The material conditions of the city offer evidence of socio-territorial segregation. When sanitary measures to control the spread of COVID-19 were applied, those conditions made the extent of segregation in Santiago evident. Thus, the city, neighborhood, and housing scales open possible points of analysis to better understand the care crisis at the territorial level, where segregation and mutual support have been its main characteristics.

More than a year after the beginning of the pandemic in Chile, there is a consensus that its multiple dimensions, both social and urban, go beyond strictly epidemiological and sanitary variables. Among others, these include the importance of social relationships of care and the spaces in which they materialize. On the one hand we observe an exacerbation in the communication towards self-care and the individualization of different sanitary control measures. However, there is evidence of a collective scale and a socio-territorial geography of reciprocity, in which different forms of local social support has configured a new perspective in building communities and their neighborhood environment with important distinctions in gender.

Neighborhoods and housing experience new uses, perceptions, and practices. Although these occur in a context that amplifies the traditional socio-spatial inequalities that existed before the pandemic, they also exhibit particularities that are specific to their location in the city (in relation to furnishing, accessibility, and identity). These acquire another meaning and importance within the context of the pandemic,
especially regarding the deployed social practices and strategies for care. Specific socio-spatial dynamics are constituted in neighborhoods, which cannot always be reduced to known patterns of socioeconomic residential segregation, and which also show the importance of the local scale as a “structuring structure” (Bourdieu, 1999) of social relations of trust. These relations are necessary for the enactment of care and the fulfillment of confinement and physical distancing. In addition, gender differences appear as an important indicator of the relationship between the city’s physical and social spaces, as well as for the construction of diverse communities with specific and heterogeneous practices. These are eminently urban ones (Blokland, 2017), which recompose the sociable spaces and complicate the relationship between the neighborhood, the network, the community, and the built environment (Link and Greene, 2021).

The house and neighborhood scales show structural and persistent inequalities in terms of residential and gender segregation, which deepen social isolation and socio-spatial fragmentation. To account for this problem, we analyzed secondary-characterization data for the Santiago metropolitan area (SMA) through an index of socio-territorial conditions for control and prevention measures against COVID-19 (ISOT-COVID). In addition, we also collected primary data through a survey applied to a sample of 400 cases in the SMA and focus groups on neighborhoods that were representative of urban diversity. The characteristics and discourses of inhabitants are analyzed in order to consider the spatiality of care in the context of a health crisis and its limitations and strengths, as well as the challenges for post-pandemic cities.

Crisis and Spatiality of Care

The confinement highlighted a specific tension regarding gender roles and care in the domestic space, on the
house scale, as well as the importance of social relations at the neighborhood level, and the uses and functions of space in the immediate environment. However, the crisis of care is understood, prior to the pandemic, as a consequence in societies in which neoliberal capitalism separates economic production from social reproduction, distributing these functions unequally by gender, and making their value invisible (Fraser, 2016). In this context, the distribution of care tasks falls heavily on women inside the home, mainly those tasks related to caring after and educating children and the elderly, as well as food and household maintenance tasks. This generates new dimensions of poverty and gender inequality, regarding the use and availability of time (Barriga and Sato, 2021). For Fraser (2016:99), these activities “comprising both affective and material labor, and often performed without pay, [are] indispensable to society” and are enacted in spaces ranging from the domestic, to the neighborhood, and the city. Hochschild (2000) emphasizes this through the concept of ‘global care chain,’ which would go from the family itself, to the community, and to the nation, paying special attention to the need of increasing its value. From these approaches, the pandemic would make visible

the difficulties that large sectors of the population face in taking care of themselves, caring for or being cared for [as a product of a] destabilization of the traditional responsibility distribution model of care and a restructuring of the entire socioeconomic system, that did not alter the sexual division of labor within households or the gender segmentation in the labor market along with them. (Ezquerra, 2012)

Thus, we could understand the crisis of care as a new form of social inequality, with a gender component and a specific spatiality at different scales. In the context of the current health crisis, the neighborhood has been more intensively used, overcoming its exclusive bedroom function, and instead becoming a scale where care relationships are concretized. Since stocking up became a central aspect of pandemic concerns, one can identify new strategies and forms of local commerce, even neighborhood commerce, that fulfill the function of bringing commerce closer in a context of local confinement and, at the same time, reducing exposure to social contact in the big city. The neighborhood is revitalized given the imminent decline in the activity and functions of the central spaces of the city, especially during quarantines. Thus, what was previously resolved at the city level, began to be resolved at the neighborhood scale due to the pandemic. Vulnerable neighborhoods, whose use of local space is traditionally more intensive, were re-signified and oriented towards functional neighborhood collaboration. According to Moraga et al. (2021), in some more politicized neighborhoods, there is even a continuity of self-managed initiatives that gain strength during the social unrest, such as common pots or popular
health brigades, in which the role of women-dwellers appears to have a triple burden: caregivers, workers and leaders. For neighborhoods of middle sectors, the role of space is recalibrated towards the activation of commerce between neighbors, linked to entrepreneurship. This fulfills not only a function of home-delivered supplies, but also generates the basis for a previously non-existent kind of sociability (Link, Señoret and Valenzuela, 2021). Meanwhile, the high-income sectors discover the neighborhood as a safe space for both supply and recreation in small social bubbles, even more isolated from the rest of the city.

Thus, the neighborhood scale appears as a new dimension of socio-territorial differences. Especially when it is applied in different neighborhoods, either from their possibilities of self-sufficiency and connection with the rest of the city, as well as from their material and social capacities in responding to sanitary measures. The labors of care materialize mainly in the house and the neighborhood’s spaces, so the characteristics of the socio-territorial support on these scales are essential to understand their pre-disposition to confinement in pandemic times.

**Neighborhoods in the Metropolitan Area of Santiago**

To know the characteristics and capacities used at the neighborhood scale to deal with the confinement conditions, we developed an index of socio-territorial conditions for control and preventing measures of COVID-19, Isot-COVID (Valenzuela et al., 2021). It is a synthetic index built based on secondary data, in which three dimensions were considered: 1. Socio-spatial conditions which facilitate or hinder a safe confinement, such as the material quality of housing, overcrowding, and population density. 2. Circulation conditions, which facilitate or hinder safe mobility, such as travel times, use of public transport, and contact opportunities. 3. Accessibility conditions, that is, the capacities of accessing to services without the need for large trips, such as internet access, proximity to health centers, and the availability of nearby commerce. In this way, a total of 12 indicators were defined to calculate the index. Meanwhile, the geographical scale corresponded to the census area, which allows a heterogeneous disaggregation and functional equivalence to the neighborhood scale.

As one can observe in the Isot-COVID map [FIG. 1], the socio-territorial conditions at the neighborhood scale are very different in the city and have consequences on the real possibilities of maintaining the confinement measures and, therefore, stress the possibilities of materializing care. The distribution of Isot-COVID is spatially distinct from traditional social stratification – commonly represented in residential segregation maps –, since it groups variables into the three dimensions mentioned above. That is, these are different socio-territorial capacities to face confinement and physical isolation measures during the pandemic.
FIG. 1 Distribución de ISOT-COVID, Área Metropolitana de Santiago. Condiciones socio-territoriales para las medidas de control y prevención del COVID-19, índice general. / ISOT-COVID distribution, Santiago Metropolitan Area. Socio-territorial conditions of COVID-19 preventing measures. Fuente / source: Observatorio de Ciudades uc
Although, there is a similar distribution pattern regarding the distinction of a high-income cone in the eastern side, as well as areas of greater social vulnerability and lower socio-territorial capacities in the southern and north-western areas of Santiago, there are large middle sectors with good locations in terms of urban capacities to face the pandemic, mainly in the pericenter and along the mobility axes. There are also areas of high socioeconomic level with lower socio-territorial capacities, which could somehow explain the socio-spatial isolation of some groups. In this context of socio-territorial inequality, the construction of communities and social ties at the local level appears as an alternative response to the structural conditions of the big city.

**Practices and Uses of Neighborhood Space**

As showed by the following charts (FIG. 2) – the result of a representative survey applied to the inhabitants of the SMA –, the groups with the worst socio-territorial conditions in the indicator are those with a higher frequency of outings, be it to work or to run errands. The departure to assist someone else, as well as the use of public transport, show a variable distribution for each group, but it is considerably high during the quarantine period in which the survey was applied.

Regarding supply activities (FIG. 3), there are high percentages of purchases in neighborhood stores, without large differences by groups. This is very different from pre-pandemic practices, in which higher-income
Groups used to frequent local commerce far less. On the other hand, take-out and online purchases are evidently higher in sectors with better socio-territorial conditions and higher incomes.

Although the differences above reproduce patterns and practices that could be observed prior to the pandemic, the following chart [FIG. 4] shows the social support activities declared in the different groups. In this case, the sectors with the worst socio-territorial conditions show higher percentages in practically all the activities consulted. This distribution highlights a high percentage in groups with better conditions that declare to support or care for someone who did not require their help before.

The neighborhood scale shows the challenge and the current need for understanding the urban coexistence logics and the daily interactions that contribute in producing the space, in order to identify how the characteristics of the built environment at different scales impact on the differentiated possibilities of social interaction and, specifically, of care relationships.

**Housing, Neighborhood and Gender Roles in Caregiving Tasks**

Gender differences are important when viewing the consequences of the pandemic on different local practices. These differences are also manifested following the socio-territorial capacities of the different neighborhoods in the SMA, being larger in the neighborhoods with lower capacities.
For example, in relation to using the neighborhood to go out and walk, women declare a higher frequency before the pandemic than men (40.4% on every or almost every day versus the 34.9% of men). But, at the same time, this has decreased with greater intensity for them during the pandemic (73.3% of them go out less frequently than before versus the 69.4% of men). The same happens regarding purchases in the neighborhood, where women show a 65.9% decrease in frequency versus the 60.7% of men. That is, they have maintained a stricter confinement, but they are parallelly more connected to their neighbors, they trust them more (17.2% women versus 12.3% men) and have also built more networks of mutual support than men. For example, in aid through favors (48% versus 38%), caring for people who previously did not require help (28.1% versus 26.7%), financial support for people who did not previously require help (71.9% versus 64%) or making financial contributions to common pots, fundraisers or other types of initiatives (80% versus 70.5% of men).

On the other hand, data from the inhabitants of neighborhoods in the districts of Santiago, Lo Barnechea, Independencia, and La Pintana, surveyed through a virtual focus group application between March and May 2021, reveal how socio-territorial conditions have given importance to the neighborhood scale when analyzing care during the pandemic, confirming how the care crisis has intensified regarding the unequal distribution of work at home, which presents differences by social sector and socio-territorial...
conditions. For example, the health care collapse in some neighborhoods has forced care labor inside the neighbors’ homes, to take local leadership, and to promote help among each other. The care crisis has been exacerbated by mental health issues: anguish and uncertainty have led to greater non-compliance with confinement measures. The reports have confirmed that, regardless of socioeconomic status, the confinement has mainly led mothers to go out with their children to squares or parks to interact with their neighbors in passages, streets and/or condominiums trying to respect physical distancing and to use a mask and hand sanitizers. The neighborhood appears then as an opportunity to find a recreation space, without having to leave the communes or contact a city vetoed by the confinement measures. Thus, the disposition to confinement and the socio-territorial capacities have direct implications in self-care.

The health crisis and the confinement enhanced the role of social leaders in the different neighborhoods consulted. New forms of community support emerged for different tasks, producing a perception of neighborhood solidarity. This occurred especially in sectors with greater supply problems, in which timely support from municipalities was more limited. In these contexts, for example, common pots have been activated as a strategy to solve basic needs at the community level.

Regarding how the pandemic has specifically intensified the care crisis, it is possible to verify that there is greater capacity for negotiation, on the part of household members in terms of gender, in the middle and upper sectors, than in the popular sectors. The domestic scale has influenced family relationships during the pandemic, forcing its members to generate adaptation processes to respond to daily activities and to the pressures generated by confinement. Likewise, the support of family networks can be seen in different areas, such as the economic, the affective, and in caring for family members with health problems. The surveyed data shows that domestic work and care labors, although mostly attributed to women, have received a greater collaboration from men during the pandemic. But, regardless of this, women are experiencing exhaustion due to the multiple roles they have had to assume during this crisis.

Specifically, some focus groups carried out with young men from lower resources sectors, show how there is an awareness on their part regarding the care management carried out by mothers and wives, both day-to-day care labor and generated from special health conditions, as well as in the economic administration of the home. In fact, their declarations show a renew appreciation of women’s historic work. The interviewees indicate that they give their income to their mothers or sisters so that they can take care of getting supplies (through farmer’s markets or supermarkets). In most of the focus groups, women took charge of domestic work and, although there are testimonies of exhaustion, in general, these tasks were not put into question:
Well, it is pretty obvious that one should do the house chores, to fulfill the woman role, I think there’s no need mentioning it. (Woman, 25 years, La Pintana)

My mom is the one who takes care about all that, she brings all the supplies, but she is the one who provides, she is also the one who manages that. (Man, 18 years old, La Pintana)

In other words, they are aware that women are in charge of domestic and care labors while men are supporting and collaborating with those tasks:

In the house, sometimes, when I’m feeling well and rested, I help my mother to sweep or do the dishes, house chores from the day to day, in the end, that’s work too. (Man, 18 years old, La Pintana)

It is interesting that the only focus group where this idea of helping women in household chores was questioned was that of high-income mothers in Lo Barnechea. In this group there are testimonies in which women demand greater co-responsibility, even though they assume to manage such responsibilities. And even with that awareness, they are the ones who take care of feeding, entertaining, and teaching their children.

For all sectors, it is clear to reconcile these tasks with paid work. While for some women it is already difficult to accommodate work, care, and household chores, for those who have a precarious employment situation, without benefits or social security, it is even more difficult to comply with confinement. In fact, it is possible to confirm this gender inequality in the midst of the crisis, on the testimonies of women who had to leave their paid jobs precisely because the confinement did not allow them to resort to their close support networks to delegate care work.

I was out of work, the truth is that, with the pandemic, with the children returning to school, I [...] retired because I had nowhere to leave Mateo [...] until, thank God, Mateo returned to the four-to-seven program, I started looking for a job and finally got one. (Woman, Town of Lo Barnechea)

In short, in the midst of the care crisis, on the one hand, the neighborhood appears as an important scale of coexistence, as it offers possibilities of satisfying basic needs, of consumption in the small scale, and of public space use. But it also allows to maintain care, for example, through physical distancing, which becomes more relevant in periods of strict confinement.

Conclusions
The challenge produced by the care crisis in the city asks us to understand how space influences social practices (Dovey, 2005) at the neighborhood and domestic level, in a context in which communities are being configured through daily urban practices (Blokeland, 2017). In the
Ma, the different socio-territorial conditions with which people face the pandemic configure unequal spaces on a neighborhood scale, which determines the construction of social and reciprocity ties. Structural differences affect these links and reinforce their historical inequalities. However, the neighborhood space also emerges as a scale of containment and mutual support, allowing to formulate strategies for a post-pandemic city. Without structural changes, many groups have socio-spatially re-organized themselves to establish supply, work, and care networks in areas of small size and proximity. However, this type of atomization can exacerbate socio-territorial fragmentation, reproduce women’s seclusion to the neighborhood sphere, make the unequal distribution in care roles further invisible, and undermine social cohesion. The study results pose the challenge of moving towards a “caring city” (Segovia, 2017) which recognizes the demands of appreciating domestic work and enhances the economic autonomy of women by posing a challenge for local policies of housing, neighborhood, and city, aimed at the attention of priority groups within the framework of greater inclusion and social equity. ARQ * This article is a product of the 0584 ANID-COVID project. The authors acknowledge the support of the centers 15130009 ANID/FONDAP Centro de Estudios de Conflicto y Cohesión Social (COES) and 15110020 ANID/FONDAP Centro de Desarrollo Urbano Sustentable (CEDUES).
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