COVID-19 IN EVERYDAY LIFE: CONTEXTUALIZING THE PANDEMIC

ABSTRACT: This paper provides an overview and findings of the research on the social aspects of COVID-19 pandemic in Serbia. We aimed to investigate the immediate impact of the COVID-19 pandemic on everyday life. The general hypothesis was that it contributed to changes in common rituals and routines, especially in the areas we focused on: family and housework, trust, the Internet use, and food practices. The study involved an online survey on the sample of 685 respondents, adult citizens of the Republic of Serbia. The main criterion for the selection of respondents was their legal age. The research was conducted during April 2020. We present and discuss the findings, give preliminary conclusions, and contextualize them within the current studies on the COVID-19 outbreak. The general research hypothesis has only been partially confirmed. Our findings suggest that the pandemic outbreak has disrupted people’s habitual established practices and strategies for managing daily life in the sense of either intensification or the absence of certain routines.

KEYWORDS: COVID-19, Everyday life, Pandemics, Serbia

APSTRAKT: U ovom članku predstavljamo rezultate istraživanja o društvenim aspektima COVID-19 pandemije u Srbiji. Naše istraživačko pitanje bilo je da li i u kojoj meri je pandemija uticala na svakodnevni život. Pošli smo od opšte hipoteze da je pandemija uticala na promenu uobičajenih rituala, odnosno rutinā i praksi svakodnevice, posebno u oblastima na koje smo stavili fokus:

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Introduction

The novel coronavirus (SARS CoV-2) that causes infectious disease has already spread around the world during this year. It has changed our daily routines, endangered people’s lives and health, and affected many social sectors: from healthcare, challenges in the diagnosis and treatment of cases, functioning of the existing medical system, economy and slowing of the manufacture, disruption of the supply chain of products and losses in business, social service sector, cancellation or postponement of large-scale social events, culture and disruption in different kinds of celebrations to physical distancing, closure of places, etc. (Haleem, Javaid & Vaishya, 2020).

Governments have imposed different types of “emergency measures” and restrictions on social life, including isolation, prohibition or cancellation of social gatherings, work of schools and universities, sports and cultural events, etc. (Ward, 2020). All these measures and consequences are to be taken into account in sociological research. Furthermore, the fact that the coronavirus can affect anyone and anywhere, “but potentially impacts certain groups more than the others due to different living conditions and material circumstances” (Ward, 2020: 4), makes sociological approach inevitable in the clarification of pandemic.

Researchers are already writing about the “new normal” (Sekkides and Dalla Vecchia, 2020), since “some measures may continue long term” (Ward, 2020: 4). Others notice that we witness changes from what has been called a “society of normalization” to “global medical surveillance” (Kravchenko, 2020). During previous pandemics and other social crises, sociologists have already identified and elucidated practices of the “new normal” (Etzioni, 2011). However, practices introduced in the course of the pandemic “include thorough handwashing, disinfection, covering the mouth and nose, physical distancing, self-isolation or quarantine, and close attention to signs of the presence and severity of the disease” (Will, 2020: 968). These are daily practices, and although they “have already been there”, their intensification, both in private and public places, brings questions about changes of everyday experience, norms and normalization in
the forefront. Preciado (2020) argues that questions about “which lives are the ones we want to save”, and the “transformation of the modes of understanding community and immunity” will come to the center of the debate after this crisis.

In the last twenty years, pandemics have been happening faster and more often. From the end of the twentieth century, there have emerged new or re-emerging infectious diseases, such as West Nile virus (outbreaks from 1999 onwards), Severe Acute Respiratory Syndrome (SARS) (2003), avian influenza (2003 to 2007), “swine flu” (H1N1) (2009), Middle East Respiratory Syndrome (MERS) (2012 onwards), Ebola virus disease (2014–2016), and Zika virus disease (2015–2016). The fact that the world has rapidly become much more vulnerable to the global spread of both new and old infectious diseases is not a mystery. Behind the globalization of disease is the dramatic increase in worldwide movement of people, goods, and ideas (Garrett, 1995).

Researchers and organizations have already “begun to warn of the inevitability that an even more serious new pandemic was waiting in the wings” (Lupton, 2020a; Ball, 2020). Experiences and knowledge about pandemics and emergent social changes have already been analyzed (French and Mykhalovskiy, 2013). According to Deborah Lupton (2020a), “swine flu” pandemic especially “attracted some degree of attention from social researchers”, and it provides an interesting comparison with COVID-19.

“Swine flu” outbreak was more threatening than dangerous (Davis, Flowers and Stephenson, 2014), and sociologists examined topics such as how publics’ behavior and vulnerability to pandemic was expressed, authorities’ actions, publics’ attitudes to vaccination, risk management, as well as the concepts of personal risk and immunity “in the face of recent influenza epidemics” (Lupton, 2020a: 6). It followed another important aspect in favor of the sociological research and perspectives to pandemic: ideas, concepts and knowledge they produced were like “cognitive protective equipment”, especially during the pandemics and the “atmosphere of rampant and contagious disinformation” (Preciado, 2020).

The perspective of social constructionism has already been developed for the sake of better understanding of various environmental threats, based on the idea that environmental problems do not speak for themselves, but are actively created and interpreted by various social actors (Hannigan, 2006). Therefore, the sociological analysis must be at the core of pandemics and other kinds of risk research, assessment, and prevention.

The coronavirus crisis is not something that is just “out there”. It becomes a part of our social reality through the symbolic dimension (Pfister, 2020). Despite social scientists research, “both the crisis management and the public discourse on the Corona pandemic itself are still dominated by bio-medical perspectives” (Pfister, 2020). Furthermore, “a basic lack of understanding of how medicine and biomedical science relate to the world in which they exist” as social institutions, and the fact that “problems come to medicine and biomedical science along socially constructed pathways, and are delivered into the world by
other pathways: knowledge or technology”, leads to the conclusion that “a focus of attention and resources on medicine and biomedical science, then, tells less than half the story of how societies identify new diseases, how they respond, and what the consequences might be” (Dingwall, Hoffman and Staniland, 2013: 167).

This paper presents and highlights results from the research “Social aspects of coronavirus”, conducted by the Centre for Sociological Research in Novi Sad during April 2020. We give preliminary conclusions and contextualize them in the framework of current sociological researches on the pandemic. Our study aimed to investigate the immediate impact of the COVID-19 pandemic on everyday life of people in Serbia. Our hypothesis is that pandemic contributed to changes in common rituals and routines in everyday practices, especially the organization of housework, access to information and media use, and food practices.

Since the research was designed as an online survey, it managed to identify only basic features of the aforementioned aspects. Even though the research lacks of in-depth insight, results and preliminary conclusions point to important questions and relate to the similar research done by fellows from other universities and research centers. Although there was no possibility for direct comparison between the findings of the referred researches, our goal was more modest: to map the changes and give preliminary conclusions. We aimed to identify the most important and not all sociological aspects of the outbreak, since the list has been pending.

Theoretical framework, description and method

The reality of everyday life is the sum total of all our relations and “it is built on the ground, in daily activities and transactions” (Burkitt, 2004: 212). And just as there are social fields in which practices are “made more open to government and official codification”, or what Michel de Certeau terms strategies and Michel Foucault describes as manifestations of power, everyday life also consists of “unofficial or marginal practices (tactics), that operate without such a fixed locus” (Burkitt, 2004: 212; Gardiner, 2000: 168). What gives the sense of a more fixed and stable structure in these “unofficial” practices of the everyday are routines and rituals as the “living tissue” (Burkitt, 2004: 212). Thus, everyday life can be defined as a “complex relation between fluid, open processes and relatively more permanent forms of belonging and association, both official and unofficial” (Burkitt, 2004: 224).

Ben Highmore (2004) argues that there is something “ambiguous and problematic” about routine. It is not only “a form dictated from above”, but also what “gives our lives rhythm and predictability”, order and control. Routines are “the mundane process by which meaning is created and maintained even in the face of chronic flux and disturbance of experience” (Martin, 1984: 23).

Rituals and routines of the everyday are also “mechanisms of survival” and relate to the human psychological needs. According to Anthony Giddens (1984: 282), routine is “psychologically linked to the minimizing of unconscious sources of anxiety”. Furthermore, “routinized practices are the prime expression of the duality of structure in respect of the continuity of social life” (Giddens,
Therefore, following routines, in addition to psychological gains, ensures the reproduction of the established order of things (Spasić, 2004: 274; Tomanović, 1993: 304). Finally, routines are of special importance in crisis situations, when life and security of people are endangered. Therefore, we put our focus on routines in different fields of the everyday, in order to identify the effects of the pandemic.

For the purpose of better understanding of the findings, we first present a few general remarks about the social and political context during the pandemic outbreak in Serbia, especially for the time period of March and April 2020, when our research was conducted.

The first case of COVID-19 was confirmed in Serbia on March 7, 2020. On March 11, Government of the Republic of Serbia introduced the series of measures that included a ban of indoor public gatherings, a ban of the entry for citizens of foreign nationality coming from infected areas and regions, and the closure of some border crossings. The next important date was March 15, when a state of emergency was declared. More specifically, it encompassed several decisions of which especially important were the following: suspension of teaching in educational institutions of all levels; prohibition of gatherings in public places and areas (primarily parks); the price limitation of basic food and protective equipment; introduction of quarantine measures and prohibition of movement. On March 21, all public transport in Serbia was suspended, except taxi; prohibition of movement from 20:00 p.m. to 5:00 a.m. was introduced, while elderly citizens were not allowed to go outside, except from 3:00 to 8:00 a.m. during the weekends, for the purpose of buying groceries or medicines; prohibition of work in shopping centers, except the stores with food and pharmacies, etc. On March 19, the government officials declared the epidemic of COVID-19. A day later, the first death caused by COVID-19 was recorded. During April, measures introduced in March were still in force, and some of them (e.g. restriction of movement) were even tightened. Only at the end of April and the beginning of May, some of the measures were relaxed (the abolition of curfew), and the state of emergency was lifted (on May 6).

This paper presents the core findings of the research on social aspects of the pandemic. The general aim of our research was to identify social changes...
that were caused by the outbreak of the COVID-19 pandemic, through the routines and segments of everyday life. In this paper, we put our focus on the family relationships and organization of housework, trust, media use and food practices.

The research was conducted as an online survey. The questionnaire was distributed online, through the web site of the CSR and Facebook. We opted for this way of data collection, considering the measures introduced by the Government and local authorities, as well as the recommended WHO measures of physical distancing. The sample consisted of 685 respondents in total, all adult citizens of the Republic of Serbia. A convenience sample was used, and the minimum statistical quotas for gender, age and place of residence were met. There was representation of respondents from different parts of the country as well. The sample structure is shown in Table 1. Certain categories of population were underrepresented in the sample, primarily senior citizens, rural population, and men. This sample structure was a consequence of impossibility to apply the random sampling procedure. Consequently, the sample can be neither considered representative, nor can the results of this study be generalized to the entire population. However, the number of respondents in each of the mentioned groups was sufficient enough to draw preliminary conclusions about experiences of citizens during the pandemic.

Table 1. Sample structure

| Sex     | Number (%) | Type of settlement | Number (%) |
|---------|------------|--------------------|------------|
| Male    | 170 (24.8) | Urban              | 590 (86.1) |
| Female  | 515 (75.2) | Suburban           | 58 (8.5)   |
|         |            | Rural              | 37 (5.4)   |

| Age (years) | Number (%) | Marital status      | Number (%) |
|-------------|------------|---------------------|------------|
| 18 – 25     | 178 (26.0) | single              | 285 (41.0) |
| 26 – 35     | 196 (28.6) | married             | 248 (35.7) |
| 36 – 45     | 158 (23.1) | common-law marriage | 87 (12.5)  |
| 46 – 55     | 76 (11.1)  | divorced            | 38 (5.5)   |
| 56 – 64     | 47 (6.9)   | widow/widower       | 16 (2.3)   |
| 65 +        | 30 (4.4)   |                     |            |

| Education   | Number (%) | Working status                  | Number (%) |
|-------------|------------|---------------------------------|------------|
| Primary school | 6 (0.9)   | employed in a public sector     | 204 (29.4) |
| Secondary school | 203 (29.2) | employed in a private sector    | 181 (26.0) |
| High school | 41 (5.9)   | unemployed                      | 54 (7.8)   |
| Faculty     | 445 (64.0) | entrepreneur/owner              | 30 (4.3)   |
| Region                                | Number (%) | farmer         | 2 (0,3) |
|--------------------------------------|------------|----------------|---------|
| Belgrade                             | 100 (14,6) | householder/housewife | 2 (0,3) |
| Novi Sad                             | 283 (41,3) | employed in informal economy | 24 (3,5) |
| Vojvodina (without NS)               | 155 (22,6) | retired        | 38 (5,5) |
| Serbia (without BG)                  | 90 (13,1)  | pupil/student  | 138 (19,9) |

| Income (RSD)                         | Number (%) | Income perception | Number (%) |
|--------------------------------------|------------|-------------------|------------|
| up to 30.000                         | 27 (3,9)   | Completely enough | 407 (58,6) |
| 30.001–60.000                        | 93 (13,4)  | Missing a little more | 168 (24,2) |
| 60.001–120.000                       | 216 (31,1) | Missing a lot more | 74 (10,6)  |
| 120.001–180.000                      | 116 (16,7) | I don't know      | 17 (2,4)   |
| 180.001 +                            | 64 (9,2)   | Without response  | 29 (4,2)   |
| Without response                     | 173 (24,9) |                   |            |

**Results and discussion**

**Family and housework**

The suspension and closure of kindergartens and schools in Serbia during the COVID-19 pandemic led to an increased need of care for children, especially in the families with younger children. Our research showed that men were less likely to take care of children only by themselves (3,6%), comparing to women (15,4%). Among respondents with small children, 12,3% of them said that they took care of children jointly or equally with their parents. Almost the same percent (12,5%) of respondents said that during the pandemic, most of the responsibilities were taken over by one parent.

Pre-pandemic research data on gendered time budged revealed that women were main care-providers in the family, especially regarding taking care of children (SoRS, 2017). They spend twice as much time per day taking care of children comparing to men. Čikić and Bilinović Rajačić (2020) emphasized that pandemic-caused state of emergency didn't changed previously established parental practices. This especially refers to egalitarian parental practices (both parents taking care of children equally). On the other hand, active fatherhood practice has changed the most, comparing to pre-pandemic circumstances. In most cases, it was newly established practice caused by changes in fathers’ professional role during pandemic-caused state of emergency.

Respondents employed in the public sector, regardless of gender, were more likely to say that they had taken care of children by themselves (20%), in comparison with respondents employed in the private sector (12%). Majority of respondents (more than 60%) said that they took care of someone else during
the pandemics. More than one third of them (32.7%) took care of elderly and sick relatives, while 8.3% of them took care of neighbors, and 8.8% of them took care of someone else. Taking care of elderly and sick seemed to be evenly distributed between men and women. Respondents from rural areas took care of their neighbors significantly more often (16.2%) than respondents from urban areas (7.6%), which indicated a greater level of solidarity.

Slightly less than half of the respondents stated that key decisions in their family were made jointly (44.4%). In 24.4% of cases, the response was that “he” or “she” made key decisions on his/her own. Among them, there were just slightly more women than men. Younger respondents answered that decisions were made by their parents (slightly more in favor of mothers). Favoring mothers in terms of decision-making refers to what Blagojević Hjuson (1997; 2013) identified as self-sacrificing micromatriarchy. The greater female power in decision-making at the micro level derives from the greater sacrifice of women for the family. It is especially evident in time of crises.

Respondents also testified of the increased scope of care for younger children, but also for other categories of population (elderly, sick, neighbors, etc.). During the pandemic, and especially during the state of emergency and restrictions in mobility, citizens were forced to stay at home, and were more likely or obliged, especially in the case of family members or relatives, to take over some duties that were usually done by various institutions. These results could indicate to an increased degree of family and neighborhood solidarity during the pandemic. Furthermore, the question is whether the pandemic is an “opportunity” for the emergence of new and permanent patterns of solidarity (“new normal”), or this is a “one-time” phenomenon, a consequence of the lack of support from institutional mechanisms.

Which categories of citizens were more likely to take care of others during the pandemic is a question of social inequalities. In other words, it made it far more difficult for some people in comparison to others, especially for “low paid and often casually employed workers”, or those “involved in the production, distribution and sale of food, transport workers, and support staff in hospitals (e.g., porters, cleaners), as well as clinical staff” (Annandale and Hilário, 2020), to take care of others in the same way as other professionals or categories of population did.

“Gendered concepts of responsibility” in care for others and against risk are already identified in a sociohistorical study of the Canadian experience of the Spanish flu pandemic (Lupton, 2020a: 5). Godderis and Rossiter (2013) found that women were “portrayed as having a duty of care for people who have become ill from infectious diseases, thus being placed in the front-line of healthcare, and at greater risk of infection themselves”. Furthermore, the same researchers took a historical turn to the nature and limits of the “duty to care” in previous pandemics, particularly during the SARS outbreak in 2002–2003, and 2009 H1N1 influenza pandemic, “when there was a considerable uncertainty about whether social and organizational change might have weakened the force of appeals to this supposed moral duty” (Dingwall et al., 2013: 171).
Furthermore, the important aspect of care is about those “marked as vulnerable” (especially people aged 65 and over), who were “being left behind by their families, healthcare institutions and governments”. This might also lead to the question of the “vulnerable” itself, “in the sense of why children and young people, who are typically identified as vulnerable, afforded more protection by societies than older people?” (Annandale and Hilário, 2020). Current pandemic urges us to think how different “categories” and generations of citizens have been treated, not just in terms of family or institutional care, but in terms of their (in)ability to access social and other services and achieve or maintain social security. Also, it seems that pandemic raise the question of how certain categories of people, or the emergent “biosocial categories” (Rabinow and Rose, 2006), are treated during the pandemic or other social crises with special biopolitical measures. Researchers have already found that some past health crisis, like AIDS, represent a reminder of “how the decisions of governments, media, and pharma industries are always and already contingent on existing narratives about whose lives matter”, “whose lives are valued, and who exactly is included and excluded from the ever present ‘all of us’” (García-Iglesias and Nagington, 2020).

An important question, which in our research lack of sufficient in-depth analysis, is the question on domestic violence, which is expected to rise in times of social crisis. Recent studies also pointed to the impact of COVID-19 on domestic violence, and the fact that during the pandemic, “with greater isolation, women are less in touch with social networks and support groups, and helplessness is increasing” (Weil, 2020). 6.2% of respondents in our research (i.e. 42 in numbers) stated that since the introduction of the state of emergency, they or a member of their family were exposed to psychological and/or physical violence. Even though we had no data on respondents’ previous experiences, it was to expect that psychological and/or physical domestic violence increased. Pajvančić et al. (2020) founded that there was “an increase of women seeking for help and support from the specialized women organization” since the pandemic outbreak in Serbia. Similar was evident in UK, Spain, and Brazil (Bradbury-Jones and Isham, 2020).

Finally, families of infected people and patients faced additional problems due to their “caring involvement due to infection risk”. Narratives about these kinds of experiences could be found through social media, and researchers already gave their comments (Will, 2020: 969; Halford, 2020; Lupton, 2020b).

In a study on the economics of care during the COVID-19 pandemic in Serbia, conducted by SeConS (2020), it was disclosed that the pandemic led to the relocation of care-related jobs to the households, and it did not produce a significant change in the patterns of division of labor within the households, where the housework was traditionally done by women. Furthermore, only in a small number of households there was a noticeable change in which men became more involved in the household chores “to help women”. The researchers concluded that “when it comes to the ‘reproductive’ economy of care, one that includes unpaid housework and care for family members, the pandemic has
failed to ‘soften’ the stubborn patterns of division of labor, and responsibilities that women predominantly carry” (SeConS, 2020: 36)\(^{12}\).

In accordance with presented findings, one general conclusion is that pandemic caused the changes in the organization of housework and its routines, because of the need for the increased scope of care for others (children, elderly), especially during the time when citizens were forced to stay at home. It is so because they took over some duties that are usually done by institutions such as kindergartens, school, institutions for social protection, etc.

**Trust and media use**

Generally speaking, trust in institutions, mutual trust of people, trust and participation in organizations and associations build the social capital of any community. According to psychologists, trust is very important because it strengthens the capacity in both individual and collective action during crises (Siegrist and Zingg, 2014). Literature also suggests that trust in health agencies “positively influenced people’s willingness to adopt recommended behavior”. Furthermore, Siegrist and Zingg (2014) identified that “a diverse set of experts should be used as communicators, medical personnel need to model the recommended behavior, a transparent information strategy should be used, the focus should be not only on trust, but also on confidence, and establishing trust in health authorities before a pandemic occurs is important”. All these aspects of conduct in pandemics are important, because if applied, they lead to prevention and mitigation of crisis, as well as to the salvation of people’s lives.

For instance, as of March 23, 2020, Scandinavian countries (Norway, Sweden, Denmark, and Finland) “have been able to contain the coronavirus, with fewer than 25 fatalities each” (Rothstein, 2020).\(^{13}\) In contrast, northern Italy region Lombardy had “an almost exponential growth of the contagion, with nearly 3,500 deaths, despite having approximately the same population as Sweden” (Rothstein, 2020).\(^{14}\) According to Bo Rothstein, one of many reasons for this comes from the fact that Scandinavians are people with exceptionally high levels of social and political trust. Survey from 2014 have shown that “74 percent of Norwegians said that ‘most people can be trusted’, whereas in Italy the figure was 29 percent” (Rothstein, 2020; Ortiz-Ospina, 2016). There is no room for the firm conclusion that trust or lack of trust directly influences or causes the spread of infection, but it could be important social factor in mitigating risks and emergencies.

\(^{12}\) Similar was concluded in the research of Čikić and Bilinović-Rajačić (2020): the authors stated that practice of housework “involving woman as the main actor remained unchanged in ¾ of families in which it was present before, in spite of the fact that women reported performing additional activities in the novel situation or lacking the help they had before the state of emergency was declared”. In the families with established practice of egalitarian participation of partners in housework, such arrangements were spontaneous or planned (Čikić and Bilinović-Rajačić, 2020).

\(^{13}\) Data source: https://www.worldometers.info/coronavirus/ (accessed 17/10/2020)

\(^{14}\) Data source: https://lab24.ilsole24ore.com/coronavirus/ (accessed 17/10/2020)
In our research, respondents rated their satisfaction, as well as their levels of trust in certain social and political actors during the pandemic. Findings show that citizens were most satisfied with the reaction of doctors, neighbours and their friends. On the other hands, the lowest average assessment of citizen's satisfaction was recorded concerning the reaction of most visible political actors (President and Prime minister). The expressed (dis)satisfaction mostly corresponded to the expressed degree of (dis)trust in the mentioned actors. The results are presented in the Table 2.

Table 2. Satisfaction with the reaction of social and political actors during the coronavirus pandemic and the level of trust

| Actor                      | Satisfaction with reaction (%) | Trust (%) |
|----------------------------|--------------------------------|-----------|
|                            | Not satisfied at all | Not satisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied | No trust at all | Mostly no trust | Neutral | Mostly trust | Strongly trust |
| Government                 | 33 | 27,3 | 7,3 | 24,7 | 7,6 | 43,3 | 16,0 | 20,9 | 14,0 | 5,9 |
| President                  | 47,9 | 21,6 | 5,6 | 17,8 | 7,2 | 49,5 | 15,6 | 16,31 | 2,8 | 5,9 |
| Prime minister             | 45,7 | 21,1 | 6,6 | 20,0 | 6,6 | 48,9 | 14,8 | 17,3 | 13,4 | 5,6 |
| Mayor                      | 35,1 | 22,0 | 15,4 | 21,6 | 5,9 | 39,8 | 19,7 | 22,6 | 11,9 | 6,0 |
| Local crisis headquarters  | 24,1 | 20,0 | 23,2 | 23,6 | 6,5 | 27,0 | 18,4 | 31,0 | 17,6 | 6,0 |
| Provincial government      | 25,4 | 20,9 | 30,5 | 18,1 | 5,1 | 34,81 | 9,4 | 29,5 | 11,9 | 4,4 |
| Doctors                    | 3,2 | 10,9 | 4,3 | 44,5 | 37,2 | 4,3 | 4,7 | 19,7 | 19,7 | 4,7 |
| Journalists                | 21,9 | 31,0 | 7,6 | 32,0 | 7,5 | 21,9 | 31,0 | 7,6 | 32,0 | 7,5 |
| European Union             | 19,5 | 33,9 | 19,4 | 22,5 | 4,7 | 19,5 | 33,9 | 19,4 | 22,5 | 4,7 |
| China                      | 11,8 | 17,5 | 14,7 | 38,7 | 17,3 | 11,8 | 17,5 | 14,7 | 38,7 | 17,3 |
| World Health Organization  | 12,8 | 26,5 | 15,5 | 35,4 | 9,8 | 12,8 | 26,5 | 15,5 | 35,4 | 9,8 |
| Neighbours                 | 5,6 | 14,7 | 11,1 | 49,3 | 19,3 | 5,6 | 14,7 | 11,1 | 49,3 | 19,3 |
| Friends                    | 1,7 | 7,4 | 4,0 | 53,2 | 33,7 | 1,7 | 7,4 | 4,0 | 53,2 | 33,7 |
| Employer                   | 5,5 | 8,9 | 30,9 | 30,2 | 24,5 | 5,5 | 8,9 | 30,9 | 30,2 | 24,5 |
| School/faculty             | 5,0 | 10,8 | 29,2 | 35,3 | 19,7 | 5,0 | 10,8 | 29,2 | 35,3 | 19,7 |
| Church                     | 35,2 | 16,3 | 28,6 | 14,8 | 5,1 | 35,2 | 16,3 | 28,6 | 14,8 | 5,1 |
| Army                       | 11,1 | 16,4 | 21,2 | 35,0 | 16,3 | 11,1 | 16,4 | 21,2 | 35,0 | 16,3 |
| Police                     | 11,6 | 20,7 | 16,2 | 36,0 | 15,6 | 11,6 | 20,7 | 16,2 | 36,0 | 15,6 |
We notice generally low level of trust. Causes are numerous and should be further elaborated. Although trust in the government is important especially during the crises, it seems that people have many reasons for political distrust, and this vary across the countries. We find interesting, however, the high level of trust in friends and neighbours. In such circumstances, this finding could lead to conclusion that during the crisis, the degree of interpersonal trust is growing, as part of the everyday “tactics” in safety planning, in order to effectively mitigate the effects of the pandemic as well as because of the lack of institutional support. There are already similar findings and conclusions regarding trust, done before the pandemic (Stanojević & Stokanić, 2014). Finally, Barbalet (1996) argues that trust with loyalty is important emotional basis of social life. In the crisis situations, emotional, psychological support and interpersonal trust means a lot.

The noticeable decrease in trust in public institutions has already been observed in 2013 at the European level, for all the countries, except Switzerland (Ortiz-Ospina, 2016). On the other side of the Ocean, in the USA, where the General Social Survey (GSS) has been gathering information about trust attitudes since 1972, results suggest that people trust each other less today than 40 years ago. Furthermore, it has been noticed that this “decline in interpersonal trust” in the USA corresponds to the “long-run reduction in public trust in government” (Ortiz-Ospina, 2016). However, both current and previous researches suggest that “trust between governors and the governed is seen essential to facilitating good governance” (Devine et al., 2020). By looking at the trends in political trust in new and stable democracies over the last 20 years, Catterberg and Moreno (2005) claim that “the expansion of democracy in the world has been paradoxically accompanied by a decline of political trust”. They have also found that political trust is “positively related to well-being, social capital, democratic attitudes, political interest, and external efficacy, suggesting that trust responds to government performance” (Catterberg and Moreno, 2005: 31).

The literature review and early comments on the coronavirus pandemic and trust show “how the studies shed light on association of trust with implementation of government measures, public compliance with them, mortality rates, and the effect of government action on levels of trust” (Devine et al., 2020). For instance, Kye and Hwang (2020) found that “trust in South Korean society, people, and the central and local governments improved substantially, whereas...
trust in judicature, the press, and religious organizations sharply decreased”. Other researchers found that “disasters of different kinds produce different consequences for trust” (Aassve et al., 2020; Toya and Skidmore, 2014; Albrecht, 2017). In other words, “not all natural disasters would necessarily reduce social trust” (Aassve et al., 2020: 22; Dennison and Zerka, 2020).

Wu (2020) has compared the results of his survey conducted during the pandemic in China’s Hubei province with the data from the most recent World Values Survey (WVS, 2016–2020). His findings suggest that social capital affects COVID-19 response mainly through facilitating collective actions and promoting public acceptance, in compliance with control measures in the form of trust and norms at the individual level (Wu, 2020: 1). In an authoritarian context, compliance with control measures relies more on people’s trust in their political institutions, and less on trust in each other (Wu, 2020).

When we talk about Serbia, different international and national researches in the last few years and before this pandemic already identified a generally low level of trust, life satisfaction and happiness among the citizens of Serbia (Stanojević & Stokanić, 2014; Djankov, Nikolova & Zilinsky, 2016; Pavlović i Petrović, 2020). However, research findings of a recent study conducted during the pandemic in Serbia show the improvement in the field of solidarity and trust at the interpersonal level (Pavlović i Petrović, 2020). It remains to be seen whether this trend will be longlasting.

When it comes to awareness and information use during the pandemic, we found that most of the respondents believe that they were well informed. Almost half of the respondents (48,5%) mostly agreed, and 15,7% completely agreed with this statement. Majority of respondents (85%) were informed about the special measures introduced during the pandemic, and 15,1% of them said that they were not. Respondents aged over 65 were informed about all these measures far less than others (58,6%). Although we did not have enough and precise information about the causes for that, we noticed certain discrepancy to be further examined.

It would be interesting to see if there is correspondence between awareness, panic, and information (or media) use. Relevant research that was focused on the relationship between attention to the mass media and concern about becoming infected (in the case of H1N1 epidemic from 2009), on a sample from the USA, showed that “the percentage worried about becoming infected increased in almost all social categories of respondents” (Mesch, Scwirian and Kolobov, 2013). Furthermore, “both those who followed the H1N1 outbreak closely and those who were more interested in reports about it were more likely to be worried about becoming infected” (Mesch et al., 2013). Different forms of media have different impacts on public perceptions on pandemic and other kinds of disasters, because different forms of media (news, “fake news”, social media, screens, etc.) have the potential of different “framing” about “causes” and “solutions” to the pandemic (Staniland and Smith, 2013).

Some findings demonstrate that previous epidemics, such as avian flu, have led “researchers to explore the media-driven messages portrayed to the
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Public through newspapers”, and “similar studies are needed for COVID-19, in addition to studies on social media and other online platforms” (Ward, 2020: 5–6). This is because, according to the World Health Organization, coronavirus pandemic and the global public health responses have been “accompanied by an infodemic, which is an over-abundance of information – some accurate and some not” (WHO, 2020: 13). The situation with social media and information flows, the raise of so called fake-news (Krasni, 2020; Lazer et al., 2020) and the florescence of all kinds of conspiracy theories, indicate for an urgency in increasing data literacy, and the raise of “individual abilities in understanding and critically assessing datafixation and its social implications” (Nguyen, 2020). In the context of pandemic, misinformation flow makes hard for people to be informed adequately, and prevents them from taking adequate measures as well. In some cases, and that should be also further explored, it may lead to “dangerous behaviors, such as self-medication with harmful substances” (WHO, 2020: 13).

Regarding the questions of the Internet use during the pandemic, we noted that more than a half of respondents (58.9%) told us that they used the Internet and follow media to the similar extent as before the pandemic. When we looked more closely the distribution of answers to the same question from men and women, we noticed that more female respondents said that they used the Internet and media to the similar extent as before the pandemic. However, both women and men, when observed separately, said that they used the Internet and followed media as before the pandemic.

Then we have another, quite expected result: more than one third of all respondents told us that they began to use new applications or visited new sites during the pandemic. Distribution of this answer between the sexes was quite equalized. We said that it was expected, since during the pandemic, majority of people were forced to stay at home, and turning to digital means signified a way to “stay connected”, and track information about pandemic and government measures. The most respondents who began to use new digital tools in our research were people of younger generation (from 18 to 25). Moreover, when we asked about their use of the Internet on a daily basis, more than a half of the respondents (about 60%) said that they used it more than before the pandemics. Although we identified the trend of the increased Internet use on a daily basis, we did not get additional comments or explanations from respondents. We assumed that a part of the explanation for this trend was the above mentioned fact that people stayed at home, where the Internet became the main source of communication and connection. For instance, according to the Pew Research Center, about nine-in-ten adults in the USA (93%) said “that a major interruption to their Internet or cell phone service during the outbreak would be a problem in their daily life, including 49% who foresee an outage being a very big problem for them, and 28% who believe it would be a moderately big problem” (Anderson and Vogels, 2020). According to the same research, more than a half of respondents say that the Internet and phones “will help but are not a replacement for face-to-face encounters”.


Generally speaking, the specter of the Internet use or the range of activities performed during the pandemic is wide. However, questions about the Internet access and the quality of connection (social and digital inequalities), media and digital literacy, (im)possibilities for tele-work, education, issues of privacy and increased surveillance are all opened. According to critics, COVID-19 has “legitimized and extended such governmental practices of biosurveillance and digital control by standardizing them and making them ‘necessary’ to maintain a feeling of immunity and national health” (Preciado, 2020). Furthermore, “what has grown is not the immunity of the social body, but the tolerance of citizens under the cybernetic control of the state and corporations” (Preciado, 2020). Another digital scholar and critic, Deborah Lupton, writes that with the outbreak of COVID-19, “a new form of health dataveillance has emerged” and she calls it “digitized quarantine” (Lupton, 2020b).

In other words, pandemic have not introduced, but triggered the increase in use and importance of digital technologies and communications in daily life, due to physical distancing and other types of mobility restrictions.15 This somewhat confirms our hypothesis of the change in routines of the everyday life. Although our respondents did not significantly increased use of the Internet during the pandemic, they had changed the sources, sites and started using some new tools.

Food practices

Food practices are socially, economically, culturally, and historically embedded. They are influenced by various contexts and factors which catalyze or impede their changes. Previous researches have shown that during crises, food practices often modify. Vlontzos and Duquenne (2013) observed adjustments in food practice in Greece during and after the recession in 2008: quantity and structure of purchased food were modified in order to meet decrease in family budgets. Previous pandemics also impacted on modifications in food practices with the aim to preserve and/or enhance their functionality. Morabia et al. (1999: 162) concluded that “mad cow disease” crisis resulted in some “unwanted consequences of unstructured changes in dietary habits” with significant differences in the eating practice, particularly quitting beef consumption of both men and women. Thus, uncertainty of social circumstances could induce changes in food production, processing, packaging, transportation, trading and purchasing, consumption, and disposal of food surplus and waste, sometimes in an unpredictable way.

Since the pandemic COVID-19 outbreak, food practices have become major research and a policy issue. Bodies and organizations, such as European Commission (2020), FAO (2020), WHO (FAO and WHO, 2020), UNICEF (2020), have published several recommendations related to food practices (e.g. healthy eating, safety measures in food production, food trading security). Also, there have been a number of researches and reflections on the impact of the pandemic on various aspects of food practices in different contexts (Gursoy and

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15 For the research findings about mobility and self-isolation during the pandemic in Serbia please see: Pešić, 2020.
Researches have shown a growing interest in healthy eating, but also in reliable and affordable food (Hughes, 2020). Personal practices related to food hygiene have also been improved during the pandemic (Flycatcher Internet Research, 2020). Staying at home led to “an increase of homemade recipes (e.g. sweets, pizza and bread), ..., and a decrease of fresh fish, packaging sweets and baked products, delivery food and alcoholics intake” (Di Renzo et al., 2020a: 5). Food was often used as mood lifter (Di Renzo et al., 2020b). Food industry also took adjustments to meet higher health care and food safety standards (Sharaf, 2020).

Due to the research design, as well as the complexity of food issues, we were not able to grasp all potential changes of multilayered food practices. Having in mind that we targeted general population, our focus was on changes in eating and food purchase practices. The results on the later were hereby presented and analyzed.

Grashuis, Skevas, and Segovia (2020: 8) stated that “consumers in environments where COVID-19 is spreading at an increasing rate incur the most disutility of shopping inside the store. In environments where COVID-19 is spreading at a decreasing rate, consumer preferences for the home delivery method relative to the other methods are less strong”. The authors argued that “change in consumer behavior is driven partly by feelings of fear toward the virus”. Perception of potential food shortages, physical inability to buy food, as well as health risks, could lead to the specific pressure on individuals/households to re-organize their food purchase practices. This was especially evident during the state of emergency, particularly during the first couple of weeks, and before every major lockdown that lasted over the weekend or sometimes even longer (up to 83 hours).

Analyzed data provided us with two main identified food purchase practices: a) excessive food purchase, including food stockpiling, and b) non-excessive food purchase and food stockpiling. The first practice was dominant as almost two thirds of the respondents stated to buy food in such manner during pandemic and the state of emergency.

Further analyses showed statistically significant differences between the respondents’ characteristics, given the experienced food purchase practice. Respondents who were more inclined to excessive food purchase and food stockpiling were on average older, they were more frequently married and more often having health problems. In addition, respondents employed in the

16 The average age of respondents who were more inclined to food stockpiling was between 36–45, while respondents in the other group were on average between 26–35(t(688)=.731, p=.001).
17 More than two thirds of married respondents (68.4%) stated that they practiced excessive food purchasing and stockpiling. It could be explained by their higher average age, but also by the fact that married respondents usually had children to take care of (χ2=5.287, p=.021).
18 Three quarters of the respondents who reported to have more frequent health problems (disabled people or chronically ill people) were more inclined to food stockpiling (χ2=6.198, p=.013).
informal economy were less likely to state such food purchase pattern that could be explained by lower and volatile incomes. Also, the subjective assessment of total household income affects the food purchase practice in the sense that those who stated that they had less money more often opted for the second, non-excessive food purchase practice. The sample features such as sex, total income (in RSD), a number of children, and a settlement type did not have statistically significant impact on the formation of food purchase practices during pandemic and the state of emergency. Still, it was observed that:

- there were slightly more women than men who reported excessive food purchase and stockpiling practices (63.2% versus 60.9%),
- rural population (54.1%) less than respondents from the urban (63.3%) and suburban settlements (62.1%) were prone to excessive food purchase and stockpiling,
- more than half of the respondents with the lowest total household income (less than 30,000.00 RSD) did not create food stocks (51.9%) due to low purchasing power.

The main identified food purchase practices are not internally homogenous. Within the first practice, we have identified four different patterns of excessive food purchase and stockpiling. Respondents who reported buying excessive food during the pandemic were mainly moderate food buyers (79%), buying slightly larger quantities (e.g. two or three pieces or packs instead of one). The second pattern referred to 7.2% of respondents who were buying larger quantities of only main, long-lasting ingredients (e.g. sugar, oil, salt, flour, yeast, pasta) in order to achieve sustainability and independency from conventional food providers. The third pattern referred to excessive food purchase as a common practice, regardless of the pandemic and the state of emergency. Every eighth respondent confirmed such a pattern. The last pattern was identified as obsessive excessive food purchase, it was practiced by only 1.8% of respondents, and it was referred to ‘buy-everything-you-can’ tactics. Such a pattern reflected significant personal anxiety about new social circumstances.

On the other hand, three non-excessive food purchase patterns were identified. They were recognized according to different perceptions and/or conditions for non-excessive food purchase. The first pattern was labeled as “lack of food in the shops”, which included 6.6% of respondents who wanted to buy larger quantities of food, but were unable to do so due to the supply-side shortages. The second pattern, “lack of money”, was (like the previous one) shaped by the objective factor. 7.8% of the respondents stated that limited household budget stopped them from making food stocks. The third pattern was the most common, and it was practiced by 85.6% of the non-excessive food buyers. It was recognized as “no-need for food stockpiling” pattern, which was grounded in a low anxiety over new social circumstances and respondents’ belief in sustainability of the food supply system.

The results of the proven food purchase practices among Serbian population have changed only slightly, despite increased health and economic risks during the
pandemic and the state of emergency. They have been shaped by both objective (lack of money, shortages in food supply) and subjective factors (assessment of food supply: food demand ratio, anxiety over new life circumstances). Moderate adjustments in food purchase practices can be explained by both: a) perception of crisis, and b) available household budget. In the first case, long-term crisis and risks have become an integral part of Serbian social structure. Šakan et al. (2020) have stated that Serbian population have not perceived the pandemic and the state of emergency as the main social risks that diminished their impact on changing the usual food purchase practices. Also, minor changes in food purchase practices could be perceived as a result of insufficient budget available to create larger food stocks. Changes in food purchase practices could also be linked to characteristics of eating practices. Namely, health risks, closed restaurants and bars, and frequent lockdowns during the pandemic and the state of emergency, have forced eating practices to be “back home” again (Čikić and Bilinović Rajačić, 2020). The research results on family practices have shown that cooking and eating at home are more frequent during the pandemic than usual, and re-domestication19 of cooking and eating practices have caused the increase in quantities of purchased food. The moderate increase in the amount of purchased food is also a result of familiar solidarity, especially important during the pandemic and the state of emergency (Čikić and Bilinović Rajačić, 2020).

Concluding remarks

Preliminary findings suggest that the pandemic outbreak has disrupted people’s established practices and strategies for managing daily life in the sense of either intensification of practices, from the division of household chores and care to the Internet use, or in the sense of the absence of certain habits and routines, when it comes to food practices.

Pandemic changed the routines in the organization of housework mostly in terms of care for the others, children or elderly. That was especially the case during the time when citizens were forced to stay at home and because of the absence of institutional support. Our preliminary conclusion is that the similar goes for trust: high average levels of interpersonal trust we detected, may indicate the changes in the routinized “tactics” of the everyday life, especially during the crisis. According to the The Balkans in Europe Policy Advisory Group (BiEPAG, 2020), misleading reporting, including by media close to governments, as well as misleading statements by governments themselves, have eroded societal trust, including citizens’ trust in the state. Furthermore, “the crisis has also given greater visibility to many structural weaknesses in the region”..., “while at the same time awakening civic consciousness and serving as a backdrop for increased solidarity among citizens” (BiEPAG, 2020: 3) as well as the levels of interpersonal trust.

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19 Re-domestication refers to the return of the food preparation and eating to the household. In pre-pandemic conditions they often took place outside the household (in restaurants, fast-foods, bars, etc.).
These all seems to be preliminary conclusions that need to be researched in more
detail in future. The key precondition for a positive relationship between citizens
and the citizens and the state is trust and this comes to the fore especially during
social crises. Furthermore, trust is the key dimension of social relations, not only
during the pandemic, but also in the processes of rebuilding the community and
“social immunity”.

Although we identified the trend of the increased Internet use on a daily
basis, the rest of our findings confirm just slight changes in the routines of
Internet use. Our respondents said that they use Internet to the similar extent as
before the pandemic. They only started to use some new applications and tools,
probably due to the need for reliable information.

When it comes to food practices, we identified just moderate adjustments.
The results show that food purchase habits among citizens have changed only
slightly. What is interesting however, is the re-domestication, especially due to
the introduced state of emergency and lockdown.

It seems that we witness many different, “locally rational responses to
uncertainty, or at least an attempt to use locally available resources to re-establish
sufficient certainty for practical action” (Dingwall et al., 2013: 168). In a study
about the societal responses to an existential threat, Strong (1990) has already
founded that “apparently bizarre behavior may be entirely intelligible once
it is understood how the world is routinely stabilized by language and social
institutions”. New diseases are not self-evident and do not direct the societal
response (Dingwall et al., 2013: 168; Strong, 1990).

Our research confirms that the pandemic makes social inequalities visible, in
terms of unequal distribution of care and housework, for instance. If sociological
researches so far have strongly confirmed anything about pandemics, it is that
when “health crises such as pandemics emerge, aspects of societies that might
otherwise be taken-for-granted or hidden, such as entrenched social inequalities
and social marginalization, often come starkly to the fore” (Lupton, 2020a:1;
Dingwall et al., 2013).

The ongoing pandemic makes it difficult to predict the course of events. Brief
overview of findings in this paper has identified some of the important
themes in the “sociological responses” to contagion. According to the cited
researches, it seems that COVID-19 pandemic shares some similarities with
previous pandemics, while it has many new and still unknown or insufficiently
researched features as well. In biopolitical terms (Marinković and Major, 2020)
for example, for the first time in history, we have side-by-side centuries-old
measures such as quarantine, and brand new ones, such as so called “digitized
quarantine” (Lupton, 2020b).

This pandemics seems to change the-world-as-we-know-it, and we are about
to see what kind of social and cultural adaptations to the “new normal” will
emerge. What is for sure is that it gives an insight into evolving social structures
and processes.
Acknowledgement

The authors received no financial support for the research, authorship, and/or publication of this article. Research was conducted by the Center for Sociological Research and approved by the Council of the Faculty of Philosophy in Novi Sad. We thank the anonymous reviewers for their careful reading of our manuscript and their many insightful comments and suggestions.

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