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The COVID-19 Pandemic and the Reconfigurations of Domestic Space in Favelas

Brief Reflections on Intimacies and Precariousness

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ABSTRACT: This article aims to reflect on the ways in which the COVID-19 pandemic changed how experiences of intimacy occur with a specific focus on the domestic relations of women living in *favelas* in the city of Rio de Janeiro, Brazil. In contexts marked by precariousness and by the everyday difficulty of cohabitation in spaces that are characterised as small and with little infrastructure, the pandemic retraces the forms of co-existence, modifying the ways in which intimacies are built and experienced. The perspective adopted takes into account the ways in which the pandemic creates, recreates and intensifies relationships of vulnerability that not only include prevention of the virus, but changes to domestic space and women' private lives.

KEYWORDS: care, COVID-19, *favela*, gender, intimacy, precariousness

This brief article aims to reflect on the ways in which the COVID-19 pandemic restructures intimacies, and the ways in which people relate to each other and to the domestic environment in a group of *favelas* located in Rio de Janeiro, Brazil. I take as a starting point for my reflections the countless conversations that I have had digitally with women from these *favelas* in order to understand the ways in which they narrate and give meaning to their everyday experiences in the midst of the pandemic. Above all, I want to argue that to talk about the experiences of these women is to reflect on the work of care on gender conventions that associate women with the domestic and the zeal for their children, and on the affective implications that arise from tensions within the household that result in different forms of violence.

These *favelas*, which I call Complexo,[1] are places marked by material precariousness, since there is a lack of sanitation, access to health care, and housing. Complexo comprises roughly twenty thousand inhabitants and has one the lowest Human Development Index (HDI) scores in the city. Usually, the houses are inhabited by big families, but there are a lot of problems because the space is restricted and contains little in the way of ventilation. Another important thing to note is that the majority *favela* residents perform some type of informal work and/or receive direct income transfers through the Bolsa Familia programme. Of course, these infrastructural problems have now been exacerbated by the pandemic, for it is difficult to maintain social isolation measures or even to guarantee access to food and cleaning products. Since March, when Brazil was hit by the virus, there have been a lot of crowd-funding campaigns to raise money to diminish the effects of the pandemic in the *favelas*. Women, the central subjects of this article, are on the frontline of this process, being responsible for all the logistics involved in buying and distributing the food baskets and cleaning kits.[2]

But what I want to address in this article is more microscopic, as it concerns the intimate relationships and the private sphere and domestic space. It is undeniable that the pandemic causes considerable inflections in the ways people experience public and

private spaces, in broad terms, with the idea of isolation just to begin with. The same is true in *favelas*, but this occurs unevenly, as the very idea of social isolation[3] in a context of precariousness, where markers of difference such as race and class are significant, is a challenge. The theoretical reference for my discussion of precariousness is the work of Judith Butler (2009). Butler argues that certain lives are believed by our society to have value while others are not and that some lives are deemed worthy of being mourned and others are not. In the case of *favelas*, issues such as race and social class, and state-based mechanisms of exclusion, are both fundamental, since they transform certain bodies – Black, poor, and peripheral bodies – into lives that do not deserve to be lived, into bodies that are simply killable. Thinking through precariousness allows us to address the non-democratic character of the virus, since there are broader structures – systemic racism, unequal income distribution, state violence in its many forms – that position individuals as more vulnerable to it than others. Precariousness as an analytical line gives us precious insight into understanding women' experiences of intimacy in *favelas*, since the pandemic increases the amount of domestic work, the number of struggles they must face to survive a lack of money and infrastructure, and puts the everyday position of caregivers into dire straits.

In order to make my argument, I believe it is important to address the question of methodology, for it is important to consider how intimacies are created and formed while carrying out our research in the context of COVID-19. In this sense, technological apparatuses represent a way of rethinking the relationships established between the researcher and their collaborators. Much of the ethnographic experience is possible due to the creation of bonds of intimacy with the researcher's interlocutors. The same is true for ethnographies mediated by technology and screens. In this case, we are speaking of digital intimacies, in which relationships of mutual trust and shared space are experienced by the use of technological devices and platforms. In my case, I mainly used WhatsApp – a digital communicator – to talk to my interlocutors. It is important to note, for example, that WhatsApp allows for narratives to be shared in different formats: text, images and audio messages. Something curious is that, in the last few months there has been a considerable change in the format chosen to send messages based on the type of information being shared. Written messages – usually underused in conversations – have become the main means of expressing more sensitive, intimate facts,

since it would be impossible to record audio within the shared home environment. Amongst the facts considered intimate are narratives about some violence and conflicts, comments about other members of the family group, and any mention of the police and/or drug trafficking. Therefore, one can see how research itself, modes of communication, and possibilities for exchanging intimate information between interlocutors and researcher have altered due to the conditions imposed by COVID-19.

While talking to Joana over WhatsApp about the effects of the pandemic, our conversation was constantly interrupted. Joana is one of my research[4] collaborators, and she lives in a *favela* that is part of Complexo. After a long pause, Joana sent me a photo with the following caption: 'Look at what they did'. In the image, two children, in a small room, appeared to be making a slide with the mattress on the bed. They looked scared, as if an adult had just surprised them. Joana continued our conversation, describing the difficulty of being in the house with four children and her partner for more than three months, sharing a domestic space that has become collective on all possible levels. Soon after, I received another picture: one of her children, a three-year-old boy, had spread toilet paper all over the house to play. Joana, resigned, told me that 'he was not easy' and that she could never have imagined that 'being stuck with them for 24 hours would be so difficult'.

A few weeks prior to our conversation, Joana had described the feeling of enormous fatigue: the COVID-19 pandemic had significantly impacted her family's everyday life, especially regarding the dynamics needed to keep the house running – the labour division and the ways of getting money to buy basic needs – and the relationships between its residents. 'Exhausted', 'tired', 'crazy', 'angry' and 'stressed' were some of the words that Joana and other mothers with whom I keep in touch with began to use repeatedly to refer to their mental states when confronted with the reality of being isolated in their homes. As described above, the houses have restricted spaces, little air, and little lighting: all the rooms are shared by their children, partners, other family members, and acquaintances. While privacy would normally be a challenge, there was no chance of it now.

In order to understand the everyday facets of intimacies during the pandemic in the context of the *favela*, the first point to consider is the work of care. In their narratives, the women invariably mention an overload of work during the pandemic, for it is their responsibility to take care of their children, the home, and to guarantee the family group's survival. It is

important to notice that the majority of these women are heads of household and that these households are considered single-parent homes within the Brazilian bureaucratic system. Recent research[5] shows that in Brazil there are 11 million female heads of household (or single mothers). According to data from the Brazilian Institute of Geography and Statistics, 61 per cent of single mothers are Black and 63 percent of households whose basic income comes from women (either through work or income transfer programmes) are below what is considered a poverty line (145 reals per person per month – around 27 US dollars).

In the *favelas* covered in this article, the situation is similar. The women are also responsible for circulating outside the *favelas* in order to buy food and ensure the functioning of the household. Many of them told me, for example, that they faced long lines to receive the emergency assistance provided by the Brazilian government, or even that they were forced to attend social assistance agencies to regularise official documents that would entitle them to the benefit. I used the term 'overload' above because this is an endless work of care without rest or respite, as children and adolescents remain inside the homes, conducting their schooling remotely. This limited remote mode of teaching developed by state agencies created new demands for mothers.

Paula, for example, described her frustration during one of our conversations: 'The teachers send homework that they [my children] need to print. If I spend 35 reais (7 US dollars) to print the material, I have less money to buy food. The usual amount of food is no longer enough, because the children eat all day. And to make things worse, I don't know how to teach them anything regarding their school tasks. I complained and the teacher blamed me instead'.

My argument is in line with theories that describe ambivalent ideas of care and that consider the need for policies of care. In this sense, as proposed by Maria Puig de la Bellacasa, to speak of care is to reflect on 'affective, ethical, and hands-on agencies of practical and material consequence' (2017: 4), which should not be reduced to a 'moral obligation' or something pleasant, positive or wrapped in affection (love, for example). Care can be overwhelming, painful, and inflict great consequences on the mental health of individuals. Care, above all, involves tensions and conflicts, and is only accessible in a relational and situated way. Another important analytical framework is provided by Viviana Zelizer (2005) when she proposes that, when negotiating their intimacies and the household economy, the members are in fact

negotiating the meanings of the relationships they establish amongst themselves and these meanings are way too complex for us to fall on easy explanations or on rigid demarcations of the positions occupied by each household person.

In the case of these women, the idea of care appears with recurrence, but not always as something rejoining, happy or pleasurable: there is an overload, it is difficult to cope with all the tasks, they feel tired and guilty for not being able to do everything and for having to constantly provide a response to the social expectations surrounding them. It is important to notice that both care and intimacy are involved in moral boundaries and in a set of social expectations that are usually unbearable. Joana blames herself for being tired of her children.[6] She never imagined it would be so tiring to guarantee comprehensive care for her kids, to entertain them, and be a mother while also a housewife, partner and even provider. Paula bears similar guilt, which is exacerbated by the teacher's criticism regarding her confession that she cannot properly help her children with schoolwork. This shared intimacy imposed by the pandemic is directly related to the work of care, which is not a choice but an obligation for these women.

In addition, I argue that the allocation of the responsibility of care to women helps to maintain and reproduce gender conventions, for it reiterates more traditional constructs on gender that separate the living space, giving clear roles to men and women. While men are associated with the public sphere, the street and paid work, women are associated with the private sphere, intimate space and domestic work. It is women who must care for the intimacies of the family group under the guise that they are better equipped to do so. But who takes care of the women? Who cares for the mental health of these women? This is the case with Gabi, another one of my interlocutors, who complains about the amount of work she must do, that she does not stop 'for a minute', for she must use 'all of her time to make, clean and fix things, because the children don't stop'. She also says that she routinely tries to impose a division of tasks at home, sharing responsibilities with her teenage daughter and her partner, but her strategy has not been successful. Furthermore, Gabi has taken on the role of caring for her neighbourhood. She is part of a committee of residents that distributes food and cleaning kits in the *favela*, placing herself at the forefront and trying to tackle conditions of inequality imposed by the virus. Her attempts to share the work of care are hindered by the gendered role of provider that she is forced to take on.

Finally, there is the issue of the constant demands for affection and the tensions that arise from intimate relationships that, ultimately, lead to violence in different ways. One of the teenagers participating in my research has reported an increase in conflicts with her mother. According to her, the fights have become almost unbearable:

> We fight over a silly thing. Living together, spending 24 hours a day with my mother and my brothers has been too difficult. Everything now becomes a reason for a fight. My mom always starts to complain: "You are sleeping too much, you need to look after your brothers because they are breaking the house". I answer immediately that I have no children, that they also drive me crazy and that they are not my responsibility. There was a party here at home in which she even hit me, broke my nail. This pandemic ruined my routine and my plans.

Joana, who opened this article, also mentions an increase in tensions, especially with her partner. According to her, 'everything turns into a fight', and she confesses that she no longer has the patience for the unequal distribution of tasks and for the small daily experiences of conviviality.

Many studies have addressed how the pandemic and social isolation impact forms of co-existence and increase the occurrence of gender violence. In countries that have already suffered the peak of the pandemic, there was an increase in the recorded number of cases of domestic violence – and it is noticeable. The same impact seems to occur in Brazil. In the context of the *favela*, this violence is not commonly reported or made visible; rather it is commonly resolved in other ways – that is, in the intimate or community sphere. Studies[7] carried out in post-epidemic contexts (as is the case of Ebola in Sierra Leone) show that sexual and gender-based violence are 'hidden consequences' (Onyango and Regan 2020) of epidemics and pandemics.

One commonality that appears in the narratives of these women is that they feel constantly watched and policed by their partners, especially in the use of their cellphones and digital platforms. Ana, for example, told me that her partner is jealous and is monitoring everything that she does online. She said she was afraid because in previous outbursts of jealousy he physically assaulted her:

> He is furious about me using Facebook and WhatsApp. He said that I only care about showing myself on the Internet and that I don't take care of the children and the house. I have to hide any conversations with other men because he is inside the house with me all the time. If he found out about it, he will attack me as he did before. Once he hit me with a screwdriver. You know, that scar that I have on my leg.

Reports like this indicate an increase in tension and forms of everyday conflict directly related to an imposed intimacy and from which, given the health crisis, it is not possible to escape.

Thus, it is in the texture of pandemic everyday life in *favelas*, inside the houses, in precariousness, in the work of care and in the burdens of being and performing like a mother (the expected one at least), that we can find some lines of analysis that allow us to advance in the understanding of possible forms of intimacy during COVID-19. In contexts marked by precariousness, especially material precariousness, and by the everyday difficulty of cohabitation, the pandemic retraces the forms of co-existence, modifying the ways in which intimacies are built and experienced. I tried to show how the pandemic creates, recreates and intensifies relationships of vulnerability that are not restricted to the prevention of the virus, but include the conformation of domestic spaces and women's private lives to the virus.

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Notes

1. For ethical reasons, and in order to limit the possibility of readers identifying the places I describe, I changed the name of the *favelas*.
2. Carolina Parreiras and Viviane Mattar (2020) developed a recent piece on the challenges of staying alive and fighting the virus, the risk of starvation and the necropolitical forms of government in place in Brazil with the far-right president Jair Bolsonaro.
3. Mattar and colleagues (2020) propose the idea of 'community distancing': there is less contact with

environments outside of the *favela*, but this isolation from other territories is experienced together, in community, while residents circulate within the territory of the *favela*.

4. This article stems from my broader research on the theme of the occurrence, and the ways of naming, sexual violence (which I use as an umbrella term) against adolescents in *favelas*.

5. See http://www.generonumero.media/retrato-das-maes-solo-na-pandemia/.

6. Camila Fernandes (2017), while researching in a *favela* in Rio de Janeiro, talks about 'nervous mothers' and an 'economy of intensity', in which children become targets for the expression of the broader moods and anger of these women.

7. I refer mainly to the works of Denise Pimenta (2019) and Monica Onyango and colleagues (2019) on gender and sexuality issues in epidemic and post-epidemic contexts.

References

Butler, J. (2009), *Frames of War: When Is Life Grievable?* (London: Verso).

Fernandes, C. (2017), Figuras da Causação: Sexualidade Feminina, Reprodução e Acusações no Discurso Popular e nas Políticas de Estado [Provocative figures: female sexuality, reproduction and accusations in popular discourses and State policies] (Rio de Janeiro: Museu Nacional)

Mattar, V., R. L. Azize and R. A. Monteiro (2020), 'Distanciamento comunitário? Perspectivas sobre COVID-19, favela e transferência de renda'. [Community distancing? Perspectives on COVID-19, *favela* and income transfer], *Antropologia na Pandemia* [Anthropology in the pandemic], 18 June, https://brasilplural.paginas.ufsc.br/antropologia-na-pandemia/distanciamento-comunitario-perspectivas-sobre-covid-19-favela-e-transferencia-de-renda/.

Onyango, M., and A. Regan (2020), 'Sexual and Gender-Based Violence during COVID-19: Lessons from Ebola', *The Conversation*, 10 May, https://theconversation.com/sexual-and-gender-based-violence-during-covid-19-lessons-from-ebola-137541.

Onyango, M., K. Resnick, A. Davis and R. R. Shah (2019), 'Gender-Based Violence among Adolescent Girls and Young Women: A Neglected Consequence of the West African Ebola Outbreak', in *Pregnant in the Time of Ebola: Global Maternal and Child Health*, (ed.) D. Schwartz, J. N. Anoko and S. A. Abramowitz (Cham, Switzerland: Springer), 121–132.

Parreiras, C, and V. Mattar (2020), 'Bolsonaro's politics of death, Covid-19 and racial inequality in Brazil', *Corona Times*, 8 July, https://www.coronatimes.net/bolsonaro-politics-death-covid-19-race-brazil/.

Pimenta, D. (2019), *O cuidado perigoso: tramas de afeto e risco na Serra Leoa* [Dangerous care: Plots of affection and risk in Sierra Leone] (São Paulo: Universidade de São Paulo).

Puig de la Bellacasa, M. (2017), *Matters of Care: Speculative Ethics in More Than Human Worlds* (Minneapolis: University of Minnesota Press).

Zelizer, V. (2005), *The Purchase of Intimacy* (Princeton, NJ: Princeton University Press).