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The Gendered Impact of COVID-19 in Tunisia: Voices from the Inside

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Introduction

Early in the COVID-19 pandemic, the United Nations observed that the global crisis was impacting women in ways which exacerbated pre-existing inequalities and vulnerabilities. [1] Although men experienced greater levels of infection and mortality overall women were over-represented in demographics which faced higher risks of COVID-19 exposure: the elderly, the poor and front-line health and care workers. They were disproportionately impacted by job losses in the informal, hospitality and leisure sectors (and were expected to re-enter the labour force post-recovery at lower rates than men. Their unpaid caring and domestic burdens increased as schools closed and welfare services were reduced. With lower earnings and savings, they had fewer financial resources to fall back on. Over-burdened health services, including restricted access to pre and post-natal care, reproductive and sexual health services, and national lockdown and pandemic-related stresses drove a spike in mental illness, compounded by a dramatic rise in gender-based violence. These unequal impacts were observed to be especially severe in the MENA region, where region-specific structural biases and restrictive social norms compounded the pandemic's economic and social fall-out for women and restricted their agency in responding to it.[2]

The UN has argued that any recovery process needs to include gendered consideration of resilience rebuilding. [3] In order to plan and deliver this, a greater understanding of how women have experienced the pandemic at the local level and in their everyday lives, and with what longer term impacts, is needed. Rajan et al.[4] have observed that when major epidemics hit, information and evidence regarding the lived experiences and everyday challenges faced by social groups during enforced isolation tends to be overlooked in decision-making processes and it is vital that this does not occur in the post-pandemic recovery planning process. This paper attempts to fill one small corner of this evidence gap.

When COVID-19 arrived in Tunisia, the first stage of the ESRC-funded *Youth Engagement and skills acquisition within Africa's transport sector: promoting a gender agenda towards transitions into meaningful work* was nearing completion.[5] This two-year project examined young women and their transport mobility and employment in three African cities: Tunis, Abuja, and Cape Town. The project had utilised a peer researcher method[6] which had

been developed previously by the PI, recruiting six young unemployed women from two research sites in each city and training them in field observation, unstructured interview skills, research ethics and data recording. The onset of the pandemic inevitably interrupted their work, not least since the ethical processes of the UK University disallowed further face-to-face interviewing. But our Tunisian peer researchers were eager to continue working – for them, the pandemic was a secondary concern to the lost income associated with us making them redundant. We, therefore, re-tasked the peer researchers to keep detailed COVID-19 diaries, recording their daily lives and observations through the pandemic. They told us about their working and family lives through the Tunisian lockdown and, as restrictions were lifted, they told us about the experience of being mobile once more and the sights and behaviours they witnessed around the city. They periodically sent their diaries to our locally-based researchers, who translated them and facilitated a dialogue through which the UK-based team could ask follow-up questions. They also sent us periodic reflective notes and regular Facebook, other social media and on-line newspaper links.

The accumulated diaries of six young Tunisian women provide an invaluable window onto the everyday impact of COVID-19 in Tunis. Admittedly, six is a small number and it is hard to know how much is generalisable from this small sub-set of one demographic and gendered cohort. However, as the following paper will show, our informants provide us with detailed and nuanced illustrations of the big-picture analysis of gendered impacts offered by organisations like the United Nations.

The paper starts with an assessment of the situation confronting young Tunisian women before the pandemic hit, foregrounding the insecurities and inequalities which marked their daily lives. It then charts the course of the pandemic in Tunisia, from its arrival in March 2020 until the end of the data collection in the autumn of 2021, the progression from an initial successful containment to a ferocious rising tide of infections providing context for the diaries. Moving to the empirical data, the paper considers the ethical implications of the method utilised, particularly the importance of putting the respondents' voice centre-stage, not only as a reporting device but attributing significance to local meanings of the observations being made. The subsequent presentation of the data supports claims of the gendered impact of COVID-19, adding detail and nuance. It is important to note here that

this is not an attempt to document the entirety of the pandemic in the everyday, but rather to draw out when and how those observations and experiences supported the assertions of the pandemic's gendered impacts and inequalities.

The paper finds that COVID-19 did indeed have a gendered impact in Tunisia, both because of and compounding pre-existing inequalities. Women (dependent on their intersectional identities) were more likely to be exposed to the virus and to endure material hardship than men. Perhaps more worryingly for the long term, the pandemic – and the state's ultimate divestment of responsibility for managing it - reinforced social norms which assign women a primarily domestic role, all in a context of rising gender-based violence.

Women under threat

There is no shortage of research considering the (unequal) status of women in Tunisia. Studies of the processes and outcomes of post-colonial state feminism[7] have established that the regionally relatively advanced status of women's rights and achievement in Tunisia remained contingent on women's subordination to first a corporatist étatist development strategy and then repressive politics. Rights were underpinned by patriarchal norms and mobilisation was limited to a largely elite and urban female constituency. Recent scholarship shows how state feminism has given way since the 2011 Uprising to multiple, independent and revolutionary feminist activism.[8] But the transition period has also witnessed the restoration of traditional gender hierarchies[9] and a progressive exclusion of women from political, economic and social spaces which has accompanied the prolonged and deteriorating economic and political crises, leading to conclusions that women are 'stuck between freedom and inequality'.[10] As Moghadam has argued, women's activism has prioritised politically explosive issues like constitutional status and unequal inheritance rather than the grinding inequality which accompanies low female labour force participation and high unemployment on the one hand, and retrenchment of government services under neo-liberal governance on the other.[11]

The decline in inequality can be seen in the fall in Tunisia's ranking in the Global Gender Gap Reports from 90th in the 2006 report to 126th in 2021 (out of 156 countries). In 2020 female education rates were significantly below those of males, with literacy rates of 72.7% and 86.1%

respectively. Even though 40.5% of girls proceeded to tertiary education, their subsequent labour force participation hovered at around 28% (compared to a male labour force participation rate of 75.5%) and less than 15% of senior professional employees were female. [12] Female unemployment rates were almost double those of males (22.2% and 12.3% respectively), and the majority of working women (58%) worked in the informal sector meaning that only 26.5% of women (compared to 34.3% of men) enjoyed comprehensive social protection. Women in rural areas faced particularly high unemployment rates (around 35%). Women made up over 70% of agricultural workers but were paid around 50% less than males doing the same work and only 33% of them enjoyed any social protection.[13]

In politics too, women remained under-represented. Before the pandemic, women comprised 26.3% of parliamentarians in the National Assembly 29.2% of ministers and 47% of municipal councillors.[14] Widespread barriers to entry remained, including a party and voter bias towards educated women from the coastal cities, rigid social expectations and gender roles, political violence targeting women, problematic media coverage, neglect of women's issues in political campaigns and a widespread mistrust among women of politicians and the political process.[15] It was hardly surprising then, that the World Bank Country Manager for Tunisia expressed his concern that the status of women in Tunisia was under threat, that they were increasingly being economically, politically and socially excluded, and subjected to a rising tide of gender-based violence. [16] Tunisian women entered the pandemic from a position of inequality and increasing vulnerability to multiple albeit differentially experienced exclusions.

Tunisia overwhelmed by COVID-19

The first cases of COVID-19 appeared in Tunisia in early March 2020. The government responded swiftly with a comprehensive set of measures including border closures and quarantines. As a result, the curve of new cases quickly relapsed and flattened from April to July.[17]

Commentators at the time argued that Tunisia was benefitting from a relatively advanced health system comprising an employee-insurance funded National Medical Insurance Fund offering primary care and hospital services to around 70% of the population, and

free or mostly-free care via the National Assistance Programme for Families in Need of Free Medical Assistance for the remaining 30%. But despite efforts since the 2011 Uprising to increase budgets and improve the distribution of provision, especially in the rural interior of the country, public spending on health-at 7% in 2019 – remained relatively low [18] and those who could afford it increasingly turned to what had become a thriving private health sector, employing almost half of all Tunisian doctors and providing 12% of the available hospital beds.

The combination of a solid if underfunded and unequally distributed public health service and a vibrant private sector meant that the country was able to respond quickly to the first wave of the virus. By the end of July 2020, the country had witnessed just 50 COVID-19 related deaths. But the lockdown was taking its toll on the economy. The hospitality, tourism and service sector companies were quick to lay off workers, factories closed, and informal sector workers struggled to find work or clients. A telephone survey conducted by the *Institut National de la Statistique* found that through this period one-third of households had received no income and another third had seen a significant decline in their income.[19] An African Union survey[20] in 2021 found that three-quarters of respondents reported experiencing income loss since the start of the pandemic, and 40% had missed meals due to financial costs. The survey also showed that public fear of personal vulnerability to COVID was the lowest in the North Africa region and that unemployment was consistently considered a greater concern.

It was unsurprising then that the government relaxed social distancing measures and reopened the borders in the summer of 2020. Some public places remained closed - weekly markets for example - but schools and universities reopened with students taking shifts to reduce crowdedness on both transport and in places of education. Public institutions opened for half days and cafes and restaurants were allowed to open till 4 pm.

Case numbers quickly rose again, with hospitals running out of beds in October and cases reaching a new peak in January 2021. By now the health sector was seriously stretched, at one point being declared to have collapsed when hospitals ran out of beds and respiratory equipment. Recorded new daily cases hit 3,000 in January 2021. While two subsequent peaks would see them top 7,800 in July 2021 and 9,400 in January 2022, our data for this

paper is drawn from the period when this second spike was building.

By then COVID-19 had made pre-existing inequalities acutely visible. For example, health provision was concentrated in the urban and coastal areas, which had specialised doctors and resuscitators, screening services, intensive care and hospital beds, while rural areas, were poorly provided for. (This geographic inequality would later be evident with the vaccine roll-out: by June 2022 in total around 61% of the population had received a first dose, 53.9% a second, and 10% a third. But while some urban areas had over 90% vaccination (and Tunis as a whole 65.25%), most rural areas saw less than 40% fully vaccinated and some areas as low as 15%. [21]

The gendered nature of the pandemic was also becoming clear with a number of reports emerging from organisations like the United Nations,[22] the Economic Research Forum in Cairo,[23] the Arab Reform Initiative [24] and the Arab Barometer [25] identifying the specific impacts on Tunisian women. Through this period, we had mobilised our young female peer researchers to begin gathering their own data. As participant-observers, they were well-placed to provide everyday accounts of women's experiences of the pandemic, accounts which could be positioned relative to the macro-level narration and large-scale surveys.

Peer research methods as a window on the everyday

A word must be said here about the value of such micro-level data sets. To study the everyday is to recognise the complexity of the multiple layers and relationships of power which shape our lives. It exposes not just the tangible and regularised relations which exist between reified institutions like the state, the market and (generalised conceptions of the public or) society, but also those which are evident in the small, quotidian practices of the individual as she seeks to navigate or resist those structural constraints. The routine and mundane actions of individuals are an expression of agency, albeit usually limited by a subordinate power status and profoundly shaped by social, cultural and historical situatedness.[26] They evidence resistance to, as much as compliance with, the impositions of structural power as it is integrated into social life and provides the scaffolding for inequalities.[27] Because everyday resistance is heterogenic, contingent, and entangled with the multiple hierarchies of social, economic and political power, it needs to be understood

as intersectionally derived, suggesting that women would have experienced the pandemic differently, and exhibited different patterns of behaviour, than their male counterparts but that among them there would also be infinite variations reflecting their differential and individualised positionality relative to power. Every individual's experience is unique to their location (spatial and temporal) and their particular intersectional identity and the data set from numerous individuals can appear messy and chaotic. Moreover, the peer researcher method privileges the voice of the subject, rather than that of the 'expert', allowing the subject to filter the data in the sense that they determine what is important in their observations, what to report and how to report it. This means the data does not always map neatly onto extant analytical frames and can reflect biases and subjectivities which are unwittingly produced in the writing-up process. Even so, those filters constitute an important part of the experiential journey and constitute an important layering of the narrative.[28]

In this instance, our six peer researchers were to provide us with vivid and detailed accounts, constructed in real time as they lived the pandemic, as well as reflective pieces which allowed for a degree of benefit of hind-sight. Because they had originally been recruited as exemplars of specifically young Tunisian women, all were in their twenties or thirties and all un-married, but while this inevitably shaped the narratives of their own experiences, their stories recount the lives of the female family members, friends and work colleagues whom they encountered daily and thus we access a broader sub-set of women, albeit at one step removed. Thus, the method offers both unique benefits but also presents some drawbacks. In this paper, we do not seek to extrapolate from the entirety of individuals' experiences, but rather to draw out those aspects which illustrate or supplement others' assertions of the pandemic's gendered impacts.

The ethical approval process required that the two research sites from which they were recruited – one peri-urban and one near-rural within or proximate to the governorate of Greater Tunis – should remain un-named and, while the peer researchers themselves were employed and thus not subject to anonymity, they are nonetheless given pseudonyms here to avoid identification of anyone referenced by them in their accounts. It would of course have been ethically preferable to name them as co-authors of this piece given their vital role in the research production process and the authors

wish to acknowledge with immense gratitude the work done by them for this study.

Our diarists began recording their experiences in July 2020, after the lifting of the first major lockdown and continued through to the end of December 2021. In total, they contributed 91 diary entries, 12 pieces of reflective text and 5 texts providing answers to specific questions from the research team prompted by the diary entries.

The diary entries included 27 photographs and 132 references to social media, on-line news and YouTube links. The data was manually coded to identify the predominant themes which were addressed by the diarists and which constituted the most significant (to them) aspects of their pandemic lives, as well as allowing us to test and where appropriate illustrate the findings of the macro-level reports and surveys. The following sections are amalgams of those macro-level assertions and the way they were presented or were supplemented, within the empirical data.

Gendered vulnerabilities

Although the UN acknowledged that early evidence showed more men were dying than women as a result of COVID-19 globally,[29] a UN Women report on Tunisia[30] found that women of working age were slightly *over*-represented among early virus mortalities, raising interesting but unanswered questions about women's particular vulnerabilities and access to care. An Arab Barometer survey[31] started to fill the gap, finding that women aged 35-45 were the most involved cohort in national efforts to combat the virus. Women health professions and volunteers disproportionately staffed the medical response but reported little support to protect them from it in either their working conditions or while travelling to and from workplaces. Women were also disproportionately employed in key-worker roles in the food and agriculture sector, yet here too they continued to work through the quarantine and curfews.

Bejec also argued forcefully that the pandemic rendered female agricultural workers, who comprise the bulk of the food-producing workforce, particularly vulnerable citing the scarcity and poor quality of rural health care, the very low rates of health insurance coverage, the high rates of job insecurity, the lack of personal protective equipment (PPE), and the forced closure of food stalls and markets as specific COVID-related impacts. [32] For agricultural workers, the standard and dangerous mode of getting to work – being

squeezed into crowded pick-up trucks organised (at the worker's expense) by employers and agents – undoubtedly contributed to their vulnerability:

> *On my way to work, I discovered a pick-up truck full of women agricultural workers and their situation was so frightening. They don't wear masks or have anything to protect them, and the truck was carrying a large number of women without respecting social distance (Hanen, 28.07.2020).*

Vulnerabilities arising from necessary mobility were clear in our data, although this was not heavily discussed in the reports and surveys referenced here. Our own research prior to COVID-19 had shown that Tunisian women were heavily and disproportionately reliant on public transport systems to get around the city, and that these were usually seriously and even dangerously overcrowded. Private taxis are relatively expensive (more so when they register with private apps like BOLT), so women from marginalised areas largely rely on collective taxis (minibuses which follow set routes only once they are full – or overfull), the light rail Metro system, and buses (most of which are run by the public company *Transtu*). The structural deficiencies of the Tunis transport system mean all of these are usually heavily over-crowded transport modes.

By the time our diarists started writing, the strict lockdown had been lifted and people were once again moving around the city. Our diarists and the women around them now often opted for the more expensive private taxis over cheaper buses and trains, or for collective taxis with reduced capacity because they would be less crowded, so safer. Over time the fares of private taxis rose substantially while collective taxis began squeezing extra people in again so these options became less appealing. Walking was frequently a preferred option, despite the heat of summer, the additional time taken and the exposure to sexual harassment and street crime. The diarists recorded how their mothers and older women found this exceptionally hard.

The distances travelled were often long: with many local markets and government offices still closed, and our diarists noted women were spending even longer in transit than had been the case pre-pandemic.[33] They noted how some of those who had to travel, including for work, could not afford the masks and sanitisers that might keep them safe. A mother who provided a mask for her son but did not have

one herself, bewailed the rise in mask prices from 300 to 2,500 millimes (8p-68p) (*Ilham, 30.07.20)*. An agricultural worker told our diarist that her wage of 20 dinars a day was not sufficient for herself, her three children and a sick unemployed husband, let alone for masks *(Selila, 27.10.22).*

Female transport workers, the larger part of the customer-facing ticket sellers and collectors, complained that they too were unprotected.

> *When the bus started moving, the ticket seller started collecting the fares. She was wearing a mask but she was collecting money without sanitising it. When she approached me, I asked her to clean the money. She said: 'please pray for me. I cannot collect the bus fares from passengers and at the same time clean them, I clean my hands after I handle every three or four customers' money' (Ibtisam, 28.10.20).*

By July, the travel permit system for key workers which had been introduced through the quarantine had become more of a currency for obtaining a seat on urban buses and trains which, despite social distancing restrictions which technically limited the maximum number of passengers on vehicles to 50% of their capacities, were once again over-full. As case numbers rose, the government attempted to manage the numbers of people using public transport at any one time by announcing a new two-shift working day and new curfews and restrictions on gatherings were imposed but public transport remained overcrowded and, from a COVID perspective – unsafe. Some taxi drivers refused to transport passengers not wearing masks (*Ilhem, 03.08.20*) but others refused to wear masks themselves and complained to our diarists that the police would only stop them to take bribes rather than enforce capacity restrictions or mask-wearing. Our diarists were all highly mobile through this period, travelling for work, to shop, to chaperone friends and relatives, and for leisure purposes. They all utilised multiple modes of public transport on a daily basis, exposing them to close contact with others in crowded and usually un-sanitised vehicles. Their entries clearly demonstrated their awareness of this insecurity: Selila noted her commute to work (26.10.20):

> *I wanted to get off the bus because I felt suffocated by the mask. The bus was overcrowded and the weather was cold. No one opened a window and the smell of dirty shoes was almost more*

dangerous than COVID-19…. I decided to walk in order to avoid overcrowding.

Ibtisam described her own journey to work thus:

I arrived at the station and it was very crowded because today is Monday…. when all public transport is full. A collective taxi came. I quickly got in it. Before I sat, I sanitised my seat and of course, I was wearing a mask. I opened all the windows to clean the air in the taxi (26.10.20).

Their concerns extended to overcrowding in public spaces, especially the markets where women sought food and household supplies:

Honestly, going to the market was a disaster. It was full of people, literally, there was no space in it…The situation was frankly frightening. I tried as much as I could not to touch anyone but it was very difficult (Ibtisam, 08.11.20).

Of course, and illustrating the importance of intersectional identities in all this, wealthier women with access to private cars and the more spacious supermarkets uptown were less exposed to these risks. As Sara noted (*17.11.20*):

If you focus on matters more, survival may be more secure for the richest, and if you are obliged to board the bus every day to go to work and come into contact with many people, then the chance of your illness and consequently our death will increase.

Employment, economic well-being and social protection

The lockdown from March to July 2020 had seen an inevitable overall decline in labour force participation which an ILO paper argued was driven by a decline in female participation rates.[34] Women were over-represented in the informal labour market and in low-pay roles in the textiles, hospitality, retail and tourism sectors which were the first to lay-off workers.

Inevitably, female job losses and reduced family incomes contributed to heightened vulnerability to poverty. The government had initially adopted a series of economic support and social protection policies to mitigate these effects, including postponing tax payments, social insurance contributions and loan reimbursements[35] and issuing direct payments to particularly vulnerable groups of people.

This targeted house-holds already enrolled in the national anti-poverty cash transfer program and in subsidised health insurance schemes, although the Central Bank also postponed household loan payments for three to six months in Spring 2020 in order to support middle-class workers who did not benefit from cash transfers.[36]

As the second wave swept across Tunis, our diarists and the people around them feared that another full lockdown would exacerbate the economic crisis and preferred to continue working rather than stay at home safely.

> *People who were careful when there was the first wave of the virus do not care about the second one because their financial situation deteriorated. Particularly the poor people – if they don't work, they can't survive and their children can die of hunger (Ilham, 1.08.20).*

The diarists were acutely aware that the government did not have the wherewithal to repeat the initial economic support measures of the earlier period:

> *The unemployment rate has increased since the pandemic started in our country…. other decisions are inadequate or not applied. They don't do much for those who don't wear masks, don't care about the high living costs, about the monopoly of basic and essential food stuffs and the high price of medicines…as if they are secondary issues. Needy families are suffering from poverty and hunger (Selila, 14.11.20).*

Two of our diarists had full-time jobs and two had temporary jobs, one of which took only a few days in the midst of the research period. Only one was offered the possibility of moving to on-line working. She noted how she preferred this option because her colleagues did not 'respect the preventive measures' in the office (*Selila, 2.11.20*). For all, retaining their jobs was of enormous, even over-riding importance.

They noted how reluctant employers were to make allowances for employees (including themselves) who either had symptoms of COVID or feared they might have contracted the virus from infected family members, and that 'some institutions are more interested in the continuity of their work than in their employees' health' (*Selila, 2.11.20*). This had the inevitable result that individuals continued working with actual or suspected COVID-19.

Selila recounted how her sister failed to inform her employer when she tested positive for COVID for fear 'of causing any troubles' (*11.10.20*). Similarly, her friend who worked in a sewing factory didn't tell anyone when she tested positive:

> *She was concerned that she didn't have an alternative means of making a living and the government didn't offer any assistance to those who cannot work, unlike the first period of the outbreak in March (2.11.20).*
> *XXXX told me about a friend, who is 30 years old and lives in Manouba. She has been working for a bank for nine months…. When she realised she had COVID and informed her manager she would need to quarantine herself, the manager fired her (Selila, 14.11.20)*

Although there were some cases of employees feeling secure in their work environments, there were many more stories of unsafe working environments including sewing and textile factories where thousands of women worked, of workers handling uncleaned cash, of an absence of social distancing requirements (or compliance), and of both staff and customers not wearing masks. One diarist even recounted how her friend's aunt, a cleaner for the Ministry of Health no less, contracted COVID after the Ministry failed to provide for her safety (*Selila, 30.10.20*).

As cases grew, the Ministry of Social Affairs issued new instructions and some workplaces did deploy new measures but these were inconsistent and we only had one report of a government inspection to check workplace compliance. Most of our employed diarists spent a considerable part of the working day cleaning their workplace, often leading initiatives to make the workspace safer, and worrying about possible exposure to the virus.

Economic necessity clearly pushed women out of 'safe' home spaces: Ibtisam described how divorced women could access financial support from their ex-husbands only by travelling to the court every month for papers, then to the finance ministry for approval and finally to the treasurer's office in another ministry (*Ibtisam, reflective note*). She also described how her mother complained that she did not want to leave the house to access the money she was due from her former husband because she was fearful of using public transport (*03.12.20*). We were also told of a cousin who had contracted COVID-19 and who was unable to afford the COVID tests

which were needed for her and her husband to return to work.

Caring, cleaning and gendered compliance

For those women who continued to work, additional care burdens associated with COVID (such as school closures, shopping for elderly relatives, chaperoning hospital visits etc), imposed significant additional time burdens on women. The Arab Barometer Survey referred to earlier [37] confirmed that over half of Tunisians (51 percent) believe that taking care of the home and children is a women's primary responsibility (with the proportion of women agreeing to be only slightly below that of men). In fact, care for children, the elderly, the disabled and the sick generally falls on women, whether this is paid employment or unpaid 'domestic' work and when formal care services were interrupted by COVID, the burden for unpaid care workers multiplied accordingly.

The diaries provided ample demonstration of the additional caring roles assigned to women. They frequently referenced their roles in chaperoning family members on visits to clinics and hospitals – Sara left her university classes to accompany her mother to an appointment with the doctor and her sister to gain an absence certificate from school. Hanen took her mother to hospital appointments and Ilhem reported on taking a relative to the hospital finding that it was crowded, dirty, unventilated and that neither staff nor patients had either masks or maintained social distancing (*01.08.2020*). She nonetheless assisted an unknown elderly woman in going to the bathroom, a proactive public assistance role which was commonly performed by our researchers. Sara, for example, rescued a small boy hit by a truck, cleaned him up and took him home (*16.11.20*). Our diarists between them bought transport tickets for older women who could not queue, bread for a man who did not have the requisite mask for entering a shop, shared their hand sanitiser, and donated new masks to fellow travellers and customers. One noted how she and her sister took care of neighbours with the virus, while another explained how she assisted an elderly woman she met in a collective taxi to call her son to take her to a private testing centre rather than the dangerously over-crowded hospital to which she was headed (*Selila, 2.11.20*). All of them took it upon themselves to frequently remind strangers as well as family how important it was to respect mask-wearing and social distancing. (In contrast, when Houda and her mother contracted COVID-19, she

remarked how exceptional it was that her father and brother now had to take care of them when usually it was the other way around. (*Houda, 9.10.20*).

Cleaning in particular occupied an extraordinary amount of our diarists' time. This included not just normal housework, or cleaning and sanitising tasks in the workplace, but also additional voluntary cleaning of everything from the taxis and buses they travelled in, the shoes and clothes their families wore outside the house, items they had purchased, coins they or others had handled, and cleaning for family, friends and neighbours to prevent contagion. All female family members seemed to be employed this way, but there were few references to men joining in, other than occasional taxi drivers taking pride in their sanitised vehicles and an uncle who proudly displayed his industrial-scale machine for sterilising house fabrics (*Houda, 28.07.20*). Ibtisam sent us a photograph pulled from the internet which illustrates how COVID-19 cleaning had been internalised by women as a feminised task:

> *I found these photos from news reports on how the health department in Tebourba tried to prevent the spread of the virus by cleaning public institutions. The woman in the photos is XXXXXX, a senior health technician. Even when the municipality was not able to provide the cleaning materials, she used her own money and continued the cleaning work. I think she is equal to a thousand men. This is how we Tunisian women do our duty to express our love for our country (Ibtisam, 08.11.2020)*

The internalisation of gendered norms found in caring and cleaning supports the Arab Barometer survey's finding that Tunisian women were more eager to comply with prevention and security measures than men. Our diarists reported extensively their observations that public compliance with social distancing and face mask regulations was highly gendered. For instance, they frequently described how men would not wear the required masks in public spaces or would wear them incorrectly making them all but useless.

> *There were two lines of people, one for women and one for men. The lines were very long to the extent that they reached the end of the road. There was a member of staff helping people enter the office. Notable was that all the women wore masks and respected physical distancing*

whereas the men didn't care about the health protocol. Although some of these men wore masks, they wore them in the wrong ways (Ibtisam, 02.11.20).

Only about one-third of the customers wore masks and most of those were women. Cafes were full of men. Each table was shared by three men. They, except the elderly people, didn't even wear masks. They drink coffee, smoke cigarettes, and chat of course, but didn't respect social distancing as if there's no COVID-19 in our country (Selila, 30.10.20).

The diarists also noted often how men, especially taxi drivers, would only wear masks when they saw a police officer to avoid a 60 dinar fine, removing it as soon as the policeman had passed on.

If men resisted the impositions on their freedom represented by social distancing and face-mask regulations, women exhibited resistance against their own vulnerability to this. For example, our diarists were not above playing tricks to persuade men to wear masks - Selila described how she pretended she had COVID-19 symptoms to convince male colleagues they should wear masks in her presence (*04.11.20*).

Again, an observation on wealth differentials came from Hanen, who noticed when working in a relatively wealthy suburb that compliance was much higher there than in her place of residence, a well-known marginalised neighbourhood (*Hanen, 4.11.20 and 8.12.20*).

GBV, domestic violence, sexual harassment and women's mental health

One of the most distressing outcomes of the pandemic was the significant increase in gender-based violence. The prevalence of GBV in Tunisia even before COVID had been alarming: a Carnegie report in 2020 claimed that at least 47% of women between the ages of 18 and 64 had experienced some form of GBV[38] while a study conducted by a Tunisian research centre[39] found that 64.5% of 4000 women respondents (26% of whom lived in Grand Tunis) had suffered some kind of GBV in public spaces, and that this was most heavily concentrated in public transport, although marital rape and domestic violence also featured strongly.

It was sadly not surprising that the imposition of a severe lockdown, and the heightened stress associated with both the health crisis and the economic impacts, increased incidences of GBV and – at least in the early stage of the pandemic - pushed it from public to private spaces. The first five months alone saw a five-fold increase in reported incidents and between just March and May 2020 the government GBV 'Green Line' hotlines received over 7,000 complaints and one domestic violence shelter received 350 women weekly, four times the normal number.[40]

Our diarists commented on this trend. Sara attributed it to "the fear of the unknown future and since many people lost their jobs" (*Sara, Final reflection note*). She continued:

> *I remember one time I went in a taxi and exchanged conversation with the driver who was complaining about the lockdown and spent the whole day next to his wife and children and that caused so many problems because of the boredom and routine he felt in their relationship.*

Our diarists noted that the sexual harassment which had previously characterised women's journeys on public transport was initially lessened, although some also suggested that it had simply moved onto the streets where women walked. As restrictions were lifted, however, the stories of assaults reappeared. Diarists would often recount incidents that took place around them in public transport or in the streets. Selila described not one but several incidences which happened to her, as well as those experienced by her friends.

> *When we arrived at D…… station, a large group of passengers got off and we were surprised to find someone's semen on a twenty-something girl's clothes. People cursed him and also embarrassed her with questions like 'Did you feel anything', 'did he also touch you'? (Selila, reflective note).*

But now, there were also new worries. Our previous research had highlighted the significance of women's dress in 'inviting' unwanted attention. An unexpected aspect now was that masks were also considered to highlight the attractive features of women, their eyes, eyelashes and eyebrows, and to generate yet more attention:

> *Women with big and black eyes, long eyelashes and thick eyebrows are considered beautiful in the Arab world,*

and I humbly say that I am one of them. Wearing a mask makes these features stand out more (Selila, reflective note).

As evidence mounted of rising rates of GBV, the Ministry of Women, Family and Childhood launched an awareness campaign in collaboration with civil society, spread through TV commercials, social media and informative texts. There was some evidence of its reach in our data: one diarist noted the launch of the new 'SafeNess' App in December 2020 provided by the Centre for Arab Women for Training and Research (*Mariam, reflective note*) although another stated that the App was not actually available and that she relied on the Bolt App storing a driver's personal details (*Sara, reflective note*). For many Tunisian women, such campaigns may shine a light on the issue at hand but, in the absence of meaningful systems for support and redress, are little more significant than the flow of water into sand.

Our diarists also related stories of increased on-line sexual harassment, of women having their phones hacked, photos being stolen and subsequent efforts at blackmail. Ilham made the intriguing observation that women tended to fill social media with accounts of sexual harassment not least because they could vent their anxieties about a largely taboo social issue anonymously, but also because it is a useful site for social mobilisation and activism in an otherwise male-dominated public sphere (*Ilham, Answers*).

One of the detrimental effects of GBV noted by observers was that on women's mental health, already under pressure from the psycho-social effects of the pandemic and the associated lockdown. [41] Indeed, women's mental health is featured strongly in our data. All our diarists noted at some point their own depression, anxiety and loneliness, and that of their female friends and relatives, some of which reflected the gendered aspects of Tunisian social life.

Going Out

Our young diarists continued to enjoy apparently lively social lives, leaving the home to meet with friends for coffee, for trips to the beach, to work and to study. In some instances, they did find their mobility restricted by the concerns of family members, almost always their mothers. Hanen recounted how her mother objected to a planned camping trip with friends at the beach in Bizerte...

She tried to make me understand why she refused and why she was not comfortable

with this issue since we were in a time with no safety…. she said the pandemic was still present and it was dangerous to go to the beach at this time, dangerous to my friends and my health (Hanen, 26.06.2022).

Houda, meanwhile, explained that she had stopped going to clubs to dance and limited herself to small gatherings of friends at someone's house (*Houda, 20.07.20*). Another diarist noted how she had ceased going to the gym. In general, however, they were much more likely to leave the house than their older female relatives. The diarists frequently referred to their mothers as having stayed at home all day and of being fearful to leave it, although there were also references to older females continuing to visit the traditional community steam baths (Hamam's) which are important social meetings places for women. They commented on growing feelings of social isolation among women, loneliness, fear and depression. Sara spoke of the impact of the lockdown on women whose lives revolved around the domestic sphere:

It is difficult for the women of my city who used to go out daily and talk to each other, or talk to some friends to do that because it is the only thing they do in the day (Sara, Reflection note).

By contrast, they noted how men of all ages preferred not to stay home. The diaries frequently referenced cafes full of men, smoking and playing cards, protesting at the closure of mosques where they could meet and socialise (*Selila, 6.11.20*), or simply continuing to go out as normal:

Men are lucky. They get to go out whenever and wherever they please. Women stay at home – we have nothing to do and nowhere to go (Ilham, reflective note)

Men are always lucky to be out for any reason but not women. They can only go out for a reason, otherwise, it's dangerous, especially in my area (Houda, 27.12.20).

As the pandemic progressed, even our peer researchers began to express a fear of leaving the house and of the associated social isolation.

My friend called me. She will go to the gym today and asked me to join her. I was so scared…so I said I prefer to work

out at my house until Covid 19 ends (Houda 28.11.20).

I became so afraid that I thought of quitting work and sitting at home to avoid any danger (Ilham, 28.07.20).

One exception that Sara noted was the maintenance of a traditional mode of female interaction:

Most of the time, the women of the neighbourhood who are not working put chairs in front of their houses and sit with cups of tea or coffee and start talking about their problems or funny jokes. When I went out, they weren't wearing masks, as if they trusted each other that they did not have the virus (Sara, 17.11.20).

Nonetheless, social isolation undoubtedly contributed to the high rates of depression, anxiety and stress recorded among Tunisian women; in the survey mentioned above, 57.3% of respondents demonstrated *extremely severe distress symptoms* (as measured on the DASS-21 scale). The survey was conducted in the early stages of the pandemic when Tunisia was under a heavy lockdown and there was enormous uncertainty and insecurity for everyone. However, the survey's authors noted that there were specific gendered aspects to this. These included the heightened burdens associated with women's roles as primary care-givers already discussed above. They also found that 40% of their respondents exhibited the signs of social media addiction and that, whilst social media and internet use may have provided valuable means of overcoming social isolation, they also frequently spiralled into problematic behaviours and responses which exacerbated anxiety, depression and stress. Our own diarists were avid social media users and their accounts of reading material about the pandemic and state responses to it did at times appear to have negative psychological impacts. After reading Facebook posts, they would express their exhaustion and the heightened fears caused by the relentless bad news of COVID reporting:

After I had my dinner, I opened Facebook. Mosaique reported that 62 people including six health workers in Sousse tested positive. What's going on now? Where are we headed to? I am so stressed and scared of this unknown thing. I will just sleep (Ibtisam, date unrecorded).

Gendered experiences of COVID – the significance of what our diarists told us

Our data does not allow us to quantify the gendered impact of COVID-19 on women in Tunis, but it does provide everyday illustrations of the impacts identified elsewhere, and add important additional insights.

There is little doubt that the pandemic both reinforced embedded social norms that assign a primarily domestic role to women and created very substantial additional domestic workloads for them. Women provided an unpaid care-and-cleaning labour force, not only in the home but in work and public spaces. That they did so even as they bore the brunt of the pandemic-induced unemployment would come as no surprise to feminist social reproduction theorists and needs to be recognised and addressed in public and international development policy if women's achievement of equality is not to be set back by the four decades suggested by the World Economic Forum.[42] Short of resources and capacity, the state and its agents (including, for example, the public transport company Transtu), progressively passed the responsibility for 'living with COVID-19' to the population. Narratives of personal responsibility replaced government-enforced restrictions and financial compensations. But for those with low or marginal incomes, and especially those living in marginal areas with few local resources, the need for employment and income far outweighed concerns of infection, and public spaces – including transport – once again became crowded and unsafe. In these spaces, the latter disproportionately occupied by women, the gendered behaviours regarding social distancing and mask compliance compounded the insecurities of women from low-income households. For those predominantly younger women who sought sustained mobility for work, study or leisure, the sexual harassment which pervades public spaces simply moved from transport vehicles to road and on-line spaces, returning with a vengeance as vehicles refilled, while for other often older women who chose to stay home, the combined threats of increased domestic violence and social isolation prompted a largely invisible mental health crisis. Economic status, place of residence, age and gender all combined to create multiple pandemic 'every days' but even for the most materially secure Tunisian women, the regressive impact of COVID-19 on women's access to paid work, their right to be paid for the work they do, their ability to

chose what work that might be, and their security from GBV in both public and private spaces, have all taken a substantial hit in the past three years.

Our young diarists were not passive through this but deployed a number of deployed a number of resistance strategies to help them navigate the negative impacts of the pandemic. They would proactively seek to cleanse their environment, both in the home and beyond it, to maintain their own and others' security; they would confront others, especially men, who failed to comply with safe distancing or mask wearing regulations; they adapted their travel and social arrangements for maximum security. But ultimately they found their own worlds shrinking, their domestic burdens rising, their public safety progressively more under threat and their anxieties compelling them to stay home. Placing these insights centre-stage in post-pandemic recovery plans is essential if equality gains made in past decades are not to be lost, let alone enhanced.

Notes

[1] United Nations (2020a), *Policy Brief: The Impact of COVID-19 on Women,* policy-brief-the-impact-of-covid-19-on-women-en (1).pdf, June.

[2] OECD, (2020), *COVID-19 Crisis in the MENA Region: Impact on Gender Equality and Policy Responses*, COVID-19 crisis in the MENA region: impact on gender equality and policy responses (oecd.org).

[3] United Nations (2022), *COVID-19: Rebuilding for Resilience,* COVID-19: Rebuilding for Resilience | UN Women – Headquarters, accessed 5 July 2022. Also Madgavkar, M, White, O. Krishnan, M, Mahagan, D. and Azcue, X. (2022), "COVID-19 and Gender Equality: Countering the Regressive Effects", McKinzie and Company, COVID-19 impact on women and gender equality | McKinsey (date unknown, downloaded 24.7.2022).

[4] Rajan, D. Koch, K. Rohrer, K. Bajnoczki, C. Socha, A. Voss, M. Nikod, M. Ridde V. Koonin, J. (2020), "Governance of the Covid-19 response: a call for more inclusive and transparent decision-making", *BMJ Global Health,* 5,1-8, doi:10.1136/ bmjgh-2020-002655. P.1.

[5] (Grant ESRC ES/S005099/1)

[6] Porter, G and Dungey, C. (2021). "Innovative field research methodologies for more inclusive transport planning: review and prospect" In Pereira, R. and Boisjoly, G. (eds) Social issues in transport planning, pp. 273-300. London: Elsevier. https://www.sciencedirect.com/bookseries/advances-in-transport-policy-and-planning/vol/8

[7] Murphy (2003), "Women in Tunisia: Between State Feminism and Economic Reform", in E. Doumato and M. Pripstein Posusney, *Women and Globalisation in the Middle East*, Boulder, Co. Lynne Rienner. Also Kallander, A. Aisen (2021), *Tunisia's Modern Women: Nation Building and State Feminism in the Global 1960s*, Cambridge, Cambridge University Press..

[8] El Houssi, L. (2018). "The Role of Women in Tunisia from Bourguiba to the Promulgation of New Constitution". *Oriente Moderno*, *98*(2), pp.187–202. http://www.jstor.org/stable/45212332. Also Yacoubi, I. (2016). "Sovereignty from below: State feminism and politics of women against women in Tunisia", . *The Arab Studies Journal*, *24*(1), pp.254–274. http://www.jstor.org/stable/44746854

[9] Khalil, A. (2014) Tunisia's women: partners in revolution, The Journal of North African Studies, 19:2, pp. 186-199, DOI: 10.1080/13629387.2013.870424

[10] Mkaouer, F. (2022), "Tunisian women are stuck between freedom and inequality", *Assembly*, Malala Fund, 04 May, Tunisian women are stuck between freedom and inequality — Assembly | Malala Fund

[11] Moghadam, V. (2018), *The State and the Women's Movement in Tunisia: Mobilisation, Institutionalisation and Inclusion*, Centre for the Middle East- New York, Carnegie Corporation of New York. September, p.3,

[12] United Nations (2022), *COVID-19: Rebuilding for Resilience,* COVID-19: Rebuilding for Resilience | UN Women – Headquarters, accessed 05.07.2022

[13] Bajec, A. (2020), *Tunisia: COVID-19 Increases Vulnerability of Rural Women*, Arab Reform Initiative Policy Brief, 25.11.2020.

[14] World Bank (2022), Proportion of seats held by women in national parliaments (%) - Tunisia | Data (worldbank.org), accessed 25.11.2022.

[15] International Republican Institute, (2020), *She Votes:* Tunisia. Understanding Barriers to Women's Political Participation. Washington DC.

[16] Verheijan, A. (2020), *Is the Status of Women in Tunisian Society Endangered,* World Bank Blogs, 23 December, Is the status of women in Tunisian society endangered? (worldbank.org).

[17] Laffet K, Haboubi F, Elkadri N, Georges Nohra R, Rothan-Tondeur M. (2021), "The Early Stage of the COVID-19 Outbreak in Tunisia, France, and Germany: A Systematic Mapping Review of the Different National Strategies". *Int J Environ Res Public Health*. August 18(16):8622. doi: 10.3390/ijerph18168622. PMID: 34444371; PMCID: PMC8391965.

[18] Ib id: Also Oxford Business Group (2016), "Tunisian Health Sector to Undergo Overhaul" in *The Report: Tunisia 2016*, Tunisian health sector to undergo overhaul | Tunisia 2016 | Oxford Business Group.

[19] Molini, V. and Lassoued, A. (2020), "How the corona virus affects the poor in Tunisia: First Findings", *World Bank Blogs*, The World Bank, Washington DC. How the coronavirus affects the poor in Tunisia: First findings (worldbank.org)

[20] African Union (2021), Finding the Balance: Public health and social measures in Tunisia Partnership for Evidence-Based Response to COVID-19, Survey 4, tunisia_en_20211028_1238 (1).pdf, accessed 24.07.2022.

[21] Amnesty International (2022), "Tunisia: Barriers to Covid-19 vaccines expose stark disparities in access to health", 25th April, Tunisia: Barriers to Covid-19 vaccines expose stark disparities in access to health - Amnesty International

[22] United Nations (2020a), Op cit..

[23] Krafft, C. Assaad, R. and Marouani. M. (2021). "The Impact of COVID-19 on Middle Eastern and North African Labor Markets: Vulnerable Workers, Small Entrepreneurs, and Farmers Bear the Brunt of the Pandemic in Morocco and Tunisia." Cairo, Economic Research Forum Policy Brief No. 55.

[24] Bajec, A. (2020) Op cit.

[25]Arab Barometer (2021), *Arab Barometer VI Tunisia Country Report,* Tunisia_ArabBarometer_Public-Opinion-2021.pdf.pdf, accessed 24.07.2022.

[26] Leander, A. and Prügl, E. (2019), *Everyday Political Economy: Course Description*, Graduate Institute Geneva,

[27] Scott, J. (1989), "Everyday Forms of Resistance", *Copenhagen Papers*, No. 4, p.3. Also Vinthagen, S. and Johansson, A. (2013), "Everyday Resistance: Exploration of a Concept and Theories", in *Resistance Studies Magazine*, No.1, pp. 1-46.

[28] For more details on ethnographic methods of studying the Everyday, see for example, Conner, T. and Mehi, M. (2015), "Ambulatory Assessment: Methods for Studying Everyday Life" Chapter, available DOI: 10.1002.97811189007772, January.

[29] United Nations (2020a), Op. Cit. p.2.

[30]United Nations (2020b), "Tunisian Women in the Face of COVID-19 During and After Confinement", May-June, POLICY BREIF ENG.indd (unwomen.org) accessed 16.08.2023, p.1.

[31] Arab Barometer (2021), Op. Cit.

[32] Bejec, A. (2020) Op.cit.

[33] Time poverty is a common outcome of women's disproportionate reliance on public transport in developing and less developed countries.

[34]Marouani,M. Krafft, C. and Assaad, R. (With Sydney Kennedy, Ruby Cheung, Ahmed Dhia Latifi and Emilie Wojcieszynsk) (2022), *Tunisia COVID-19 Country Case Study,* International Labour Organisation / Economic Research Forum, wcms_839018.pdf (ilo.org)

[35] Krafft, C. Assaad, R. and Marouani. M. (2021). "The Impact of COVID-19 on Middle Eastern and North African Labor Markets: Vulnerable Workers, Small Entrepreneurs, and Farmers Bear the Brunt of the Pandemic in Morocco and Tunisia." Economic Research Forum Policy Brief No. 55. Cairo, p.2.

[36] Hassen, M. Marouani, M. and Wojcieszynski. E (2021). "Mitigation Strategies in Response to COVID-19 and Inequalities in Tunisia.", INCLUDE Knowledge Platform for Inclusive Development Policies, COVID-report-Tunisia.pdf (includeplatform.net), accessed on 15.08.2023.p.18.

[37] Arab Barometer (2021), Op. Cit.

[38] Yerkes, S. and Youssef, M. (2020), *Coronavirus Reveals Tunisia's Revolutionary Gains for Women Only Exist on Paper*, Carnegie Endowment for International Peace, Washington D.C. 22nd June.

[39] CREDIF C (2016), *The Gender-Based Violence in Public Spaces in Tunisia*, Tunis: CREDIF/ONU Femmes.

[40] Yerkes and Yousef (2020), Op.Cit. p.1.

[41] Sediri, S. Zgueb, Y. Ouanes, S. Ouali, U. Bourgou, S. Jomli, R. and Nacef, F. (2020), "Women's mental health: acute impact of COVID-19 pandemic on domestic violence", Arch Womens Ment Health. 2020 Dec;23(6):749-756. doi: 10.1007/s00737-020-01082-4. Epub 2020 Oct 17. PMID: 33068161; PMCID: PMC7568008. Women's mental health: acute impact of COVID-19 pandemic on domestic violence (nih.gov), accessed 16.08.2023.

[42] World Economic Forum (2021), *Global Gender Gap Report 2021: Insight Report March 2021*, Geneva, WEF, Global Gender Gap Report 2021 | World Economic Forum (weforum.org)