on the subject positions that were discursively produced during the debate about system-relevant professions can only be considered initial reflections. We suggest that further studies take a closer look at the subject positions produced by the public discourse about the pandemic, particularly with regard to the intersectional ties between gender, class, and race and the unequal allocation of vulnerability, (not only) in times of crisis.

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# ‘Systemic Relevance’ for Social Work: More than just a Compliment – Not yet a Proper Law. An Evaluation of Pandemic-Related Legal Changes in Germany

*Daria Dudley*

Since March 2020, the term ‘systemic relevance’ in Germany (equivalent to ‘key/essential workers’ in English) has become a proper legal term. Within a short period of time, a number of changes to the law were made to define the systemic relevance of certain areas, including social work to some extent. At the same time, an empirical sociological study by Meyer and Buschle made the following provisional statement in April 2020 with regard to social work: ‘The corona pandemic (...) has significantly changed the actions and routines of social workers (...). Despite higher demands, however, social recognition remains low’ (Buschle/Meyer 2020: 3). The contradiction between these two circumstances is immediately recognizable.

Another prominent feature of social work is the fact that men are still significantly underrepresented. Attention was drawn to this problem already several years ago (Rose/May 2014); since then, the situation has hardly improved. As of 30 June 2020, 83.7% of all employees in Germany in the education and social services sector were women – leaving only 16.3% men (Statista 2021). Though the German Federal Employment Agency has slightly different figures for the year 2020 due to a different classification of the industries, the same problem is illustrated. According to the agency, only 23% of employees in the health and social services sector in 2020 were men; in the education and teaching sector, the figure was 28% (Bundesagentur für Arbeit 2021: 13).

This gender disparity is due to several factors. On the one hand, ‘the typical female professions (...) are paid less and appear predestined for part-time work’ (Schäfer et al. 2017: 70). The Federal Employment Agency confirms this: in 2020, women earned on average 18% less than men. This so-called unadjusted gender pay gap has various causes, but the decisive reason is that men and women decide for different occupational fields (Bundesagentur für Arbeit 2021). Furthermore, it is notable that in the agency’s report, 49% of all women who were subject to social security contributions worked part-time in June 2020; among men, the figure was only 11% (ibid.).

On the other hand, the economic and social recognition of professions in the social arena has not increased for years, ‘which is also a reason why the proportion of men taking up studies in social work has gone down in recent years, so that a ratio of 20% men and 80% women in bachelor’s degree programs is tending to emerge’ (Schäfer et al. 2017: 71). Several older studies show that young men are not very interested in the profession of social work because it is perceived as unattractive due to low salaries, precarious working

conditions and, most importantly, a lack of social recognition and prestige (Budde/Willems/Böhm 2009; Böhm/Budde 2014). More recent reports confirm this trend. A comprehensive statistical analysis of higher education institutions in the German state of Hessen, which records statistics for eight different study programs, demonstrates that the proportion of women in the social work degree program remained constant at about 73–75% from 2007/2008 to 2019/2020, and even increased slightly in recent years (Gender and Women’s Research Centre of the Hessian Universities 2020). In a report from 2020, the Federal Agency for Civic Education drew on statistics from the Federal Statistical Office since 2002 and came to the following conclusion: although more women overall are studying and the proportion of women studying is rising continuously, the gender-specific choice of courses of study has not changed for years. Thus ‘Despite many efforts to inspire (...) men to pursue social professions, the gender divide in the choice of study and training persists in Germany’ (Federal Agency for Civic Education 2020).

In light of this, this paper examines whether the introduction of new regulations on the systemic relevance of some professional sectors has actually brought about lasting positive changes for those employed in these sectors. In particular, it is asked whether the relevant amendments to the law were indeed intended to bring about a sustainable improvement in working conditions, which would potentially result in a social upgrading of these occupational fields. It is assumed that such sustainable changes would make it possible to make the field of social work more attractive to potential workers and balance the gender ratio in the future.

Based on this objective, these questions will be addressed in the following order. First, relevant changes in legislation at the EU and federal German level will be carefully examined. Following this, legal amendments at the German state level will be compared. The analysis focuses on the field of social work, where discrepancies in the legislation at the regional level clearly come to light.

Due to the pandemic, the term ‘systemic relevance’ is widely discussed in Germany, especially in the mass media. In the social sector, numerous statements have been made as to why social work should be considered system-relevant in Germany.<sup>1</sup> At the same time, the legal ground for this debate is still very limited. Almost no essays have been written and no legal commentaries have been made on this legal issue. There is, furthermore, currently no case law regarding systemic relevance, as the German courts have not yet had the opportunity to deal with such issues. A legal analysis on systemic relevance for social work therefore has to predominantly be based on the laws themselves and not on secondary literature, which particularly explains the limited number of sources in the reference list of this paper. However, in order to bridge the

1 The German Professional Association for Social Work (‘DBSH’), Social work during the Corona pandemic: Who cares?!

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gap between current legal realities and expectations from the field of social work itself, such interdisciplinary papers appear indispensable.

# 1 Support during the pandemic: No regulation at EU level

The EU level does not provide any regulation to classify an area as ‘systemic-relevant’. On 30 March 2020, the EU Commission issued ‘Guidelines concerning the exercise of the free movement of workers during the COVID-19 outbreak’ (EU Commission 2020) for the so-called system-relevant workers,<sup>2</sup> where this term is mentioned for the first time. For three reasons, however, it can be assumed that these guidelines have no influence on the position, value, and perception of the concerned professions in the various countries of the EU.

Firstly, the sole purpose of the guidelines was to enable cross-border commuters and seasonal workers to cross EU borders smoothly so that they could get to work without losing time despite border closures due to the pandemic. Secondly, the list of system-relevant occupations mentioned in these guidelines is not exhaustive, and there is no mention of criteria for inclusion. Only some specific examples are listed, which enable analogies. Among others, ‘professions in the health sector’, ‘care professions in the healthcare sector’, and ‘personnel entrusted with systemically important functions in public institutions, including international organizations’ are classed as system-relevant. Social workers and educators are not explicitly mentioned in this list, thus whether a specific social work field falls under the term or not is a matter of interpretation. Thirdly, these guidelines (‘Leitlinien’) belong to a non-binding secondary law of the EU. They are simply recommendations for national authorities, and are not linked to any EU directive or guidelines (‘EU-Richtlinien’).

# 2 Federal regulations: Survival instead of change

The changes made in German federal law as a response to the Covid-19 crisis can hardly offer a basis for recognizing social work as system-relevant either. On 27 March 2020, the ‘Law for easier access to social security, for the use

2 [https://eur-lex.europa.eu/legal-content/GA/TXT/?uri=CELEX:52020XC0330\(03\)](https://eur-lex.europa.eu/legal-content/GA/TXT/?uri=CELEX:52020XC0330(03))

and protection of social service providers (...),<sup>3</sup> was passed, also called the Social Protection Package. In this law, Article 2, No. 2 (§ 421c Absatz 2 Satz 2 Sozialgesetzbuch (SGB) Drittes Buch (III)) speaks of offering short-time work allowances<sup>4</sup> for ‘system-relevant industries and professions’. Unfortunately, neither is system-relevance legally defined, nor is a list of such industries and professions offered.

The abovementioned Social Protection Package only contains, as its name suggests, a number of labour law measures to enable easier access to social security and protections for social service providers. These include time restrictions for performing marginal employment (§ 115 SGB IV), changes to Article 3 on basic security in old age (the so-called social assistance; in German: Sozialhilfe), as well as changes in Article 6 of the Federal Child Benefit Act (in German: Bundeskindergeldgesetz). Primarily, however, these measures were limited to 2020 only, and what is more, apart from the aforementioned change to the crediting of short-time work allowances, they were not specifically aimed at system-relevant industries or occupations.

It should not be overlooked that this law also authorized certain exceptions to legal protections, such as amendments to the Working Hours Act (in German: Arbeitszeitgesetz) in Article 8. According to this, ‘in exceptional emergencies, (...) especially in epidemic situations of national scope’, temporary exceptions to the Working Hours Act (i.e. longer working hours) could be made, as long as they served to combat the pandemic.

The Federal Ministry of Labour and Social Affairs determined the so-called ‘system-relevant sectors’ at the end of March 2020 as a part of the directive BSI-KritisV<sup>5</sup> (Directive to the Act on the Federal Office for Information Security). However, the sole purpose of both the Act and the Directive is to improve IT security in the so-called ‘critical services and infrastructures’. The Act defines critical infrastructures as those ‘which are of great importance for the functioning of the community because their failure or impairment would result in considerable supply bottlenecks or threats to public safety’ (§ 2 Absatz 10 Satz 2 Bundesamt für Sicherheit in der Informationstechnik (BSIG)). According to the Directive to the Act, a critical service is one that supplies society in certain sectors, ‘the failure or impairment of which would lead to significant supply bottlenecks or endanger public safety’ (§ 1 Absatz 3 BSI-KritisV). However, only the health – and not the social – sector is mentioned in the directive (§ 6 BSI-KritisV).

3 In German: Gesetz für den erleichterten Zugang zu sozialer Sicherung und zum Einsatz und zur Absicherung sozialer Dienstleister (...).

4 Short-time work allowances allowed employers to temporarily reduce employees’ working hours in part or in full, with the continuation of their wages funded through the Federal Employment Agency.

5 In German: Verordnung zur Bestimmung Kritischer Infrastrukturen nach dem BSI-Gesetz.



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The list of system-relevant industries, presented by the Federal Ministry of Labour and Social Affairs on 30 March 2020, is, however, much broader than what the abovementioned Act the Directive cover. This is an exhaustive list, which contains five economic and three social industries, as well as media and state administration. No specific occupations are listed, but rather specific areas of work. In the social area, explicitly mentioned are ‘staff who ensure the necessary care in schools, day-care centres, in-patient facilities for child and youth welfare and facilities for people with disabilities’. The health area includes, among others, hospitals and care. However, since the ministerial list is only linked to the Act on the Federal Office for Information Security ‘BSIG’ and does not pursue any further goals like to secure or increase financing of the listed sectors; it has only symbolic meaning, if any at all. Furthermore, whether certain fields of social work are included in the list remains completely a matter of interpretation, because the industries and areas are only mentioned very broadly.

Only Article 10 of the Social Protection Package (the so-called Social Service Provider Employment Act, SodEG from 27 March 2020) could actually be specifically relevant to the area of social work. However, this law is not aimed at staff but at social service providers, ensuring their financial survival during the pandemic. This includes all social service providers (all inclusion businesses like workshops or care centres for disabled people, care and nursing homes for the elderly people; asylum shelters, hospitals, etc.) – with a few exceptions – who provide social services according to the Social Codes ‘SGB’<sup>6</sup> or the Residence Act ‘AufenthaltsG’<sup>7</sup> (§ 2 SodEG) and who are directly (through direct expenditure on infection control ordered by law) or indirectly affected by pandemic-related restrictions. Based on the ‘guarantee mandate’ of the state, social service providers become eligible for a monthly allowance from the state, after they demonstrate how they apply the legal measures to fight the pandemic, to which extent they have exhausted their own financial capacities and the fact that no further funding is possible.

This regulation remains applicable in 2021; the requirements, however, have been specified in more concrete terms, and the hurdles for application have been set a little higher (*ibid.*). Nevertheless, it still does not pursue any long-term strategic goals, such as improvement of working conditions in the social sector, and focuses solely on the financial survival of companies during the pandemic period and, in general, on coping with the pandemic in society.

This overview of the legal regulations at the federal level shows that they either have a long-term character and elaborate on systemic relevance, but are not applicable and not intended for the field of social work (such as the ‘Act on the Federal Office for Information Security’) or are explicitly intended for the social sector and thus also include social work, but do not pursue long-term

6 All social services on behalf of the state.

7 All social services for foreigners on behalf of the state.

strategic goals and are solely meant to cope with the challenges of the pandemic.

A combination of both aspects would be essential. In other words, there is currently no legal regulation specifically for the field of social work that pursues long-term strategic goals such as safeguarding and development.

### 3 Regional regulations: Inconsistent and narrowly focused

In parallel to the state regulations, each federal state in Germany has defined its own list of system-relevant areas. Across the board, these definitions primarily pursue the goal of enabling emergency childcare during lockdowns for people who are employed in system-relevant fields of work. Thus, the regulations in the regional decrees belong to the so-called disaster management law (for more on German disaster management law, see Stober/Eisenmenger 2005). An analysis of the various state pandemic regulations shows, however, that the definitions and criteria outlined differ significantly from one state to another. Some regional decrees (e.g. Baden-Württemberg, Mecklenburg-Western Pomerania, Lower Saxony, Rhineland-Palatinate, Saxony-Anhalt, and Schleswig-Holstein) provide a definition of systemic relevance and set criteria, while others (e.g. Berlin, North Rhine-Westphalia, and Saxony) only list specific areas.

For example, Section 19 of the Corona Control Decree of Schleswig-Holstein – as well as the regional decrees of Baden-Württemberg, Saxony-Anhalt, and Thuringia – speak of ‘members of critical infrastructures’, which builds the bridge to the federal legislation – the abovementioned directive on the Federal Office for Information Security. This federal legislation, however, as stated above, pursues a completely different purpose to the states’ goal of pandemic management, namely IT security, and thus it can be assumed that two different groups of people are intended by the term ‘members of critical infrastructures’. This assumption cannot be substantiated, however, since there is currently no jurisprudence or legal comments pertaining to this issue. As Eisenmenger (2020) rightly points out, the term ‘systemic relevance’, which originally comes from the areas of IT security and financial markets, has not yet established itself in disaster management law, even though it was often used in 2020 in connection with the Covid-19 pandemic.

The regional decree of Mecklenburg-Western Pomerania, as another example, does not provide any generalized definition of systemic relevance, but rather specifically ensures emergency childcare for people ‘who work in human medical health and care professions and cannot take advantage of any other

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childcare option’<sup>8</sup>, though it does not explicitly specify these professions. Section 3 of the regional decree of Saarland speaks of offering childcare and pandemic protections to professions with a ‘public interest’. This latter term has been used in German municipal law since around 1938<sup>9</sup>.

If a definition does appear in one of the regional decrees, the privileged occupations are generally defined as ensuring the *general public interest*. Which interest is meant by this, however, cannot be clearly answered. For example, the decree of Lower Saxony does not specify what it considers to be a general public interest. There are, furthermore, certain differences between states when it comes to the specification of a ‘general public interest’. For example, Section 6, Paragraph 1, No. 2 of the regional decree of Rhineland-Palatinate specifies that general public interest comprises ‘activities to maintain public *security* and *order* of the state and *basic services* for the population’ (emphasis added) (§6 Absatz 1 Satz 2 CoBeLVO as amended on 8 May 2020), while the state ordinance in Saxony simply speaks of ‘ensuring public safety and order’<sup>10</sup>.

Since there is no federal agreement regarding which public interests have priority for systemic relevance, it is not surprising that specific lists of system-relevant occupations or areas differ from region to region. Yet nowhere is social work as such listed specifically; only a few particular areas from the field of social work are covered. In Berlin, for example, these are aid organizations and support staff; in Rhineland-Palatinate only educators; in Saxony they are ‘employees of the institutions for counselling in the social and psychosocial areas’;<sup>11</sup> in Saxony-Anhalt, ‘counselling staff for pregnancy conflict counselling, women and child protection and social crisis interventions’;<sup>12</sup> in Schleswig-Holstein, it is authorities like inpatient youth welfare institutions. The area of social work is to a broad extent covered in Saxony, but at the same time not even mentioned in Rhineland-Palatinate.

Whether it is an open or a conclusive list also differs from region to region. After all, in the vast majority of cases, emergency childcare is tied to other conditions. Both parents (and not just one of them) must meet the conditions for access in Baden-Württemberg, Berlin, and Saxony. In all federal states, the entitlement to emergency childcare does not apply if childcare can be done at home while workers do home office, since flexible working hours are possible. Finally, some regional decrees (e.g. Baden-Württemberg, North Rhine-Westphalia, Saxony-Anhalt, and Thuringia) emphasize that the employee must be *indispensable* for regular operations or belong to the so-called *indispensable key personnel*. In addition, to apply for emergency childcare, a certificate from

8 State ordinance of Mecklenburg-Western Pomerania, Reasoning, p. 9.

9 Eisenmerger, 201.

10 State ordinance of Saxony, Annex 1, Overview of sectors entitled to emergency care.

11 Ibid.

12 § 14 para. 3 No. 4 State ordinance of Saxony-Anhalt,

the employer usually has to be presented. In practice, therefore, it is de facto left to the employer to decide whether a specific employee is ‘indispensable’, and even whether the particular area of employment is considered to be system-relevant.

In response to such inconsistencies in definitions and criteria, Eisenmenger (2020) made an attempt to establish some criteria. He analysed various regulations on systemic relevance at the regional, federal, and EU levels and came to the conclusion that even though the regulations are inconsistent, criteria such as ‘maintaining public safety and order’ as well as ‘services of a public interest, especially critical infrastructure’ prevail. These criteria are, furthermore, in line with the German constitution (ibid.: 204). Eisenmenger thus encourages the German courts to use these two criteria as a basis for determining systemic relevance in future case law, because they appear to be comprehensible, generalizable, and scalable. Furthermore, these criteria have meanwhile become more or less anchored in the legal system in all regions (ibid.: 205).

## 4 Declaring a ‘service of public interest’ as a public manifesto

If German case law were to classify the field of social work as a service of public interest in the future, this would serve as a kind of public manifesto clearly stating that the field of social work plays a special role in society. Up till now, however, it has been left to other actors of the society – that is, to legislators at various levels as well as to individual employers – to decide which areas constitute a public interest. Since there is not yet any case law on this in Germany and regional legal assessments differ widely, the door is potentially open for social work to be recognized as a service of public interest.

Indeed, there are strong reasons for attributing public interest to the field of social work. The German Professional Association for Social Work (DBSH) sums up in a somewhat dated study that social work is considered important or particularly important by over 93% of clients (DBSH 1998). A total of 87% of those surveyed were convinced that social work enabled them to avoid social conflicts, and well over 65% were convinced that social work helped them to avoid both the consequences of competition in society as well as crime (DBSH 1998: 4–5)<sup>13</sup>.

It is hard to ignore the fact that social work plays a particularly important role in processes of social transformation and enables society, particularly in

13 DBSH (1998): *An Zustimmung wird nicht gespart!* (Study on the Status and Functions of Social Work in the Consciousness of the Population Germany)

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times of crisis – as, for example, the Covid-19 pandemic – to maintain its balance. Böllert and Alfert (2013) support this thesis through their research. In fact, social work balances out, often de facto, the inequalities driven by political changes. The DBSH have emphasized, for example, that the government’s ‘Agenda 2010’, and especially the reform of unemployment and welfare benefits, ‘had numerous victims’ among socially vulnerable groups due to the neoliberal changes made in a push against an active welfare state (DBSH 2013). As a result of these reforms, atypical and, in some cases, precarious types of employment, such as mini-jobs<sup>14</sup> and temporary work, have significantly increased in Germany (Süddeutsche Zeitung 2017). These long-term challenges are still being confronted by those in the field of social work, a decade after the Agenda 2010 reform took place.

In a broader sense, especially on the assumption of the mandate to act through the interest of the welfare state (the so-called ‘triple mandate’ covering up the interests of the client, of the state as well as standards of social work as a scientific field), social work might certainly be considered to represent a special public interest. However, if only the current and most frequent legal definition of special public interest is assumed – a service offering basic care to the population – then realistically social work does not have any chance of falling under it, since it does not secure a material supply chain and does not pursue any material goals. Recognition as a service of public interest is, however, crucial, since this would allow for a status of systemic relevance. According to Eisenmenger (2020), it would be sufficient if one of the two criteria – a ‘service of a public interest’ or ‘maintaining public safety and order’ – is applicable. Nevertheless, it is important to understand that the field of social work would perhaps never meet the second criterion, for it is not directly the task of social work to maintain public safety.

Certainly, social workers often become involved in the wake, or even in prevention of, a crime. Therefore, social work is sometimes attributed the function of ensuring public security (Lutz 2017). This seems, however, somewhat misleading. Social work cannot be equated with the security function as exercised by the state security apparatus, such as the police, because it acts differently and pursues different goals. Social work in Germany aims rather to create equal opportunities for people by empowering and enabling them to help themselves and, in the long term, to change social conditions; provided that the welfare state supports this mechanism too (Schilling/Zeller 2012: 157–158; DBSH 2016). Minimizing the crime rate can therefore only be an indirect consequence of social work, not its goal (which is also alluded to in the above-cited survey of the DBSH). A direct correlation between social work and crime rate would, furthermore, likely be impossible to measure there are too many social

14 A ‘mini-job’ in Germany allows a person to earn up to 450 euros per month, on which no social security contributions or taxes are paid, and thus the worker is not entitled to any social or welfare benefits as a result.

actors and circumstances involved, and the developments happen over a long period of time.

## 5 Conclusion

As the above analysis shows, the nature of the term system-relevant areas (without reference to specific occupations) appears vague and indefinite. The legal term systemic relevance was provisionally introduced into state German labour law at the beginning of 2020, but solely with the aim of coping with the challenges of the Covid-19 pandemic. Regional decrees also regulate this area inconsistently; in most cases, systemic relevance has predominantly been used to regulate access to emergency childcare during the pandemic.

In general, the current legal regulations in Germany regarding system-relevant work fields would be unsuitable as a cornerstone for creating a basis for a long-term improvement of working conditions in all of the implicated sectors. This conclusion should come as no surprise, since the current emergency changes are simply not intended for such a purpose; they are designed solely to cope with the enormous challenges of the Covid-19 pandemic, and thus their period of validity is usually limited to one year with the option of extension. Furthermore, the various regulations at the regional level originate from the so-called disaster management law and are thus much too new to have yet been able to make a long-term contribution. And as stated above, there is currently no relevant case law or legal commentaries pertaining to such pandemic-related changes that could ensure a lasting impact.

Even if it is assumed, following Eisenmenger (2020), that the two criteria for systemic relevance – ‘maintaining public safety and order’ and ‘services of a public interest, and critical infrastructure in particular’ – can actually be derived from the current legal regulations, especially at the regional level, it is questionable whether social work would fall under any of these criteria. Social work does not directly serve to maintain public security, nor does it enable a material supply chain, therefore it cannot be considered a service providing basic care to the population, which challenges its status in terms of public interest. Nevertheless, any assessment is still possible at this time, since no legal debate specifically on this issue has yet to be opened.

With a few exceptions, social work is currently not viewed in Germany as a system-relevant area, either at the federal or regional level. Obviously, better conditions in a particular work area do not come from simply declaring the area to be system-relevant. It is evident that assigning such a title can only have a measurable outcome if it is applied for a clear and specific purpose such as e.g. improvement of working conditions in a particular sector, recruiting male

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students and workers or elaboration of a long-term development strategy. If the purpose behind such labelling is not clear from the beginning, then the designation will remain purely symbolic and will have no clear long-term outcome. Nevertheless, even if such a classification as a whole would still appear to be rather symbolic, there is currently no political signal to social workers – symbolic or otherwise – indicating that their field safeguards Germany’s public interests and would therefore be considered – at least in the pandemic period – to be of a special relevance for the entire state.

All in all, I argue that it is strategically incorrect and politically short-sighted that social work has not been clearly classified as a system-relevant area in Germany, since even purely symbolic, time-limited, and narrowly-targeted measures could send a strong signal of appreciation to social workers and potentially lead to further positive social changes. Precisely such a symbolic measure could be helpful, for instance, to make the profession of social work attractive for a new group of applicants. Social work is still largely considered a female profession – and this after almost twenty years of attempts to make the field inviting to both genders. The number of male social workers and students of social work in Germany is still low; the quality of employment relationships in the field of social work remains rather low. Social work’s low social status and its lack of social recognition are among the reasons why many applicants, especially men, look elsewhere.

Furthermore, a symbolic designation in itself cannot, of course, spur a salary increase across the social work industry. But it would definitely provide the professional associations and the trade unions with additional leverage to negotiate better conditions and more social security, at least on a selective basis. Again, this would attract new applicants, particularly among those who are motivated by working conditions.

Finally, it cannot be overlooked that the workload for social workers has increased dramatically during the Covid-19 pandemic. A clear – even if only symbolic – commitment to political and social recognition could serve to increase motivation, at least in the short term, and thus secure the existing workforce through the crisis period. In the case of social work, this legal development was not taken up by legislators at any level – be it the EU, federal or regional level. This is clearly a misstep.

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## Part II: The Sphere of Reproduction and Care



# Covid-19 Pandemic: A Gender Perspective on how Lockdown Measures have affected Mothers with young Children

*Céline Miani, Lisa Wandschneider, Stephanie Batram-Zantvoort and Oliver Razum*

## 1 Background

### 1.1 Gender equality and labour workforce participation of mothers

Germany scores low compared to other Northern and Western European countries in terms of gender equality (see, for example, Gender Equality Index score by the European Institute for Gender Equality, EIGE 2020). With regard to labour force participation, it shows relatively high differences between the overall full-time-equivalent employment rate of women (41.1%) and men (60.3%) (ibid.). Among women, mothers occupy some of the most precarious positions in the labour market. Entering motherhood in Germany affects career paths lastingly, and the employment rate of mothers declines with each additional child (Gangl/Ziefle 2015). A closer look at the labour force participation of mothers with younger children (under the age of 11 years) shows that in west Germany, where our study is set, approximately 40% worked part-time in 2018 and 13% full-time (Barth et al. 2020).

These figures show that the long-prevailing model of the single-earner (usually the father), which is particularly pronounced in (west) Germany, has evolved to some extent into a ‘supplementary earning model’, where women increasingly work (part-time) (Barth et al. 2020). This development is partly due to policies which in recent years have tried to encourage mothers’ participation in the labour market by creating more childcare places for young children and reforming parental leave (Sharma/Steiner 2008). However, some strong incentives remain to keep mothers out of work. On average, women in Germany earn 18% less than men (west Germany: 20%, east Germany: 6%) (Federal Statistical Office [DESTATIS] 2021). This relatively high gender pay gap makes most families opt for maternal rather than paternal parental leave, since the cap and percentage calculation on parental leave pay does not cover the full income of higher salaries. Connected to the gender pay gap, the joint taxation of married couples is also counterproductive in terms of increasing mothers’ employment due to negative financial incentives. Finally, a re-entry

into a (full-time) job comes with challenges, among them obtaining a childcare place for younger children, and in particular in terms of finding facilities that offer opening hours that match one's specific working hour requirements (e.g. for shift work) (Gangl/Ziefle 2015). In 2018, only 29.4% of children under 3 years old were attending childcare facilities in west Germany (versus 51.5% in east Germany), with North-Rhine Westphalia having the lowest rate in the country (27.2%) (Federal and State Statistical Offices 2019).

## 1.2 Gender norms and motherhood

The availability (and use) of childcare reflects a society's expectations, norms and values towards more or less traditional gender and family roles: becoming a mother in Germany puts women in a context that is highly characterized by ideologically charged motherhood myths (Klabunde/Korn 2010; Diabaté/Berlinger 2018). To a large extent, social norms of motherhood correspond to traditional gender roles, picturing mothers as caring and sacrificial, yet also well-organized and the manager of the domestic sphere. Simultaneously, the mother is expected to participate in the labour market (but not too much), contribute to the family income (without being responsible for financial security), and fulfil her educational potential (but not at the expense of her children) (Gieselmann et al. 2018).

The norms imposed on 'working mothers' require their full effort, availability and devotion as evidence of their ability to equally manage all of their employer's demands. Yet these social norms conflict with the female caregiver role, resulting in the culturally persistent idea that working mothers are selfish and harmful to the infant and toddler's development, oftentimes resulting in feelings of guilt, shame, pressure or insufficiency (Henderson et al. 2015). Through internalized societal beliefs on what constitutes ('good') motherhood, gender norms also shape the relationship between mothers and their intimate partners, and (even more so in heterosexual partnerships), orchestrate the organization of tasks and responsibilities, delineate the roles of both parents, and influence the dynamics of decision-making and negotiations within a couple (Schneebaum/Mader 2013; Bartley et al. 2005).

### **1.3 Covid-19 context and consequences of initial lockdown measures**

Among the first non-pharmaceutical interventions (NPIs) to limit the transmission of Covid-19 implemented on 13 March 2020 in Germany, it was announced that schools and nurseries would remain closed until at least mid-April (European Observatory on Health Systems and Policies 2021). As a result of physical distancing recommendations, informal childcare by neighbours, friends and grandparents was likewise almost completely suspended. Measures also included closures of commercial facilities and services, restrictions on social life in the public and private sphere, and a recommended switch from in-person to remote working when possible.

Preliminary findings indicated that gender inequalities have been exacerbated during lockdowns, with mothers bearing more of the additional burden than fathers (e.g. Manzo/Minello 2020; Zoch et al. 2020a). Although fathers have shown signs of commitment and increased their contributions to household tasks (e.g. in Canada, see Shafer et al. 2020; in Germany, see Hipp/Bünning 2020), mothers more than fathers have adapted their working hours and pre-pandemic schedules to respond to the needs of their children and family (Andrew et al. 2020; Kreyenfeld/Zinn 2021).

### **1.4 Rationale and objectives**

Considering the specificities of the west German gendered organization of families with young children, we investigate, from the perspective of mothers, the impact of the first Covid-19 pandemic NPIs on three aspects of family life directly related to parenthood and shaped by gender roles and norms: housework and childcare organization, work-family balance, and relationship with the intimate partner.

## 2 Methods

### 2.1 Study design

Our ‘Family study’ constitutes a thematically focused, mixed-method follow-up of the BaBi birth cohort established in 2013 in Bielefeld, North-Rhine Westphalia, west Germany (Spallek et al. 2017). The cohort originally included just under 1,000 mother-child pairs, with the aim of assessing the trajectory of health inequalities among newborns and children. All of the family study participants had the following in common: they lived in one circumscribed geographical region, had same-age children (born 2013–2016), and were exposed to the same measures to contain the Covid-19 pandemic (especially the closure of schools and childcare institutions). From the initial cohort, we contacted all women who had given consent to further approaches via email in mid-April 2020, and sent a reminder email a couple of weeks later to increase participation. Participants were free to decide whether they wanted to be involved in the quantitative online survey, the qualitative email interviews, or in both. The Ethics Committee of Bielefeld University approved the study.

### 2.2 Measurement and analysis

The quantitative online survey included questions on the organization of family and work life following the closure of childcare facilities, the state of the participants’ relationship with their partner, their own physical and mental health, and their views on gender equality. We used validated instruments whenever possible. To compare the participants’ work-life balance over the past two weeks and before the closure of childcare facilities, we applied the Work and Family Conflict Scale (WAFCS) (Haslam et al. 2015). We reused a set of questions developed for the baseline questionnaire of the BaBi cohort regarding how the women interacted with their partners and adapted it to capture perceived differences in these behaviours since the onset of lockdown (e.g. being angry at the partner, talking about emotions, having arguments). Time-use questions on the organization of family and housework responsibilities as well as sociodemographic characteristics were adapted from established international social surveys (International Social Survey Programme [ISSP] Research Group 200) (ISSP 2007) and the German Socioeconomic Panel (Goebel et al. 2019). Views on the personal importance of gender equality and associated actions at the political and societal level were measured with questions from a multinational survey conducted by the Independent Polling System of



Society (IPSOS) (IPSOS et al. 2019). The survey was created using the Evasys software and was available on computers, tablets and smartphones.

For the qualitative part, we opted for semi-structured email interviews. Considering the strict physical distancing measures, the closure of childcare facilities and the associated time pressure on participants, we believed that email interviews would increase flexibility and give more autonomy to the participants as to when to do the interviews (Hunt/McHale 2007; Helfferich 2019; Hawkins 2018). The interview process included three waves of open questions and, from the second wave on, follow-up questions to the answers already provided, with the aim of initiating a conversation. Questions in the first email covered the adjustment to the pandemic situation in terms of re-organizing daily life (work, childcare, household obligations) and feelings and experiences connected to the participants' role as mothers and their idea of motherhood. The second wave included questions on the family members' health and well-being as well as the share of responsibility taken on in terms of seeking pandemic-relevant information, implementing personal protective measures, and child-orientated communication about the pandemic situation. The third round finalized this process by asking about participants' views on the future.

We used descriptive statistics to analyse the responses to the online survey and content analysis to identify the key themes emerging from the qualitative data (Mayring 2001).

## 3 Results

### 3.1 Sample description

One hundred and twenty-four women participated in the survey and 17 women in the interviews. All of the interviewees also completed the survey. Our sample was characterized by highly educated women, most of whom were living with their (male) partner. Typically, the partner was working a full-time job, while 64.5% of the participants worked part-time (Table 1). The number of children per family was 2.09 (SD: 0.62). Most families used formal childcare facilities. In terms of views on gender equality, the participants reported slightly higher support for gender equality at the societal, personal and relational level compared to the German subsample of the IPSOS survey in 2019 (IPSOS et al. 2019) (Figure 1).

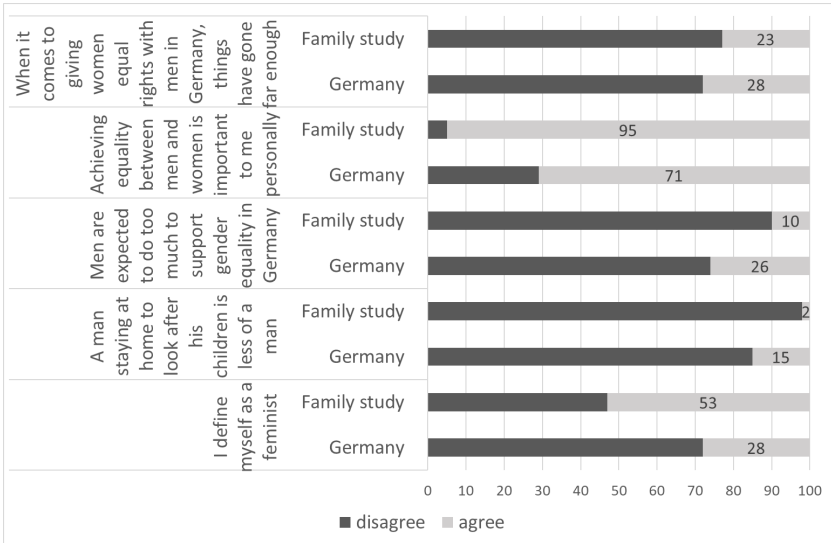
Table 1: Sample characteristics (n=124)

	Sample distribution			
	n	mean (SD)	valid %	missing n %
<b>Age</b>	124	37.6 (4.3)		
<b>Marital status</b>				
In a partnership	118		95.2	
Single, divorced or separated	6		4.8	
<b>Number of children under 18 years living in the household</b>				
1	13		10.7	3 2.4
2	88		72.7	
3 and more	20		15.5	
<b>Formal childcare (cumulated for all children)</b>				
Kindergarden	155		73.1	
Day care	14		6.6	
Other institutions	14		6.6	
No formal childcare	29		13.7	
<b>Formal educational attainment</b>				
Lower secondary education	9		7.4	2 1.2
Higher secondary education	113		92.6	
<b>Employment status</b>				
Part-time employed	80		64.5	
Full-time employed	12		9.7	
Parental leave	20		16.1	
Other	12		9.7	
<b>Monthly net household income</b>				
1250 - 2500 €	9		9.5	29 23.4
>2500 - 4000 €	42		44.2	
>4000 €	44		46.3	

Source: This study

## Motherhood, Care and the Covid-19 Pandemic

Figure 1: Views on gender equality in the Family study (Bielefeld, 2020) compared to the German results of the IPSOS survey, Germany (2019)

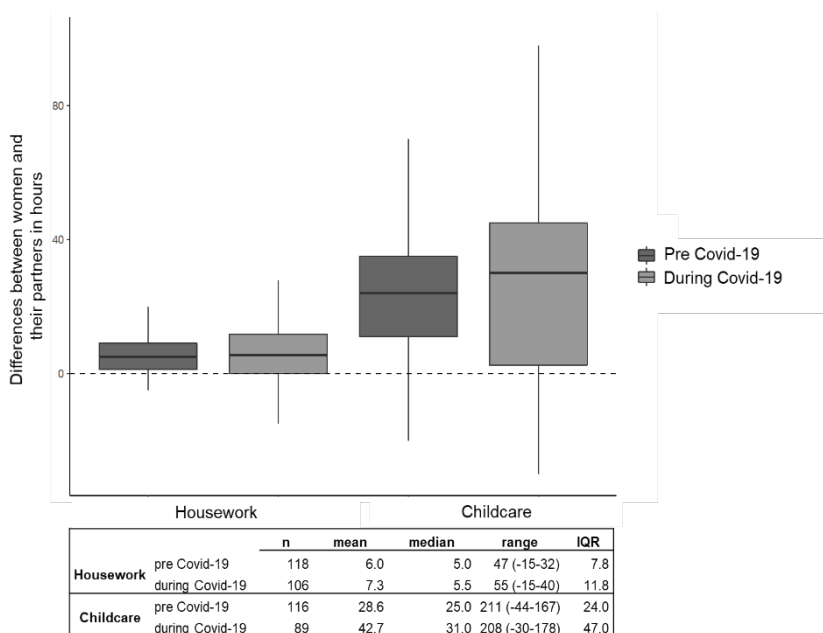


Source: This study; IPSOS et al. (2019)

### 3.2 Housework and childcare organization

Women spent about twice as many hours on childcare and housework as their partners – both before and during the Covid-19 pandemic. The lock-down increased the reported imbalance between partners in terms of household responsibilities: for example, before the pandemic, women spent on average 28 hours more on childcare per week compared to their partner; during the lock-down, this difference amounted to 43 hours (Figure 2). For women with school-aged children, their share of homeschooling during the pandemic added to the overall imbalance, with women spending three times as much time as their partners on this ‘new’ task (1.6 vs. 0.5 hours per day).

Figure 2: Differences in weekly hours spent on housework and childcare between women and their partners



Source: This study

Note: Positive values indicate higher hours in women, while negative values show a greater share of the partners.

Several participants showed an acute awareness of gender roles and the difficulties in fulfilling household responsibilities and motherhood expectations following the implementation of the NPIs. One interviewee explicitly referred to societal norms shaping motherhood and the life of working mothers:

My husband is very busy at work, I “only” work part-time. So far, I have not found it unfair to be more burdened by childcare and household (...) Since the Corona measures, however, the distribution is unfair. All the extra work and extra demands have landed on me and I’m the one who has to compensate for the closure of the kindergarten and school. (...) In my life planning, (...) I definitely wanted children. But I also wanted to remain employed (...). Despite various difficulties, I (...) never regretted the decision to realize both (...). At the moment, however, I am questioning myself whether I can keep this up for much longer and whether this balancing act is worth it at all. One doesn’t receive any recognition for taking

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on the extra workload, neither professionally nor socially. Professional development opportunities after becoming a mother are non-existent! After all, you are only available part-time and therefore only to a limited extent. No matter – I still liked my job. But now the burden is simply too great (Interview 13).

Asked about her perception of the distribution of task-sharing in child-care and household chores, another woman described her ambivalence by referring to her self-conception of ‘good motherhood’:

Although my partner is currently at home more often than I am and is therefore more often available for the children (...), I take on most (...) because the children (and my guilty conscience as a mother) demand so (...) I have ambivalent feelings: both my partner and my “intellect” consider the distribution unfair (...) I should let my partner take over more tasks. The “feeling” (...) says that the distribution is justified or that I should rather take over even more tasks (...) my ambivalence has (...) to do with my demands on myself and dysfunctional assumptions (“I have to be a perfect mother”, “I earn less money than my partner, so I have to do more in the household and raising children”, “I shouldn’t expect too much from my partner”) (Interview 7).

A similar, but far more positive connotation of both their self-conception as a mother and views on task-sharing was prominent among participants who were either housewives or on parental leave:

We are both satisfied with this division/role sharing that we have agreed upon. It is based on our basic beliefs about how we want to live our lives (...). My husband enjoys his work and happily takes his role as the breadwinner, while I enjoy being at home, freely dividing my time, and using my skills and strengths to benefit my family (Interview 1).

This group of participants also tended to perceive the pandemic-related changes as a relief (e.g. fewer appointments, less travel/commute time, less time pressure) and enjoyed the ability to organize their family life according to a new rhythm: ‘I am happy. Happy to have so much intense time that I otherwise wouldn’t have allowed myself. Laundry just stays put. There is more air and free space because of the omission of so many everyday obligations’ (Interview 9). However, when directly asked about the positive impacts of the situation in the survey, most women did not identify many (Table 2).

Table 2: Positive developments of the lockdown (%), Bielefeld, 2020

	yes	no
<b>We spend more time together as a family</b>	88.7	11.3
<b>We have more time to relax</b>	66.1	33.9
<b>I have a renewed appreciation for nature</b>	53.2	46.8
<b>I appreciate more the small things in life</b>	49.2	50.8
<b>It has allowed me to become closer to my children</b>	48.4	51.6
<b>We have more time for non-work related activities</b>	46.0	54.0
<b>I buy fewer unnecessary things</b>	45.2	54.8
<b>I am more physically active</b>	27.4	72.6
<b>It has allowed me to become closer to my partner</b>	26.6	73.4
<b>I feel more calm</b>	23.4	76.6
<b>I have time to read or to learn something new</b>	20.2	79.8
<b>It is nice, not to see some people who bring negative feelings into my life</b>	15.3	84.7
<b>I have renewed contact with people (e.g. friends, family) whom I had not talked to in a while</b>	14.5	85.5
<b>It is nice, not to do some things which bring negative feelings into my life</b>	11.3	88.7

Source: This study

### 3.3 Work-family balance

Among working mothers, the survey showed that work-family balance was affected in different ways. Participants felt less pressure on their family lives, but were worried that they were not productive or efficient enough with regard to their paid work-related tasks. The interviews showed a discrepancy between the women with and without paid-work obligations, disclosing high levels of stress and exhaustion for some and appreciated deceleration for others:

(...) I currently have a very high stress level, (...) I am torn between raising children and home office and yet can't really do justice to either side. On bad days, this can lead to shaky hands and a racing heart, which takes some time to return to normal (...) (Interview 17).

I haven't felt so decelerated in a long time. (...) I can do more justice to being a mom. I didn't think I'd be able to enjoy all this free time with the kids so much (Interview 9).

### 3.4 Intimate partnership relations

A clear positive development was that women tended to report more supportive attitudes within the relationship with their intimate partners. In particular, both partners were more likely to talk about their feelings with each other during the lockdown and to listen to each other, showing encouraging signs of growing emotional support. While 10 to 20% of the women reported that conflicts in the partnership had increased during the lockdown, the vast majority indicated that they experienced similar or even lower levels of conflict. In line with the imbalance observed in terms of household responsibilities, the areas in which women reported the highest lack of support from their partners were housework and childcare. This pertains to the pre-Covid-19 situation as well as the lockdown period, but the perceived lack of support for both areas slightly decreased during the lockdown compared to pre-lockdown estimates.

## 4 Discussion

In terms of housework and childcare organization, we found that mothers bear the brunt of the extra care work during the pandemic; and that although fathers' involvement also increased, it did so to a much lesser extent. Our findings are consistent with other German (Zoch et al. 2020a; Kreyenfeld/Zinn 2021; Hipp/Bünning 2020; Zoch et al. 2020b; Hank/Steinbach 2020) and international (Shafer et al. 2020; Seiz 2020; Carlson et al. 2020; Lagomarsino et al. 2020; Fodor et al. 2020) studies. Similar results were also found in two other studies with highly educated participants conducted in northern and western Europe (Yerkes et al. 2020; Yildirim/Eslen-Ziya 2020).

The negative impact of the NPIs on some of the working mothers' work-family balance is also consistent with other studies (Hjálmsdóttir/Bjarnadóttir 2020; Minello et al. 2020). Employment may play a crucial role in determining the effect that NPIs have on mothers' well-being: women who were engaged in paid labour reported feelings of exhaustion and over-load in terms of work-family balance, while women who were currently not engaged in formal employment (due to pregnancy, parental leave or other reasons) reported more positive feelings of being able to make use of the extra time with their children (and partner). Such contrasting situations can also be found elsewhere, reflecting the diversity of life situations and personal reactions to disruption (Calarco et al. 2020a).

It is important to note that what can be seen as a manifestation of unequal gender roles, or some imbalance between partners within a household, was not

per se perceived as unfair or as a question of gender equality by the study participants. This was latent in the quantitative survey, but became obvious in the qualitative interviews. Many participants did not consider the distribution of roles and responsibilities pre-pandemic as problematic, but saw them as a conscious choice made as a family. Being a ‘stay-at-home mom’ reflects in those cases a choice and a competence with equal value to previous or current employment, not a demotion. However, during the pandemic, the intensifying demands from and on household members may have polarized gender roles, revealing or exacerbating potential internalized tensions, in particular for working mothers. What could be considered an apparent inconsistency between support for gender equality responses and choices made in one’s household was identified and commented upon spontaneously by several participants, who were struggling to reconcile different types of expectations: those they set for themselves, those of their employers, those they think society has toward them. This resonates with a recent survey which showed that among women from 7 high-income countries, German women were the ones most convinced of the fact that ‘You can’t have it all’, acknowledging that with ‘good’ motherhood comes some sacrifices in the professional career (IPSOS 2020).

The positive findings regarding the relationship with the intimate partner show that intimate relationships can strengthen and potentially contribute to mitigating the effect of the NPIs through emotional support. Evidence on this topic is, however, rather scarce. While a study conducted in the early stages of the pandemic in the United States (Williamson 2020) is in line with our results, others present a more mixed picture. For example, Calarco et al. (2020b) found increasing frustration and conflicts between the parents of young children, while Lim and Tan (2020) identified worsened relationships if mothers worked from home, but improved ones if fathers worked from home.

A year and a half into the pandemic, it is important to highlight that the findings presented above reflect developments and experiences after only a few weeks of NPIs. The impact of the pandemic and its associated measures may have changed after more than a year of challenges from, and adaptations to, a continuously evolving situation. Both increased resilience and burnout could result (Prime et al. 2020; Marchetti et al. 2020). Two key factors may play a role: the psychosocial characteristics of participants and their work situation. In further work, we propose to explore the role of these two determinants on the mental and physical health of the study participants.



## 4.1 Implications

Findings such as ours call for a gender-transformative feminist political action and pandemic recovery plan (Viswanath/Mullins 2020; UN Women 2020). They highlight the risk of quickly-deepening gender inequalities, the reinforcement of traditional gender roles and the precarization of mothers' labour force participation. Such phenomena cannot be ignored; the pandemic must not be allowed to erase in a couple of years the many decades of slow social progress toward gender equality. Concrete solutions could reside, as in the pre-pandemic world, in gender-sensitive, effective public policies, including reform of paid parental leave and childcare policies, and new guidelines on flexible working – as suggested by other studies. For example, flexible working arrangements, especially for fathers, can contribute to greater equality in terms of unpaid work (Chung et al. 2020; Shafer et al. 2020). Measures specifically designed to counter the effects of the pandemic could also be considered, such as extra counselling support and job-seeking services for mothers whose productivity and career path have been most affected by childcare facility closures (Kaushiva/Joshi 2020).

Lastly, motherhood and care are some of the dimensions through which women are most impacted by the pandemic, but they are not the only ones. Other issues facing women include increased domestic violence and abuse, and a high exposure to the virus through occupational duties (women constitute the majority of 'essential' or 'system-relevant' workers) (Smith et al. 2021). A gender-transformative recovery plan would take all of these elements into account.

## 4.2 Strengths and limitations

The survey sample size is relatively small and does not allow for sub-group analyses (e.g. single women vs. women in a partnership). The participants constitute a non-representative, specific population and results cannot be generalized to all mothers, nor to women with lower socioeconomic positions, single households, or women in same-sex/gender partnerships. In terms of measurement, there is a risk of recall bias for the 'before the pandemic' questions. However, participants did not have to remember situations and experiences from a long time ago, but rather from a couple of weeks prior. Indeed, data collection started within a month of the announcement of the first NPIs.

We did not find an appropriate validated instrument to measure support for gender equality and decided to use the IPSOS survey questions. Feedback from participants on the questionnaire pointed to the inadequacy of some of the

questions for the German context and highlighted some confusion as to why gender equality questions were included in the family study online survey. Although we acknowledge the shortcomings of this instrument, we would encourage future studies to consider using some measure of support for gender equality, as we believe that it shed new light on some of our findings.

The mixed-method design strengthened our approach, compared to similar studies which relied mostly on quantitative data. The process of email interviewing led to surprisingly rich and deep data, which confirmed and augmented the quantitative findings and offered leads for interpretation of the main survey trends. We are aware that to some extent our sample might be skewed by a selection bias. For example, women who were totally overwhelmed by the situation did not participate. However, among those who participated, the vast majority were still combining paid and unpaid work, and women were very keen to take the time to share their experiences. At least 20 more women were willing to take part in the qualitative arm of the study, but we did not interview them since saturation had been reached.

## 5 Conclusions

Our study supports the hypothesis that lockdown measures lead to an intensification of traditional gender roles in households with small children, with imbalances in roles and responsibilities becoming even greater between partners, although intimate partnership tensions may have decreased. Findings show conflictual personal situations, with women struggling more or less explicitly to align their own expectations of motherhood, the expectations of others, and their own needs. There is a need for gender-sensitive childcare and work policies to support the mothers of young children as the Covid-19 pandemic continues, and in future similar outbreaks.

## 6 Declarations

The study was approved by the Ethics Committee of Bielefeld University (2020-059). The participants provided their written informed consent to participate in this study (in the online survey or by email). The authors declare no conflict of interest. The BaBi study was funded by a grant from Germany's Bundesministerium fuer Bildung und Forschung (BMBF, grant 01ER1202). The present study was conducted by the Gender Epidemiology Junior Research

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Since 2018, the **GendEpi Junior Research Group** has been exploring the quantitative operationalisation of gender in health research, and how sociological gender concepts can be more systematically used in social epidemiology. The GendEpi group, composed of Dr. Céline Miani (group leader), Stephanie Batram-Zantvoort and Lisa Wandschneider is located within the Department of Epidemiology and International Public Health, headed by Professor Oliver Razum, at the School of Public Health, Bielefeld University. The four authors have conceptualised and conducted the Family study at the beginning of the Covid-19 pandemic (March–May 2020). This study aims to explore gender inequalities, roles, and norms during the first lockdown, and their impact on the health and well-being of the mothers of young children.





# Children as Actors for Family Care during the Covid-19 Pandemic

*Caterina Rohde-Abuba*

## 1 Introduction

The closure of day care centres and schools in Germany and Ghana took place at nearly the same time, in mid-March 2020. At the start of the Covid-19 pandemic, it was assumed, especially in Germany, that children were contributing heavily to the spread of the virus through asymptomatic infections and would endanger elderly people in their own families. Images circulated of youths and young adults gathering in public and seemingly not complying with the rules. In this context, the perception of children and young people during the pandemic fostered the assumption that they would not contribute to curbing the pandemic, due to their lack of maturity or sense of responsibility. As young people were mandated to remain at home, the care of younger children and the homeschooling of older children and youths became the sole responsibility of the family. Especially in Germany, children were subsequently viewed as an object of parental concern that was in conflict with parents' professional lives. The media focused on mothers, who expressed their inability to reconcile the responsibilities of working at home, homeschooling and childcare (Pelizäus/Heinz 2020: 14).

Based on a theoretical approach that combines the notion of children as actors in their life worlds with the concept of 'family resilience' (Walsh 1996), this paper aims to examine how families in Germany and Ghana cope with the pandemic situation, which is marked by home childcare and homeschooling, through adaptations and reorganizations of the family system. The role of children as receivers and providers of familial care will be analysed based on qualitative interview data that deploy children's own perspectives. The data on which this chapter are based are in-depth interviews with children and youths in Ghana and Germany conducted in summer and autumn 2020 as part of the 5<sup>th</sup> World Vision Children's Study,<sup>1</sup> which will be published in 2023 as a complete edition. After elaborating on the theoretical and methodological ap-

1 The 5th World Vision Children's Study is being conducted in collaboration with World Vision Ghana, Prof. Britta Konz, TU Dortmund, and the data service provider IPSOS.

proach, the empirical analysis will provide insights into children's participation in housework, their care for younger siblings, their care for their home-schooling and that of their peers, and their care for 'risk persons' in the household.

## 2 Theoretical approach to childhood and care

Academic debate concerning the biographical and social phase of childhood has undergone a decisive transformation in the past 30 years: while children were perceived as passive learners of an 'adult culture' into the 1980s, this focus shifted in the 1990s to the role that children are social actors shaping their society (Corsaro 1996; Honig 2009; Mayall 2001). Research increasingly became interested in children's agency, in terms of their ability to 'express their own interests and needs through their decisions and actions' (Wihstutz 2019: 28).

'Child' is a binary category that results from the intergenerational dichotomy between 'child' and 'adult', or in the family context, 'parent' (Honig 2017). Childhood and parenthood as social positions in families are constituted largely in terms of practices of care. The term 'care' refers to the complex interplay of activities related to the support and emotional attention that make up family life. Apart from caring *for* someone, the concept of care also includes caring *about* someone (Ungerson 2006: 277). Therefore, care is a 'relationship-oriented activity' (Brückner 2011: 781) for which one's own actions are oriented towards important others. Especially in Western contexts, care is a performative aspect of adult femininity (Robinson et al. 1980: 234; Butler 1988), a view that may misconceive or underestimate the care work of other family members. Walsh's concept of family resilience directs attention to the flexibility of family practices and suggests that in times of crisis, families may reorganize and adapt their care systems to cope with changing conditions (1996: 261).

Understanding childhood and adulthood as interrelated categories must not, however, distract from the fact that a crucial component of childhood arises from intragenerational relationships with other children, particularly in their free time and at school. Organized recreational activities (associations, courses, music lessons, religious classes etc.) and the educational system lead to an institutionalization of childhood (Honig 2017), resulting in highly structured daily routines.

It is, nevertheless, necessary to critically examine the extent to which this concept entails a 'Westernization of childhood' (Bühler-Niederberger 2011)

that neglects other constellations of childhood that could be relevant for contexts in Ghana. Childhood research is often permeated by a normative Eurocentric perspective that portrays the development of children outside the ‘Western world’ as deficient (Oppong 2015: 28; Matsumoto/Juang 2004: 172). In Ghana, children take on family responsibilities in the household or pursue gainful employment depending on their age and abilities (Hosny et al. 2020: 3526), which in the Western context is often criticized as a form of exploitation that impedes children’s education and leisure time. Twum-Danso Imoh and Okyere (2020: 6) argue that this overlooks the fact that children in West African countries achieve their social participation through their labour contributions in and for the family and also gain co-determination in this context. Indeed, ‘Children’s labour contributions can enhance their status in the family and community and facilitate their ability to participate in decision-making’ (ibid.: 5). In their empirical study on children in Ghana and Nigeria, Twum-Danso Imoh and Okyere show that the clear age categories that are used in Western societies to differentiate stages of development are not relevant there to the same degree, and that co-determination and participation depend rather on whether children take on responsibility and are thereby recognized as ‘people who have earned the right to be consulted’ (ibid.: 5).

### 3 Methodology and sample

Between June and September 2020 in Germany and Ghana, 15 interviews were conducted in each country with children and youths between the ages of 6 and 16. The interviews lasted between one and one-and-a-half hours. In four cases, pairs of siblings were interviewed. Except for one interview that was conducted with a fifteen-year-old girl via video conference, all of the interviews were carried out face-to-face in the children’s households. The interviews were always conducted in line with the statutory requirements regarding the hygiene and contact rules applicable in the respective regions at the time.

The goal of the qualitative interviews was to explore topics that would later be transferred into the forms for the quantitative survey of the 5<sup>th</sup> World Vision Children’s Study, which was conducted in Summer 2021. For this reason, the sampling explicitly aimed to interview children from a wide range of social groups. Various large cities were selected in different regions of both countries where interviews were conducted, and from which trips were made to rural areas for the purpose of interviews. The sample had a large variety with respect to the children’s socio-economic background, household size, ethnicity, religion, and geographical location and settlement structure. Genders were equally distributed.

An interview guideline with equivalent meaning was used for all interviews; this was developed through collaboration between World Vision employees in Germany and Ghana and translated into the different relevant languages. The interview guideline included episodic/narrative questions, conceptual/semantic questions and projective questions in order to explore the research topic in as much depth and from as many perspectives as possible.

## 4 Children's care for the self and others during the pandemic

The empirical analysis presents diverse aspects of children's care for and about important others and themselves during the pandemic. This highlights their role as social actors in their life worlds, who actively take care of their own and others' well-being, and shape relationships in their social environment.

### 4.1 Participating in housework

Everyday family routines during the Covid-19 pandemic under the conditions of lockdown and homeschooling were very similar in Germany and Ghana. Many of the interviewed children reported a high degree of distress due to the boredom and low levels of activity during lockdown, which did not match their usual way of life and their specific developmental needs. The largest challenge for most families was to find activities that are compatible with the contact rules in order to bridge the waiting period until the end of lockdown and the reopening of schools and recreational facilities. For children in Germany and Ghana, the suspension of classroom teaching meant that a large component of their daily lives became deregulated and they had to restructure this newly available time either independently or together with their family members. Most of the children's activities were carried out in their house or flat or were limited to outdoor activities that complied with the applicable hygiene and contact rules.

When describing their daily routine during lockdown and homeschooling, the children in Germany and Ghana demonstrated their differing involvement in housework. Nearly all of the children interviewed in Ghana, regardless of their family's socioeconomic class, described engaging in activities in the household, such as cleaning, washing and cooking, or activities outside the household, such as fetching water, agricultural tasks or market tasks, as self-

## Children as Actors for Family Care

evident elements of (pre-pandemic) daily life that contribute to the functioning of family life. Although the literature assumes that boys and girls carry out different activities in line with gendered socialization (Mariwah et al. 2011: 21), no differences could be found within our sample in this regard. Ten-year-old QZN<sup>2</sup> from Ghana (whose family has a domestic worker) described how he structured his daily routine through his tasks in the household, his learning activities and his interests: 'I learn with my [private] teacher in the day, I paint in the evening, I do house cleaning in the morning, I eat in the morning, evening, afternoon'. Fourteen-year-old FAG also said that she spent her time learning, eating and doing housework: 'This is my duty. I always clean the house'.

These activities were judged very differently by the children. Most children conceived of housework as a self-evident element of their daily life and some said that they enjoyed it. Providing care work – being responsible for 'their chores' – had a double meaning of contributing to family life in a functional aspect but also of symbolically demonstrating their belonging to the family; this was already important before the pandemic and provided emotional stability and activity throughout the lockdown. Some children, however, reported being overwhelmed with their responsibilities. Twelve-year-old IAD said that she had hardly had any time for herself before the pandemic, since her daily routine had been completely structured by school lessons, homework and housework: 'Before Corona, I did not have free time because if you come back from school (...) you are coming to the store or you go home. Do my house chores or do my homework'. She had previously only been able to meet her friends at school and had had no opportunities to arrange her time freely since the onset of the pandemic.

How much they were integrated into family work constituted a significant difference between the children interviewed in Ghana and Germany, although in our sample it cannot be determined that these activities are fundamentally disadvantageous for the children. If sufficient time remained for their own interests and education, such activities could contribute to structuring daily life, especially during the pandemic. This explains the fact that children in Germany who had previously had scarcely any responsibilities in the household were increasingly taking on tasks during the pandemic.

Every now and then I took the bike to go shopping. Cleaned up. Helped my parents in the kitchen (Susan, 14 years old, Germany).

If I didn't have anything else to do, I cleaned my room (Kerem, 14 years old, Germany).

2 For the purpose of anonymization, the children were asked to choose a first name under which they wished to be quoted. Many children in Ghana chose acronyms (such as QZN) that were either composed of the initials of multiple first names or were a transliteration of names from their respective language.

I started doing the laundry. Hanging it up. Started cleaning my room. Then I – we divided the tasks. Me and my mother clean my room, the hallway and bathroom. My stepfather takes care of the living room and kitchen (Natascha, 13 years old, Germany).

As in Ghana, for children in Germany, care work was an opportunity to keep themselves occupied with activities that were useful and symbolized family cohesion during the pandemic. This form of ‘doing family’ (Jurczyk 2020: 29–30; compare also Finch 1989; Finch/Mason 1993), in the sense of Walsh’s concept of family resilience, arises from the reorganization of care practices and responsibilities to cope with the conditions of lockdown. However, even though children in Germany did take over some care tasks, they used narratives that presented their parents as the main persons responsible for care work and their own contribution as that of ‘helper’ or ‘assistant’. Children in Germany also often focused on their own room or their own clothes, while children in Ghana perceived themselves as responsible for certain care tasks for the whole family, which relied on them to do their chores.

## 4.2 Providing childcare

In the German discourse concerning the difficulty of reconciling gainful employment and homeschooling or childcare, it is mostly assumed that this double burden is taken on by mothers. Little attention is given to the fact that older children are involved in childcare within some families and have to balance this task with their learning and relaxation time. This experience was shared by twelve-year-old Vanessa, who lives in Germany, and fifteen-year-old Tiana, who lives in Ghana:

My brother was always getting on my nerves and wanted to play with me early in the morning. And then he was always annoying me. So, I was unable to do any schoolwork, I always had to play with him. Then I had to do my schoolwork in the evening too if I wasn’t finished (Vanessa, 12 years old, Germany).

I am always in the room and most of my siblings disturb me when learning online. So sometimes I just have to maybe sack them out of the room for them to go and play outside for me to have a peaceful learning (Tiana, 15 years old, Ghana).

Even though the above two narratives are from girls, we also found cases of boys caring for younger siblings. These children experienced the same difficulties of balancing childcare and homeschooling that is, in the German discourse, perceived as primarily a mother’s struggle to negotiate her work in home office with childcare. Our study indicates that children make a contribu-

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tion to the increased care work in households, although the level of this contribution varies considerably from case to case, and that children cannot merely be viewed as passive objects who receive education and care from their parents or mothers.

In our interviews, the level of priority that was given to the education and recreation of children within family life under pandemic conditions, and the resources that were available, can be seen as a decisive factor for when and how homeschooling could actually take place. In contrast to classroom teaching, which specifies the time periods for learning, homeschooling could be treated as less important than the child's other tasks, depending on the family situation, which consequently meant that the child was no longer able to dedicate his/her full energy and concentration to learning at home. Thus, family resilience, in terms of the adaptation of care responsibilities to context conditions, is not in every case beneficial for children. These cases also indicate that the organization of care can result from unequal power structures between family members; adult family members, typically parents, determine the familial duties of the child, which may collide with homeschooling. It does, nevertheless, have to be taken into consideration that in the specific situation of the pandemic, parents may have perceived their labour market participation as more important than their children's education, due to the fear of unemployment and poverty. Furthermore, in both countries, the lockdown of schools was initially communicated as a temporary measure, so that parents probably could not have foreseen the extent of school closures, which could otherwise have led to a different organization of familial care responsibilities.

### 4.3 Taking care of homeschooling

In addition to support from parents, siblings or private tutors, a number of children reported that contact with friends was very important in order to manage the requirements of homeschooling. This is analysed here as a form of inter-generational care. Fifteen-year-old Anna from Germany said that she needed 'speaking contact' in order to understand certain assignments. Since neither her schoolteacher nor her parents, who worked full-time at home, were able to offer this, she and a friend arranged to do their assignments together on the phone every day, and in this way she was able to resolve comprehension problems with her friend: 'That was our ritual – talking on the phone, school. And that helped as well'. Furthermore, Anna had an easier time getting motivated and structuring her day as she was tied to a specific time of day for homeschooling because of her arrangement with her friend.

Cooperative learning via chat or video calls in individual partnerships or as a class group was mentioned in many of the interviews in Germany:

We received the assignments by email. And then I had to complete them myself. And we did everything together with our friends (...) We did a video call (Kerem, 14 years old, Germany).

We already have a class group. If anyone had a question, we tried to help. Because unfortunately the teachers didn't usually answer (Mehmet, 16 years old, Germany).

Then in the class group when we got an email from the teacher, we talked about whether it was good or bad – the email. That's how we already talked in our class (Maya, 13 years old, Germany).

That chat groups in Ghana were not frequently used for homeschooling can probably be explained by the fact that the living environments of the Ghanaian children are generally less digitalized, since fewer children have smartphones and the required volume of data. In our German sample, younger children of primary school age were also not yet digitally networked, which meant that they were hardly able to help one another. Among the children interviewed in Ghana, mutual assistance tended to be provided in family relationships rather than between friends. Here, it was common that children received support from older siblings or cousins if they had difficulties with homeschooling or that classmates or friends generally studied together. In the interview with 14-year-old AD, he talked about how he needed support from his older sister, without which he could not accomplish his assignments:

Interviewer: 'Ok, so when you were learning from your exercise, was anybody helping you?'

AD: 'Yes.'

Interviewer: 'How? Who?'

AD: 'My sister.'

Interviewer: 'Ok, so what was she helping you with?'

AD: 'She was helping me to read.' (AD, 14 years old, Ghana)

Nevertheless, the importance of friendship for self-organized educational opportunities could also be seen in the interview with fifteen-year-old Tiana from Ghana.

So, I told some of my friends that this is what they are going to do during the lockdown [private online lessons]. So, when I told them, they also came up with me and we bought the bundle for our teacher and we started doing the Zoom. (...) The online one. Yes, because we have time (Tiana, 15 years old, Ghana).

Tiana, who often lacked the data volume to participate in her school's digital offerings, said that she connected with friends to purchase data volume together for a private tutor. They thus participated together in lessons via Zoom while waiting in lockdown for their school to reopen.



#### 4.4 Caring for ‘risk persons’ in the household

In the German sample, four children explicitly referred to ‘people of risk’ in their household, and with other children it was not entirely clear whether their parents were more generally concerned or had pre-existing conditions. A pre-existing illness that could endanger the parent was only mentioned by one child in Ghana, though this did not lead to any consequences in terms of the contact behaviour of family members. This difference could be a coincidence, but it can also be assumed that risk groups and the resulting behaviours are perceived differently in the two countries. Only the German sample included children who restricted their contact and hygiene behaviour beyond the recommended behaviour guidelines in order to protect family members. This can be understood as a form of ‘caring about’ (Ungerson 2006: 277) family members, because contact reduction represents an action that is ‘relationship-oriented’ (Brückner 2011: 781), as it serves the needs and the well-being of important others at the expense of one’s own.

Well, before the school holidays we had, I think, another month of classes. But I couldn’t go yet because my mother was a risk patient and that’s why I had a certificate and it wasn’t mandatory for me to go (Kerem, 14 years old, Germany).

People were allowed to go back to school. Only I wasn’t allowed to go because [my mother] was sick (Natascha, 13 years old, Germany).

Of course, I was always at home in spite of that. My mother is also a risk patient. Of course I didn’t want to contribute any risk. (...) I normally am the kind of person who goes out. This was not a very nice time for me. (...) I missed my friends. For example, my aunt, we didn’t see each other. My family. My friends. Going out (Mehmet, 16 years old, Germany).

Caring about persons of risk at home constituted a crucial aspect of the care work performed by children, which was arranged between children and parents. Crucial for the presented cases above was that some parents, even if they themselves belonged to the ‘risk group’, continued to go to work throughout the pandemic, while only the children had to reduce their contacts. Thus the children faced the greatest restrictions in their everyday life. This form of family resilience was legitimized by children’s supposed lack of responsibility to wear masks properly, to wash their hands or keep a distance from others. Sixteen-year-old Peter in Germany said that his mother was very worried that he would ‘spread the virus in the flat’ by not wearing his mask correctly or not washing his hands. It was important for him to relieve his mother of these concerns by showing her that she could trust him to comply with the rules. Sixteen-year-old Mehmet also said that he had stopped meeting his friends, since he could otherwise potentially be guilty of infecting his mother: ‘If I had done that

and then my mother had Covid because of me, then I would also be – if anything happened to her, I would always feel it was because of me’.

These interviews clearly demonstrate that children bear a high degree of responsibility for protecting their families in the way they handle hygiene and contact with others. Compliance with rules and routines when dealing with people outside the household offered security when taking action during the pandemic and could help to balance stress with respect to the fear of infection. At the same time, it must also be noted that children who belonged to a risk group themselves, or who had members of a risk group in their household, experienced a new form of inequality if they were not able to participate in contact opportunities to the same extent as other children and thus became even more isolated as a result.

## 5 Conclusion

Before the pandemic, childhood in Germany and Ghana was highly regulated through the involvement of children in educational and recreational institutions and their responsibilities for housework and gainful employment (more pronounced but not exclusively in Ghana), which often resulted in a rigid daily structure. For many children, the lockdowns led to a slowdown and deregulation of their childhood, while the living environments of education and recreation were shifted to their homes, along with their parents’ gainful employment in some cases, and where responsibilities and priorities had to be renegotiated. The concept of family resilience helps us to see that care is not only provided by parents – mainly mothers – but that care tasks can also be shifted to all household members if necessary. In some households, children have been faced with the conflict of reconciling different responsibilities; something that has previously been described only for the situation of adults, usually mothers. Children have had to balance their own education with caring for younger siblings, as well as their housework and in some cases professional work. This seemed to occur more markedly, but not exclusively, in Ghana. In Germany, it was more frequently observed that children were unable to participate in classroom lessons in order to protect persons of risk in their household.

These empirical results suggest that especially in Western contexts, the contribution of children to familial care work is a ‘blind spot’, independent of the pandemic, because care is conceived as a performativity of motherhood (Robinson et al. 1980: 234; Butler 1988) and increasingly also of idealized fatherhood (Elliott 2016). Further research is needed to understand the role of children as social actors of care. In Ghana, for instance, participation in familial

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care is performative of childhood. Providing care work signifies children's position as responsible, reliable and contributing members of the family. Putting children in the position of being the main persons responsible for certain family matters coincides with regarding children as responsible in terms of adhering to contact and hygiene rules to protect themselves and their families. This is in contrast with the image of childhood in Germany, which perceives children as passive objects of familial care. This in turn coincides with the public discourse that children pose a threat to their families during the pandemic, because they are not mature or responsible enough to adhere to contact and hygiene rules.

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## Children as Actors for Family Care

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# Covid-19 Case: Public Health Literacy in an Adult Sample of the Albanian Population

*Rikela Fusha*

Health literacy entails the degree to which an individual can access, understand and communicate health information in order to make adequate health decisions, while public health literacy indicates a larger scale of information coverage into communities and populations. Health literacy is an important topic in public health, though it is still globally underestimated –something that some scholars consider a silent epidemic. The devastating effects of the Covid-19 pandemic have affected society not only in terms of health, but also economically, politically and socially. Furthermore, the pandemic has necessitated the rapid and widespread communication and sharing of information and updates by a variety of health education sources about this new infectious disease.

The purpose of this research was to assess the level of health literacy regarding Covid-19 in an adult sample of the Albanian population. The main instrument applied for assessment was a cross-sectional survey administered online, followed by in-depth interviews. Descriptive statistics and correlations were used to examine and explore the relationships among all the variables.

The Covid-19 pandemic has exposed the need for comprehensive interventions regarding health education. A tailored approach for persons with low health literacy can improve important health outcomes and decrease the burden of disease. In this study, health literacy among the sampled Albanian adults varied due to the socio-demographic determinants of the participants. Adequate strategies are thus required to increase overall health literacy of the Albanian population.

## 1 Introduction

The novel coronavirus disease 2019 (Covid-19) was declared a public health emergency at the global level by the World Health Organization (WHO) in 30 January 2020 and a pandemic on 11 March 2020. (Zakar et al. 2021: 18). The Covid-19 pandemic has affected the entire world in many ways. Worldwide, there were 136,996,364 confirmed cases of Covid-19, including 2,951,832 deaths, as of mid-April 2021.<sup>1</sup> Albania registered its first case of Covid-19 in

1 See WHO Coronavirus (COVID-19) Dashboard: <https://covid19.who.int> (accessed 14.04.21).

March 2020, and since then different trends of the infectious disease have occurred in the country. According to the statistics and research resource Our World in Data, the cumulative number of confirmed Covid-19 cases in the country had, by 1 October 2021, exceeded 170,000 individuals.<sup>2</sup>

Amid the increase of Covid-19 cases in Albania, the continuous spread of misinformation and disinformation among the population has posed a serious threat to both public health and the response to the pandemic (Brennen et al. 2020: 2). In Albania, the sources and channels disseminating information on the pandemic have been diverse, including traditional media channels (TV, radio), newspapers, social media (Facebook, Instagram etc.), as well as medical advice and/or counselling. The Ministry of Health and Social Well-being set up a free phone number (08004040) for the Albanian citizens, that served as both a communication and information tool for health-related issues in 19 March 2020. The toll-free green line for information on COVID-19 was used for (for establishing the contact with the family doctor; for receiving advice on COVID-19; and for receiving clarifications and instructions on the list of reimbursement medicines for patients with NCDs).<sup>3</sup>

As knowledge and information often define the health decision-making of individuals, Abel (2008) emphasizes the importance of people's health competencies in dealing with medical services. Health literacy, according to the US National Action Plan to Improve Health Literacy 2010, indicates the degree to which individuals have the capacity to access, process and understand health information and services in order to make appropriate health decisions.<sup>4</sup> In this way, individual health literacy is interconnected with the health outcomes of the population, since it improves overall health and well-being and also addresses needs and inequalities in communities. Individuals who have higher levels of health literacy are expected to make better decisions for their health compared to individuals with lower levels of health literacy (Spring 2020).

Nutbeam (2001) describes the relative differences in health literacy in three specific areas: functional, interactive and critical. Each of these areas is determined by the actions that individuals take for their health, in different circumstances and environments. In cases such as Covid-19 or other infectious diseases, people become dependent on one another in terms of solidarity and taking social responsibility, in order to create a collective good of infection-free space and decreased infection risk (Paakkari/Okan 2020). This was also reflected in the appeal to citizens by health authorities and politicians the world over to flatten the curve and limit the spread of Covid-19 infection by making

2 See: <https://ourworldindata.org/coronavirus/country/albania#what-is-the-cumulative-number-of-confirmed-cases> (accessed 02.10.21).

3 See: <https://www.covid19healthsystem.org/countries/albania/livinghit.aspx?Section=3.2%20Managing%20cases&Type=Chapter>

4 <https://health.gov/our-work/national-health-initiatives/health-literacy/national-action-plan-improve-health-literacy> (accessed 01.10.21).



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‘rational’ choices like staying at home, respecting physical distancing, wearing a mask and so on.

In addition, several factors may contribute to resilience regarding Covid-19, with gender being one of them (Xiao et al. 2020). One study found that women may manifest greater fear of and difficulty in addressing external stressors across the life span compared to men, as the cognitive approaches of men and women are different, and that this can potentially impact their respective resilience in different challenging circumstances (Hodes/Epperson 2019). The long-term impact of Covid-19 health literacy initiatives, and possible variations according to gender, should thus be monitored by health professionals, sociologists and other researchers, since it contributes to finding methods to promote resilience, reduces stressors and fight gender inequalities when facing challenges and crises that affect societies at different levels.

Controlling the spread of Covid-19 entails various medical and non-medical measures to be enacted by the population, such as social distancing and quarantine. This brings higher challenges in countries where employment is mainly casual and people must choose whether to go to work when ill or to starve, compared to settings where people have stable, formal work and access to (free) healthcare and income protection (McKee/Stuckler 2020). The world over, the ongoing pandemic has caused job losses and the temporary or permanent closure of businesses, and significant increases in unemployment rates. Especially in the so-called developing countries, citizens are concerned about the long-lasting effects of the pandemic. In a study on the economic impacts of Covid-19 in Albania, 97% of respondents stated that Covid-19 will have persistent negative effects on the economy (Radonshiqi 2020). Furthermore, Albanians have used their existing income or savings mostly to buy food, rather than on preventive and non-essential health services. This is likely to have an effect on communities in the post-Covid 19 era, as poor health is associated with subsequent poverty, unemployment and other negative socio-economic consequences (Rodela et al. 2020).

In the midst of the Covid-19 emergency emerged another crisis, that of disinformation. As a new infectious disease threatening societies worldwide, it created an unprecedented scenario for the blooming of fake news, non-evidence-based information and misleading articles. A study conducted in Albania from January to August 2020 monitored 613 articles containing fake information, published by 138 different Albanian online media outlets (Bezati 2020). Since the beginning of the pandemic, the focus of information has also changed, focusing initially on the symptoms of Covid-19, the ways of transmission and/or prevention of infection, then shifting to potential cures and treatment, and now to the effects of vaccines.

Health literacy is a social determinant of health; it defines individuals’ perceptions, attitudes, behaviours and decisions regarding their health. Covid-19 brought about a situation of high expectations regarding individuals’ capacities

in terms of health decision-making and self-management of infection risk. The public has, furthermore, been exposed to several challenges, specifically when it comes to how individuals can integrate the overwhelming volume and variety of information into personal behavioural actions or decisions (Thomas/McQueen 2020). The purpose of this study was to assess Covid-19 public health literacy in an adult sample of the Albanian population using both qualitative and quantitative methods.

## 2 Methodology

This study took a sequential approach, where the quantitative phase (focused on gathering statistics) was followed by a qualitative phase (focused on personal experience) (Creswell 2013). Through the quantitative data, we aimed to evaluate how the disseminated and received health information has impacted the health behaviours of the study participants, while through the qualitative methods, we gained a broader and more in-depth understanding of the health literacy of our research sample. This methodology allowed for the triangulation of data, by using qualitative data to contextualize the quantitative findings (Denzin 1978). The final results were derived through a joint analysis of the qualitative and quantitative data, based on the mixed methodology study design.

To derive the quantitative data, a cross-sectional survey was conducted using an online questionnaire, administered from September-December 2020. Participants (n=254) represented a probability sample, and were selected by simple random sampling. This method provides an equal chance for every individual to be selected in a sample from the population (Acharya et al. 2013). Prior to implementing the survey, a pilot test was applied to 10 individuals, in order to evaluate the comprehensiveness of the design and the content of the questionnaire. Our questionnaire was composed of fifteen questions, each of which was divided into three categories based on the type of question: demographic, knowledge/perception and health behaviour/decisions. Anonymity and confidentiality of the study participants were assured (Singer 1993). The data were analysed using Excel and SPSS (Version 22), and the significance of the findings was determined from the p value  $\leq 0.05$ . The types of statistics we generated through this study were descriptive statistics, chi-square tests and correlations.

The semi-structured interviews (SSIs) were conducted via phone calls and each interview was recorded. We followed Rabionet's (2009) six stages of how to conduct a semi-structured interview:

## Covid-19 Case: Public Health Literacy

(a) selecting the type of interview; (b) establishing ethical guidelines; (c) crafting the interview protocol; (d) conducting and recording the interview; (e) crafting the interview protocol; and (f) reporting the findings.

The interview process was conducted from December 2020 to March 2021. The sample for the SSIs was selected randomly from the membership and activities database of the participants of the NGO Albanian Society for All Ages (ASAG). The rationale of this selection, is the focus of ASAG organization at an inclusive society for all ages. This indicates that the age of participants is various (from young adults to elderly people), which allow SSIs to extract inputs from diverse perspectives. A total of eight SSIs were conducted, around two per month.

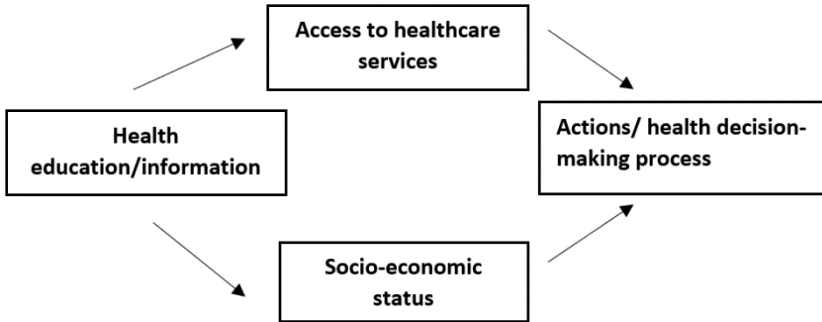
### **2.1 Demographic characteristics of the questionnaire participants**

The questionnaire participants were a minimum of eighteen years old. The most frequent age group in our study was 25–34 (32.3%). The sample was composed of 42.9% male participants and 57.1% female participants. The majority of participants had a university degree (63%) as their highest educational qualification at the time of the survey, followed by 25.6% of participants with a post-university degree and 11.4% with a high school degree. Regarding the (un)employment status, most of the participants were employed full-time (46.1%), 25.2% were unemployed, 18.9% were self-employed and 9.8% were employed part-time. Of all participants, 91.7% resided in urban areas and 8.3% in rural areas.

## **3 Results**

Taking into consideration the health literacy components (literacy, knowledge, motivation and competencies), the focus of our study was on the important elements that define the health literacy. It is important to consider the importance of the individual health literacy in a specific community, society and population. For this, we used the data from our study to develop an infographic presenting two key elements of individual health literacy – health education and action/decision-making for health – each of which is interconnected with access to health care services and socio-economic status (Figure 1).

Figure 1: Elements of individual health literacy



Source: This study

### 3.1 Health education

Traditionally, health education has been delivered mainly and exclusively in medical settings. However, the development of information and communication technologies has increased the number of sources of health information for individuals to choose from. Among our study sample, the main source of information for Covid-19 was social media (45.7%), followed by traditional media (34.3%), face-to-face/medical provider information (15.4%), as well as other health information resources (4.7%). In addition, the majority of the participants (56.7%) expressed no difficulties in accessing health information.

The SSIs enabled us to gain a more elaborate picture of the reasons why respondents appeared to face no challenges in accessing information. According to the interviewees, information for Covid-19 came from many different sources and was delivered through multiple channels. However, misperceptions, overwhelm and confusion followed the biased and conflictual information from the many diverse channels. The majority of SSI participants nevertheless added that among the flow of information, they could identify some useful and also new concepts of hygiene, such as coughing and sneezing etiquette or how to properly wash their hands. In addition, they claimed that posters and infographics on the walls of local businesses, on public transport and in government institutions were important, especially at the beginning of the pandemic.

### **3.2 Health decision-making**

The process of health decision-making in the case of Covid-19 is focused mainly on infection prevention and risk reduction. In addition, individuals play a crucial role in protecting themselves and others by keeping themselves safe, healthy and respecting their local authority's public health measures. Of the various alternatives we provided in the survey wearing a mask, maintaining physical distancing, staying at home, limiting contacts, none of the above, other – participants could choose only one behaviour (the most used one) that was being enforced by health education in general. The majority of participants declared that the main behaviour they had practiced was wearing a mask (37.4%), followed by maintaining physical distancing (19.3%). SSI participants explained that mask wearing was a priority behaviour for them, enforced also by the measures towards citizens who do not use a mask in indoor or outdoor public areas. In addition, interviewees said that physical distancing was encouraged mostly in their work spaces, but that it remained a challenge in public areas and public transport, such as shops and buses.

The majority of the survey participants (57.1%) stated that they had seen a positive impact of health education on their behaviours and actions. The positive impact in this context is indicated through healthy decision making or behaviours and actions that mitigate the exposure of individuals towards Covid-19. This was supported by the SSI results, where there was evidence of an increase in attention towards hygiene, such as more frequent handwashing and the purchase and regular use of sanitizers. Furthermore, SSI respondents evaluated health education and information as a useful element during the Covid-19 pandemic, as it helped to counter the uncertainties and unknowns that accompanied the new global outbreak.

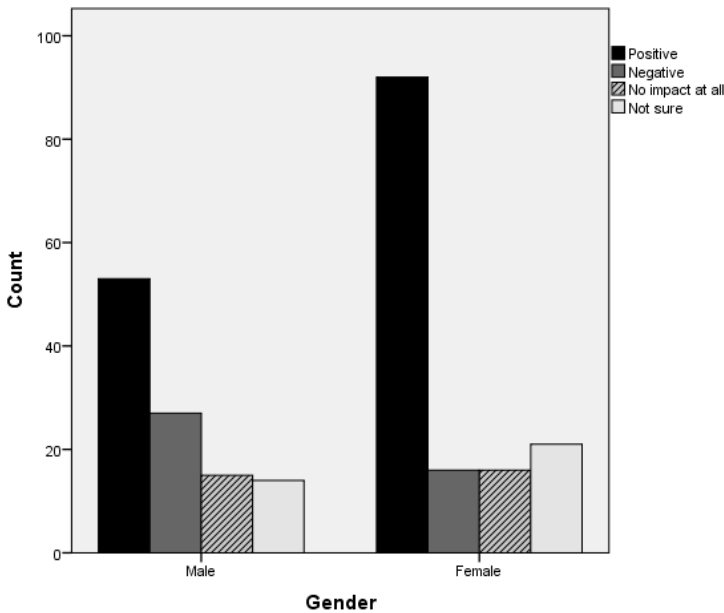
### **3.3 Gender dimension in public health literacy**

We studied the impact of gender on public health literacy, health education and health decision-making. Statistically significant differences according to gender ( $p$  value=0.02) were observed in terms of the impact of health education on individuals' behaviour (Figure 2). For our sample overall, there were no statistically significant differences between male and female participants regarding health literacy and health decision-making ( $p$  value< 0.05). The SSI respondents addressed the role of girls and women, as mothers and caregivers, as being an influential factor regarding increased interest inaccurate, updated and evidence-based health information, as well as protective health actions. The rationale given by SSI respondents for this is that it is another's responsibility to

protect her children and family from potential infection. In addition, regular visits to (maternal) health care services had connected more women to health care providers and health education.

Figure 2 shows the differences between genders regarding the impact of health education on behaviour. The majority of both male and female participants in our quantitative study asserted that health education had positively impacted their behaviour. However, while for male participants the second most frequent answer was that health information had had a negative impact on their behaviour, for female participants the second most common answer was ‘not sure’.

Figure2: Impact of health education on behaviour, gender disaggregation



Source: This study

### 3.4 Covid-19 vaccines: Perceptions and attitudes

Albania received the first doses of the Covid-19 vaccine in February 2021. These first 1,170 Pfizer-BioNTech doses were distributed to frontline medical

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professionals. After that, Albania received doses of the Astra Zeneca, CoronaVac and Sputnik vaccines, which were distributed among risk groups within the population, such as the elderly (over 70 years of age) and teachers. According to the Albanian Ministry of Health and Well-being, 252,397 vaccines had been administered at the national level as of 7 April 2021.<sup>5</sup>

We assessed the perceptions and attitudes towards the vaccines and vaccination among the SSI participants. The interviewees expressed positive perceptions regarding the importance of the vaccines in terms of reducing the complications of a Covid-19 illness. However, the majority of interviewees also said that they had come across articles from online media outlets that claimed to link Covid-19 vaccination with reduced fertility rates, higher mortality rates, the installation of microchips and other conspiracy theories, none of which are based in fact or supported by scientific evidence. The interviewees especially emphasized the urgent need for communication and information from health authorities or government officials regarding the potential side effects of specific vaccines.

## 4 Discussions

Preventive measures taken by individuals are more frequent in a pandemic or during an outbreak compared to in other health situations. Indeed, the role of each individual becomes crucial, and not only for their own health, since there is a further need for responsibility, empathy and awareness for the health of one's family, relatives and others. For these reasons, there is an additional interest in and determination that society be well-informed and will benefit from health education resources.

Our study found that there was a higher level of trust in health professionals (receiving an average score of 3.59 out of maximum of 5, where 1 represented the lowest level of trust and 5 the highest level of trust), in comparison to both traditional and social media combined (average 2.76). The study results also support the importance of health education as a key tool to increase health literacy levels in a population. Our participants gave an average score of four (out of a maximum of 5) when asked about their perception of being well-informed about Covid-19, and over half (57.1%) stated that this was positively reflected in their behaviour.

Both the qualitative and quantitative data show that the better-informed individuals were regarding Covid-19, the better their health decisions were, especially in terms of preventive measures. We can therefore argue that health

5 See: Ministry of Health and Social Welfare <https://shendetesia.gov.al/>

education and information did positively impact the health decisions of participants regarding protective measures such as mask wearing, physical distancing and so on.

In addition, the participants cited both the government (41.2%) and the health sector (41.2%) as being the main sources or actors responsible for disseminating information to the population. SSI respondents, however, further distinguished between the roles of the government and the health sector, stating a need to separate science from politics. Despite this, the political attention towards health literacy is substantial and also necessary, in particular when it comes to ensuring sustainable actions and policies that address the determinants of health (Nutbeam/Kickbusch 2000). When a population has a sufficient degree of health literacy, this improves overall health outcomes by reducing mortality, morbidity and disability. The Healthy People 2030 framework of the US Department of Health and Human Services, for instance, aims to achieve a healthy society through a set of overarching goals, one of which is dedicated specifically to health literacy. It aims to ‘Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all’.<sup>6</sup> It would be beneficial for all countries to learn from established best practices in health literacy and to adapt them according to individual country’s specific needs and priorities. Positive outcomes can be reached through collaboration, the exchange of experiences, and the sharing of visions and challenges between countries.

Health literacy goes beyond health knowledge and information. How the impact of health education is framed by the policy makers and curricula developers, can be essential to advancing health literacy, but the general goal is to affect individuals’ perceptions, attitudes and health behaviours. Personal health decision-making together with the policies, expenditure, system design and service availability, can contribute to improvements in societal health (Ratzen 2001). Our study shows evidence of significant differences related to gender in terms of the impact of health education on individuals’ behaviour. Strengthening health literacy is related to growing individual and community resilience, helping to address health inequities, and improving the health and well-being of the population at a larger scale (Kickbusch et al. 2013). Similarly, the socio-ecological model of Schneider (2020) offers five levels of health literacy impact: (1) individual (knowledge, attitudes, skills); (2) interpersonal (families, friends, social networks); (3) organizational (organizations, social institutions); (4) community (relationships between organizations); and (5) public policy (state laws, local laws and regulations). The Covid-19 crisis has urged the rapid interaction between and mobilization of each of these levels, as the mitigation measures initiated by public policies from the top must

6 <https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/health-literacy-healthy-people-2030> (accessed 01.10.21).



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be absorbed by and respected at the other four levels. Moreover, contextualizing cross-sector and cross-national health is especially important in the case of an international crisis such as Covid-19, as both the disease and the evidence needed for solutions rapidly crossed global borders (Sentell/Vamos/Okan 2020). Public health responses should address the needs of populations worldwide, by contextualizing the specific circumstances and socio-economic factors that frame these societies.

In conclusion, health literacy levels are higher in situation of a pandemic crisis. However, the diverse channels of information often cause confusion and overwhelm among individuals. Effective and plain health communication, the elimination of socio-economic inequalities and access to health care services are responsibilities shared among individuals, communities, government, the health sector, NGOs and other stakeholders. Government and health authorities should work together closely to improve public health literacy for people of all ages, through evidence-based, gender equitable, scalable and sustainable strategies and policies. Health education should, furthermore, be prioritized from the early stages of an individual's life, in order for them to attain their full potential for health and well-being as an empowered adult.

## 5 Study limitations

The study was developed during unprecedented circumstances, with limited contacts and communications developed mostly virtually. This made the data collection process challenging and had an impact on the sample size. Indeed, the small sample size poses a limitation when it comes to the generalization of the findings. However, considering that both public health literacy in general, and Covid-19 in particular, require more in-depth research, our study creates opportunities for further research, especially in Albania.

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# Cartographies of Caring: Time, Temporality and Caring in Pandemic

*Sayendri Panchadhyayi*

## 1 Introduction

The Covid-19 pandemic unfurled on the human race in the most unexpected ways, and witnessing the power of these invisible pathogens to cause destruction felt for many like nothing less than living in one of the apocalyptic, dystopian movies that we grew up watching. As the reality of the pandemic crossed the threshold of the home, the feeling was unsettling, disconcerting and destabilizing, and posed some key existential questions regarding the distribution and sharing of caring responsibilities. Some of these responsibilities include attending to the healthcare needs of a convalescent or end-of-life older adult, childcare, and cooking additional meals and doing extra household chores due to the presence of returning family members. The first wave of the pandemic was a prelude to the reorientation that humans, as social beings, would have to make in their lives due to Covid-19, along with the reconfiguration of the conduits of communication and personal care networks in the face of crisis. There were, in particular, restrictions related to ‘outsiders’ at all levels, but particularly those coming from the public domain – which was conceived as an ‘open exterior’ representative of impurity and squalor – which could infiltrate, penetrate and transgress the apparent safe haven of the ‘home’.

Home here embodies both the moralized cultural trope and the materiality. Twigg (1999) construes the home as embodying both material and ideological aspects. The privacy that the home represents is contingent on the contours of exclusion – such as shutting the door to the outside world – and in this way a distinction is maintained between the private sphere of ‘home’ and the public sphere of ‘outside’. Culturally and morally, women are perceived as the ones responsible for making the home (Ridgeway 2011: 128). Women’s ability, or rather the expectations on them, to adapt, cooperate and manage emotions is also referred to as ‘shadow labour’ (although it is not generally perceived as labour), and is pivotal for managing the micro-politics (Hochschild 2012) and non-verbal emotional landscapes of domesticity. As succinctly stated by Ridgeway, ‘Although the schema of family devotion moralizes women’s obligation to the home, housework and care work are nevertheless devalued as ‘women’s work’’ (2011: 130).

As the home front became the safe house to preclude human touch with outsiders – touch being the somatic contact that emerged in the early stages of the pandemic as a red flag, the primary conduit for virus transmission – attention suddenly shifted to the private sphere of home. Although this private sphere has always been the centre of many key activities, intergenerational politics and asymmetrical gender relations, this has been amplified against the backdrop of the Covid-19 pandemic. This paper is interested in studying the solicitude politics in home care, the spatialities and temporalities of caring at the home front, and the implications of technology-facilitated care during the pandemic, with the Indian family system as the focal point.

## 2 Solicitude politics: Frontline home carers, paid caregivers and stratified caring labour

Women, whether they are homemakers or are involved in income generation, have to grapple with time poverty, as their labour is tapped for either the management of the home or for the generation of wealth in and for the capitalist economy – or both – thus intensifying their dual burden (Bittner/Wajcman 2000; Henderson/Shaw 2006). The domestic sphere should not be imagined as existing separately from the market; on the contrary, it is shaped by the market (John 2013: 185). Housework is scripted into the rationale of the capitalist division of labour and yields a specific productivity that is obscured by projecting it as a manifestation of family solidarity (Marella 2018: 300).

Home is the site of unrecognized housework and emotional labour accomplished through the asymmetrical gendered division of labour (Hochschild 2012). The romanticization of women's unpaid caring labour has been discussed notably in the works of Ray and Qayam (2005), John (2013) and Palriwala (2019). Modern households are contingent on servitude, largely by the feminization of housework (Thébaud/Kornrich/Ruppner 2019). Scholars like Berk (1985) and England and Farkas (1986) are of the view that gender is a key variable in facilitating or curtailing the bargaining power of women in managing time. A woman's bargaining power (that may be influenced by the factors of her financial autonomy, decision-making power and availability of domestic help to execute housework) ultimately determines whether she would have time pursue something else apart from housework. The devaluation of housework is rooted in its feminization. It is, furthermore, perceived as unskilled labour. And when domestic labour enters the zone of the economy and is commodified, it is performed by women who occupy the lowest rungs in the caste and class hierarchy (Banerjee 2004; Gopal 2013).

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Men were found to be more proactive in performing housework during the first wave of the Covid-19 pandemic in India and the ensuing nationwide lockdown that began on 24<sup>th</sup> March 2020 (Carli 2020; Chakraborty 2020; Nanthini/Nair 2020). Nevertheless, women continued to perform more housework overall (Boca et al. 2020) and to carry out additional labour as carers for their children (Collins et al. 2020), ailing parents-in-law or parents, whose paid caregivers – mostly women belonging to the periphery of the caste-class hierarchy – were prohibited from entering the household. As the lockdown created a vacuum in the supply of domestic labour for middle-class households (Satyogi 2021), the women of these households emerged as the key players compensating for this vacuum, and in some cases venturing into surplus labour by tending to their older parents and parents-in-law. Mary E. John (2013) has observed that different kinds of caring labour performed by women within the family are contingent on lasting personal relationships with different family members as well as on the services of paid domestic help. She goes on to state that class hierarchies are reproduced and sustained through the family system between those who can seek paid domestic services and those who cannot.

The Indian government, in adherence with WHO guidelines, mandated the closure of public spaces and issued stay-at-home orders and social distancing protocols from 25<sup>th</sup> March 2020 to 31<sup>st</sup> May, 2020 to contain the spread of Covid-19. Human touch was signalled as a potent transfer mechanism of the pathogen and this translated to a fear of human touch as ‘pollution’, which in turn propagated a culture of suspicion of the ‘other’ (Bhattacharya/Banerjee/Rao 2020). In this age of contagion and the ensuing infodemic about the novel coronavirus, this ‘otherization’ was propelled by restrictions of entry into the ‘sacred’, ‘protected’ and ‘intimate’ space of the home. Here, home, as the primary care unit, represents a site of hygiene and sanitation, immune from the shroud of the pathogen; this further sharpened the divide between insiders and outsiders.

The social distance between paid caregivers and the families they served deepened during the Covid-19 lockdown. Paid caregivers who were dependent on public transport for their everyday commute in particular emerged as a menace, a plausible carrier of the virus who could infiltrate the ‘safe haven’ of the home. Obfuscation about the process of transmission, combined with the concern for family members, translated to the stigmatization of these caregivers, who were either prohibited from providing their services for a temporary period, were completely relieved of their duties, or they were allowed to provide services by becoming live-in caregivers. These restrictions imposed on caregivers did not stem from a position of concern about their health and well-being, but from the risk of transmission associated with allowing outsiders into the home, with the further equation of their work as ‘dirty labour’ and the historicity of these services being provided by women at the periphery of the caste-class hierarchy (Gopal 2013). As succinctly stated by Pooja Satyogi, this

can be referred to as the ‘doubling of the idea of contagion – a situation where a culturally designated polluted person by virtue of one’s caste is conceived as more pestilential’ (2021: 40).

As a result of this, paid domestic workers such as domestic workers, cooks and caregivers faced either a permanent or temporary loss of income (Rai Chowdhury/Bhan/Sampat 2020; Verbruggen 2020). Prohibiting these care workers from providing their services, in many cases without a wage, contributed to the further impoverishment of these women, who already have asymmetrical bargaining power with their employers as they are at the lowest rung of the hierarchy in the informal sector. The pandemic thus exposed and exacerbated the affliction and ordeals of women positioned in different segments of the class structure.

### 3 Temporality and spatiality in caring: Caring landscapes and timescapes

Temporality and spatiality chronicle the life of a woman right from the time she is made conscious about her gendered self, her embodied identity and the gender role performance that she has to perform. Spatiality and temporality denote the demarcation of spaces and time that are prescribed, prohibited or ambiguous for different genders. Embodied space refers to the notion of the body as a physical entity, the repository of lived experience and a centre of agency (Low 2016). The body is central to how one experiences and perceives space and this ‘contracts and expands in relationship to a person’s emotions, state of mind, sense of self, social relations and cultural predispositions’ (ibid.: 96).

Within public space, there are different zones underpinned by normative gendered accessibility. While it is considered appropriate for women to venture into public space during the daytime, for instance, staying outside at night is perceived as a transgression of certain ‘sacred boundaries’ and a deviation from the accepted moral compass. Zerubavel (1991) states that the way in which time is divided reminds him of space. He envisages that spatial partitions bifurcate more than spaces, but also create invisible lines that are elusive and insular. Much like partitioning the home into different spaces helps with the organization of daily activities (Twigg et al. 2011), the partitioning of time and the imbuing of gendered meanings into time-based activities indicate that there is segregated time for women and men.

Temporal differentiation concretizes the mental partition about the different time period in a day. This differentiation also helps in understanding the segregation between the private and the public sphere. All these segregations,



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creates binaries and these binaries are imbued with certain connotations. Given, the way home as a space is imagined and construed it came to the fore of the micro-politics of solicitude. As the public sphere became identified with risk, precarity and contagion, and working from home and staying at home became part of the 'new normal', home became central to the reconfiguring of unpaid caring labour under the veil of filial obligation, paid work and leisure. Stay-at-home work does not indicate that the shift in spatiality decreases the time spent on labour. To the contrary, it became a fulcrum to justify longer working hours, as the time previously used to commute to the workplace could now also be tapped by the employer. The configuration of time for the management of caring labour also shot up during the pandemic, blurring and eclipsing the boundaries between work and leisure as the home became the workplace. For women in the household, especially those responsible for housework, they were now expected to provide additional labour. One such example is the preparation of refreshments for the husband or the child who needs a continuous supply of gastronomic escapades to negotiate and disrupt the monotony of work-from-home culture. Secondly, the return of expatriate or out-migrant children or spouses was followed by the need to cook extra meals or incorporate additional variety in the meals, as well as more washing and cleaning.

Temporality is intrinsic to caregiving, whether it is ensuring that medicine is administered at the right time, distributing the meals throughout the day, planning for monthly check-ups, taking care recipients out for a walk or arranging their beds before sleeping. All of these tasks are foregrounded in the partitioning of the different junctures of the day for different activities of caregiving. This partitioning is intended to facilitate caring and prevent discontinuity. It is interesting to see that discontinuity through scheduling is important in the performance of care. The bodies of carers providing caring labour have to acclimatize to and internalize the rhythm of the unwritten timetable of caregiving. The feminization of caring labour is conducive to the allocation of tasks to women in the household or in the workplace, as they supposedly suit her 'inherent feminine attributes'. With the disruption of (paid) care work services and the ensuing care crisis, women in families had to step up to deal with the crisis.

Adding extra labour to routinized housework and the intensification of housework also involve corporeal readjustments to this new timetable, and reduce the time for leisure. As argued by Bittman and Wajcman (2000), free time refers to the residual time that is left after maintaining a body that is healthy and has a socially acceptable state, and after fulfilling needs for the market and domestic labour performed for the family. Asymmetrical gender relations resonate in the gendered division of labour, where women have to endure a 'dual burden', a 'second shift' and a crunch on their free time. As a result, unlike

men who have a clear distinction between work and non-work (Henderson/Shaw 2006), women's housework is imbricated with leisure. Women are deemed suitable for caregiving and hence become entangled in a cycle of caregiving practises directed towards older adults seeking the familiarity of intimacy through affective-filial care (Panchadhyayi 2020). The discrepancy emerges when women assume paid work responsibilities in parallel to caring labour at home, while men do not assume both kinds of labour.

There are competing dynamics between the clock time of the modern economy, which is predictable, routinized and linear, and the organic nature of body time, where care work is performed with the purpose of restoring bodily order against entropic forces such as illness, injury, trauma or distress (Twigg 2010). The provision of care depends on the interconnection between body and time, and the unpredictability of bodily needs that leads to sudden changes lends an intensity and significance to this time (ibid.). As family members started to experience Covid-19 like symptoms or became seriously ill with the virus, it set off 'the clock of deterioration and danger'. Individuals act in a patterned way in response to socially constructed temporal rhythms (Perlow 1999). Covid-19 disturbed the familiar rhythm and temporality of going out for work, for leisure, to pursue education and research, or to travel or participate in public assemblage. Covering distance for each of these purposes dissipated and there was a reconfiguration of time-space in response to the new regime. Adaptation to this new order was accompanied by boredom, frustration, depression and a greater dependence on technology.

If earlier 'time poverty' had been a concern for people, during the lockdown 'excess time' in a prolonged state of confined living emerged as the 'new normal'. Covid-19 was the entropy that lashed its forces on human civilization, infringing upon the rhythmic, cyclical and repetitive pattern of the 'new economy' by rescheduling the everyday and shifting temporalities. The return of children to their parents' residence, or in some cases repatriation, led to the rearrangement of time and space, as intergenerational exchange no longer needed to be performed through technology. Modernity enables the dissociation of space from place and allows the sustenance of relations with locationally distant, 'absent others' (Giddens 1991). Yet the sudden co-presence of the otherwise out-stationed or expatriate spouse or child represents assurance and confidence, especially in this new normal that has disrupted the familiar temporal rhythm. However, deriving contentment from the co-presence of the spouse or child, even though they are unable to 'spend time together' due to their respective work or caring duties, complicates our understanding of proximity, spatiality and temporality. Co-presence or co-residence does not necessarily indicate sharing the same space or time with intimate others, yet those moments where a spouse's or child's favourite food is cooked, when their clothes are hung up to dry and their voices and smells penetrate the rooms of the home do render embodied comfort. Access to this comfort and proximity,

that remains elusive in the regimented order of capitalist work culture, became possible due to the remapping and reordering of work culture during the pandemic that impacted intergenerational exchange.

### 4 Caring from a distance, technology-facilitated care and intergenerational exchange

The pandemic led to global slowdown and slow living, where time had to be savoured in its entirety, rather than adhering to the speed, action and achievement normalized by the modern capitalist order. The global slowdown also led to a global economic slowdown, return-migration, and for those who could not return home, caring from a distance. The latter involves a rather complicated trajectory, as the symptoms in need of care were variable; some of those infected with Covid-19 may be asymptomatic, while those with co-morbidities or multiple morbidities are at higher risk. Especially when caring is performed with the support of technology, whether it is helping to obtain medicines or groceries from the numerous available e-commerce portals or video-conferencing with parents, the question emerges of whether technology can transcend the frontiers of distance, whether it promotes care surveillance through continuous communication, or whether it weaves an illusion of care.

It is through caring practises and allied processes that transnational families can remain connected, transcending space and time (Merla/Kilkey/Baldassar 2020). In this new order of work culture, technology can become an enabler and allow spouses, and the adjacent generations of parents and children, to share proximity through the compression of space (Turkle 2011). For families that are locationally and spatially distant, technology opens up channels of intimacy and proximity through virtual mediums of communication technology (Francisco 2013), which create an 'environment of polymedia' and enable an 'omnipresent co-presence' (Parr 2003). The introduction of telemedicine in the delivery of care also has implications for the geography of care, the reshaping of space and time, and the reformulation of places for the arrangement of care (ibid.: 214).

Time differentiation can, however, impede the spontaneity and frequency of communication (Merla/Kilkey/Baldassar 2020). Time and space differentiation interferes with the caring performance, as caring essentially has to be performed in close proximity to the body of the care recipient. The profusion of information technology that enables activities in a globalized society through the compression of time and space is not possible in the case of care work, as the separation of caring labour from the care recipient is not possible

(Twigg 2010). Technological innovation is not able to compensate for the bodily aspect of care work, as co-presence in the same place at the same time is integral to it (Twigg et al. 2011). Thus, there is a dialectical relationship between care work in the new economy foregrounded in information technology, as it cannot be transferred across traditional spatio-temporal boundaries due to its temporality and materiality (Twigg 2010: 234). The proximity of the caregiver to the care recipient is an important factor in the organization of work and the sequencing of care (Bowlby et al. 2010: 69). Gleaning from this logic, it can be argued that since the activity of caring labour needs to be performed in close proximity to the body, this complicates and obscures the position of out-migrant children, as their bodily absence disconcerts the palpable characteristic of caring. This invisibilizes the yearning for human touch, an indispensable component of care, and creates the binary of emotional/cognitive presence and corporeal/palpable aspects of caring. Owing to these temporal, spatial and embodied elements of care, during the nationwide lockdown in India formal paid caregivers were requested by the families of care recipients to become live-in caregivers.

Apart from all that we have discussed so far, intergenerational caring increased through caring surveillance. Fortes (1969) contends that kin relationships are embedded in the feelings of duty and moral claims, and are characterized by obligations to provide assistance and share resources during times of crisis (Cited in Finch/Mason 1993). Children and grandchildren, who were at lower risk of contracting Covid-19, grew worried about their parents, grandparents, parents-in-law and grandparents-in-law, as older adults were identified as being most vulnerable to the virus. Care surveillance is one of the important tasks on the spectrum of caring, and performing this surveillance has been experienced as overwhelming by many carers (Palacios/Pérez/Webb 2020). Care surveillance here refers to the monitoring of vulnerable older adults with a history of co-morbidity or multiple morbidities, or who had gone through a recent operation, to ensure that their mobility in public space was limited, that they adopted an immunity-boosting diet and took their medicines on time; all of these activities stem from care, though they cannot be performed or achieved without vigilance on the body.

This practise of intergenerational caring surveillance revolves around a dialectical orbit. For some care recipients, the act of care surveillance suggested intergenerational solidarity and intensified the ties between the generations. For other care recipients, however, they felt suffocated by this overreach of care surveillance, and experienced it in terms of confinement and an onslaught on their personal autonomy and mobility. This is telling of the ambivalences and ambiguities anchored in the edifice of care. While caregiving and care receiving are at the core of the caring system, when caring relations encroach on the personal sphere, they enter into a zone of anticipatory conflict. As out-migrant family members returned home and started occupying the same space as

their parents, and thus enabling care surveillance to be performed from close proximity, the dialectal disposition of care reciprocity became more noticeable and amplified.

## 5 Conclusion and afterthought

Covid-19 has pushed the human race into trajectories of transition that have become evident in all spheres of life. The pandemic has set off events that have altered caring landscapes, as caring is now performed to manage the compression of time and space. At the same time, geographical distance and the long period of caring through the distance of physical space and material time foster ambivalence among care recipients. It can be exhausting for caregivers to adopt mechanisms of caring across distance, as the expression of care and caring labour is intricately tied to caring surveillance, which demands proximity for monitoring. This is precisely the reason why during health emergencies, or what I would call ‘health anomie’, personal networks move closer to the care recipient, or vice-versa, so that caring surveillance can be performed. The spectrum of caring that entails continuous performativity and the exhibition of emotional labour becomes complex and cumbersome when it has to be performed from a distance. Human touch is perceived as a potent medicine in facilitating recuperation. This underscores the indispensability of components of embodiment, spatiality and temporality in the dissemination of caring labour. Caring labour is time-consuming and relegates caregivers to a state of time poverty. Caregivers are governed by the rhythm of a timetable that has been unsettled by the outbreak of Covid-19, obfuscating and diluting the boundaries of ‘home’ and ‘workplace’. Women have been necessitated to provide excess or surplus housework; especially cooking responsibilities have grown significantly, as culinary practises and gastronomic experimentation have become focal points for many as the stay-at-home orders have become normalized.

The disruption of paid domestic service, the repatriation and return of out-migrant children from different states and countries to the home, and the necessity to attend to the needs of older care recipients in homecare settings have all heightened the caring burden of women and exposed the deeply entrenched asymmetrical gender relations in care transactions. Children who have not been able to return to their parents during the pandemic have had to depend on technology to ‘reach out’, ‘stay in touch’ and ‘keep tabs’ on their intimate others. In the absence of human touch, the frontiers of the tonality of voice during telephone conversations and the demeanour and para-language of corporeality during video calls have become tools of warmth and intimacy to convey ‘being there’ and ‘being with’ during the crisis. However, although technology has

acted as a leveller to negotiate these deficits and challenges to caring, the lived reality of the temporalities of caring and of reorienting the body has pushed carers to vicissitudes in the performance of caring labour. Restrictions in out-of-home activities, the encroachment into leisure time of surplus labour for the family, and the pervasive fear of living in a pandemic risk society have become manifest in disciplining the body to this ‘new normal’. Such shifts have not been organic, but have come with their own complications, in terms of acclimatizing to the transformation in intergenerational exchange and the additional disguised labour of women in the family, which have facilitated the organizational shifts demanded by the capitalist system. Covid-19 shifted attention to the home front – the private sphere – as the site for understanding the power bargaining, structural hierarchies, generational fault lines and solicitude politics that have been exacerbated during the pandemic.

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## Part III: (Transnational) State Regulations



# Social Reproduction and State Responses to the Global Covid-19 Pandemic: Keeping Capitalism on the Move?

*Ania Plomien, Alexandra Scheele and Martina Sproll*

## 1 Introduction

This chapter analyses the global Covid-19 pandemic and the state responses to it through the lens of social reproduction. The pandemic emerged in the context of a deep-rooted crisis of social reproduction, which is intrinsically linked to the contradictions and crises of capitalism. From this broader perspective, the transnational gendered impact of the pandemic (contesting equality and exacerbating inequality) is inextricable from the crisis-prone state-managed nexus of production and reproduction. The ongoing pandemic has affected multiple dimensions of life, catching the world unprepared to deal with the virus and handle its public health and socioeconomic consequences. How far do countries, with their different routes to and through the Covid-19 pandemic, reinforce the ‘careless’ capitalist economy, abstracting from those resources and services of reproduction that can only partly be turned into value? To what extent do state responses intensify existing gender inequalities? Although governments everywhere responded to the health, social, and economic dimensions of Covid-19 with an unprecedented amount of attention and resources, the numerous and wide-ranging interventions have hardly been gender sensitive. Consequently, the current crisis exposes long-standing contradictions in the capitalist economic and social order, on the one hand, and the gender order (as its constitutive moment), on the other. The state responses reshape, but do not transform, the relationship between the spheres of production and social reproduction. We interpret this as an attempt to keep capitalism on the move without addressing the causal mechanisms that perpetuate the global social reproduction crisis.

## 2 Theorizing social reproduction, capitalist production, and the state

Our approach to analysing policy responses to the Covid-19 pandemic and their gendered consequences combines two theoretical frameworks: the feminist political economy perspective on social reproduction and feminist materialist state theory. First, we draw on early (e.g. Dalla Costa/James 1972; Vogel 1983; Truong 1996; Elson 1998) and recent (Fraser 2016; Bhattacharya 2017; Winders/Smith 2018; Plomien/Schwartz 2020) Marxist feminist theorizing of social reproduction as a process integral to capitalist production. Social reproduction encompasses the gendered daily and intergenerational work crucial to supporting life by meeting people's daily needs and reproducing the next generations. To a great extent, social reproductive activities take place in households and draw on the skills and resources of their members, particularly women. However, social reproduction also combines resources from and activities that take place in the market and via the public provision of services and benefits. In all these domains, social reproductive work is gendered and intersects with other axes of inequality, especially race or ethnicity, migrant or citizen status, and class and caste. Together, the combination of unpaid and paid work taking place across the household, the market, and the public sphere comprises social reproduction.

Social reproduction forms a nexus with capitalist production, characterized by an inherently necessary and contradictory relationship. The necessary aspect of this nexus concerns the social reproductive activities producing workers in a work-ready state – people need to be nurtured, fed, clothed, educated, trained, rested, entertained, and willing to participate in the system of production. Production is not possible without reproduction, because workers must themselves be produced as biological and social beings (Nelson 1998). Without reproduction, whole social systems, including production systems, would disintegrate. This necessary task of producing workers and regenerating societies, however, comprises dimensions that are not oriented towards profit maximization, especially when this task is not commodified and rests on non-market relations of domestic labour (Vogel 1983). Social reproduction thus operates according to a logic distinct from capitalist production, where goods and services are produced to realize surplus value for capital through the exploitation of labour. Periodically, tendencies of capitalist accumulation face limits in the process of value extraction, leading to economic crises that require adaptations, including through the creation of new markets or market restructuring. The paradigm of growth and the continual expansion of capitalism undermines the necessary conditions for social reproduction, highlighting the contradictory aspects of the production/reproduction nexus (Vogel 1983; Fraser 2016).

## Social Reproduction and State Responses

The necessary and contradictory character of the production/reproduction nexus becomes problematic for capital. This raises the question of how theoretically to grasp the gendered character of the state as the second element of our analytical framing. We draw on feminist materialist debates on the state and state power (e.g. Nowak 2017; Rai 2019; Sauer 2021), according to which the state is a structure of dominance and an arena for transformation. Specifically, we focus on two aspects of the state. First, we understand the state as an *apparatus* consisting of various bureaucratic institutions (for instance, a supra-national body like the European Commission, a national government, a federal or a regional state administration), as well as policies, laws, and norms to manage the social order (Sauer 2021), including the separation of production and reproduction (Rai 2019). The second aspect rests on an understanding of the state in terms of its *embeddedness in society* and *relationality of power*. The state is a social field, shaped by and shaping gender relations, in which competing and conflicting interests struggle over outcomes. This means that the state, while being a central node of power, is not separate from society, but is ‘a specific material condensation of a given relationship of forces’ and that ‘class contradictions are the very stuff of the state’ (Poulantzas 1978/2000: 73 and 132). And so, the state does not only act but is also acted upon: as social struggles (such as feminist movements) relate to the state, the state is affected by them and their claims. Consequently, the state acts within an unstable equilibrium of compromises, and adopts policies that matter to people (Nowak 2017).

The state therefore can and does intervene (Perrons/Plomien 2010) in moderating the contradiction between the productive and reproductive spheres and the process of exploiting and renewing labour power, although such interventions are not pre-determined. How the capitalist state approaches the crisis tendencies of capitalist societies varies historically, depending on the specific regime of accumulation (Fraser 2016). For example, accumulation by dispossession as a strategy to overcome the crisis of Fordist accumulation (Harvey 2004) restricts the conditions for the social reproduction of households and communities which rely on means of subsistence such as land or water. The privatization and commodification of social provisioning implies ‘deepened social cleavages and lop-sided economic structures’ (Razavi/Hassim 2006: 7) based on the legacy of colonial asymmetries and power relations. In different contexts and periods, the state can prioritize redistributive, egalitarian projects and policies, and stabilize the contradiction between economic production and social reproduction; or it can limit redistribution and drive the widening of inequalities through privileging the interests of capital, thereby weakening the conditions for social reproduction. The state is thus crucially important through its regulatory and resourcing functions across all the spheres involved in social reproduction, for instance: in the market, concerning access to and conditions of waged employment; in the public domain, concerning provisioning through

social and care infrastructure; and in the domestic sphere, concerning reproduction, care, and housework.

Over the last several decades, global neoliberal restructuring processes have transformed the interrelated spheres of production and reproduction. Although important differences in the various contexts remain, similarities of trends can be noted (Razavi/Hassim 2006). The first relevant change is the informalization and casualization of employment accompanied by increased labour market participation of women, reflected in the double meaning of feminization of labour (Standing 1999; Scheele 2004). The second involves the social sector and its provision of services and benefits. This has been subject to spending cuts, commodification, and privatization, leaving many segments of the population unable to access adequate provision, while some elements of social protection and social provision, like healthcare or pensions, are available only to those who can afford them (Razavi/Hassim 2006). These two broad labour market and public sector processes interact with the third set of changes taking place in the domestic sphere. The time and wage implications of the necessity of all (adult) household members to take on (precarious) paid employment and the residual or targeted character of public goods that substitute elements of social reproductive labour indicate that the household capacity for social reproduction has diminished, while the need for it has increased. Consequently, the contradiction between capitalist production and social reproduction has intensified to the point of crisis (Fraser 2016). The onset of the global Covid-19 pandemic has thus confronted societies the world over that are already weakened by the intensification of complex inequalities and disinvestment in social infrastructure across all the domains underpinning social reproduction. This has demanded immense state effort to deal with the public health and socioeconomic consequences of this unprecedented crisis.

### 3 The gendered effects of the Covid-19 pandemic and state responses

From the beginning of the Covid-19 pandemic, state policies tended to follow a similar pattern. Faced with rising infections, and increasing numbers of people in need of hospitalization and dying from the virus, governments attempted to stop the virus from spreading by imposing lockdowns, quarantines, and curfews. In addition to tackling the public health dimensions of the pandemic, many governments created policies and programmes to mitigate its economic and social consequences through new financial assistance instruments and by adapting already existing labour market programmes or infrastructural projects. Three factors – the spread of Covid-19, severe restrictions on movement



and social contact, and public policies to support livelihoods and economies – have affected entire populations. However, contrary to the idea of the ‘great levelling effect of the virus’ reported in the media, the effects of Covid-19 have been socially differentiated.

### **3.1 Gendered effects of the pandemic in the production/reproduction nexus**

Starting with the gendered effects of the pandemic on paid work, women globally have been particularly affected, since they are overrepresented in the so-called essential jobs, typically including health and other forms of care, food provisioning, retail, service, and public transportation jobs. While many workers have been required to adapt to working from home, those in jobs classified as essential have had to commute and work onsite. This has lowered their risk of unemployment and working time and pay reductions, or a complete loss of income, but it has increased their risk of infection due to direct contact with customers, patients, passengers, or colleagues (EIGE 2021: 61–63).

In Europe, gender is a crucial factor disadvantaging women in terms of exposure to contagion through work, due to sectoral and occupational segregation: women are less likely to be able to work remotely than men and their jobs often involve close contact with others (Lewandowski/Lipowska/Magda 2021). In the EU, one of the world regions with the highest employment in the care sectors, women represent over 76% of healthcare workers, 90% of other caring professions such as childcare and elderly care, and 95% of domestic workers (proportionally the smallest segment of care employment) (EIGE 2021: 57). In other world regions, care employment is also highly feminized, but domestic workers comprise a larger proportion of care jobs, especially in Kuwait and Saudi Arabia, as well as in many countries in Latin America, including Brazil (ILO 2018). Even in countries with low levels of care employment, care work is an important source of income for women, for example in India, where paid care employment accounts for 10% of women’s overall employment, although a high share of it is informal, even in education, health, and social work (ILO 2018).

Despite a large proportion of women working in essential services, the pandemic has increased women’s job insecurity because of their employment in sectors that have been affected by lockdowns – nursery, secretarial, domestic, non-essential retail, hospitality, and tourism work. Data for the European labour markets show that women and men were hit by unemployment more or less similarly in the second quarter of 2020, but by the summer’s slight recovery, fewer women than men had re-entered the labour market (European Union 2021: 20). This is a more widespread phenomenon – even in countries where

men's unemployment is higher, more women left the labour market altogether in 2020 (UNCTAD 2021). Globally, and across all regions, in 2020 women's relative employment losses were higher than men's, although men lost more jobs in absolute numbers (ILO 2021). This development attests to women's more precarious labour market position, whether due to part-time, short-term, or informal employment, which makes them especially vulnerable to economic contractions. Being in precarious employment, women are unprotected by social security systems, do not receive unemployment benefits or other 'post-support labour income' (ILO 2020, 2021: 2; Kesar et al. 2021), and shoulder the gendered responsibility for unpaid work.

Everywhere, without exception, women spend more time on housework and care than men, performing 76% of the total unpaid care work, or 3.2 times more than men (from 1.7 in the Americas to 4.7 in the Arab states) (ILO 2018; Blasko et al. 2020). The pandemic has increased the burden of housework and its intensity and the need to provide home-based care, with women and girls carrying the greater load of these increased demands (UN Women 2020b). With the closing down of schools and childcare facilities, in many European and other high- and middle-income countries, women more than men have reduced their working hours or have left employment to provide childcare (European Union 2021; UN Women 2020b). This implies a widening of the gender gap in unpaid labour, given additional reproductive work resulting from caring for family members with a Covid-19 infection or quarantining at home and in the community. Furthermore, 'stay at home' orders potentially trap more women in domestic spaces, exposing them to increased risk of experiencing physical and psychological harm through domestic violence (Scheele 2021). All EU countries have reported an increase in domestic violence against women and children during the pandemic (European Union 2021: 5), and the UN has called the global increase in domestic violence a 'shadow pandemic' (UN Women 2020c).

Importantly, not all women have been affected in the same way and we find significant differences in vulnerability between different groups of disadvantaged women. These differences build on pre-existing global social inequalities (Sproll 2020). Studies show that the degree of inequality varies largely according to race/ethnicity, class, caste, migration/citizenship status, or lone parenthood (Kesar et al. 2021; Desai et al. 2021). Several studies point at Brazil, the United Kingdom, and the United States, where especially Black and ethnic minorities, both women and men, have experienced above-average infection, illness, and death rates (Gomes 2020; PHE 2020; CDC 2021). In India, where the pandemic reached another peak in the spring of 2021, the existing caste system regulates established hierarchies, discrimination, and social distancing. Many basic healthcare workers are women from lower castes (Dalit) who often work with low or no remuneration and personal protective equipment, while Muslims, Dalits, and women are most affected by job losses and

food insecurity (Gosh 2020: 528). While the intersectionality of inequalities is highly significant in all world regions, it plays an even more fundamental role in many countries in the Global South, not least because of colonial legacies. Given the gendered socioeconomic impact of the ongoing pandemic, what has been the state's response and with what consequences?

### 3.2 State responses

In many countries worldwide, by April 2021 the fiscal stimulus responses to the pandemic had reached unprecedented levels. In Germany, three supplementary budgets amounted to 347 billion euros or 10.3% of GDP. The Polish anti-crisis shield and the financial shield reached nearly 70 billion euros or 14.5% of GDP. In Brazil, a series of fiscal measures added up to 12% of GDP, while in India, immediate spending, deferred revenues, and expedited spending amounted to 9% of GDP (IMF 2021). This financial aid moderated the economic shock and its effects on businesses and employees. Governments gave money or deferred revenue streams to small, medium, and large companies, either as direct grants or indirect benefits through tax and payment advantages, public loans, and extensions of deadlines for social security contributions.

In Germany, for example, tourism companies such as TUI received 1.25 billion euros, while the airline Lufthansa received a rescue package funded by Germany, Switzerland, Austria, and Belgium providing various aid and equity measures amounting to 9 billion euros – of which the airline had only drawn 2.3 billion by summer 2021 (Spinnler 2021). Different from the UK, where the Coronavirus Job Retention Scheme obliged companies in the aviation sector to secure employment, the state aid scheme for Lufthansa did not. At the same time, restaurant owners, hoteliers, and small- and medium-sized enterprises as well as the self-employed were entitled to apply for assistance based on a certain percentage of lost revenue. Countries also addressed employees directly; for example, in Spain federal states offered public guarantees for repayable new loans and direct financial support to self-employed persons. Yet, some programmes, like furlough schemes to support workers in the UK, ended up benefitting firms owned by the world's wealthiest people and tax exiles (Guardian 2021).

In addition to fiscal and monetary measures, many countries in the Global South have also focused on social assistance, direct aid programmes, and in-kind benefits. These have been particularly relevant to women, as about half of these policy measures explicitly 'fall into the social protection category' (UN Women 2020a: 8). These programmes have partly been supported by the World Bank (2021) and ranged from direct cash transfers to food supplies and sanitary provision. They are aimed mainly at preventing the complete loss of

livelihood and starvation by the poor and thus reflect the existing high levels of socioeconomic inequality and poverty that have been exacerbated by the pandemic. Many countries of the Global South do not have the financial, institutional, or managerial capacities to buffer the effects of the crisis, although there have been diverse and partly successful strategies (Saad-Filho/Ayers 2020: 87).

As a whole, neoliberal restructuring has systematically dismantled state capacities and reinforced the implementation of conditionality in social provisioning, which has intensified inequalities along the lines of gender, class, and race/ethnicity. This reflects a very low level of state responsibility for social reproduction as a whole, even in countries that are among the big economic powers in the world, such as India and Brazil. In India, where the government provided grains, pulses, and stoves to the poor in urban agglomerations during the first lockdown, health systems are collapsing during the current explosion of infection and death rates, while the production capacity for vaccines does not serve the Indian poor. In Brazil, which has one of the highest per capita death toll from Covid-19 at the time of writing (Johns Hopkins University & Medicine 2021), the government paid a hard-fought emergency assistance package to ameliorate the existential threat to the livelihoods of many people. However, while billions of reais have been pumped into the financial system and big companies, the funding for emergency assistance is not only insufficient, but is partly being refinanced through the public sector, resulting in cuts to infrastructure and wages in feminized occupations, such as academics, teachers, public service employees, and – outrageously – the health system (Boschetti/Behring 2021). Of the globally adopted fiscal and economic measures to assist businesses, only 10% channel resources to women-dominated sectors, while of the social protection and labour market policies, only 8% address unpaid care and only 10% prioritize women (UN Women 2020a: 8).

Regarding the health sector, which over the last several decades has been, in most countries, underfinanced and subject to severe budget cuts through privatization and marketization, its capacity and resilience have needed reinforcement. The French government, for example, set up a policy programme, *Séjour de la Santé*, which includes 8.2 billion euros

for salary increases for hospital personnel and a further 19 billion Euros investment in the healthcare sector, including 6 billion Euros for Long-Term-Care institutions over the next 5 years (EIGE 2021: 64).

The difference between having (an even basic) healthcare infrastructure – or not – becomes apparent in the case of Brazil, where the constitution of 1988 includes a public healthcare system (Sistema Único de Saúde, SUS) guaranteeing basic access to healthcare for all (Paim et al. 2011). Despite the high

number of infections and deaths, it does provide important infrastructure for the country's Covid-19 vaccination program.

The examples of state responses to the Covid-19 pandemic share similar patterns of activity. Governments have rapidly set up numerous policy measures (sometimes circumventing usual procedures), reacting to the crisis by providing financial subsidies to those economic sectors hit most. As a result, public spending and debt are at a historical peak, but are hardly driven by investments into the social infrastructure necessary for social reproductive work to flourish, and thus into the future of societies.

## 4 Conclusion

From the beginning of the Covid-19 pandemic, gender has been a prominent feature. It has been recognized in public and policy debates, and experienced by those involved in the immediate response to the health crisis, or those social spheres most affected by the lockdowns and the reallocation of resources. Gender has become more visible because women are employed in education, care, and service jobs that were deemed essential to the daily functioning of societies, and because childcare in households suddenly presented itself as a challenge for parents, especially mothers. Both brought greater awareness of the highly gender-segregated labour markets and gendered division of labour. In addition, the high rate of infections among workers on short-term contracts, the closure of borders, and the restriction of labour migration, as well as the unequal access to preventive healthcare and medical assistance in case of Covid-19, have all shed light on large-scale intersectional inequalities exacerbated by the pandemic. All of these developments suggest that 'arguments for investing in a care-led recovery might get a better hearing' (De Henau/Himmelweit 2021: 467). It is, therefore, a paradox that public awareness of these problems did not result in adequate state policy programmes. Most policies have not only lacked gender sensitivity, but have exacerbated gender inequality, since they neither protect the most vulnerable groups in the labour markets nor initiate a fundamental change to build a more sustainable economy. Instead, we have witnessed a further increase in precarity for those in employment, especially for those working in essential jobs, and those excluded from labour markets and/or who are working in the informal economy. In general, state responses did not address the described crisis of social reproduction and the underlying structural causes of gender, class, caste, and race inequalities. Consequently, the global crisis of social reproduction is further deepening, while current policies are keeping capitalism on the move in unsustainable ways.

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# The Gendered Architecture of the State and the Covid-19 Pandemic

*Gundula Ludwig*

Since the outbreak of the Covid-19 pandemic, the state has shaped the every-day life of probably everyone in ways that would have been previously unthinkable.<sup>1</sup> Given the key importance of the state in dealing with the pandemic, I consider it a crucial task for feminist scholars to critically engage with the state and its role. My core argument is that the gendered architecture of the state is a key factor in turning a *health crisis* (Covid-19) into a *comprehensive social crisis* accompanied by an increase in social inequality, violence and exclusion.

The theoretical background of my paper is feminist state theory, which builds upon the premise that the modern Western state's structures and logics are androcentric. Feminist state theory conceptualizes the modern Western state as a key actor that produces and reproduces gender relations in terms of inequality, domination and violence (Kreisky/Sauer 1995; Ludwig/Sauer/Wöhl 2009; Sauer 2001). From this perspective, I discuss the role of the state in the Covid-19 pandemic in four parts: care and reproduction; gendered violence; the biopolitical state; and the sovereign state. The geopolitical focus of my paper is Austria, though some arguments will also be applicable to other EU states.

Undoubtedly, it is also the state that has provided numerous support measures during the crisis, such as the introduction of short-time work, subsidies for lost earnings, and a bonus for healthcare staff. But, as I argue, the perspective of feminist state theory allows us to take the structures of the state and society into account, and show that these measures are highly selective. Furthermore, these measures cannot hide the fact that it is precisely the gendered architecture of the state that leads not to the reduction of social relations of inequality during a crisis, but rather to their intensification – because the state uses social relations of inequality as a crisis resource.

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# 1 Care, Reproduction and the State

A fundamental insight of feminist state theory is that the modern Western state systematically outsources social reproduction. In 1978, Mary McIntosh argued that the ‘state frequently defines a space, the family, in which its agents will not interfere’ (1978: 257), and it is the realm of family to which the state can outsource social reproduction. Thus, the state creates a sphere – the family, the realm of privacy – where social reproduction is organized based on heteronormative constructions of gender ‘differences’, gendered responsibility and love. As a consequence of this privatization, care work is often not considered work. Moreover, due to heteronormative, naturalizing gender constructions, women take on the majority of care work – and it is precisely this that allows the state to outsource social reproduction.

With regard to care, the state is structured based on a logic that is both androcentric and ability-centric. Following Julia Kristeva (1982), I argue that the modern Western state follows a *logic of abjection* with regard to dependency, care and nurturance. The citizen of the modern Western state is imagined to be a disembodied autonomous subject that has no bodily needs. Bodily dependence, neediness and illness are all denied, though these characteristics have been and still are projected onto those who are othered: women, queer people, people with disabilities, people of colour. Due to the abjection and denial of bodily needs within the logic of statehood, activities concerned with the uncontrollability of bodies, neediness, illness and dying are devalued as low and ‘dirty’ and outsourced to women, most often racialized and migrant women.

With regard to modern Western welfare states, the state clearly does provide some support in case of illness or neediness. Not least in response to various social struggles, the welfare state has established some institutions, such as unemployment insurance, health and pension insurance, public childcare services, and institutions for people with disabilities. However, unemployment insurance and health and pension insurance are not a general form of collective care, since wage work and national belonging are requirements for access. Thus, they are structurally biased in a gendered, classed and nationalistic way. Furthermore, in its forms of organizing care work, the state actively uses gendered and intersectional relations of inequality – both by delegating it to the private sphere and the nuclear family, and by deploying relations of intersectional inequality as ‘justification’ that care work is poorly paid and organized in a precarious way (Gutiérrez Rodríguez 2010; Lutz 2008). The outsourcing of care work to (migrant) women not only perpetuates gender stereotypes of care (work) as a ‘natural’ feminine trait, but also mirrors the low importance of care in modern Western societies and states.

## The Gendered Architecture of the State

Many critical yet gender-blind analyses view the neoliberalization of the health care system as the reason why the Covid-19 pandemic became such a comprehensive health and social crisis. I argue that, when viewed from a feminist perspective, this diagnosis falls short. It is not just neoliberalism; the androcentric *and* ability-centric logic inherent to the modern Western state also played a crucial role. The neoliberalization of the health sector in recent decades has not only meant financial cuts; it has also resulted in an intensification of the logic of abjection within the state. Thus, prior to the Covid-19 pandemic, the care provided for people who were ill, elderly and in need was already inadequate. Additionally, care and health workers already had to deal with immense workloads (Dück 2021). It is precisely this neoliberal intensification of the logic of abjection that is causing the care crisis we are now facing due to Covid-19. A state that founds its healthcare system on the abjection of, and which structurally neglects, dependency, vulnerability and care, can be neither sustainable nor preventive – not in non-pandemic times and even less so during a pandemic.

The logic of abjection inherent to the state has not only transformed a health crisis into a fundamental social crisis; the state has also deployed gendered care politics as a *political strategy of crisis management*. The fact that people are called upon to provide childcare and home-schooling alongside their paid work clearly demonstrates the androcentric understanding of care and reproduction in the modern Western state. Feminist state theorists and scholars have criticized this attitude in numerous publications that draw attention to the (state's) assumption that reproductive and care labour is not work and can therefore easily be done on the side. This logic has become intensified during the Covid-19 crisis: by invoking family and privacy as resources for managing the crisis, the state actively uses the increased private unpaid workload of women as part of its crisis management policy.

Already during the 2008 financial crisis, the state exploited unequal heteronormative gender relations in its crisis management policies. The gendered policies that modern Western states are currently employing as a form of pandemic crisis management are not only leading to an intensification of the gendered division of care labour, because women carry the burden of the added care work (Mader et al. 2020), but they are also reinforcing the re-traditionalization of family and gender relations.

## 2 Violence and the gendered State

Another cornerstone of feminist state theory is that the modern Western state is a key actor in upholding gender relations as relations of violence (Sauer

2008). Through state policies, people are made vulnerable in very different ways along the axes of gender, sexuality, migration, disability, class and race. Feminist state theory has a broad understanding of gendered violence: it not only includes physical and sexualized violence, but also economic and social violence. State policies that prevent participation or lead to poverty are therefore also understood as modes of state violence. Through labour law regulations, social policy measures and family law, the state produces different vulnerabilities based on regimes of gender, sexuality, class, race and migration.

Lockdowns and quarantine have led to an increase in domestic violence on a global scale (Baker 2020). For feminists, this development was rather predictable. Interestingly, the issue of domestic violence during the pandemic has been discussed publicly in an astonishingly direct manner, though in terms of the interrelation between violence, gender and the pandemic, what still fails to be addressed is the importance of the state – which, according to feminist state theory, plays a key role in gendered violence.

Over the past three decades – and not least as a result of feminist demands and struggles – important transformations have taken place regarding the interplay of gender, violence and state (Sauer 2008). Birgit Sauer interprets these transformations as ambivalent. While the Austrian state has introduced legal measures to combat domestic violence (e.g. legal orders to bar the right of entry for perpetrators), changes on a structural level that effectively address and reduce gendered forms of violence are still few and far between. The Austrian state primarily reduces anti-violence measures to ex post police interventions, while at the same time massively cutting funding for feminist anti-violence projects and women's shelters, among other things. To borrow a term coined by Angelika Wetterer (2003), these changes in the interplay between gender, violence and the state can be interpreted as 'rhetorical modernization'.

The state's policies during the Covid-19 pandemic fall under this logic of rhetorical modernization. At the beginning of the first lockdown in spring 2020, Susanne Raab, Austria's Minister of Women's Affairs, warned against an increase of domestic violence and announced that quarantine and domestic isolation were not 'lawless spaces' (Raab 2020; translation G. L.). But despite this rhetoric, as long as the state actively utilizes the privatization of care work, the unequal gender division of labour and the concept of heteronormative familialism as the foundations of its crisis management, it is itself complicit in the current rise in physical and sexualized violence against women, children and queer youth.

Following the broad understanding of gendered violence proposed in feminist state theory, it can further be argued that the pandemic has not only brought about a rise in physical and sexualized violence, but also in gendered economic and social violence. The Austrian state's crisis management policies and measures are clearly based upon intersectional selectivity: while financial support is primarily offered to those with 'regular' employment, 'atypical

## The Gendered Architecture of the State

workers', like those who are precariously self-employed, sex workers or undocumented workers, are eligible for fewer benefits or none at all (Preglau 2020). Furthermore, the 'family hardship funds' introduced by the Austrian state in April 2020 are not available for single parents who lack child support due to reduced working hours or loss of employment. Thus, in the state's current crisis management strategy and its support policies, the state reinforces the economic and social vulnerability of all those who deviate from the 'norm' and whose daily lives were already insecure before the pandemic, such as the self-employed, migrant workers, single mothers or sex workers.

### 3 The biopolitical State

The third area of theoretical investigation of the state in order to grasp the interplay between Covid-19 care and crisis is the field of biopolitics. According to Michel Foucault (2003), every modern state is a biopolitical state. State technologies of power focus on the lives of individuals and the population, with the aim of optimization. However, the biopolitical state does not consider every life as equally deserving of protection. The state uses racism and nationalism to draw a demarcation line between those lives that are to be protected and optimized by the state, and those that are not. As medical historical work on the plague, cholera and HIV has revealed, during epidemics, the demarcation between a racialized, national 'we' that the biopolitical state aims to protect and the 'other' comes to a head (Hammonds 2020; Thießen 2015).

During the Covid-19 pandemic, the racist and nationalist biopolitical dimension of the state has also become apparent. Racism and nationalism draw a demarcation line between those who should be protected, and those who are constructed as unworthy of protection, such as people in refugee camps, homeless people or illegalized workers (Crenshaw 2020; Thompson 2020). While at the start of the pandemic in spring 2020 the Austrian Ministry of Foreign Affairs offered to fly Austrian citizens back from their holidays to 'their home country', the Austrian government strictly adhered to its anti-migration course and, until today, still refuses to evacuate refugees from the camps at the EU border, where the already inhumane living conditions have worsened since the onset of the pandemic.

Paul B. Preciado (2020) identifies two paradigmatic figures of Corona biopolitics. The first is the techno-patriarchal, techno-cybernetic neoliberal subject, which the state deems worthy of protection. This subject's right to protection is derived from its becoming a fully individualized digital consumer and digital communicator:

The subjects of the neoliberal technical-patriarchal societies that Covid-19 is in the midst of creating do not have skin; they are untouchable; they do not have hands. They do not exchange physical goods, nor do they pay with money. They are digital consumers equipped with credit cards. They do not have lips or tongues. They do not speak directly; they leave a voice mail. They do not gather together and they do not collectivize. They are radically un-dividual. They do not have faces; they have masks. In order to exist, their organic bodies are hidden behind an indefinite series of semio-technical mediations, an array of cybernetic prostheses that work like digital masks: email addresses, Facebook, Instagram, Zoom, and Skype accounts (Preciado 2020).

On the other hand, Preciado identifies ‘unproductive zones of the social body’ (ibid.). The inhabitants of these zones – the elderly or people with impairments, homeless people, women, people in refugee camps, prison inmates, and people with mental illnesses – can no longer transform themselves into techno-cybernetic subjects and are thus not worthy of protection and care.

As Foucault highlights, every biopolitical state needs knowledge so that it can govern its population, and it relies on androcentric, heteronormative, white, abled-bodied norms of bodies, vulnerabilities, care, reproduction and solidarity. The bodies of ‘normal citizens’ are viewed as autonomous entities. Bodily needs and vulnerabilities are neglected within this construction, care and reproduction are organized on the basis of social inequalities, and solidarity is defined highly selectively, as a commitment only between people who are – through a family or national order – defined as similar. These problematic regimes of knowledge have also shaped the way in which the biopolitical state has navigated the Covid-19 crisis. Indeed, these regimes of knowledge are not only androcentric because the majority of the experts consulted are white and male, but also because they rely on concepts of security, protection, immunity, care and vulnerability that stem from heteronormative, andro-, Euro- and ability-centric knowledge.

The biopolitical state thus configures its ‘normal citizen’ as an autonomous, healthy citizen with no bodily needs. ‘Normality’ is configured as a state in which everyone can function autonomously and beyond any (potential) vulnerability or sickness. The consequence of this understanding of ‘normality’ is that, even in a pandemic, the biopolitical state requires its citizens to function as usual – despite exhaustion, additional burdens, fear and anxiety. The crisis management policies that the Austrian state has offered do not entail any work relief – neither for those working in the so-called system-relevant professions nor for pupils and students. Rather, they call upon people to function as usual despite the many deaths, work overload, job losses and increased anxiety due to the pandemic – with the promise that we will soon ‘return to normality’.

What is missing in the biopolitical state’s regimes of knowledge are emancipatory discourses on how to deal with uncertainty and uncontrollability in a positive, sustainable manner and without selective biopolitics. Paradoxically,



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queer-feminist, postcolonial and decolonial, and ability-critical approaches, which have emerged both from political struggles and academic discourses, have an extensive emancipatory archive of knowledge about care, bodies, vulnerabilities, reproduction, solidarity etc. These approaches have been developed through various practices, long before the Covid-19 pandemic. For instance, during the HIV/AIDS pandemic, queer activists developed networks of care and support that went beyond the narrow and exclusive concept of heteronormative families (Patton 1987; Gould 2009). Such emancipatory regimes of knowledge do not configure subjects as autonomous and disembodied, able to simply function even in a collective state of exception. Rather, biopolitics from such an emancipatory perspective raises the question of what responsible and solitary forms of care and dealing with vulnerability could look like. Sabine Hark has proposed learning from queer experiences of the HIV/AIDS pandemic to build solidarity networks in times of a pandemic:

Instead of assuming independently conceived organisms, which mutually merely represent an environment for each other and against which we can immunize ourselves in each case, it makes sense to learn to think from an emergent process that is always already interwoven. We must learn to live with the virus instead of acting against it. As paradoxical as this may sound: we live in community with the virus, we must form communities with it. Physically keeping our distance is just that: knowing that we coexist with the virus, we do not get too close to others spatially, thereby slowing down the virus and, figuratively speaking, preventing the virus from piggybacking on social processes. A practice of caring that thinks from others and their vulnerability rather than from our own immunity (Hark 2020; translation G.L.).

## 4 Sovereignty and Authoritarianism

Fundamental to the concept of the modern Western state is the assumption that the state is sovereign. And while the coronavirus exposes the vulnerability and relationality of people, the dominant response of states has been to adhere to this paradigm of sovereignty. This became obvious through the closure of national borders at the beginning of the pandemic, but also in the global race for medical equipment and vaccines. The paradigm of sovereignty can also be found in the rhetoric of war, where the state needs to *defeat the virus* (Enloe 2020).

Thus, even in these exceptional times, the state is promising to overcome uncertainties and uncontrollability. But this is simply not possible: we *are* in a situation filled with *uncertainty and uncontrollability*, since no one can know when the pandemic will be over, if there will be new mutations, or how long

the vaccine will be effective. Yet instead of making politics a space where uncertainties can be articulated and collectively worked through, the state narrows the scope of politics in a masculinist and Eurocentric manner: it promises to defeat uncertainty with certainty, sovereignty and strong leadership.

From a feminist perspective, this promise of sovereignty is problematic in many ways. First and foremost, it is based on a phantasm that purports to overcome what is at the core of the condition of being human and of life itself, namely vulnerability. As Judith Butler (2004) has convincingly argued, to live is to be vulnerable. The assumption that it is possible to protect and safeguard life entirely is always – and all the more so in a pandemic – an omnipotent fantasy that no state can redeem. Nevertheless, during the pandemic, the state’s promise of sovereignty is reactivating a very old patriarchal logic of protection at the price of subjugation.

Second, the masculinist neo-colonial phantasm of sovereign nation states renders global dependencies invisible. Due to neo-colonial power relations, states from the Global South cannot claim sovereignty in the same way as states from the Global North. For people living in the Global South, once again, this means an increased risk of vulnerability and death.

Third, the Eurocentric logic of sovereignty is also evident in the fact that state policies regard the vaccine as a miracle that will end the pandemic. The crisis will be over, we hear repeatedly, as soon as the majority of people are vaccinated. However, the vaccine is primarily a ‘solution’ for states in the Global North, as the vaccination rates of states mirror both the neo-colonial order as well as the global capitalist order: states in the Global South have to buy vaccines at a higher price than those in the Global North and, consequently, the vaccination rates in the latter differ significantly from those in the former (Randeria 2020).

Finally, the state’s adherence to the phantasm of sovereignty also entails a threat to democracy. Technocratic politics of sovereignty depoliticize the crisis and narrow the political discourse. Already prior to the Covid-19 pandemic, in many Western countries such as Austria democracy had undergone a severe crisis, with a rise in authoritarianism and right-wing populism. The political dimensions of the pandemic entail numerous risks that strengthen these tendencies. In Austria, right-wing extremists and populists are successfully using the regular demonstrations critiquing the anti-coronavirus measures to further their own political agenda – not least because the Austrian government allows them to. Various politicians from Austria’s right-wing Freedom Party (FPÖ) take part in and give speeches during the demonstrations. Furthermore, the authoritarian and technocratic understanding of politics that the Austrian government is deploying in its Covid-19 policies also entails a threat to democracy. The fact that in April 2020, Chancellor Sebastian Kurz stated that he was unwilling to change Covid-19 laws, even if they were unconstitutional (Der Standard

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2020a), or that Austria's Interior Minister proposed allowing the police to interrogate infected people (Der Standard 2020b), are just two examples of authoritarian elements of the state's politics in pandemic times.

## 5 Conclusion

Based on the premise of feminist state theory, in which the state is a key actor that brings about and reproduces gender relations as relations of inequality, domination and violence, I argue that the androcentric, heteronormative, ability-centric and Eurocentric architecture of the state is a key factor in – and indeed has paved the way for – transforming a health crisis (Covid-19) into a fundamental social crisis. Quite paradoxically, these androcentric, heteronormative, ability-centric and Eurocentric logics inherent to the state are also what make it possible for the state to easily activate intersectional structures of inequality in its crisis management strategies. This in turn will further deepen these existing structures of inequality and will by no means overcome the fundamental crisis we were already in prior to the onset of the pandemic. Against this background, feminist interventions are necessary, which offer emancipatory knowledge and practices on how to reconfigure politics in ways that go beyond androcentric, heteronormative and Eurocentric constrictions. That is, not as state politics that stem from a phantasm of the subject as disembodied, sovereign and invulnerable, but from a politics of care and global solidarity.

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## Part IV: Directions of Feminist Transformation





# Time for Caring in Quarantine: The Democratic Value of Spending and Wasting Time Together

*Bianca Sola Claudio*

Joan Tronto (2013) recognizes that democratic caring concerns relationships which require time and space. Fostering democratic caring will require asking not the question of *how do I fit in caring around my work?* but rather *how do I fit in work around my caring responsibilities?* (White 2020). This paper argues that *time for caring* presents itself differently during the Covid-19 pandemic, as some of us are required to spend more time with the other members of our households, while others have less time for caring or have to be confined with each other in conditions under which democratic caring cannot flourish. Yet, our needs also shift during crises, and the ways in which we are cared for need to be adapted. The direction of transformation would particularly demand that we dedicate more time to spend with others (even when we live within a shared household), which would translate into *time for caring*.

Julie A. White (2020) argues that a *caring democracy* would not only require more time for care, but would also demand more time for caring deliberation. This describes the sustaining of an alternative temporal regime that would resist the commodification of care. The purpose of this paper is to consider White's claims and highlight possible scenarios that may be emerging under the new temporal regime of the Covid-19 pandemic, and which could affect *time for caring*. This paper indicates the possible challenges that the pandemic poses for us in terms of translating *time for caring* into an actual *democratic caring* during a crisis, which mainly relates to the commodification of care, gender inequality and precarious living conditions.

Within this paper, it is highlighted that equal or good care – in terms of care valuable to a democracy – is more difficult to sustain during a crisis such as the Covid-19 pandemic; this also refers to the privileged cases where even though a household can no longer outsource care, household members do have time to execute the care responsibilities themselves. In this regard, different types of quarantine scenarios are portrayed, where, on the one hand, cramped and stressful conditions present a challenge to democratic caring, and, on the other hand, in the privileged cases, more time is also unlikely to lead to democratic caring. A collective shift to prioritizing *time for caring*, or care responsibilities, over *productive time*, or productive responsibilities, is necessary in order to build a caring democracy.

# 1 No Time for Democracy and no *Time for Caring*

Marx's Grundrisse is mentioned frequently in most of the critical literature on time and temporality. Marx argues that capitalism compresses time and space in the pursuit of new efficiencies. The question of who can afford time is particularly relevant in studies focusing on acceleration as a tendency initiated through industrial innovation (White 2020). If we think of the ways in which we operate within a political arena, it is plausible to assume that time would be key to not only developing, but also maturing, political debates within a democratic regime. As a democracy embraces plurality, we not only ought to have time to participate in these discussions, but also to unfold ideas of possible actions and political changes. It is, however, rather more likely that a culture of acceleration, in which the pursuit of new efficiencies is valued, damages such democratic debates and participations.

Wendy Brown (2015) argues that we are now operating within a political arena where citizens function as investors or consumers, rather than within a democratic polity in which we share certain common goods, places and experiences. Her explanation indicates the ways in which democracy itself has been radically transformed by the dissemination of neoliberal rationality in all spheres, including politics and law (see also White 2020). Brown further recognizes how 'distinctly political meanings of equality, autonomy and freedom are giving way to economic balances of distance and the distinctive value of popular sovereignty is receding' (2015: 177). What this entails, or the factors that influence citizens to act as investors or consumers rather than citizens, are, however, too many to mention here. Brown's argument is easily defended in the evident claim that a culture cannot operate as it should within a regime based on participation and plurality – as democracy should be – if time is seen as a commodity and therefore reduced to productive output or productive time. Different authors name and support the claim that democratic regimes need time, as do their citizens. It is then justifiable to argue that a democratic polity would, in the current time regime, encourage citizens to be 'technically skilled human capital not educated participants in public life and common rule' (ibid.). This inclination towards skill leads to an education system that mainly focuses on contributing to capital enhancement.

If democracy were slow, however, then so would be caring. If we require time to act as citizens, then a lack of time would also affect the ways in which we care. Mutually caring relationships, which are supposed to give us emotional support, require more time and fluidity than a one-hour appointment with a therapist. The problem lies, however, both in our lack of time and the fact that we are accustomed to a model of accelerated time. This requires thinking about the practices, and not only the amount, of care time. Mutuality describes an aspect of caring that is neglected within the frame of accelerated

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time; this aspect is central to a relationship, but is displaced by exchange in affective labour (Hochschild 2012). This type of labour, as White (2020) indicates, is typically also regarded as ‘good care’, which almost implies that this commodification goes beyond the nature of these relationships. As clients, we expect care workers to be generous and thus we demand more of their labour than they necessarily have to give.

Caring to an extent that goes beyond the requirements or beyond what has been agreed upon is more consistent if mutuality is applicable, as, for instance, in friendships. In the process of identifying such commodification, Arlie Hochschild (2012) compares us to clients and consumers on the basis of these outsourced personal relationships; this is similar to Brown (2015), who identifies the citizens of a democratic regime as being within a culture of acceleration. Hochschild’s outsourcing model indicates that friendship relationships are often overshadowed by these statuses (in White 2020). Particularly interesting regarding this outsourcing and acceleration of care is that it renders privilege a key aspect of who is cared for. Two questions are relevant here: first is the question of who can afford to outsource care and be cared for, and second is the question of who enjoys more privilege and has the time to maintain relationships of care?

## 2 If we had more *Time for Caring*

Jennifer Nedelsky proposes that *time for caring* is frequently achieved by simply spending time with those who are being cared for (in White 2020). Providing company to a person who is lonely, or simply being at their disposal, could already be seen as caring and contributes to building a relationship. Martha Nussbaum (2012) depicts what she calls the *sympathetic imagination* as one of the necessary democratic abilities. This ability would enable us to perceive others as people with their own thoughts and feelings, deserving of respect and empathy. The argument is that citizens with such abilities would overcome fear or suspicion during a debate and this would inspire a more sympathetic and sensitive approach. She further mentions that this debate has to be a multicultural ‘one that acquaints students with some fundamentals about the history and cultures of the many different groups with whom they share laws and institutions (...) includ[ing] religious, ethnic, economic, social, and gender-based groups’ (in Gregory 2011: 425). In pinpointing this intercultural literacy and its role in democracy, Nussbaum defends humanistic values and the importance of these disciplines in education. While education is important for the empathy needed in a democracy, however, we also need time to maintain relationships or *time for caring*.

### 3 Phases of Care

Joan Tronto and Berenice Fisher (1990) initially described this type of caring relevant for democracy, and Tronto (2013) later defined five phases of caring. The first is *caring about*: when the need for caring is noticed by a person or group. The second phase is *caring for*: after the need is identified, a person or group needs to take responsibility in order to make certain that these needs are fulfilled. In the third phase, *care giving*, the actual care work is executed. The fourth phase is *care-receiving*: after the care work is executed, the person (group, animal or environment) being cared for will respond. The observation of this response and the adjustment of care for future executions is part of the fourth phase *care-receiving*. Here, it needs to be evaluated, for instance, whether the care given was sufficient, successful or fully completed. It may be that the care receiver cannot respond, and thus in some particular care settings, the care giver may not be fully able to assess the effectiveness of caring. Finally, in the fifth phase, *caring with*, after the caring needs are covered, new ones will arise. As the final phase, caring with requires that the caring needs are compatible with democratic commitments to justice, equality and freedom.

Nearly all political theories entail one or several accounts of caring. It is necessary to develop an account of caring in a democratic society, firstly, because it is important to render care clear and graspable. This need is rather theoretical, but nevertheless essential, and is more obvious in terms of democratic care. Secondly, democratic caring does not only amend but also better the quality of life of citizens living in a democracy (Tronto 2013). While democratic functioning ought to assume that citizens are equal, the meaning of equality can vary significantly among different democratic theories, as, for example, whether the understanding of equality is based on human rights and/or human dignity and the respecting of human autonomy. As Tronto (*ibid.*) puts it, theorists discussing democracy frequently delve into competing interpretations of these meanings.

Democratic caring is different as it assumes that we are equal in being care receivers; this is a perhaps peculiar, but nevertheless very distinctive, account of equality, especially when we consider that the presumption that we are all care receivers is not the same as claiming that we all have the same needs. It is, however, the same as claiming that we are all needy, even if in different ways. At some point in life, we are all engaged in caring in the position of the care receiver. These needs vary not only from individual to individual, but also from care receiver to care receiver, or between groups – at one point in time, or they may also fluctuate over time. And because all citizens are needy, but their needs differ from each other, the five phases of caring outlined above can be useful in assessing neediness; though they rather describe how we ought to

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care, and not, for instance, what we are to do (where needs would again be equated).

## 4 Change and Obstacles

A more obvious question to be addressed regards the changes that would offer us more *time for caring*. One way of considering the lack of time for care would be to pinpoint the centrality of affective ties and then to build infrastructure that allows us to care for those to which we are tied (White 2020). Nedelsky (forthcoming) considers this, but wishes to present another approach that entails a possible structural change in addressing part-time paid work and part-time unpaid care work. They assess three different problems, namely the unsustainable stress on families, the persistent inequality regarding women and others in terms of providing unpaid care work, and policymakers' lack of willingness to address care. The concrete proposal is that, in a radical restructuring, care time would be paid: above 12 hours and for not more than 30 hours a week.

Such a commodification of unpaid care could, however, be problematic. Tronto (2013) also accounts for the temporal context of care and highlights the link between time deficit and care deficit. However, Tronto also indicates that dividing these would reveal a qualitative difference between care work and productive work (see also White 2020). This is to say that she does not see market logics as inevitable, but rather claims that a caring democracy would have appropriate democratic institutions in place that would in turn restrict market logics. Tronto gives great value to intimate relationships, where spending time together is already part of the activity, as an important aspect of caring is simply spending time with one another listening to stories and observing care receivers (2013: 121).

During a pandemic or a crisis, where new fears emerge, we are needier, or at least needy in ways we were not before. Thus, we all need to be cared for in different ways during a crisis, as, during such a time, our neediness and needs shift rapidly. While it is impossible to make an overall assessment in which ways they will shift, if we compare our neediness during a pandemic to how needy we were before, it is plausible to assume that having *time for caring* during a crisis and being cared for are both necessary. As the pandemic reveals variations in *time for caring*, it is useful to take this pandemic as an example of the following: if care has a democratic value, we ought to think of it in terms of time and how this time is influenced during a crisis.

## 4.1 Temporality during the Covid-19 Pandemic

If we consider time in the case of the Covid-19 pandemic, it can be perceived both in terms of a halt in certain processes and an acceleration in others. That is, as slowing down, but also as an aggravation of the culture of acceleration. The pandemic could be perceived as a halt by some, given that many social and socioeconomic interactions have stopped or slowed down, and many personal or other projects have had to be put on hold. Thus, it could be that some feel that they have more time during the pandemic than before it. Simultaneously, we are witnessing that the social inequalities, which were already present before the Covid-19 pandemic, have not only been rendered more obvious, but have also been considerably aggravated, which means that some have to work significantly more and in worse conditions than before. In addition to this paradox, we are experiencing how this crisis has forced fast, if not sudden, changes upon us, as has been the case with the digitalization of everyday activities, for instance. There was not much time for implementation, as certain activities needed to shift suddenly online, or some people instantly had to work more hours than they had to before.

Between having more time or less time, care in general, including care practices and responsibilities, have been affected. As care occurs in many aspects of democratic society and in a person's life, it would be impossible to name each specific scenario in which care has been affected by the Covid-19 crisis. However, in describing the following two instances created by the crisis, we can identify which aspects of care, or situations of care, are relevant if we want to achieve Tronto and Fisher's (1990) fifth phase of caring, namely *caring with*. It would be redundant here to describe the specific phases of caring that are affected, as these would show significant context-dependency for each individual. Yet, as *time for caring* is heavily influenced by the Covid-19 pandemic, in the following we will describe how acceleration and deceleration might affect caring practices, whilst at the same time keeping the five phases of caring in mind. While the acceleration scenarios portray an intensified commodification of care, as well as a lack of time for caring, the deceleration scenarios present the problem of not having a structure in place that prioritizes care responsibilities over productive time or labour.

### 4.1.1 Acceleration Scenarios during the Covid-19 Pandemic

During the Covid-19 pandemic, many people did not have the privilege of having more time at their disposal, and some did not stop working outside their homes and even worked more hours than before. Thus, the lack of *time for caring* in this crisis again reveals the conflict between time for caring and productive time. However, the case of those who have less time further highlights

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the issues that long working hours and bad working conditions might pose for democratic caring. This is even more intriguing when considering care workers, as some have to work more hours during the pandemic, but they do not have time for care in their own personal relationships, since their productivity has had to increase.

Some issues with the commodification of care have been mentioned above, though during the pandemic, care workers have suffered from intensified conditions of commodified care. Generally, the value of care work lies in strengthening certain human relationships; however, the democratic value argued for in this paper cannot be developed when care is commodified in such a way as it has been during the pandemic. This returns us to the suggestions regarding transformation provided by Nedelsky (forthcoming), where they argue for a commodification of unpaid care work. Once commodified, care is perceived as labour and is no longer seen as strengthening interpersonal relationships in the same way, as we perceive our personal care responsibilities in terms of strengthening our relationships and not as being valuable for democracy. Significantly, during a crisis, and as our neediness changes, much of the care work that is normally marginalized is rendered essential and thus important to society. This highlights the marginalization of care work, as well as personal care responsibilities, in ‘ordinary’ (non-crisis) scenarios. This marginalization is problematic in terms of Tronto’s (2013) five phases of caring, especially if the goal is to achieve the fifth phase.

### 4.1.2 *Deceleration Scenarios during the Covid-19 Pandemic*

For certain people during the Covid-19 crisis, a lockdown, for instance, came as a halt, interrupting the culture of acceleration. It has often been addressed in the media how a slowing down, in terms of less *productive time*, possibly results in more people spending more time with their families, thus potentially more *time for caring*<sup>1</sup>. This exceptionally privileged scenario could be what Tronto (2013) argues for. This positive scenario for caring could be even more favourable in terms of how, in these privileged circles, care is often outsourced, as Hochschild’s (2012) model predicts. Commodifying and outsourcing care appears valuable because of a lack of time (Folbre 2001). The technical expertise of a therapist, for instance, is recognizably valuable, while also not affordable for a majority of people (White 2020). In outsourcing care, the value attributed to the practice is related to the amount we are ready to pay. An example here would be the value of a nanny functioning as a co-parent (ibid.). Care

1 During the COVID-19 pandemic many newspapers reported on the change in the lifestyle of people who no longer have to commute, work in their home-offices and consequently have more time to spend with their partners and children (Hudson, 2020). (See also Venutolo-Mantovani, 2021; Chaker, 2021)

workers are then often put in an in-between space. If a nanny has value as a co-parent, the question arises of how the child's needs could be bounded well by time and space (ibid.). Due to this lack of clarity, a good care worker is generous, particularly with her time, but also in terms of extending her duties.

If, within a household, caring used to be heavily outsourced before the pandemic, and the *productive time* of the members of that household remained the same during the pandemic, then less *time for caring* would be the result. In these cases, as Tronto (2013) suggests, the household members would likely be forced to work around their caring responsibilities, as democratic caring would require asking the question of *how do I fit in work around my caring responsibilities?* and not *how do I fit in caring around my work?* In the ideal case, where less outsourcing occurs and where these questions can be asked, perhaps a modest shift towards democratic caring could be achieved.

Yet having more *time for caring* or spending more time together during the Covid-19 pandemic does not always translate into democratic caring. In many households where there is more *time for caring*, a gender hierarchy and other forms of abuse are reinforced. For families that have to spend more time together in close contact, including in cramped conditions, the disruption of livelihoods and the ability to earn a living reduces access to basic needs and services, and can thus cause significant additional stress (Roesch et al. 2020). Furthermore, a disruption of social and protective networks may further exacerbate intimate partner violence (ibid.). While these situations of abuse undeniably create a hostile environment for democratic caring, gender plays a worrisome role within this framework, even if no violent act takes place. Gender hierarchy thus presents an issue in itself, even if more *time for caring* would be expected (Larsson 2017). A caring democracy would have to address the ways in which feminine care work trespasses even those boundaries set through measurable time and outcomes (White 2020).

In terms of gender inequalities, the lack of consideration of gender and its intersections has also become clearer during the Covid-19 pandemic in terms of how institutions have responded to the crisis. In the wake of the pandemic, institutions and stakeholders have been concerned with dealing with the effects of the virus and attempting to quickly find efficient solutions. In doing so, many seem to have forgotten the systemic issues that were already deeply rooted in society and, in many cases, have been intensified during the pandemic (Fisher and Ryan 2021). For example, only 37% of the Covid-19 cases reported to the WHO were disaggregated by sex/gender, and where they were, the majority reflected binary conceptualizations. Social psychological research is thus not immune to the erasure of nonbinary gender identities (ibid.).

Those living in precarious conditions will also not have the ability to spend time together in a manner that translates into democratic value. This entails persons in situations of extreme poverty or without shelter, and those in precarious detention or migration facilities – what Raju and Ayeb-Karlsson (2020)



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refer to as ‘temporary environments’. Thus, we ought to consider here that the situation and context in which people spend time together will affect the ways in which this translates into *time for caring* and potentially into democratic value. The ‘wash your hands’ rule or the guidelines for self-isolation and social distancing, among others, might not be possible within such temporary environments (ibid.). As a result of the pandemic, conditions in such places have worsened, including increased interpersonal conflict and the spread of further infectious diseases due to the cramped spaces in which people have been compelled to isolate (ibid.). Although we speak here of temporary environments, these places have existed for decades and in many cases have housed several generations. A study in slum sites in Dhaka and Mumbai, for example, where ‘working from home’ is not always an option, discloses the precarity of households that lack closable doors or windows and have had to house up to 15 individuals during the pandemic, and where neighbours in similar conditions live wall to wall (ibid.). Simply spending time with one another listening to each other’s stories and observing care receivers, in the way Tronto’s (2013: 121) caring democracy predicts, could be a part of caring within these conditions; however, it seems more conceivable that, in such cases, these interactions of care will not necessarily lead to democratic caring.

As people are forced into certain spaces, even if they have the privilege to be in an ideal space, it remains questionable whether they can translate this time spent together into time that would eventually be valuable for a caring democracy. This scenario shows that more time for caring responsibilities needs to translate into less productive time. For instance, those who commute in an ordinary situation where public spaces operate regularly would now not have to do so. However, they would perhaps still need to be productive in their home office, or if not, it is likely that, due to the culture of acceleration, they would spend their time doing an activity that is seen as ‘productive’ rather than doing something that would count as caring for others. Whereas in some cases this might have resulted in more caring practices, such a crisis renders visible how *time for caring* is just part of the problem. Thus, care in an ordinary situation, let alone during a crisis, cannot be done properly if it is not prioritized collectively, which means that it would need to be positioned before other responsibilities or before productive time.

## 5 Shift in Priorities

The reality of a change in temporal constraints during the pandemic, as well as the changes this situation entails regarding *time for caring*, challenges caring with regard to its translation to a caring democracy. Simply being given more

time, or the mere slowing down of the culture of acceleration, cannot provide the productive conditions necessary to achieve Tronto and Fisher's phases of care, as described above. In situations with less *time for caring*, socioeconomic inequalities are aggravated and, in the case of care workers, this leads to the further commodification of care. While having more *time for caring* during the Covid-19 pandemic could highlight a potential shift towards more democratic caring due to a possible reduction in the outsourcing of care, this situation also stresses the gendered hierarchy in *time for caring*. However, if no priority is given for care responsibilities over work responsibilities or productive time, then having more time at one's disposal is unlikely to lead to democratic caring.

A further issue that occurred in the two scenarios named above – acceleration and deceleration – is that we also ought to be able to choose to have this *time for caring*. During the Covid-19 pandemic, individuals have technically not chosen to spend more time in their homes; rather, due to the lockdown measures, they have been obliged to do so. Caring might thus happen not because we choose to spend time together, and maybe not even because we have caring responsibilities towards others, but simply because we are forced to stay together. This could even be the case for those not in quarantine. Yet it remains an interesting situation given that, suddenly, some of us have been compelled to spend more time together, even if there are constraints in terms of what we can choose to do with this time. If we were to choose to spend it together, however, it is likely that it would not translate into a caring democracy, as we still have institutions, as well as a culture of acceleration, which marginalize care practices. This is the case to such an extent that a desperate attempt to render care practices more valuable in our society is being made by Nedelsky (forthcoming) in their suggestion of commodifying unpaid care.

The scenarios that have occurred and the experiences that have been gathered during the pandemic, as discussed above, could reveal that the challenges to achieving the desired democratic care in contemporary society are related to *time for caring*, but also, and more importantly, to how productivity is prioritized over these caring practices. In this regard, however, further studies in the area of the social sciences would need to be conducted, looking at the type of activities people have engaged in during quarantine, leading to an analysis of whether these activities can be translated into democratic caring with regard to Tronto's (2013) five phases of care.

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# Witnessing Fabrics: How Face Masks Change Social Perceptions During the Covid-19 Pandemic in Digital Times

*Pinar Tuzcu and Loren Britton*

## 1 Introduction

Face masks are one of the most tangible prevention measures against the Covid-19 virus that have been used during the ongoing pandemic. This paper studies face masks from a sociological and artistic research perspective towards understanding how they become litmus fabrics for the societies we live in. Transcending their medical purpose, face masks have become everyday objects, integrated into quotidian activities. We argue that they are one of the most politicized materials of our present, particularly in the countries located in Western Europe. This is especially the case since, as they became mandatory in many public spaces, in some Western countries the requirement to wear face masks almost instantaneously ignited fierce political debate and became a new marker of ideological difference. By following the sociological and visual impacts of face masks on individuals and communities in European countries in general, and in Germany in particular, we claim that their omnipresence makes the complexities of various social issues and the interwoven character of different political discourses more apparent, vibrant, and viral. In this paper, we aim to analyze face masks' 'thing-power,' a power, as Jane Bennett once described, that indicates the 'curious,' and also perhaps unexpected, 'ability of inanimate things to animate, to act, to produce effects dramatic and subtle' (Bennett 2009: 6).

Face masks are used in more than one hundred nation-states in response to the pandemic, though regulations around their use differ per region/country (#MASKS4ALL 2021). Indeed, the regulations around wearing face masks in public spaces reveal, we argue, unique characteristics of local social, political, and economic circumstances, both prior to and during the pandemic. Face masks were already highly politicized materials in the West, including in Germany, and the discourse surrounding them has been expanded upon – online – as we are experiencing 'the first pandemic of a datafied society' where much of life has taken place in digital space (Milan et al. 2021: 15). We suggest that face masks can be read as a *text-ile* material, where viral, bio-political, and digital aspects intersect; and we explore how face masks serve in discourses around representation within an increasingly polarized and datafied society.

Face masks are a *text-ile* extension of digital viral worlds, we argue, and include the ableisms, otherings, and fascist coalitions that have accelerated during the Covid-19 pandemic, both on- and offline. We follow what becomes perceptible and tangible when reading face masks as a witness to the digital data and algorithmic politics that produce political polarizations, to consider what is encoded into these pieces of fabric that we wear on our faces.

By looking at the depictions of face masks in political discourses that have gone viral online, we suggest that debates about face masks, which actually target mouths and noses, are interestingly more centred on *eyes*. That is, in these digital public discourses, being able to *see* the truth refers to the ability to accept or reject the truth. Drawing on critical perspectives from disability studies, we suggest that this ocular-centric approach of who *sees* the truth needs to be reconsidered. By analysing two different memes, we follow Sami Schalk's claim that using disability as a metaphor, for instance in the context of referring to the unfunctional parts of social life, is problematic and reductionist, as multi-sensory methods of inquiry suggest that ways of knowing also include touching, feeling, noticing, and breathing.

An ocular-centric construction of universal truth participates in a Western-centric understanding that *seeing* and *uncovering* are the only ways of knowing. According to this perspective, *veiling* is perceived as an act of radicalism or illegality, of concealing and hiding. This perception suggests a debate-worthy link between the contradictory narratives around face masks that have emerged during the pandemic, and the emergence and convergence in Europe of anti-mask movements and anti-Muslim sentiments.

Working from a trans\*feminist intersectional perspective concerned with care and interdependence, we suggest that this pandemic has become crystallized in the images and material specificity of face masks, and has also generated a shift from a politics of care to a politics of vulnerability-in-common. On the one hand, with the concept *affect:ability*, we aim to decenter ocular-centric debates around viral truths by suggesting a multi-sensorial perception of what is going on. On the other hand, we use this term to highlight the transcorporeal ability to acknowledge vulnerability as common and to create a collective sense of response-ability (Barad 2007; Haraway 1997), by which we mean cultivating the capacity to respond to the damages that ableist discourses perpetuate – and have perpetuated – both before and during the pandemic.

Following this line of questioning, we follow the discourses and practices of wearing face masks in Germany and in the West. We ask: What relation do face masks have to structural oppressions like anti-Islamic sentiment or ableism? How can we read their social testimony as material witnesses of our time, and understand their political grammatology as knitted in their *text-iles*? And who is afforded a breathable life and who is not? (see Gumbs 2020; Górska 2016).

*Throughout this article, we invite readers to enact breathing and mask wearing exercises as a way to engage with the materials we are working with. We invite you now to take a short breath, gaze away from this reading, and return after a moment.*

## 2 Face masks as an ideological litmus test

Despite changing epidemiological narratives about their usefulness and function in preventing the spread of Covid-19, when the World Health Organization (WHO) updated its medical advice in April 2020 to suggest the use of face masks to effectively protect against Covid-19, these garments rapidly became widely worn worldwide.

In the beginning of the pandemic, it was claimed that face masks were not effective against Covid-19. However, this narrative was revisited by officials and healthcare professionals, who stated that face masks *might* be effective for preventing the spread of the virus; however, people were urged not to purchase surgical face masks, as these were reserved for healthcare personnel. The public response to this narrative was to create homemade masks using everyday cloth, and was perhaps economically more creative, aesthetically more cheerful, and one of the politically more solidarity-focused moments of the pandemic in Western countries. What was also embedded in this narrative, which radically altered the social meaning of face masks, was the claim that they were not necessarily effective for self-protection but rather for the protection of others. That is to say, wearing face masks was not about protecting oneself, but about reducing transmission rates and breaking contamination chains before the virus could reach vulnerable people.

Kar Keung Cheng et al., for instance, have argued that wearing face masks in the community ‘shifts the focus from self-protection to altruism, actively involves every citizen, and is a symbol of social solidarity in the global response to the pandemic’ (2020: 2). This narrative represented mask-wearing as an act of altruism and solidarity. Cheng et al. called this as ‘an intervention paradox’ – paradoxical in the sense that ‘wearing a face mask brings moderate benefits to individuals but also has large population benefits’ (2020: 1–2).

Soon after this, however, the altruistic narrative was abandoned, with new claims being made that face masks actually protect both the wearer and others (Bhatia 2020). Interestingly, this narrative also abandoned the previously-endorsed homemade masks, as it was claimed that such masks are not effective enough. It was suggested, and even demanded, that people wear either surgical or FFP masks, which are particle-filtering masks used by professionals – a type of mask that the public was initially discouraged from buying. With this new

epidemiological public discourse – that face masks are mutually effective to control the spread of the virus – they were globally adopted. As of today, with the exception of nine countries such as Greenland, Sweden, Belarus, Turkmenistan, and Sudan, face masks are used as a primary prevention measure against Covid-19.

These rapid and highly contradictory discursive shifts about face mask wearing in public have, however, created a sense of confusion and fostered a lack of trust towards public officials and healthcare professionals and experts (Tüfekçi 2020). It remains a mystery how leading and prestigious institutions such as the World Health Organization (WHO) and governmental agencies have managed to create so many different and paradoxical narratives about face masks. Especially, in the so-called post-truth era, when ‘the fake news’ go viral and the scientific languages and findings are contested and challenged by certain groups of people, particularly those whose political motivations are driven largely by the conspiracy theories, these confusing claims around face masks have fuelled sceptics of scientific, medical, and social research and have also provided further arguments for anti-mask movements.

This is particularly interesting given that using face masks in public spaces is, for many countries in the Global South, not new. For instance, many resources indicate that wearing face masks in East Asia and in south and central African countries has both medical and environmental reasons (see Burgess/Horri 2012; Mohammed Mohammed 2015; Offeddu et al. 2017; Howard et al. 2021). In a 2014 online article, Jeff Yang gives a brief but illuminating historical background of face masks in public space in Asian countries and underlines the fact that wearing a face mask in public emerged as a response to both the SARS-CoV and Ebola epidemics. Interestingly, Yang also makes a prophetic claim, writing that ‘as pollution, climate change and pandemic illness become a routine aspect of our global reality we may soon see face mask fashion go viral in western countries as well’ (ibid.).

Despite the scientific evidence and societal experiences of countries in the Global South, which have experienced two different epidemics prior to Covid-19, the confusing discursive narrative and curious resistance to using face masks in European countries demands further critical analysis. Regardless of the scientific and collective knowledge of those in the Global South, which shows that face masks, together with other prevention methods, are effective, face masks were late to be adopted and caused unique reactions in Western countries. For example, a study shows that face masks are still the least accepted measure against the pandemic in Western countries such as the United Kingdom, Germany, Canada, and France, while they are highly used and accepted elsewhere, particularly in Asian countries such as Vietnam, Japan, Turkey, and India.



## Witnessing Fabrics

In Germany, using face masks in public spaces, such as on public transport and in grocery stores, was first introduced in the city of Jena on 6 April 2020. After this, mask-wearing regulations quickly spread throughout the entire country after the number of new infections in Jena fell to almost zero (Mitze et al. 2020: 2–5). This discursive shift about face masks impacted public opinion in Germany and created mixed feelings towards their use. After becoming compulsory, face masks quickly entered into an already heated debate concerning government control of the pandemic and became a symbolic material that carried with it both dystopian and utopian societal sentiments. Face masks, through their *thing-power*, unexpectedly blurred the boundaries

Figure 1



Image description: Seven people in a line are wearing business attire and a black piece of cloth over their eyes. The image includes text in German. In English it reads: Soon there will be the obligation for a blindfold, so that no one will see anymore what is happening in this country.

Source: Muthelm [Meenzer721] (2021)

between biology and culture, utopian and dystopian beliefs, and became a political filter. In this sense, the political discourses that went viral on the internet became coded, materialized in the form of these masks. In this way, face masks have almost turned into an analogue visual demonstration of a polarized society; as a new *text-ile* territory for ongoing divisions, they embody different political ideas and are a fabric precursor of the future not yet here. This division can be crudely put into two different categories: on the one hand, there are those who endorse and embrace face masks, the seekers and believers of scientific truths, advocates of social order, those who practice solidarity and empathy; on the other hand, those who resist donning face masks portray themselves as individualists, reductionist naturalists, and anti-governmentalists, as they perceive face masks to be a reflection of top-down governmentality, the footfalls of a totalitarian regime, and a violation of the laws of nature. For those who are critical of the capitalist politics of reproduction and its impact on the environment and under-privileged groups and communities, face masks represented hope and a sign for change towards a society in which collective sharing and caring practices become a norm, but most importantly perhaps, rendered a

reaction to the rising extreme right-wing opinions in Europe more tangible and visible.

Figure 2



Image description: There are two people in the image: on the left a person with medium-length black hair is wearing a white face mask and is looking out at the viewer; on the right is a person with short hair and a board in front of their eyes, emblazoned with the word *Querdenker\*in*, which refers to a politically mixed group of people, who are mostly consist of the supporters of extreme or centre right-wing politics in Germany and rejects the prevention measures against Covid-19 for various reasons. There is also a text in the image in German. In English it reads: Better a mask on your face than a board in front of your head.

Source: BgR – Bündnis gegen Rechts Kassel [BgRKassel] (2021)

Furthermore, we have observed how face masks have become one of the most hotly debated and controversial garments after hijabs and niqabs in European countries. We suggest that the initial resistance to the hijab and niqab informed the resistance to adopting face masks to combat the Covid-19 pandemic; we thus read subsequent anti-mask demonstrations as linked to Western ideological visions that accompany ‘the veil’ and ‘veiling’, which are seen to be against the principles of Western Enlightenment, and therefore face coverings in general are seen as against Western body politics. The banning of hijabs and niqabs in public spaces in some European countries, such as France, and yet allowing and even requiring the wearing of face masks in public spaces, has led to controversial reactions in public discourse (McAuley 2020; Warner et al. 2020).

As can be seen in the above two images, however, both the political discourse that criticizes and that which endorses face masks have shifted the focus to the eyes. The desire to *see* the evidence, to unveil things for vision – as the primary way of knowing – is very much ingrained in Western forms of knowledge-making and inquiries for truth (Rose 2016). This ocular-centric understanding of ‘evidence’ has also been criticized by many scholars within critical disability studies. As Sami Schalk argues,

the assumption that we can presume the existence of a shared understanding and knowledge of bodily (including sensory and cognitive) experiences that will serve

as the concrete concept through which we figuratively communicate abstract ideas (as metaphors of disability do) is, however, very problematic,

since such assumptions, according to Schalk, ‘rely upon allegedly universal experiences of the body’ (2013: 5). Their analysis re-affirms critical perspectives on ocular-normative ways of knowing and re-enforces an ableist construction of truth. Ben Whitburn and Rod Michalko argue ‘that ways of being (ontologies) fully sighted or otherwise’ are linked to the ‘way of knowing (epistemologies)’ that generate a marginalized depiction of experiences and knowledge of ‘people with vision impairment’ (2020: 219–220). Such vision might also be the reason why in Western countries, Covid-19 deniers became more dominant and gained more legitimacy during the pandemic due to the disbelief in anything that the eye cannot see. In this sense, face masks have become a material witness, a social testimony, that both right extremist discourses and contagious particles can go viral. Yes, even in Europe.

*What is the scale of breathing (Gumbs 2020)? When coming into awareness with your breath, how many more-than-humans and humans are you simultaneously breathing alongside? Consider our connectivity and come back to the text when you are ready.*

### 3 The face mask as material witness

Face masks are permeable materials between discourses, also in our explorations between sociological and artistic research contexts. We take up the concept of the material witness, as materials that twist between divulging evidence of their experiences in the world and existing themselves as evidence (Schuppli 2020). This Möbius-strip-like concept twists in on itself to consider how material artefacts, as non-human entities, archive (through imprints, toxins, accumulations, discolorations, stains, etc.) their interactions with the world. In this way, face masks are intriguing materials that witness, or expose, evidence of their use during the Covid-19 pandemic. We follow face masks as materials that trace intersectional impacts and provide traces of where and when matter becomes consequential. Coined by Black feminist legal scholar Kimberlé Crenshaw, the term intersectionality has been taken up by many and ‘simply put, this principle says that we are many things, and they all impact us’ (Sins Invalid 2019).

Who, what, and with what means information becomes knowledge is at the centre of our tracing of face masks as material witnesses, and as agents transforming relations throughout this paper. So far in this paper, we have followed how face masks become permeable fabrics that evidence some of the more

violent right-wing, eugenics-leaning, survival-of-the-fittest, coalitional politics, as well as some of the more interdependence-leaning thinking that has come from the instituting of face masks as commonplace. We have traced how face masks have been taken up within nation-states as part of public health programs and have further explored how their transformation from homemade to mass-produced and store-bought has also brought out different capitalist and feminist considerations. Then we considered how the material qualities of face masks as face coverings, which have similar hotly problematic discourses as those surrounding veils and veiling, have become encoded as being against Western body politics. Now, in the final sections of our paper, we will explore how face masks, as material witnesses, have the potential to describe our common vulnerability and interdependency. We consider what makes a breathable life, and for whom, and we encode shared chances for care towards a *text-ile* that produces *affect:ability*, as a chance for face masks to literally and physically make a difference. Harboring direct evidence of events, and witnessing more than human realms, face masks share a story through their material specificity that traces political discrepancies.

*We invite you to come into awareness and presence with your breath for a moment and ground into your body. When you spend time noticing your breath in your body, where does it go? What parts of your body feel present with your breath and which ones not? Can you send your breath to those not-yet-touched places?*

## 4 Affect:ability, collective care, and politics of vulnerability

In this section, we explore how negotiations between borders, boundaries, and collective permissions have been differently handled at the state, community, and interpersonal levels, and how these negotiations have been taken up via face masks.

In Germany, face masks have been at the centre of debates around questions of self-reliance and individual responsibility (both tenets of neoliberal capitalism) and understandings of bodies in common (a counter to this). These values, as expressed through wearing – or not wearing – face masks, have been at the heart of German leadership, with Angela Merkel herself becoming a figure of much debate regarding her use – or not – of what kind of face masks during the pandemic. So much so that a video of Merkel shortly forgetting to wear her face mask after delivering an address went viral and has been watched ‘more than 3 million times on twitter’ (Lock 2021). The mask as a material

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becomes a witness to the critiques and commentaries of Merkel as a figure of the state, and regarding what kinds of forgetfulness – or not – the state enacts.

During the pandemic, face masks evidence on each individual our inescapable interdependency. The collective sense of responsibility for public or collective care that face masks indicate also positions them politically as an indicator of relations in terms of who cares, and who does not, in political discourse. Such politicized moments have exploded within expanding anti-mask movements.

At a community scale, we suggest that face masks as material witnesses can be informed by disability justice as a framework through which to consider how interdependent relations structure the conditions that determine for whom life is breathable, liveable, and possible, and for whom it remains restricted, impossible, and about survival rather than co-flourishing.

To consider face masks as shape-shifting figures, both in material reality within communities and in political discourse, requires a framework that accounts for interdependence as a political tool. We are inspired by the work of Sins Invalid and their *10 Principles of Disability Justice*. In point eight on interdependence they state:

Before the massive colonial project of western European expansion, we understood the nature of interdependence within our communities. We see the liberation of all living systems and the land as integral to the liberation of our own communities, as we all share one planet. We work to meet each other's needs as we build toward liberation, without always reaching for state solutions which inevitably extend state control further into our lives (2019: 25).

What might it mean to understand collective vulnerability as something grounded in body-minds that do not reproduce a compulsory able-bodiedness? For many people, face masks are neither new nor novel. People have been using face masks for all sorts of care work for a long time; they are protective garments that create the conditions for life.

During the Covid-19 pandemic, as academia and multiple other professional contexts moved online, it became clear that the problem was not about making conferences accessible for people who are at home. Rather, one of the major problems has always been, and continues to be, ableism that is structural and pervasive. Our work considers how face masks have become material witnesses to the ways in which care is not equally distributed and is highly politicized.

Following the work of Alison Kafer, specifically her book *Feminist, Queer, Crip* (2013), she describes how we can think towards *otherwise* for crip queer presents and futures that do not reproduce the same ableist paradigms of the recent past. Kafer cites multiple examples of locating disability as a site of pleasure and taking pleasure in taking care. How can we think about face masks as a site of collective pleasure in protection? How can our always-in-

becoming body-minds inform lives that are less about the reproduction of ableism and racism and more about creating the conditions of care that would allow all of us to live and breathe more freely?

*In this section, we invite you to grab a face mask, whichever one you might have nearby, and put it on. Breathe for two minutes with the face mask on, wherever you are. Does your experience of your breath change?*

From feminist concerns of care, we suggest that the Covid-19 pandemic has crystallized, through the use of face masks, a perspective shift from a politics of care to a politics of vulnerability-in-common. On the one hand, with the concept *affect:ability*, we aim to decentre the ocular-centric debates around viral truths by suggesting the multi-sensorial perception of what is really going on. On the other hand, we use this term to highlight the transcorporeal ability to acknowledge our common vulnerability and to create a collective sense of response-ability to combat the damages perpetuated by ableist discourses both before and during the pandemic.

When we take face masks out of their practical use, as a garment that protects the physical body by filtering infection, they make us face, experience, and confront the body in a different way. They become a non-human agent, a *text-ile* extension, that reshapes our relationship to ourselves, to matter, and also to our environment and our social contexts. At once they mark fear and hope, solidarity and exclusion, they highlight and problematize hetero-patriarchal structures, and they mark particular people as obedient and subversive at the same time, in an extraordinarily banal way.

Yet, face masks also gesture our interrelatedness as a biological mass in relation to a tiny particle, and play a role as a barrier between the two. Thus, face masks force us to decentre our anthropocentric vision of life. What would we do without them, right? Pausing on this question reveals instantly the vulnerability of our human condition; perhaps most importantly, as face masks condition our lives in a *partical-ar* matter. Our shared vulnerability becomes understood as commonplace in a more significant way than before. This vulnerability, as the common rather than the particular, the ordinary rather than the exceptional, may also give space to generate new modes of political agency.

At the same time, face masks impact our ways of intimacy and proximity, since breath, although rarely acknowledged, is also an important language of communication. Breath meets through thin air, where bodies cannot or do not want to come together. Breath also constitutes a compassionate and an erotic entanglement of bodies – the touch in the air – as well as a border, as we keep a breath's-length distance from a person we dislike. In this sense, by recreating these intimate aspects of breathing, face masks become a means of alienation to others' breaths and at the same time are a way of protecting our bodily borders.

*We invite you to once more come into awareness and presence with your breath. If you can, breathe into your toes. It may take several breaths to find them. Keep breathing until you feel your breath stretch through your body and return when ready.*

## 5 Conclusion: Social *text(ile)* matters for breathable lives

The breathability of fabrics determines the quality of a face mask. With the ongoing structural racist violence against migrants, refugees and, black and people of colour, the unequal impacts of who gets to breathe, who gets to have a life, and who does not immediately become apparent when studying face masks. Racial and social justice in the USA, as marked by and with the Black Lives Matter Movement and beyond, quite painfully expose the political fabrics of social structures that determine the conditions of breathable lives.

Masks ironically also unmask the existing sexist, racist, and ableist social infrastructures. For instance, the politically-charged rhetoric of anti-maskers evokes the anti-Islam approach to the veil. Anti-mask demonstrations in Europe have created more space for the already increasing violence towards racialized minority populations. This increasing violence has become affiliated with the so-called anti-maskers and is anti-Muslim, anti-migrant, and racist. Face masks, one cannot help but think, seem to touch nerves and unsettle racist sentiments with their presence; a presence that indicates a collective care structure. On the other hand, one can also suggest that face masks have become a ground for compromised masculinities, as they perform a kind of challenge to normative masculine bodily autonomy and presentation. In fact, a study done at Middlesex University London (2020) found that cis men ‘more than women agree that wearing a face covering is shameful, not cool, a sign of weakness, and a stigma’.

We would like to draw on Magdalena Górska’s discussion of the politics of vulnerability. As she argues in her 2016 text *Breathing Matters: Feminist Intersectional Politics of Vulnerability*, in such politics ‘vulnerability’ should not be seen as the ‘qualifying characteristic (...) but rather it becomes as an intrinsic part of political dynamics’ (302). This is to say that intersectional politics of vulnerability point to the ‘continuous process of ambiguous transformations’ that come with layers of ambiguities and social tensions, including ‘failure and potentiality, pain and pleasure, affinities and separations, empowerment and weakness’ (ibid.: 303). In this sense, face masks become the witness of such politics, as they also hold together ‘natural, social, chemical, biological, genetic, microbial, material and imaginary environments’ (ibid.: 303).

Their material existence becomes a witness as their very texture testifies to our care-abilities for holding our lives breathable.

As a non-pharmaceutical collective care apparatus, medical face masks have become tangled up in multiple concerns about race, gender, religion, class, and ableism during the Covid-19 pandemic. These masks have become one of the most hotly debated garments of our time and the site of controversial debates over body politics. They have departed from indexing self-protection to becoming a metaphor in multiple contexts, unsettling many social borders. In determining who cares and who is careless, who believes in facts and who follows conspiracy theories, face masks have become material witnesses of social polarization. They do not only differ in terms of their type, colour, and shape in public spaces, but also demonstrate different political positionalities. From a hetero-masculinist perspective, for instance, face masks can be taken as a symbol of feminine (and feminist) care work. From a Western understanding, face masks can be taken as a practice of covering a body part, and can thus be associated with 'Islamic' veiling. And from a disability justice perspective, face masks can be a symbol of interdependency and community care.

In our paper, which embraces a trans\*feminist intersectional perspective, we have analysed face masks as material witnesses, thinking with Susan Schuppli (2020). We propose that their presence and absence fabricate an ambiguous shift from a politics of care to a politics of vulnerability. Drawing on the discursive shifts regarding the use of face masks in public – that is, the different witnessing of masks – we aim to unfold face masks as socio-technical infrastructures and show how their shapes, types, functionalities, and even the ways in which they are worn have become contested agents. Face masks produce a kind of data that ventures into questions of measurement, witnessing, and information, and produce the chance to recognize our vulnerabilities-in-common in a datafied society. Our discussion with and through face masks in terms of how they determine our social lives aims to create an analytical space wherein matter, event, and evidence can be stitched together. From a critical disability and anti-racist feminist perspective, we suggest a focus on *affect:ability* to highlight the fact that we are all in this together: in the midst of the global Covid-19 pandemic, nobody gets to be outside of our viral reality. Face masks are material witnesses acting against the disbelief that right-extremist discourses and contagious particles can go viral at the same time. With their thing-power, they have shown: yes, they can both go viral in Western Europe, too.

*Breathe and read:*

*I remember what you gave us which is everything. Light, home, and each other. Love, warmth, and ourselves. If I breathe, I sing your name. I can only breathe because of you. Do you have a century more of breath? And if not, what do I have? (Gumbs 2020: 26).*



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# Covid, Crisis, Care, and Change?

The Covid-19 pandemic has brought about major disruptions in societies, but has it lead to social change? In twelve chapters, authors from various countries examine responses to the global pandemic in the areas of labour and production, care work and state regulations in their gender dimensions. Empirical evidence does not point to fundamental social change but rather inertia with respect to current inequalities.

To widen perspectives on possible feminist transformations, the volume concludes with two chapters on the democratic value of spending time together and face masks as Witnessing Fabrics.

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