

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 III - 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

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/>

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.³ 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 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.⁴ 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.⁵ 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.⁶ 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.⁷ 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.⁸ 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.⁹ 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.¹⁰ 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.¹¹ Neither the pandemic nor the lockdown measures are the root causes of domestic abuse: rather, the outbreak of Covid-19 has exacerbated the

³ <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

⁴ <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse>, accessed 07/05/2020

⁵ <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>, accessed 07/05/2020

⁶ 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

⁷ [bbc.co.uk/news/uk-52157620](https://www.bbc.co.uk/news/uk-52157620), accessed 06/05/2020

⁸ <https://www.womensaid.org.uk/survivors-say-domestic-abuse-is-escalating-under-lockdown/>

⁹ 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

¹⁰ <https://www.theguardian.com/society/2020/apr/12/domestic-violence-surges-seven-hundred-per-cent-uk-coronavirus>, accessed 06/05/2020

¹¹ <https://www.opendemocracy.net/en/5050/covid-19-domestic-violence-crisis-uk-decade-making/>

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 demonstrates heightened threats to individual safety, as well as 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 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.¹² 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.¹³ 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

¹² <https://www.unfpa.org/resources/gender-based-violence-humanitarian-settings>

¹³ <https://www.ippf.org/news/covid-19-pandemic-cuts-access-sexual-and-reproductive-healthcare-women-around-world>

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.¹⁴ Applying an ingenuous form of protest in lockdown conditions, thousands of protesters took 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.¹⁵

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.¹⁶ 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.¹⁷ Soon afterwards in Richmond, Virginia a

¹⁴ <https://www.ippen.org/news/polish-ruling-party-exploits-current-health-crisis-undermine-women-and-young-peoples-safety>

¹⁵ <https://www.amnesty.org/en/latest/news/2020/04/poland-lockdown-protests-force-freeze-on-retrogressive-bills-on-abortion-and-sex-education/>

¹⁶ M A Bracke, 'Feminism, the State, and the Centrality of Reproduction: Abortion in 1970s Italy,' *Social History*, 2017, 42:4, 524-546.

¹⁷ 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/>

protestor was seen carrying a sign that similarly read ‘My body, my choice to work’.¹⁸ 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 protesters held a sign which read ‘My body, my choice, we do not consent’.¹⁹

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.’²⁰ 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.²¹ 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.²² 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.²³ ‘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, 22.5.1978.²⁴

The co-optation of the feminist phrase ‘My body, my choice’ by right-wing protesters 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.²⁵ In early May this argument – that global pandemics are man-made and

¹⁸ 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

¹⁹ <https://www.businessinsider.com/coronavirus-group-hugs-are-new-weapon-of-anti-lockdown-protesters-2020-5?r=US&IR=T>

²⁰ 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

²¹ See e.g., Robin Stevenson, *My Body My Choice: The Fight for Abortion Rights* (Orca Book Publishers, 2019)

²² https://www.vice.com/en_us/article/d3neza/why-are-anti-vaxxers-saying-my-body-my-choice-about-vaccines

²³ <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/>

²⁴ <https://www.harpersbazaar.com/fashion/designers/a27613503/gucci-pro-choice-jacket-cruise-2020/>

²⁵ 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/>

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.²⁶ 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 the dramatic current changes, it is clear that the public at large will benefit from being both ‘historically literate’ and ‘gender-literate’.

²⁶ 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>