Social Sciences and Inequalities in the New Post-COVID-19 “Normal”

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Abstract

The pandemic caused by COVID-19 (either through its direct effects by the disease it causes or the measures taken in an attempt to control its spread) had, and still has, a profound effect at several levels beyond the medical, such as the economic and social, political, scientific, psychological, educational, legal and religious levels, among others. However, studies demonstrate that this influence has not been the same for all due to old inequalities and also the emergence of new inequalities. In this letter to the Editor, the authors discuss some of the contributions of the Social Sciences to the understanding of social inequalities in this new post-COVID-19 “normal” through the mobilization of relevant literature and also their experience in analysing COVID-19 with the eyes of the Social Sciences, notwithstanding their plurality. The results of this analysis allow concluding that the Social Sciences can make a very relevant contribution – in an interdisciplinary way – to the understanding of this phenomenon of the relationship between COVID-19 and inequalities based on socioeconomic factors with the aim of increasing social cohesion and social justice.

Keywords: Social Sciences, COVID-19 pandemic, inequalities, intergenerational inequalities, equality of opportunity, new normal, socioeconomic factors, social cohesion

1. Introduction

The world has fully realized the extreme change caused by the measures to combat the COVID-19 pandemic (caused by the Severe Acute Respiratory Syndrome Coronavirus SARS-CoV-2), such as social distancing, social isolation, quarantine, lockdown, closures, and now vaccination. This array of measures has caused profound and multiple implications in various areas, namely the social, economic, political, health, scientific, psychological, educational, legal, religious, and digitalization of society, among others (British Academy, 2021; Clark, 2021; Farooq, 2020; Aristovnik, Ravšelj, & Umek, 2020; Silva, 2020; Ferreira, 2021; Neves & Sobral, 2021; Cheng, Pellegrini, Zhou, & Cheung, 2020; Quan,
2020). These actions potentially affect vulnerable populations, according to their different contexts and characteristics (Rudnick, 2020; Cheng et al., 2020; Peralta, Carvalho, & Esteves, 2021; Mamede & Adão e Silva, 2021), as well as social cohesion itself (Jewett, Mah, Nicholas, & Larsen, 2021; Banki, 2021; Sonekar & Ponnaiah, 2020).

In this context, both old and new inequalities, in several dimensions, have been enhanced (British Academy, 2021; Medeiros, 2021; Ferreira & Serpa, 2020, 2021), which generates profound challenges (Ferreira & Serpa, 2020; Flecha, 2020).

All this motivated this paper to the Editor, whose purpose is to offer an insight on the contributions of the Social Sciences’ role in the apprehension of social inequalities in this new post-COVID-19 “normal”.

2. COVID-19, Social Sciences and Inequalities

2.1 Intergenerational inequalities and COVID-19

The COVID-19 pandemic was envisaged, in practice, as a kind of monopoly of the health sciences (Zhang & Huang, 2021; Aristovnik et al., 2020). However, the relevance of the Social Sciences in studying and understanding these pandemic processes is acknowledged by several authors (Bardosh et al., 2020; Aristovnik et al., 2020; Ferreira & Serpa, 2020, 2021). The Social Sciences, as a form of specific scientific knowledge in their theoretical and methodological plurality, analyse a “holistic engagement with social, cultural, historical, economic and political factors as they affect, and are affected by, disease outbreaks, epidemics and pandemics” (Bardosh et al., 2020, p. 3). Thus, it is a relevant component in the understanding of the pandemic, inasmuch that social behaviours are closely related to collective representations (Feierstein, 2021).

It follows that, as a social process, pandemics do not exert the same influence on all social groups (Feierstein, 2021; Medeiros, 2021). For example, on vaccination, Kos and Tašner (2021) found in their study that the worries about the COVID-19 vaccine, on the one hand, and, on the other hand, the feeling that it was paramount to take it were closely linked to the individuals’ political stances, as well as to demographic factors. The most reluctant individuals were politically conservative and had low fear of COVID-19. These individuals were mostly female, had low academic qualifications, pertained to younger age groups, had lower income and, in terms of ethnicity, were non-white.

The COVID-19 pandemic raises profound challenges also in terms of its consequences, which potentially shape old but also new social inequalities, such as health, social class, gender, race, ethnicity, education, disability, social exclusion and poverty, stigmatization, and the growing digitalization of societies (Reiss, 2020; Silva, 2020; British Academy, 2021; Serpa & Ferreira, 2021; Ferreira & Serpa, 2020; Gugushvili, 2021; Rimmer, 2020; Pearson & Reddy, 2021; Ali, Asaria, & Stranges, 2020; Mamede & Adão e Silva, 2021). These inequalities caused by COVID-19, already labelled as an “inequality virus” (Berkhout et al., 2021), are felt in specific aspects, such as scientific production, with clear gender inequalities, insofar that women publish significantly less than men compared to what happened before the pandemic (MacArthur, Cox, Egan, & Komer, 2020).

For example, in the articulation between education and the acceleration of digitalization in society and, consequently, also in education, through – among several other elements – online teaching (Science Insights Education Frontiers, 2020; Cheng et al., 2020), there is an unquestionable inequality in terms of the access to electronic instruments with Internet access and/or the competence to use them (Sá & Serpa, 2018, 2020, 2021; Silva & Gomes Filho, 2020; Cheng et al., 2020), which foster digital divides (Burke, 2020).

In short, the COVID-19 pandemic not only made existing inequalities more visible but also amplified them and created new inequalities, essentially in the most vulnerable groups in the social hierarchy (Carmo, Tavares, & Cândido, 2020; Acuña Ortigoza, 2021; Thomeer, Yahiron, & Colón-López, 2020; Warren & Bordoloi, 2020; Aguilar-Palacio et al., 2021; Ali et al., 2020; Wang et al., 2020; Stok, Bal, Yerkes, & de Wit, 2021; Gugushvili, 2021).
There are several examples, whether articulated or not, of intergenerational inequalities that are reproduced over time and have been enhanced by the COVID-19 pandemic (Carmo et al., 2020; Stok et al., 2021; O’Keefe et al., 2021; Cheshmehzangi, 2021), in a sort of vicious cycle, fostering the creation, within the same social groups, of new inequalities, such as the institutionalization of racism, sexism and the gender divide (Gugushvili, 2021; Farquharson & Thornton, 2020; Warren & Bordoloi, 2020; Wang et al., 2020; Lazonick, Moss, & Weitz, 2021; Bann et al., 2021; Pereira, Pedro, Mendes, Duarte, & Silva, 2021), ethnicity and disability (Burke, 2020; Katikireddi et al., 2021). This is the case of the studies on BAME (Black, Asian, and Minority Ethnicity) and social class (Burke, 2020), immigrants and disabilities (Warren & Bordoloi, 2020), ageism (Warren & Bordoloi, 2020), which often intersect with each other in a socio-historical perpetuation (Wang et al., 2020; Warren & Bordoloi, 2020), with profound influences on the individual's potential future social and economic path. There are several reasons for these social inequalities in the impact of COVID-19, depicted in Table 1.

Table 1: Schematic overview of reasons for social inequalities in the impact of COVID-19

| Reason for inequality                              | Brief explanation                                                                                                                                                                                                 |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pre-existing health conditions                     | Underprivileged communities in socioeconomic terms and from racial and ethnic minorities are more prone to having pre-existing chronic health conditions, which entail a higher risk of morbidity and mortality associated with COVID-19 by these groups. |
| Fewer opportunities for supporting the immune system| Underprivileged communities in socioeconomic terms and from racial and ethnic minorities normally have few opportunities to rest, exercise, have healthy meals, and avoid and deal with stress. These conditions stimulate the immune system and can help mitigate the effects of COVID-19. |
| Lower health literacy                              | Underprivileged communities in socioeconomic terms and from racial and ethnic minorities usually have lower health literacy, which makes them more unprotected from misinformation and less oriented towards following the measures of prevention and protection. |
| Access to suboptimal health care                   | Underprivileged communities in socioeconomic terms and from racial and ethnic minorities more frequently have poor-quality health care insurance and access to health care and, consequently, more frequently receive insufficient health care. |
| Less opportunity to follow preventive and protective measures | Underprivileged communities in socioeconomic terms and from racial and ethnic minorities have increased difficulties in working from home, keeping social distance in the workplace, self-isolating and complying with prevention measures. |

Source: Adapted from Stok et al. (2021, p. 3)

Without being deterministic or fatalistic, all these inequalities also hinder the implementation of mitigation and control measures for this pandemic on the part of some of these communities (Raitano, 2015). Katikireddi et al. (2021) offer six suggestions of measures to be implemented, which consist of “(1) differential exposure to the virus; (2) differential vulnerability to infection/disease; (3) differential health consequences of the disease; (4) differential social consequences of the disease; (5) differential effectiveness of pandemic control measures and (6) differential adverse consequences of control measures” (p. 1).

These processes of intergenerational inequality transmission, which are shaped by the COVID-19 pandemic and affect, in particular, the most vulnerable individuals (Raitano, 2015; Gugushvili, 2021), can call into question social cohesion itself (Burke, 2020).

From all the above, there is an “inequality pandemic” (Attanasio & Rajan, 2020, p. 1), which reinforces social inequalities by affecting individuals in situations of greater vulnerability (Firmino da Costa, 2020; Tavares & Cândido, 2020).
2.2 Social Sciences and COVID-19 social inequalities

In a very pertinent study by the British Academy (2021), titled “The COVID decade: Understanding the long-term societal impacts of COVID-19”, it is possible to find several challenges to address. The study puts forth a set of seven policy goals to shape a COVID decade, depicted in Table 2.

Table 2: Seven policy goals to shape a COVID decade

|   |                                                                                           |
|---|-------------------------------------------------------------------------------------------|
| 1. | Build multi-level governance structures based on empowering participation, engagement and cooperation to strengthen the capacity to identify and respond to local needs. |
| 2. | Improve the way we develop, share and communicate knowledge, data and information to enable all decision-makers to work from shared understanding of the facts. |
| 3. | Prioritize investment in digital infrastructure as a critical public service to eliminate the digital divide, improve communication and joint problem solving, and create a more equitable basis for education and employment. |
| 4. | Reimagine urban spaces to support sustainable and adaptable local businesses, amenities and lifestyles. |
| 5. | Create a more agile, responsive education and training system capable of meeting the needs of a new social and economic environment and acting as a catalyst to develop and enhance our future. |
| 6. | Strengthen and expand community-led social infrastructure that underpins the vital services and support structures needed to enhance local resilience, particularly in the most deprived areas. |
| 7. | Empower a range of actors, including business and civil society, to work together with a sense of social purpose to help drive a solid strategy for recovery across the economy and society. |

Source: Adapted from the British Academy (2021, pp. 7-9)

These “Seven policy goals to shape a COVID decade” can only be successfully addressed if there is a systemic analysis. According to the British Academy (2021), it is and will be paramount to bring together different types of knowledge, in particular the knowledge from the Human and Social Sciences, as societies overcome the health crisis but have to address the social, economic and cultural impacts brought about by the pandemic.

3. Conclusion

The analysis that substantiates this letter to the Editor allows concluding that the contribution of the Social Sciences to the understanding of social inequalities in this new post-COVID-19 “normal” is pivotal (Silva, 2020; Farooq, 2020; Bardosh et al., 2020; Nasir et al., 2020; Wang et al., 2020; Flecha, 2020), in a logic of interdisciplinarity among several scientific areas (Lehmann et al., 2021; Reiss, 2020; Firmino da Costa, 2020; Tavares & Cândido, 2020).

This is both a need and an opportunity for the Social Sciences to show their usefulness in the dimension of the implementation and social impact for complex problems. It seems extremely pertinent to consider the words of Nisa and Belanger (2021) when the authors sustain that the Social and Behavioral Sciences may have missed an opportunity brought about by the pandemic caused by the SARS-CoV-2 virus. Indeed, if there had been the coordination of efforts between these sciences to objectively and concretely guide the implementation of preventive health behaviours on a global scale, the merits of the Social Sciences would have been more evident.

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