

Gendering Covid-19: Economies of care and bodily integrity

A collective essay

April-May 2020

Centre for Gender History, University of Glasgow

Anna McEwan, Christine Whyte, Eliska Bujokova, Hannah Telling, Hannah Yoken, Lynn Abrams, Mairi Hamilton, Maud Bracke

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.

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/>

Economies of care

Andreas Chatzidakis, Jamie Hakim, Jo Littler, Catherine Rottenberg, and Lynne Segal, also known as the Care Collective, have engaged in an ongoing reflection on the centrality of care to our lives, and the ways in which the social and political organisation of care in Britain today is failing masses of people, reproduces and aggravates social inequality, and might be revolutionised. Focusing on the UK, they analyse the obvious shortcomings in the health and care sectors in dealing with the pandemic as the historical result of ‘years of austerity measures, deregulation and privatisation, alongside the devaluing of care work’, and ‘the deliberate rolling back of public welfare provision, replaced by global corporate commodity chains’.³ Rejecting the monetisation of care and health provision, they call for the valuing of care work and care workers – a call that echo loudly in the context of the current pandemic. They imagine ‘a world organised around care’: one that recognises care (and this includes health, education, childcare, care for the elderly, and welfare for those in economic need) as the key principle underpinning social cohesion and social justice. A key aspect of this, immediately relevant to the current crisis, is what they see as our deep interdependence – that is to say, my health and wellbeing is dependent on that of my neighbours, relatives, colleagues, friends, and those in the wider community. They imagine the ‘prolifer[ation of] our circles of care—in the first instance by expanding our notion of kinship’, or the re-imagining of care, solidarity and connectedness not only based on the nuclear family (a model most typically embodied in the wife-mother caring for her children), but on wider and more varied affective links. The Care Collective propose ‘an ethics of promiscuous care’, which rethinks the nature of care networks, who cares, whom is being cared for, and how. Herein, they are inspired by historical, often forgotten, manifestations of alternative care agents, networks and practices.

These questions evoke the importance of understanding of care arrangements as historical as opposed to naturalised and embedded, and therefore their potential for change. Histories of care systems which point at their social, cultural and economic aspects, however, are few and far between – a fact which CGH member and Professor of gender history Alexandra Shepard, alongside scholars such Mary Fissell and Linda Oja have set up to rectify. Their studies, as well as ongoing PhD research by Eliska Bujokova at the CGH, reveal a picture of great fluidity in Europe during the early modern period (16-18th Centuries) between forms of work – between paid and unpaid work, and between work that is market-oriented and for subsistence only.⁴ In a study of childcare in early modern Sweden, Oja explores the gendered character of work, showing much more overlap than is often assumed between what earlier historians habitually demarcated as women’s and men’s work.⁵ In understanding past forms of care as fluid and only to some degree gendered, these early modern histories challenge simple modernisation narratives which have often served us as a pat on the back in presenting a picture of historical progress on gender and social equality. Allowing for a more flexible definition of care thus helps us historically situate care within the social fabric of past societies as well as their wider economies, and better understand the centrality of care to both. Conceptualising how care was organised in the early modern period, sheds a different light on current care systems and practices, highlighting that the association of women with care work in the present day is a product of late-modern patriarchal structures, as opposed to a ‘natural’ constant. Despite feminists from the 1960s questioning the ‘naturalness’ and ‘mystique’ of the role of the mother/wife and the nuclear family, such roles remain ingrained in many cultural contexts. Rethinking family and affective labour is a political agenda that remains central to any programme for social change, social justice and gender justice. It is heartening to see how the lockdown of cities has brought to the fore original practices of care, and people’s immediate needs are being met by informal community and neighbourhood networks of care, including but going beyond the nuclear family and the household. In Glasgow, for

³ ‘Covid-19 pandemic: a crisis of care’, <https://www.versobooks.com/blogs/4617-covid-19-pandemic-a-crisis-of-care>

⁴ Alexandra Shepard, ‘Poverty, Labour and the Language of Social Description in Early Modern England’ *Past and Present*, Vol. 201, No. 1 (2008), pp. 51-95, Alexandra Shepard, ‘Crediting Women in the Early Modern English Economy’ *History Workshop Journal* (2015), pp. 1-25.

⁵ Linda Oja, ‘Childcare and Gender in Sweden c. 1600-1800’, *Gender and History*, Vol. 27, No. 1 (2015), pp. 77-111.

instance, a city characterised both by sharp social inequality and a solid ethos of solidarity, informal neighbourhood support networks have mushroomed and are displaying great aptitude in organising free basic services such as grocery deliveries for those in self-isolation.⁶

Across social classes, women will be hit hardest by the pandemic in terms of job security and income. The ILO has stated that globally speaking women face higher risks of job loss, work insecurity and income loss due to the immediate economic effects of the pandemic. Across the world, women tend to earn less than men in comparable jobs, are more likely to have fewer savings, more likely to work part-time, more likely to be employed in cultural and social sectors hit hardest by economic cuts, and are more likely to live in poverty, often partly due to financial care for dependents. Among several case studies, the ILO references 4 million female garment workers in Bangladesh who were made unemployed overnight with no prospect of short-term rehire, and the vast majority of whom have no economic safety net whatsoever.⁷ The pandemic has brought to the fore the gendered nature of care relationships both in formal and informal and in waged and unwaged settings. Despite locally different manifestations, the global nature of this phenomenon is striking. As far as waged care work is concerned, in the UK as in many other countries women make up the majority of frontline staff as nurses, cleaners and junior doctors in hospitals, and form the majority of workers in care homes, schools and nurseries.⁸ In clinical settings, this means they are most strongly exposed to the virus, especially as in the UK at the moment many of them lack the necessary Personal Protective Equipment and they are not routinely tested for the virus, as widely reported in the media but not acted upon by government. Moreover, a disproportionate number of these female frontline workers, at the lower end of pay-scales within the NHS, are of a BME background. The strikingly high numbers of BME NHS staff affected by and dying from coronavirus has acutely exposed these structures of inequality. Carers for children, the ill and the elderly are underpaid and widely undervalued. A silver lining amidst the devastation caused by the pandemic might be found in the current re-evaluation of such jobs in public discourse, as many commentators have noted.⁹ Yet, while in the UK too the pandemic has provoked many calls for adequate valuing of such professions, the UK government in April 2020 refused to consider increasing nurses' wages. This should be viewed in light of the average salary for nurses, based on the consumer prices index, falling by 8% between 2010 and 2019.¹⁰

Furthermore, around the world women are far more likely to be providers of care in informal and unwaged settings: as prime carers for children and for elderly and ill relatives. Many online commentators, often but not only women, have pointed at the ways in which the acute disintegration of our social lives and the strange return to domesticity caused by self-isolation and lockdown, have provoked a return to traditional gender roles within the family. Across the UK, Europe and the US, many women have commented on finding themselves in the baffling situation where, because their income is lower than that of the male partner, their job now takes second-stage as they are expected to take responsibility for childcare and 'home-schooling', due to the closure of schools. As put by Andrea Flynn, Director of Health Equity at the Roosevelt Institute: 'The women I know shouldering a disproportionate burden of the household and emotional labour aren't doing so because our husbands are misogynistic assholes. ... Why then, at times of crisis, do these imbalances emerge? Because structural sexism is always lurking just below the surface, ready to rear its ugly head and quickly upset any semblance of intra-household gender

⁶ <http://www.communityscot.org.uk/news/article/covid-19-and-communities/>

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https://www.ilo.org/wcmsp5/groups/public/@dgreports/@dcomm/documents/briefingnote/wcms_740877.pdf

⁸ The King's Fund, 'Big Ideas in Health and Care', 2018; <https://www.kingsfund.org.uk>

⁹ 'The Quarantine Files: Thinkers in isolation', https://lareviewofbooks.org/article/quarantine-files-thinkers-self-isolation/#_ftn2

¹⁰ <https://www.theguardian.com/society/2020/apr/13/despite-pms-praise-of-nurses-its-tory-policies-that-made-them-suffer>

equity.¹¹ The absence of gender equity cuts across educational levels and social strata, and includes high-income sectors such as academia, where the ‘maternal wall’, or the penalty women incur for having children, is well-documented and universal. Amidst the emergency arrangements that are being made in both families and workplaces, the gender inequity that has resurfaced will no doubt have longer-term consequences. As put by social demographer Alessandra Minello in *Nature*: ‘The other day someone asked me how work was going. I joked that my male colleagues are on the path to becoming “COVID famous” while I am learning elementary school math. That would make a good book title, they suggested. I laughed. And then I cried. Because fuck if I can write a book right now.’¹² The longer-term effects of the current episode on the production of knowledge as well as on academic careers might prove to be significant: indeed, numerous journal editors have in recent weeks noted a sharp drop in article submissions by female authors.¹³

In Social Science, History and Economics, the framework of gender has been key in expanding our definition of work across private and public spheres. Mass social disruption as we are witnessing today, affects both formal and informal economies, and we need to connect these two spheres when considering the unjust and unequal effects of social upheaval. Such a framework was developed by an AHRC-funded network that Maud Bracke, a senior lecturer in European history at the CGH, was involved in, entitled ‘Women, Work and Value, Europe 1945-1995’. The research explored the gendered value attached to work in its broadest definition, and found that the relatively devaluing of forms of work considered typically female was a consistent phenomenon throughout the second half of the 20th century, with less change over time than one might expect. This was the case in a variety of contexts (market-based societies in the West, state socialism in the East) and despite dramatic socio-economic and cultural changes: the expansion of education and work opportunities for women from the 1960s, significant legal changes such as the Equal Pay Act in the UK (1970), and de-industrialisation.¹⁴

Investigating societal discourse around the rise of the ‘female breadwinner’ in post-Stalinist Poland, and the perceptions of middle-class husbands in 1950s England of their wives’ jobs, we concluded that women’s waged labour was consistently viewed in relation to their unwaged affective labour in the home and what were seen as innate duties vis-a-vis the family. Bracke’s contribution focused on the working-class and trade union feminist agenda of the 1970s in Italy, and highlighted the lasting significance of its rethinking of the meaning of ‘labour’, by which it included both waged and unwaged work, and focusing specifically on the liminal, and widespread in Italy at the time, phenomenon of waged homework (e.g., textile piecework). Popularising the feminist theory of the fundamental interdependence of formal and informal economies, of production and social reproduction, Italian trade union feminism was a mass-based movement in industrial cities such as Genoa and Turin, and campaigned against gender-based discrimination in hiring at Fiat (a high-profile case which resulted in their victory in 1978), as well as for the extension of parental leave also for fathers. Tellingly, on the latter issue they encountered far more resistance: from political parties who did not see leverage in the issue, from employers who were outright opposed, and from the union leaders who, while paying lip-service to progressive views on the family, considered this a non-priority.

Anna McEwan, PhD researcher at the CGH, builds on her doctoral research on gender and care structures in the German Democratic Republic to further offer insight into the situated rather than universal character of our care arrangements, and the existence of alternative models. A recent episode of

¹¹ Andrea Flynn, ‘The “All-Consuming” Emotional Labor Caused by Coronavirus—and Shouldered by Women’, <https://msmagazine.com/2020/03/31/op-ed-the-all-consuming-emotional-labor-caused-by-coronavirus-and-disproportionately-shouldered-by-women/>

¹² Alessandra Minello, ‘The pandemic and the female academic’, <https://www.nature.com/articles/d41586-020-01135-9>

¹³ <https://www.insidehighered.com/news/2020/04/21/early-journal-submission-data-suggest-covid-19-tanking-womens-research-productivity>

¹⁴ Bracke, M., A., et al. ‘Women, Work and Value in Post-war Europe: Forum’, *Contemporary European History*, 2019, 28:4; Bracke, ‘Labour, gender and deindustrialisation: Women workers at Fiat’, *CEH*, 2019, 28:4, pp 484-499.

the popular late-night German TV programme, *Heute-Show*, featured a sketch on the reality of working at home during the Covid-19 pandemic.¹⁵ The host jokingly described this phenomena as ‘*Multi-tasking*’ (Mummy-tasking) as the scene depicted a woman literally juggling a baby, cooking and doing the weekly shopping. As well as this, the woman, with baby attached to her hip, was holding down her job virtually. While Mutti went about her domestic work in the background, the camera’s main focus was on her male partner who stressed the difficulties he faced working at home. In Germany today, as elsewhere in Europe, the traditional division of care in the family persists. After 1989, as the GDR was institutionally absorbed into West Germany, a distinct regime of childcare disappeared. The gendered consequences of East Germany’s transfer into a liberal democracy was not deemed a legislative priority. McEwan ponders whether the current pandemic, which has pushed discussion of women’s caring roles into the mainstream again, might perhaps achieve what the German government could not in the 1990s – namely the creation of better provisions for women in their roles as both caregivers and workers.

In the GDR, men and women’s equal citizenship was enshrined in the law, yet, the state’s definition of gender equality was defined only as women having the ability to combine work and family care. Women’s caring role was central to their citizenship; in the 1970s particularly, women’s citizenship was framed around their role as mothers. In the GDR, (most) women had access to an overarching system of care provision, including childcare facilities, sizeable birth grants, and monetary benefits for breast-feeding.¹⁶ With the GDR’s collapse in 1989, all legacies of the regime were deemed as unfitting for a democratic society and therefore destroyed. The consequences disproportionately affected East German women; 92.4% of East German women were in employment in 1989, yet more than 50% of women faced unemployment in 1990.¹⁷ The GDR’s state-subsidised childcare facilities were closed without providing any kind of replacement.¹⁸ In contemporary writing, many East German women mourned their losses, feeling that, although the GDR had been a deeply flawed political system, it had awarded women with greater concessions in their caring roles.¹⁹ East German women had to acclimatise to a system where women could often only afford to hold down part-time positions to accommodate childcare or care for elderly and ill relatives, since support from the state in these areas was lacking.

In recent years, changes regarding the provision of places in the *Kita* (day-care for under three year olds) and new maternity and paternity regulations have provided opportunities for German women to stay in employment after childbirth. Yet, improvements have been slow and their success varies regionally. Could the global pandemic, in its unprecedented and disrupted form, have any long-lasting, positive results in regards to women’s caring roles in Germany? Currently, about 25% of employees in Germany work from home – a huge increase compared to the situation before the pandemic. Up to one third hopes to continue working at home or at least have the chance offered to them. Envisaging this as a positive prospect, the Minister of Labour, Hubertus Heil (Social Democratic Party) will deliver a legislative proposal in autumn to ensure that employees will continue to have the right to work from home, implementing legislation to guarantee fair working hours and advice on keeping the private and working life separate.²⁰ Nevertheless, several feminist critiques have been articulated regarding these proposals: crucially, they do not intend to transform care roles in the family, but rather, they merely propose, once again, to accommodate the juggling of roles for women. Moreover, histories of ‘working from home’, in the various shapes this has taken in the recent past, show that women have not necessarily

¹⁵ Heute-Show, Coronakrise: fünf Tage Lockerungen – und alle schlagen über die Stränge (24/04/2020); <https://www.youtube.com/watch?v=affEYgE6joE>

¹⁶ Bundesarchiv, DQ1/13731, Konzeption für M1 Gespräch zu einigen Fragen der Geburtenentwicklung und der Geburtenregelung, 06/11/1980.

¹⁷ Anna Kaminsky, *Frauen in der DDR*, (Berlin: Christoph Links Verlag).

¹⁸ Myra Marx Ferree, ‘The Rise and Fall of Mommy Politics: Feminism and Unification in East Germany’, *Feminist Studies*, vol. 19, no. 1, (1993), 89-116.

¹⁹ See, for example: Erica Fischer and Petra Lux, *Ohne uns ist kein Staat zu machen: DDR Frauen nach der Wende* (Cologne: Verlag Kiepenheuer & Witsch, 1990).

²⁰ Die Zeit, ‚Recht auf Homeoffice auch nach Corona‘ (26/04/2020): <https://www.zeit.de/arbeit/2020-04/hubertus-heil-homeoffice-gesetz-corona-wahlmoeglichkeit>

benefited from the lack of clear demarcation of work and life space. Nonetheless, the current political debate might turn out to be an important first step in providing a new ground for changing societal attitudes towards work, family, and care.

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 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.²¹

Eliska Bujokova volunteers with the Govan Community Project's Women's group and is a member of the Women's Budget Group, 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.²² 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 cohabit 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.²³ As Kate Osamor MP suggests, excluding these women from available resources is a political choice.²⁴ 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

²¹ <https://wbg.org.uk/analysis/latest-report-migrant-women-and-the-economy/>

²² Pragna Patel, 'Migrant Women and the Economy Report Launch', 5th May, 2020

²³ Priscilla Dudhia, 'Migrant Women and the Economy Report Launch', 5th May, 2020

²⁴ Kate Osamor MP, 'Migrant Women and the Economy Report Launch', 5th May, 2020

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 the practical inability to adopt social distancing.²⁵ 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.²⁶ 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.²⁷ In Scotland men make up 55% of Covid-19 deaths, and 61% in the under 85s. ²⁸ 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.²⁹ 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.³⁰ 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

²⁵ <https://www.bbc.co.uk/news/uk-scotland-52235649>

²⁶ <https://globalhealth5050.org/covid19/>

²⁷ <https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/>

²⁸ <https://www.menshealthforum.org.uk/covid-19-statistics-scotland>

²⁹ <https://www.who.int/bulletin/volumes/89/10/11-021011/en/>

³⁰ 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.

data bias, for not incorporating sex-disaggregation within its Covid-19 data collection tool.³¹ 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.³² 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 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).³³

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.³⁴ 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.³⁵ 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.³⁶ 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.

Bodily integrity: reproductive freedom and gender-based violence

Current news reports make adamantly clear the fact that women’s bodily integrity, safety and autonomy is affected by the pandemic in specific, gendered ways - mainly, in the increase of domestic violence, and in the infringements on reproductive choice. The effects of pandemics on the integrity of sexed bodies is a multi-faceted issue, which no doubt will form the object of much research in years to come. Mairi Hamilton, a PhD researcher at the CGH specialising on domestic abuse against women in 19th Century Scotland, views the impacts of the current lockdown through the lens of women’s and girls’ experiences of domestic abuse. The UN Population Fund has estimated that in 2020 there will be at least 15 million more cases of domestic violence globally due to pandemic restrictions.³⁷ The instruction to stay at home, issued on the basis of keeping people safe and protected from the virus, poses its own dangers for victims living with perpetrators of domestic abuse. Victims are in the alarming situation of spending protracted periods of time with perpetrators in shared living spaces, making them more susceptible than usual to a

³¹ <https://www.digitalhealth.net/2020/04/government-criticised-for-not-collecting-sex-disaggregated-covid-19-data/>

³² <https://www.nhs.uk/coronavirus-status-checker/>

³³ <https://www.newscientist.com/article/2240898-why-are-men-more-likely-to-get-worse-symptoms-and-die-from-covid-19/>

³⁴ <https://www.bbc.co.uk/news/health-49854678>

³⁵ <https://www.bbc.co.uk/news/uk-51237665>

³⁶ <https://gal-dem.com/facial-recognition-racism-uk-inaccurate-met-police/>

³⁷ <https://www.theguardian.com/global-development/2020/apr/28/calamitous-domestic-violence-set-to-soar-by-20-during-global-lockdown-coronavirus>, accessed 07/05/2020

perpetrator's controlling behaviour and constant surveillance. Indeed, domestic abuse can be perpetrated through a wide range of behaviours, including those of a verbal, economic, sexual, psychological and emotional nature, not just acts of physical violence.³⁸ In lockdown, victims find themselves deprived of their regular routines that previously may have provided some breathing space to diffuse rising tensions, and cut off from vital support networks made up of family, friends, neighbours, and specialised services. The plight of women and children who are isolated with perpetrators right now exposes the fallacy that home for most people is an idyllic, benign retreat. Feminist scholars and activists have offered the concepts and tools to understand domestic abuse as a gendered issue. From a feminist perspective, domestic abuse is inherently related to imbalances of power between men and women in society and culture. The operation of patriarchal structures on a systemic scale enables domestic abuse to occur. According to the WHO, almost a third of women worldwide who have had a relationship in their lifetime experienced a form of abuse.³⁹ This is not to deny the possibility that men can be victims of domestic abuse; however, the latter is not the norm either historically or presently. Moreover, domestic abuse can also occur in same-sex relationships. However, across these different scenarios, a feminist standpoint on domestic abuse recognises that women experience this kind of abuse precisely because of their gender.

News coverage about domestic abuse has noticeably increased since the start of the pandemic, and this has highlighted the issue in public consciousness.⁴⁰ During the first two weeks of lockdown in the UK, the National Domestic Abuse helpline received 25% more calls and online requests for support, contacted hundreds of times more than in the preceding weeks.⁴¹ A recent survey in the UK by Women's Aid found that over two-thirds of the respondents thought domestic abuse against them had escalated in lockdown, while 72% claimed their perpetrators had more control over their lives now than before the pandemic.⁴² Karen Ingala Smith, the founder of the 'Counting Dead Women' project, reported that 14 women were killed by men during the first three weeks of lockdown in the UK, at a rate double the average over the last ten years of one woman being killed by a man every three days.⁴³ One county in Hubei province in China saw reports of domestic abuse to police more than triple while in lockdown over the month of February.⁴⁴ While the immediate rise of domestic abuse has rightfully been recognised as a crisis within a crisis, it has long been a problem of endemic proportions.⁴⁵ Neither the pandemic nor the lockdown measures are the root causes of domestic abuse: rather, the outbreak of Covid-19 has exacerbated the already deep-rooted and pervasive nature of some men's abusive behaviour in the home, and this must be recognised in our perceptions, discussions and solutions going forward. It will hereby be imperative to keep in mind that women in abusive situations are the experts of their own experiences; they know best the behaviours of their perpetrators, how they might protect themselves and their children, and might best respond.

In contexts of war and violence, the Covid-19 pandemic provokes heightened threats to individual safety, and reveals the recourse to alternative sources and relationships of support. Christine Whyte, a lecturer in global history and CGH member with expertise on slavery, abolition, and gender in West Africa, reflects on some of the impacts of Covid-19 on reproductive health and rights in Sierra Leone, a country marked in recent years by civil war (1991-2002) and an Ebola outbreak (2014-15). It is a case which poignantly

³⁸ <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse>, accessed 07/05/2020

³⁹ <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>, accessed 07/05/2020

⁴⁰ See <https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html>, accessed 06/05/2020; <https://www.theguardian.com/world/2020/may/05/russia-domestic-violence-cases-more-than-double-under-lockdown>, accessed 07/05/2020

⁴¹ [bbc.co.uk/news/uk-52157620](https://www.bbc.co.uk/news/uk-52157620), accessed 06/05/2020

⁴² <https://www.womensaid.org.uk/survivors-say-domestic-abuse-is-escalating-under-lockdown/>

⁴³ Karen Ingala Smith, 'Coronavirus Doesn't Cause Men's Violence Against Women', <https://kareningalasmith.com/2020/04/15/coronavirus-doesnt-cause-mens-violence-against-women/>, accessed 07/05/2020

⁴⁴ <https://www.theguardian.com/society/2020/apr/12/domestic-violence-surges-seven-hundred-per-cent-uk-coronavirus>, accessed 06/05/2020

⁴⁵ <https://www.opendemocracy.net/en/5050/covid-19-domestic-violence-crisis-uk-decade-making/>

reflects how socio-economic and political disruption caused by the pandemic is framed by the legacies of colonialism and exacerbates social inequalities based on race and gender. Just as pregnant school-children won the right to access school on 31 March, President Julius Maada Bio confirmed the first COVID-19 case in the country. The country was better prepared to deal with an outbreak after Ebola, which had normalised medical hygiene practices, PPE and emergency protocols for many. At the same time, the Ebola crisis had led to more than 18,000 children under the age of 18 getting pregnant during the crisis, in a country with a population of only 7.65 million.⁴⁶ School closures were part of the reason for this, as well as the withdrawal of other forms of social support and welfare. In the midst of the crisis, children's vulnerability to sexual exploitation was heightened. They sought to create new relationships of dependency and care in a frightening and unpredictable time – often the family, which itself can be a space of violence.

Today there are signs that a similar exacerbation of women's and girls' safety is unfolding, and that official protection and care structures are broadly inadequate and mistrusted. The latter results largely from the civil war, which led to widespread distrust in the government and health services, and to constant fear of government troops, turned 'sobels' (soldiers by day, and rebels by night). This urgent fear overlaid many years of growing popular disengagement predicated by the blanket withdrawal of government services, particularly from the rural areas of the country that were not dominated by highly-profitable diamond-mining ventures. The country remained an official UN war zone until 2008, but even beyond then US and UK military maintained a large presence in the country, training the Sierra Leone Police and Army. When the Ebola outbreak began, international agencies landed in small communities to implement sometimes draconian measures to try to quell the outbreak. Already-distrustful people were unwilling to engage with what were seen as faceless PPE-clad intruders, and distrust of national officials extended to these international interlopers. Even before the 2014-15 Ebola outbreak, there was a widespread belief that the US military had engineered the lethal Lassa fever virus as a biological weapon. When individuals face a crisis and cannot trust institutions to protect them, they forge their own 'communities of trust' – which can be a safe haven, yet another space of violence, or anything in-between.

The other major area in which women are being affected on the basis of their gendered bodies, lies in the attempts by a number of political actors in rolling back sexual and reproductive rights. Marie Stopes International has warned that up to 9.5 million women and girls are at risk of losing access to its contraception and safe abortion services in 2020 due to Covid-19. According to an International Planned Parenthood Federation survey, Africa has since March 2020 seen 447 mobile family planning clinics close, while Europe has witnessed the closure of 208 static clinics.⁴⁷ In the US, policy-makers and conservative and religious groups are grasping the opportunity offered by the pandemic to restrict reproductive rights. In April 2020, five states ordered to limit access to abortion services, while in other states battles between Governors, Courts, and campaigners on both sides of the debate are ongoing. The Polish Parliament was scheduled on 15 and 16 April to discuss two draft bills that would severely limit access to abortion and would criminalise the provision of sexual education. In Poland, abortion is already illegal in all cases except rape, incest, severe foetal abnormalities and if the woman's life is at risk; the bill would largely scrap the latter two categories of exception. The 'stop paedophilia bill', as the second proposal is sometimes referred to, would criminalise 'anyone who promotes or approves the undertaking by a minor of sexual intercourse or other sexual activity'. If passed, both proposals would compound the already complex situation facing women during lockdown: access to abortion services is de facto restricted in the current circumstances due to the obstacles to travel. Moreover, sexual and partner violence, acutely on the rise where people are living in lockdown, can be aggravated where access to sexual education is not available.⁴⁸ Applying an ingenuous form of protest in lockdown conditions, thousands of protesters took

⁴⁶ <https://www.unfpa.org/resources/gender-based-violence-humanitarian-settings>

⁴⁷ <https://www.ippf.org/news/covid-19-pandemic-cuts-access-sexual-and-reproductive-healthcare-women-around-world>

⁴⁸ <https://www.ippfen.org/news/polish-ruling-party-exploits-current-health-crisis-undermine-women-and-young-peoples-safety>

their banners to the Warsaw squares and the supermarket queues, carefully observing social distancing and wearing facemasks. The memory of the mass 'Black Monday' protests of 2016 against earlier iterations of the abortion bill, was fresh in everyone's mind. According to observers such as Amnesty International, it were these protests along with international petitions, which led the Parliament on 16 April to forward the bills onto subcommittees for further debate, freezing them for the foreseeable future though not rejecting them.⁴⁹

Maud Bracke's current research traces the genealogy of reproductive rights discourse and the 'invention' of the idea that the decision whether, when and with whom to have children is an undeniable individual right. The research traces the emergence of a cluster of concepts – reproductive rights, reproductive health, reproductive justice – after World War Two and up to the 1990s, focusing on Eastern and Western Europe but situating this globally, in relation to the globalisation of demographic debate, sexual revolutions, shifts in gender roles, the emergence of the UN system, and medical and technological innovation. Highlighting the cultural embeddedness of the principle of reproductive rights and the plurality of meanings it holds, one key argument is that the broad acceptance of principles of bodily autonomy and individual agency in reproduction did not diminish attempts by a range of political actors at interfering with women's (and to a far less degree men's) bodies and reproductive choices, but rather reframed these interventions. History can show that in times of crisis or rapid social change, women's reproductive bodies are subject to intensified scrutiny. This occurred across Europe in the pro-natalist drive immediately following World War Two, and in the 1960s-70s as the result of the sexual revolution which provoked fears regarding, specifically, young women's changed behaviours.

History also shows that social critique and grassroots organising have played a central role in instilling into public debate the notion of reproductive rights as undeniable, essential to individual wellbeing, and central to social justice. In this regard, the breakthrough occurred in the 1970s when feminist principles, based on notions of embodied agency and denouncing patriarchal control over women's bodies across cultures, were articulated and popularised.⁵⁰ Today, conservative actors in Poland, the US and elsewhere, intent on scaling back reproductive freedom, are miscalculating the fact that people cannot protest in conditions of lockdown and that minds are focused elsewhere. As the Polish case shows, social mobilisation has been effective. However, historians of feminism and social movements, such as Hannah Yoken, a PhD researcher at the CGH, point out that the dynamics, discourses and impacts of protest movements are complex. In late April, a picture a young woman holding a sign with a crossed-out surgical mask and the slogan 'My body, my choice, Trump 2020', went viral on social media. The photo had been taken at a rally in Austin, Texas on 18 April, where hundreds of demonstrators gathered to protest the social distancing measures enforced in the United States.⁵¹ Soon afterwards in Richmond, Virginia a protestor was seen carrying a sign that similarly read 'My body, my choice to work'.⁵² The slogan soon spread to the United Kingdom, and in early May a group of twenty protesters gathered in front of New Scotland Yard in London and engaged in a group hug defiant of Westminster lockdown rules. One of the protestors held a sign which read 'My body, my choice, we do not consent'.⁵³

⁴⁹ <https://www.amnesty.org/en/latest/news/2020/04/poland-lockdown-protests-force-freeze-on-retrogressive-bills-on-abortion-and-sex-education/>

⁵⁰ M A Bracke, 'Feminism, the State, and the Centrality of Reproduction: Abortion in 1970s Italy,' *Social History*, 2017, 42:4, 524-546.

⁵¹ https://www.vice.com/en_uk/article/4agz9n/my-body-my-choice-doesnt-apply-to-coronavirus-covid19; <https://rewire.news/article/2020/04/22/the-rights-desperate-attempts-to-hijack-my-body-my-choice/>

⁵² https://www.washingtonpost.com/local/virginia-politics/with-picnic-baskets-and-few-masks-demonstrators-protest-virginia-stay-at-home-orders/2020/04/16/fe08b016-8016-11ea-8013-1b6da0e4a2b7_story.html

⁵³ <https://www.businessinsider.com/coronavirus-group-hugs-are-new-weapon-of-anti-lockdown-protesters-2020-5?r=US&IR=T>

Speaking to *The Washington Post* at the Richmond rally, 74-year old Susan Moffat was quoted saying: ‘I have the right to choose to go out if I choose to expose myself. It’s my body. It’s funny how you trust people to kill a baby but you don’t trust them to leave their home.’⁵⁴ The slogan used by protesters on both sides of the Atlantic – ‘My body, my choice’ – has a multifaceted history linking it to several demands for bodily autonomy and it has been utilised by both conservative and liberal social actors. While the exact origins of the phrase are unclear, it has been most commonly linked to feminist demands since the 1970s for women’s bodily autonomy, reproductive rights, and pro-choice campaigns.⁵⁵ The Covid-19 pandemic is not the first time that conservative actors have appropriated the slogan, detaching it from its feminist roots. In recent years, the anti-vaccination movement has notably adopted ‘My body, my choice’ as their motto, arguing that enforcing immunisation is a breach of one’s personal liberties.⁵⁶ Indeed, the slogan has been used at multiple points in time in reference to a myriad of somatic rights and bioethical issues – from the right to assisted suicide to the ethics of surrogate pregnancy.⁵⁷ ‘My body, my choice’ has even found resonance in the fashion industry: in 2019 the fashion house Gucci included a haute couture jacket sporting the slogan in block capitals, as part of a collection centred around the date abortion was partly legalised in Italy, 22.5.1978.⁵⁸

The co-optation of the feminist phrase ‘My body, my choice’ by right-wing protestors in the United States is one example among many of how the words we use affect our understanding of the pandemic. As historians of gender we have been engaging with the rapidly updating news cycle and paying attention to how language shapes current discussions surrounding Coronavirus and its social, economic and political ramifications. In many instances, the language used by protesters and media commentators has been enveloped in historically informed discourses. From examining the lifecycles of past pandemics – especially the Spanish flu outbreak of 1918 – to speculating how national and local borders are being fortified once again, referencing the past helps to illustrate and conceptualise the present. For example, both Russia and China have been criticised by the western media for having produced and spread heavily distorted information regarding Covid-19. In late April 2020 several news sources compared these misinformation campaigns to the Cold War-era ‘Operation Infektion’, a Soviet attempt in the 1980s to frame the HIV/AIDS pandemic as having originated in a United States laboratory as part of a biological weapons research project.⁵⁹ In early May this argument – that global pandemics are man-made and originate in laboratories – was utilised by President Trump in the United States, who speculated that the Covid-19 virus actually came from the Wuhan Institute of Virology – a claim the WHO has contested.⁶⁰ Accordingly, journalists, experts, politicians – even protesters – can often be seen re-appropriating history in attempts to communicate to us the ways in which the pandemic is affecting our social fabric. It is important for us as the interpreters of news and media to be acutely aware of the complex meanings encoded into the historically conscious comparisons and slogans that are being used as part of and in response to the Covid-19 pandemic. More broadly, as across the planet people struggle to make sense of

⁵⁴ https://www.washingtonpost.com/local/virginia-politics/with-picnic-baskets-and-few-masks-demonstrators-protest-virginia-stay-at-home-orders/2020/04/16/fe08b016-8016-11ea-8013-1b6da0e4a2b7_story.html

⁵⁵ See e.g., Robin Stevenson, *My Body My Choice: The Fight for Abortion Rights* (Orca Book Publishers, 2019)

⁵⁶ https://www.vice.com/en_us/article/d3neza/why-are-anti-vaxxers-saying-my-body-my-choice-about-vaccines

⁵⁷ <https://www.discovermagazine.com/technology/your-body-your-choice-fight-for-your-somatic-rights>;
<https://www.thenation.com/article/archive/my-body-my-choice-why-the-principle-of-bodily-autonomy-can-unite-the-left/>

⁵⁸ <https://www.harpersbazaar.com/fashion/designers/a27613503/gucci-pro-choice-jacket-cruise-2020/>

⁵⁹ E.g., <https://www.thetimes.co.uk/article/operation-infektion-is-spreading-again-w3vcj8cqq>;
<https://foreignpolicy.com/2020/04/03/coronavirus-pandemic-intelligence-china-russia/>

⁶⁰ See e.g. <https://www.aljazeera.com/news/2020/05/fauci-dismisses-trump-claim-coronavirus-started-wuhan-lab-200505170558959.html>; <https://www.ft.com/content/255a3524-0459-4724-a92a-58268ab627e2>

the dramatic current changes, it is clear that the public at large will benefit from being both 'historically literate' and 'gender-literate'.