The gender and sexual politics of the COVID-19 pandemic

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Whatever it is, coronavirus has made the mighty kneel and brought the world to a halt like nothing else could. Our minds are still racing back and forth, longing for a return to “normality,” trying to stitch our future to our past and refusing to acknowledge the rupture. But the rupture exists. And in the midst of this terrible despair, it offers us a chance to rethink the doomsday machine we have built for ourselves. Nothing could be worse than a return to normality.

—Arundhati Roy, 3 April 2020

In 2019 the world witnessed the beginning of yet another global health crisis, this time COVID-19. The World Health Organization (WHO) has reported over 265 million cases of COVID-19 and over 5.2 million related deaths globally, as of 6 December 2021. As Arundhati Roy beautifully describes, COVID brought about a rupture, tearing into the temporality, spatiality, and sociality of everyday-ness. As many countries (mostly in the global north) are now trying to move ahead of the crisis by means of vaccination, the rupture remains, with many parts of the global south still living and dying with the virus.

As different narratives of the pandemic filled social media, news, and public discussions following the outbreak, many lost hope. With the ever-present possibility of a dystopian future, they gave in to grief over the loss of human life and humanity as the death toll continued to increase, jobs were lost, and people were displaced from their homes. It was as if the last remnants of a fragile security and normalcy, already fractured by neoliberalism and (neo)colonial capitalism, had vanished into thin air in the blink of an eye. Others maintained a utopian excitement about the potentiality brought about by the pandemic, arguing that COVID-19 might be the wakeup call humans needed to rethink power relations, community, mass consumption, and climate change. They felt that, perhaps, COVID would enable environmental restoration as it brought the global capitalist machinery to a halt.

What matters, whether looking through the lens of utopian optimism or dystopian pessimism, COVID has made it clear once again that health and illness are matters of social
justice, structural vulnerabilities, and unequal power relations upon which the world as we know it is built. COVID urges us to rethink our sense of “normalcy” and our ways of living; the underlying distribution of vulnerabilities and privilege; and the interconnectedness of the world beyond borders and boundaries. Perhaps, as Arundhati Roy argues, “nothing could be worse than a return to normality.”

COVID is not merely a question for medical sciences, natural sciences, epidemiology, and public health, nor is it simply a bodily/medical/public health crisis. While the scientific community, pharmaceutical industries, epidemiologists, and policymakers are trying to make sense of the virus, its origins and effects, and to find proper modes of handling the pandemic to minimize casualties and to avoid a complete economic breakdown, there is even more at stake. Living through the pandemic is a matter of governance, biopolitics, and necropolitics, and as such begs an intersectional lens (Ajana, 2021; de Kloet et al., 2020; Manderson et al., 2021; Milan et al., 2021; Sandset, 2021). Value is placed on lives differentially as action plans are discussed and drafted, often deeming the precarious lives disposable. As most of these political interventions are coming from and situated within the neoliberal, patriarchal, nationalist, cis-heteronormative, and colonial system, we see yet again how the processes of naming and marking the sick “deviant” bodies matter. On the one hand, socially marginalized groups are among those most affected by COVID, suffering the greatest death toll due to lack of access to proper healthcare while also navigating other social injustices. On the other hand, these groups are yet again marked as “deviant” bodies less worthy of care. While we see the emergence of a “certain ‘Covid-elite’, that is holders of so-called ‘immunity passports,’” especially in the global north, immigrant others are often referred to as the “unruly,” the global south as “irresponsible,” the queer and the sex worker as “contagious,” and the disabled and the poor as lives too “costly” to be saved (Ajana, 2021, 24; Butler and Yancy, 2020).

It is for this reason that social scientists and researchers within the humanities stress that the pandemic is not solely a medical/health crisis but also a social one.

It is crucial to understand the pandemic in its full complexity, namely its effects on medical as well as social infrastructures individuals'/communities' modes of exposure to, and experience of, the pandemic. However, as it is shown by different studies on the global scale, social aspects such as gender has not been included successfully in policy making and management of COVID (Azcona et al., 2021; de Paz et al., 2020; Galasso et al., 2020; Oertelt-Prigione, 2020; Ruxton and Burrell, 2020). At its worst, the pandemic has been used as a cover for discrimination against marginalized groups. Turkish president Erdogan blaming the gay community for the pandemic (Yackley Ayla, 2020), or former president Trump publicly making demeaning remarks about Asian people (Reja, 2021), are examples of how marginalized groups have been scapegoated and become targets of homophobic or racist attacks (see also Wojnickás, Parmanand’s and Altaý’s articles in this issue). Another example is the formulation of quarantine guidelines that relied on a narrow definition of a (nuclear) family, or failed to account for the economic and embodied vulnerabilities of marginalized groups and their precarity, such as sex workers (Platero & Saez; Probst & Schnepf in this issue).

Contributing to the discussion on the importance of intersectional perspective for understanding politics around COVID-19, the Centre for Gender Studies at Karlstad University in Sweden organized a two-day online conference in September and
October 2020, issuing a call for papers to scholars within the humanities and social sciences who research gender and intersectionality in relation to the pandemic. We received a number of important contributions to the conference connecting to the global scholarship on COVID, such as the lived realities and experiences of COVID within marginalized groups, the structural intersection of power and unequal distribution of vulnerability across socially constructed categories of gender, sexuality, ethnicity, class, disability, and more. This special issue contains a selection of the papers presented during this two-day event. The papers were selected in order to present a diverse range of discussions, methods, and theoretical approaches, as well as geopolitical positionings, which can highlight how gender and its intersections with other social relations of power matter in times of crisis. With this special issue we want to put a spotlight on the importance of gender studies knowledge and feminist scholarship for understanding, managing, and countering the effects of the global COVID-19 pandemic. Moving away from understanding gender as a single or the most significant dimension, the special issue asks, what are the gender, sexual, racial, and class-bound politics of the COVID-19 pandemic? Attending to this question, the different contributions chart out how the social politics of the current pandemic play out in an international context. While policy responses to the pandemic have in most cases been limited by national boundaries, the effects of the pandemic are anything but confined to specific nation states. It is also worth mentioning that these global effects are not lived in a universal way by individuals and communities.

Wanting to understand the politics of the COVID-19 pandemic properly, thus also requires an international vantage point, combining a transnational and intersectional feminist perspective. This special issue brings together a collection of empirical contributions that span the globe, tackling the transnational and intersectional dimensions of the pandemic in a variety of socio-cultural contexts. Analytically, the special issue will contribute through a reworking of the concepts of gender by combining transnational (Conway, 2017; Mendoza, 2002) and intersectional feminism (Cho et al., 2013; Crenshaw, 1991; Davis and Zarkov, 2017; Salem, 2018) and a gender- and sexuality-governance perspective (Mohr, 2019; Repo, 2015; Whitmarsh and Jones, 2010). The aim is to provide a wide range of conceptual-analytical tools enabling feminists and gender studies scholars to engage with and capture the complexities of the pandemic.

**Mapping out the contributions to the special issue**

During 2020 and 2021 we witnessed a surge in research publications on COVID-19 within disciplinary and interdisciplinary scholarship in the humanities and social sciences as researchers try to examine such an unusual socio-material phenomenon and its complexities from a variety of perspectives and in relation to different questions. Articles, special issues, and book volumes have been dedicated to understanding the pandemic as a structural, institutional, individual, environmental, political, and ethical question that needs multidisciplinary engagement (e.g. Drabble and Eliason, 2021; Manderson et al., 2021; Milan et al., 2021). Transnational scholarship has been dedicated to presenting local specificities as well as transnational relations, and comparative studies, in order to better our understanding of a phenomenon that is at best described as glocal: globally
shared yet locally specific. With this special issue we contribute to this scholarship as we discuss it in the following order.

**COVID and geographical/cultural contexts**

Situatedness and paying attention to context, local practices, and cultures have always been central to gender studies (Haraway, 1988; Rich, 1984). Gender studies has a long history of approaching matters of care, body, and health/illness in relation to class, gender, sexuality, and race, and as matters that are transnationally in conversation yet locally specific. In moments of crisis, paying attention to such cultural and geopolitical diversity is crucial for knowledge-making and analyses of social structures. For example, the significance of geographical context in how the pandemic affects local communities and how the experiences and the burdens of living through the pandemic differ as an effect of such geopolitical differences. How transnational politics interacts with that of national agendas in processes of handling the pandemic and how such practices are situated within the matrix of power and matters of race, class, sexuality, and gender. How and why measures such as social distancing, staying at home, and wearing masks are not a possibility for everyone everywhere, because of their situatedness within structures of power in different contexts. How the distribution of vaccines follows the distribution of wealth and power. Which modes of survival - and for whom - are made impossible through the contemporary global, political, and structural inequalities and the consequences of capitalism.

This special issue contributes to analysing the effects of the pandemic, modes of response to the pandemic, and intersecting structures of power and their effects on the individual and collective lives of those at the margins, in a variety of contexts in Europe and beyond. Taking into consideration the cultural understanding of gender, masculinity, and femininity, Sharmila Parmanand’s article, “Macho Populist versus COVID,” shows how responses to the pandemic in countries such as the USA, Turkey, the Philippines, and Brazil are marked by the macho culture and male leaders’ toxic cis-hetero-masculinity. In her article, “Virus among the Vegetables,” Rebecca Irons shows how a gender segregation approach in the Peruvian context failed because politicians did not take into consideration the overlapping of matters of class, ethnicity, and colonial legacies entangled with gender within the context of vender market culture. Focusing on the Indian context, Sreya Banerjea in her article “Regulating Intimate Labour and Unruly Citizens: The Plight of India’s Sex Workers in the Pandemic and Beyond” analyses the effect of the pandemic; and the national response to it; on immigrant sex workers and the precariousness of their situation, which has been amplified by lockdowns and border control. Other geopolitical contexts discussed in this special issue include Germany and Spain, in articles discussed below.

In addition to the locally specific, the significance of online spaces reaching across geographical and cultural borders is also addressed in some of the articles in this special issue. While physical spaces have been lost or become topics of debate and restrictions, some have moved to seek safety and a sense of community in online spaces. As Tunay Altay notes in his article “The pink line across digital publics: Political homophobia and the queer strategies of everyday life during COVID-19 in
Turkey” on Turkish online LGBTQ + spaces, digital space can offer gender and sexual minorities a much-needed break from everyday violent realities. The importance of online platforms for sex work, when physical space is not a possibility, has also been noted by Ursula Probst and Max Schnepf in their article “Moral Exposures, Public Appearances: In/visible Sex and Emerging Normativities in Pandemic Berlin”. While discussing the relevance of technology as a means of surviving the pandemic, maintaining social contact or mental health, as a contemporary place of work, or as a community, however, it is also important to consider the in-built inequalities. Internet access is, of course, also a question of privilege, geographical location, and availability of socio-economic resources. These questions are addressed through considerations of online activism, data collecting, and knowledge production during the “first pandemic of a datafied society,” brought into the conversation through Noora Oertel’s review of COVID-19 from the Margins: Pandemic Invisibilities, Policies and Resistance in the Datafied Society. Lisa Lindqvist’s book review of Digital Health and Technological Promise: A Sociological Inquiry by Alan Petersen also touches on the role of the digital sphere in the context of digital health.

**Intersectional structures of power and reinforcing patterns of injustice**

While the pandemic enacts new kinds of challenges, it also amplifies the already-existing global health challenges and social inequalities. In fact, COVID has magnified different forms of injustice, processes of marginalization, and uneven distribution of precarity globally and locally. It has drawn attention, more than ever, to the global and local operation of power and how necropolitics/biopolitics are always situated within the interlocking axes of power that function along the lines of gender, sexuality, class, race, and more. It has shown how the interaction between bodies, politics, health/illness, and social structures of power shape populations, collectives, as well as individual modes of living (well) in a pandemic.

Katarzyna Wojnicka’s article ”What’s masculinity got to do with it? The COVID-19 pandemic, men and care” as well as Sharmila Parmanand’s article “Macho populists versus COVID: Comparing political masculinities” make explicit the entanglement of whiteness and cis-hetero-masculinity within the discourses and practices of COVID management in several contexts. As Lucas Platero and Miguel Ángel Lopez-Sáez point out in their article on Spanish LGBTQ youth forced into lockdown in possibly violent family homes, the policies focused on, and privileging of, the normative nuclear family can be harmful to those who fall outside of that category. While the home and the (nuclear) family have generally been represented as “safe,” and many restriction guidelines formulated to specifically consider cis-heteronormative family units, for some this can be a place of double confinement, restricting both movement and self-expression. Being isolated from one’s community creates an added layer of vulnerability for those youth who are experiencing violence from their families or in their neighbourhoods more widely. Whether it is in relation to LGBTQ youth, or the precarious living conditions of immigrant sex workers in India analysed by Banerjea, gender comes to matter in
connection with other axes of power such as sexuality, age, class, and ethnicity. Mari Pieri’s study of disability from a crip-queer theoretical perspective reflects on the neoliberal ableism that has been reinforced during COVID times, exposing those living with disabilities to further vulnerability. Altay’s research on the rise of the LGBTQ + online spaces in Turkey, especially during the pandemic, highlights the intersectional politics of gender, sexuality, and local politics and how technology can mediate a space of resistance that emerges from a crisis situation. Last but not least, Ursula Probst and Max Schnepf address the pandemic biopolitics of sex through discussing the effects of the pandemic on visibility and public responses to non-normative sex in the Berlin cityscape, echoing Platero’s and Lopez-Sáez’s observations on the norm-enforcing nature of some of the political responses to the pandemic. As such, many of the contributors to the special issue show not only that gender is always already intersectional, but also how such intersecting matrices of power matter in a pandemic.

(Health)care, gender, and intersectionality

Matters of gender, health, body, and medicine have always been part of gender studies and feminist activism, whether in the early movements of the Boston Women’s collective (as outlined in the collective’s seminal publication, Our Bodies, Ourselves in 1970), or the second-wave feminist movement on reproductive rights, IVF technologies, and digital technologies. Gender has always been at the centre of discussions on health and illness, particularly with regard to demographics and prevalence. Our very understanding of the healthy body, dis/ability and illness, medical treatment, even the healthcare professions is imbued with gender norms and gender ideals, and deeply situated within the binary sex/gender model (e.g. Connell, 2012; Moore, 2008; Stephenson and Zeldes, 2008; Twigg, 2006). As feminist, crip, and trans critiques of medicalization have pointed out, bodies that are not white, able, and cis male become targets of not only medical but also social control (Kafer, 2003; Terry and Urla, 1995). This has also been illuminated by recent debates on trans-specific healthcare, and especially the so-called gender critical, or trans exclusionary, voices gaining space in those debates.

Matters of health and illness are entangled with social matters, such as gender, race, ethnicity, class, and sexuality, and thus such social categorizations influence how we construct notions of health and illness. For example, the ways in which we live and generally experience our bodies, as well as during illness, are connected to our positioning within matrices of power. Some bodies are pathologized while others are taken to be healthy and viewed as the norm. On one hand, health and illness are matters of accessibility, stratification, and gatekeeping of healthcare possibilities, quality of life, environment, and lifestyle. On the other hand, matters of health and illness are used as a biopolitical tool to make nations and bodies, and to manage lives. As such, social change and justice are often overlooked in relation to techno-medical promises, even as social scientists have repeatedly proven that social change, education, empowerment, and justice have to be combined with medical and technological solutions to be effective. As Platero and Lopez-Sáez point out in this issue, the mental health effects of not only the pandemic, but also the measures taken to control it, can be harmful to those already marginalized and in a precarious position. Further contributing to the discussion on the gendered
nature of the pandemic, Katarzyna Wojnicka notes in her article “What’s masculinity got to do with it? The COVID-19 pandemic, men and care”, citing multiple previous studies regarding men, masculinities, and health, that there is a gendered difference in willingness to consult medical professionals among those identifying as cismen. Similarly, the same group seems more reluctant to follow COVID health guidelines and recommendations, such as hand washing, social distancing or wearing a mask in public, measures suggested by healthcare experts to be crucial in maintaining the health of individuals as well as the population in general.

As matters of health/illness and biopolitics are connected to matters of care (care for the sick, for family, for the nation), it is no wonder that feminist research has been busy analysing and theorizing care and gendered care practices for decades (e.g. Ehrenreich and English, 2005). The pandemic has, yet again, made visible the unequal burden of care work, as the medical professionals working at or over their limits are predominantly women. Then again, as Wojnicka’s and Parmanand’s articles demonstrate, the relationship between masculinity/ies and care is not a simple one either, and deserves a more nuanced intersectional approach to be better understood. As both highlight, in many ways, the pandemic has both challenged and reinforced hegemonic or toxic models of masculinity, whether we are looking at the victims of the pandemic or those making political decisions concerning national guidelines to manage the situation. Discussing care from a different perspective, Irons focuses on the feminized notion of care and how it escalated during the pandemic in Peru. In her analysis, she highlights how care becomes a matter of gendered practices, places, and relations that are always entangled with economic situations and ethnicity. Finally, the third book review, by Paju Kettunen, offers both theoretical and practical tools for organizing collective care in times of crisis. Mutual Aid: Building Solidarity during this Crisis (and the Next) by Dean Spade, focuses on solidarity, community mobilization, and social activism as ways of surviving the pandemic, especially for those who are not looking forward to a return to normality.

To summarize, the collection of articles in this special issue aim to demonstrate how an intersectional approach to COVID can provide better understanding of such health crisis not merely as a medical matter but also a social and political one in needs of a gendered lens. The collection of articles hence show how matters of gender, class, ethnicity, and more interact with COVID creating modes of precarity, both in terms of personal experiences of the crisis and modes of political response to it, urging one not to separate matters of health/illness, politics and power relations.

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