The COVID-19 pandemic led us to understand and revalue care ethics within our daily lives and communities based on the feminist theory of care ethics. This article is a personal reflection of an academic couple living in Japan as we reflect on our experiences and the challenges encountered in caring for ourselves and our community. We discuss the ideas of care theory mainly: caring-about and caring-for, interchangeably in our discussion across the three-stage categories: Home — A Commonplace; Care Ethics in Community; and Care Ethics for Self. Through these personal narratives, we strive to recognize the struggles of living through the pandemic in a virtually connected world that often disconnects us from self. We foster the idea of embracing care ethics as a starting point at an individual level.

**KEYWORDS**
COVID-19, community, care ethics, social media, self-care

1 | BEGINNING

It has already been two months since the World Health Organization’s (WHO) alert of the unimagined pandemic that has changed our lives. Thrilled about the opportunity to express our unique experiences and reflections during the unprecedented times of COVID-19, my husband, who is currently a master’s student, and I, a recent master’s graduate as of March 2020, wrestled to weave our narratives to the theme ‘Feminism in the Times of Pandemic — Reflections and Experiences around COVID-19 and Beyond’. We foreground our discussion in a broader view of feminism, as reminded by sociologist Raewyn Connell’s keynote speech at the Gender, Work and Organization (GWO) Sydney conference in June 2018,
the new generation of scholars [needs] to be bold. Don’t get stuck in familiar models of gender, not even mine. Share your ideas and findings, and work cooperatively. Feminist movements have flourished the more they have worked as collectives, however informal or imperfect. (Gao & Sai, 2020)

We are inspired by this feminism and a new stream of academics entering academia, brazenly exploring distinctive sensibilities as a couple and as individuals, based on the tenets of feminism. This personal reflection is based on Nel Nodding’s care ethics and draws references to our lived experiences of dynamic forms and idiosyncratic practice of care ethics during the pandemic.

2 | CONTEXT — LIVING IN TOKYO DURING COVID-19

We are an Indian couple living and studying in the luxuriant suburb of Hachioji, western Tokyo, for the past two years. Living in Japan, our experience probably was not as rough as compared to individuals in countries such as China, Italy, UK, India, United States and others. We want to acknowledge that we would not be able to entirely fathom the predicament of individuals in other countries with stringent lockdown restrictions. Japan, on the contrary, tested our self-restraint and consideration.

Japan’s strategy to fight COVID-19 has appeared mysterious for many during this time. It is assumed that initial cases of the virus were reported in early February with the arrival of the cruise ship Diamond Princess in Tokyo prefecture. Whereas, many are oblivious to the fact that the first case of the novel coronavirus 2019-nCoV (second confirmed case outside China) reported 16 January, was a person who travelled to Wuhan, China (WHO, 2020). Little evidence is available on the pre-existing cases in Japan before the arrival of the cruise ship in the domestic or international media; nonetheless, a source reveals the existence of 14 cases — exacerbating a surge in the number of cases across different prefectures (Penn, 2020).

Even as the cases rose in number, due to the country’s strict post-war constitution on protecting civil liberties, ‘a lockdown is impossible’, said Tokyo’s Governor (Okutsu, 2020). On 6 April, a state of emergency was announced in Japan for seven prefectures, including Tokyo, giving the governors of the prefectures the authority to impose their actual measures with no legal binding (The Asahi Shimbun, 2020). In addition, Prime Minister Abe’s government was reluctant to impose restrictions due to the severe economic repercussions that could follow from stringent measures (The Asahi Shimbun, 2020).

The term ‘lockdown’ has been used by many politicians and the media in Japan. This has created misunderstanding because the English-language equivalent implies the kind of lockdown under a national state of emergency that has been put in place in other parts of the world, especially in the United States, Italy, Spain and China (Johnston, 2020). Public schools in Tokyo were closed; while, essential services including banks, grocery stores, postal services, pharmacies and utility companies remained open (The Asahi Shimbun, 2020). In addition, public transport was operational. Although requests for closure of non-essential stores and businesses were made, nonetheless, several remained open. In the absence of legally enforced closure of public and private facilities, we, as citizens, experienced a self-imposed position of being considerate and mindful of each other, needing to make decisions wisely.

Japanese society is not unfamiliar with the idea of consideration. Social habits in Japan, such as wearing masks and adhering to rules, requests and advisories made by the government for public welfare, are mainly followed with due diligence. This hope was affirmed by the Tokyo Governor who lauded the past behaviour of Japanese people in exhibiting a high spirit of mutual cooperation (Okutsu, 2020).

As the pandemic raged unabated and with little control of our external situation, we were beginning to grasp the potential risks involved of keeping an open economy. Reading about the fatal impact of the virus especially in Italy and the United States, we felt the need to keep ourselves abreast with the latest and most trusted information.
Amidst the growing noise and tensions on the rise in 'numbers', I submitted my final master's thesis, followed by my husband's three-week-long travel to the United States and Brazil for his research presentation. This period provided time for preparation of our care instincts.

**Mandeep:** Although there was skepticism linked to the wide spread of the virus, because it appeared to be limited to Asia the decision to continue with travel plans was made. I flew to Los Angeles to present my research paper. Upon arrival in the U.S., the clouds of apprehension disappeared as I found no measures of caution against the virus in place. It seemed no one had a clue about what was awaiting them. As I continued to roam-around, wearing a face mask, I was looked upon with suspicious eyes that yelled, 'Stay Away from that sick person', even though I intended to protect others due to my travel from Japan. Following the presentation, I flew to Sao Paulo, Brazil, where I was scheduled to stay with a friend and his expectant wife. As Brazil had not yet experienced any COVID cases, Brazilians were oblivious to the precautions taken in Japan and other Asian countries and wanted to hug and kiss. Brazilian hugs and kisses are famous for their warmth. However, on my insistence, the hugs were delayed until I had showered, changed, and freshened. Also, I immediately washed all my travel clothes used during the trip. Within a week of my stay, the first case of COVID was reported in Brazil. It was a man who had just returned from Italy and that was the start of emotional turmoil. Even though my friends didn't hesitate to have me stay in their home, I felt a strong desire to move out due to the high risk involved in affecting the mother and the baby.

Meanwhile, in Japan, the situation changed from one day to another with the issuance of new advisories made by the government to avoid large gatherings and closed spaces. In early March, after three weeks my husband returned to Japan via a long-haul flight traversing Brazil–Panama–Los Angeles–Dallas–Tokyo. The day he arrived, we sanitized his baggage, shoes and clothes before he entered our home. In less than 20 minutes of his return, I experienced a scratchy throat with strong pain. Afraid of what it could be, we decided to self-quarantine for a week. At this point there were no immigration guidelines issued by the Japanese government. It was a self-imposed decision. Two days later, as the throat pain persisted, even though I didn't have any other symptoms, I consulted with the university doctor on campus. Although it was spring break and the university was closed (February–March), the medical centre was functional to support students. I felt anxious approaching the doctor and the assisting staff due to their advanced age. The information that was known about the virus at the time was that older people were at a greater risk (Arbaje, 2020). I was examined and found to have no fever or any other symptoms. I also briefed them about my husband's travel history. With concern on his face, the doctor administered a general flu treatment and asked us to monitor my symptoms for a few days. We decided to once again quarantine, and I improved in a few days. This decision came from a place of being cognizant of the Japanese ageing population and knowing little about the unpredictable nature of the novel virus. This made us extremely cautious, questioning — what if we were asymptomatic carriers? Thus, treading cautiously.

**4 | INTO THE PANDEMIC ACTION — EXPANDING THE ETHICS OF CARE BEYOND INTO OUR NEW REALITY**

The emergence of the pandemic has changed our 'normal' and how we perceive our everyday reality, focusing on the ubiquitous nature of care. Aligned with the Theory of Care, we felt compelled to view and dig deeper into practising care, in our lives and those of others. We contest the claims in care ethics within the feminist theory that reinforce the idea of traditional gender roles, which suggests that women tend to emphasize empathy and
compassion more than men. We argue that care ethics are not gendered and present our resistance to the prejudices inherent in patriarchy through the feminization of care work.

Nel Nodding (2002), in her research on the ethics of care, revealed the findings from an anthropologist that suggested, ‘what appears everywhere, is the desire to be cared for’ (p. 12). She further explains,

The key, central to care theory is this: caring-about (or, perhaps, a sense of justice) must be seen as instrumental in establishing the conditions under which caring-for can flourish. Although the preferred form of caring is caring-for, caring-about can help in establishing, maintaining, and enhancing it. Those who care about others in the justice sense must keep in mind that the objective is to ensure that caring actually occurs. Caring-about is empty if it does not culminate in caring relations. (Nodding, 2002, pp. 23–24)

Caring-for and caring-about are ideas that have come to further our understanding through this paper’s medium. However, it is in retrospect that we observed the interlinkages of different threads. We perceive our urge to care for individuals during this time was derived from an umbrella desire of care-about.

Recognizing and being mindful of the implicit desire to be cared-for, we classify our experiences during the pandemic into three categories: Home — A Commonplace; Care Ethics in Community; and Care Ethics for Self. The three categories are similar, yet distinct to Carol Gilligan’s (1982) three-stage model of EoC (ethics of care): Pre-conventional Stage — women are focused on the self; Conventional Stage — women focus on their responsibilities towards others; and Post-conventional Stage — women see themselves and others as independent.

5 | HOME — A COMMONPLACE

My husband joined me in Japan in 2019, and we live in a 24-metre square apartment in Tokyo, which is reasonably bigger than my previous 8-metre apartment, where I lived alone until he arrived here. A state of quarantine helped us to recognize both aspects of having a shared space 24/7 — we were happy that it wasn’t a big enough living space that demanded a rigorous cleaning schedule; at the same time, it was a constrained work space to move about with multiple activities while my husband started his graduate studies from mid-April.

At the beginning of quarantine, I was perplexed contemplating the division of housework, with a greater load on me, as this year also was my husband’s final year of graduate school which demanded arduous coursework along with his ongoing research. We both knew this was not going to be easy, especially since cooking Indian food at home is a draining process, even with simple meals. We decided to support each other in multiple ways. Despite amplified coursework and a disproportionate study routine, my husband stepped-up, and together we created a favourable housework load sharing plan. The reasons behind his response were realized as a result of this article.

Mandeep: Post my wife’s graduation amidst the pandemic; I noticed her mounting stress due to managing housework and our studies/engagements. The stress might have also been a result of the social pressure to secure work opportunities post-graduation, and the pandemic did not make it easy. Thus, I responded by being proactive in household chores. Cleaning dishes, preparing breakfast, laundry, etc. became part of our daily cycle. In a conversation for this paper, she acknowledged the difference. It is only in retrospect that I recognize that my response and actions were to care for her hidden longing for an equitable workload and comfort. However, gradually, she undertook more academic work and other voluntary assignments, and we reorganized our ways of working. Being open to re-negotiate our terms of work division led us to an informal settlement on the kind and amount of work each of us was willing to perform.

However, for us, home has been beyond the division of labour, which came to light during the pandemic. The aspect of care that is often associated with an act or responsiveness to the overt needs of others, however, we experienced responding to the unexpressed emotional needs of each other, what Nel Nodding attributes to ‘cared-for’ at the subconscious level. For instance — while we both had our individual activities lined up throughout the day; yet we began
discussing our deepest thoughts at the oddest times — while having meals together, washing dishes and cooking. These discussions were not merely the sharing of facts but thoughtful dialogues. We made an effort to listen to each other’s concerns. Between the two of us, I am more insistent on having our separate time for sharing, as compared to past times where we both had separate commitments. However, now that we both were together all the time, I was surprised how we had made this transition and the ability to connect and be considerate of each other’s needs. Regardless of how mundane these actions may seem, they have served as a lifeline for a stronger and more mutual coexistence. Each day, we have grown to respect and admire one another more, and the cultivation of patience, acceptance and understanding has had a cascading effect on our ‘new community’.

6 | CARE OF ETHICS IN COMMUNITY

Our frontline caregivers — doctors, nurses, janitorial staff and several essential workers — have served as the pillars of the world during the pandemic. However, it was essential for each of us to identify our role as a pillar in supporting and caring for communities.

Even before Japan announced a month-long state of emergency on 6 April 2020, we were already in self-quarantine with the exception of buying essentials. However, it became challenging, especially when others in our community not only continued to meet and interact, moreover called us ‘non-social’ for refusing to interact! It was baffling to us the incomprehension of the gravity of the situation within our network — mostly international individuals. However, with the increasing infection rates in Japan, individuals themselves had to exercise prudence and reasoning before stepping out. For us, this was a decisive time to practice active mindfulness by responding with care to the needs of our friends, for their safety. While we could actively refrain from the planned scheduled meets; we could not evade unplanned grocery or walk encounters when they would jump to hug us, and we felt at a loss on how to respond.

6.1 | Challenges of virtual communal care

Nodding’s care-for is understood as an attentive physical/face-to-face response to the needs of others, however, recognizing them in current times changed from a physical act to a virtual one that tested our patience and emotional intelligence.

Even though social distancing implied physical distancing and not social disconnect, for someone like me who appreciates one-on-one/personal/intimate group interactions as opposed to large lost-in-crowd gatherings, to feel connected while maintaining a virtual social bond became difficult. However, those intimate groups became virtual; while the world quickly found a substitute for ‘human-absenteeism’ in the form of Zoom and other virtual platforms. Nonetheless, I struggled to connect with individuals virtually, let alone create new connections. I have appreciated the use of technology that bridged the distances and became a lifeline for many, to combat loneliness. Momentarily, I began to find attachment to detachment in the dearth of a physical space where a sense of spirit, life and comfort of everyone involved can be sensed. Doing this virtually was exhausting, uncomfortable and inexpressive. In some cases, video conversations diverted one’s attention from the exchange to observing oneself. Was one displaying appropriate expressions/reactions to convey one’s intent? At other times, to be under pressure to keep holding a smile. This was more prevalent in a dyad exchange. Nevertheless, conscious of the insidious nature of losing one’s guard on detachment, I persisted to not fall into my solace trap. Even though I was not living alone, nonetheless, I was struggling with these feelings. I could only imagine the state of individuals living by themselves.

Although, both my husband and I have been acclimatized to being connected with our families online, as we have been living outside India for more than five years now, having all our communities become virtual was a jolt that I experienced during the course of the pandemic.
6.2  |  Caring-about emotional strength of community

It has been a surreal experience when it comes to understanding community during this time.

One of the basic distinctions Nodding makes between caring-about and caring-for is the aspect of direct caring. Caring-about moves from the face-to-face world into the larger public realm. She calls caring-about as ‘too easy’ and involves a benign neglect with its limitation to attentiveness (Nodding, 2020, p. 22).

For us the caring-for was engendered from a larger desire of caring-about for our friends and families. However, the key focus wasn’t us — the carer who wanted to care, it was a response to the unstated/unfamiliar apprehensions of our friends and families and at the same time, an attempt to protect their emotional wellbeing amidst the contagion.

6.2.1  |  Family

Lockdown in India has been distressing for many. Especially those struggling with pre-clinical psychological conditions — like my brother. Each day there is a conscious effort to listen to him, his uncertainties and concerns. Each day is different — to explore new ways to restore the purpose of his life back in him. There are days that I would speak with him in the morning to ensure he has a fairly less troubled day, however, there are days I fail miserably. There have been successful dialogues with my parents, especially with my father to gain his cooperation towards together protecting each other’s psychological wellbeing.

Mandeep: Though I had always been in close touch with my family understanding their daily activities and health; however, in past they have often expressed their preference of my return to India and to be ‘cared for’. With time, the frequency of this conversation has reduced. However, the lockdown restrictions placed for COVID-19 in India were very stringent that even seeing one’s next-door neighbor was out of the question. Thus, being next door or miles away was irrelevant. This stretched the boundaries of ‘cared for’. Nodding describes that feelings of ‘caring about’ can help in establishing, maintaining, and enhancing ‘caring-for’. Severity of the growing risk enabled a series of dialogues around their personal state of mind, and sensibilities. The connection that was developed, allowed us to discuss issues such as viewing household chores as collective as opposed to solely women’s work.

6.2.2  |  Friends community

We reached out to our friends (via online mediums), especially the one’s staying by themselves, to check on their financial, familial, emotional and mental health conditions. We wanted to ensure they were not struggling alone and made ourselves available for conversations. Mutual support became an integral part of navigating through this pandemic journey. It would be unjust not to honour the individuals who reached out to us precisely when it was needed. Receiving even a message/call from our friends who thought of us, in some cases after years, propelled a chain reaction for us in reaching out to not only the one’s in our proximity, as well as long-lost ones.

We also learnt about care-for community through the actions of a friend’s mother (Indian) who extended herself out of her care and concern for international students and her neighbours in Japan. Due to the unavailability of masks in Tokyo; the mother of my friend sewed 600 masks and distributed them to others in her community. She delivered masks to us and for other students at our residence, providing us with the opportunity to send the masks to those in need. At a constrained time like this, any opportunity to be able to support even one individual had been a great source of encouragement.
6.2.3 | Care ethics for self

In an attempt to not let time slip by, and striving to make each day count, we continued to keep our days as productive as we possibly could. However, with passing weeks, feelings of restlessness and unknown anxiety appeared in our lives. Although we understood that we were not close to experiencing the trauma of highly impacted individuals in Japan or in the other parts of the world, nonetheless, it did not diminish our pain. From a personal view, the comparison of the degree of suffering experienced, as compared to others, sometimes benefits one by not getting overwhelmed by one’s situation. In contrast, it also leaves many of us in denial of acceptance or recognition of self as a significant body to be cared-for. In some cases, reducing or dismissing one’s problems/feelings to be inconsequential.

From the perspective of my Indian culture and the society I come from, women are criticized for spending time on themselves. Thus, making us feel guilty and drifting from gifting ourselves the care we yearn. More than ever, we need to view the suffering of individuals through their eyes without comparison.

Feminist and civil rights activist Audre Lorde (1988) once stated, ‘Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare’ (p. 252). From our vantage point on self-care, especially in corona times, it is in contradiction to the idea of commodification (such as skin care routines, relaxing spas, etc.). We do not contest the different forms of self-care needs of individuals during this time, however, for us this meant guarding our sanity and prioritizing mental health more than ever.

Social media ‘quarandrome’ (quarantine + syndrome). The quarantine exposed us to a convulsive upsurge in Internet and social media usage. The huge amounts of information spewing over social media was not limited to COVID. There were individuals who appeared to be displaying the epitome of productivity or painting a larger than life picture of their solutions to some of the world’s gravest social problems. What was happening — I thought to myself! Was it just me who sat here contemplating what could be my role in making the world a better place, part of which I thought was working on self? Whereas others seemed to be already mastering in everything! It was hard to keep my filters of essential and non-essential functioning. It became inexplicable how this engagement with the virtual network was resulting in obscuring and dis-engagement with self. After several unsuccessful attempts of cutting the noise and digital detoxification, the results were self-doubts, feelings of not being enough, impatience, comparisons and sleepless nights. An art critic and columnist, Jerry Saltz stated,

If you spend your time looking at other people’s better social skills, powerful connections and finances, you will become bitter and self-pitying. This will kill your art. You just have to get to work and find the multitudes inside you. We all do. (Egan, 2020)

The first step towards resolving this internal disarray was acknowledging the turbulence. It was a continuous reminder to self — to be patient in advancing one step at a time, not to kill my art and not let anything steal my power!

In addition, even after having graduated, I decided to audit one of my favourite professor’s classes titled, ‘Democracy and Dialogue’. This course was a salvation. The classes proved to be therapeutic, revitalizing and helped me connect with self, as our study required us to reflect on the subject themes through the lens of our lived experiences. The introspection of these experiences led to a stronger understanding of self and community. I have always been unappreciative of the idea of the community and how I have perceived it given the society I grew up in. However, the class engendered a sense of belongingness to a community and a desire to give back. It further helped me bond with my family, unlike before. It further inculcated in me a desire to write, reflect and find my voice, which turned out to be cathartic.

My husband, on the contrary had his own share of work to deal with due to an unanticipated online semester, managing friends and class-group studies on Zoom.
Mandeep: ZOOMed Out — Due to the pandemic, the university decided to hold classes online via Zoom. Additionally, time to connect with family, classmates for class discussions, parties, virtual learning and conferences — were replaced by one-screen-fit-all that resulted in an exponential increase in screen-time. It became an extreme source of exhaustion and is referred to as ‘Zoom Fatigue’ (Fosslien & Duffy West, 2020). Thus, caring for self-became imperative as I wrestled through an erratic sleep cycle and restlessness. I decided to prioritize mental health and made efforts to sleep for at least eight hours to recover. Additionally, adding some form of light exercise and yoga helped in retaining a stable balance. We also bought two bicycles for my wife and I, which not only aided in avoiding bus travel for grocery shopping (4 kilometers distance) and became a reason to look forward to a cycle-workout twice a week. The route to the grocery store is scenic, crossing rivers, thus it became a serene bike ride that revived us.

The world would recover from the economic trauma, however, the inner trauma of living through this time would be a harder recovery.

This personal reflection and experiences provoked thoughts and ideas as we live through these times. We recognize that it will be a fundamental tragedy as human beings not to realize our interdependence on each other and the environment. We are once again reminded that care is a human-gift and not privileged accountability owned by caregiving institutions. We need to dismantle the constructs that allow us to relinquish our power to such systems. Yes, we do require the expertise of some professions in combating the problems that confront us, however, care is a human emotion that can be activated in each of us, irrespective of who we are, to practice for self and extend it into our communities.

Caring cannot be limited to the time of the pandemic. It must be embraced as the new normal. While there will be further learnings that need to be investigated; this reflection expanded our understanding of the ethics of care in a globalized, technologically connected world where a virus travels swiftly across fictional borders without visa formalities.

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