Gendering Covid-19: Economies of care and bodily integrity
A collective essay

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António Guterres, General Secretary of the United Nations, stated on 9 April that the Covid-19 pandemic is affecting women and girls in specific ways – but also that they will play a key role in post-pandemic reconstruction and renewal. He pointed at the relatively stronger socio-economic impact of the pandemic on women worldwide – and this primarily in terms of work and welfare.[1] He also mentioned the dangers of new limitations to women's bodily autonomy and access to sexual and reproductive rights, as we can indeed witness in the rise in domestic violence resulting from lockdown and the attempts by a number of governments around the world at using the pandemic as an opportunity to restrict women's access to abortion services and contraception. Similar themes are highlighted in a call by The Feminist Alliance for Rights (FAR), a platform involving over 500 women's, feminist and queer organisations initiated by women in the Global South and marginalised communities in the Global North. In a Call for a Feminist Covid-19 Policy, signed by nearly 1500 individuals and women's and feminist organisations worldwide, the FAR proposes for the measures introduced by governments in fighting the virus to be based on a set of principles of social and gender justice in the areas of food security, healthcare, childcare and education, and sexual violence.[2]

In order to understand and connect the various ways in which the disruption of societies, economies and political processes around the world are affecting women and men in distinct ways, a systematic and historical analysis is required. By operating categories of gender, systemic inequality, and patriarchy, we acquire insight into how such structures have been shaped over time and are reshaped by deep social upheaval. The Centre for Gender History (CGH) at the University of Glasgow, which hosts one of the largest concentrations of gender historians in the world, has over the years produced research which can shed light on gendered impacts of the current crisis, specifically in terms of economies of care, in intersections with social class and migration status, and in reproductive and sexual rights. This text is intended to present key insights from our own research combined with an annotated discussion of aspects of current media debate, which has inspired us to connect aspects of the perplexing current changes in our lives and societies with our own research on the role played by gender in social conflict, historical change, and cultural transformation. In the best feminist tradition, we envisage this as a collective work-in-progress, dialoguing with each other and acknowledging our debt to other scholars. We also acknowledge the situated-ness of our own research and our own lives, which means that some of what follows will be focused on the UK and Scotland.

Part II - Intersectional approaches: 'race', nationality, and social class

Gender on its own explains only so much and might actually produce a distorted image. An intersectional approach – one which analyses the effects of overlapping and intersecting systems of oppression, based

[1] https://news.un.org/en/story/2020/04/1061452
[2] http://feministallianceforrights.org/blog/2020/03/20/action-call-for-a-feminist-covid-19-policy/

on gender, race, class, sexuality, age and ability – is needed to understand, for instance, the specific ways in which women and men within migrant or ethnic minority groups are affected. Whilst the impact of the Covid-19 crisis and the resulting inequalities have been examined from many viewpoints, female migrants and asylum seekers in Britain have so far remained largely invisible in reports. Yet this group falls amongst the most vulnerable, whether during a crises or not. Migrant workers are disproportionately represented amongst frontline staff in medical facilities as well as social services. They are also clustered in low paid jobs with non-existent job securities and many working on zero hour contracts without any right to receive sick leave. Additionally, those still in the immigration process have no right to free healthcare and those with unresolved or refused immigration status face additional barriers in seeking help, fearing forced deportation. Apart from healthcare, migrants affected by the 'no recourse to public funds clause' have no access to any public funds whatsoever, including social housing and food subsidies, which leaves them completely reliant on the help of charities and activist groups, which are overburdened and lacking resources as a result of the growing pressure. The current crisis has laid bare the nature of a system that is inherently discriminatory through providing assistance on the basis of one's residence as opposed to need, and migrants, and more so migrant women are the ones suffering the most.[3]

Eliska Bujokova is a member of the Women's Budget Group and volunteers with Women for Refugee Women, which has recently launched a report on the impacts of Covid-19 on migrant and refugee women in the UK. In it, Pragna Patel, Director of Southall Black Sisters, suggests that very little attention has been paid to the immediate circumstances migrant women find themselves in during isolation. Authorities have refused to address the conditions these women face such as overcrowding, poverty and domestic violence, advising female complainants to stay put, often resorting to homelessness as the only alternative to abusive living conditions. She points out the increased rates of domestic homicide since the crisis has begun, illustrating the urgency of the matter.[4] Moreover, Priscilla Dudhia from Women for Refugee Women points out the heightened immediacy of the persisting difficulties endured by migrant women during the current crisis, such as being unable to access food banks, hardship funds and support networks as well as lack of foreign language resources clearly outlining the situation. Additionally, with sometimes limited access to internet or phone credit such women struggle to seek help from non-governmental bodies often being left to destitution and homelessness. Many asylum-seeking women come to the UK as a result of gender-based and sexual violence, which is often repeated as they are placed to cohabitate with male strangers and receive no support from the Home Office as a result of the personnel receiving no sexual-trauma training. During self-isolation such dangers become more immediate and the heightened pressure on resources renders these women virtually abandoned. Cut off from support networks, financial help and other resources during this crisis, migrant women have very little recourse to protect themselves from destitution and abuse.[5] As Kate Osamor MP suggests, excluding these women from available resources is a political choice.[6] It reflects a regime that is broken, that fails to protect the most vulnerable, and instead discriminates on the basis of gender, race, class and nationality. The experience of migrant women shows exactly where the structural fallacies lie and perhaps the pandemic will reach a point where they cannot be ignored.

In a city such as Glasgow, class remains hugely important as an analytical category, and will be a key lens through which to assess the social impacts of the current pandemic, specifically in its implications for working-class men. Here and elsewhere, not only women but large numbers of men too are employed in the vital services which keep our skeletonised economy going. This includes bin men, an almost exclusively male profession, and Deliveroo and Amazon couriers who in majority are young men. These male professions are underpaid and characterised by precarious and in some cases exploitative work conditions, as evoked by the protests by Glasgow bin men over the lack of safety they currently face and

[3] https://wbg.org.uk/analysis/latest-report-migrant-women-and-the-economy/
[4] Pragna Patel, 'Migrant Women and the Economy Report Launch', 5th May, 2020
[5] Priscilla Dudhia, 'Migrant Women and the Economy Report Launch', 5th May, 2020
[6] Kate Osamor MP, 'Migrant Women and the Economy Report Launch', 5th May, 2020

the practical inability to adopt social distancing.[7] Moreover, in terms of health and mortality, men appear to be hardest hit by the virus. Statistics from all affected countries show that although infection with Covid-19 is not affected by gender (i.e., men and women appear just as likely to become infected), men are more likely to die after contracting the virus. Where gendered data exists, it is clear that among confirmed cases, men are consistently dying at a higher rate than women –although the ratios vary considerably, from 81% male -19% female in Thailand to 57%-43% in Sweden.[8] In New York 62% of deaths at 14 April were amongst men; in China the death rate amongst men was 4.7% of all cases compared with 2.8% for women.[9] In Scotland men make up 55% of Covid-19 deaths, and 61% in the under 85s. [10] The fact that the ratio of male against female deaths is lower here than it is elsewhere in the world may seem surprising, given our knowledge about men's relative poor health in Scotland and men's relatively larger propensity not to seek swift medical intervention for health problems. However, the relatively small number of Scots men aged 85+ dying of Covid-19 relative to women seems to be affecting the statistics - that is to say, the high mortality rate amongst men in Scotland and especially in Glasgow area is already higher than other comparable areas. As a result of the so-called 'Glasgow effect', men's life expectancy is already compromised by existing health problems connected to long-standing and severe socio-economic deprivation, a tendency to engage in 'risky' behaviours (smoking, drinking, gambling, drug taking), and historical work patterns in industries where industrial accidents and diseases were more likely.[11] Research on cultures and practices of manhood in Scotland by CGH members Lynn Abrams, professor of Modern History, postdoctoral researcher Hannah Telling, and PhD researcher James Dougan, has pointed to historical antecedents and manifestations of some models of masculinity. Their approach to historical masculinities, in relation to male violence, mental health, and patterns of leisure, may help us to better understand gendered vulnerabilities.[12] It is too early to establish whether lifestyle choices and gendered patterns of behaviour and work may be affecting these mortality figures or what the economic and social impact of the pandemic will be on men's longer term health outcomes, but our understanding of other major transformations, such as deindustrialisation in the 1970s and 80s, and their impact on men's health and mental health may assist us here.

Furthermore, the pandemic poses questions regarding our wider approach to data and gender. Men appear to be disproportionately affected when contracting the virus, yet societal approaches to data-gathering hinder our ability to sufficiently question why. In early April, the UK government was criticised by Caroline Criado Perez, author of the book *Invisible Women* which explores the effects of male-centric data bias, for not incorporating sex-disaggregation within its Covid-19 data collection tool.[13] As of May 5, the NHS coronavirus status checker still does not request information regarding the sex of the participant, instead collecting data on symptoms, age and location.[14] Furthermore, whilst sex-disaggregated data exists for deaths attributed to Covid-19 in England and Wales (60% male), and Scotland (53% male), there is no comparable sex data for cases. This is not insignificant. Without such

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[7] https://www.bbc.co.uk/news/uk-scotland-52235649

[8] https://globalhealth5050.org/covid19/

[9] https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/

[10] https://www.menshealthforum.org.uk/covid-19-statistics-scotland

[11] https://www.who.int/bulletin/volumes/89/10/11-021011/en/

[12] See L. Abrams and E. Ewan (eds), *Nine Centuries of Man: Manhood and Masculinities in Scottish History* (2017); Hannah Telling, 'The legal regulation of male violence in Scotland, 1850-1914' PhD, University of Glasgow (2020); and James Dougan's ongoing research into the relationship between de-industrialisation and gendered experience of mental health in Scotland.

[13] https://www.digitalhealth.net/2020/04/government-criticised-for-not-collecting-sex-disaggregated-covid-19-data/

[14] https://www.nhs.uk/coronavirus-status-checker/

data, it proves increasingly difficult to discern whether male overrepresentation in Covid-19 deaths is a matter of nature or nurture; whether the male body is more susceptible due to biological differences (for example, weaker immune defences), or because of societal or gendered factors (for example, a higher likelihood of being in worse health than women).[15]

As attention is starting to turn to our anticipated return to normality, albeit slowly and cautiously, there are lessons to be learned from the coronavirus crisis that should prompt a more ambitious 'new normal'. Evidence that a white male-centric approach to data disproportionately affects women and people of colour is not new. Women, for example, are more likely to be misdiagnosed and to receive substandard treatment following a heart attack in the UK, due in part to female heart attack symptoms differing from the 'classic' symptoms which are more likely to be experienced by men.[16] In February, the Metropolitan Police announced its plans to use facial recognition cameras and software in London to detect suspects wanted for serious or violent crimes.[17] This is so despite numerous studies arguing that ethnic minorities are up to 100 times more likely to be misidentified by facial recognition software than white individuals, thus more likely to be falsely identified as a suspected offender or even wrongfully convicted.[18] A consideration of gender and sex difference should not be a peripheral consideration, whether in statistics, medicine, science, criminal justice or historical scholarship. Looking to the future, incorporating gender within our methodologies should become the 'new normal' not just because it exposes prevalent gender or racial biases within contemporary and historic contexts, but also because it affects us all.

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[15] https://www.newscientist.com/article/2240898-why-are-men-more-likely-to-get-worse-symptoms-and-die-from-covid-19/

[16] https://www.bbc.co.uk/news/health-49854678

[17] https://www.bbc.co.uk/news/uk-51237665

[18] https://gal-dem.com/facial-recognition-racism-uk-inaccurate-met-police/