FAMILIES AND COVID-19: AN INTERACTIVE RELATIONSHIP
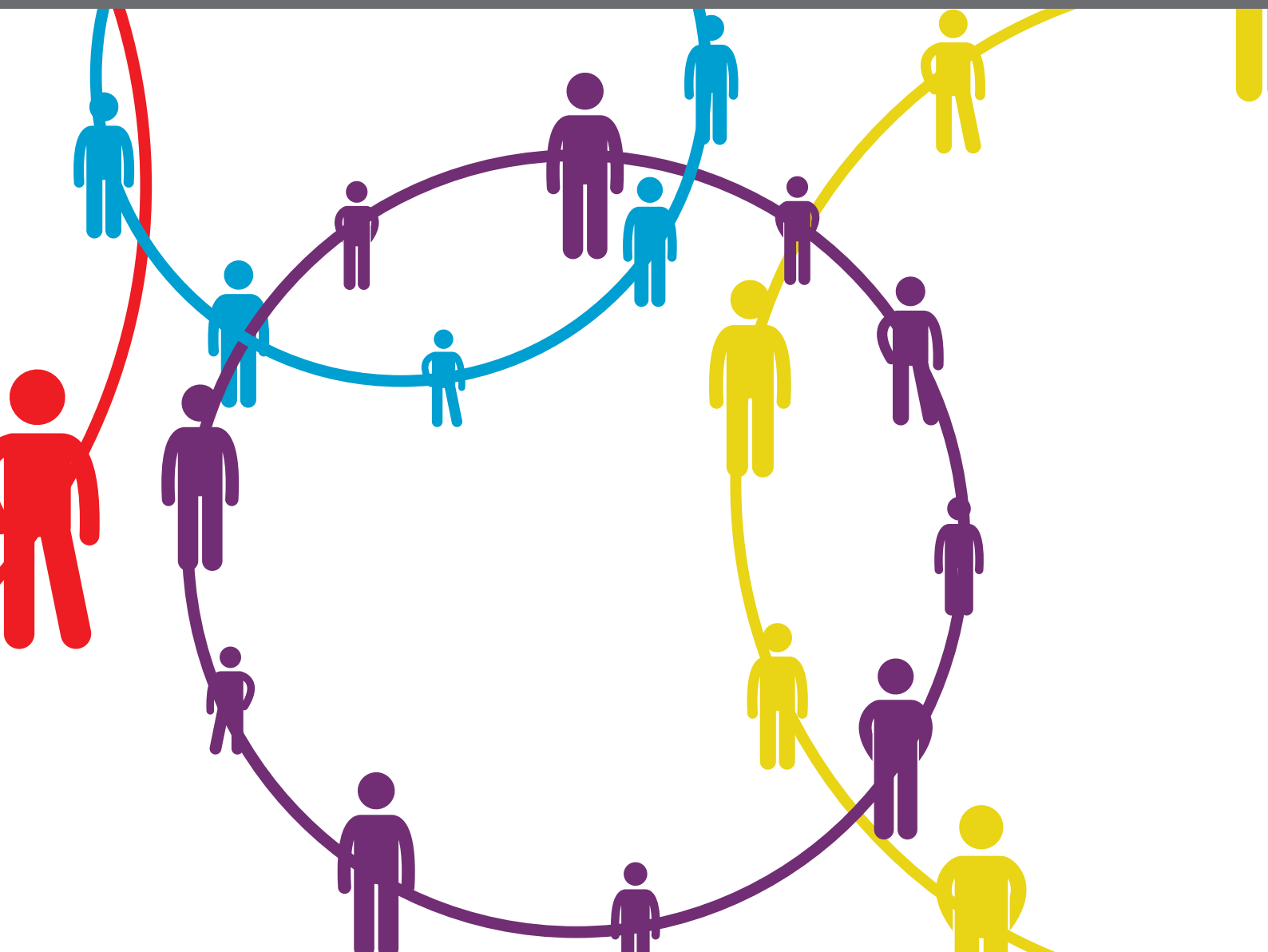
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FAMILIES AND COVID-19: AN INTERACTIVE RELATIONSHIP

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Editorial: Families and COVID-19: An Interactive Relationship

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Editorial on the Research Topic

Families and COVID-19: An Interactive Relationship

INTRODUCTION

When the World Health Organisation (WHO, 2020) declared that Europe had become the epicentre of the COVID-19 pandemic in March 2020, the disease was recognised as a novel and virulent strain of coronavirus, presenting an unprecedented global threat to humanity, against which populations had no natural immunity. Comparisons with death rates in the Spanish flu pandemic in 1918 and both world wars showed how COVID-19 was affecting very different age groups (Spinney, 2017). Unlike earlier pandemics and global crises, older people with co-morbidities quickly became a focus for attention as the most vulnerable population category with the greatest likelihood of being hospitalised and dying from the disease.

Evidence was also sought from earlier pandemics about the most effective ways of controlling the spread of the virus. The relative success of East Asian countries in containing COVID-19 at its onset was widely attributed to their capacity to learn from previous experience of epidemics, their preparedness to deal with new threats to health, and public acceptance of the need to comply unquestioningly with stringent public health measures (Cairney and Wellstead, 2021). WHO and national governments were accused of being ill-prepared for a global pandemic, of reacting too slowly in closing their borders and then implementing stringent lockdowns that caused irreparable damage to the economy and to the livelihoods of families and communities (Boin et al., 2020; Capano et al., 2020).

Social science evidence collected in the early phase of the pandemic in Europe identified a wide range of socio-demographic, economic, political and environmental factors that were affecting vulnerability to the disease (Hantrais and Letablier, 2021). Countries, or areas within them, with densely populated, high urban concentrations and internationally connected populations, in conjunction with high old-age dependency ratios and high rates of underlying health conditions (obesity, diabetes), were more likely to record larger numbers of COVID-19 cases and deaths. Poorly funded and equipped public healthcare provision, and underdeveloped technological infrastructures, crowded living conditions in multigenerational households, risky lifestyles, and precarious working arrangements in low-paid public-facing jobs, particularly when carried out by ethnically diverse populations, compounded the risk of contracting and dying from the disease. The pandemic presented greater challenges for policymakers in regions where these underlying conditions were associated with entrenched socio-economic and political divisions, unstable or dysfunctional governments, skeptical electorates and hostile media.

Relatively little reliable information was available at this early stage in the pandemic about the differential impact of lockdown measures on the everyday lives and relationship of family members

within and across societies. Nor was sufficient attention being devoted to variations in the impact of family composition and living arrangements on the transmission of the disease and its outcomes. Yet, social scientists were aware that existing socio-economic inequalities were being intensified because of the failure to focus on the effects at the micro-social level of lockdown measures, particularly school and workplace closures, restrictions on entertainment and public gatherings, and social distancing rules.

Evidence from small-scale sociological studies gradually raised awareness among policymakers of the indirect and potentially longer-term effects of the pandemic on the social, psychological and economic lives of households and families (Maor and Howlett, 2020). The accumulating international evidence base confirmed the importance for policy development of understanding the complex interactive relationship between socio-demographic and environmental health determinants on the transmission of the disease within households and of its etiology within different population groups (Hantrais and MacGregor, 2021).

The aim of this special issue of *Frontiers in Sociology* is to fill some of the gaps in knowledge about the interactive relationship between families and COVID-19, drawing on evidence collected in a wide range of cultural and disciplinary contexts. Contributors to the special issue examine similarities and differences in the experiences of families, especially during the first wave of the pandemic (see **Table 1**). They show how families and households served as a prism or social laboratory for studying the dynamics of everyday life and the ways that livelihoods were affected by policy measures as households became a critical site for government interventions.

Together the articles in the collection present an impressive body of quantitative and qualitative data about the interactive relationship between families and the pandemic in a large range of countries at the intersections between ethnicity, gender, age, health status, occupation, income and housing. They reveal the challenges that arise in assessing and brokering evidence about these interactions in different socio-economic and political settings. They also show how social science research evidence can be used to inform and shape policy, while mitigating impacts of the pandemic in the immediate and longer term, and improving outcomes for families in different policy settings. Although each of the studies is contextualised, few are explicitly comparative. But the evidence from this body of original theoretical and empirical analysis, in conjunction with the available literature that is cited, provides a robust basis for international comparisons of the interactive family–COVID-19 relationship.

INTERNATIONAL AND DISCIPLINARY PERSPECTIVES

Most articles in the special issue focus on a single country, and a specific age or ethnic population group, or household types within it. But all the studies are contextualised in relation to research carried out in similar or contrasting socio-cultural, economic and political environments, thereby extending coverage of the topic within and beyond Europe, to OECD and African countries. The multi-national authors represent a variety of social science disciplines and subdisciplines, from family sociology, anthropology, demography to gender and socio-legal studies, social policy and social work.

As family sociologists in Chile, Palma and Araos examine the intergenerational coping strategies adopted by different types of households during the pandemic. Gouveia et al. describe the wider socio-economic context of Portuguese society that preceded the pandemic and the ways in which it exacerbated inequalities between households and families. The research by Hu and Qian, family sociologists based in the UK and Canada, is explicitly comparative in considering how the physical and virtual isolation imposed on older people in the UK and US during the pandemic affected their mental well-being.

Lambert et al. adopt a socio-demographic perspective in exploring the impact of COVID-19 in France on gender equality in households with children and how it reflected household living and working arrangements prior to the crisis as well as during lockdown. Bühler et al. conducted an anthropological analysis of the reconfiguration of gender and family relations in a Swiss canton to understand the interactive relationship between risk and protective practices. In Sweden, Wissö and Bäck-Wiklund drew on their backgrounds in social work to carry out a sociological analysis of the fathering practices of Syrian refugees.

Shah et al. engaged young people in four geographically and culturally different countries (Lebanon, Italy, Singapore, and the four UK nations) in participatory action research. Their investigation focused on young people's perceptions of growing up under COVID-19. Kutsar and Kurvet-Käosaar explored the experiences of children in Estonia within the broader context of the Baltic States from sociological and cultural perspectives.

By documenting the rules regarding support bubbles adopted in the four UK nations, following the example of New Zealand, Trotter's article brings a legal dimension to the analysis of the impact of government restrictions on family life.

METHODLOGICAL APPROACHES

The conditions during the pandemic hampered the process of carrying out empirical social science research. While the opportunity for primary research that involved face-to-face fieldwork became impossible, one of the major consequences of the pandemic on families was the growth of online practices, whether for children's education, parents' employment or communications between relations and friends. Such significant changes in everyday life had implications for how researchers carried out their trade. The rapidity with which people were forced to conduct their lives online offered an opportunity for social science to make a virtue out of necessity.

Most of the studies and analyses in the special issue were designed specifically to document the pandemic's effects on family lives (see **Table 1**). The original aim of the small-scale qualitative study carried out by Wissö and Bäck-Wiklund was

TABLE 1 | International and methodological perspectives on family life.

Authors	Title	Country	Research design	Data collection	Data analysis
Trotter	Ways of Being Together during the COVID-19 Pandemic: Support Bubbles and the Legal Construction of Relationships	New Zealand UK nations	Archival and contemporary material	None	Documentary
Shah et al.	Growing up under Covid-19: Young People's Agency in Family Dynamics	Lebanon Italy Singapore UK	Participatory approach (non-representative sample)	Digital and online interviews (small samples)	Qualitative analysis
Hu and Qian	COVID-19, Inter-household Contact and Mental Well-being among Older Adults in the US and the UK	US and UK	National and international longitudinal studies (representative samples)	Face-to-face and online national survey data	Secondary quantitative analysis
Palma and Araos	Household Coping Strategies during the COVID-19 Pandemic in Chile	Chile	National panel study (representative sample)	National survey data	Secondary quantitative analysis
Kutsar and Kurvet-Käosaar	The Impact of the COVID-19 Pandemic on Families: Young People's Experiences in Estonia	Estonia	Collaboration with schools and a national museum qualitative interviews (purposive sample)	Written diaries face-to-face/ online/ phone interviews	Qualitative analysis
Lambert et al.	Socio-economic Impacts of COVID-19 on Working Mothers in France	France	Wave of longitudinal online survey (national quota sample), ongoing qualitative study	Online survey and telephone/online interview data	Quantitative and qualitative analysis
Gouveia et al.	Household Diversity and the Impacts of COVID-19 on Families in Portugal	Portugal	Cross-sectional national survey (non-representative) and qualitative online study	Online survey and subset of online interviews	Quantitative and qualitative analysis
Wissö and Bäck-Wiklund	Fathering Practices in Sweden during the COVID-19: Experiences of Syrian Refugee Fathers	Sweden Syria	Longitudinal qualitative study	Face-to-face interview data	Qualitative analysis
Bühler et al.	Caring during COVID-19: Reconfigurations of Gender and Family Relations during the Pandemic in Switzerland	Switzerland	Qualitative study of selected groups drawn from an epidemiological project	Face-to-face interviews at home or in research institute	Qualitive analysis

different. Already in 2019, the authors had been examining the fathering practices of refugees as part of a comparative project in Sweden and the UK. The project's longitudinal design made it possible to approach the families again in 2020 to understand their everyday experiences during the pandemic. The study by Lambert et al. was also able to draw on pre-pandemic work, in their case on class, gender and generational inequalities in France, to capture changes in attitudes and practices. Authors of other dedicated studies, carried out as the pandemic progressed, questioned respondents and interviewees about their subjective perceptions of the changes that COVID-19 was bringing about in their lives.

Nearly all the articles in the special issue resorted to online data collection methods during the pandemic. Unlike the other authors, Trotter relied solely on documentary evidence assembled from a wide range of official and administrative sources in combination with political speeches, journalistic and other media reports, to track the development of support bubbles across time (from the onset of the pandemic to the submission date of the article) and space (from New Zealand to the four UK nations). Significantly, almost all her materials were available online.

The most ambitious example of original empirical online research, in terms of the sample size achieved, was the survey conducted by Gouveia et al. in Portugal. The research team publicised their survey through mainstream media and online platforms: websites, Twitter and Facebook accounts and email distribution lists. The final sample included 11,508 adults, but it was non-probabilistic, which limited statistical inference as well as an accurate representation of all segments of society. Biases were geographical, educational and social class related. For example, residents in the Greater Lisbon Area and large urban coastal areas were over-represented, as were respondents with a university degree, whereas those with routine manual and frontline service work were under-represented. To complement their quantitative data, Gouveia et al. selected and studied a subset of cases adopting a qualitative approach using online methods (Braun et al., 2020). By posing open-ended questions to a small sample drawn from a wider survey, the authors were able to exemplify the experiences and strategies adopted during the pandemic that had been identified in the survey data.

Digital methods and access contributed to similar biases in small-scale qualitative studies involving online sampling, which the authors sought to overcome by using a purposive selection of cases for in-depth analysis (Kutsar and Kurvet-Käosaar; Lambert et al.; Shah et al.). The article by Bühler et al. reports on a stand-alone qualitative study designed to complement the results from an epidemiological project on the transmission of, and immunity

to, SARS-CoV-2, in a Swiss canton. The cases selected provide an in-depth description of how the respondents reconfigured their lives during the first lockdown. The mixed methods design employed by Lambert et al. enabled them to address temporal concerns. The national survey that they were analysing failed, however, to capture the experience of highly vulnerable groups, such as lone mothers who were particularly affected by the pandemic. Nor did it permit direct comparisons to be made between men and women within couples. The authors therefore used a panel of respondents who were being followed prior to, and during, the pandemic to complement the quantitative data from the national survey.

An obvious way for researchers to access large-scale background data relating to families' experiences of the pandemic was to draw on existing national datasets. Whether the analysis of findings from large-scale surveys constitutes "dataset re-use" or "secondary analysis" (Brannen et al., 2021) is a moot point given that some of these datasets were ongoing national panel studies that were adapted to include questions relating to COVID-19. The advantage of secondary analysis is that it involves bringing new research questions to existing data (Heaton, 2004). Building on pre-pandemic work on household coping strategies, Palma and Araos carried out secondary analysis of data from a new national panel survey collected by the Ministry of Social Development during the first wave of the pandemic in Chile to identify its social consequences for the living conditions of families. Hu and Qian undertook secondary analysis of data from two waves (post and pre-pandemic) of the US international longitudinal Health and Retirement Study and the UK national longitudinal study, Understanding Society, in their comparative analysis of the effects of virtual vs. face-to-face contact on the mental well-being of older adults.

Since researchers could not easily gain direct access to research participants, as in much primary social science research, they used intermediaries to recruit participants. In a study of young people's experiences of the pandemic, Kutsar and Kurvet-Käosaar exploited a public data collection campaign organised by the Estonian Literary Museum in 2020 to provide data for their archives. Schools were asked to give pupils an assignment in which they kept lockdown diaries or wrote memoirs during the first wave of the pandemic that would ultimately be placed in the museum's collection. A year later, during the second wave of the pandemic, the authors organised a fieldwork assignment for their university students designed to track changing reactions to the pandemic. The students were required to interview a small sample of children whom they knew using convenience sampling with purposive sampling elements. This method enabled the authors to gain insights into how attitudes and behaviours were evolving over a longer period of time.

Another way in which young people were encouraged to contribute to research about the impacts of the pandemic on their lives was through the use of participatory methods. Drawing on earlier work on family interdependencies, Shah et al. adopted a participatory ethnographic action approach. They invited young people in four countries (Italy, Lebanon, Singapore and the UK) to document their experiences of the pandemic. The co-researchers within and across the countries

were organised into seven panels. Video calls and an online collaboration platform were supplemented by individual online interviews. Participation varied across the countries owing to differences in socio-economic conditions, in COVID-19 case numbers and in internet connectivity. High rates of attrition occurred, due in part to "zoom fatigue", despite the engagement strategies employed by the core research team to build rapport with, and support, young people over time, including private messaging and one-to-one calls.

Although not explicitly discussed in the nine articles, the pandemic was found to have wrought major changes in the ways in which social science research is carried out: whether it be in data sources, collection and analysis, or the dissemination of findings. These changes beg the question about the longer-term impact of COVID-19 on social science and its methodologies.

FAMILIES AS SITES FOR GOVERNMENT INTERVENTIONS

When Europe was recognised as the epicentre of the pandemic in March 2020, the prevailing climate of uncertainty was intensified by inconsistent scientific advice and intractable political dilemmas. Hotspots were identified for transmission of the virus, focusing on frontline workers, shielders for vulnerable members, rules for family gatherings and ceremonies, which were used to legitimise intrusions in family life and privacy. To be effective, social and physical distancing in work, play, education and everyday life, as well as limitations on mobility and access to family care, required compliance by family members and within families. Family members were also recipients of state support. Governments experimented with packages of measures based on limited and, at times, contradictory evidence about their effectiveness in preventing transmission of the disease and high excess death rates, amid growing concern about the collateral damage being caused to public health, and to social and economic life. The articles in the collection show how, in the competition for resources, politicians, policymakers and households faced moral and practical dilemmas. They document the intergenerational and gendered conflicts that arose, challenging both family and social solidarity.

National and localised lockdowns were introduced with different degrees of stringency. Sweden (Wissö and Bäck-Wiklund) and Switzerland (Bühler et al.) stand out as countries featured in the special issue with the most flexible or "softer" forms of lockdown, but without providing any tangible evidence that this flexibility eased pressures on family members. By leaving individuals to take personal responsibility for deciding whether to comply with the regulations, the contrary may even have been the case.

All the articles in the special issue address the issue of how the pandemic, mediated by government policies and, importantly, by access to digital technologies, affected living arrangements and intra-familial relationships, as the closure of public spaces and activities (for education, work and leisure) forced family members to spend more time at home together or apart. Trotter documents the many ways in which the law constructs and acts

on perceptions of the experience of being together. By showing how support bubbles were defined and implemented in the four nations in the UK, she highlights regional differences in the extent to which the state sought to control relationships within families, resulting in confusion and difficulties for families whose members were dispersed across the country. Other articles identify disparities in the experiences of living through the pandemic associated with age and generation (Hu and Qian; Kutsar and Kurvet-Käosaar; Shah et al.), socio-economic status and gender (Bühler et al.; Lambert et al.), ethnicity and immigration (Bühler et al.; Wissö and Bäck-Wiklund), and living arrangements, particularly in countries with relatively large numbers of multigenerational households (Gouveia et al.; Palma and Araos).

Responses in surveys and interviews revealed how the closure of schools, offices, sporting and cultural venues impacted on the social and psychological well-being of young people. Several articles in the collection show how young people perceived the experience of lockdown as both negative and positive (Kutsar and Kurvet-Käosaar), and how they were able to play a role in managing the situation and asserting their right as active and autonomous participants in civic and social life (Shah et al.).

Not only did lockdown measures create opportunities to discover the benefits of closeness and a new understanding between the generations, but they also uncovered latent tensions and conflicts within households (Gouveia et al.; Kutsar and Kurvet-Käosaar). Gender differences were starkly exposed, as traditional gender roles (caring, family–work reconciliation) were simultaneously reinforced and challenged (Bühler et al.; Lambert et al.). Analysis of the differential impact of the pandemic and associated lockdowns on gender relationships reveals different coping strategies and role adaptations of women and men during the pandemic (Lambert et al.), as well as their capacity to develop effective income-generating and expenditure-minimising coping strategies (Palma and Araos). The findings confirm that women bore the main brunt of lockdowns, even if men temporarily assumed a shielding role to protect their families from viral exposure (Bühler et al.).

Although national media, and several of the articles in the collection, focused on the negative impact of the restrictions on the mental health of young people, the article by Hu and Qian compared the effects of policy measures on the mental health of older people in the UK and US. The authors found that virtual contact, including by telephone, was not a qualitatively equivalent alternative to face-to-face contact. This finding also applied to young children in Estonia (Kutsar and Kurvet-Käosaar). In Chile, by contrast, older people were found to suffer less financial hardship than other age groups due to their relatively secure, albeit very low, incomes from pensions in a context where state welfare support for workers and their families was limited (Palma and Araos).

Studies that adopted a longitudinal perspective (Lambert et al.), and/or questioned respondents about the changes they had been forced to make to their daily lives (Bühler et al.; Gouveia et al.; Kutsar and Kurvet-Käosaar; Palma and Araos), revealed

growing socio-economic inequalities in the opportunities and threats presented by the pandemic (Wissö and Bäck-Wiklund). Restrictions on access to education and workplaces was a central concern, particularly with the sudden shift to online communications (teleworking and distance learning). Studies that tracked changes over time showed how public attitudes and behaviours evolved as governments progressively — often too rapidly — relaxed restrictions to relieve economic hardship, by lifting travel bans and reopening hospitality, entertainment and tourism sectors, schools and offices. Respondents reported that they were suffering from pandemic fatigue and were becoming less willing to comply with stringent lockdown measures (Gouveia et al.; Kutsar and Kurvet-Käosaar; Lambert et al.).

In addition to tracking the impact of government measures on the experiences of family members, the contributors show how, to varying degrees, governments listened to the accumulating social science evidence in formulating policy responses to the many challenges they were facing (Kutsar and Kurvet-Käosaar). Findings from the studies emphasise the importance of providing multilevel welfare interventions to ensure that they cater for differentiated social needs and vulnerabilities (Gouveia et al.; Palma and Araos; Wissö and Bäck-Wiklund); that they mitigate the unexpected and less visible and unequal impacts of the pandemic on everyday lives (Bühler et al.; Hu and Qian; Lambert et al.; Shah et al.); and that they improve outcomes for families in different policy contexts within and between countries in the immediate and longer term.

CONCLUSIONS

Although the contributions to the special issue have a number of limitations concerning both spatial and temporal coverage, in combination, they provide a robust international evidence base for methodological and theoretical analyses of the complex interactive relationship between families (and households) and COVID-19 as mediated through public policy.

Through the lens of the pandemic, the authors contribute empirically to the anthropological, sociological and social policy literature on family practices concerning parenting roles, intergenerational responsibilities for care, the gendered division of tasks, life-course and linked lives trajectories and subjective perceptions of vulnerability, risk and resilience. Their cumulative findings documenting direct experiences of a severe and unexpected social phenomenon clearly demonstrate the importance of the ways in which pre-existing social vulnerabilities and inequalities were exacerbated by the pandemic as well as the value for policy development of recognising the multidimensionality of its material and subjective impacts in socially differentiated contexts.

AUTHOR CONTRIBUTIONS

All authors listed have made a substantial, direct, and intellectual contribution to the work and approved it for publication.

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COVID-19, Inter-household Contact and Mental Well-Being Among Older Adults in the US and the UK

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Interacting with family members and friends from other households is a key part of everyday life and is crucial to people's mental well-being. The COVID-19 pandemic severely curtailed face-to-face contact between households, particularly for older adults (aged 60 and above), due to their high risk of developing severe illness if infected by COVID-19. In-person contact, where possible, was largely replaced by virtual interaction during the pandemic. This article examines how inter-household contact in face-to-face and virtual forms, as well as combinations of the two forms of contact, related to older adults' mental well-being during the pandemic. Data from two national longitudinal surveys, collected from the same respondents before (2018–2019) and during (June 2020) the pandemic, were comparatively analysed: the Health and Retirement Study in the US and Understanding Society in the UK. The findings showed a notable increase in loneliness in the US and a decline in general mental well-being in the UK following the outbreak of COVID-19. In both countries, more frequent inter-household face-to-face contact during the pandemic was associated with better general mental well-being, but inter-household virtual contact, via means such as telephone and digital media, was not associated with general mental well-being in either the US or the UK. In the US, older adults who engaged more frequently in virtual contact were more likely to feel lonely during the pandemic, particularly if their face-to-face contact was limited. In both countries, the increase in loneliness following the outbreak of the pandemic was greater for older adults who reported more virtual contact. The findings suggest that household-centred crisis management during the COVID-19 pandemic had unintended mental health implications in both the US and the UK, despite contextual differences between the two countries. Although face-to-face contact between households helped to sustain older adults' mental well-being, virtual contact was not a qualitatively equivalent alternative. The findings also provide an important evidence base for informing policy developments and for supporting the mental health of older people during the COVID-19 pandemic and in the longer term.

Keywords: COVID-19, inter-household contact, mental health, older adults, virtual interaction

INTRODUCTION

On 11 March 2020, the World Health Organization (2020) officially declared COVID-19 as a global pandemic. In most Western countries, public health and other policy responses to COVID-19 treated the household as a key unit of crisis management. Interventions such as home shielding, quarantine, and social distancing regarded the household as a principal social and resource unit, overlooking the importance of inter-household contact, i.e. everyday interaction with non-residential family members and friends (Willem et al., 2021). The threat posed by COVID-19 and its associated mitigation measures severely curtailed people's inter-household in-person contact (Qian and Hanser, 2021). Older adults, defined as individuals aged 60 and above (United Nations, 2019), were more likely than their younger counterparts to practise home shielding and social distancing, partly because older people were known to be at a higher risk of becoming severely ill upon COVID-19 infection (Banerjee et al., 2020; Crimmins, 2020). A growing body of evidence points to a looming mental health crisis cascading from the COVID-19 pandemic (Pfefferbaum and North, 2020). Several studies have reported a sharp increase in mental distress, psychiatric disorders, and loneliness in the United States (US) and the United Kingdom (UK) during the pandemic (Daly et al., 2020; Groake et al., 2020; Killgore et al., 2020; Kumar and Nayar, 2020; Pierce et al., 2020; Niedwiedz et al., 2021). Inter-household contact has been identified as a key channel through which household-centred crisis management impacts mental well-being (Miller, 2020). The relationship between inter-household contact and mental well-being among older adults in the context of the COVID-19 pandemic has yet to be systematically analysed, a gap that this article aims to fill.

A long tradition of research on social networks and informal support in old age care has emphasised the importance of inter-household ties (Connidis and Barnett, 2018). The convoy model posits that social ties with non-residential family members and friends sustain care and resource exchanges, companionship, emotional support, and a sense of ontological security (Kahn and Antonucci, 1980; Fuller et al., 2020), all of which are essential to supporting older adults' mental well-being (Rook et al., 2011). Furthermore, according to the stress-coping theory, the presence of a social convoy and the material and non-material support exchanged through social networks play a crucial role in mitigating generalised stress and stress related to specific life course processes and events such as ageing and illness (Wong and Ujimoto, 1998; Carver and Vargas 2011). However, despite the theoretical importance of inter-household ties in sustaining older adults' mental well-being, relatively less attention has been paid to the state of inter-household contact and how it related to the mental well-being of older adults during the COVID-19 pandemic. Against this backdrop, the focus of this study on inter-household contact responds to researchers' call for attention to routine "weak" ties beyond a focus on strong forms of material and care exchange (Sandstrom and Dunn, 2014).

Research before the pandemic showed that interaction with non-residential family members and friends enhanced older adults' mental well-being (Becker et al., 2019). Inter-household contact often took the form of face-to-face meetings and activities, supplemented by virtual interactions via telephone or video calls, text messaging, and social media (Ignatow et al., 2013; Sandstrom and Dunn, 2014; Lomanowska and Guitton, 2016). When regular in-person contact was not viable, such as for transnational families and in disaster scenarios, individuals often resorted to virtual communication to maintain long-distance relationships with family members and friends, along with occasional in-person visits (Madianou and Miller, 2013; Hu et al., 2020).

As COVID-19 shaped face-to-face and virtual inter-household interactions in divergent ways, it is essential to distinguish the two forms of inter-household contact during the pandemic. On the one hand, scientific evidence that COVID-19 spreads via air and physical contact meant that face-to-face contact was severely curtailed through the implementation of lockdown, quarantine, home shielding, and social distancing measures (Chang et al., 2020; Lebow, 2020). On the other hand, virtual forms of contact, such as telephone calls and text messaging, were extensively used. In the first two decades of the 21st century, rapid technological advancements gave rise to increased and more diverse forms of virtual contact via digital means such as FaceTime, Zoom, and social media platforms (van Dijk, 2020). The trend of digitisation had accelerated during the pandemic, albeit unevenly across different demographic and socioeconomic groups (Chakravorti et al., 2020). It remains unclear whether and in what ways face-to-face and virtual forms of inter-household contact related to older adults' mental well-being during the pandemic.

Although the psychological benefits of face-to-face contact for older adults were well established in research conducted before the COVID-19 pandemic (Becker et al., 2019), virtual contact may not be equally possible or beneficial. First, telephone calls and text messaging—the most common forms of virtual contact among older adults—are generally known to be insufficient in simulating face-to-face contact, partly due to their lack of visuality (Holtzman et al., 2017). Second, digital media use is dependent on access to the internet, device affordances, and technological know-how, which are often stratified along socioeconomic lines (Seifert et al., 2021). Third, intensive digital media use can cause stress or even burnout (Reinecke et al., 2017). Digital stress or avoidance tends to be greater among older people and those who are less tech-savvy (Reinecke et al., 2017). Whereas inter-household contact before the pandemic usually involved a blend of face-to-face and virtual interactions, virtual contact became the only viable means for many people to connect with non-residential family members and friends during COVID-19 (Arpino et al., 2021; Qian and Hanser, 2021). This study investigates whether, in the unprecedented context of the pandemic, virtual contact between households compensated for the lack of face-to-face contact in helping support older adults' mental well-being.

Pre-pandemic social and demographic factors played a crucial role in conditioning inter-household contact during the pandemic. To explore potential contextual differences, this study comparatively assessed the situation in the US and that in the UK. These two countries were selected for analysis

because they are characterised as having liberal welfare regimes (Esping-Andersen, 1990), although state welfare for older people tended to be more generous in the UK than in the US (Gaffney, 2016). In 2019, older adults (aged 60 and above) accounted for similar proportions of the populations in the US (23%) (US Census Bureau, 2021) and the UK (24%) (Office for National Statistics, 2019). On average, older adults in the US have more children than their UK counterparts, but the greater population dispersion in the US means that the former are less likely than the latter to co-reside with, or live close to, family members (Solé-Auró and Crimmins, 2014). As a result, face-to-face contact with non-residential family members before the pandemic may have been less frequent in the US than in the UK. In terms of virtual contact, levels of internet connectivity were similar among older adults in the two countries (67% in the US and 70% in the UK for those aged 65 and above) (Pew Research Center, 2017; Statista, 2020). However, as older adults in the US (compared with their counterparts in the UK) tend to live farther away from their families, they may have been more reliant on using the telephone, internet and digital media to keep in touch with non-residential family members.

In the first year of the pandemic (mid-March 2020–early 2021), the relationship between inter-household contact and mental well-being may have been re-configured differently in the US and the UK due to the two countries' distinct responses to COVID-19. The UK government implemented two national lockdowns in 2020, which involved legally mandated household isolation, social distancing, the near-complete closure of hospitality and entertainment venues, and specific restrictions on inter-household mixing (Cabinet Office, 2021). According to the COVID-19 stringency index developed by Our World in Data (2021), stay-at-home requirements were implemented less strictly and on a state-by-state basis in the US, with no blanket policy of business closures. Given the UK's more stringent enforcement of lockdown and social distancing measures, people in the UK were more likely than their US counterparts to be obliged by law to stay at home. Consequently, inter-household face-to-face contact during the first year of the pandemic would have been curtailed to a greater degree in the UK than in the US, making UK residents more reliant on virtual contact than their US counterparts. Due to the UK's tighter restrictions on inter-household mixing, UK residents with restricted access to, and knowledge of, digital communication were more likely than their US counterparts to be limited in both face-to-face and virtual inter-household contact (Seifert et al., 2021). Given this possible pattern of "double exclusion", this study adopts a holistic perspective and examines how face-to-face and virtual inter-household contact, and their distinct combinations, differentially related to older adults' mental well-being in the US and the UK. It addresses three specific questions:

1. What was the status of older adults' mental well-being during (vs. before) the COVID-19 pandemic in the US and the UK?
2. What were older adults' patterns of inter-household contact during the pandemic in the US and the UK?

3. How did face-to-face and virtual forms of inter-household contact, as well as their distinct combinations, relate to older adults' mental well-being during (vs. before) the pandemic?

To answer these questions, this study analysed high-quality data from two national longitudinal surveys conducted in the US and the UK, collected from the same respondents before (2018–2019) and during (June 2020) the COVID-19 pandemic. The study was designed to determine and compare how distinct forms of inter-household contact during the pandemic related to older adults' mental well-being in the US and the UK. The findings were expected to illustrate the importance of inter-household contact in maintaining older adults' mental well-being and to demonstrate the need to consider and address potential ramifications of household-centred pandemic responses for mental well-being among older adults. The findings were also expected to have implications beyond the immediate context of COVID-19. Rapid digitisation was already underway in many societies before the pandemic, and the pandemic considerably accelerated this process (Robinson, 2020). Against this backdrop, the study set out to illuminate the challenges and potential limitations of virtual communication in supporting the mental well-being of ageing populations.

DATA AND METHODS

Data

The US data were drawn from the early release of the 2020 Health and Retirement Study (HRS) and the preceding main wave of the HRS in 2018. Initiated in 1992, the HRS is a nationally representative longitudinal survey of older adults in the US (Servais, 2010). In June 2020, the HRS collected information on respondents' life circumstances during COVID-19, including their inter-household contact and mental well-being. Information on respondents' socio-demographic characteristics and mental well-being was also collected in the main 2018 HRS. The UK data were obtained from the Understanding Society (USOC) COVID-19 survey and the preceding main waves of USOC. Initiated in 2009, USOC is a nationally representative longitudinal household survey. In June 2020, the USOC COVID-19 survey collected data on adults' inter-household contact and mental well-being during the COVID-19 pandemic. Although further waves of the USOC COVID-19 survey are available, the analysis was limited to the June wave to ensure comparability with the US data. Comparable information about respondents' mental well-being was also collected in the main USOC waves before COVID-19 in 2018–2019.

Following a panel design, the HRS and USOC data can be used to trace changes in the respondents' mental well-being from before to during the pandemic. Information on face-to-face and virtual contact during the pandemic was collected in both waves of the HRS, but it was not collected in the pre-pandemic wave of USOC. Therefore, to ensure cross-national comparability, only measures for inter-household contact during the pandemic were used in our analysis. The HRS and

USOC data had to be carefully interpreted with reference to their different survey modes. The 2020 HRS survey was administered via postal paper questionnaires, while the USOC COVID-19 survey took the form of online self-completion questionnaires. The survey weights provided by the HRS and USOC teams were used in all of the analyses to ensure that the results were representative of the US and UK populations, respectively. But the datasets may have under-represented 1) homeless and institutionalised populations in both countries, 2) those with limited internet access in the UK, and 3) those with disabilities or who were severely ill with COVID-19.

Analytical Sample

Following the United Nations' (2019) definition of older adults, the analytical sample was first limited to respondents aged 60 and above at the time of the 2020 (COVID-19) surveys (N_{HRS} = 1,736 respondents, N_{USOC} = 5,472 respondents). Next, the sample was restricted to COVID-19 survey respondents with valid records in the preceding main waves of the HRS and USOC (N_{HRS} = 1,623, N_{USOC} = 5,311). The data from the preceding main waves were then merged with those from the COVID-19 waves. Finally, listwise deletion was applied to cases with missing or invalid values for the variables used in the analysis, yielding a final analytical sample of 1,391 US respondents and 5,148 UK respondents. Each respondent was observed twice—before and during the pandemic. Little's test indicated that the values were missing at random (Li, 2013). Step-by-step information on the sample construction is provided in **Supplementary Table S1**.

Dependent Variables
General Mental Well-Being

Both before and during the pandemic, the HRS captured the respondents' general mental well-being using the eight-item Center for Epidemiologic Studies Depression (CES-D) scale (Steffick, 2000). The respondents were asked whether in the week before the survey they had felt 1) depressed, 2) that everything was an effort, 3) that sleep was restless, 4) happy, 5) lonely, 6) that they enjoyed life, 7) sad, and 8) that they could not get going. The response to each item was recorded using a dummy variable, with 1 indicating that the respondent had experienced the feeling specified in the item and 0 otherwise. Items 4) and 6) were reverse-coded such that a value of 1 indicated poor mental well-being across the board. As the eight items exhibited a high level of internal consistency (Cronbach's alpha = 0.79 both before and during COVID-19), their scores were summed to create a composite scale of general mental well-being. This scale ranged from 0 to 8, with higher scores indicating poorer mental well-being.

USOC measured the respondents' general mental well-being both before and during COVID-19, using the 12-item General Health Questionnaire (GHQ-12) (for questionnaire wording and measure validity, see El-Metwally et al., 2018). Despite slight differences, the GHQ-12 is broadly comparable with the CES-D. Most of the CES-D items, such as depression, sleeplessness, enjoyment of daily activities, general happiness, and ability to face problems, are also included in the GHQ-12. To make the

HRS and USOC measures more comparable, caseness scores were adopted to record the responses to each GHQ-12 item using a dummy variable akin to that for the CES-D. The GHQ-12 caseness scale ranged from 0 to 12, with higher scores indicating poorer mental well-being. The scale had a high level of internal consistency (Cronbach's alpha > 0.90 both before and during COVID-19).

An additional variable was generated to capture the difference in the respondents' general mental well-being before and during COVID-19 by subtracting each respondent's pre-pandemic general mental well-being score from the corresponding score during the pandemic. For this change-score variable, a positive value indicated a decline, whereas a negative value indicated an improvement in mental well-being. Because the mental well-being scales and change scores had different ranges in the US and the UK, they were standardised within each country and the standardised scores were used in all models to facilitate cross-national comparisons. Although general mental well-being measures such as the CES-D and GHQ-12 are more susceptible to false positives than clinical measures (Coyne et al., 1991), the goal of this study was not to make clinical diagnoses. The CES-D and GHQ-12 scales have been shown to adequately capture both between-person differences and within-person changes in mental well-being (Steffick, 2000; El-Metwally et al., 2018).

Perceived Loneliness

Our second set of dependent variables measured the respondents' feelings of loneliness as an important and specific dimension of mental well-being. Both the HRS and USOC captured the extent to which the respondents felt lonely (since the pandemic for the HRS and in the last four weeks for USOC), using three response categories: 1) never/hardly ever, 2) sometimes, and 3) often. Although the HRS and USOC loneliness measures covered slightly different time periods, both captured the respondents' feelings of loneliness during the pandemic. The HRS further asked the respondents to compare their feelings of loneliness during and before COVID-19, and recorded the responses using three categories: 1) no change, 2) less lonely, and 3) lonelier. Although USOC did not ask the respondents to compare their feelings of loneliness during and before COVID-19, the main USOC waves collected comparable data on the respondents' perceived loneliness before COVID-19. By comparing each respondent's responses before and during the pandemic, a variable was generated to capture changes in the USOC respondents' loneliness using the same measurement scheme as the HRS (i.e. no change, less lonely, and lonelier).

Key Predictors: Inter-household Contact During the Pandemic
Face-To-Face Contact

The HRS asked its respondents how often they met up with non-residential children, other family members, and friends. Both pre-arranged and chance meetings were included. The response categories captured the frequency of contact, and they were

TABLE 1 | Sample characteristics.

Variables	US Mean/proportion	UK Mean/proportion
Age during COVID-19 (range: 60–99)	70.72 (8.54)	70.28 (6.61)
Female (ref. = male)	0.54	0.52
Ethnic/racial minority (ref. = no)	0.18	0.03
Migrant (ref. = non-migrant)	0.08	0.05
Higher education degree (ref. = no)	0.42	0.35
Living alone (ref. = no)	0.25	0.26
Working during COVID-19 (ref. = no)	0.28	0.23
Had/has COVID-19 (ref. = no)	0.02	0.02
Self-rated health during COVID-19 (range: 1–5)	3.25 (0.96)	3.04 (0.96)
Satisfaction with household income (range: 1–5)	3.62 (1.07)	3.75 (1.00)
N (respondents)	1,391	5,148

Notes: Ref. = reference category, which is coded as 0 for dummy variables. Mean values reported for continuous variables and proportions reported for dummy variables. Standard deviations in brackets.

reverse-coded to range from 1, least frequent (never or less than once a year), to 6, most frequent (more than three times a week). The three HRS items for face-to-face contact had a moderate level of internal consistency (Cronbach's alpha = 0.53). The scores for the three items were added up to create a composite scale, with higher values indicating more frequent face-to-face contact. In USOC, a single measure was used to capture face-to-face contact with non-residential family members and friends. The responses were recorded on a 7-point Likert type scale, which were reverse-coded to range from 1, least frequent (never), to 7, most frequent (daily).

Virtual Contact

The HRS used nine items to measure how often the respondents interacted with non-residential children, other family members, and friends via telephone, email, and social media (Skype, Facebook, and other platforms), respectively. The response categories were the same as those for face-to-face contact. The items had a high level of internal consistency (Cronbach's alpha = 0.81). All of these items were combined into one virtual contact scale by summing their scores, with higher scores indicating more frequent virtual contact. The USOC COVID-19 survey used two similar measures to capture textual (text messaging and email) and audio/video (telephone, FaceTime, Zoom) interactions with non-residential family members and friends in the four weeks before the survey, using the same response categories as those for face-to-face contact. The two measures were combined (Cronbach's alpha = 0.76) into a single scale by adding up their scores, with higher scores indicating more frequent virtual contact. Because USOC captured telephone and digital contact using a single measure, it was not possible to further distinguish the two forms of virtual contact.

Imputation of Missing Values

To minimise sample loss for the HRS, missing values were imputed using a technique adopted by Abdelhadi and England (2019). Within a cluster of the same form of contact (face-to-face, telephone, email, or social media) with children, other family members, and friends, if a respondent had a missing value for one item, a regression-based prediction was produced estimating their response to the missing item based on their valid

responses to the other two items. Cases with missing values for two or all of the contact items within each cluster were deleted. Supplementary analyses using listwise deletion without imputation yielded similar results to those reported in this article. To facilitate cross-national comparison, the inter-household contact scales were standardised within the US and the UK, respectively.

Control Variables

As shown in **Table 1**, the list of control variables covers a range of factors potentially associated with mental well-being and inter-household contact. They included the respondents' age at the time of the COVID-19 surveys and their gender. As ethnic/racial minority groups faced particular health and economic risks during the pandemic (Hu, 2020; Patel et al., 2020), a dummy variable was used to distinguish ethnic/racial minority status. In the US, ethnic/racial minority groups were distinguished from non-Hispanic whites (US Census Bureau, 2021). In the UK, ethnic minority groups included respondents who did not self-identify as white British, Irish, or European (Office for National Statistics, 2021). Immigrant status (i.e. not born in the country) was controlled for in both countries. The education variable distinguished whether a respondent had obtained a higher education degree, i.e. college education or above (Qian and Hu, 2021).

Moreover, solo living was captured using a dummy variable, as individuals living alone may have distinct inter-household dynamics. Respondents who worked were distinguished from those who did not work during the pandemic, to account for potential differences in their social interactions. A dummy variable was used to capture whether the respondents had contracted COVID-19. Individuals' mental well-being is positively associated with their (self-rated) health (Levinson and Kaplan, 2014). In both the HRS and USOC, the respondents' self-reported health during COVID-19 was measured using a 5-point Likert scale, which was reverse-coded to range from 1 (poor) to 5 (excellent). Finally, the pandemic placed significant economic strain on many people (Hu, 2020), which may have spilt over to undermine their mental well-being. Thus, respondents' self-reported satisfaction with their household income was included as a control variable.
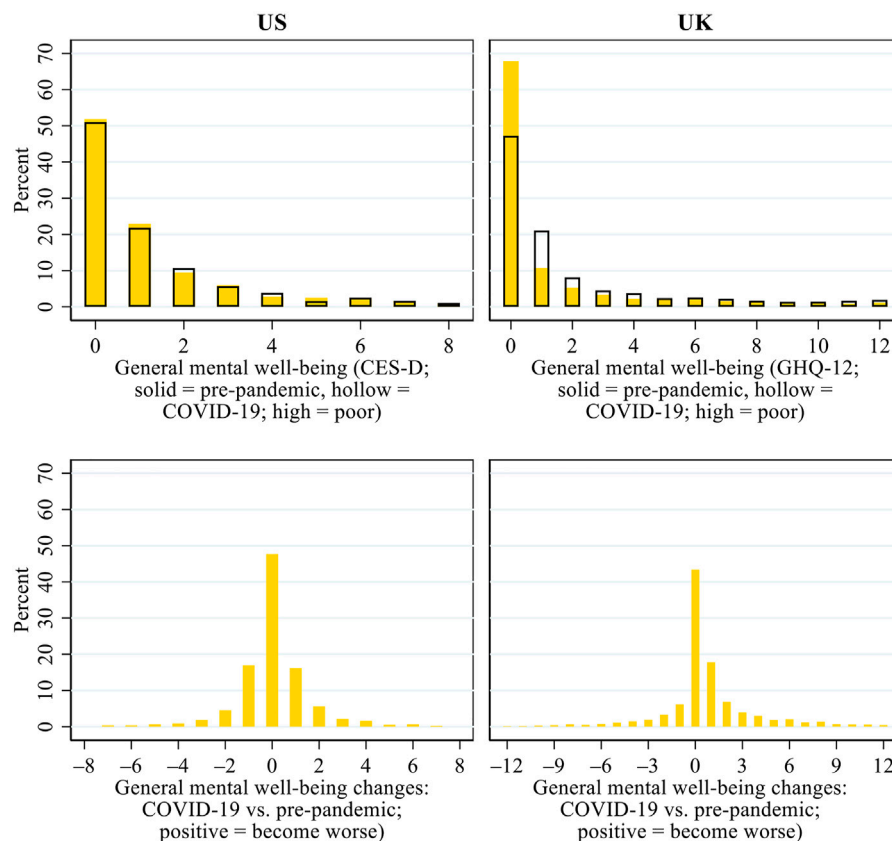
FIGURE 1 | Patterns of general mental well-being during COVID-19 and its changes from before the pandemic in the US and the UK.
Note: CES-D, Centre for Epidemiologic Studies Depression scale; GHQ, General Health Questionnaire.

Given that the response categories for this measure ranged from 1 (not satisfied at all) to 5 (completely satisfied) for the HRS but from 1 (completely dissatisfied) to 7 (completely satisfied) for USOC, the USOC measure was rescaled to a range of 1 to 5, in line with the HRS measure.

In supplementary analyses, additional control variables were tested, including age squared, household size, number of children, changes in work status, and housing tenure. These variables were not associated with the respondents' mental well-being or its changes. Including them neither affected the key results for inter-household contact nor improved the overall model fit. Particularly given the relatively small size of the US sample, these variables were excluded for parsimony and to ensure sufficient statistical power for the models. Mental health research in gerontology often controlled for functional limitations and chronic conditions (such as high blood pressure and diabetes) (Heine et al., 2019). However, these measures neither contributed to the overall model fit nor affected the key results for inter-household contact, partly because their effects had already been captured by the variable indicating self-reported health. Self-rated health was included in our final analysis because it was more consistently measured across the two countries than functional limitations and chronic conditions. Respondents' marital and partnership

status was not included in our models, because it was highly collinear with the living alone dummy. Due to the large number of missing values for individual and household income, income was not included in the analysis, but it was partly accounted for by the financial satisfaction measure. Supplementary analysis that controlled for income based on the respondents without missing values yielded consistent results. COVID-19 related concerns, measured only in the HRS, were negatively associated with the respondents' mental well-being. However, since these concerns were not measured in USOC and they did not affect the association between inter-household contact and older adults' mental well-being in the US, they were not included as covariates.

Analytic Strategy

The analysis was carried out in two steps. First, descriptive statistics were used to delineate patterns of mental well-being during (vs. before) COVID-19, as well as patterns of inter-household contact during the pandemic. Next, regression models were fitted to examine how inter-household contact related to older adults' mental well-being during COVID-19 and its changes relative to the pre-pandemic era. Ordinary least squares regressions were used to model general mental well-being and its change scores, as the residual distributions
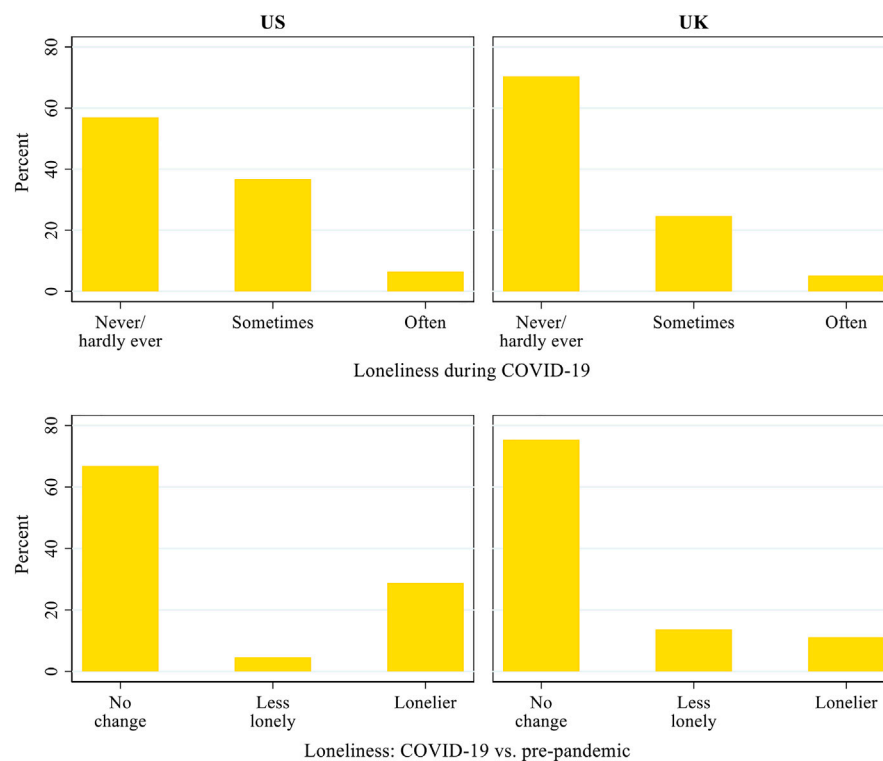
FIGURE 2 | Patterns of loneliness during COVID-19 and its changes from before the pandemic in the US and the UK.

were within a range sufficient to assume a normal distribution. Ordinal logit regressions were used to model loneliness during COVID-19 and multinomial logit regressions were used to model changes in loneliness.

The models were fitted in two stages. The main effects of inter-household face-to-face contact and virtual contact were estimated first, followed by the interaction effects of the two. Following the best practices for interpreting and presenting interaction effects recommended by Mize (2019), predicted values of general mental well-being and loneliness were calculated based on distinct combinations of inter-household face-to-face and virtual contact. Compared with a mere focus on the statistical significance of interaction terms, this approach provided a more intuitive and substantively relevant interpretation of interaction effects. The HRS and USOC samples were analysed separately, partly because of slight cross-national differences in some of the original survey instruments. This means that the US and UK results were substantively but not statistically comparable. Given that both the HRS and USOC are household panel surveys, robust standard errors were estimated to account for sample clustering at the household level (Hoechle, 2007).

RESULTS

Descriptive Results

Figure 1 presents the patterns of older adults' general mental well-being during COVID-19 and its changes relative to the pre-pandemic era. In the US, more than half of the respondents scored 0 (indicating the best possible mental well-being) both before and during COVID-19. There was no overall decline in general mental well-being during the pandemic in the US, as similar proportions of the US respondents experienced an improvement (26.4%) and a decline (24.5%) in mental well-being. In the UK, the proportion of respondents who scored 0 on the general mental well-being scale decreased from 62.6% before COVID-19 to 46.3% during the pandemic. The results for the change scores show that a larger proportion of the UK respondents experienced a decline (37.6%) than an improvement (20.3%) in general mental well-being. Together, these results suggest that the pandemic and its associated public health and policy responses undermined older adults' general mental well-being in the UK but not in the US.

Figure 2 describes the prevalence of loneliness during the pandemic and its changes relative to before COVID-19. The results show that during COVID-19, a larger proportion of the US respondents reported feeling lonely than their UK counterparts did. In the US, 36.7 and 6.4% of the respondents sometimes felt lonely and often felt lonely, respectively, compared with 24.6 and 5.1% in the UK. Compared with before the pandemic, 4.6% of the US respondents became less lonely, whereas 28.7% became lonelier during the pandemic. In the UK, similar proportions of respondents became less lonely (13.6%) and lonelier (11.1%). Therefore, the negative impact of the pandemic and its associated migitation measures on older adults' loneliness appears to have been greater in the US than in the UK.
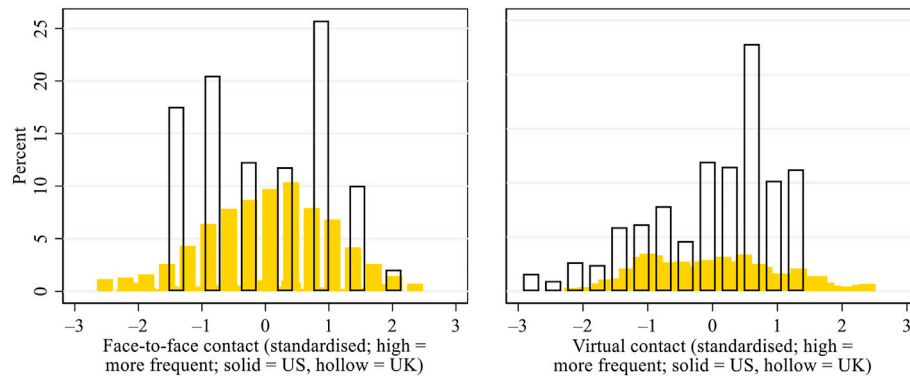
FIGURE 3 | Patterns of inter-household face-to-face and virtual contact during the COVID-19 pandemic in the US and the UK. *Note*: Given that different measures were used in the US and the UK for inter-household contact, we standardised the scores within each country to facilitate cross-national comparisons.
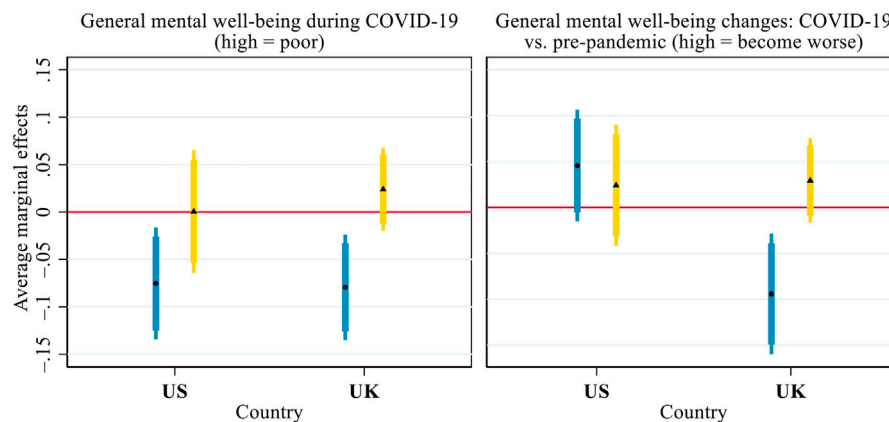
FIGURE 4 | Average marginal effects of inter-household face-to-face (round dot, blue bar) and virtual (triangle, yellow bar) contact on general mental well-being during COVID-19 and its changes from before the pandemic. Notes: Both general mental well-being and its change scores were standardised within each country to facilitate the comparison between the US and the UK. Thick error bars indicate 90% confidence intervals and thin error bars indicate 95% confidence intervals. Calculations based on the models presented in **Supplementary Table S2**, controlling for all covariates presented in **Table 1**.

Figure 3 presents the patterns of inter-household face-to-face and virtual contact during the pandemic, based on standardised scores. In the US, both forms of contact were normally distributed. In the UK, however, the respondents tended to report infrequent face-to-face contact but frequent virtual contact during the pandemic, which can be attributed to two possible reasons. First, the US respondents were surveyed using paper questionnaires, whereas the UK respondents were surveyed online, suggesting that the latter may have had greater digital access, capacity, and/or know-how and have been less restricted in their digital communication than the former. Second, as lockdown and household-centred pandemic responses were more stringently implemented in the UK than in the US, inter-household face-to-face contact may have been curtailed to a greater degree in the UK than in the US, whereas older adults in the UK may have been more dependent on virtual contact than their US counterparts.

Regression Results: Main Effects of Inter-household Face-To-Face and Virtual Contact

Figure 4 presents the average marginal effects (AMEs) of inter-household face-to-face and virtual contact (i.e. the effects of a one standard deviation change in the contact measures) on general mental well-being. As lower scores indicated better mental well-being during COVID-19 or an improvement in mental well-being relative to before COVID-19, a negative AME denoted the mental well-being benefit associated with inter-household contact. In the US, more frequent inter-household face-to-face contact was associated with better general mental well-being during the pandemic (AME = −0.075, $p < 0.05$), but it was not associated with changes in general mental well-being from before to during the pandemic. In the UK, frequent face-to-face contact was associated with both better general mental well-being
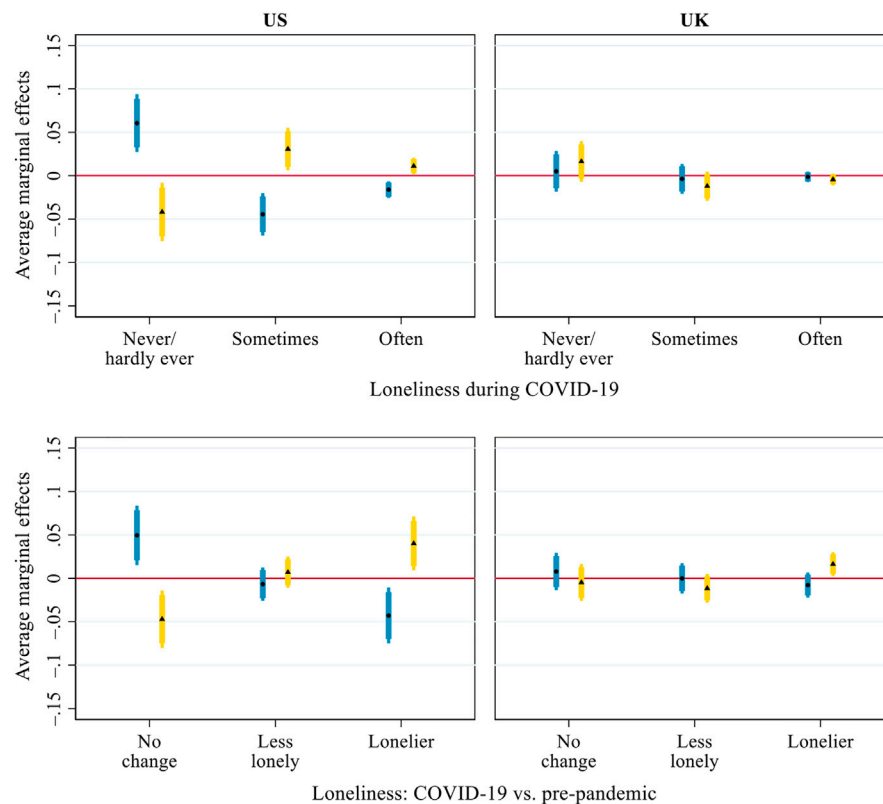
FIGURE 5 | Average marginal effects of inter-household face-to-face (round dot, blue bar) and virtual (triangle, yellow bar) contact on loneliness during COVID-19 and its changes from before the pandemic. Notes: Thick error bars indicate 90% confidence intervals and thin error bars indicate 95% confidence intervals. Calculations based on the models presented in **Supplementary Table S3**, controlling for all covariates presented in **Table 1**.

during COVID-19 (AME = –0.079, p < 0.01) and a smaller mental well-being decline after the outbreak of the pandemic (AME = –0.094, p < 0.01). In both countries, however, inter-household virtual contact was associated with neither general mental well-being during the pandemic nor the difference in general mental well-being before vs. during the pandemic.

Figure 5 presents the AMEs of inter-household face-to-face and virtual contact on older adults' perceived loneliness. US respondents with more frequent face-to-face contact were less likely to sometimes feel lonely (AME = –0.044, p < 0.001) and often feel lonely (AME = –0.016, p < 0.01) during the pandemic and less likely to have become lonelier than before (AME = –0.043, p < 0.01). For virtual contact, the opposite pattern was observed. US respondents with more frequent virtual contact were more likely to sometimes feel lonely (AME = 0.031, p < 0.05) and often felt lonely (AME = 0.011, p < 0.05) during the pandemic. They were also more likely to have become lonelier than before the pandemic (AME = 0.040, p < 0.05). In the UK, however, face-to-face contact and virtual contact were not associated with older adults' loneliness during the pandemic or its changes from before the pandemic, with only one exception: UK respondents with more frequent virtual contact were more likely to have become lonelier during the pandemic than before (AME = 0.016, p < 0.05).

Regression Results: Interaction Effects of Inter-household Face-To-Face and Virtual Contact

Figure 6 presents the predicted values for general mental well-being during COVID-19 and its changes from before the pandemic across distinct combinations of inter-household face-to-face contact and virtual contact during the pandemic (cf. Mize, 2019): 1) infrequent contact in both forms, 2) infrequent face-to-face contact but frequent virtual contact, 3) frequent face-to-face contact but infrequent virtual contact, and 4) frequent contact in both forms. When calculating the predictions, "frequent" and "infrequent" were defined as two standard deviations above and below the national mean, respectively.

In the US, variations in the respondents' general mental well-being across the four profiles of inter-household contact were not statistically significant, partly due to the small sample size. In general, however, those with infrequent face-to-face but frequent virtual contact tended to have the poorest mental well-being during the pandemic, and those with high levels of both face-to-face and virtual contact had the best general mental well-being. Interestingly, older adults in the US who were doubly excluded from both face-to-face and virtual inter-household contact experienced a small mental well-being
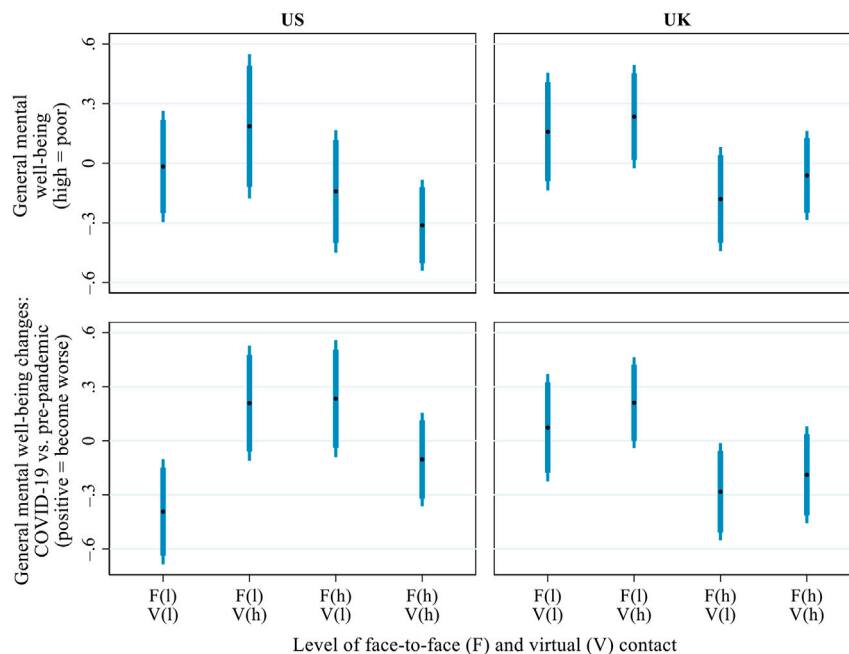
FIGURE 6 | Predicted values of general mental well-being (high = poor) during COVID-19 and its changes from before the pandemic (positive = become worse), by the interaction of inter-household face-to-face and virtual contact. Notes: Both mental well-being and its change scores were standardised within each country for the ease of comparison between the US and the UK. Thick error bars indicate 90% confidence intervals and thin error bars indicate 95% confidence intervals. In the brackets on the x-axis, 'l' = low level (i.e. 2 standard deviations below the mean) and 'h' = high level (i.e. 2 standard deviations above the mean). Predictions based on the models presented in **Supplementary Table S4**, controlling for all covariates presented in **Table 1**.

improvement. This counter-intuitive result may be because some of the respondents pro-actively withdrew from inter-household contact to minimise the risk of COVID-19 infection. In turn, the enhanced perceived health safety may have benefitted their mental well-being. However, to fully test this conjecture, it would have been necessary to capture the respondents' pre-pandemic inter-household contact as well as their subjective perceptions of risks related to inter-household contact during the pandemic. But no such data were available. In the UK, no notable interaction was found between the two forms of inter-household contact: irrespective of the frequency of virtual contact, frequent face-to-face contact was associated with better general mental well-being during COVID-19 and a smaller mental well-being decline relative to the pre-pandemic era.

Figure 7 presents the predicted probability of loneliness during the pandemic and its changes relative to before the pandemic across the same four profiles of inter-household contact (defined as shown in **Figure 6**). The results indicate that US respondents with frequent virtual but infrequent face-to-face contact were the most likely to feel lonely during the pandemic and to have become lonelier than before the pandemic, compared with those in the other three profiles. Specifically, only 31.6% of the US respondents with frequent virtual but infrequent face-to-face contact did not feel lonely during the pandemic, compared with 56.3–72.2% in the other three groups. About 49% of the US respondents with frequent virtual contact but infrequent face-to-face contact became

lonelier after the outbreak of the pandemic, compared with 15.2–27.7% in the other groups. Thus, the results suggest the limited role of virtual contact in mitigating older adults' loneliness in the US or else that older adults who felt lonely were particularly likely to initiate virtual inter-household contact. In the UK, respondents who had frequent inter-household contact in both face-to-face and virtual forms during the pandemic were the least likely to feel lonely: about 80.4% of the UK respondents with high levels of both virtual and face-to-face contact reported that they never or hardly ever felt lonely during the pandemic, compared with 60.4–71.4% in the other three groups.

Results for Control Variables

Although the focus of this study was on the relationship between inter-household contact and mental well-being, our analysis also revealed how older adults' mental well-being and its changes varied according to their socio-demographic characteristics (see online supplementary tables for full results). The results for our control variables were largely in line with the emerging evidence on socio-demographic variations in the mental well-being impact of the pandemic (Daly et al., 2020; Killgore et al., 2020; Kumar and Nayar, 2020; Luchetti et al., 2020; Pierce et al., 2020). For example, in both the US and the UK, older adults living alone, women (as compared to men), those with poorer self-reported health, and those with less financial satisfaction were more likely to exhibit poorer general mental well-being and feel lonely during the pandemic. COVID-19
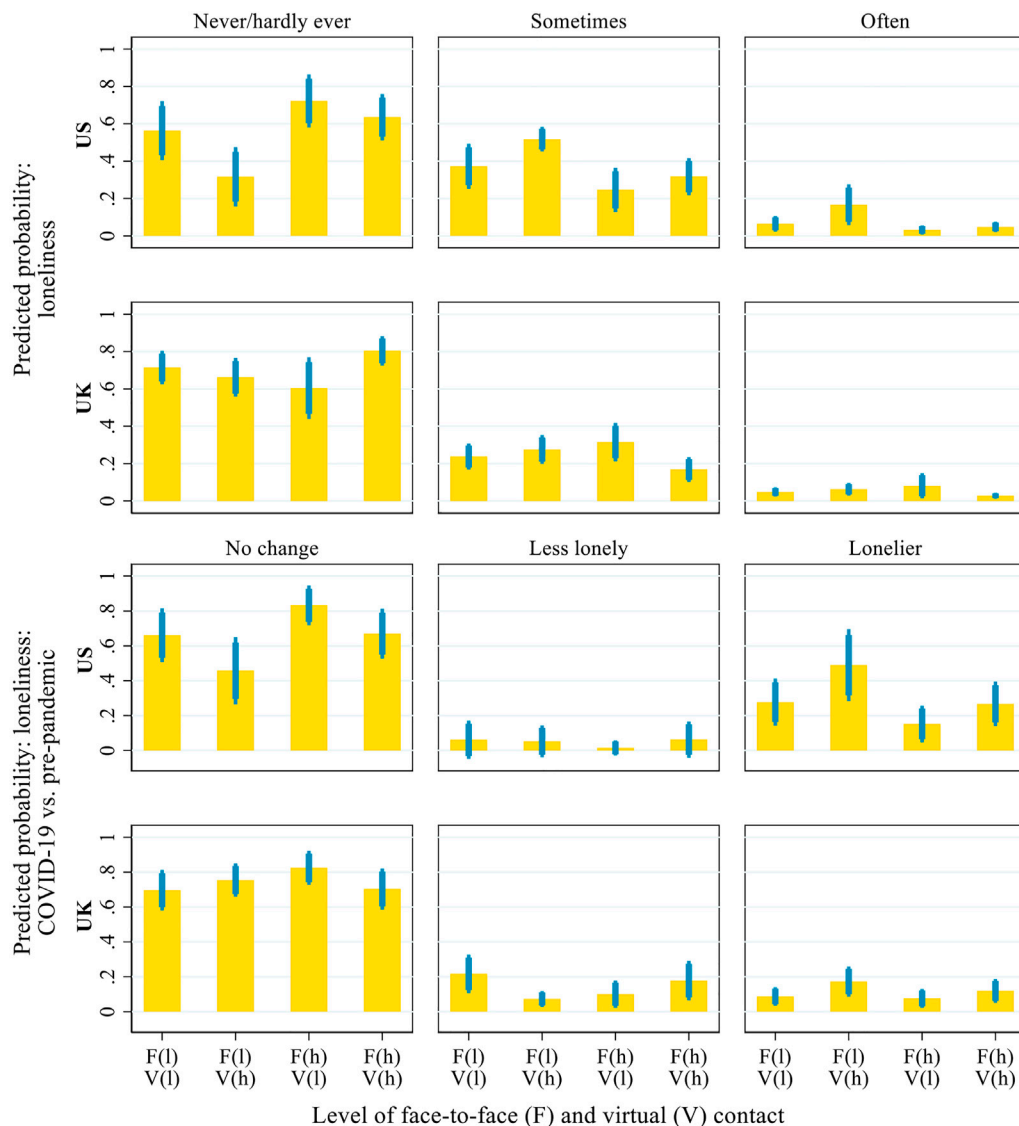
FIGURE 7 | Predicted probability of loneliness during the COVID-19 pandemic and its changes from before the pandemic, by the interaction of inter-household face-to-face and virtual contact. Notes: Thick error bars indicate 90% confidence intervals and thin error bars indicate 95% confidence intervals. In the brackets on the x-axis, 'l' = low level (i.e. 2 standard deviations below the mean) and 'h' = high level (i.e. 2 standard deviations above the mean). Predictions based on the models presented in **Supplementary Table S5**, controlling for all covariates presented in **Table 1**.

infection adversely impacted older adults' general mental well-being in the UK but not in the US. Older women and older adults living alone in both countries, those with less financial satisfaction in the US, and those with poorer self-reported health in the UK were more likely to report that they had become lonelier after the outbreak of the pandemic than before it. Although research has indicated the socioeconomic and health vulnerabilities of racial/ethnic minority groups during the pandemic (Hu, 2020; Patel et al., 2020), no statistically significant disparities were found in older adults' general mental well-being or loneliness by racial/ethnic status. This finding may have been because racial/ethnic minority

groups were more likely to co-reside with extended family members during the pandemic (Nafilyan et al., 2021) and were thus less likely to suffer from loneliness.

Robustness Checks

To ensure the robustness of our results, a series of sensitivity analyses were conducted using alternative measures and alternative modelling strategies. First, it was not possible to capture a decline in mental well-being among those already reporting the poorest mental well-being before the pandemic. Similarly, there was little room for improvement among those with the best mental well-being before the pandemic.

Therefore, a sensitivity analysis was conducted to examine whether the results from the mental well-being change-score models were affected by these "floor" and "ceiling" effects. When mental well-being scores collected before the pandemic were included in the models, the results differed little from those reported in this article. Second, the measures of general mental well-being and loneliness used in the main analysis were selected to ensure their broad comparability between the US and the UK. Additional analyses using other measures, such as the University of California Los Angeles loneliness scales used only in USOC (Russel et al., 1978), produced consistent results. Third, further tests were conducted to explore whether the association between inter-household contact and mental well-being varied with socio-demographic characteristics such as solo living. No statistically significant moderating effects were found.

Limitations and Future Research Directions

The limitations of this study suggest some important directions for further research. First, because inter-household contact was only measured once during the pandemic, the findings reveal only an association, not causality between inter-household contact and mental well-being. For example, it is possible that people who felt more isolated and lonelier tended to make virtual contact more frequently. To fully disentangle possible reverse causality, scholars would need to conduct in-depth and *in-situ* qualitative research to understand more fully the complex mechanisms underpinning the relationship between inter-household contact and older adults' mental well-being. Second, due to data limitation and to ensure cross-national comparability, it was not possible to compare whether and how inter-household contact in various virtual forms (such as telephone calls vs. social media interactions) or with different people (such as family vs. friends) differentially related to mental well-being or its changes.

Third, the relatively small size of the samples, particularly in the US, meant that it was not possible to conduct sub-sample analysis, for example, by disaggregated age bands. Future research could rely on the analysis of larger samples to tease out further nuances in the relationship between inter-household contact and mental well-being across distinct demographic groups. Finally, although this study harmonised the US and UK data as much as it was possible for comparative analysis, the findings need to be carefully interpreted in the context of survey mode differences between the HRS and USOC. Coordinated cross-national efforts are needed to collect comparable data, for example with data collection using the same survey modes and the same question wordings. Such data will enable scholars to compare more closely the impact of the pandemic across different contexts.

DISCUSSION AND CONCLUSIONS

This study is among the first to comparatively assess the association between inter-household contact and mental well-being in the context of the COVID-19 pandemic. Building on the analysis of national panel data from the US and the UK, the findings show that the pandemic has undermined older adults' mental well-being, as evidenced by the notable increase in loneliness in the US and the decline in general mental well-being in the UK. While governments across a wide range of countries made efforts to protect older adults from COVID-19 infection and mortality (Lebow, 2020; Willem et al., 2021), the findings reported in this article contribute to the evidence base for policy development by suggesting that public health policymakers and practitioners should also address the looming mental health crisis cascading from the pandemic into this age group (Luchetti et al., 2020; Pierce et al., 2020).

In many countries, responses to COVID-19—at least before the rollout of mass vaccination programmes—centred on household-centred lockdown, shielding, and social distancing measures (Our World in Data, 2021). The findings in this study reveal the adverse impact of these measures on mental well-being and highlight inter-household interactions as a key resource to help sustain older adults' mental well-being during crises such as the COVID-19 pandemic. Policymakers and practitioners need to take measures to pre-empt and mitigate the potential unintended implications of household-centred pandemic responses for mental well-being. Beyond the context of the pandemic, the findings also indicate the need to enable strong inter-household ties to bolster public mental health in the long run.

To help inform the development of policies and interventions, additional analyses were undertaken to explore how patterns of inter-household contact varied with various socio-demographic characteristics (full results are presented in the online supplementary file). In the US, men (vs. women) and those who had (vs. those who had not) contracted COVID-19 had less inter-household face-to-face contact during the pandemic. In both countries, ethnic/racial minority groups and those with poorer self-reported health also had less inter-household face-to-face contact during the pandemic. The explanation may be that racial/ethnic minority groups were less likely to have non-residential family members since they tended to live with extended family members (Nafilyan et al., 2021) and those with poorer health were more likely to have been required to practise household shielding. In the UK, women were more likely than men to rely on virtual-only inter-household contact during the pandemic. In the US, virtual-only inter-household contact was reported more frequently by those with a higher education degree, those who worked during the pandemic, and immigrants. Interestingly, in both countries, people living alone tended to engage in more inter-household face-to-face contact than people who lived with others during the pandemic. This may be because those living alone had a greater need for such contact or had built more durable inter-household ties. These supplementary results highlight specific socio-demographic groups whose inter-household contact was particularly affected during the pandemic. These insights will be crucial to developing targeted interventions.

The findings from the main study and additional analyses provide new and nuanced insights into how inter-household contact, in distinct face-to-face and virtual forms, was associated with older adults' mental well-being. It is important to distinguish and compare the two forms of inter-household contact in the context of the COVID-19 pandemic, given that the pandemic severely curtailed face-to-face contact but increased virtual forms of contact. On the one hand, in line with the convoy

and stress-coping theories, our findings suggest the mental health benefits associated with inter-household face-to-face contact. In both the US and the UK, more frequent face-to-face contact with non-residential family members and friends was associated with better general mental well-being and less loneliness during the pandemic. In both countries, inter-household face-to-face contact also seemed to have protected older adults from suffering a decline in general mental well-being and from becoming lonelier after the outbreak of the pandemic.

On the other hand, inter-household virtual contact appears to be associated with little mental health benefits for older adults during the pandemic. In both countries, virtual contact was not associated with older adults' general mental well-being. Older adults with more frequent virtual contact were more likely to feel lonely during the pandemic in the US and to have become lonelier than before it in both countries. These results need to be interpreted with reference to the fact that the US respondents were surveyed using postal questionnaires, and the UK respondents completed their questionnaires online. Although the difference in survey mode means that the respondents who took part in the UK survey employed digital forms of communication, they did not benefit more from inter-household virtual contact than their US counterparts. Therefore, the results suggest the potentially limited role played by virtual contact in sustaining older adults' mental well-being during the pandemic, regardless of national contexts.

The findings further highlight the importance of considering the interaction between inter-household face-to-face contact and virtual contact in understanding older adults' mental well-being during the pandemic. Most notably, the findings show that, in both the US and the UK, those who enjoyed frequent inter-household contact in both face-to-face and virtual forms during the pandemic fared best in terms of general mental well-being in the US and in terms of loneliness in the UK. Virtual-only inter-household contact was negatively associated with mental well-being, potentially due to digital stress or burnout (Mheidly et al., 2020), but further research is required to unravel the complex causal mechanisms underlying this association. Nonetheless, the results clearly show that virtual interactions complement but cannot replace face-to-face interactions in helping sustain older adults' mental well-being.

Last but not least, the findings suggest that, despite significant differences between the US and the UK, the relationship between inter-household contact and mental well-being is substantively similar. The findings also highlight the importance of inter-household contact, particularly face-to-face interactions, in helping sustain older adults' general mental well-being and mitigate their loneliness in times of crisis. Thus, beyond formal material and care provision for older people, it is important to consider that "weak ties" and informal support maintained through inter-household interactions constitute a key social and health resource. As the importance of this resource cuts across the considerably different contexts in the US and the UK, it may also be generalisable to other countries. While inter-household

contact was often taken for granted as a routine part of everyday life and non-residential care before the pandemic, its curtailment during the pandemic has brought its importance to the fore.

DATA AVAILABILITY STATEMENT

Publicly available datasets were analysed in this study. The Health and Retirement Study (HRS) is a national longitudinal study of the economic, health, marital, and family status, as well as public and private support systems, of older Americans. The data were publicly released through the HRS website (https://hrs.isr.umich.edu/). Funding for the HRS is provided by the National Institute on Aging at NIH (U01 AG009740), with supplemental support from the Social Security Administration. The HRS is conducted by the Institute for Social Research (ISR) at the University of Michigan. The UK data were made available through the UK Data Archive. The UK Household Longitudinal Study (Understanding Society) is an initiative funded by the ESRC and various Government Departments and the Understanding Society COVID-19 Survey is funded by the UKRI, with scientific leadership by the ISER, University of Essex, and survey delivery by NatCen Social Research and Kantar Public.

AUTHOR CONTRIBUTIONS

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SUPPLEMENTARY MATERIAL

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Fathering Practices in Sweden During the COVID-19: Experiences of Syrian Refugee Fathers

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This article explores fathering practices among Syrian refugee families in Sweden. Syrian refugees provide an example of people who migrated because of a single major event: the war in Syria. The article examines the impact of the COVID-19 pandemic on fathering practices. The Swedish COVID-19 strategy differed from those adopted in many other countries. Lockdowns were minimal and were not stringently enforced, based on the assumption that individuals would trust the authorities and would take personal responsibility for complying with their guidelines and recommendations. Previous research suggests that migrants and other vulnerable groups were not always well informed about the public policies introduced prior to and during the pandemic. The article draws on empirical data from a wider research project on the family lives of Syrian migrants in Sweden. The authors present their findings from an analysis of eleven ethnographically informed semi-structured interviews, carried out before and during the pandemic, with married fathers who had been living in Sweden for several years. In this article, they focus on three cases representing fathers with varied educational backgrounds and employment histories. These families had in common what are considered by Swedish standards to be overcrowded living conditions; they were forced to accept close family proximity, both physically and emotionally, as they no longer had the supportive networks they were used to in Syria. The three fathers were found to rely more heavily on information provided by the people with whom they were in contact in Sweden than on policies and recommendations from the authorities. These findings confirmed that the previous experiences among refugees of shifting policies regarding migration and integration had lowered their trust in government. They had learnt that they needed to rely on mutual dependency not only between spouses, but also between parents and children.

Keywords: COVID-19, ethnographic approach, fathering practices, lockdown measures, Syrian refugees in Sweden

INTRODUCTION

In early January 2020, China discovered a new Corona virus among people who had visited a market in the city of Wuhan. On 31 January, the first case of COVID-19 was reported in Sweden. As thousands of Swedes returned home from ski vacations in Italy and Austria, more and more cases were detected. In March 2020, the Swedish Public Health Agency introduced recommendations and general guidelines to reduce the spread of COVID-19 based on the principles of individual responsibility, trust in the authorities and voluntary compliance with government rules.

Despite minimal lockdowns in Sweden, the restrictions had negative effects on the psychological well-being of the individuals since they were unable to socialise as they did before pandemic (Bergnehr et al., 2021). This article contributes to the debate by exploring how refugee fathers living in disadvantaged neighbourhoods in Sweden experienced their fathering practices under COVID-19, and by asking whether these practices have changed their family lives and, if so, how. National statistics show an overrepresentation of foreign-born individuals among COVID-19 deaths and infections in Sweden, and it has been argued that immigrants in vulnerable and marginalised areas often did not understand the Swedish news and advice regarding COVID-19 guidelines (Lager et al., 2020; Public Health Agency, 2021; Rambaree and Nässén, 2020). Other scholars have stressed that it is necessary to adopt a poverty-aware perspective on the effects of COVID 19 since poverty may increase vulnerability to the disease due to its associations with other health conditions, overcrowded housing and difficulties in adhering to social distancing advice (Chang et al., 2021; Krumer-Nevo and Rafaeli, 2021). Swedish data reveal that working class individuals were more exposed to the virus at work, compared to white collar employees (Swedish Trade Union Confederation, 2021).

The empirical data presented in the article are drawn from a comparative study that examined fathering experiences and everyday practices among relocated Syrian migrant families resident in Sweden and the United Kingdom. The original aim of the study was not to examine responses to COVID-19 since the pandemic had not broken out in Europe when the research project was launched in 2019. However, the project's longitudinal design made it possible to identify the effects of the pandemic since the first wave of interviews was conducted before the pandemic and the second wave during the pandemic. This article focuses on the Swedish part of the study. Although the two studies were conducted in parallel using the same methodology, the extension of the time frame to the end of 2021 meant that the two full datasets were not ready for comparative analysis when this article was being drafted.

THE SWEDISH CONTEXT

The Public Health Agency's strategy in Sweden to prevent the spread of the Corona virus depended on Sweden's image as a homogeneous, egalitarian society. The government's pandemic strategy was underpinned by assumptions about individual responsibility focusing on social distancing, working from home where possible, avoiding public transport, and voluntary isolation for those showing symptoms of the disease. Ethnic segregation and growing social inequality in Sweden were not taken into account. It soon became evident that Sweden was reporting higher numbers of cases and deaths than in neighbouring countries: Denmark, Finland, and Estonia (Ludvigsson, 2020). During the second wave of the pandemic in autumn 2020, supplementary measures were implemented. Facemasks were recommended on public transport, a new pandemic law was passed, and strict and binding rules were

implemented regarding public events and gatherings. For example, only small groups were allowed access to restaurants, theatres and sports arenas. However, individuals were left to decide whether they followed the recommendations by staying at home if they had any COVID-19 symptoms, keeping at a safe distance from other people and working from home when possible.

Sweden's population was estimated to have reached 10,327,589 inhabitants in December 2020, of which 20 percent were born outside Sweden. Between 2014 and 2018, the most common nationality among migrants to Sweden was Syrian (SCB, 2020a). Syrian migrants in Sweden offer an example of people who migrated because of a single major event: the war in Syria. Their arrival in a European country therefore provides an opportunity to explore family practices of one group following forced migration.

Sweden has long operated a "dual-earner, dual-carer family policy" (Björnberg, 1997) with generous state support for working parents, extensive paid parental leave, public childcare and paid leave to care for sick children. Women's and men's engagement in paid work is almost equal. Entry into the labour market depends on high educational qualifications and proficiency in the Swedish language, which means that poorly educated refugees who arrived recently in Sweden are excluded from the labour market. The year before the COVID-19 pandemic outbreak, unemployment declined for Swedish-born workers from 4.1 to 3.8 percent, and for those born outside Sweden from 21 to 19 percent. At the end of 2020 when the pandemic hit the labour market hard, young people and those born outside Sweden were worst affected by unemployment (SCB, 2020b). Population growth has also led to overcrowded living conditions. In 2020, 23 percent of those born outside Sweden were living in overcrowded conditions, according to Swedish housing standards (SCB, 2020c).

MIGRANT PARENTING

An international review of 138 qualitative studies (conducted between 2006 and 2017) regarding parenthood experiences of refugees, asylum-seekers and undocumented migrants revealed that, in almost all the studies, migrant parents described experiences of having to manage different languages, traditions, beliefs and practices, including navigating new systems of education, healthcare and welfare services (Merry et al., 2017). Migration was also associated with changes in family structures, which led to changing roles and relationships. Sometimes role changes caused tension within families, and it was suggested that fathers struggled more than mothers with shifts in gender roles and social expectations.

Research into fathers and fatherhood has burgeoned in recent years, but significant gaps persist (Goldman and Burgess, 2017). Fatherhood and fathering are not homogeneous and encompass economic social, relational, genetic and gendered practices (Brannen et al., 2011; Ives, 2018). To understand migrant fatherhood, it is necessary to consider norms and practices in the new host country as well as in the country of origin, and also

the father's socio-economic status (Liversage, 2015). Migration studies suggest that fathers reinterpret their responsibilities in a new societal context by increasing their share of household duties and childcare (Bergnehr, 2019; Kilkey et al., 2013, Santero and Naldini, 2020; Wojnicka and Pustułka, 2017). According to Breidahl and Larsen (2016), migrants seem to adapt to the host country's work–family orientation, and that adaption increases with time. In her longitudinal study of refugee men from Middle Eastern countries, Bergnehr (2020) explored narratives about how the men adapted their fathering to new circumstances in Sweden. The study showed that fathers changed their fathering practices, and that they developed new practices as a result of their being in close proximity to their children and wives.

However, resettlement can feel disempowering for families; they experience involuntary separation from their kin and are isolated in dispersed communities (Shapiro and Montgomery, 2020). A Danish study indicated that migrant fathers, being unable to support their families in the new country, faced the risk of double exclusion: both from family and society (Liversage, 2015). A qualitative study conducted in Sweden show how male migrants manage these competing demands as they engage in care work in a nursing home (Storm, 2018). The labour market restrictions encountered by these men in Sweden, together with normative paid work expectations, made them aware of care work as a suitable form of paid employment. Migrant fathers often find themselves in a situation where they experience parallel lives in two societies (Levitt, 2004). They have to resolve different, sometimes contradictory, expectations as parents, at the same time as they try to balance both resettlement and exclusion.

THEORETICAL PERSPECTIVES

In exploring and analytically grasping the complex processes experienced by fathers as they navigate and negotiate the rebuilding of their everyday lives, this article draws on the concept of family practices (Morgan, 2011). The concept captures the ongoing reproduction, adjustments and development of everyday practices made by migrant fathers in their interactions with their family members and their social networks in the context of Sweden's public norms concerning "proper" fathering (Larsen et al., 2012). The research project focuses on fathers, but as fathering practices and family practices are closely connected and overlapping, both concepts are used in the analysis.

Research on migrant fathers shows how they include elements from the new society in their everyday lives while also striving to uphold their original main provider role. By taking elements from both new and old experiences in fathering practices, they contribute to the growing number of "hybrid fatherhoods" in Sweden. The family practices approach captures the taken for granted and multidimensional aspects of fatherhood and links history to individual biography (Morgan, 2011). When migrant fathers enter a new country, they do not start from scratch. Rather, through marriage or parenthood, "They come into a set of practices… that are already partially shaped by legal prescriptions,

economic constraints and cultural definitions." (Morgan, 2011, p. 7)

When Morgan (2011) reconsidered the family practices approach, he elaborated on different meanings of practice, such as actions and habits. Thus, Morgan's conceptual idea about family practices is related to Bourdieu's writings on practice and habitus. Habitus focuses on the taken-for-granted aspects of everyday family life and the unquestioned routines. In his later writings, Bourdieu (2008) argued that habitus has intentional as well as subconscious elements. However, there are circumstances that require a higher degree of agency when individuals need to plan and take action to handle a situation. Consequently, the practice approach raises questions about the relationship between agency and structure. Morgan (2011, p. 66) recognises that his approach to family practices to some extent seems to over-emphasise agency at the expense of structure. This article elaborates on Morgan's idea, since it is relevant to the analysis of family practices after migration. Previous research about migrants' parenting practices has used the concept of adaptation (see for example Bergnehr, 2020; Liversage, 2015; Mussino and Duvander, 2016). Adaptation could be seen as social action, similar to rational choice theories, as a strategy to meet new circumstances and demands. However, research also stresses that adaptation has a price, especially for migrants and others who are expected to adapt to fit the host country's norms.

METHODOLOGY

The data were collected in ethnographically informed interviews with eleven married couples with children. Inclusion criteria included being a cohabiting partner with at least one child in the age group 3–18. As the study was designed to explore a "later period" of migration, families were selected who had lived in Sweden for at least 3 years. By this time, migrants are expected to have completed resettlement and to be integrated into Swedish society. Services available to new migrants are then reduced or withdrawn.

The first interview was conducted before the pandemic and the second 8–12 months later during the pandemic (September/October 2020). Participants were allowed to choose the location for the interview: for example, a conference room at the university, a public space, or in their own homes. All participants chose to be interviewed at home. An interview guide was used with questions about family and parenting practices in the past, present and future. The participants were informed that they could choose not to answer any of the questions, or parts of questions. In the first round of interviews, the participants were asked an open question: Could you tell me how you came to Sweden? They gave detailed accounts of their situations in Syria during the war, the decision to flee, and the long and dangerous journey to and through Europe. In the interview, the participants were allowed to decide how much they wanted to reveal about these experiences.

The study was given ethics approval by the Regional Research Ethics Committee in Sweden and was carried out with respect for

TABLE 1 | Participants' educational background and employment situation in Sweden.

Pseudonym	Education	Employment in Sweden	Children's ages	Wife's education	Wife's employment in Sweden
Yussuf	Elementary school	Language school	6, 8, 11, 15	Elementary school	Language school
Hassan	University	Taxi driver	5, 10, 12, 17	University	Shop assistant
Khalil	Upper secondary	Unemployed	3, 6, 8	Elementary school	Language school
Adnan	University	Care worker	2, 4, 7, 9	University	Student
Bilal	Upper secondary school	Upper secondary school	4, 6, 8	Upper secondary school	Internship
Salim	Upper secondary	Language school	7, 9, 12	Elementary school	Attending language school
Tariq	University	Unemployed	4, 8, 12	University	Student/care worker
Ali	University	Internship/language school	5, 10	University	Care worker
Bahi	University	Unemployed	1, 3, 8, 12	University	Parental leave
Dabir	University	Shop assistant	1, 4, 8	University	Parental leave
Habib	Elementary school	Factory worker/restaurant	4, 12, 16, 16	Not completed elementary school	Attending language school/cleaner

the participants' dignity without jeopardising their health, security and personal integrity.

The design of the study was informed by previous work with refugees and the researchers' experiences of conducting research on sensitive issues and/or "vulnerable" populations. The interviews were conducted by one Swedish/English speaking researcher and a research assistant/translator who was an Arabic, English and Swedish speaker. Both interviewers had a background as qualified social workers with experience of working with migrant families. The research assistant had come to Sweden as a refugee from Syria and shared similar experiences to those of the participants. Her experiences proved to be vital in the preparation, execution and analysis of the interviews.

All participants were provided with an information letter in three languages: Arabic, English and Swedish. Participants were also informed about the study orally. As scholars who have engaged in research with refugees have stressed, the process of asking for consent cannot be reduced to a formal protocol. People in vulnerable life circumstances may be desperate for assistance and, therefore, agree to participate in the hope that researchers can help them. However, the participants in the present study were less vulnerable compared to those in camps or to asylum seekers. They were repeatedly reminded that they could withdraw from the interviews at any time without giving a reason and, in such cases, they were assured that their earlier interview material would be withdrawn from the dataset. The participants were informed that all data would be anonymised, stored and used according to the data management policy. They were assured that the data would not be shared with others and that the research project was not connected to the Swedish authorities.

The findings reported in this article are based on a small sample of migrant families from Syria; the results and analysis cannot be generalised to Syrian migrants and their fathering practices more generally. Similarities were found, however, between our findings and those of other studies of migrant fathers (Bergnehr, 2020; Ellingsaeter et al., 2020). In our study, the power to interpret and analyse was in the hands of the researchers, but the research assistant/interpreter drew valuable insights from the interview data. To ensure the accuracy of our interpretations, the fathers were interviewed both separately and together with their wives and children. It

was always attend the fathers' choice to invite family members to interview. It is possible that the fact that the presence of other family members limited the fathers' accounts, for example, by excluding negative aspects of fatherhood and family life. More positively, the family interviews were found to enrich the material as family members could argue about and discuss different aspects of family life and fathering practices.

As shown in **Table 1**, the fathers in the eleven families had varied educational backgrounds and employment histories. All but one had been resident in Sweden for 4–5 years and had residence permits. One father had a temporary residence permit since he had come to Sweden 1 year later than the rest of his family, after Sweden had introduced stricter migrant legislation. The eleven fathers were recruited in part by snowball sampling, drawing on the research assistant's network and knowledge of the Syrian population in the Gothenburg and Halland regions. Another method of recruitment was through an NGO in Gothenburg, working with migrant parents and their children.

THE THREE CASES

The findings are presented using interview extracts and field notes from three fathers and their families: Adnan, Tariq, and Habib. All names are pseudonyms, and some case information has been changed to preserve the participants' anonymity. The three cases represent the diversity of the total sample of eleven fathers in terms of education and employment. They had varied connections to the Swedish labour market, and they expressed varied feelings and experiences of being a father in Sweden. The analysis focuses on how being a father changed with the move from Syria to Sweden, fathering during COVID-19, and fathers' experiences of the authorities' COVID-19 policies and restrictions. Despite variations in their backgrounds, it was clear from the outset that all three fathers had some factors in common. Being a father was described as the main reason they left Syria since they wanted to give their children a safe childhood. Fatherhood was connected to their breadwinner role: to provide for the family economically and to be the symbolic "head of the household". The interviewees recounted how their fathering practices had changed after relocating to Sweden since they now spent more time with their children and were more

active in childrearing. For example, new fathering practices involved taking children to preschool. In Syria, the younger children stayed at home with their mothers during the day, but in Sweden all children are offered a place in public preschools, and 85 percent of children aged 1–5, born to Swedish parents, go to preschool. The figure for children with migrant parents is 81.7 percent (Skolverket, 2019).

Adnan

Adnan is married with four children aged 2–9. The two oldest children were born in Syria, and the youngest two in Sweden. The family live in a rented four-bedroom apartment in a small village in the south-west of Sweden. Adnan has a university degree in economics from his home country, where he worked in a private company. In Sweden Adnan found a job at a leisure centre for children aged 6–9, connected to a primary school. The work started as an internship connected to language training that turned into a part-time job. At the time of the interview, Adnan's wife was still in language school. She was trained as a schoolteacher in her home country but had not found employment in Sweden. She was on parental leave for several years and was following Swedish language courses, hoping to find employment as a pedagogue.

How Being a Father Changed From Syria to Sweden

This case represents a family with highly educated parents, and even though the father had to change his career plans and take a less qualified job, he was established in the labour market.

> [In Syria] I worked long days, left early in the morning and came home late, and I travelled over the country because my company had sites in different cities. But I never felt bad about it. I knew that my wife and kids were taken care of. They had my parents, her parents, her sisters, you are never alone in Syria. But here we are on our own. It is just our small family, she doesn't have our relatives here . . . so we have to work together, I need to help her at. . . . We only had two children in Syria, now we have four. It is a blessing but it is also a lot to do [laughing]. (Adnan)

The expression "we are on our own" suggests a more intense family life in Sweden, without access to the extended family. Adnan had to compensate for the absence of grandparents, aunts and other relatives. He seemed happy to work with children at the leisure centre, even though this was very different from his job as an economist in Syria. He was glad to have a good relationship with his employment officer, provided as part of the integration programme, who he thought had listened to him and helped him to find a job. In line with Storm's (2018) findings, moving to Sweden had made care work an acceptable form of paid employment.

Fathering During the Pandemic

During spring 2020, Sweden stood out as one of few countries where schools and preschools were open for children aged 1–15 years. The authorities' main arguments were that children are assumed to be less contagious than adults, and that children benefit socially and mentally from going to school. Furthermore, it was argued that Sweden has a high percentage of dual-worker families and that important functions in society would be harmed if parents had to stay home to look after children. For Adnan and his family, everyday life under COVID-19 went on almost as normal. His wife was studying from home, but the children were still allowed to go to preschool and school, and he went to work. Adnan drove the children to school and preschool in the morning and picked them up in the afternoon.

Fathers' Experiences of COVID-19 Policies and Restrictions

Recommendations from the Public Health Agency varied during the COVID-19 pandemic. At times, national guidelines were supplemented with regional advice. The Swedish authorities had press briefings several days a week; in some periods the briefings were daily. None of the families interviewed reported that they watched or listened to these press conferences. Most of them watched international news programmes, like CNN or Arabic news programmes. However, Adnan was employed by the municipality and worked with teachers and leisure pedagogues, which meant that he was well informed about routines and guidelines, since his job was to tell children and their parents what to do, and what not to do. He complied with the recommendations and thought it was good that schools and leisure centres for children were open. He was not afraid of being infected by the children he worked with, since he trusted the authorities' message that children were less contagious, but he tried to keep a distance from other parents when they came to pick up their children. Adnan and his wife did not wear masks when they went shopping, and he argued that the authorities did not recommend their use:

> I am not an expert. I am no doctor. I am an economist you know [laughing]. I think we need to trust the authorities. They know what is best for the Swedish people. (Adnan)

Tariq

Tariq lives with his family in the suburb of a large city, in a two-bedroom apartment. They have three children aged 4–12, the youngest was born in Sweden. Like Adnan, Tariq has a university degree and had worked as an engineer in many countries for his company. In contrast to Adnan, he had not experienced personal support from his employment officer in Sweden and was unemployed at the time of the interview. He had taken all the required language courses and had done internships, but without finding in a job. Tariq's wife has a university degree and was taking a university course in Sweden. She was also working part-time at a residential home for older people. This case represents a family where the father is unemployed, in contrast to the mother, which causes frictions in the family.

How Being a Father Changed From Syria to Sweden

Tariq expressed ambiguities and ambivalences regarding his changing role as a father in Sweden. He spent more time at

home and with his children but, in stark contrast to Adnan, he was very unhappy with his situation as he was unemployed and could not practice his profession. His wife had been more successful in finding a job, and so could contribute to family income. For Tariq, relocating to Sweden implied a loss of his professional identity as an engineer, and he expressed concerns about his exclusion from the Swedish labour market.

> I was working at construction sites in other countries before I came to Sweden. I have been working with people from the United States, from Germany, from Egypt, from all over the world. I have competence. But here, Sweden doesn't trust my competence. They say they have different standards and they can't give me a job. I am laughing and crying at the same time. Why is my competence enough in other countries but not here? (Tariq)

This quote affords an insight into what constitutes masculine competency. Tariq's loss of professional identity was not compensated by his new fathering role. He said he participated in activities with his children with the comment: "This is what I do, but I want to work."

Fathering During the Pandemic

Tariq had younger children who went to school; their activities were much the same as usual. Tariq had contact with an NGO working with migrant fathers and their children, which continued to arrange some activities for fathers and their children; for example, he and one of his sons participated in a swimming course.

> We have been able to participate, my children like it, and it was really good for me to meet with other dads. Since I can't go to the mosque this was good. And I think that my children get to know me more, they turn to me more now, you know at home, it's like I am more important. (Tariq)

The reason why Tariq could not go to the mosque was because of the restrictions on public assemblies, including gatherings for religious practice. This quote shows that Tariq is trying to find a new role and place for himself. His major concern was about the pandemic's effect on the family economy, and more specifically about his prospects of finding a job. He expressed a growing mistrust of Swedish employers and labour market institutions and the way that integration policies are implemented in practice. In contrast to Adnan, Tariq talks about problems in the context of Swedish society and the importance of staying in contact with fellow Syrian men in Sweden.

Fathers' Experiences of COVID-19 Policies and Restrictions

Tariq argued that Swedish authorities are unclear about what you "should do" and what you "have to do". Unlike Adnan who had developed trust in Swedish authorities, Tariq had experienced stressful encounters with teachers who argued that their child

should stay at home because of symptoms, but he and his wife argued that the child was healthy enough to be in school. Furthermore, he expressed an ambivalent attitude towards the Swedish authorities' ability to implement "good policies", both in relation to integration but also in relation to the COVID-19 strategy. He was glad that children were allowed to go to school and was frustrated about restrictions limiting his own social life. Tariq was recruited to the research project through an NGO working with migrant fathers. The NGO employed "cultural interpreters" with the aim of helping and guiding migrant fathers in their contact with Swedish society. Cultural interpreters have migrant backgrounds but have lived in Sweden for a longer period. Tariq argued that the cultural interpreter was helpful in relation to the COVID-19 pandemic:

> We speak the same language but he has more information, he knows the latest news. And you hear a lot, you know, there are rumours about this disease and about the vaccine. So it is good for me to speak to him, and then I can tell my family and friends: this is what we should do. (Tariq)

Habib

Habib is married with four children, aged 4 and 12, and twins aged 16. The three oldest children were born in Syria and the youngest in Sweden. He had had his own hairdressing salon in Syria. Unlike Adnan and Tariq, he has no higher education. In Sweden, when he was interviewed, he was working full time in a small factory and extra hours at a restaurant. The family lives in a three-bedroom apartment in a small town. His wife does not have higher education from her home country. She was almost illiterate when she came to Sweden and has difficulties in reading and writing in Swedish. However, she managed to get a job as a cleaner and so contributes to the family income. This case represents a family who have been integrated into the labour market despite having little formal education.

How Being a Father Changed From Syria to Sweden

Habib's work–family life was different in Sweden compared to Syria. In Syria, he owned his own business and worked long hours, but he could decide how much and when he wanted to work. They received a lot of help with childcare from their extended family, so Habib did not have to engage in caring activities. Even though he was managing two jobs in Sweden, he spent more time with his family than in Syria. His wife was attending a language school and had recently found a job, which meant that she left home early in the morning, and Habib was in charge of getting the children ready for school. He thought it was good for his wife to have a job, as it ended her social isolation, and she had more opportunities to learn Swedish. However, he had to help the older children with their studies, something his wife was unable to do. Like Adnan and Tariq, he was more involved in childcare in Sweden but struggled with feeling that he could not live up to what was required. Habib also missed the extended family relations that they had enjoyed in Syria.

Fathering During the Pandemic

Habib's everyday life was more affected by the pandemic than that of Adnan and Tariq. His twins had to study at home. Nor were they allowed to continue with their sporting activities because of the restrictions for children aged 16 and over. Both his daughter and son were dedicated football players, and Habib liked to watch them play.

> It is crowded now. They are at home. My wife is at home. They are the same age but are in two different classes. So, they need to have their lessons separately. And I work shifts, so sometimes I need to sleep during the day. I need peace and quiet. It is not possible [laughing] And then my wife picks up the little one from preschool and then it is a crazy house. (Habib)

Habib said that he was allowed to rest in a small changing room at the factory. Unlike Adnan's and Tariq's families before the pandemic, Habib and his family used to get help from an older relative, an aunt of his wife. She used to come to stay for a couple of days and help out with cooking, cleaning and taking care of the children. The aunt is aged over 70, and Habib and his family were aware that older people need to be protected from the virus. Thus, she was not visiting them at the time of the second interview. On a positive note, Habib said that, since the oldest children were at home more, they were able to be involved in caring activities. Sometimes his daughter picked up the younger siblings at school, and she also prepared food. During the pandemic, Habib and his daughter prepared meals together.

Habib's employment at the factory was not affected by the pandemic, but he used to work extra hours at a restaurant as a dishwasher. In Sweden, restaurants remained open during the pandemic, but the number of guests decreased, resulting in layoffs of staff. Since the middle of March 2020, Habib had not been offered work at the restaurant, which had impacted on family income.

> My pay at the factory is not very high, but I want to give my family a good life. They are used to a more privileged life in Syria. The loss of the extra money is not a disaster, but it is more difficult for me to send money to my elderly relatives in Syria. (Habib)

Fathers' Experiences of COVID-19 Policies and Restrictions

In Habib's family, the children were the ones who informed the parents about government guidelines on handwashing and social distancing. His children told him: "we have to wash hands and keep distance".

Like Tariq, he expressed ambivalent feelings about whether or not they trusted the Swedish authorities and its guidelines and recommendations.

> I am thankful to Sweden for receiving me and giving me and my children a safe future. Sweden has very good schools, and people are friendly, but the Swedish

authorities can be very confusing. Changing rules and sometimes you feel you have no power. So, I trust Sweden, but they are not always right about things. (Habib)

Further, the interview with Habib illustrated how individual family members responded differently to government guidelines, which led to disputes within the family:

> My oldest child [16] says that the authorities say that we should not wear masks, that masks don't protect against corona. Here you never see people in masks, not in the shops, not on the train. But all over the world you see people with masks, and they have rules and have to wear them. I thought we should buy masks but my daughter said no. She said that she would be ashamed if I walked around with a mask. But, if the government in other countries say you should have mask, why is it different here? It is the same virus. (Habib)

DISCUSSION AND CONCLUSION

In this article, the authors have explored the fathering practices of Syrian refugees in Sweden during the pandemic, asking whether they have changed and, if so, how. The way that family practices are discussed in the interviews provides valuable insights into how fathering and family are shaped in the interaction between family members.

The study's longitudinal design, and the unforeseen outbreak of the pandemic, made possible an analysis of the adaptation of Syrian refugees' fathering and family practices over time. The research was also able to capture the reactions of families as they dealt with the effects of the pandemic. Fatherhood, in the sense of taking responsibility for the family's standard of living, safety and protection was found to be a driving force for Syrian migrants in Sweden. These responsibilities also served as prerequisites for adjusting their fathering practices in Sweden.

The process of adaptation to new ways of fathering was found to vary among the participating fathers. Adnan had developed new fathering practices and had come to regard care work with children at a leisure centre as a way of providing for the family. He saw his role in his family as "helping his wife", maintaining that she was the most important person for the children. Adnan's experiences pointed to a continuum between fathering practices as habits and action. Some practices turned into routines that were carried out more automatically, emphasising the significance of social structures in family practices. The diversity of these reactions exemplifies how individuals face new situations that require planning and action. In Adnan's case it was also evident that the children played an important role when new practices were being negotiated, since the children instructed their parents about how to behave and handle certain situations.

Tariq was involved in the everyday care of his children, but he regarded the practice as provisional while waiting for a job. His loss of professional status dominated his and his family's

situations. His own family roles and those of his wife had been reversed, and the future had been put on hold. Tariq struggled with his new role in Sweden and was not content with being unemployed and unable to provide for his family. He did not view his fathering practices as self-selected, and, in line with the findings from other work (Shapiro and Montgomery, 2020), his resettling practices could be seen as disempowering. In Tariq's case, a disparity was found between his fatherhood ideals and his current fathering practices. On the one hand, it could be argued that Tariq felt that the situation in Sweden was out of his control. He realised that the ways he thought about fatherhood were challenged, both in relation to individual and collective habitus. On the other hand, Tariq's way of holding onto his professional identity and beliefs about his role as a father could be viewed as an expression of agency. Even though he had modified his practices to adapt to changing circumstances in Sweden, he managed to preserve his values. The pandemic reduced Tariq's opportunities to meet with friends since assemblies in the mosque were not allowed. However, he and his children participated in a "father–child" project run by an NGO, and Tariq appreciated that it contributed to a better relationship with his children.

Habib's family had maintained a lifestyle with a supportive network. They sent money back home after migrating to Sweden, but the pandemic stopped these remittances since Habib lost his additional income from working in a restaurant. Due to home schooling for the two oldest children, Habib described their home situation as chaotic. They struggled to get through everyday obligations and created ad hoc solutions for developing new practices.

The three fathers and their families were affected differently by the pandemic, since restrictions and guidelines on home schooling varied depending on children's ages. For all three fathers, the pandemic resulted in a more intense family life, because they spent more time at home with their children. The pandemic demanded actions and pushed the fathers into greater participation in fathering. Already before the pandemic, Adnan and Habib had adjusted their fathering practices, and ways of thinking about fatherhood; their fathering habitus. When Habib's situation at home changed due to his children's home schooling and loss of support from an older relative, he took action to resolve the situation. Habib was happy to do more cooking with his 16-year-old daughter who spent more time at home due to physical distancing rules. This intense family life also had negative effects, including difficulties in finding time for rest and recovery. By contrast, changing routines were more challenging for Tariq, who was less convinced by the "new fatherhood" model. He felt that the loss of regular contact with other men at the mosque was difficult to handle. Furthermore, for Tariq, who had been unemployed for several years, the pandemic increased his lack of belief in "the system". He argued that he would never get a job in Sweden, which caused him much distress.

The research presented in this article contributes to sociological theory about fathering practices by showing clearly how three migrant families in Sweden adapted their parenting roles in response to changing circumstances and societal structures during the pandemic (Bergnehr, 2020; Bergnehr et al., 2021; Liversage, 2015) By providing valuable insights into their perceptions of interactions within these families, the research also contributed to policy development. It revealed how Swedish government policies could be modified to take account of the specific needs of refugee families.

Since the Swedish government and authorities based the COVID-19 strategy on recommendations rather than on prohibitions, the responsibility for following and interpreting guidelines was placed on the individual. Refugees are, however, obliged to follow government rules and regulations concerning their status as migrants. All three fathers claimed difficulty in understanding policies on residence permits, rules for benefits and social insurances; they argued that policies seem to change all the time. This reaction also applied to recommendations and policies regarding the pandemic. The fathers' previous experiences of changing and inconsistent policies in relation to migration and employment seemed to influence their opinions about the Swedish pandemic strategy and the instructions they received from the authorities. Guidelines about wearing a mask were ambiguous; several of the parents interviewed wore masks when they did their shopping, even though authorities in Sweden had not advised people to do so at the time of the interviews.

The three parents discussed here said that in some matters they trusted the authorities in other countries more than in Sweden. Even though the authorities' decision to keep schools and preschools open was welcomed by the families, it caused uncertainty, since they were aware that schools and preschools were closed in other countries. However, Adnan felt that he relied on the authorities' guidelines, referring to the fact that "they are the experts". Habib was more ambivalent towards the Swedish guidelines, and Tariq clearly conveyed a lack of trust. Tariq maintained that he put more trust in the information he received from people engaged in an NGO with whom he shared the same cultural background and native language.

Families in the three cases had in common their overcrowded living conditions. They were forced to live in close physical and emotional proximity both before and during the pandemic. As migrants, they no longer had the supportive networks they were used to in Syria. Instead, they had to create mutual dependency between parents and children. The pandemic revealed the limits on opportunities for small talk and information exchange between parents and staff in school and daycare centres. The findings suggest that the Swedish authorities need to cooperate more closely with community-based organisations to reach out to migrants and marginalised groups. Face-to-face contact with government representatives was much appreciated when available. In its absence, the families relied more heavily on information provided by the people with whom they had a relationship and could meet on a regular basis.

DATA AVAILABILITY STATEMENT

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

ETHICS STATEMENT

AUTHOR CONTRIBUTION

TW performed the design of the study, data collection and initial analysis. MB wrote the first draft of the introductory sections (Introduction and The Swedish Context). TW wrote the first draft of the full article. Both authors contributed to article revisions, read and approved the submitted version.

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The Impact of the COVID-19 Pandemic on Families: Young People's Experiences in Estonia

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This articles reflects the impacts of the COVID-19 pandemic on the everyday lives of children and their families in Estonia during lockdown in spring 2020 and 2021. The data corpus is based on diaries compiled by children during the first lockdown in 2020 for a collection at the Estonian Literary Museum, and on a series of semi-structured interviews with children documenting their experiences during lockdown in spring 2021. The study draws on literature from the "new sociology of childhood" and applies Bronfenbrenner's social ecological model to an analysis of young people's experiences when their mobility outside the home was restricted, and they were forced to reorganise their time use. The findings show how the pandemic extended the social contexts in which children and their families are embedded and highlighted the role played by socio-cultural factors in shaping children's coping capacities. In combination, analysis of the two datasets demonstrated the differential effects of lockdown on young children. The accounts from the first wave of the pandemic in 2020 suggested that positive family environments could smooth the negative effects of lockdown and help them cope with unexpected changes in their everyday lives. The interviews during the second outbreak of the pandemic revealed how the emerging weariness and boredom reported by some children strained family relationships. The amount of time that children spent online both modified and expanded their experiences of technology-supported interactive spaces. Their reports showed that the interactive contexts in which they were operating through social media extended beyond national borders to an interest in transnational and global events. Online communication did not, however, compensate for the loss of real-life contacts with friends, which became a major concern for young people in Estonia. In the concluding discussion, the authors consider policy responses that address the main issues identified in the research.

Keywords: children's perspectives on COVID-19, distance learning, family dynamics, impact of lockdown, social contacts, young people's subjective well-being

INTRODUCTION

The World Health Organisation declared a state of international public health emergency on 30 January 2020 and a global pandemic on 11 March 2020. Lockdown was promptly proclaimed in the Baltic States: in Estonia and Latvia on 12 March 2020, and in Lithuania four days later. From an economic perspective, the situation of the three Baltic States differed to a certain extent. Before the outbreak of the pandemic, Lithuania had experienced steady economic growth, while growth in Estonia and Latvia was slowing down and went into decline in the first quarter of 2020. The second

quarter of 2020 was difficult in all three Baltic States, but the decline in GDP remained well below the EU27 average of −14%: it was lowest in Estonia (−4.6%) and highest in Latvia (−8.9%). A similar trend occurred in the unemployment rate: it increased least in Estonia and most in Latvia, while remaining below the EU average (Parliament of Estonia Foresight Centre, 2020b). The Bank of Latvia (Parliament of Estonia Foresight Centre, 2020a) noted that during the first wave of the pandemic, Estonia had disbursed more in support measures than Latvia and Lithuania, and furlough support was also more generous: 0.9% of GDP compared to 0.8% in Lithuania and 0.3% in Latvia.

In mid-October 2020, Estonia, Latvia and Lithuania were among the EU member states with the lowest COVID-19 infection and death rates in the EU. Estonia also reported the lowest numbers among the Baltic States (Our World in Data, 2021). Like most other Central and Eastern European countries, all three Baltic States had been relatively untouched by the first wave of the pandemic in March–April 2020. The second outbreak started in late October 2020 and peaked on 25 December 2020 in Lithuania and on 17 March 2021 in Estonia. Rates in Latvia fluctuated between the two dates. By June 2021, the number of confirmed new cases per million inhabitants had fallen to 130 in Latvia, 119 in Lithuania and 68 in Estonia; the deaths rates (rolling 7-days average) had fallen to 3.3 for both Latvia and Lithuania and 1.4 for Estonia.

The COVID-19 pandemic not only halted economic growth, it also constituted a huge challenge to health care capacity. Until the onslaught of the pandemic, Baltic societies had not experienced any major public health problems in recent years. As in other Western countries, the pandemic gave a new prominence to the role of scientists in informing political decisions and the ways in which government policies were communicated to the public.

The first lockdown was proclaimed on 12 March 2020 and was due to last until 1 May 2020 but was then extended to 17 May 2020. The second lockdown was in force from 11 March 2021 to 25 May 2021. Lockdown during the two waves of the pandemic involved substantively the same measures, although they were applied with different degrees of stringency and were not perceived as having the same impacts on the everyday lives of young people. During both waves schools switched to distance learning. Shopping centres, theatres, cinemas and other places of entertainment were closed. Social distancing was compulsory in public places. Wearing masks was recommended in 2020 and compulsory in 2021. The 2 + 2 rule was introduced, allowing meetings of two people from two different households out-of-doors. Government rules did not apply to the private sphere. Although private gatherings were not recommended, no restrictions were placed on meetings between friends. Nor were children of separated parents prevented from moving between households. Parents who commuted across borders for work were hit by border closures and by restrictions introduced in neighbouring countries.

During the lockdown in spring 2020, the government's intention was to limit the impact of the pandemic on public health facilities by keeping society as closed as possible. Evidence of the harm caused by lockdown restrictions to economic and social life, in combination with greater knowledge about the virus,

the introduction of effective vaccines and the adaptative capacity of the health services, persuaded the government to apply a lower level of stringency in 2021.

Drawing on data collected over more than a year of living with the COVID-19 pandemic, the authors of this article reflect on how children in families in Estonia coped with the severe disruptions it caused to their everyday lives. Estonia was selected for an exploratory study because it managed the pandemic relatively well, compared to many other EU member states. Estonia also stands out as a country that had benefitted fully from technological developments in the post-Soviet era. In a small economy with good recovery capacity, the IT sector proved to be an important factor in the successful management of everyday life during periods of severe restrictions on mobility and social interaction. IT-based services for schoolwork and online study, as well as other e-services such as digital medical prescriptions, were already an integral part of everyday life. Estonians were technically relatively well prepared to study and work from home.

During the first lockdown in spring 2020, the Estonian research team carried out new empirical work based on a corpus of diaries compiled by young people aged 12–13 and 17–18. The diaries were the result of a public data collection campaign organised by the Estonian Literary Museum. A year later in spring 2021, the research team at Tartu University conducted a series of semi-structured interviews with a different sample of children aged 8–15, documenting their experiences during lockdown. The researchers contextualised the two datasets by drawing on international statistics, policy documents, data from public opinion surveys and public discourse. Data concerning Latvia and Lithuania provided a backcloth for situating developments in Estonia.

First, the article provides a brief overview of literature about the impacts of the pandemic on young people's lives. Then follows a description of the methodology for the empirical work and a presentation of the findings. The discussion and conclusions indicate how the research was used to inform policy development.

TRACKING THE IMPACT OF COVID-19 ON YOUNG PEOPLE'S LIVES

Young people interact in different life domains, including family, friendship groups, school, community and via technology, all of which were affected by and had an impact on well-being during the COVID-19 crisis. Social and human science researchers around the world have explored the effects of the COVID-19 pandemic and ensuing lockdowns on young people's lives. In the United States, for example, based on the reports of adolescents concerning their experiences of the pandemic, a qualitative study by psychologists (Scott et al., 2021) identified 14 thematic fields where the pandemic had affected everyday life. They included mental and physical health, family relations, friendships, social connections and community, attendance at important events, socio-economic performance, routines, observance of COVID rules, exposure to COVID risks, and the adoption of technologies.

Psychologists in Spain (Idoiaga et al., 2020) explored children's social and emotional representations of the pandemic and analysed how children coped during the crisis.

Studies in child psychiatry, psychology and public health in different parts of the world have shown that the pandemic increased child vulnerability and endangered mental health, resulting in a decline in subjective well-being (Fegert et al., 2020; Gadermann et al., 2021; O'Sullivan et al., 2021). In a wide-ranging review article, Chaturvedi and Pasipanodya (2021) highlight disruptions to school and social life as the main factors determining child vulnerability. Other researchers identify COVID-19 related stressors, such as high levels of anxiety and depressive symptoms, associated with perceptions of parental stress within families, causing new problems in parenting that influenced children's ability to cope with the pandemic (Brown et al., 2020; Spinelli et al., 2020).

The COVID-19 pandemic caused momentous changes in patterns of interaction, due to the implementation of lockdowns and policies on social distancing in children's lives. Family sociologists in Poland (Markowska-Manista and Zakrzewska-Olędzka, 2020) studied changes in family life caused by restrictions and limitations on mobility and social relationships. Comparative evidence from Switzerland, Canada and Estonia showed how the pandemic exacerbated inequalities between children across different life domains, especially within families, at school, with friends and in access to public services (Stoecklin et al., 2021). While increasing the importance of virtual spaces, government measures in these countries were found to limit physical interaction with friends, teachers and relatives by closing access to schools, playgrounds, and recreational activities.

From a sociological perspective, children's experiences can be best understood by setting them within what has been described as a "social ecological framework" (Bronfenbrenner, 1979; Bronfenbrenner and Morris, 2006; Sallis et al., 2008). Bronfenbrenner's model provides an appropriate theoretical and methodological framework for the present study by capturing children's experiences through the mutual interactions between a child, her or his immediate environmental settings, and the wider socio-cultural contexts in which she or he is embedded (Scott et al., 2021). This approach considers children as dynamic social actors and reliable sources of information about their own lives (Casas et al., 2013; Mason and Danby, 2011).

METHODOLOGY

This section describes the data collection and analysis in the two distinct phases of the project covering the periods in 2020 and 2021 when schools were closed, many families were confined to their homes, and the participants were distance learning at home.

Data Collection and Analysis

The data corpus for the research was compiled from two sources: children's diaries during the first lockdown in spring 2020 and semi-structured interviews with children documenting young people's assessments and reflections on their lives during the lockdown in spring 2021.

On 18 March 2021, the Estonian Literary Museum launched a public collection initiative of lockdown experiences in the form of diaries. Such an initiative is not unique and was replicated in several countries: for example, the Koronakevät initiative by the Finnish Literature Society, the Pandemic Diary Project in Latvia, and the Pandemic Diary Research Project in Poland. In Estonia, the call stemmed from a tradition of collecting life stories, starting in the late 1980s and early 1990s, that laid the foundation for the life-story archive of the Estonian Literary Museum, which today holds over 4,000 life narratives. The collection is viewed as a cultural resource of (national) memory and is archived for an indefinite period. The material was not collected with concrete research objectives in mind but has provided a basis for a wide range of research projects carried out by scholars with a background in literary/narrative studies, ethnology, folklore studies, and history. Preservation and access to the materials in the Cultural History Archive are governed by archival laws and regulations (see http://www.folklore.ee/era/eng/procedure.htm).

Schoolchildren of all ages were invited to keep a daily record of their lockdown experiences, paying attention to changes in everyday life, and in their relationships with family members and wider society. They were encouraged to write about their fears and hopes as well as commenting on how lockdown was being handled by the authorities, and the support, if any, offered by national and local governing bodies. The call did not specify a minimal number of entries, their length or the required duration. It was published on the homepage of the Estonian Literary Museum and also promoted through online, social and traditional media. Schools were asked to create student assignments based on the call requiring participants to keep a lockdown diary or to write a memoir.

The data corpus for spring 2020 included 19 diaries by children aged 12–13 (grade six; 10 girls and 9 boys), and 20 personal narratives by upper secondary school students aged 17–18 (grade 12; 14 girls and 6 boys), that the students wrote as a school assignment. No personal data were collected about the diarists other than their grade at school, name and gender. The diaries covered the period from 18 March to 15 May 2020, with one diary entry per day. Some diaries included illustrations. The length of the entries varied, ranging from 50 to 200 words each. The diaries were handwritten in regular school notebooks. Personal records by older students were loosely based on the questions in the public call. They contained longer reflections (300–800 words) on the lockdown period and were submitted in digital form. With the consent of their parents, the children offered their diaries and reflections to the museum on a voluntary basis. For the purposes of the present article, the children's identities were anonymised: only the first initials of their first names, sex and age group are indicated in the analysis.

The second data source contains transcripts of 24 semi-structured interviews, each lasting about 15–20 min, with children aged 8–15 (7 girls, 4 boys, 13 gender not specified), carried out as a practical fieldwork assignment for students attending a course on Children and Childhoods (3 ECTS) at the University of Tartu. The interviews document experiences of

lockdown in spring 2021. The students were allowed to apply a convenience sampling method to find interviewees among children whom they knew, combined with an element of purposive sampling. Alongside the objective of carrying out a training exercise, the intention was to analyse the experiences of schoolchildren from different age groups, loosely defined. The purposive sampling method had the advantage of providing a mosaic of young people's reactions to the pandemic across a wide age span, while contributing to the overall objectives of the training exercise. It had the disadvantage of not producing a representative sample of specific age groups as would have been possible in a larger-scale more quantitative study using a more rigorous sampling method.

The fieldwork process was supervised by the first author of the article in her capacity as course director. The interviews were carried out online or by telephone. A few interviews took place face-to-face observing social distancing rules. The interview frame was very simple: the children were asked what had changed in their lives compared to the situation pre-lockdown, what had improved or got worse. Children's names and other personal data were not used. The children participated in the interviews on a voluntary basis and with parental informed consent: the interviewers approached the parents by telephone or by e-mail.

The authors were granted access to the handwritten and digital diaries. The interviews were first transcribed, and the interviewers wrote short fieldwork reports as part of their course assignment. The authors undertook in-depth analyses of the interview transcripts and diaries using a directed content analysis method consistent with the Bronfenbrenner's social ecological framework (Hsieh and Shannon, 2005). The two datasets covered different phases in the pandemic. They were not directly comparable since the diaries were child-driven, and the interviews were led by adults. The combined evidence from the two data sources do, however, provide valuable insights into the cumulative effects of the pandemic, as it progressed, on family life in Estonia as experienced by children.

ANALYSIS OF CHILDREN'S DIARIES: SPRING 2020

Before the outbreak in March 2020, COVID-19 was perceived by the public as something happening elsewhere in the world, mostly in Asia, that would never reach Estonia, as was the case with the H1N1 influenza virus in 2009. Since the introduction of lockdown on 12 March 2020, the rate of new infections had remained relatively low, around 20 for 100,000 inhabitants. As in the rest of the world, Estonian society was, nonetheless, exposed to an unprecedented situation generating the feeling of loss of control over everyday life, and causing anxiety and insecurity. Lockdown altered lifestyles and disrupted the enjoyment of living in a society that had become used to a high level of social protection and general well-being. For families, lockdown meant that many parents were unable to go to work due to temporary closure of their workplaces. Unless they were able to switch to teleworking, in most cases they were entitled to

compensation from the government for loss of income. School closures resulted in children moving overnight to distance learning.

In Estonia, households with children form one fourth of all households and close to one fifth of children living with a single parent (Statistics Estonia, 2021). The majority of children living with a single parent maintain some contact with their other parent. Many children have visiting orders that had been agreed by the parents, a child protection specialist or court, which had to be followed by the child. The strong recommendation to stay at home served as a pretext not to follow the visiting order. In addition to the general disruption to routines that this caused, some children had to stay longer than they would have wished with one of their parents. Although data were not collected about individual living arrangements, it was clear from some of the comments in the diaries that different family constellations and socio-economic circumstances influenced how children coped with the impact of lockdown.

The Impact of the Pandemic on Family Practices

Analysis of the diary entries suggested that the pandemic had diverse effects on children's subjective well-being and development. Many homes turned into over-populated multifunctional places 24/7, with both positive and negative impacts on relationships. The children's diaries indicate that they fully understood the seriousness of the crisis. Several diaries contain statistics about the spread of the virus in Estonia and elsewhere in the world. Boys more often than girls documented COVID-19 statistics in their diaries. Girls focused rather on describing relationships and activities with family members and friends. One boy's report showed awareness of the pandemic crossing country borders and continents on a daily basis:

> There are more than 200 cases of corona in Estonia so far and it is quite horrifying since the number has doubled since yesterday (16 March). Today there was the first corona death in Estonia (25 March). Today there was a new record in Italy but this is very sad record; 1,000 people died during the last 24 hours (27 March). Corona has taken over almost the whole world by now except a few countries in Africa (30 March). (Ka, boy, grade 6)

The diaries of both younger (grade 6) and older (grade 12) students recorded the responses of their family members to information about the spread of the virus, demonstrating feelings of fear and insecurity. One upper school student was concerned about the health and well-being of his father who had to commute between different countries during lockdown. He wrote: "That night I got very little sleep because my father told me that his . . . sleep routine was all messed up." (Ma, boy, grade 12) For him, an additional source of tension was the fear that the father could transmit the virus. He was upset by his mother's perception of the father as a potential source of health risk to the family and the self-isolation

measures that she thought necessary. Other boys expressed concerns about transmission of the disease:

> The elderly care home is in quarantine . . . it is quite scary that it is so close. We don't know if it is only life threatening for older people or whether younger people also die. (Ol, boy, grade 6)

The diaries and personal reflections commented on different safety measures that the children and their families followed. They expressed concern about people who did not follow the rules. The diary entries suggest that the public message requiring everyone to help keep the virus under control by following the rules was taken seriously by both the children and their families. One student wrote that he wished:

> . . .people would stay at home, because this is in the best interests of their health and that of the others. The longer we put up with staying at home, the faster we get out again. (Sv, boy, grade 12)

Children of all ages expressed a positive attitude and understanding as to why lockdown and stringent restrictions were necessary. Children described, for example, how they followed the rule about social distancing:

> With my friend we wanted to go to Lossimäed [a nice park] but there were people there. We waited for them to leave but they did not, and so we ended up not going at all. (Ro, boy, grade 6)

A male upper school student commented on changes in the public health instructions, stating that: "Before leaving home we need to clean our hands and wash them right away after returning home." (Sv, boy, grade 12) He and several other upper school students mentioned postponing or cancelling visits to older family members. One girl, whose grandmother lived with the family, and who used to have friends come to her home, wrote: "My mother has established a rule that no one can visit us right now. I respect my mother's rule and my grandmother's health." (Gr, girl, grade 12) Another upper school diarist commented:

> It is really sad to witness that there are still people who throw parties or ignore the restrictions.. . . We all need to do what we are asked to do and follow all instructions, then we can all successfully manage this situation together. (An, girl, grade 12)

Older children analysed the role of different media in spreading information about the virus and government measures:

> When the situation became more serious, global panic started . . . that was, of course, spread by social media . . . At times of crisis like that, leaders and governments can show how weak or strong they are. (Ti, boy, grade 12)

Some older students expressed frustration with news that focused only on negative events, resulting in them giving up following the news altogether (Ka, girl, grade 12). However, most students in the older age range did not report perceiving very high risks to their own safety or those of their family members. One girl reported that, although the number of infected people had risen to 679, with 3 corona deaths:

> I know that there are few corona deaths in Estonia. My strong immune system would cope well with the virus. In my family, people are protected and the possibility of them getting the virus is small. (Ma, girl, grade 12)

In the older age group, children who stayed at a school dormitory during term time enjoyed being at home with family members, doing gardening and maintenance work around the house, and helping younger siblings to manage their schoolwork. While younger students frequently mentioned new family activities such as going for a jog together, doing puzzles or trying out new recipes, they occasionally became frustrated with their siblings and conflicts developed. About a third of the children reported an increase in anxiety and tension in relationships at home. One girl in grade 6 wrote:

> We fought with my brother against our sister for half an hour or so. I got some bruises. But in the end, everything worked out [and] we made up. (Kr, girl, grade 6)

Younger children often developed conflicts with their siblings; they were usually solved very quickly, and normal friendly socialising continued. A girl whose father was commuting to work wrote: "My father has worked in Virumaa [North-East Estonia] the whole 3 weeks. I cannot stand my mother and brother alone anymore. Hell." (An, girl, grade 12) Some children also mentioned problems with their parents:

> I was too tired to get up right away. When I was getting dressed, my stepfather shouted that I need to feed my cat right away or he will take it to the shelter. (Be, girl, grade 6)

Children in the younger age group whose parents were separated wrote about missing the parent with whom they did not live on a daily basis: "I'd like to spend the last week of school with my real father." (Sa, boy, grade 6) Some of the younger boys also mentioned suffering from being separated from their grandparents: "Grandparents wanted to visit us, but our parents did not allow that, it was such a pity." (Ol, boy, grade 6).

Lockdown was generally associated with greater stability and more opportunities to share leisure activities or do housework and small household repairs together, thereby generating greater closeness and more dialogue and new routines within families. Children described growing closer to their families but also suffering from having to live in such close proximity all the time, especially with younger siblings. Some children also wrote about tensions and feelings of isolation in the home, not being

able to share personal matters in a trusting atmosphere, being pressed to do too many home chores on top of managing schoolwork, and missing out on parental attention. They regretted not being able to see close relatives, including grandparents, parents who were living apart from them or who had to travel to work, and were concerned about their welfare.

The Impact of the Pandemic on School Life and Social Contacts

Schools in Estonia had already been using web applications such as eKool and Stuudium to facilitate teaching and learning several years before the pandemic, and collections of online study materials were freely accessible for all students, for example Opiq. These tools were used for assigning tasks, feedback and grading, monitoring progress, communicating with students and parents, posting study materials and submitting assignments. Nevertheless, neither children and parents nor teachers had a clear vision of how full-time e-learning would work. Children's experience of distance learning varied. New learning environments and requirements challenged children who previously had learning difficulties, those with special educational needs and those where internet access was limited. The pandemic erased the distinction between school time and free time, cancelling extracurricular hobbies or moving them online, thereby considerably constraining the range of free-time activities. Although few children felt they could not handle e-learning at all, relatively few did not experience some problems with distance schooling. Moving schools to distance learning was the protective measure that the children raised as posing the greatest challenges for them.

Young people in both age groups commented in their diaries on positive aspects such as being able to sleep longer and having greater freedom in managing their time. Upper school students, in particular, appreciated being in charge of their time and able to study independently. One girl pointed out that she no longer felt exhausted at the end of the school day since she "managed to plan her school day more productively than when she was at school", and she was able to "think independently" (Vi, girl, grade 12).

In the younger age group, boys reported more positive attitudes to distance learning: "Most of us are glad about that, me included. You can sleep longer in the morning and study whenever you want." (Ka, boy, grade 6) Another boy noted that distance learning seemed easier: "I like . . . to study in my own room. I can also take whatever I want to eat from the kitchen." (Ol, boy, grade 6) Students in different age groups mentioned as a positive aspect of staying at home more varied and better tasting meals, indicating that families were finding time to support their children during lockdown.

Children in both age groups found it difficult, and physically straining, to sit at the computer all day. They complained about problems with self-motivation, considered school assignments monotonous and missed the contrast between time spent in and outside school:

> Why do we have so much homework? Where has my motivation gone? As I could not sleep at night, I take a nap, then start doing schoolwork at about 4 pm and end at 2 in the morning. (Ja, girl, grade 12)

Some of the diarists mentioned experiencing mental health problems, the failure of parents to understand their problems, and the need to seek online professional psychological counselling.

Several younger students expressed their frustration with distance learning. A male diarist complained: "I am so tired of distance learning, since I couldn't get out of the house and meet up with my friends. This routine is getting on my nerves." (Ma, boy, grade 6) Particularly in the younger age group, sleep problems were quite frequent and could be viewed as a major effect of the pandemic and the change of routine, as admitted by one girl:

> Though studying is necessary, studying during lockdown upsets me and even drives me crazy. I woke up at six o'clock again. I contemplated starting to get going with my schoolwork, but nevertheless fell asleep again ... [At night] our parents asked us to put the lights off and the laptop away and go to sleep. We put the laptop away and the lights off but did not go to sleep. (Kr, girl, grade 6)

Some younger students wrote about skipping a whole night's sleep or even reported not sleeping for several nights in a row. For upper school students, not knowing whether they would be able to graduate with good results and continue their education was the greatest source of distress, far exceeding fear of the virus. By contrast, some younger students noted that the less stringent demands being made on them by distance learning made it more tolerable:

> I even like [distance learning] now, because, firstly, I can sleep longer and, secondly, I don't need to take everything so seriously and, thirdly, in some subjects we...simply get pass or fail. (Ka, boy, grade 6)

A sociological study among teachers, parents and children in Estonia in 2020 revealed that about one third of children were satisfied with distance learning, another third had difficulties in adapting to it, and the rest said that it made no difference for them (Lauristin et al., 2020). Distance learning challenged children's self-regulation skills. Some children enjoyed it because of the relative independence to introduce their own daily time schedules and distinguish between school, hobbies and leisure. But other children missed the pre-pandemic ways of teaching and learning and were not able to adapt to new forms of schooling without the atmosphere in the classroom and opportunities for open and direct discussions, questions and answers.

Children in both age groups commented that social distancing from friends was the most difficult challenge they faced. Many children, especially in the younger age group, wrote about missing friends and opportunities to hang out with them:

I miss my friends; it seems I haven't seen them for years. I miss school. I wish the virus would go away so that regular routine can continue. (Ca, girl, grade 6)

I would so much like to go back to school as I have nothing to do at home. (Ro, boy, grade 6)

I miss school, first of all, all my friends. Also, schoolwork progresses much faster at school. (Ol, boy, grade 6)

Younger children also missed teachers and the school atmosphere for which online classes were no substitute. Although younger students rarely recorded difficulties in managing schoolwork, they clearly preferred face-to-face learning.

The reflections of older students showed that friends played a central role in handling problems and maintaining a positive outlook on life. One diarist, who was suffering from forced separation from her boyfriend and problems with managing schoolwork, mentioned the communication channels she and her friends adopted, while admitting that this format of communication was not an adequate substitute for those used in pre-pandemic times. In her life, problems piled up, but her mother was aware of them and was supportive:

Life within these walls in these conditions without good friends is nothing short of a catastrophe. At least [friends] check up on me *via* phone and messages. [When my] Mom … sees that I'm messed up, she gives me a break with schoolwork and chores at home. (An, girl, grade 12)

Girls and boys, particularly in the younger age group, described taking up new hobbies or rediscovering old ones, as well as finding ideas for activities on the internet: "In the evening I watched different YouTube videos on things to do during lockdown and got a lot of new ideas." (Me, girl, grade 6) Other diarists found photography tips (Kr, girl, grade 6), instructions for making wrist bands (La, girl, grade 6), for playing the piano and composing (Ma, boy, grade 6), or they used the time at home to pursue other artistic activities: "I have had more time to practice my guitar and … out of utter boredom I even messed around with watercolours a bit!" (An, girl, grade 12).

The diaries demonstrated that young people reacted and adapted to the challenges they perceived in their everyday lives in many different ways. In the majority of cases, they displayed resourcefulness, flexibility and effective coping strategies. They appreciated the support they were given at home and by their schools. Yet, the diaries revealed a number of problems, the most important for both age groups being the lack of direct contact and face-to-face socialising with friends, teachers and schoolmates.

ANALYSIS OF THE INTERVIEWS WITH CHILDREN: SPRING 2021

Although COVID-19 death rates remained relatively low by international standards, a new lockdown was imposed on Estonian society between March and June 2021 in response to rising rates of infection (Our World in Data, 2021). Schools reverted to distance learning, shopping centres, theatres, cinemas and all places of entertainment were closed, wearing masks was compulsory in public places, the 2 + 2 rule was reintroduced. Local governments decided to distribute food packages through schools to compensate for the loss of free lunches, previously offered at school to all students. Compared to the first lockdown in Spring 2020, the government tried to keep the society as open as possible. As a result, the lockdown introduced on 11 March 2021 was criticised for coming too late to prevent the peak for new cases being reached on the 17 March 2021. The government's priority was to avoid the collapse of the healthcare system. In public discourse, young people were blamed for transmitting the virus while being unprotected against it because they had not been vaccinated. The economic coping capacities of families were endangered because central government had decided to end the income-loss compensation scheme despite rising unemployment in the second half of the lockdown. After a year living with the pandemic, the level of anxiety experienced during the first wave had lessened, but weariness and discontent with the regulations were contributing to emerging mental health problems among young children as reported in the interviews.

The Impact of the Pandemic on Family Practices

The interviews with children showed that their attitudes towards the virus and their patterns of behaviour were largely determined by the way their families handled the pandemic. As in the diaries, in the interviews children recalled that they had felt frightened and insecure a year earlier in spring 2020. They told how they had followed the very strict self-isolation measures, for example by staying indoors for months, and/or avoiding all public places. At the time of the interviews in April 2021, the whole society was better prepared for living with the virus than they had been during the first wave of the pandemic. Children felt safer and expressed the belief that the danger could be minimised if all the safety measures were followed. They considered themselves to be well informed about the risks and safety measures.

The interviews confirmed that most of the children were continuing to follow safety regulations. One child recounted: "When my older brother comes to visit us from Tallinn where he goes to school, he wears a mask at home." (boy, aged 9) A few parents or family members did not consider it important to follow any safety measures or even acknowledge the existence of the pandemic: "I don't care one bit about the virus, my father said that there is no such thing as the virus." (boy, aged 14) In the interview, he made clear that, in his everyday life, he followed safety measures loosely; for example, he talked about meeting up with friends on a regular basis, whereas most other interviewees noted that they had few opportunities to see their friends and were suffering from the lack of regular contacts, because they considered it important to follow the safety precautions.

Compared to the accounts in the diaries, the interviewees more often spoke about weariness and strain in family relationships. They complained about having to spend time

with their family members 24/7, resulting in tensions and arguments and occasional conflicts with younger siblings. But most children were content with their lives, reflecting their subjective assessment of how they were adapting to the new reality. Many children described being able to manage schoolwork and felt they had the necessary support. In cases where significant changes had taken place in their parents' lives, due to the considerable reduction in income, loss of employment, or fatigue and frustration resulting from the additional responsibilities at work and at home, children did not necessarily observe a worsening of their home environments. In some instances, they talked about noticing the greater workload on their parents, but were supportive and appreciative of the way their parents were coping. Where the family's income made it possible to procure extra services, the children rated their quality of life highly. For example, one family had hired a private teacher who came to their house and helped the family's two children with schoolwork 3 days a week.

As in the diaries from spring 2020, the children mentioned family activities – going for walks and outings and cooking together – as well as new activities that helped them to endure lockdown. They also remarked on holidays and birthday celebrations being scaled down, admitting that they preferred bigger gatherings and outings on festive occasions.

The Impact of the Pandemic on School Life and Social Contacts

When asked about their recent experiences during lockdown in April 2021, the children described the pandemic as having lasted one and a half years. For adults, the period under consideration at that time was perceived as having lasted for a calendar year; for children, it represented three school terms that had been lost because they had been studying at home or moving in and out of lockdown, making them miss contact hours at school. They therefore perceived time spent remotely as lasting longer than the time spent at school.

The schooling situation differed from that in spring 2020 since students, teachers and parents had, meanwhile, developed skills in handling distance teaching and learning. Schools were also technically better equipped, and teachers had adopted more effective online teaching techniques. During distance learning periods, the number of videoed classes increased considerably, often equalling the number of regular classes. The interviews with children showed that, in general, they believed distance learning was progressing smoothly. Most children described managing distance learning relatively well and even expressed the hope that, in the future, distance learning (e-learning) would be integrated more thoroughly into daily learning schedules. As noted in the diaries, the interviewees valued the greater degree of independence and self-management opportunities made possible by distance learning.

Yet, some children felt the need for more support from individual teachers if they perceived that they were lagging behind with schoolwork and lacked help to get back on track. The interviews showed that children of primary and lower school age (7–15) were often relying heavily on their parents' support and/or the support of older siblings, sometimes to a greater extent than on help from school. These children pointed out that schoolwork had become more mechanical, and that they did not have enough time to focus properly. They admitted that they often cheated, for example by handing in school tasks that someone else had completed. The children were, consequently, worried about their results.

The most widely reported and strongly felt impact of the pandemic was on social contacts. This effect had clearly worsened considerably since spring 2020. Most children said that they felt estranged from their friends and admitted that virtual communication did not make up for regular face-to-face contact. Some children said that they had lost all their friends and were now completely alone. Children also observed changes in the behaviour of their friends and classmates. They noticed other children around them becoming more nervous, getting frustrated and more easily upset. In some cases, children detected mental health problems among their friends, including the infliction of self-harm (cutting). Children who had been active in playing sports (group gymnastics and basketball), or some other hobby that could not take place online, suffered from the cancellation of these activities and the associated loss of opportunities to socialise, including participating in competitions. Almost all the interviewees felt tired and bored. Many expressed fears that the world might never return to the way it was before the pandemic, and that they might never get back to their normal, regular lives.

DISCUSSION AND CONCLUSIONS

An important aim of the empirical research described in this article was to understand how findings from a study of the impacts of the COVID-19 pandemic on children's lives in Estonia might be used to track the interactive process between policy as promulgated in lockdown measures and as reported in the behaviour of young people. Published reports, opinion polls and grey literature provided background evidence about the wider socio-political factors shaping government responses to the health crisis and, in turn, influencing young people's perception of the effects of lockdown on their lives.

The impact of school and workplace closures, combined with measures restricting mobility, social and physical contact, on the socio-psychological climate of families with children was immediate and profound. It transformed the reality of everyday life. In all the Baltic States, the workload for parents assisting children with online learning and taking care of pre-school children increased markedly. In addition, parents who commuted across borders for work in the Baltic States were hit by restrictions on border crossings and by border closures.

A national study of students, teachers and parents in Estonia during the first lockdown in 2020 indicated that, depending on the type of work, 36% of parents were using their homes as offices, and 44% reported an accumulation of responsibilities and increased stress levels, especially for parents with small children and families with several children (Lauristin et al., 2020). Lithuania registered more than a doubling of the level

of anxiety and a marked deterioration in the emotional climate during the 2020 lockdown (Eriksonas, 2020).

Income inequality between families increased markedly during the pandemic: in late May 2020, 55% of the population reported a decrease in their own or their family's income level, and 36% of the unemployed said they had lost their job during the crisis (Riigikantselei, 2020). A year later, when unemployment support schemes were withdrawn, 25% of the population reported problems with coping financially (Riigikantselei, 2021). Young people's diary entries during the first wave of the pandemic in 2020 suggested that a positive family environment could alleviate the negative effects of the lockdown and help them to cope with unexpected changes in their everyday lives. Stable family life encouraged communal activities, such as table talk, board games and outdoor activities as a family group, although the children were already expressing concern about the effects of lockdown measures on their interaction with friends and the wider community. The restrictive measures in spring 2020 had been introduced so rapidly that it was not possible to capture their impact, making it difficult to predict how they would be perceived by children. The voices of parents and teachers became increasingly audible in policies and public debates presenting the problems of coping with distance learning and other impacts of the pandemic on everyday lives.

Analysis of the interviews in spring 2021 suggested that, over time, working from home and living in close proximity increased boredom and strain in family relationships, impacting negatively on subjective well-being. The children were particularly affected by the loss of physical and social space due to confinement at home and the limits imposed on mobility and social interactions, even if these conditions were partially mitigated, at least initially, for children because they were able to spend more time with family members.

Problems of domestic violence were not mentioned in the diaries or interviews, although they were being widely discussed in public debate in early 2021. Social workers and psychologists acknowledged that, during lockdown when family members were living in close proximity, such cases had become more prevalent, but that the victims seemed to be too frightened to report abuse. One psychologist described how the presence of other family members threatened children's privacy and made it difficult for them to speak about personal experiences of abusive behaviour (Haldre, 2020).

The restrictive measures posing the greatest challenges to children according to the accounts in the diaries and interviews resulted from having to reorganise their studies and to forego most of their regular socialising activities. Both in spring 2020 and 2021, distance learning was introduced universally, with teachers providing daily schedules of classes to enable children to structure their day. By spring 2021, the capacity of schools to carry out distance learning had increased considerably. On both occasions, densely populated areas with high infection rates were treated similarly to sparsely populated rural areas with low rates. The adverse effects of distance learning were greatest for children who were most dependent on direct communication with the teacher in a real

classroom for motivation and encouragement whether they lived in an urban or rural setting.

In line with the findings from the diaries and interviews, educationalists became increasingly concerned about the loss of learning, particularly for children in the most deprived families. In spring 2021, ideas were being sought to enable children to catch up at the end of the school year. A proposal that found fruitful political soil and public support was the organisation of "summer learning camps" for children at an educational disadvantage as a result of the pandemic (Otsmaa, 2021). On 27 May 2021, the Minister for Education and Research announced its decision to support student camps aimed at stimulating interest in learning and "re-socialising" in preparation for the return to school. Funding was also made available for schools to provide additional support for pupils and for the purchase of laptops to loan to students, and for improving internet access, speed and reliability.

Following a suggestion from the Scientific Advisory Board in May 2021, the Minister for Education and Research (2021) stated in an interview that grades one to six and upper school classes should, in future, be closed only during extreme circumstances. It seemed likely that the combination of distance and in-person learning would find support across the educational landscape and that formal and non-formal education would become more closely integrated (Estonia Education Forum, 2021). The analysis of children's perspectives on distance learning in the two phases of the research demonstrated that online communication did not compensate for real-life classes, although the children in the study were not averse to the adoption of blended solutions.

A study carried out in spring 2020 had revealed that 10–15% of children were likely to be severely disadvantaged by distance learning (Lauristin et al., 2020). The diary entries provided evidence of how the socio-economic and cultural inequalities between children in their everyday lives had been exacerbated by government policies. The interviews indicated that the lockdown measures presented significantly greater risks and challenges for the mental health of families and children during the second wave of the pandemic in 2021, even though they were less stringent.

The inclusion in the study of two different age groups demonstrated that the main challenges arising from the lockdown measures—limited social contacts and distance learning—were shared by both age groups but with different effects. Children in the younger age group saw socialising as an important part of schooling, whereas the main concern for the older children was the insecurity of their prospects for continuing their education. Markers of mental health issues were present in both age groups, but only children in the older age group were aware of the problem and ready to seek professional help.

Analysis of the diary entries had shown that some children recognised that they were at an advantage because their homes were well equipped with technological resources, and their parent(s) possessed the knowledge and skills needed to assist in schoolwork and were able to spend more time on family activities than before the pandemic. These children felt safe and protected, even though they missed direct social contacts with friends. The interviews, and to some extent the diaries, showed

that the children who did not share these advantages experienced difficulty with self-motivation, failing friendships and deteriorating mental health. They were most likely to be suffering from the lack of parental support with their schoolwork and face-to-face socialising with friends, to feel isolated and excluded from the wider community. When they encountered problems with schoolwork, they felt that they would have benefitted greatly from more direct contact with teachers.

An Estonia Education Forum (2021) confirmed that these disadvantaged children needed direct interaction with teachers and other children in the classroom to advance their educational outcomes, as well as their social skills. The impact of social distancing on children's mental health served as a warning sign. To deal with the deteriorating mental health situation in spring 2021, at the time when the interviews were being carried out, psychologists and therapists launched online counselling sessions and public campaigns to draw attention to strategies for coping with mental health problems resulting from social distancing. Compared to the lockdown in 2020, children gained more visibility in policies during the lockdown in 2021 mediated by educationalists and psychologists.

Although, compared to other countries, national surveys found Estonian adults to be more satisfied with the decisions taken by the government (Ahrendt et al., 2021; Riigikantselei, 2021), our findings showed that the children were critical of government responses, in particular rules on social distancing. However, they also understood the need for them. Evidence from the diaries and interviews reported in this article suggests that political decisions affecting the delivery of, and access to, any of the services provided by local authorities could have severe implications for children both by exacerbating the negative impacts of the pandemic on their well-being and by increasing the social inequalities between them. The pandemic impinged on the wider socio-economic and cultural contexts in which children and their families are embedded. Although the decrease in GDP was relatively small in Estonia, confirming the flexibility of a small economy, as the crisis was prolonged, the increase in national debt threw into sharp relief the sustainability of public services and the risk of austerity. The increase in the education budget was designed to mitigate the negative impact of the pandemic on children's education.

The diaries and interviews confirmed the value of Bronfenbrenner's social ecological model (Bronfenbrenner, 1979) in helping to understand children's experiences during the pandemic within the multiple interactive contexts of family, school and the wider community. They demonstrated bi-directional influences between child and context. At the micro-level, the pandemic challenged the children's capacities of self-regulation and self-confidence, endangering their identity and self-worth; it also modified their interactions with other family members by creating the risk of isolation while giving a new impetus to mutual relationships.

Major modifications in the interactions between children and the wider community occurred in the educational environment, where a direct social constructionist learning process in a shared reality was replaced with online distance learning. Not only the study process but also children's relationships went online, thereby totally modifying and transforming the process into "friendships from a distance", causing major protests among children. Time spent on the web was modified and expanded to enable greater access to technology-supported interactive spaces. The children accused the pandemic regulations of taking away their autonomy and freedom. Some direct forms of interaction—maintaining friendships and effective learning—became indirect, mediated by the internet, while some previously indirect interactions mediated by family units within the wider community—managing the health crisis and government restrictions—became everyday practices for children.

This study has analysed the impact of national lockdown measures on children's familial, educational and social lives in Estonia. The accounts of young people's experiences of the pandemic showed that they were aware of the need for protective measures and prepared to comply with them. The analysis in the article has also considered the role played by policies introduced by central government to mitigate and reverse the short- and longer-term effects of the restrictive measures on children's well-being. The adequacy of these policies remains to be seen. More could be done, for example, to improve the targeting of support measures for children, including access to mental health counselling. Whatever the outcome in the longer term, the findings from the study confirm the value of listening to young people and of taking their experiences seriously throughout the interactive policymaking process.

DATA AVAILABILITY STATEMENT

The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

ETHICS STATEMENT

Ethical review and approval was not required for the study on human participants in accordance with the local legislation and institutional requirements. Written informed consent from the participants' legal guardian/next of kin was not required to participate in this study in accordance with the national legislation and the institutional requirements.

AUTHOR CONTRIBUTIONS

The author DK had a lead role in formulating the research questions. She framed and supervised the qualitative interviewing and primary analysis of data collected in spring 2021. The co-author LK-K organised the collection of children's diaries and donation to the Estonian Literary Museum in spring 2020 and negotiated the use of the diaries in this study. The

authors contributed equally to the data analysis and drafting of the article.

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Household Coping Strategies During the COVID-19 Pandemic in Chile

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Chile was severely hit by the COVID-19 pandemic. The implementation of social distancing measures strongly affected the Chilean economy: the unemployment rate grew rapidly as well as the proportion of population temporarily excluded from the labour force. This article analyses the strategies deployed by Chilean households to cope with the impact of the pandemic at the intersection with household structure and its socio-economics characteristics. Secondary data analysis from the Encuesta Social COVID-19 (COVID-19 Social Survey), carried out by the Chilean Ministry for Social Development and Families, were used to analyse the income-generating and expenditure-minimising strategies adopted by households during the early months (March to July of 2020) of the pandemic. The results show that 60.3% of households experienced a drop in family income, 70.3% indicated that they had to use at least one income-generating strategy, and 76.6% at least one expenditure-minimising strategy during the early months of the pandemic. Indebtedness and decapitalisation characterised most of the coping strategies adopted by households. While living in multigenerational households does not protect family members from declining economic well-being, older people living in one- and two-generation households were found to be least affected economically during the crisis. They were also less likely to resort to these coping strategies, insofar as their income was mainly secured from pensions. Although female-headed households did not show a greater reduction in income than male-headed households, they were more likely to adopt income-generating strategies. This article draws attention to the possible effects of decapitalisation and indebtedness on the long-term economic well-being of households with different structures, and the resulting inequalities in their capacity to recover from the effects of the pandemic. The findings suggest that having a source of family income that is not dependent on labour market flows is crucial in times of crises.

Keywords: Chile, COVID-19, family coping strategies, female-headed households, household composition, multigenerational households, older people, survey analysis

INTRODUCTION

In countries with limited welfare provision, such as Chile, families play a central role in protecting individuals from critical situations. Flows of support among extended family members take place on a daily basis, even if they maintain an independent residence. The implementation of social distancing measures to face the COVID-19 pandemic in Chile, which included localised lockdowns and mandatory mobility restrictions, applied earlier and more stringently for older people (Servicio Nacional del Adulto Mayor, 2020), strained inter-household support networks.

Evidence from research elsewhere suggests that the disruption of family flows of support, in combination with the effects of the crisis on the labour market, can have a significant impact on vulnerable population groups, exacerbating the unequal impact of the crisis (Cantillon et al., 2021; Seck et al., 2021).

With a first confirmed case on 3 March 2020, Chile was severely hit by the COVID-19 pandemic, reaching the highest rate of infections per capita globally by mid-June 2020 (Fuentes and Sanders, 2020). The peak of the first wave was on 12 June 2020, with 351.9 confirmed cases and 10.6 confirmed deaths per million people (7 day rolling average) (Our World in Data, 2021). After declaring a "state of constitutional exception", the Chilean government established an indefinite curfew at national level in March 2020, and lockdowns were organised at municipal and regional levels, implying long periods of confinement, restrictions on intra- and inter-municipality mobility, school and nursery closures and the suspension of non-essential economic activities. Older people were most severely affected, both by higher rates of COVID-19 infection and mortality, and by the stricter and less flexible confinement measures applied to those aged over 75 (Herrera et al., 2021).

All these measures had a significant economic impact on the Chilean population. Official figures from the Central Bank of Chile show a contraction of GDP in 2020 of 5.8% (Banco Central, 2020). According to the International Labour Organisation (ILO), in June–August 2020, the unemployment rate reached 12.9%, affecting more than one million people (Montt et al., 2020). An unprecedented increase occurred in the population temporarily excluded from the labour force, which reached 1.8 million people in the same period. Women were more affected by job losses than men: by July 2020, women's labour force participation rate had fallen by 27 percentage points, compared to 19 points for men (Bravo et at., 2020).

COVID-19 measures, such as the closure of nurseries and schools, and the introduction of remote working in a large number of occupations, generated a significant increase in the unpaid care workload, especially for women. According to a longitudinal survey conducted in July 2020, both men and women increased the average number of hours spent in housework and childcare compared to the situation before the pandemic (Bravo et al., 2020). While the growth in housework and childcare was slightly greater for men, women were still devoting 21 more hours than men to domestic labour and care work; the increase for home schooling was mainly absorbed by women (0.7 compared to 0.4 hours for men).

Three main social protection measures were introduced during the early months of the pandemic (Montt et al., 2020). The first was the Employment Protection Law, enacted in April 2020, which gave workers access to income through unemployment insurance if employers suspended their contract due to COVID-19 restrictions. This measure was widely criticised because unemployment insurance in Chile is largely based on workers' contributions. The second measure was the COVID-19 Bonus, which in April 2020 delivered a one-off payment of US $80 per person to the poorest 60% of households. The third was the creation in June 2020 of an Emergency Family Income (EFI), aimed at vulnerable households (targeted

according to various criteria), providing a benefit ranging from US $80 to US $580 depending on the number of people in the household. The EFI was paid monthly from May 2020 (Ministerio de Desarrollo Social y de la Familia, 2021). Alongside these social protection measures, parental leave was extended in July 2020 through Parental Preventive Medical Leave, which was granted initially for 30 days and could be extended for a further 30 days (Montt et al., 2020). Also in July 2020, the Chilean Congress authorised the first of three withdrawals, each of 10%, from pension funds (with a minimum withdrawal of US $1,370), resulting in a significant proportion of people being left without, or with much depleted, pension funds.

In addition, it is important to note that the Chilean welfare care regime is not universal. Most monetary and non-monetary transfers focus on the most vulnerable groups of the population, guaranteeing them a minimum income and an "ethical" family income. Due to the strong targeting and low amounts provided by these programmes, their scope was very limited and left an important part of the population unprotected during the economic crisis induced by the pandemic.

In this context, two population groups were found to be particularly vulnerable to the impacts of the COVID-19 pandemic: older people, due to their higher morbidity and mortality from the virus, as well as the effects of lockdowns and specific restrictions on their mobility; and women, due to job loss and the increase in unpaid care workloads resulting from confinement and the closure of nurseries and schools.

The aim of this article is to analyse household coping strategies during the COVID-19 pandemic in Chile, and to determine how they were related to household structure and socio-economics characteristics. Secondary analysis of data from the Encuesta Social COVID-19, carried out by the Ministry for Social Development and Families in Chile, was used to examine the income-generating and expenditure-minimising strategies deployed by households during the early months (March to July) of the COVID-19 pandemic. To take account of the uneven impact of the pandemic on different population groups, the household typology adopted considers the generational composition of households, distinguishing between older people aged 65 and above, adults aged 18–64 and children under the age of 18, and between female and male household heads using self-reporting criteria.

Review of the Literature on Household Coping Strategies

Previous research on the subject in Latin America has shown that some households are better equipped than others to cope with the negative effects of different kinds of shocks (González de la Rocha, 1994, 1995; Moser, 1997, 1998). This variation is not only a result of the socio-economic characteristics of the household, but also its ability to recognise external constraints and organise its resources accordingly. This overview of the relevant literature on family coping strategies in different countries considers the strategies adopted by families in times of economic and health crises with reference to household composition.

One of the main criticisms levelled against the concept of family or household strategies and their use in economic decision-making within households is the failure of analysts to question the notion that the family (or household) group has intentionality, interests and rationality, independent of the individuals that compose it (Crow, 1989; Saraceno, 1989; Schmink, 1984). Feminist literature has pointed out that the concept of family strategy takes little account of the conflicting interests of family members, which differs according to gender (Moch et al., 1987). The situation is further complicated in the case of multigenerational households, which are very common in Latin America where considerations regarding the unequal distribution of power between generations and family units within the household must also be taken into account (Palma, 2018).

Household Composition and Intergenerational Solidarity

An important body of Latin American research has analysed the survival strategies deployed by poor urban households during the debt crisis and the subsequent process of structural adjustment in the 1980s. González de la Rocha (1994, González de la Rocha 1995) identified the responses of poor households to the macro processes of economic and institutional change: intensification of wage work by increasing the number of people working per household, particularly through the incorporation of women into the labour market; adjustments in consumption patterns, with reference to housework intensification and the reduction in the level of consumption in areas such as education, health and clothing; participation in networks of mutual assistance; and changes in the composition of households.

In this context, household extension – based primarily on multigenerational coresidence – has long been a widespread strategy adopted by families to cope with crises, enabling them to save on housing costs and bring able-bodied members into the household to contribute to salaried and domestic work (Oswald, 1991; González de la Rocha, 1994; Lomnitz, 1975; Moser, 1997; 1998; González de la Rocha, 2004; Hintze, 2004; Palma, 2021). As extended households become better equipped to cope with economic hardship than nuclear households, they have been found to be concentrated among poor families (González de la Rocha, 1994; Raczynski, 2006).

More recently, Latin American research has highlighted the importance of intergenerational solidarity in coping with the effects of economic deprivation, and with flows of financial and non-financial support both within and between households (Araos and Siles, 2021; Arriagada, 2014; Palma, 2018). In Chile, flows of exchanges have been observed between extended family members living nearby, such as the daily circulation of young children to distribute care among siblings; the flows of care between older parents and their adult children; help with cleaning and maintenance; and financial support for the schooling of grandchildren (Araos and Siles, 2021). Moreover, multigenerational households have been shown to be increasingly important for young women, since the childcare support provided by family members enables them to enter and

remain in the labour market (Palma and Scott, 2020). The proportion of women aged 20–29 who are married, cohabiting or lone mothers living in extended households increased from 38% in 1990 to 54% in 2011 (Palma and Scott, 2020).

Research on the debt crisis and fiscal austerity in southern Europe since 2008 highlighted the "cushioning" role of the extended family on the impact of unemployment, low wages and the reduction of welfare for the economic well-being of individuals (Marí-Klose and Escapa, 2015). In this context, older generations have been shown to provide financial support and childcare assistance to the younger generations, due to the availability of pensions and time. Similar evidence has been found for Greece (Dagkouli-Kyriakoglou, 2018), Italy (Floridi, 2020), Portugal (Frade and Coelho, 2015; O'Connell and Brannen, 2021; Pedroso de Lima, 2016) and Spain (Moreno-Mínguez, 2017).

Studies analysing the domestic impact of the COVID-19 pandemic show that family coping strategies rely heavily on intergenerational solidarity. Comparing the cases of England and South Africa, Cantillon et al. (2021) show that families with young children in the first country were strongly affected by the disruption to flows of support from grandparents to grandchildren during the pandemic. This was the result of the restrictions on the mobility since both generations reside more frequently in separate households. In South Africa, it was common for grandparents to live in multigenerational households. Social distancing did not, therefore, interrupt the flows of support that they provide in caring for grandchildren; they may even have increased. In addition, state pensions in South Africa allowed older adults to contribute financially to households affected by the unemployment of their adult members.

Intergenerational coresidence has been found to facilitate flows of support among family members during the current crisis in many other countries. In the United States, for example, the coresidence of young adults with their older parents increased as a result of the pandemic owing to the sharing of resources as a means of reducing expenditure (Gilligan et al., 2020). In Spain, although no evidence of an increase in intergenerational coresidence has been found, probably because the arrangement is already relatively widespread, the willingness of older generations to provide financial and care assistance to younger generations did increase (Ayuso et al., 2020). In Chile, a panel study showed that, during the first months of the lockdown, 10% of older adults moved to live with other family members (Herrera et al., 2021). The proportion of older adults living with adult children increased from 43 to 51%, and those living with grandchildren from 25 to 32%. This increase in intergenerational coresidence could be seen both as a compensation strategy to offset the social isolation of older people and as a support strategy to mitigate the financial crisis and the care needs of younger generations.

Female-Headed Households

Latin American research conducted during the debt crisis in the 1980s and the subsequent process of structural adjustment stressed the relationship between female-headed households

and poverty (Buvinić and Gupta, 1997). However, another body of research questioned the idea that households headed by women were the "poorest of the poor", showing that these households were not necessarily worse off than male-headed households when poverty is understood as a multidimensional phenomenon (Chant, 1997). This approach also identified the importance of recognising the heterogeneity of female-headed households, drawing attention to the different composition of these households. It distinguished, for example, between those formed by lone mothers and those where older women headed an extended household (Chant, 1997). Using a similar approach, a study of female-headed households in 14 Latin American countries has shown that female headship alone is not necessarily related to more difficult living conditions, unless it is combined with unstable conjugal unions or single-lone motherhood (Liu et al., 2017). After controlling for family status, the study found that female heads were less likely to live in poor households than men in similar circumstances.

An earlier study noted that the position that women occupy within the household matters in understanding how female-headed households cope with poverty (Moser, 1997). Older female heads may seek to include additional members to improve their livelihoods, while young lone mothers may seek shelter in the households of better-off relatives when they cannot afford independent living. For this reason, research using measures of household headship based on a self- or proxy-reporting criterion – common to most of the population censuses and household surveys in Latin America – has limitations when used to analyse family coping strategies among female-headed households. Firstly, it does not necessarily account for the real number of households where a woman is the main economic provider. Secondly, it does not consider hidden female headship (Chant, 1997), mainly involving lone mothers who live as subfamilies within an extended household (Palma, 2018). These factors need to be taken into account, because both women's economic power and the place they occupy within the household influence family coping strategies.

Much of the previous research on the coping strategies of female-headed households focused on developing countries. In Indonesia, the livelihood strategies of female-headed households were based on the reduction of household food consumption, and indebtedness to neighbours or relatives providing childcare (Mujahiddin and Mahadirka, 2019). A study of female heads of household facing the shock caused by a cyclone in Bangladesh identified changes in cooking practices and food consumption, requests for loans from neighbours and acquaintances, and the generation of alternative income through micro-commerce (Khan, 2013). An analysis of the case of older female heads of household in South Africa showed that they combined the resources from their state pension with the development of small informal businesses, such as the sale of fruits and sweets (Sidloyi, 2016). These older women thus became the main agents for the maintenance of multigenerational households. Recent evidence for three European countries confirms that women – particularly lone mothers – are the "main

managers of poverty", assuming a key role in feeding their families in times of crisis (O'Connell and Brannen, 2021).

Research on coping and survival strategies carried out by female-headed households during the COVID-19 pandemic received much less attention than the impact on their household income. For example, a qualitative study conducted in the United States emphasised the ability of single mothers to generate active strategies to earn a living and care for their children, while managing the tension between production and reproduction (Hertz et al., 2020). To a large extent, this strategy relied on existing capacities to create and sustain support networks that operate outside the labour market, based on family generosity and reciprocity rather than on support from the state.

A broad consensus exists around the notion that the economic impact of measures of social distancing, confinement and large-scale closures of workplaces and schools during the COVID-19 pandemic affected women to a greater extent than men, especially in female-headed households (Bidegain et al., 2020; Kabeer et al., 2021). The reduction of income from paid work, and the intensification of domestic work associated with the care of children, disabled and older people exacerbated the pre-existing care crisis, making it difficult for women to remain in or return to the labour market (Seck et al., 2021). In Chile, single-parent households headed by women were found to be the category most affected by the employment crisis during the pandemic, with a 40% reduction in employed members, compared to 24% in two-parent households headed by men (Bergallo et al., 2021). Implementation of the direct cash transfer program (EFI), which prioritises women in the allocation of benefits – 62% of beneficiary households are headed by women – only partially offset the loss of income from employment (Bergallo et al., 2021).

DATA, METHODS AND HYPOTHESES

The data source for this article is the Encuesta Social COVID-19, a panel survey carried out by the Ministry of Social Development in Chile to identify the social consequences of the COVID-19 pandemic on the living conditions of families. The survey is based on a random sample of nationally representative households: the first wave took place in July 2020 (4,426 households) and the second in November 2020 (3,333 households). This article analyses data from the first wave collected at the peak of the first outbreak of the pandemic in Latin America.

The analysis is based on a sub-sample of 4,044 households headed by individuals aged 20 and older. The sub-sample excluded 329 cases for which no income information was available, 31 cases with no information about the level of education of the household head, and 9 cases of households composed of elderly people and children.

The analysis contained two dependent variables: the number of income-generating strategies and the number of expenditure-minimising strategies carried out by households in Chile during the first months of the COVID-19 pandemic, as summarised in **Table 1**.

The analysis also includes two main predictors: household type (based on the number of generations coresiding) and sex of the household head. The dummy variable for the sex of household head identifies whether or not the household head is a woman. The

TABLE 1 | Dependent and independent variables.

Variables	Definitions
Number of income-generating strategies	Income-generating strategies are measured in a continuous variable that includes the number of actions that household members are taking to increase income during the COVID-19 pandemic (range 0–9). The following actions are included in the survey:
	1. Sell goods, such as a car, appliances, furniture, etc.
	2. Use household savings
	3. Request a loan or credit from a bank or other financial institution
	4. Borrow money from family, friends, neighbours or acquaintances
	5. Withdraw money from a credit card or business home or use a line of credit
	6. Lease or sell properties, land, rooms, work tools, etc.
	7. Perform additional activities that generate new income
	8. Request a salary or payment advance
	9. Other
Number of expenditure-minimising strategies	The number of income-generating strategies carried out for each household is calculated and the information is categorised into three dummy variables: no strategies, one or two strategies, three or more strategies
	Expenditure-minimising strategies are measured in a continuous variable that includes the number of actions that household members are taking to reduce expenses during the COVID-19 pandemic (range 0–11). The following actions are included in the survey:
	1. Reduce spending on education
	2. Reduce health expenses, include mental and dental health
	3. Reduce food expenses
	4. Stop paying bills for water, gas, electricity
	5. Stop paying bills for phone, internet, or other communication services
	6. Reduce expenses or stop paying for heating, paraffin, firewood
	7. Stop paying the rent
	8. Renegotiate or stop paying the mortgage
	9. Stop paying condominium fees
	10. Renegotiate or stop paying other debts
	11. Other
Decrease in household income	The number of expenditure-minimising strategies carried out by each household is calculated, and this information is categorised into three dummy variables: no strategies, one or two strategies, three or more strategies
	This dummy variable identifies whether or not the household suffered a decrease in monthly income as a result of the COVID-19 pandemic (including salaries, income from businesses or paid activities, pensions, bonuses, leases, money contributed by relatives, etc.).
Household type	The type of household is measured by identifying the presence of individuals of different generations in the household: children (under 18), adults (18–64) and older people (65+), including the following dummy variables: one-generation households, adults; one-generation households, older people; two-generation households, adults and children; two-generation households, adults and older people; three-generation households
Sex of the household head	This dummy variable identifies whether or not the household head is a woman
Household size	Household size is included as a continuous variable
Family status of the household's head	This dummy variable identifies whether or not the household head coresides with his/her husband/wife or cohabiting partner. The Encuesta Social COVID-19 does not have information on the marital status of individuals in the survey
Education of the household head	Education of the household head is recoded into three dummy variables: incomplete high school education, including people who have not finished the obligatory curriculum of 12 years of schooling; complete high school education, including people who have completed only the compulsory curriculum; and some or complete higher education
Household income quintile	The income quintile consists of five dummy variables that correspond to an ascending order of per capita household income based on the full sample of households. Quintile I represents the poorest 20% of households and Quintile V represents the wealthiest 20%
Urban area	A dummy variable that measures whether the household resides in urban areas
Macrozona	Geographic macrozone of residence is included through five dummy variables: North macrozone; Central macrozone; South macrozone; Extreme South Macrozone and Metropolitan Region (capital of the country)
Number of employed individuals within the household	This variable measures the number of individuals within the household who are part-time or full-time employed, including the following dummy variables: zero; one or two individuals; three or more individuals
Lockdown status of the residence zone	This variable measures the number of months of uninterrupted lockdown in the area of residence, using the following dummy variables: 2 months or more, less than 2 months; without lockdown
State support	A dummy variable that measures whether the household received any state support from the central government or municipality

Encuesta Social COVID-19 uses a measure of household headship based on a self- or proxy-reporting criterion, which has some limitations. Feminist research has highlighted, for example, the risk of under-estimating the real magnitude of female headship, by making those women who are the main income contributors to their household invisible. Despite this limitation, previous analyses carried out by the authors showed that this measure of household headship is strongly related to owner-occupancy and economic measures of household headship (Palma, 2018). It has therefore been applied in the present study. Univariate and bivariate
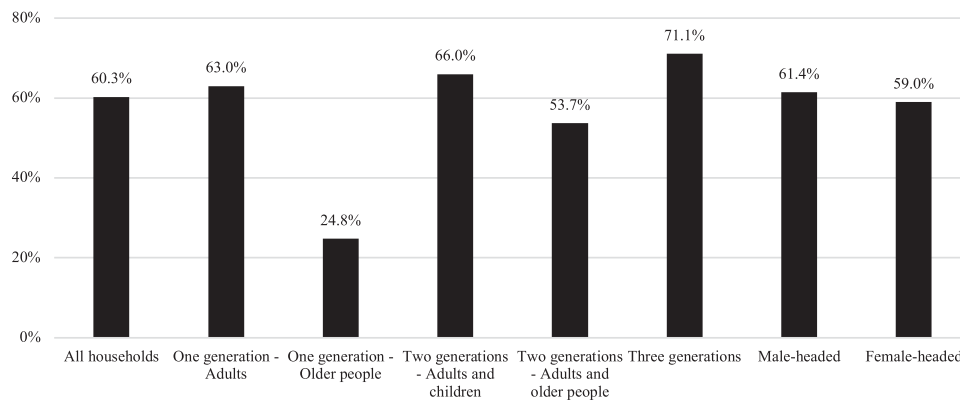
FIGURE 1 | Households reporting a decrease in household income, by household composition and headship.
Notes: Sample weights applied. Differences by household type are significant at *p*< 0.001. Differences by headship are not significant.

descriptive and binary regression techniques were used to analyses the variables. Based on the review of the literature, the article aimed to test three main hypotheses in the Chilean context:

Hypothesis 1

Because multigenerational (mostly three-generation) households are better equipped to cope with economic shocks, they might be expected to require fewer adaptive strategies to maintain their living standards during the pandemic.

Hypothesis 2

Since the income of the older adults is less dependent on fluctuations in the labour market, households composed of older adults (one-, two- or three-generation households) might be expected to require fewer adaptive strategies to maintain their living standards during the pandemic.

Hypothesis 3

As female-headed households have suffered more than other types of households during the crisis and are especially active in delivering survival strategies, they might be expected to require more adaptive strategies to maintain their living standards during the pandemic than male-headed households.

RESULTS

The finding reported here evaluate the role played by household structure and socio-economic characteristics in explaining income-generating and expenditure-minimising strategies during the early months of the COVID-19 pandemic.

Impact of the COVID-19 Pandemic on Household Economic Well-Being

The descriptive analyses showed that the economic crisis generated by the pandemic had a significant impact on the economic well-being of households in Chile. As illustrated in **Figure 1**, 60.3% of households in the survey indicated that family income had decreased

as a result of the pandemic. This decrease was most marked in one-generation households composed of adults, two-generation households composed of adults and children, and three-generation households. Households composed only of older people were the least economically affected as a result of the pandemic, followed by two-generation households composed of adults and older people. This observation does not mean that households composed of older people necessarily have a higher level of economic well-being than other types of households. Rather, it suggests that their income was more stable when the labour market was contracting, because it was derived mainly from pensions.

When the decrease in household income is analysed by household headship, no significant differences are observed according to whether the household is male headed or female headed. This finding contrasts with the available evidence showing that women were most likely to be affected by job loss during the crisis. One possible explanation for this finding is that female-headed compared to male-headed households implemented more – and more effective – income-generating strategies to compensate for decreasing household income.

Household Strategies for Coping with the Economic Impact of the Pandemic

In the context of decreasing household income, a significant proportion of households in Chile adopted various coping strategies, either to generate additional income or to reduce current expenditure. Of all households in Chile, 70.3% indicate that they had to use at least one income-generating strategy during the early months of the pandemic. As shown in **Figure 2**, the most common strategies were: the use of savings; receiving financial help from informal networks, such as relatives, friends and neighbours; carrying out additional activities to generate new income; and the sale of goods, such as a car, appliances or furniture. It is important to note that both the use of savings and the sale of household goods to generate additional income involve a process of decapitalisation of households. The generation of debt by withdrawing money using a credit card or credit line, bank loans or other forms of credit was not one of the most important income-generating strategies.
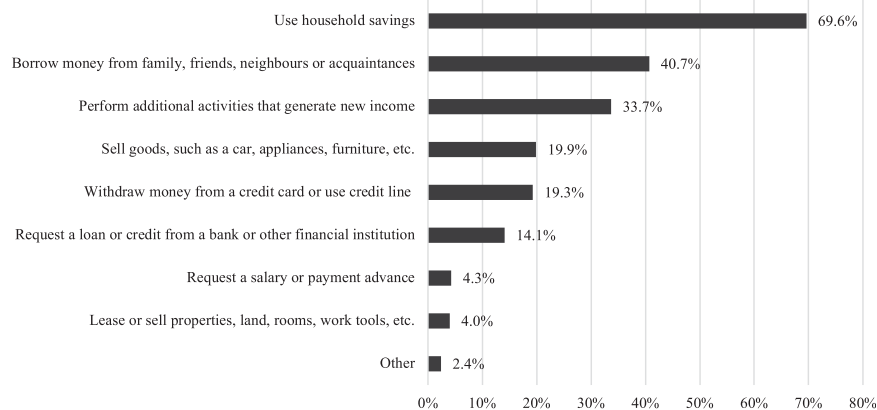
FIGURE 2 | Types of income-generation strategies adopted by households as % of all households.
Note: Sample weights applied.
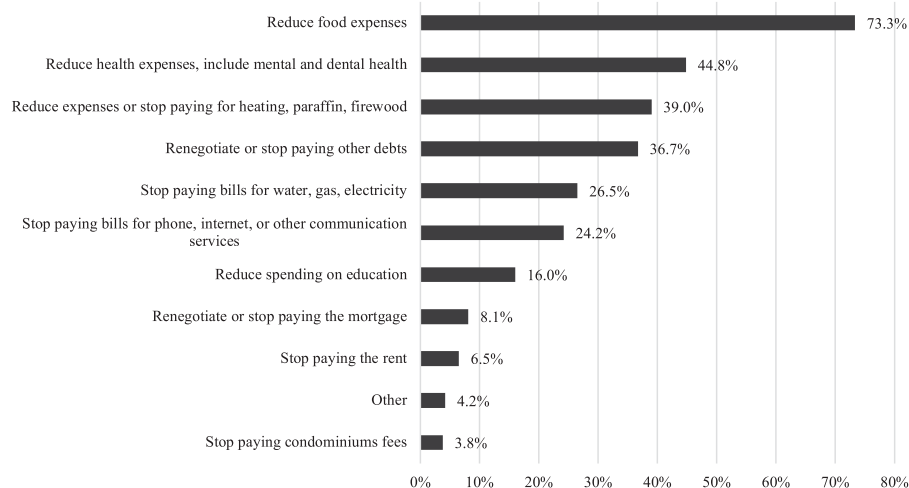
FIGURE 3 | Types of expenditure minimising strategies carried out by households as % of all households.
Note: Sample weights applied.

The analyses show that three-quarters of households in Chile adopted at least one expenditure-minimising strategy during the first months of the pandemic. As shown in **Figure 3**, these strategies were mainly aimed at reducing expenditure on basic goods and services, such as food, health, heating, water, gas and electricity, education and housing. In combination, ceasing to pay bills, mortgage/rent arrears and debts emerges as a widespread means of reducing expenses.

Income-Generating and Expenditure-minimising Strategies by Household Composition and Headship

Since households were known to have suffered an unequal economic impact according to their composition and headship, it is important to examine whether the strategies adopted also differed according to these characteristics. **Figure 4** shows the proportion of households that carried out at least one income-generating strategy according to

these variables, differentiating between those that suffered a loss of income as a result of the COVID-19 pandemic and those that did not.

Households that experienced a decrease in their income were more likely to have carried out income-generating strategies than households that had not suffered a loss of income, irrespective of their composition or headship. Among the former, higher proportions were reported in one-generation households composed only of adults, two-generation households composed of adults and children and three-generational households. These results provide initial support for Hypothesis 2, which expected that households composed of older people would be less likely to adopt active strategies to increase income and reduce household expenses. When analysing the differences by household headship, households headed by women reported carrying out more income-generating strategies than households headed by men, whether or not they had suffered a decrease in their income, as anticipated in Hypothesis 3.

Importantly, a high proportion of households that had not experienced a decrease in their income also reported having
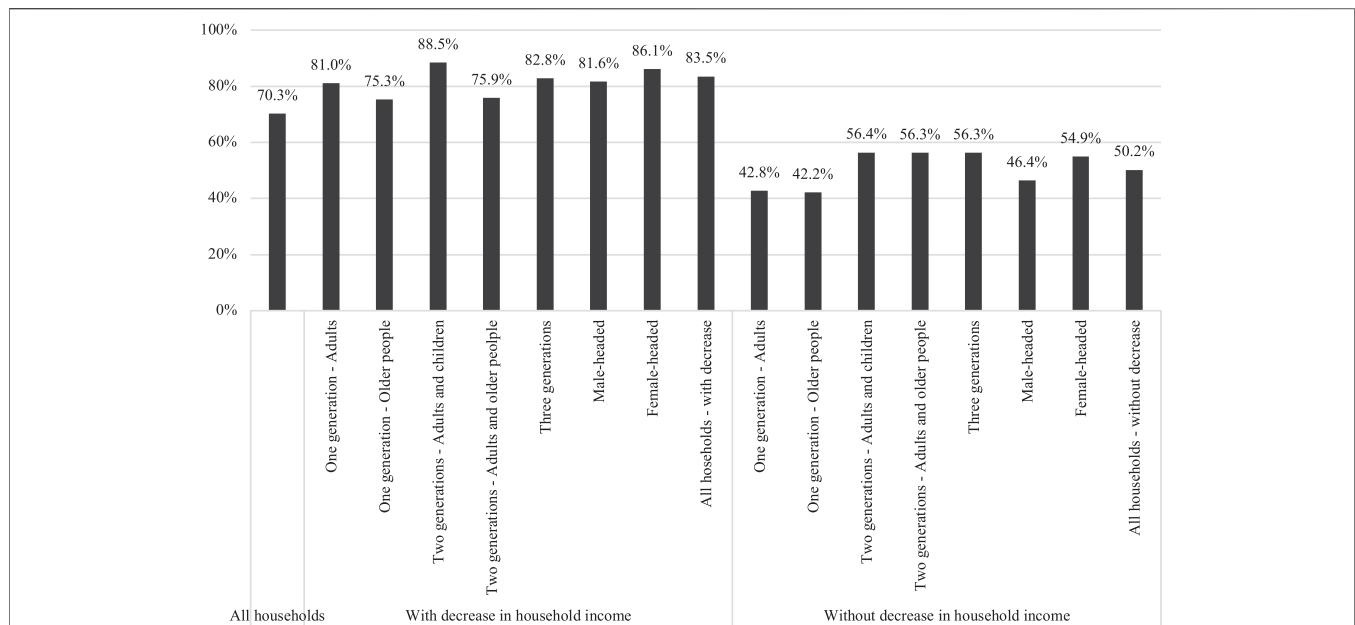
FIGURE 4 | Households reporting having adopted at least one income-generating strategy by household composition and headship.
Notes: Sample weights applied. Differences by income-generating strategies and household headship among households with decrease in household income are significant at $p < 0.05$. Differences by income-generating strategies and household headship among households without decrease in household income are significant at $p < 0.01$. Differences by income-generating strategies and household composition among households with decrease in household income are significant at $p < 0.001$. Differences by income-generating strategies and household composition among households without decrease in household income are significant at $p < 0.001$.
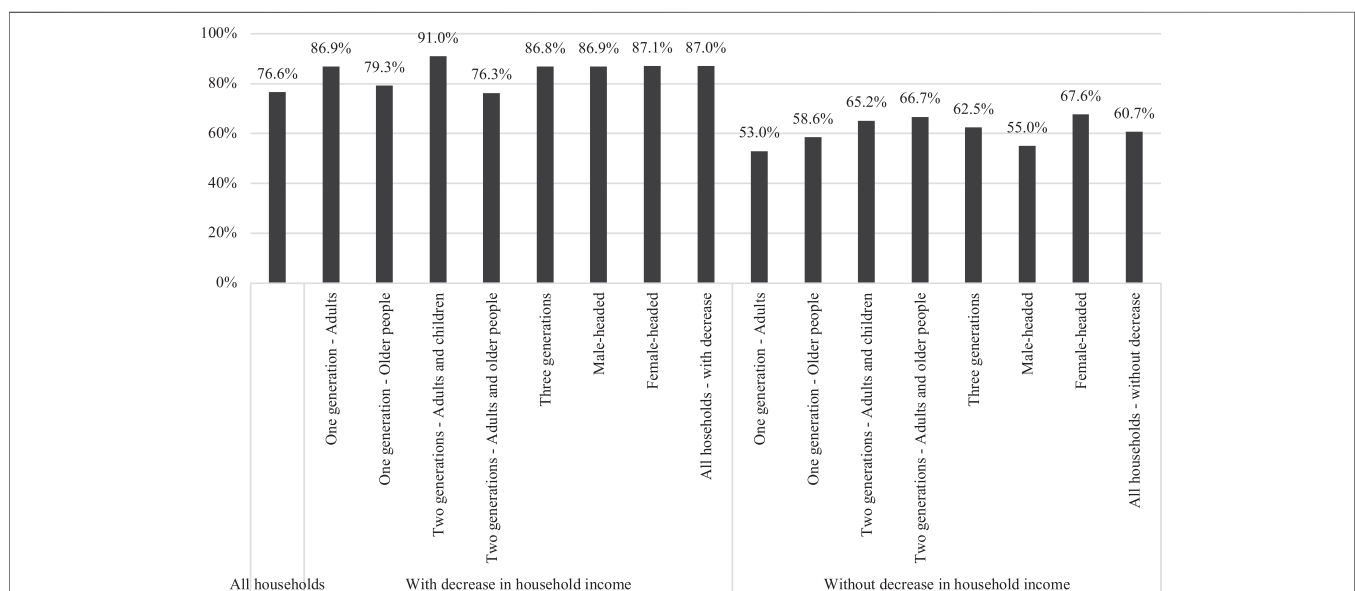
FIGURE 5 | Households reporting having adopted at least one expenditure-minimising strategy by household composition and headship.
Notes: Sample weights applied. All differences by income-generating strategies and household composition or household headship are significant at $p < 0.001$, except by differences by income-generating strategies and household headship among households with decrease in household income, which are significant at $p < 0.01$.

implemented income-generating strategies during the pandemic. Given the cross-sectional nature of the data, it is not possible to know whether they were preventive-type strategies in a context of economic uncertainty, or whether these households did not suffer a loss of income because of the strategies implemented.

Figure 5 shows the proportion of households that have adopted at least one expenditure-minimising strategy according to their composition, headship and loss of income. As in the case of income-generating strategies, households that suffered a loss of income were more likely to adopt expenditure-minimising strategies

TABLE 2 | Binary logistic regressions predicting income-generating and expenditure-minimising strategies.

	Model 1			Model 2		
	Income-generating strategies			Expenditure-minimising strategies		
Predictors	B	SE	OR	B	SE	OR
Household type (Ref: One-generation households: Only adults)						
One-generation households: Only older people	**−0.423	0.164	0.655	*−0.403	0.174	0.668
Two-generation households: Adults and children	0.138	0.120	1.148	0.151	0.129	1.163
Two-generation households: Adults and older people	*−0.260	0.131	0.771	**−0.471	0.139	0.625
Three-generation households: Adults, children and older people	−0.372	0.200	0.690	*−0.524	0.218	0.592
Household headship (Ref: Male headship)						
Female headship	**0.270	0.090	1.309	0.165	0.095	1.179
Household size	*0.099	0.041	1.104	0.044	0.044	1.045
Family status (household head) (Ref: Without coresident husband/wife/cohabiting partner)						
With coresident husband/wife/cohabiting partner	0.011	0.100	1.011	−0.141	0.107	0.869
Decrease in household income (Ref: No decrease)	***1.281	0.085	3.599	***1.057	0.091	2.878
Income quintile (Ref: Quintile V)						
Quintile I (the poorest)	***1.404	0.174	4.071	***1.766	0.193	5.846
Quintile II	***1.509	0.158	4.523	***1.780	0.171	5.932
Quintile III	***1.290	0.148	3.632	***1.400	0.155	4.057
Quintile IV	***0.773	0.124	2.167	***0.812	0.125	2.251
Number of employed individuals within the household (Ref: None)						
One or two	−0.121	0.110	0.886	−0.141	0.122	0.868
Three or more	***−0.603	0.137	0.547	**−0.482	0.148	0.618
Education (household head) (Ref: Some or complete higher education)						
Incomplete high school education	**−0.338	0.124	0.713	0.035	0.132	1.035
Complete high school education	−0.116	0.108	0.891	0.112	0.112	1.119
Lockdown status of the residence zone (Ref: Without lockdown)						
Two months or more	0.247	0.182	1.280	*0.396	0.193	1.486
Less than two months	**0.289	0.111	1.334	0.137	0.119	1.147
State support (Ref: no support)	−0.094	0.089	0.910	**−0.248	0.096	0.781
Urban zone (Ref: rural)	−0.084	0.141	0.920	0.255	0.148	1.290
Geographic macrozone (Ref: Metropolitan Region)						
North macrozone	*0.375	0.164	1.455	*0.438	0.175	1.549
Central macrozone	0.203	0.183	1.225	*0.503	0.195	1.654
South macrozone	*0.431	0.183	1.538	0.359	0.192	1.432
Extreme South Macrozone	0.378	0.340	1.459	0.093	0.342	1.097
Intercept	***−1.020	0.260	0.360	**−0.831	0.276	0.436
Sample size			4.044			4.044
Cox & Snell R Square			0.191			0.168
Nagelkerke R Square			0.271			0.254

Notes: Sample weights applied. B = coefficiens; SE = standard errors; OR = odds ratio. *p < 0.05. **p < 0.01. ***p < 0.001.

than households that had not suffered such a loss, whatever its composition or headship. Most of households that experienced a loss of income carried out expenditure-minimising strategies, with only a slight decrease in the case of one-generation households composed of older people and two-generation households composed of adults and older people, as anticipated by Hypothesis 2. No significant differences were found by household headship. Among the households that did not suffer a loss of income, female-headed households, two-generation households composed of adults and older people, and those composed of adults with children registered the highest proportions.

Factors Explaining Income-Generating and Expenditure-minimising Strategies Among Households

A binary logistic regression analysis was used to predict the performance of income-generation and expenditure-minimising strategies in a nationally representative sample of households (n = 4,044). Households that reported not having carried out these strategies during the first months of the pandemic were used as a reference category, in comparison to households having carried out at least one such strategy. An odds ratio of more than 1 means that the odds of an event occurring are higher for this category than in the reference category.

Table 2 displays the coefficients, the standard errors of B and the odds ratios of the binary logistic regression models carried out. One model was run for each type of household income-generating and expenditure-minimising strategies, including measures for household composition and headship, socio-economic and demographic controls.

When compared to one-generation households composed only of adults (without children or older adults), one-generation households composed only of older people and two-generation households composed of adults and older people were less likely to have carried out income-generation strategies, net of other factors. These results provide some support for Hypothesis 2, which expected households composed of older people to be less likely to adopt active strategies to increase income and reduce household expenses. Contrary to what was expected in Hypothesis 1, three-generation households were found to be as likely as one-generation households composed of adults to carry out income-generating strategies.

As suggested by other research on the subject, female-headed households were more often found to be carrying out income-generating strategies than male-headed households. The odds of performing income-generating strategies in female-headed households were 30% higher than those registered in male-headed households. This finding supports Hypothesis 3, by showing that female-headed households, who were severely affected by the pandemic, were especially prone to adopt income-generating and expenditure-minimising strategies.

Household size had a significant positive effect on the odds of carrying out income-generating strategies. Larger households were more likely to carry out income-generating strategies, whereas the family status of the household head had no significant effect on the implementation of these strategies.

A strong association was observed between household income level and the odds of carrying out income-generating strategies. Households with higher income levels were more likely to perform this kind of strategy. The number of employed persons within the household had a negative effect on the implementation of income-generating strategies in households with three or more employed members, and they were less likely to carry out these strategies. Household heads with incomplete high school education were also less likely to carry out income-generating strategies.

The receipt of state financial support did not have a significant effect on the likelihood of carrying out income-generating strategies. The implementation of a lockdown lasting less than 2 months increased the odds of carrying out income-generating strategies.

Columns 5–7 of Table 2 show the results of the regression model for expenditure-minimising strategies. All household types, including those with older people, were less likely to carry out these strategies than one-generation households composed only of adults. For example, the odds of carrying out expenditure-minimising strategies in three-generation households were 40% lower than those for one-generation households composed only of adults. Two-generation households composed of adults and children did not show significant differences compared to the reference category. These results provide additional support for Hypothesis 2, which expected that households composed of older people would have less need for active strategies to reduce their household expenses. These results also confirm what was expected by Hypothesis 1, showing that three-generation households required fewer adaptive strategies to maintain their living standards during the pandemic.

Female headship did not have a strong significant effect (sig.= 0.083) on the odds of carrying out expenditure-minimising strategies once income level and other household characteristics have been taken into account. Interactions between female headship and household income quintile (not included in this article) also show no significant effect, except in the case of female-headed households of quintile IV, which are more likely to deploy expenditure-minimising strategies than male-headed households of the wealthiest (V) income quintile.

This finding would seem to contradict what is expected by Hypothesis 3 by suggesting that female-headed households are not particularly active in adopting strategies that seek to minimise expenditure, despite having been more severely affected by the crisis. This contradiction could be explained by the fact that these households were more often associated with the presence of children, which limited their options for reducing expenses. It is also possible to interpret this finding as a result of receiving child support from children's fathers. However, it should be noted that family law in Chile does not guarantee that women and children receive economic support from their former husbands or fathers, as illustrated by the considerable number of claims for alimony that the courts receive each year, and the fact that the non-payment of alimony is the main cause of imprisonment in Chile (Palma, 2018). More research would be needed to test these additional hypotheses. No significant effect was found in relation to other household characteristics, such as household size or the family status of the household head.

As with income-generating strategies, a strong association was observed between household income level and expenditure-minimising strategies. Households with lower incomes were less likely to adopt these strategies than households with higher incomes. Having three or more employed members in the household reduced the odds, whereas the level of education of the head of the household did not have a significant effect. By contrast, receiving state financial support was found to have a significant negative effect on the likelihood of carrying out expenditure-minimising strategies. Although limited in scope and at a low level, households receiving state financial support were less likely to perform these types of strategies, whereas the implementation of localised lockdowns for two or more months increased the odds of carrying out expenditure-minimising strategies.

DISCUSSION AND CONCLUSION

In the context of the Global South, Chile was one of the first countries to be affected by the retreat of the state from the provision of welfare. The reduction in social assistance and the privatisation of public services took effect during the dictatorship of Augusto Pinochet (1973–1990). The burden of welfare provision was transferred from the state to families and individuals, with dramatic consequences for the middle- and low-income groups. During the debt crisis and subsequent structural adjustment of the 1980s in Latin America, the lack of state support meant that almost half the population fell into poverty (Palma, 2018). The combined economic and public health crises of the 2020s placed even greater strain on the chances of survival for households.

The findings reported in this article provide new insights into the strategies adopted by households in Chile to cope with the economic effects of the COVID-19 pandemic. Previous literature on the subject, both in Latin America and in other countries, identified intra- and inter-household strategies involving support flows between extended family members. It highlighted the entry into the labour market of household members who were not employed prior to the crisis; the adjustments made in the consumption patterns of basic goods and services; reconfigurations in living arrangements, either to support vulnerable family members, or to incorporate members who contributed income or domestic work to the household, by increasing flows of financial support and the provision of care for grandchildren. The findings presented in this article confirm the value of these different strategies during the pandemic. They also identify other actions carried out by households, thereby contributing a more complete picture of the way in which households confront critical situations.

The use of household savings and the sale of household goods emerged as a widely used income-generating strategy among Chilean households. This finding suggests that a process of decapitalisation of households was taking place, resulting from the liquidation of assets to generate additional income to cope with the crisis. By depleting the assets accumulated by households during years of effort, the decapitalisation process raises questions about how households will survive over time.

A second significant finding concerns the generation of debt as a coping strategy, either to produce income or to reduce expenses. The results from the study show that indebtedness takes place both in the framework of informal networks – borrowing money from family, friends, neighbours or acquaintances – or, to a lesser extent, through the financial system. The analysis shows that a substantial proportion of households defaulted on servicing debts during the pandemic to reduce their expenditure.

Two aspects of the Chilean context contribute to an understanding of these findings. Firstly, the significant number of social services privatised during the Pinochet dictatorship (1973–1990), as a consequence of the neoliberal turn of the State, had increased the financial burden on households and their vulnerability to the present crisis. Secondly, the Chilean economy has been characterised in recent decades by a systematic process of household financialisation, largely affecting poor households (González López, 2018). This process has contributed to the diversification of forms of indebtedness, supplementing pre-existing informal structures of monetary flows.

Another finding from the research highlights the key role that older people played in developing household responses to the crisis. Except for the case of three-generation households, those composed of older people were found to be the least affected by the loss of economic well-being during the crisis. They were also less likely to resort to coping strategies, either to generate income or reduce expenditure. This finding is largely attributable to the fact that the income of older people was derived primarily from pensions, which protected them from labour market fluctuations. In view of the negative impact of some of the strategies identified in the article on the long-term economic well-being of households (decapitalisation and indebtedness), these households would seem to be better equipped to recover from the impact of the pandemic.

This finding does not mean that older people in Chile enjoy more favourable economic conditions than the rest of the population. On the contrary, the low level of pensions resulting from a system based on individual capitalisation mean that they live in conditions of extreme economic precariousness. Data obtained from the Superintendent for Pensions (Superintendencia de Pensiones, 2021) show that 50% of retired people in Chile received a pension below US $205 in 2020, an amount that represents half the legal minimum wage for that year (US $410). Although low, pensions provide a stable income stream for their households, which prevented their level of economic well-being from deteriorating further during the pandemic.

The findings from the study suggest that having a source of family income not dependent on labour market flows is crucial in times of crisis. Furthermore, this observation lends support to the literature on intergenerational relationships that highlights the role of older people in contributing to the well-being of younger generations, whether through financial support, assistance with childcare or housing. Despite being more exposed to the risk of contracting and dying from COVID-19, older people were found to be less at risk economically, unless they had depleted their pension funds by drawing down their reserves as authorised by

the government in July 2020. This finding could usefully be taken into account in discussions by the Chilean Congress about the future reform of the pension system and the introduction of a universal minimum income.

In line with research in other countries on the social impacts of the COVID-19 pandemic, the findings reported here show the significant impact that the crisis had on women as household heads. They were more likely to carry out income-generating strategies, with adverse consequences for decapitalisation and indebtedness, although they were not more likely to implement expenditure-minimising strategies. A possible explanation for these somewhat unexpected finding is that the options for reducing expenses on basic goods and services, such as food, health, heating, water, gas and electricity, education and housing, were limited for the many female-headed households composed of lone mothers with children. Another explanation could be that female-headed households were used to getting by on a very low income, and to being in debt, as suggested by research on poor families in wealthy societies (O'Connell and Brannen, 2021).

Public health measures implemented early in the pandemic – localised lockdowns – were found to increase the likelihood of households adopting coping strategies. Lockdowns lasting less than two months made households more likely to implement strategies to generate additional income. Similarly, localised lockdowns lasting more than two months increased the likelihood of households adopting expenditure-minimising strategies. These findings provide evidence on the negative effect of measures that restrict people's mobility on the domestic economy of households. By contrast, targeted financial aid in the early months of the pandemic, no matter how limited, made households less likely to adopt coping strategies aimed at reducing their consumption of basic goods and services and to generate debt when paying bills. These findings suggest that measures restricting mobility need to be accompanied by more generous universal financial assistance to compensate for the loss of household income.

The question that remains following this analysis of household strategies during the early months of the pandemic concerns the longer-term effectiveness of these strategies. The data for this article were collected in July 2020 when the duration of the pandemic was uncertain. Future research on the subject using longitudinal survey analysis will allow us to identify whether the implementation of income-generating and expenditure-minimising strategies was able to cushion the impact of the crisis on the economic well-being of households in the longer term, and to identify in what type of households these strategies were most effective. Future research will also reveal the medium and long-term effects of the process of household decapitalisation and indebtedness on their coping strategies in helping or hindering the post-pandemic recovery process.

DATA AVAILABILITY STATEMENT

Publicly available datasets were analysed in this study. This data can be found here: Observatorio Social–Ministerio de Desarrollo Social y Familia [Social Observatory–Ministry for Social Development and Families] [http://observatorio. ministeriodesarrollosocial.gob.cl/encuesta-social-covid19-primera-ronda].

AUTHOR CONTRIBUTIONS

JP designed the study, the main conceptual ideas and analysed the data; also wrote the manuscript with input from the co-author. CA performed the literature review, contributed to enrich the statistical analysis, as well as the analysis of the results and the final discussion.

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Ways of Being Together During the COVID-19 Pandemic: Support Bubbles and the Legal Construction of Relationships

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This article focuses on the concept of the support bubble. The concept was introduced in New Zealand in March 2020 in the context of the COVID-19 pandemic to denote a network of people with whom a person could have physical contact, and was later taken up in various forms elsewhere, particularly in the UK. The article focuses on the meaning that was attached to the concept and to the ways of being together that it encapsulated and stipulated. Where support bubbles were formalised as a matter of law, as in New Zealand and the UK, a particular form of relating was legally constructed and real relationships were affected through law. The article addresses the meaning and implications of the concept of the support bubble in this light. First, it considers the concept of the support bubble as a new legal form, which drew in, and built on, a range of relationships and then recast them in terms of a new legal form. Second, it analyses the central question posed by the concept as one of the meaning of being together in a support bubble, not only for those navigating and living with the concept in practice, but also as mediated in and through law. Third, it outlines how the concept of the support bubble represented a distinct legal development. It enabled those who were eligible to define for themselves, albeit within a specified framework, the meaning and nature of a relationship of support of this kind. It also supplied a space in which some kinds of relationships that had not necessarily attracted much previous legal attention—like friendships and dating relationships—came to find a degree of legal reflection and recognition.

Keywords: dating, extended households, family law, friendship, interventions in family life, support bubbles, the nuclear family

INTRODUCTION

Before the onset of the COVID-19 pandemic, and the disruption that it unleashed on ways of thinking about, relating to, and being with one another and ourselves (Kristeva, 2021), there was no notion of a support bubble. The concept that later emerged was a product of a previously unthinkable reality: a COVID-19 concept, introduced in New Zealand in March 2020, and later taken up in various forms in other countries to denote "an exclusive social unit whose members are allowed physical contact amongst themselves but not with others" (Trnka and Davies, 2021, p. 167). The aim, according to Tristram Ingham (2020), who came up with the idea of the bubble, was to capture the containment and protection required during the pandemic, and to do so in an empowering way. A bubble was an apt metaphor in that respect, being a "fragile yet beautiful structure that has to be

nurtured and preserved" (Ingham, 2020). It reflected, in multiple and complex ways, the essence of two basic imperatives that structured life in this period: of being together apart and being apart together.

This article focuses on the form that these ways of being together took in the context of the support bubble. In particular, it explores the meaning that was attached to the concept and, therefore, to the ways of being together that it encapsulated and stipulated. Where support bubbles were formalised as a matter of law, as in New Zealand and the United Kingdom, the question of meaning was in part a legal one. In these cases, a form of relating was legally constructed, and real relationships were affected through law. What was especially notable from a legal perspective was the range of relationships that were implicated. In New Zealand, for example, a bubble was initially confined to a single household, with a few limited exceptions. The concept of the bubble accordingly drew together a diverse range of household relationships between family members, friends, and relative strangers living together. In so doing, it simultaneously–and inevitably–affected cross-household relationships. This effect was furthered when the possibility of expanding household bubbles was introduced and "multi-household bubbles" emerged as a relational form in New Zealand. This model subsequently influenced the versions of the support bubble that were eventually adopted across the United Kingdom, which similarly implicated a wide range of relationships. The primary aim was to enable the (re) connection of those living alone (or parenting alone) with certain family members, friends, relatives, or loved ones.

To speak of relationships in terms of their "kind" is not without problems; it is a reductive mode of expression that overlooks the particularity of a given relationship and subjects it to a specific form. However, relationships are categorised according to their "kind" in law, and the concept of the support bubble raises three issues about the kinds of relationships that it drew together. Firstly, kinds of relationship that had not necessarily attracted much previous legal attention–like friendships and dating relationships–found a space in law by being accorded a degree of legal reflection and recognition. Secondly, the concept of the bubble was built around the unit of the household and was accordingly shaped by normative assumptions that were made about households and relationships within and across households (Gulland, 2020; Long, 2020; Trnka and Davies, 2021). Thirdly, the relationships that were encapsulated and enabled by the concept of the support bubble would not ordinarily have been categorised together or treated as comparable in law. The legal concept of the support bubble was distinctive in drawing together different household and cross-household relationships. It then recast them in terms of a new legal kind: the supportive kind. The support bubble thus presented not only as "a new social form" (Long et al., 2020, p. 55), but also as a new legal form.

This reduction of relationships to a legal form that was, simultaneously, constructed as a new way of relating raises a number of questions about the structure of the concept of the support bubble itself. They include questions about the conceptualisation of support-bubble relationships,

the assumptions that were made in this context, particularly as to eligibility and capacity to act on eligibility, and the potential implications of the concept for the legal recognition and regulation of close relationships beyond the COVID-19 pandemic. The concept of the support bubble also raises more fundamental questions about the socio-legal construction of support in this context and about the meaning ascribed to it. These questions are explored in this article.

The first part traces the introduction of the concept of the support bubble in New Zealand, where bubbles were included from the outset as part of the lockdown plan. The second part outlines the spread of the concept to the United Kingdom. The purpose in doing so is not a comparative analysis per se; the policies and epidemiological situations were not directly comparable (Scientific Pandemic Insights Group on Behaviours, 2020, p. 1). But the United Kingdom was most notably influenced by New Zealand's bubble strategy (Han et al., 2020, p. 1527; HM Government, 2020a), and so the article considers how England, Scotland, Wales, and Northern Ireland each constructed a version of the concept as part of their lockdown exit strategies. The third part addresses how, in both New Zealand and the United Kingdom, the concept of the support bubble became a new socio-legal construct to be navigated. It considers how the concept encapsulated and specified certain ways of being together and the meaning that was attached to them. Finally, the article reflects on the implications of the legal construction of support-bubble relationships in the context of broader debates about the types of close relationships that are recognised in and regulated by law.

THE INTRODUCTION OF THE CONCEPT OF THE SUPPORT BUBBLE

The concept of the support bubble was developed in New Zealand. It was introduced as part of the four-level COVID-19 Alert Level System announced on March 21, 2020 (New Zealand Government, 2021b). On 25 March, and following a 48-h notice period, New Zealand moved to the highest alert level (Alert Level 4), entailing a nationwide lockdown with "the entire nation [going] into self-isolation" (New Zealand Government, 2021d). People "outside essential services" were told to "stay at home, and to stop all interactions with others outside of those in [their] household" (Ardern, 2020a). The introduction of the concept of the bubble followed almost immediately, with residents being told the next day that they needed to "stick to [their] bubble", whatever it was, for the duration of the period of self-isolation (Devlin and Manch, 2020). 9 days later, on 3 April, this instruction was formalised in an isolation order issued by the Director-General of Health under Section 70 (1) (f) of the Health Act 1956. In a later challenge to the legality of the original instruction to stay at home, the High Court of New Zealand (New Zealand High Court, 2020) held that the messages to do so from 26 March–3 April had in fact unlawfully limited certain rights and freedoms under the New Zealand Bill of Rights Act 1990: namely the rights to freedom of movement, peaceful assembly, and association. The Court held that, although the

effect of the stay-at-home requirement had been to limit these rights, the requirement itself had not been prescribed by law.

The isolation order of April 3, 2020 essentially required "all persons within all districts of New Zealand to be isolated or quarantined", and, in particular, "to remain at their current place of residence, except as permitted for essential personal movement; and … to maintain physical distancing … " [Section 70 (1) (f) of the Health Act 1956]. One of the categories of permission for "essential personal movement" was "shared bubble arrangements". This seems to be the first appearance in law of the concept of the bubble itself. Under this category, and where a "shared bubble arrangement" was in place, a child could visit and stay with "another joint care-giver"; and a person could visit or stay at another residence if "[one] person lives alone in [one], or both, of those residences; or all persons in one of those residences are vulnerable". It was also possible for a person to leave their residence to "assist a fellow resident to travel to or from" one of those residences.

These exceptions–and the very notion of the "shared bubble"—had been made clear from the outset of the Level 4 period. Permission had been granted to those living alone to "buddy up" with another person living alone locally (New Zealand Herald, 2020). Those needing help with childcare, such as essential workers, were advised to "identify a trusted buddy–as long as they're not elderly or vulnerable in other ways", who could "become the child's caregiver" (New Zealand Government, 2021c, p. 5). Families living apart, such as separated couples with shared care of their children, were allowed to form a single bubble (Ardern, 2020b, p. 6).

Although the concept of the "bubble" was largely household-focused, in that people were instructed to conceive of anyone with whom they lived as constituting their bubble, the two terms were not entirely synonymous. For some people, support from beyond the household would be necessary (New Zealand Government, 2021c, p. 5), and emphasis was instead placed on keeping "whatever your bubble is for the month" as small and tight as possible (Ardern, 2020b, p. 6; New Zealand Government, 2021c, p. 5). At the post-Cabinet press conference on March 24, 2020, the prime minister, Jacinda Ardern, was asked by a member of the press about the way in which the "self-isolation regime" seemed to be "heavily geared towards households". In replying to this question–and articulating the possibility of cross-household bubbles for co-parents–Ardern stated that what she was really asking people to do was "to just apply common sense and common principles" (Ardern, 2020b, p. 6). The critical point was the principle of exclusivity: people were to remain within and maintain their bubble once it had been established, and to keep their distance from anyone outside it. In a later study of the characteristics of Level 4 bubbles, it was found that most bubbles formed by survey respondents were small, containing three to four people, and that 80% contained a single household (Kearns et al., 2021).

The basic principle of the exclusivity of the bubble was reiterated when New Zealand moved to Alert Level 3 on April 27, 2020 and "extended" bubbles became possible. At this point, residents were still legally required to remain within their bubbles "whenever [they were] not at work or school", but they were permitted to expand their bubble to "connect with close family and whānau [an extended family or community of related families], bring in caregivers, or support isolated people" (New Zealand Government, 2021a). These "extended bubble arrangements and shared caregiving arrangements" were permitted as "essential personal movement" under Section 7 of the Health Act (COVID-19 Alert Level 3) Order 2020. In 2020, 47.6% of the respondents to a survey on New Zealanders' experiences of lockdown were found to have expanded their bubble in this way (Long et al., 2020, p. 28).

THE SPREAD OF THE CONCEPT OF THE SUPPORT BUBBLE

Other countries, and particularly the United Kingdom, began looking to the concept of the bubble as part of lockdown easing strategies (Drakeford, 2020a; HM Government, 2020a). The aim was to permit increased contact, particularly for those identified as having the greatest need, while limiting the epidemic risk involved (Block et al., 2020; Leng et al., 2021). Bubbles were presented as a way of alleviating some of the worst effects of the loneliness, isolation, and separation involved in the original lockdowns. In Belgium, for example, which went into national lockdown on March 18, 2020, social bubbles were introduced to coincide with Mother's Day in May 2020. In announcing the plan, Sophie Wilmès, the prime minister, stated: "The physical separation from those whom we love has in some cases become unbearable…" (Rankin, 2020). This version of the bubble permitted households to invite up to four "guests" to their home, although they were expected to remain at a 1.5 m distance from one another.

The United Kingdom similarly introduced support bubbles as part of a broader lockdown easing strategy in 2020: from 13 June in England and Northern Ireland, 19 June in Scotland, and 6 July in Wales. The main target, at least initially, was individuals living alone. Whereas New Zealand had always had a lockdown "buddy" system for people living alone, the United Kingdom had not. As Boris Johnson (2020a), the United Kingdom Prime Minister, stated in issuing the instruction to "stay at home" on 23 March: "[y]ou should not be meeting friends. If your friends ask you to meet, you should say No. You should not be meeting family members who do not live in your home".

In further guidance issued that same day, it was made clear that "[w]here parents … do not live in the same household, children under 18 can be moved between their parents' homes to continue existing arrangements for access and contact" (HM Government, 2020b, Section 1). This guidance was subsequently set out in the corresponding regulations in the four United Kingdom nations, and advice on what it meant in practice was issued by Sir Andrew McFarlane (2020), President of the Family Division of the High Court (England and Wales). But exceptions to the stay-at-home requirement were otherwise limited, and there was no generalised provision for those living alone comparable to that which existed in New Zealand. The effect was that many people living alone in the United Kingdom did not have any permissible way of actually

being with another person from March 23, 2020 until restrictions began to be eased later that spring. How this easing occurred varied across the four United Kingdom nations, which each had their own regulations and restrictions.

Three broad stages can be identified in the elaboration of the concept of the support bubble across the United Kingdom. First came the possibility of meeting people from other households outdoors. From May 13, 2020, people living in England were allowed to meet one person from another household in "a public open space for the purposes of open-air recreation to promote their physical or mental health or emotional wellbeing" [The Health Protection (Coronavirus, Restrictions) (England) (Amendment) (No. 2) Regulations 2020, r (2) (3) (a) (iii)]. In Northern Ireland, from May 19, 2020, groups of up to six people from different households were allowed to meet outdoors (The Executive Office, 2020a). In Scotland, from May 29, 2020, groups of up to eight people from two households were allowed to meet outdoors. In all cases, people were advised to follow social-distancing guidelines and to exercise caution. For example, in Scotland, people were told that they should not meet more than one household at a time, or more than one household per day; that they should not "share items" or "touch the same surfaces as another household", meaning that households meeting for a picnic or barbeque needed to bring their own "food, cutlery, plates, or cups"; and that they should not go indoors when meeting another household (Sturgeon, 2020a). The stated aim was to enable family and friends to see each other while mitigating the risk involved.

It was in this spirit that people living in England and Wales were similarly, and finally, allowed to meet in small groups outdoors (including in private gardens) from June 1, 2020. In Wales, two households were permitted to meet, although the requirement that people remain within their local area (within five miles of their home) meant that "this [did] not allow people with loved ones outside their local area to meet, unless they are providing care to a vulnerable person" (Drakeford, 2020c). In England, up to six people were allowed to meet (Johnson 2020b) [The Health Protection (Coronavirus, Restrictions) (England) (Amendment) (No. 3) Regulations 2020, r2 (7)]. The Prime Minister (Johnson, 2020b) explained that "friends and family [could] start to meet their loved ones–perhaps seeing both parents at once, or both grandparents at once": a moment that would be "for many . . . a long-awaited and joyful" occasion.

Against this backdrop came the second stage in the elaboration of the concept of the support bubble across the United Kingdom: the introduction of the concept itself. On 10 June 2020, Johnson (2020c) announced that from 13 June, people in England who were living alone or in a single-parent household (with children under 18) would be able to form a "support bubble" with one other household. The aim was "to support those who [were] particularly lonely as a result of lockdown measures" and "to limit the most harmful effects of the . . . social restrictions", bearing in mind that despite the earlier relaxation of the rules on meeting outdoors, "there [were] still too many people, particularly those who live by themselves, who [were] lonely and struggling with being unable to see friends and family". Those in a bubble "[would] be able to act as if they [lived] in the same

household", but bubbles had to be exclusive. The regulations were amended accordingly, and support bubbles were introduced into English law as "linked households", although the term that was used in practice and in the guidance from the Department of Health and Social Care was "support bubble" (Department of Health and Social Care, 2021b).

In the days and weeks that followed, Northern Ireland, Scotland, and Wales similarly introduced versions of the concept of the support bubble. In Northern Ireland, First Minister Arlene Foster announced on June 11, 2020 that "indoor visits with one other household" would be permitted for those living alone from 13 June–a "further piece", Foster said, of "the normalisation jigsaw, as we emerge from lockdown" (The Executive Office, 2020b). In Scotland, from June 19, 2020 people living alone or living only with children under the age of 18 were allowed to form an exclusive "extended household group" with another household (Sturgeon, 2020b). In Wales, First Minister Mark Drakeford (2020a) announced on June 29, 2020 that, from 6 July, it would be possible for two separate households to form an exclusive "single extended household". "The Welsh Government", Drakeford said, "[had] drawn on experience from around the world where this concept [had] been successfully introduced, including in New Zealand".

The third stage in the elaboration of the concept of the support bubble across the United Kingdom involved the development of the four different versions over the course of the following year. This occurred in different and complex ways, and the guidance and regulations across the four United Kingdom nations were repeatedly amended. In essence, however, two main types of adjustments were involved: to the eligibility criteria and rules in relation to forming and dissolving bubbles, as in England (Department of Health and Social Care, 2021b), and to the structure and scope of the concept itself, as in Wales (Welsh Government, 2021c; Welsh Government, 2021d).

For example, in England, whereas initially only those living alone, or in a single parent-household, with children under 18, could form a support bubble, eligibility was eventually extended to include households comprised of "one or more children and no adults"; households with a child "under the age of one or [who was] under that age on 2nd December 2020"; households with a child who "[has] a disability, [requires] continuous care and [is] under the age of five, or [was] under that age on 2nd December 2020"; and those who were the only adult in their household not requiring continuous care as a result of a disability [The Health Protection (Coronavirus, Restrictions) (Steps) (England) Regulations 2021, r (3) (2)]. In Scotland, eligibility was extended to those who were "part of a couple who lives apart"; children whose parents were separated could "move freely between both parents' households" without needing to form an extended household (Scottish Government, 2021a). Other exemptions for the purposes of providing care and support were created; for instance, even under the highest level of restrictions, it was possible to go into another person's home "to provide care and assistance to a vulnerable person" (Scottish Government, 2021b). In Northern Ireland, it eventually became possible for two households of any size to link and form an exclusive household bubble specifically "for the purpose of the members of either linked household providing

care or welfare support to members of the other linked household" [The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021, r19 (2)], but this followed periods in which cross-household mixing was restricted and bubbles were only permitted for single-person households or those with caring responsibilities.

Wales had started out with a wider version of the support bubble, enabling two separate households to form an exclusive "single extended household". This version was subjected to changes over the following months, and the number of households that could be included in the bubbles fluctuated according to coronavirus case numbers. Under the highest alert level of a four-tier system that was later introduced in December 2020, extended households were suspended entirely, as they had also been during the autumn in areas where local restrictions had been imposed (Welsh Government, 2021a; Welsh Government, 2021b). However, "single people household bubbles" were possible in limited circumstances, including for single parents and those living alone (Drakeford, 2020b). The original version of the support bubble in Wales (the "extended household") was accordingly fragmented, with the introduction of a narrower version of a support bubble too.

The versions of the support bubble that were constructed in England, Scotland, Wales, and Northern Ireland formed part of far-reaching restrictions in relation to meeting, gathering, and travelling. Complex questions arose, for example, about cross-border bubbles and the regulations that applied in these cases. Parallel concepts were also introduced, such as "childcare bubbles" in England, enabling households with at least one child aged 13 or under to link with another "for the purpose of the second household providing informal childcare" [The Health Protection (Coronavirus, Restrictions) (Steps) (England) Regulations 2021, r4 (2)]; (Department of Health and Social Care, 2021a); "school bubbles", grouping children and staff according to year-group or class to reduce the risk of transmission (Department for Education, 2021); and "Christmas bubbles" across the United Kingdom, allowing some household mixing over Christmas 2020, other than in parts of England that were under the highest tier four restrictions (BBC, 2020a).

The resulting landscape of the support bubble in the United Kingdom was a complex one. However, the central ideas that underpinned each version of the concept were the notions of containment and support that had motivated the model developed in New Zealand. In both contexts, households, whether singular, or extended or linked, were encouraged to think of themselves as bounded: a move that was underpinned by an unprecedented level of intervention in personal, familial, and social life and demanded a fundamental reconceptualisation of the meaning of being together.

THE SUPPORT BUBBLE AS A WAY OF RELATING

The concept of the support bubble raised questions that had to be addressed for the first time: What did it mean to be in a bubble together? What did it mean to relate in this way? Answers to these questions and experiences of bubbles would inevitably differ according to individual circumstances and household composition (Long et al., 2020; Okabe-Miyamoto et al., 2021; Trnka et al., 2021). Bubbles themselves, however, were constructed as involving a form of collective identity, and the dominant principle of the bubble was that of exclusivity. Members of a bubble were "allowed physical contact amongst themselves but not with others" (Trnka and Davies, 2021, p. 167), and the maintenance of a distance between bubbles was treated as an expression of care. This distance was not only expressed in spatial terms, as reflected in the social distancing rules and requirements to maintain a distance from members of other bubbles, but also in temporal terms, as reflected in the periods of time that had to lapse between the dissolution of an old bubble and the formation of a new one. In England, for example, when cross-household support bubbles were introduced, the rule on dissolution was that, if two households "ceased being linked households", neither could be "linked with any other household" [The Health Protection (Coronavirus, Restrictions) (England) (Amendment) (No. 4) Regulations 2020, r2 (7)]. This stipulation was subsequently dropped to allow for the possibility of changing a bubble, although the guidance stated that this should be avoided "[w]here possible" and that there should be a gap of ten days between the dissolution of one bubble and the formation of another (Department of Health and Social Care, 2021b). Some months later, Europe was more broadly described as "moving towards a new form of coexistence based on household bubbles" (Güell, 2020). But bubbles did not only coexist. They were related to one another, since the distance between them had to be constructed and maintained: the relation between bubbles was one of being apart, but together.

The meaning of being together in a bubble was a question that people had to navigate for the first time. Confinement to household bubbles necessitated a reimagining of everyday life (Appleton, 2020); exceptions to household confinement and the possibility of cross-household bubbles were meanwhile linked to the presumed needs and vulnerabilities of a defined population who were identified according to their living arrangements. In the United Kingdom, cross-household support bubbles were targeted, at least initially, at those living alone, or parenting alone. Wales constituted an exception insofar as the original version of the support bubble, the "single extended household", was aimed not only at alleviating loneliness and isolation but also at enabling family reunions and supporting families with childcare responsibilities. When the possibility of forming extended households was subsequently restricted, attention shifted to those living alone and parenting alone, and "single people household bubbles" were introduced. Throughout, however, the focus was on need: in introducing extended households, the First Minister of Wales urged people to think about "who needs support and would benefit most from joining an extended household" (Drakeford, 2020d).

At the time of the original introduction of the concept of the support bubble across the United Kingdom (from mid-June to early July 2020), there was much discussion in the media about the way in which the possibility of support bubbles for people living alone represented a lifting of various "bans" that had

effectively been (or had been perceived as being) in place since March. Such references to "bans" continued in public discourse throughout the year as guidance changed and restrictions were eased, then reimposed. In some cases, these references were reflective of the degree to which law and guidance had been blurred in government rhetoric; some things that were perceived as being illegal were legal, just against government guidance (Gayle, 2021). Tom Hickman (2020, p. 3) has argued that the latter in fact came to be constructed as "a powerful new, *sui generis* form of emergency regulatory intervention"; and a similar discussion of instances of "[d]issonance between official advice and underlying legal obligation" occurred in New Zealand (Knight, 2021, para.39).

In the context of the introduction of support bubbles in the United Kingdom, reference was repeatedly made to sex and hugging (Jones, 2020; Kelsey, 2020; Sini, 2020). That both had been restricted and indeed continued to be restricted or perceived as such, seemed to serve in public debate as a reminder of the extent to which everyday life had been regulated since March 2020. Formally, this regulation was set out in an ever-growing body of lockdown law, but its intense exceptionality, and the effects of its blurring with guidance, was most succinctly represented in other forms. For example, on several occasions over the course of the months of restrictions, the question of the legality of sitting on public benches was raised. During the first national lockdown in particular, instances of taped-over public benches came to symbolise both the regulation of everyday life and the impossibility of a break from a reality that had ruptured normality.

Other countries handled the question of sex differently. In the Netherlands, for example, the National Institute for Public Health and the Environment issued guidance following criticism of their "intelligent" lockdown, which permitted small gatherings providing that social distancing requirements were adhered to. This position ruled out the possibility of physical contact for people living alone (BBC, 2020b). The "[a]dvice on sexuality" recognised that: "It makes sense that as a single [person] you also want to have physical contact". Initially, people were advised to "meet with the same person to have physical or sexual contact (for example, a cuddle buddy or 'sex buddy')" (BBC, 2020b). These terms were subsequently dropped in the light of the "commotion" they caused, but the basic message of making–and critically, being able to make—"good arrangements" to have sex was retained (Rijksinstituut voor Volksgezondheid en Milieu, 2020).

In the United Kingdom, the question was never dealt with in any comparable way. It was touched on lightly when the national lockdown was introduced, insofar as couples who lived apart were told that they needed to move in together or not meet up at all. Subsequently, it went unaddressed until support bubbles were introduced. Even then, it remained overlooked. For example, people living in house shares had to select one person living alone with whom the entire household would then bubble.

For those who were eligible to form support bubbles, the construct enabled both reconnections and new connections. Expanded bubbles in New Zealand and support bubbles in England, Scotland, and Wales were seemingly mostly used to reconnect with family members (Long et al., 2020, p. 33; Office for

National Statistics, 2020), but newer connections developed too. Evidence from New Zealand pointed to the way in which some newer relationships developed, both through the lockdown "buddying" system and when the possibility of expanding household bubbles was introduced. Nicholas Long et al. (2020, p. 22) noted of their survey respondents that "[m]any buddying relationships seemed to have occurred by happenstance" and that when it came to expanded bubbles, respondents "did not necessarily fall back into pre-existing social relationships; they actively sought out those who needed their assistance and gladly provided it" (Long et al., 2020, p. 55). Anecdotal evidence from the United Kingdom highlighted the role that the possibility of forming a support bubble played in some new dating relationships (Found, 2021; Scott, 2021). As a legal construct, the support bubble was quite distinctive in this respect in drawing together relationships that would more commonly be portrayed in law as of different kinds, but were here united as relationships of support. It drew in, and built on, existing relationships, created a possibility for new relationships to develop, and provided a new way of being together.

The effect of the notion of the cross-household support bubble was not only on those who were eligible to form a bubble, nor even only on those with whom bubbles were formed or declined. It also affected those who were not eligible to form a bubble, and those who were eligible but nevertheless did not or could not do so, either at all, or with the person or people they wanted to. The kinds of anxieties that would, or could, need to be negotiated in navigating this new structure–and in forming, maintaining, and dissolving a bubble–became a point of discussion. This was not only where bubbles were formalised in law, but also where they were informally created, as in the US (Gutman, 2020; Weiner, 2020). Drawing on their research in New Zealand, Long et al. (2020, p. 55) highlighted the importance of communication and thinking through what being in or extending a bubble would involve, bearing in mind that while: "Expanding a bubble might feel like 'reconnecting' with loved ones . . . it is actually a new way of connecting with loved ones–the creation of a new social form". The construct of the support bubble encapsulated and enabled certain and familiar ways of being together; it also set itself up as a new way of relating. Where it was formalised in law, as in New Zealand and the United Kingdom, it was constructed as a new legal form, implying that the question of the meaning of being together in a bubble was mediated in and through law.

THE LEGAL CONSTRUCTION OF RELATIONSHIPS

From its inception, the concept of the bubble was inseparable from the assumptions made about the household unit to which it was attached. Households were constructed as largely bounded in this context, even though care and life are not so bounded. As Long (2020) subsequently argued in relation to the first national lockdown in the United Kingdom:

"the strictly bordered and individuated 'households' within which the United Kingdom government has sought to contain coronavirus are sociologically artificial, with confinement to such networks sometimes proving a source of great distress." (Long, 2020, p. 253)

Jackie Gulland (2020, p. 336) also emphasised the way in which United Kingdom lockdown regulations had overlooked lived reality, arguing that they were structured by two visions: on the one hand, they were "constrained by assumptions that care happens either in the government, private and charitable care sectors or that it can be contained within a household"; on the other hand, they involved a "continuing focus . . . on households as autonomous, safe, adequate and secure, disguising the interdependency of human life, gendered aspects of caring and the inequalities of housing and living conditions". In New Zealand, it was similarly argued by Susanna Trnka and Sharyn Davies (2021, pp. 168–171) that, although the exceptions to the original model of household confinement did go "a long way in recognizing that families do not necessarily map onto a single household", the concept of the bubble itself "did not allow for the breadth and diversity of care relations that extend across multiple households"; nor did they "adequately address the needs of those who live alone or with others with whom they have little or no economic or social interconnection".

In many respects, the lockdown laws in which the legal construct of the support bubble was situated–the laws relating to the home, personal movement, and familial and social life–reflected assumptions that are a structuring feature of the law and policy pertaining to close relationships more broadly. In the United Kingdom, these include assumptions about coupledom as a norm (Roseneil et al., 2020; Wilkinson, 2013) and the nuclear family (Brown, 2019). The concept of the cross-household bubble disrupted some of the associated assumptions that had underpinned earlier lockdown policy; for example, that "single people could exist in isolation from other households" (Gulland, 2020, pp. 332–333). It also revealed other base assumptions that underpinned modelling and policy in this context, such as about adherence, uptake, and engagement (Leng et al., 2021; Willem et al., 2021). More implicit assumptions were also included, such as that "people would automatically know what their bubbles would look like" and that those eligible to form cross-household bubbles had people in their lives with whom they could do so (Trnka and Davies, 2020). This latter assumption was similarly reflected in the "lockdown buddy" possibility introduced in New Zealand for people living alone. In their research, Long et al. (2020, pp. 21–22) noted that some of those who would have been eligible to pair up with a buddy in this way "used the 48-h notice period before Level 4 began to move in with loved ones so they could have company during lockdown". Of those respondents who had lived alone during the Level 4 lockdown, however, only 18.6% had paired up with a buddy, and the most common reason given for not doing so was "not knowing another person living alone who lived close enough for them to legitimately buddy-up with". For these respondents, the very assumption that underpinned the possibility of the lockdown buddy fell short of their reality.

At the same time as it reflected embedded assumptions about relationships, the legal concept of the support bubble also represented a distinctive development when looked at from the perspective of the legal recognition and regulation of close relationships. Firstly, the concept–especially in the United Kingdom context–enabled those who were eligible to define the meaning and nature of a support-bubble relationship. The framework within which this had to be done was tight, and it reflected a series of assumptions about needs and vulnerabilities, which needs counted, who had those needs, and the meaning of support itself. Those eligible nevertheless had a hypothetical degree of freedom with regards to the composition of their bubble. The intention was that bubbles would be formed with family members, partners, loved ones, or friends, and it seems that, mostly, they were (Office for National Statistics, 2020), but this was not a requirement.

Secondly, and relatedly, through the concept of the support bubble, some kinds of relationship that had not necessarily attracted much previous legal attention–like friendships and dating relationships–came to find a space in which they were accorded a degree of legal reflection and recognition. A rich literature argues that family law, which is primarily oriented around the "sexual family" and the structures of marriage and parenthood (Fineman, 1995; Hasday, 2014), should concern itself more with practices of care and relationships that it has overlooked, such as friendships (Herring, 2015; Westwood, 2013). As a new legal form that was exclusively focused on a certain idea of support itself, the concept of the support bubble thus presented an interesting case. However, it also revealed, as did lockdown laws more generally, the effects that law has on the lived reality of relationships. The concept of the bubble enabled some ways of being together and excluded others; more specifically, it took ways of being and recast these in a new socio-legal form.

DISCUSSION AND CONCLUSION

Where it was introduced, the concept of the support bubble presented a distinctive way of thinking about, relating to, and being with one another in a previously unthinkable "time of pandemic" (Lear, 2021, pp. 3–5). This article has given a sense of the level and complexity of intervention in personal, familial, and social life that occurred in this period in New Zealand and the United Kingdom. In this context, the concept of the bubble drew in and built on existing relationships, created a possibility for new relationships to develop, and was itself a new way of being together. Where support bubbles were formalised as a matter of law, as in the cases analysed, the meaning of being together in this way was, in part, mediated in and through law: a form of relating was legally constructed and real relationships were affected through law.

This observation raises the question of the longer-term implications of the concept of the support bubble itself. If COVID-19 has "changed the way in which we look at ourselves and others in many ways, and . . . our relationship with the world and our sense of what we value in it" (De Rosa and Mannarini, 2021, p. 9), then what of the concept of the bubble? This article has suggested that, particularly in its cross-household form, the concept carried a disruptive potential for the legal regulation of close

relationships. This is because of the way in which it brought together relationships that would not ordinarily have been categorised together or treated as comparable as a matter of law, but also because it created some space for relationships that are not ordinarily accorded much legal recognition, such as friendships. At the same time, the concept of the bubble served as a reminder of the disruptive potential of the law itself for the lived reality of these same relationships. It constituted a new legal form, and one that reflected a fundamental point: that of the many ways in which law constructs and acts on ways of thinking about, relating to, and being with one another.

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Growing Up Under COVID-19: Young People's Agency in Family Dynamics

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The COVID-19 pandemic transformed the nature of family life in countries across the world. School, and workplace closures meant that families spent more time at home and had to confront new economic, social, and psychological challenges as a result of lockdowns and the greater proximity of family members. Policy, research and media coverage of the pandemic's impact on family life has focused primarily on the economic costs borne by households. This article draws on the findings from an empirical research project funded by the UK Nuffield Foundation on "Politics, Participation and Pandemics: Growing up under COVID-19", which worked with young people as co-researchers, to present an innovative perspective on the impact of lockdown on family relationships. The research team adopted a longitudinal ethnographic action research approach to document and make sense of the experiences of young people (aged 14–18) in four countries: Italy, Lebanon Singapore and the United Kingdom. The project used digital ethnography and participatory methods to track the responses of 70 young people to the challenges created by the pandemic. The study used the family as a prism for understanding how the lives of children and young people in different family circumstances and relationships were affected by the crisis. This article analyses, firstly, the complex shifting dynamics within households to identify the transformative effects of the pandemic on family life in various socio-cultural contexts. Secondly, it examines how young people's agency shaped family dynamics. In conclusion, the authors recommend how the findings from the study can be used to inform government interventions designed to minimise the impacts of the pandemic on the social well-being and rights of children and young people, and to recognise them as active participants in family and civic life both during and after the pandemic

Keywords: action research, civic participation, COVID–19, family dynamics, young people

INTRODUCTION

Government responses to the COVID-19 pandemic – school and office closures, new ways of working – transformed the nature of family life in countries across the world. Family members were forced to spend more time at home with close relations. Young people had to confront new economic, social, and psychological challenges associated with the pandemic and greater proximity to parents, carers and siblings.

A growing body of research based on survey data collected from adult participants has analysed the complex shifting family dynamics resulting from the pandemic in terms of the economic, social, and psychological challenges it created, as well as the individual and collective coping mechanisms adopted by families (Mariani et al., 2020; Prime et al., 2020; Salin et al., 2020). This article seeks to fill

a gap in the literature by reporting on family dynamics from the perspective of young people using rich, longitudinal qualitative accounts of their experiences and behaviours.

The empirical research on which the article is based was funded by the Nuffield Foundation for the period April 2020 to September 2021, and carried out by Ecorys, an international research and consultancy company, and the University of Huddersfield, United Kingdom (Day et al., 2020). The project, entitled "Politics, Participation and Pandemics: Growing up under COVID-19", was designed to provide in-depth qualitative insights into the impact of the COVID-19 pandemic on the lives of young people aged 14 to 18, and to make policy recommendations for promoting their well-being and rights during and after the pandemic. The project team were interested in how individual experiences of the pandemic were mediated through national, political, socio-economic, and cultural factors, intersecting with ethnicity, gender, sexuality, age, health conditions, and family/household living arrangements.

To explore these issues, the project team adopted a longitudinal ethnographic action research approach (Tacchislater and Hearn, 2003) to document, make sense of and communicate the changing experiences and behaviours of young people in Italy, Lebanon, Singapore, and the four nations in the United Kingdom. These countries were selected to reflect contextual differences in the political and cultural backdrop to the crisis, public health responses, and cultural orientations regarding child rights and political representation.

The rationale for the approach was to engage young people as co-researchers to learn from their lived experiences about diverse social realities in different national contexts according to their own terms of reference (Kirby, 2004). Involving young people as co-researchers in this project entailed young people being supported in actively undertaking their own research in line with their own priorities rather than the focus being prescribed by the adult researchers. This approach draws on principles of participatory action research (Percy-Smith et al., 2019b), specifically cooperative inquiry (Heron et al., 2006), in which research is approached as co-inquiry rooted in the everyday experiences of young people as participants (Abebe, 2009; Percy-Smith et al., 2019a). This article draws on qualitative data collected for the wider research project, using individual and group interviews with young people as co-researchers to communicate their critical reflections and sense-making from their individual and collective action research into the unfolding of the pandemic from their own perspectives.

In exploring the impact of COVID-19 on family life, the article considers family dynamics as a prism through which children and young people experienced the pandemic. It examines both the transformative effects of COVID-19 on family life across different national contexts, and the extent to which young people within their family contexts influenced the responses of family members to the pandemic. The authors conclude the analysis by drawing out the implications of their findings for development of both policy and theory.

REVIEW OF THE LITERATURE

The article is framed by Bronfenbrenner's (1979) socio-ecological systems model for understanding young people's experiences in the context of family, community and state, as well as being mediated by the specificities and practices of family life (Edwards, 2020). The authors draw on family systems theory to understand the significance of interactions and relationships during the pandemic, as families continually shape, and are shaped by, their members and their interdependencies (Bowen, 1977). These concepts are not substantially developed in this article, which can primarily be viewed as providing empirical evidence in support of the model.

Research carried out in different countries by sociologists, psychiatrists, human geographers, social workers, economists, and epidemiologists has shown how family life was affected during the COVID-19 pandemic as a result of the loss of family members and anxieties associated with isolation, health concerns, increased unemployment, and financial vulnerability (Lebow, 2020). The increase in time spent at home dealing with these challenging circumstances led to family closeness and resilience as well as heightened family stress and conflict (Biroli et al., 2020, in Italy, the United Kingdom and the United States; Gadermann et al., 2021, in Canada; Lee and Ward, 2020, in the United States). Additional risks had to be faced by families with pre-existing vulnerabilities, including low socio-economic status, disability, underlying health conditions, family violence and conflict (Browne et al., 2015; Cluver et al., 2020, in South Africa). Increased difficulties were also reported due to disruptions to socio-cultural and religious traditions that are integral to family lives.

Research highlighting the centrality of the family in influencing the resilience of children and young people in the face of adversity suggests that children's capacity to adjust to major shocks, such as a pandemic, is heavily contingent on family dynamics and relationships (Prime et al., 2020). Strong family relationships prior to the pandemic were found to act as a buffer against stress, facilitating sharing of responsibilities and providing the comfort of significant relationships. These ties offered much-needed social support at a time of loneliness (Mariani et al., 2020, in Italy) and provided opportunities for family time, especially leisure, and conversation (Salin et al., 2020, in Finland), to offset the negative effects of the pandemic.

Other authors have found that, even before the pandemic, young people were likely to be highly influenced by the emotions and outlook of family members. Those surrounded by family members with an optimistic outlook tend to display a "mirroring effect" (Gilbert, 2018, commenting on Bowen's theory), whereby they experience similar positive feelings (Mariani et al., 2020). However, in the context of parental job and income losses, parents worried about the future and experienced depressive symptoms and negative interactions with their children (Jutengren, 2004, in Sweden; Kalil et al., 2020, in the United States), affecting their mental health (BBC Children in Need, 2020, in the United Kingdom).

Young people who reported the most positive experiences during the pandemic were those who were encouraged by their

parents to adopt task-oriented coping strategies, which are said to be most appropriate in situations when the problem is "out of one's control" (Mariani et al., 2020). These strategies included following a daily routine, refraining from constantly reading news and other updates about COVID-19, taking the opportunity to pursue hobbies, spending time outdoors, where possible, and using positive reappraisal/reframing of changing circumstances. Mutual reliance on family members during such challenging times has been found to strengthen family bonds, especially for low-income groups neglected by national welfare systems (Tang and Li, 2021, in China).

Earlier analysis of citizenship perspectives on family life highlighted the importance of "interdependence" rather than dependence of young people in relation to their parents, moulded by family solidarity and commitment manifest through young people's "acts of citizenship" as participating subjects in society (Moosa-Mitha, 2005, in Canada). For example, other pre-pandemic literature documented the active contributions of children in the spheres of family, community, the economy, and inter-generational relationships (Abebe, 2019, in African countries; Esser et al., 2017, in Germany; Spittler and Bourdillon, 2012, in African countries). This work argued that young people are not passive victims of circumstance; instead, they possess "agency" in contributing to their own well-being and to that of their families, even in adverse or disadvantaged situations (Sorbring and Kuczynski, 2018). Whilst academic debates, rehearsed elsewhere, concerning the concept of young people's agency (Esser et al., 2017; Spyrou, 2018; Abebe, 2019), seek to understand children's agency in terms of context, structure, relationships and interdependence, in this paper the term is used to refer simply to young people's own embodied sense of empowerment as social actors. In this respect, the article highlights and acknowledges the value of young people's participation in its own right, rooted in their personal experiences.

Little attention has been paid in these many studies to young people's agency and their contribution to family life during the COVID-19 pandemic, or to the implications of the pandemic on families as experienced from young people's perspectives. The qualitative longitudinal ethnographic action research project, on which this study is based, was designed to engage participants as experts in their own lives and to provide rich insights into their everyday affective and social responses to the pandemic (Abebe, 2019; Percy-Smith et al., 2019b). This article seeks to show whether the earlier observations reported in the literature were confirmed by personal accounts of the experiences of the young people growing up under COVID-19 in different socio-cultural environments.

METHODOLOGY

The empirical work described in this study was designed to analyse the intimate lives of young people from diverse backgrounds by engaging and supporting them as active participants in the research process. The approach adopted was qualitative, youth-centred and youth-led. The specific focus of the research was determined by the participants' own circumstances and choices. The intention was not to extrapolate from the results to generate causal inferences at population level. Rather, elements of comparison and pooling were used to identify commonalities and differences within and across countries.

Data Collection

The countries featured in the Nuffield project were selected to reflect different political, socio-economic and cultural conditions, and varying public health responses to the crisis. Italy was chosen as a country characterised by a liberal democracy, relatively high incomes, and a strong national culture of child rights, but limited youth representation in political decision-making. Italy was also chosen because it was the initial epicentre of the pandemic in Europe in March 2020. Although COVID-19 was concentrated in hotspots in the north of the country, central government quickly implemented a strict national lockdown followed by a three-tier system of restrictions.

The United Kingdom was selected for the study as a high-income country with a liberal democracy and youth representation in political decision-making, but a relatively high level of socio-economic inequality and a varying and inconsistent approach to child rights. To reflect differences across home nations, the research sample included young people from England, Northern Ireland, Scotland, and Wales. Compared to Italy, the United Kingdom was slower to be affected by, and to respond to, the pandemic. The government adopted a phased and then increasingly strict national lockdown, although the four nations subsequently varied in their implementation of the COVID-19-related restrictions.

As a small city state, Singapore is characterised by relatively low levels of inequality, and strong central government control. It was selected as an example of a Southeast Asian country with prior experience of managing epidemics with the SARS virus. The government succeeded in containing the pandemic in its early stages by imposing measures such as contact tracing using digital technology.

Lebanon represents a country in the Middle East and North Africa region with lower income status, high levels of income inequality and a large refugee population. The Lebanese political system is characterised by religious sectarianism, and the country has experienced decades of conflict resulting in a collapsing economy. With its relatively weak record on child rights, Lebanon has an ongoing history of youth protest and civil unrest. The Lebanese government's response to the pandemic was based on containment. The government faced specific challenges due to the pre-existing economic crisis, poor internet connection, and the marginalisation of Syrian refugees, exacerbated by the Beirut port explosion in August 2020. The sectarian governance system further undermined an effective response to the pandemic (Di Peri, 2020).

All researchers and authors associated with the study acted in accordance with ethical and safeguarding standards observed by Ecorys and the University of Huddersfield. Ethical clearance was granted from respective national ethics committees prior to commencement of the work. Furthermore, the research was carried out in accordance with the legal and policy

frameworks for child protection and safeguarding in each of the countries in the study. Just one safeguarding incident arose, which was resolved satisfactorily by the relevant child protection authorities within the country concerned.

An initial and ongoing assessment of the well-being of study participants was made, drawing on validated Child Outcomes Research Consortium (CORC) resources. This assessment involved conducting screener interviews with shortlisted young researchers, ensuring they had internet access and a private space where they could take part in calls. The screener interviews also assessed the young researchers' health and well-being and whether their participation would be appropriate and would not cause any harm. Informed consent was sought and obtained from all research participants, and parental consent was obtained for young people under the age of 16. No issues were reported in obtaining parental consent, and parents were generally keen for their children to take part. All the young people participated voluntarily and were informed of their right to withdraw at any point in the study.

A second wave of semi-structured interviews was conducted by the adult researcher assigned to each of the panels. They sought to build on the trust and rapport that had been established in the early stages of the project, which provided an opportunity for the young people to reflect on and discuss their research findings in more depth, including observations and perspectives from family and friends, in addition to personal experiences in the first phase of the research. These interviews lasted between 70 and 90 minutes and included questions on young people's views of the management of the pandemic as well as their own personal experiences. They were conducted in English, Italian, Arabic, and French by research panel leads who were native speakers, and the recordings were then transcribed and translated into English. The young people's own research entailed associated ethical issues. As this article is primarily based on the young people's interviews with the adult researchers, such ethical issues are not detailed here but can be found in the young researchers' guide to action research (Ecorys and Huddersfield University, 2020).

Sample and Participants' Characteristics

Panels of ten young people aged 14 to 18 were recruited in each country, including the four constituent nations of the United Kingdom, through an application process: calls for participants were shared via social media, NGOs, public authorities, and organisations representing specific groups of young people, including Black Asian Minority Ethnic and Refugees (BAMER) and Lesbian, Gay, Bisexual, Transgender, Queer and others (LGBTQ+), as well as young carers. Applicants were invited to make a short written or audio/visual submission where they described their circumstances and experiences during the pandemic and their motivations for taking part in the study. A stratified purposive sampling framework was used, rather than random sampling, to shortlist applicants according to age, gender, ethnicity, specific health conditions, special educational needs or disabilities and different familial structures (Monchuk et al., 2020).

Whilst every attempt was made to achieve an equitable representation, the final decision about the selection of

participants was determined by the need, given the aims of the study, to ensure young people with a variety of social, personal, and contextual characteristics were represented, irrespective of their nationality and gender. This decision was further justified by the need to ensure recruits had sufficient maturity and independence to engage actively, as co-researchers, with an online action research project lasting 18 months.

Young people were provided with ongoing training and mentoring throughout the research cycle. As incentives for participation, they were informed that they would receive a completion certificate at the end of the study, stating that they had been co-researchers on the project.

The project involved supporting 70 participants working in seven research panels to explore, reflect on and communicate the impact of the pandemic on themselves, their friends, family, and wider society through their own eyes. Eight of the original recruits opted out of the interview for a variety of personal reasons. The explosion in Beirut in August 2020, which occurred during the fieldwork period, accounted for four of the ten young people from Lebanon preferring not to take part in an interview. The article is based on the evidence from 62 semi-structured, online qualitative interviews carried out between July and September 2020.

As shown in **Table 1**, the sample of young people taking part in the study was skewed towards female participants, who constituted two-thirds of respondents (one young person identified as non-binary). The preponderance of female participants was explained by the fact that there was a greater volume of applications from girls and young women, meaning that they were correspondingly over-represented in the final sample. The decision was taken to recruit four panels within the United Kingdom, reflecting the status of the Nuffield Foundation as a UK funder and the priority to ensure a sufficient number and range of participants to explore UK policy responses to the pandemic with young people in requisite depth. The original intention was to secure equal representation across the home nations in the UK sample. In practice, the number of applicants from England was substantially higher, despite publicising the opportunity through networks in all four home nations.

A limitation of the study was sample attrition, which is a common problem associated with longitudinal studies (Young et al., 2006). Attrition can be explained by the type of population targeted in the study (Boys et al., 2003) and the online nature of the research. Continuous interaction with young people over the 18-months duration of the project was compromised by poor internet connectivity, especially in Lebanon; "zoom fatigue" (Bailenson, 2021); and the need to rely on online platforms fully compliant with national General Data Protection Regulation (GDPR) legislation.

To maximise participant retention, researchers adopted tailored communication and engagement strategies to build up a strong rapport with the young people over time. These solutions included private messaging and one-to-one calls to check on participants and support them with the research, to enable ongoing discussion, and to allow for flexible engagement and the scheduling of calls around their other commitments.

	Italy	Lebanon	Singapore	United Kingdom	Total
Number of interviewees by country	11	6	11	34	62
Male	4	3	5	7	19
Female	8	3	6	26	43
Non-binary	0	0	0	1	1
Black and minority ethnic	3	5	3	7	18
LGBTQ+	1	0	0	4	5
Low income/socio-economic status	4	3	3	7	17
Children in state care	0	0	0	3	3
Specific health conditions	2	0	0	6	8
Special educational needs or disabilities	0	0	0	4	4

Data Analysis

In the first instance, in line with the action research approach adopted here, analysis was conducted by young people individually and collectively making sense of their own observations and those of their peers through diary entries, voice-notes, photography, art, and poetry, in collaboration with adult researchers. Adult researchers in turn undertook further analysis of findings according to the thematic research themes set out for the project, which included: family, friends and peer relationships, work and income, access to services, education, health and well-being, identity, and freedom of expression. The adult researchers adopted an inductive approach in analysing the data, guided by young people's responses, and informed by ongoing dialogue with them. The data collected were imported into NVivo qualitative data analysis software and coded using a thematic approach (King et al., 2017).

This article draws on the semi-structured interviews and does not include analysis of the entirety of the data collected in the study. The interviews addressed a wide range of topics, not all of which were relevant to the central themes of this article. For example, participants' views on actions taken by decision-makers and the public to respond to the pandemic, and recommendations about how to safeguard young people's rights and well-being in the current and future pandemics were excluded. For the purposes of the article, the analysis was limited to data coded under the themes of Family, Impact of the Pandemic on Significant Others, Coping Mechanisms, and Identity and Beliefs.

To ensure that stakeholders were kept informed of the progress of the research and its policy relevance, the project team organised and attended online stakeholder events to support active engagement with the young people, to inform interventions and communicate recommendations for minimising the impacts of the pandemic on children's well-being.

FINDINGS

While the research was not explicitly focused on family relationships, the study nonetheless revealed young people's insights into the impact of the pandemic on family dynamics and their own roles in the family. In presenting the findings from the study about how young people's family relationships were affected by the experience of growing up during the pandemic, the adult research team analysed the data for this article under three headings: the family as a prism mediating and colouring young people's experiences of the pandemic; the transformative effects of the pandemic; and young people's agency.

The Family as a Prism

The findings from the study demonstrate that young people's experiences of the pandemic were strongly influenced, in both positive and negative ways, by pre-existing family circumstances in terms of mental and physical health, education, socio-economic factors, and sexuality.

Across countries, it was evident that families with close and stable relationships found it easier to cohabit during the pandemic, and family dynamics were not significantly affected by the COVID-19 restrictions.

> I've really enjoyed my family. We've always been really close anyway, so it's just been lovely. So, to be fair it doesn't really feel like it's been that different from normal life, because we've always been near each other. (16, F, England)

This finding was especially true for young people where family income and parents' work routines remained stable during the pandemic, and where parents could work from home, while still allowing them time to spend with the rest of the family at the end of the working day. Young people in these circumstances appreciated that their experiences of the pandemic and family dynamics were facilitated by socio-economic circumstances, and by living in spacious homes and with access to the physical and mental benefits of outdoor spaces.

> Family dynamic is still really nice…we're so lucky to live in the countryside where we can get out to the woods, or we have a decent sized garden, and just get outside, . . . Yes, that really helps. (18, F, England)

Across countries, young people who reported more positive experiences of the pandemic were those who could benefit from the optimistic attitudes of family members and collective coping mechanisms. Some parents were able to exert a positive emotional influence on young people by offering support during moments of anxiety or listening and talking to them when they needed a boost in morale or some advice on mental health.

> My mum helped me a lot. She's always optimistic. I think over those 3 months, she started to grow on me, like her way of thinking, like it's okay, it's going to be fine, it's not the end of the world, and stuff like that. (16, F, England)

Many participants recounted how helpful they found their parents' efforts to ensure they had a healthy routine and safe coping techniques. This support included meditation, self-care,

time management and limited consumption of the news-cycle, which was even more important for young people with learning disabilities or those struggling with their mental health.

> Her way of living and thinking really got to me. She introduced me to yoga, to meditation, because she's a yoga teacher, but I've never had interest in doing yoga, but yes, she really helped me in that sort of sense. She helped to relax my mind a lot, and she also supported me a lot when I needed it, so I felt like because I was with my mum all the time, I was like, okay, it's not going to get worse from here, I think it's going to get better, so she was a big facilitating factor. (16, F, England)

> Mum was very like, right, we start at nine o'clock, and then you have break then, and then . . . To keep it with school times, just because we're both autistic, so it was easier to keep a routine going so it didn't feel really weird, and then you got used to it after a while. They were just talking to me, trying to calm me down. (17, NB, England)

> I think, if there's one good thing that's come out of COVID-19, it's more of how not to distract myself, but to self-care. My mum and dad were really insistent on that. They were like: "You have to take better care of yourself." (15, F, Singapore)

By contrast, young people who were surrounded by family members who were worried tended to worry more, which took a toll on their mental health. This concern was most visible in families from lower income backgrounds, especially in cases where parents were unable to work from home or had lost their jobs. Young people became increasingly afraid and worried when witnessing the difficulty of affording even basic needs such as rent. Despite measures like the Job Retention Scheme in the United Kingdom to protect employees from being made redundant, some young people were particularly concerned about the impact on their family's main source of income or the gaps in government coverage, like sick pay, and the consequences this would have for the entire family. Within the sample, these effects were more visible among young people from Lebanon and those from low socio-economic backgrounds in the United Kingdom.

> Our family's economic situation changed. It is very bad. As a result of work stopping, it had been going down since the beginning of the quarantine and we don't have any solution. We were all afraid of this instability. The economic situation was bad for my family and many other families since work stopped. I have been very sad since this started. (14, F, Lebanon)

A few young people were worried for their parents' health because they were frontline workers, for example if social distancing or adequate Personal Protective Equipment (PPE) could not always be ensured, if they were in contact with COVID-19 patients, or if they had to work more than usual or for longer shifts.

> I think it's only 3 weeks ago he started slowly easing back into working, mostly because of the nature of his job. There isn't really a way to socially distance inside a tiny car with people coming from Heathrow Airport from different countries and stuff like that. So, we were worried about his safety. (16, F, England)

Worrying about a family member's health made young people worry more acutely about the pandemic. Some interviewees reported that seeing or knowing about a close relative catching COVID-19 represented "the lowest time" in the pandemic, either because they could directly witness the effects of the virus or because it functioned as a reality-check about the severity of the pandemic.

> I found out that my aunt had coronavirus and I was just like, oh, this is kind of shocking . . . So that was the point where it hit me that this is not a joke anymore, this is for real. (16, F, England)

Many young people showed deep concern about the health of elderly family members, typically grandparents, and appreciated the additional difficulties that elderly people encountered during the pandemic. On the one hand, young people reiterated that the whole family was very conscious about restricting face-to-face contact with people from other households and maintaining social distancing as much as possible: most often only one family member would visit their grandparent(s) in their own homes. On the other hand, it was evident to young people how detrimental the lack of human contact and the fallout of a typical routine can be for older people:

> I remember her telling me how she feels locked up. I remember that, because she's not used to it, it's sort of like a jail, you're being jailed in your own house. (14, F, Lebanon)

> They may want to go out and get groceries, as a small act of freedom or something. That was just really scary because we wanted them to stay as safe as possible. (15, F, Singapore)

Young people who did not have family members at risk reported being less worried. However, they noted their wider concern for the vulnerable in their communities and continued to follow all the necessary hygiene steps to prevent the spread.

Family life was most challenging for young people with caring responsibilities, especially in a few cases where a family member needed special care for mental health disorders. These young people faced heightened challenges as they had to adjust to sudden and unpredictable circumstances, particularly if a family member with special needs showed signs of distress. An Italian participant explained how an autistic family member had

exhibited signs of stress and acted violently due to a lack of access to in-person therapy during the lockdown:

> He couldn't go to therapy, which he usually does two or three times a week, he couldn't go to McDonalds. He actually became really violent, whether he was biting us or hitting us, because he was extremely stressed and unable to understand the circumstances and why he couldn't go out. Luckily, he is only 8 years old. (18, M, Italy)

While none of the young people in the study reported violence or abuse, the experience of the pandemic and the lockdown proved particularly challenging for young people from the LGBTQ + community. Spending all the time at home was difficult for young people who felt their gender identity was not accepted. Family members could create a hostile environment for them, for example by calling a trans young person by their previous gender name. Other young people in this situation reported a significant loss of privacy and, in one case, a friend's parent was said to be scrutinising their personal devices and discovered sensitive information about their child's sexual identity and orientation. These young people found themselves trapped without the possibility of escaping to safer spaces like school or finding comfort in their friends' company.

> My friend is trans, his parents are not great with that. I saw him for the first time on Wednesday and he didn't last 5 minutes in school. He started crying and had to leave. His parents are not okay with it. (15, F, Scotland)

Family life also significantly impacted young people's experience of education during the pandemic. A few young people were deeply worried about their siblings' academic performance, especially those attending university or practicing sports professionally. Nine young people across the United Kingdom, Italy and Singapore reported seeing their siblings' or their own educational needs change due to the difficulty of sharing working spaces or devices with other family members.

> We have to share a room, so we'd have to do it in the same room as each other. At one point I did just go out and sit on the trampoline, I'm like, sorry, I've had enough, I'm going outside and sitting on the trampoline and doing it. It was either that or the bathroom, or the kitchen floor. (17, NB, England)

These findings reveal the extent to which pre-existing family circumstances, family members' outlook towards the pandemic and collective coping mechanisms mediated young people's experiences.

Transformative Effects of the Pandemic

For many young people, the COVID-19 pandemic changed and ultimately transformed family life. Whereas young people who enjoyed a stable family environment found that the pandemic reinforced this sense of closeness and unity, for others, family tensions and conflicts were exacerbated by living constantly in close proximity. Many young people in the study reported a deepening of family bonds and a renewal of family allegiances resulting from lockdown, school closures, and parents' job losses. Examples were given of increased time spent with family members, including checking in more with each other, helping younger siblings with home-schooling and sharing communal activities and leisure time together, like watching television, playing boardgames, exercising, cooking, and eating together. In Singapore and the United Kingdom, for young people in higher income families whose lives were busy with extra-curricular activities before the pandemic, and whose parents usually worked long hours, COVID-19 created an opportunity to enjoy each other's company more, particularly in cases where young people did not see much of their parents previously.

> We could always be sitting outside together. We started watching box sets which we'd never done before, of different series on Netflix or something. That became, . . . it was just me and my parents, and that became our thing. We hadn't had that before. (17, F, Northern Ireland)
>
> My dad lost his job. I think it actually brought my family closer together because I think it was a blessing in disguise because usually, when my dad goes to work, he's not home a lot and I don't get to spend time with him. (14, F, Singapore)

In other cases, young people benefited indirectly from the switch to working from home, as they noticed their parents were less stressed thanks to the absence of commuting time.

> I think she didn't realise how much it stressed her out going to work and see, how stressful it is. I think then to see her not as stressed as usual, it was quite nice to see her more happy than she usually is. (14, F, Scotland)

Creating family routines was perceived by young people as helpful and functioned as a way to distract themselves from thoughts about what was going on outside the safety of the home, and to "make sure that there were positives to balance out the negatives" (15, F, Singapore). This led some young people to reassess their priorities and what is truly important to them, such as building a close relationship with younger siblings and enjoying a daily routine with their relatives. Having learnt to appreciate these moments, many young people expressed their willingness to preserve these even after the pandemic.

> I saw my family members a lot more than I would see them prior to COVID-19. I would say that it's a very gratifying experience, because I didn't even realise how much time I was actually spending with my family in person . . . Now, I'm trying to rearrange all my activities

such that I get to spend time with them. (17, M, Singapore)

Not all families saw enforced family togetherness as positive. Some experienced the opposite effect due to the increase in schoolwork at home, and the tendency for their parents' work to spill over into home life.

Both my parents started to work from home. So, all three of us were stuck at home. I was in my own room and then my mum was in the living room and then my dad was in the study room. (16, F, Singapore)

"You can't come in, I'm in a meeting." I was like "Okay". So now I wasn't even allowed to go down to that bit of my own house, just kind of trapped in my room for the last 4 months. (17, F, Scotland)

Some young people reported their parents were so worried about the virus that they began practicing social distancing at home and stopped hugging, while grandparents renounced habitual walks with their grandchildren and other family rituals.

Inevitably, COVID-19 negatively impacted family traditions, particularly for migrant or religious families. Young people from migrant backgrounds who could not travel, for example to Greece, Malaysia, or Kurdistan, to see their relatives, resorted to Zoom to reduce the distance, or used their imaginations to relive memories from past travels. The most profound impacts were when they had to refrain from taking part in family traditions during religious festivals that used to make these moments special. This was particularly notable in Lebanon, as lockdown restrictions were imposed before Ramadan began and continued to Eid.

I know in Ramadan, especially, people have had to do a quarantine version of Ramadan. There were a lot of traditions, and every Islamic family has certain traditions they do on Ramadan, they have certain places they go to and everything. The coronavirus basically put a hold on that . . .. (14, F, Lebanon)

During the pandemic, for many young people, family life was characterised by increased tension and irritability. Young people and their parents widely reported feeling overwhelmed by daily COVID-19 news, bored and exhausted by the monotony of a restricted, sometimes stifling routine, and often intolerant of each other.

My mother and I kind of have conflicting personalities, so we had quite a few arguments, but my mum and my dad were both working. He kind of stayed out of my way a little bit, but tensions are high, everyone's bored of lockdown, so you argue a lot and you can't go anywhere. (15, F, Scotland)

At the same time, several young people recognised that such tension was understandable, and highlighted instead the

strengthened family bonds that resulted from having gone through such a challenging experience together. This feeling was reported more often by respondents in Italy, probably due to the severity of Italy's first wave and the fact that, at the time of the interviews, Italy had just exited a stringent lockdown.

We were never united as a group, whereas in the last few months we became very supportive of each other. Whenever one of us was feeling particularly down, someone else would step in and say: "Come on, we can make it!" (18, F, Italy)

The pandemic had a seismic impact on low-income families manifested in feelings of stress and, at times, hopelessness. Interviewees in the United Kingdom described their parents queuing at food banks and being unable to afford school costs, which left them feeling fearful and uncertain about their future. Some expressed concerns about their parents' financial situation, heightened in single-income families with limited social benefits, where respondents were worried about the precarity of family finances if their working parent contracted COVID-19 and was unable to work. Others noted feeling increased pessimism and drew linkages between their parents' reduced income and the longer-term impact of the pandemic on the global economy according to the family's ability to respond.

I'm quite concerned about it because my dad, the pay from his new job isn't really good, so I'm concerned about whether the economy will recover, and he will be able to find a better job. Also, for other people, I think our family is able to cope as we have savings, but what about those people who lost their jobs, and they have nothing left? (16, F, Singapore)

We really tried to cut our expenditure using these unnecessary ways, and only try to spend on what's necessary for us, like food, water, cleaning supplies and everything, make sure that we can live properly, but live a basic life during the COVID period. (15, M, Singapore)

The transformative impact of COVID on family life, whilst being detrimental in many cases, simultaneously brought about a deeper sense of appreciation and resilience as families developed their own coping strategies. However, young people emphasised that coping mechanisms gradually lost efficacy over time, with tensions and irritability plaguing even the closest families as lockdown persisted. Tensions were heightened in lower income families, where family members were suffering from poor mental and physical health, and for LGBTQ + young people who felt alone and isolated.

Young People's Agency

A key finding cutting through these changing family dynamics was the importance of young people's agency. In contrast to narratives of families in which parents are central figures who navigate hard times and provide for the family (Charles et al.,

2008), the research reported in this article identified the key role young people played in influencing family responses to the pandemic. Young people faced new challenges due to lockdown restrictions and their parents' shifting to working from home, as well as familial stress associated with caring responsibilities for younger siblings and older more vulnerable family members, and financial hardship. Such challenges compelled many respondents to assume greater responsibility for younger siblings at home and to play a more active role in family life. Their sense of responsibility was further heightened by reports that young people were much less likely to get seriously ill or die from COVID-19. Rather than being passive subjects within the family, participants in the study across all the countries presented themselves as custodians of their family's health and well-being, as well as key actors in family decision-making. This response was particularly prevalent among the older participants in the sample.

In contrast to media presentations (Mercer, 2020; Rosney, 2020) of young people as reckless and cavalier in their interpretation of lockdown restrictions, the young people in the study expressed great concern and anxiety about safeguarding other family members and themselves from the virus. They were also worried about the increased stress and disruption generated by COVID-related restrictions.

> I started to put on two masks and three masks and two gloves, just to take my own precautions and just please don't talk to me or just keep social distancing. Especially, my dad, he has heart disease and respiratory problems, . . . so I don't want him to get infected because I'm trying to do something for my community. (16, F, Lebanon)

Spending more time at home resulted in young people becoming more aware of the extent of their parents' responsibilities. They were able to witness close-up how much their parents did for the family unit on a daily basis. This newfound appreciation fed into a heightened sense of understanding, closeness, and solidarity with their family and of their own agency as a family member.

> All these things make you much more appreciative of your parents. When I look after my little siblings or when I do something, I just feel much more appreciative of what they do in the day. That has led me to become much closer to them. (17, F, England)
>
> I will help them with some stuff, and they would help me with some stuff, so it made us more like interconnected and interdependent in a sense. (16, F, Singapore)

Some young people became more aware of what they could do to reduce the pressure on their parents and offset the adverse consequences of the pandemic. One young woman reported taking on a more involved caring role for her mother, who had a health condition. During lockdown, she became much more aware of the difficulties her mother faced and tried to

support her as much as possible. Other young people in Italy and the UK reported taking on increased responsibilities, such as home-schooling and caring for their younger siblings.

> I have my little brother, who was getting work, but it was just papers sent home with no guidance or help from teachers. So, I had to teach my little brother because my parents aren't really good with English, so they can't really translate what they know in Kurdish into English, so I have to do all the teaching for him. (16, F, England)

Another young person described making decisions with her parents and taking collective action to support the youngest child in the family who is neurodivergent. The young woman was not aware of how emotionally draining it was for her parents to take care of her sister until the pandemic.

> I think as a family we had to make decisions together – of course we were following the rules of the government – but make decisions as to what was best for us as a family. So, my sister, who is autistic, to be honest, before the pandemic she didn't go out the house very much either. She didn't go to school at all because she was unable to go into mainstream school. (14, F, England)

Interviewees also recognised their limitations in helping younger siblings with their feelings of loneliness, mental health issues and increased school pressure during the pandemic.

> I live with him and I see how much COVID has impacted him [younger brother], and it's really heart breaking when you can't really do anything about it, because I'm not a trained professional. . .We try our best to help him, but there are things that we can't help him with. (17, F, Northern Ireland)

In reconfiguring family relationships through their interaction with family members in the home, young people became more aware of their own and others' views and perspectives:

> I got to know my dad better, especially in terms of his political views, which turned out to be different than what I thought. I heard him comment on the news sometimes, and I would stare at him thinking "What are you saying?" and this would trigger a discussion. (17, F, Italy)

This sense of growing confidence in challenging their parents' political views was echoed by a young woman of the same age in Scotland. She found that the pandemic gave her the opportunity to engage with and challenge her father's views, which were very different from her own:

> I spent some time with my dad, he has a lot of very far-right beliefs, and I do not share any of those, so I think

I've become more opinionated and vocal on those, and standing up to him, and challenging his far-right beliefs. (17, F, Scotland)

These comments show how COVID-19 offered young people an opportunity to get to know their family members better, in terms of their attitudes, "likes and dislikes" as well as political views. For a few participants, the pandemic heightened their awareness of contrasting, and sometimes surprising, political opinions held by their parents, since they had never previously had the opportunity to discuss politics with them.

DISCUSSION AND CONCLUSIONS

The findings from the study reported in this article suggest that, despite the lack of comparable evidence from all four countries, young people reacted to, and were affected by, the COVID-19 pandemic in similar ways. Everywhere, participants recounted "stories of heroic family closeness and resilience" as well as "unmitigated family stress and conflict" (Lebow, 2020, p. 310). Through the voice of young people, the findings support the evidence outlined in the literature review that young people's resilience to adversity is largely determined by their family dynamics and relationships.

Socio-economic status, disability and health conditions, pre-existing ties as well as parents' attitudes were found to be crucial in mediating young people's experiences of the pandemic. Collective and task-oriented coping strategies adopted by families accounted for the most positive experiences of the pandemic among young people. Other variables considered in the wider study, such as political and cultural contexts, proved less critical in helping young people to cope. The findings suggest that young people cannot be considered in isolation to their families. Rather, they are embedded within complex family structures, which shaped their reactions and responses to the pandemic.

The active participation of young people as co-researchers – engaged not just as interviewees but also as close observers and commentators – was an original feature of the study. It allowed the research team to confirm the importance of the role played by young people's agency within the family, in influencing family responses to the pandemic, and broadening perspectives on young people's participation in everyday contexts (Esser et al., 2017; Spyrou, 2018; Abebe, 2019; Percy-Smith et al., 2019a). Their agency was illustrated by their decisions to take on a more active caring role and by challenging their own beliefs and sense of identity in relation to those of other family members. These changing relationships between young people and family members emphasise the significance found in earlier work of family as a site for civic and citizenship engagement and the realisation of the importance of interdependence (Cockburn, 1998), rather than relationships of dependence within families (Wyn et al., 2011).

Important aims of the project were to create qualitative evidence of how children and young people were experiencing and making sense of COVID-19 that could be used to inform policy. The findings reported in this article suggest that policy responses designed to promote the well-being and development of young people should consider wider familial contexts and prioritise targeted support for families with specific needs, whilst recognising young people as autonomous citizens who are active participants in both family and civic life. In this respect, we can understand the significance of socio-ecological contexts of young people's lives as a fluid two-way process of dynamic interaction rather than linear contextual influences. In so doing, our empirical research contributes to family studies theories by reinforcing the significance of Bowen's (1977) theory of family as a complex system of social interactions, but which play out in different ways according to different cultural contexts.

DATA AVAILABILITY STATEMENT

In accordance with the project's privacy policy and ethical consent requirements provided by participants, the data presented in this article are not readily available. Requests to access the datasets should be directed to sararizzo@ecorys.com.

ETHICS STATEMENT

All researchers and authors associated with this study acted in accordance with ethical and safeguarding standards of Ecorys and the University of Huddersfield. Informed consent was sought and obtained from all research participants, and confidentiality and anonymity were ensured for participants. Parental consent was obtained for all research participants under the age of 16. They all participated voluntarily in the study and were informed of their right to withdraw at any point in the study.

AUTHOR CONTRIBUTIONS

LD, BP-S, SR, and LM designed the research study. SR, MS, CT, and EL conducted fieldwork and analysis. The lead writers were MS, SR, CT, and EL, with inputs and feedback from BP-S, LM, and LD.

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Household Diversity and the Impacts of COVID-19 on Families in Portugal

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Throughout the world, the COVID-19 pandemic disrupted family routines, relationships, projects and sociability, threatening the health, income, social cohesion, and well-being of individuals and their families. Lockdown restrictions imposed during the first wave of the pandemic challenged the theories, concepts, and methods used by family sociologists and the intersecting fields of gender and social inequality. By restricting physical interactions to co-resident family members, the household regained a privileged role as a crucial social laboratory for studying the impact of COVID-19 on family life. The difficulties encountered by individuals in maintaining and dealing with close relationships across households and geographical borders, in a context in which relational proximity was discouraged by the public authorities, exposed the linked nature of family and personal relationships beyond the limits of co-residence. The main aim of this article is to investigate the social impacts of the pandemic on different types of households during the first lockdown at an early stage of the pandemic in Portugal. Drawing on an online survey applied to a non-probabilistic sample of 11,508 households between 25 and 29 March 2020, the authors combined quantitative and qualitative methods, including bi-variate inferential statistics, cluster analysis and in-depth case studies. The article distinguishes between different household types: solo, couple with and without children, extended, friendship, lone-parent families, and intermittent arrangements, such as shared custody. A cross-tabulation of the quantitative data with open-ended responses was carried out to provide a refined analysis of the household reconfigurations brought about during lockdown. The analysis showed how pre-existing unequal structural living conditions shaped the pathways leading to household reconfiguration as families sought to cope with restrictions on mobility, social distancing norms, and other lockdown measures. The findings stress that, in dealing with a crisis, multilevel welfare interventions need to be considered if governments are to cater to the differentiated social needs and vulnerabilities faced by individuals and families.

Keywords: COVID-19 pandemic, family relationships, household diversity, linked-lives, social impacts, vulnerability

INTRODUCTION

The COVID-19 pandemic disrupted family routines, relationships, projects and sociability in countries throughout the world, threatening health, income, social cohesion, and well-being. Individuals and their families were forced to find ways of dealing with feelings of uncertainty, insecurity and anxiety while engaging in collective displays of solidarity and altruistic actions.

When the pandemic hit Portugal, the government declared a state of emergency on 18 March 2020 and, as in other EU member states, imposed rules about staying at home, restricting mobility and the amount of time spent out-of-doors. During the first wave of the pandemic, schools and universities were closed, and distance-learning systems were implemented. Unlike other European countries, the Portuguese regulations did not propose "support bubbles" for those living alone or in lone-parent households (Long et al., 2020; Trotter, 2021). Physical interactions were limited to co-resident family members, and lockdown restrictions forced individuals to confine their sociability to relationships within the domestic space. Leaving home was allowed only for outings to buy essential goods and services, accessing public services and healthcare facilities, travelling to and from work, assisting dependent people, walking pets and engaging in solo physical activity. Telework became mandatory for economic sectors unable to operate otherwise, further restricting social contacts for a considerable population segment. A substantial part of the workforce was unable to work from home: "essential workers" included those in healthcare, transport, manufacturing and construction, as well as security personnel.

To frame how the COVID-19 pandemic affected Portuguese households, it is necessary to consider preceding circumstances and to highlight pre-existing vulnerabilities of families and the economy. The Portuguese economy was still recovering from the 2008–2014 financial crisis, mainly driven by the hospitality and tourism industries. Several indicators showed a positive trend, namely decreasing monetary poverty, lower levels of material deprivation and less economic inequality, contributing to an improvement in the well-being of families (Correia, 2020). Yet, while the economy was growing and unemployment was falling, the recovery process remained fragile: a significant number of jobs were precarious, of low quality or in the informal economy. For example, in 2019, 17.2% of the population was at risk of poverty after social transfers, amounting to 21.6% when accounting for those who suffered social exclusion (Eurostat, 2019). In-work poverty risk reached 10.9% among couples with dependent children and 26.4% for lone-parents. A recent study (Diogo et al., 2021), drawing on consolidated data from the EU-Survey of Income and Living Conditions, confirmed that women, younger workers, those with education levels below upper secondary education and families with children, especially lone-parents and couples with more than two children, were most at risk of poverty.

Research also showed how, after the financial crisis, the spread and intensification of job precarity impacted the economic survival, future outlooks and expectations of families, especially among younger generations (Carmo and Matias, 2019). As achieving residential autonomy became difficult, leaving the parental home was often postponed. According to Eurostat (2021), the Portuguese leave their parental home on average at 30 years old, ranking among the oldest top five countries, in sharp contrast to Scandinavian and Central European countries, in which the transition is completed, on average, before the age of 24. Furthermore, for many families, the cost of, and access to, housing had become a problem in the years

leading to the pandemic, namely in metropolitan Lisbon and Porto and, especially, in more touristic areas, which were under mounting speculative pressures (Allegra and Tulumello, 2019; Cardoso, 2019).

This portrait of the uneven social landscape of Portuguese society before the pandemic "earthquake" provides an insight into how deep-rooted structural inequalities would be amplified, and how new vulnerabilities would emerge as a result of the economic, social and COVID-19 health crises.

The public health containment measures impacted family relationships. Lockdown and social distancing rules resulted in the household assuming (or rediscovering) its central importance in social life. The household became a social laboratory for studying the impact of COVID-19 on family life. This renewed interest in households is thought-provoking and perplexing for family sociologists and scholars from intersecting fields of gender and social inequality (Gouveia et al., 2021). On the one hand, family sociology has been moving away from the study of families based solely on co-residence criteria and from using the household as the only setting for empirical research on family practices (Morgan and Morgan, 1996; Wall and Gouveia, 2014; Widmer, 2010). On the other hand, the difficulties encountered by individuals in engaging in and maintaining close relationships beyond their household borders during lockdowns, in a context in which relational proximity was constrained, suddenly exposed the linked nature of family and personal relationships beyond household limits (Gouveia et al., 2021). As support bubbles were not applied in Portugal, "spread-out" families struggled to maintain contact with family members and other significant relations who did not share the same roof. Stay-at-home policies restricted physical contact to household members, penalising families living outside the normative model of co-residence, blood, and marriage, even accounting for allowable exceptions. The restrictions "left people painfully aware of how much their wellbeing is linked to others and how much they take for granted the ability to be with others" (Settersten et al., 2020, p. 5). This interdependent nature of close relationships is in line with Glen Elder's (1994) linked-lives principle of life-course theories, which refers to "the interaction between the individual's social worlds over the life-span family, friends, and co-workers. To a considerable extent, macrohistorical change is experienced by individuals through such worlds." (Elder, 1994, p. 6) Thus, changes occurring in individuals' life trajectories affect the lives of their meaningful others, and vice-versa.

In this article, social vulnerability in the pandemic context refers to individuals' pre-existing social living conditions, which were already highly unequal in Portuguese society, their household arrangements during lockdown and the material and subjective impacts of the pandemic. Using the concept of configurations in family relationships (Widmer, 2010), reconfigurations of social vulnerability were identified under pandemic circumstances caused by the disruptions to families' social relationships. The linked-lives framework of vulnerability was also employed to capture a multidimensional and relational process, rather than to focus on single outcomes (Spini et al., 2017). Assuming the interplay between social structure and

human agency, a multilevel lens was adopted in this study to evaluate the role of different micro and macro factors on the intensity of social impacts on families, including the intersecting domains of employment, finance and education. Finally, a relational approach was adopted to examine family interdependencies within and across households, focusing on the coping strategies adopted through the reconfiguration of living arrangements when their lives were disrupted. These concepts are useful to understand how the pandemic destabilised individuals' social embeddedness in their "normal" family and personal configurations.

In sum, this article investigates the social impacts of the COVID-19 pandemic on different types of households – solo, couple with and without children, extended, friendship, lone-parent, and intermittent, including shared custody arrangements – during the early stages of the pandemic in Portugal and the first lockdown. The authors show how individuals coped with the disruptions produced by the pandemic through the adoption of different types of lockdown strategies and pathways. The findings highlight the structural embeddedness of these strategies, accounting for the shaping role of gender, age, education, housing conditions, work, and family status.

METHODS

At the outbreak of the pandemic, scant information was available about the social impacts of the pandemic on the Portuguese population. Little was known about how individuals were coping with health concerns and threats, and how they were adjusting to mobility restrictions, social distancing norms and the imposition of lockdown measures. An online survey was set up by a multidisciplinary team of researchers from the Institute of Social Sciences (ICS-UL) and the University Institute of Lisbon (ISCTE-IUL) (Magalhães et al., 2020). The survey was launched immediately after the first lockdown had been declared in Portugal on 18 March 2020. Data collection took place between the 25 and 29 March 2020. The survey aimed to monitor the initial impact of the COVID-19 pandemic via a range of variables beyond immediate health and epidemiological concerns, including self-reported indicators of both material (financial consequences), and subjective impacts (difficulties in dealing with restrictions).

The survey was also a tool to address factors that shaped vulnerabilities and exacerbated social inequalities during the unfolding crisis. Survey design and sampling procedures were determined by the urgency of the pandemic, which meant that they were more hastily prepared than is usual in sociological research. The survey was publicised through the Institute's online platforms: websites, Twitter and Facebook accounts and email distribution lists. Additional dissemination was achieved through mainstream media outlets and the researchers' social media accounts.

The final sample consisted of 11,508 residents in Portugal. Due to the recruitment methods, the sample was non-probabilistic, limiting statistical inference and an accurate representation of all segments of society. Bias concerned

geographical, educational and social class distribution, but not age or gender. Residents in the Greater Lisbon Area and large urban coastal areas were over-represented, as were those with a university degree. The sample contained large contingents of professionals and office workers and fewer routine manual and frontline service workers. Under-representation of the latter occupational groups, combined with the relatively small number of respondents with lower educational levels and living in rural inland areas, limited the research team's ability to use the survey findings to address the worsening of poverty and social inequality among more invisible and vulnerable segments of society.

Given its relatively large size, the sample nonetheless allowed for a cross-cutting analysis of issues affecting households; it enabled associations to be made between variables that shaped social relations. Closed and open-ended questions were included, simulating a quasi-mixed-methods approach and adding depth to the understanding of the effects of the pandemic on individuals and families. Respondents were questioned about the impact of the pandemic on income, perceptions of resilience, difficulties in coping with government restrictions, family–work reconciliation, and professional activities.

The first phase of data analysis examined household diversity and the social impacts of the pandemic, using bi-variate inferential statistics and cluster analysis. Drawing on the open-ended questions, a close-up view of the different household pathways was obtained in the second phase by selecting cases exemplifying the strategies identified in the quantitative data. These included changes in household composition, such as adult children returning to the parental home, individuals in non-cohabiting relationships before the pandemic who started living with their partners, nuclear families sheltering an older relative to facilitate care.

RESULTS

The analytical strategy followed three steps: mapping and characterising the diversity of household composition during lockdown; categorising the main types of social impact on different types of households; identifying the main household lockdown strategies distinguishing between those who remained and those who moved to a different household.

Household Diversity During Lockdown
Several of the open-ended questions asked about household composition, such as: "Who are you living with during this period of familial lockdown? Please specify if partner, daughter, in-laws, or other". Cases were excluded from the analysis if the information provided was insufficient, inconsistent or unclassifiable, resulting in a reduction of the sample to 11,061 valid cases. Households were classified according to four criteria that are widely used by Portuguese sociologists: the number of individuals in each household; the type of bond between them (kinship, alliance/marriage, affinity); number and type of family units within

FIGURE 1 | Household types during lockdown (%).
Source: Impacto Social da Pandemia. Estudo ICS/ISCTE Covid-19.
Note: N = 11,061.
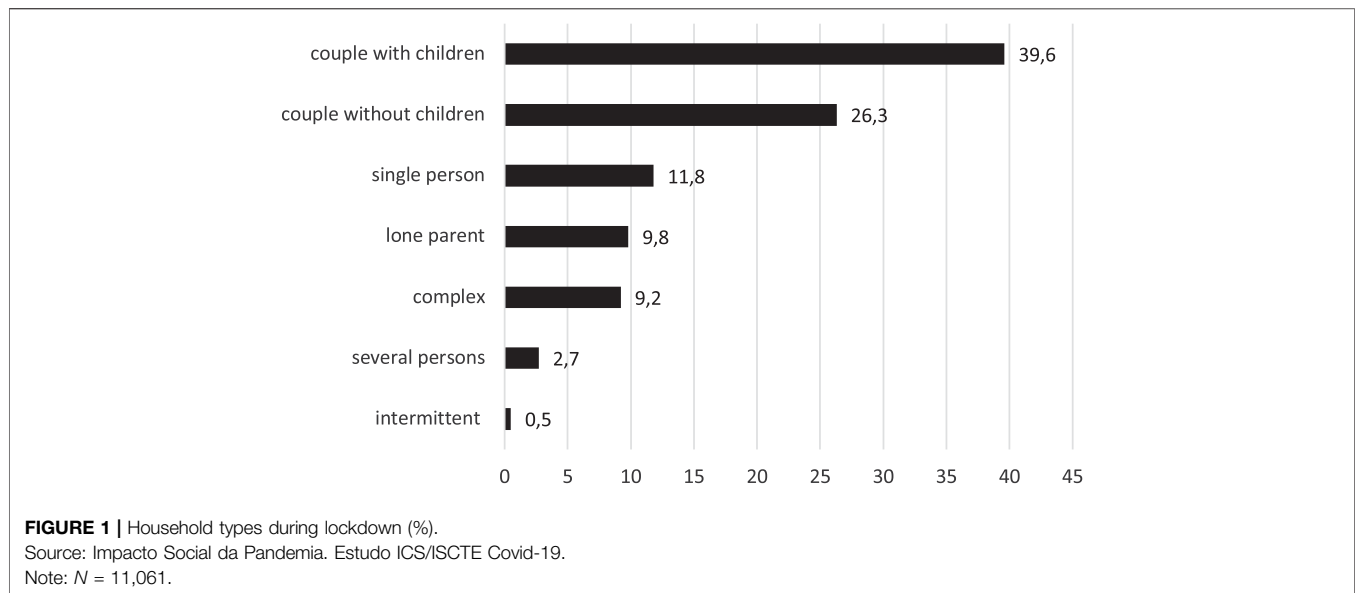
each household; and the presence of non-family members (Wall, 2005; Wall et al., 2014).

For instance, single-family households were classified as "couples with children", whether respondents mentioned living with parents and siblings or with a partner and children. Complex family household arrangements included multiple family households where several families live together or extended family households where a couple lives with kin beyond their offspring (parents, uncles, cousins) or with other non-kin (friends). Given the constraints on mobility imposed during the lockdown, the study was especially interested in individuals who moved between households, for example, post-divorce children whose parents shared custody. These cases were dubbed "intermittent" regardless of the types of households between which they moved.

The number of individuals per household, including the respondent, ranged from 1 to 12 people, with an average size of 2.80 and a standard deviation of 1.24. **Figure 1** shows the distribution by type of household during the lockdown in the total sample.

Family households composed of couples with children were the most common type of household, with 40% of the cases. Childless couples accounted for a little over a quarter of the sample, while single-person households and lone-parent and complex families each accounted for about 10%. Only small percentages of respondents were living in households with non-related individuals or were in an intermittent situation.

Comparing this distribution with population data from the 2011 census shows a similar pattern (Wall et al., 2014). In 2011, 59% of the Portuguese population lived in a conjugal arrangement, split between couples with children (35%) and childless couples (24%). The percentages of lone-parent households, complex family households and several unrelated person households followed a very similar pattern to that in 2020, although single-person homes were slightly under-represented in the 2020 sample: 20% in the population in 2011.

Social Impacts of the Pandemic on Households

This section begins with the characterisation of the socio-demographic profiles of individuals living in different households during lockdown using the following variables: sex, age, level of education, marital status, and current occupation (see **Table 1**). The analysis highlights salient features for each household type rather than exhaustively analysing the socio-demographic characteristics for each type.

As illustrated in **Table 1**, single-person households were mostly composed of women, single, divorced and widowed persons, highly educated individuals (89.1% with a university degree) and people aged 55 or over. In most cases, respondents living in this household arrangement did not experience significant changes to their occupational status during the initial stage of the pandemic. Most of the respondents who were classified as being economically active continued working as before the lockdown. A significant proportion of respondents in this type of household were inactive because they had retired (27% compared to 16% in the total sample).

Lone-parent households included a high proportion of teenagers and young adults aged 16–24 of both sexes, and women aged 45–54 and 55–64. Within this household type, individuals with secondary-level education were over-represented, as were singles, divorcees and widowers. The high proportion of students (17% compared to 10% in the total sample) is associated with the over-representation of individuals aged 16–24 years.

Men were over-represented in households composed of couples without children, as were respondents aged 25–34 and over 55. In terms of educational attainment, individuals living in this type of household were often university graduates or had education below

TABLE 1 | Sociodemographic features of household types during lockdown (in %).

		Single person	Lone-parent	Couple without children	Couple with children	Complex families	Several persons	Intermittent	Total
Gender	Male	36.4	27.7	**54.0**	42.6	38.3	34.3	46.7	42.8
	Female	**63.6**	**72.3**	46.0	57.4	**61.7**	**65.7**	53.3	57.2
	Total	100	100	100	100	100	100	100	100
Age group	16–24	1.9	**16.6**	2.1	14.1	**14.4**	**23.7**	3.3	10.0
	25–34	10.2	8.1	**16.6**	9.7	13.6	**31.0**	10.0	12.3
	35–44	17.1	17.0	15.2	**29.2**	19.3	16.3	**31.7**	21.7
	45–54	20.0	**33.3**	10.0	**32.3**	18.2	9.3	**30.0**	23.2
	55–64	**20.8**	**18.1**	**19.4**	11.5	**20.4**	9.3	**16.7**	16.1
	+65	**29.9**	7.0	**36.7**	3.3	14.2	10.3	8.3	16.8
	Total	100	100	100	100	100	100	100	100
Educational	Below Secondary Ed	1.6	2.0	**3.4**	1.9	**3.1**	1.3	3.3	2.4
	Secondary Ed	9.3	**17.1**	9.5	**15.5**	**17.4**	12.0	8.3	13.4
	University Degree	**89.1**	80.9	**87.1**	82.6	79.5	86.7	88.3	84.2
	Total	100	100	100	100	100	100	100	100
Marital Status	Single	**50.2**	**46.6**	12.5	23.0	30.2	**80.0**	30.0	28.0
	Married/Civil Part	5.1	8.6	**84.4**	**75.2**	57.6	5.7	36.7	59.1
	Divorced/Separated	**34.1**	**39.5**	2.6	1.7	10.7	10.7	**33.3**	10.7
	Widowed	**10.5**	**5.3**	0.4	0.1	1.6	**3.7**	0.0	2.1
	Total	100	100	100	100	100	100	100	100
Occupation	No longer working	**27.3**	10.1	**29.7**	6.5	14.6	15.0	8.3	16.4
	Working as before	**7.2**	5.6	5.2	**6.5**	6.2	4.0	8.3	6.1
	Tele-working	44.7	53.2	45.6	**56.9**	46.2	46.0	**60.0**	50.8
	Furlough/ redundancy	1.8	1.3	1.2	1.5	**2.4**	**3.0**	1.7	1.6
	Student	2.7	**14.0**	2.2	**12.4**	**11.1**	**17.7**	3.3	8.7
	Other	16.3	15.8	16.2	16.2	**19.5**	14.3	18.3	16.4
	Total	100	100	100	100	100	100	100	100

Source: Impacto Social da Pandemia. Estudo ICS/ISCTE Covid-19.

Notes: Statistically significant associations are presented in bold, based on standardised residuals. The Qui2 values for the associations between all the socio-demographic variables and the type of household are statistically significant.

secondary level. Most were married or in a civil partnership. The majority of those of working age were working remotely.

Households composed of couples with children contained more men and women aged 35–54 and teenage/young adults who had generally completed secondary education and were married or living in a *de facto* partnership. They were over-represented among those working remotely or involved in distance learning.

Households comprising several unrelated persons tended to be younger. Women and single persons were equally over-represented. Individuals living within this household type were disproportionately affected by job loss or were on "gardening leave", the precursor of furlough schemes in Portugal, the use of which grew exponentially as the pandemic hit Portugal.

Women were over-represented in complex family households, as were younger and older respondents aged 15–24 and 55–64, and individuals with educational levels below a university degree. This household type contained a significant proportion of individuals who were forced to take time off work. A large proportion of divorced/separated individuals in intermittent households were also found in this type of household.

To understand the diversity of social impacts in different segments of society, social profiles were mapped according to

their material and subjective effects by carrying out a cluster analysis. Material impacts encompassed unintended changes in working and living arrangements. The subjective aspect focused on individual perceptions of lockdown rules, specifically concerning difficulties in dealing with mobility restrictions and self-assessment of personal resilience in coping under these conditions. Given the social structure of Portuguese society, our sole hypothesis was that the pandemic crisis would heighten pre-existing social inequalities along the lines of gender, age, social class, employment, and family conditions, translating into different social profiles of impact. A two-step cluster method was applied, which is a well-suited and robust technique to use with categorical variables (Chiu et al., 2001). The seven variables analysed are listed in **Table 2**.

The cluster analysis enabled the research team to identify the main characteristics of vulnerable groups, regardless of population weight, which helped to compensate for the sampling bias. Four impact profiles were identified through a four-cluster solution, combining statistical robustness and sociological interpretability.

Table 3 shows that the dominant profile consisted of Materially Vulnerable–Subjectively Constrained individuals. Most respondents in this group mentioned finding it difficult to deal with lockdown restrictions. They expected them to be

TABLE 2 | Variables included in clustering of social impacts of the pandemic.

Variable	Categories
Level of difficulty in dealing with the restrictions	Easy
	Difficult
Assessment of current income level	Comfortable
	Acceptable
	Insufficient (struggling)
Financial impact of the pandemic	Financial situation affected
	Financial situation not yet affected
Occupation/work during the pandemic	Not working before
	Working under the same conditions
	Teleworking
	Studying
	Dismissed/forced vacation
	Others (including furlough)
Housing conditions	Satisfactory/adequate
	Reasonable/inadequate
Expectations concerning the extent of lockdown	Short-term
	Medium-term
	Long-term
	Don't know
Personal resilience for coping with restrictions	Low
	Average
	High
	Don't know

short term and often alluded to their own low resilience. Significantly, most respondents within this group, particularly furloughed workers, and distance learning students, were already suffering from difficult material conditions, either because their incomes had fallen, or their housing conditions had deteriorated. This profile is thought to apply to a much higher proportion of the Portuguese population.

Materially Comfortable-Subjectively Relaxed individuals made up the second-largest profile. These respondents stated they had no difficulty dealing with lockdown restrictions, which they expected to be short to medium term, and were confident in their resilience to cope with the situation. Unlike respondents in the first profile, most experienced no change in their standard of living and were in better housing conditions than the first group. They were mostly teleworkers, long-distance students and pensioners.

A third profile was composed of Materially Comfortable-Subjectively Constrained respondents. They expected restrictions to last longer and found them harder to endure. They had not experienced any significant material impacts on their incomes and were living in good housing conditions. They were also mainly teleworkers, long-distance students and retired persons.

The fourth profile comprised the Materially Fragile-Subjectively Uncertain respondents. They expressed uncertainty both in terms of duration and personal resilience

in the face of lockdown restrictions. They also reported having difficulty dealing with the situation, albeit less so than those with a Materially Vulnerable-Subjectively Constrained profile. Most respondents in this group mentioned that, while they were not suffering financially, their material conditions were, at best, reasonable. They had been able to maintain their previous occupational status: they had already been out of work or continued working in the same conditions.

Table 4 shows the associations between household composition during lockdown and the social profiles of material and subjective impacts.

Respondents living in complex families and several-person households were over-represented among the materially and subjectively most vulnerable group. This finding also holds for respondents in lone-parent and couple households with children. Conversely, a high proportion of childless couples were found among respondents who displayed comfortable material and subjective living conditions. Respondents in the materially comfortable but highly constrained group in terms of their subjective experiences accounted for a higher proportion than expected of those living alone, in couples without children and transiting between different households. Complex families, lone-parent and single-person households were over-represented among respondents who were gripped by feelings of uncertainty when dealing with minor material constraints.

Table 5 shows the number of household members and the number of minors living at home during lockdown. Those who were materially and subjectively vulnerable were over-represented in households with more than four members, as well as in families co-residing with children and teenagers. Again, this seems to reinforce the previous observation that families in complex multigenerational households, as well as those families living with under-aged children, such as lone-parent and couple with children households, stand out as materially and subjectively more vulnerable. Household members from different generations were affected by the pandemic when they were going through specific life-course phases, which then affected the whole family. This observation shows the linked lives aspects of vulnerability, and how crucial it is to situate the pandemic's impacts within the life courses of individuals. The two profiles, which represent those who were in more comfortable positions regarding their financial and material living conditions, were strongly associated with smaller households (fewer than two persons) and without young children.

In sum, the most vulnerable respondents were those living in complex families and lone-parent households during lockdown, followed by those who live in couples with children, particularly young children, and those cohabiting with several unrelated persons. Couples or those living alone were strongly associated with more comfortable material circumstances, but subjectively their attitudes were more mixed, encompassing both those who had a more relaxed attitude and those who were apprehensive or even felt constrained. Overall, vulnerability seems to be associated with the number of household members and the presence/absence of young people.

TABLE 3 | Four profiles of social impact (based on distribution of active variables) (in %).

		Total (N = 11,333)	Materially vulnerable–subjectively constrained (N = 3,322)	Materially comfortable–subjectively relaxed (N = 3,133)	Materially comfortable–subjectively relaxed (N = 2,754)	Materially fragile–subjectively uncertain (N = 2,124)
	Size	100.0	29.3	27.6	24.3	18.7
Level of difficulty in dealing with restrictions	Easy	68.3	48.0	**100.0**	58.3	66.6
	Difficult	31.7	**52.0**	0.0	**41.7**	**33.4**
	Total	100	100	100	100	100
Assessment of current income level	Comfortable	45.2	15.9	**58.9**	**100**	0.0
	Acceptable	44.6	**58.9**	41.1	0.0	**85.4**
	Insufficient (struggling)	10.1	**25.2**	00.0	0.0	**14.6**
	Total	100	100	100	100	100
Financial impact of the pandemic	Financial situation affected	23.6	**59.4**	00.5	8.2	21.7
	Financial situation not yet affected	76.4	40.6	99.5	91.8	78.3
	Total	100	100	100	100	100
Work during the pandemic	Not working before	16.3	09.5	18.5	17.9	**21.5**
	Working under the same conditions	06.1	06.6	05.1	05.4	**07.9**
	Teleworking	51.1	45.7	**55.8**	**54.8**	47.6
	Studying	01.6	**03.7**	00.7	00.4	01.0
	Dismissed/ "gardening leave"/furlough	08.7	**10.7**	**10.2**	07.7	04.8
	Others	16.2	**23.8**	09.6	13.8	17.3
	Total	100	100	100	100	100
Housing conditions	Satisfactory/ adequate	85.8	70.2	**97.4**	**95.6**	80.5
	Reasonable/ inadequate	14.2	**29.8**	02.6	04.4	**19.5**
	Total	100	100	100	100	100
Expectations concerning the extent of lockdown	Short-term	27.8	**39.9**	**47.7**	11.7	00.0
	Medium-term	33.6	**47.0**	**52.3**	21.9	00.0
	Long-term	20.5	07.6	00.0	**37.5**	48.7
	Don't know	18.2	05.4	00.0	28.9	**51.3**
	Total	100	100	100	100	100
Personal resilience for coping with restrictions	Low	43.8	**57.7**	**61.4**	28.6	15.6
	Average	16.1	13.6	**22.8**	15.0	11.6
	High	06.7	02.7	01.4	**12.3**	**13.5**
	Don't know	33.4	26.0	14.4	**44.1**	**59.3**
	Total	100	100	100	100	100

Source: Impacto Social da Pandemia. Estudo ICS/ISCTE Covid-19.
Note: Statistically significant associations are presented in bold (based on standardised residuals).

TABLE 4 | Profiles of social impact by household type (in %).

	Single person	Lone parent	Couple without children	Couple with children	Several persons	Complex	Intermittent	Total
Materially comfortable-subjectively constrained	**26.3**	20.2	**26.6**	24.4	22.8	19.7	**33.3**	24.4
Materially vulnerable-subjectively constrained	23.1	**33.9**	24.7	**31.2**	**40.9**	**33.8**	30.0	29.3
Materially comfortable-subjectively relaxed	28.3	25.0	**30.8**	27.2	21.5	26.1	20.0	27.8
Materially fragile-subjectively uncertain	**22.3**	**20.9**	17.9	17.2	14.8	**20.4**	16.7	18.6
Total	100	100	100	100	100	100	100	100

Source: Impacto Social da Pandemia. Estudo ICS/ISCTE Covid-19.
Note: Statistically significant associations are presented in bold (based on standardised residuals).

TABLE 5 | Profiles of social impact by household size and number of under-aged household members during lockdown (in %).

	Materially comfortable-subjectively constrained	Materially vulnerable-subjectively constrained	Materially comfortable-subjectively relaxed	Materially fragile-subjectively uncertain	Total
Household size (number of residents including the respondent)					
1 person	**13.1**	9.6	12.3	**14.7**	12.1
2 persons	**36.9**	31.5	**36.9**	34.4	34.9
3 persons	21.9	26.9	22.4	24.2	23.9
4 persons	20.3	**22.0**	21.2	17.9	20.6
5 + persons	7.8	**9.9**	7.2	8.8	8.5
Total	100	100	100	100	100
Number of under-aged household members					
0 person	**64.3**	57.0	**65.8**	62.8	62.3
1 person	16.2	**20.5**	15.3	16.6	17.3
2 persons	12.5	**14.1**	12.5	12.2	12.9
3 + persons	7.0	**8.4**	6.4	**8.3**	7.5
Total	100	100	100	**100**	100

Source: Impacto Social da Pandemia. Estudo ICS/ISCTE Covid-19.
Notes: Statistically significant associations are presented in bold, based on standardised residuals.

TABLE 6 | Distribution of household types after and during lockdown (in numbers and %).

Before lockdown			**During lockdown**		
	Frequency	Percent		Frequency	Percent
Single person	1,438	13.0	Single person	1,306	11.8
Lone parent	1,027	9.3	Lone parent	1,084	9.8
Couple without children	3,032	27.5	Couple without children	2,913	26.3
Couple with children	4,284	38.8	Couple with children	4,386	39.6
Several persons	433	3.9	Several persons	300	2.7
Complex	733	6.6	Complex	1,013	9.2
Intermittence	88	0.8	Intermittence	60	0.5
Total	11,035	100	Total	11,062	100

Note: Statistically significant associations are presented in bold (based on standardised residuals).
Source: Impacto Social da Pandemia. Estudo ICS/ISCTE Covid-19.

Changing Household Composition: Before and After Lockdown

While most respondents remained in their usual household during lockdown, roughly 10% (1,150) experienced a change in household composition. Different types of reconfigurations represent distinct coping strategies for dealing with lockdown restrictions. This section examines the pathways between households followed by individuals living in different household structures.

The comparison of average household size before and after lockdown did not reveal a statistically significant difference: before lockdown Mean = 2.87; during lockdown Mean = 2.83. This apparent stability is misleading since household size says little about changes in household composition. When the breakdown of household types is compared before and during lockdown (**Table 6**), the proportion of complex households increases, hinting that family structures tended to diversify. This growth is complemented by a decrease in the proportion of single-person households and couples without children. By contrast, the size of some household types shrank as the number of lone-parent families increased and households composed of several unrelated individuals decreased.

However, merely comparing the two points in time says little about the direction of change since it applies to all household types. This section focuses on the subsample of respondents who experienced a shift in their household structure ($N = 1,150$) and their different pathways. A cross-tabulation of these data with open-ended responses was required to enable a more refined analysis of the data.

For respondents living alone before lockdown who experienced a change in their household structure, three main pathways were observed in the responses to the open-ended questions in the survey. As illustrated in **Table 7**, close to a third of over 18-year-olds moved in with a parent or took them into their home. Such decisions were often taken to facilitate caring for older people, sick or partially dependent parents. According to one respondent: "I have sheltered my mother at my place since she is sick, and I feel that she has a lot of limitations in getting access to healthcare." (F, aged 37).

Another route involved individuals in non-cohabiting relationships before the pandemic who started living with their partner (19.7%). In this case, the pandemic triggered cohabitation for partners who had not lived together before. Another respondent commented: "I felt the urge to live

TABLE 7 | Distribution of household types that changed during lockdown (in %).

		Household composition before lockdown							
		Single person	Lone-parent	Couple without children	Couple with children	Complex families	Several persons	Intermittent	Total
Household composition during lockdown	Single person	0.0	19.3	9.3	6.4	6.3	11.3	29.4	8.3
	Lone-parent	**30.3**	**21.6**	03.8	5.6	04.7	09.2	**23.5**	13.0
	Couple without children	**19.7**	09.1	01.7	7.7	**21.9**	08.7	11.8	10.2
	Couple with children	26.9	13.6	**46.0**	22.2	15.6	**46.2**	05.9	31.1
	Complex families	12.0	30.7	**38.0**	**54.3**	**48.4**	15.4	23.5	31.4
	Several persons	10.7	05.7	01.3	3.8	03.1	**09.2**	00.0	05.7
	Intermittent	0.40	00.0	00.0	00.0	00.0	00.0	**05.9**	00.3
	Total	100	100	100	100	100	100	**100**	100

Note: Statistically significant over-representations are presented in bold (based on standardised residuals).

together with my partner. If I had remained alone, it would have been more difficult to cope with lockdown." (F, aged 74) Finally, a third major scenario was the formation of either a new complex or extended family household shared with an assortment of family members of different generations (grandparents, cousins, uncles) (12%), or co-residence of several unrelated family members (10.7%). In the first case, care issues often motivated the change:

> I decided to remain isolated at my grandmother's house to guarantee that I could provide her support. Also, I wanted to manage her physical contacts with others and to adapt her house to this critical phase. (F, aged 56)

Respondents who changed from living in lone-parent households before lockdown followed three main strategies. In some cases (22%), they remained in the same type of household, but with a smaller number of children, as explained by one respondent: "I'm living with my son, but I used to live with two more daughters." (F, 44 aged) In other cases (19.3%), respondents decided to live apart from their children, or more rarely from their parents in the case of young adults. These changes were made to protect themselves and others from COVID-19 infection and were often made by those who were professionally involved in healthcare, public security forces and related services:

> I work in the security forces, and I continue to work [away from home]. I'm alone, since my job is considered a high-risk activity, and my son is staying at his father's house for safety reasons. (F, aged 46)

Another possibility was to expand the household to include other kin members (12%). Circumstances again expedited the change due to concerns about care arrangements: "My mother became bedridden with Alzheimer's, and I need four persons daily to help me take care of her." (F, aged 70)

For those who were living as a couple without children before lockdown, two main solutions were adopted. A large proportion (46%) reverted to a nuclear family structure, either welcoming children back into their homes or moving in with them:

> The management of time has changed since I have sheltered my two adult sons at home. They were living abroad, and they have now returned due to the pandemic. The house where we live is small. (F, aged 52)

In other cases (38%), the household grew to accommodate an extended family, as other relatives moved in:

> I'm retired, but my wife and children are still working remotely. My granddaughter is attending classes from home. We provide support to my 90-year-old mother and my 89-year-old father-in-law. (M, aged 66)

Two main pathways were followed by respondents who lived in extended families before the pandemic. In many cases, the household expanded as more family members were added to the fold (48.4%), often leading to even more complex family configurations. These arrangements did not necessarily have negative connotations, although they could lead to ambivalent experiences:

> Since I am with my family in a big space, with a child, it almost feels like being on holiday. However, what hurts me most is knowing that my father is institutionalised. (F, aged 64)

Another route was "household de-complexification", where individuals began to live as couples without children (21.9%). Such was the case of three-generation households, in which grandparents lived with their grandchildren or with adult children before, but where social distancing measures imposed separation:

> The hardest thing is to be away from my little grandchildren. We have been very present grandparents, and now we are prevented from providing them with support. (F, aged 70)

For those who were living as a couple with children, forming a new extended household was the most common pathway (54.3%). In some cases, this option facilitated a trade-off in care:

> The main difficulty is to reconcile work and the attention I need to give to my two daughters. The fact that my mother came to my house mitigated that problem. (M, aged 39)

In other cases (22.2%), even though the family's structure remained the same, a son or daughter returned home, which constituted a "non-scheduled" life transition precipitated by the pandemic. This is an example of a reconfiguration of both individuals' life trajectories and their networks of meaningful relationships within and beyond household borders.

Among those who lived with several unrelated persons before the pandemic, moving back to a nuclear family was the most common pathway during lockdown (46.2%). Young people who left an apartment shared with friends to return to their parental home often experienced a difficult homecoming. One respondent commented: "Dealing with my family every day is boring!" (man, aged 19) Smaller but statistically significant numbers of respondents started living alone (11.3%) or remained in the same type of household (9.2%) but with fewer people:

> I usually live in a students' residence. The only thing I miss is the social gatherings/conviviality, since all my flat mates have returned home, and I was the only one who stayed. (M, aged 22)

Among those in intermittent households before the pandemic, mainly parents with shared custody arrangements, the most common pathway was to start single living (29.4%) with its incumbent problems, meaning, according to one respondent: "being away from my daughter who is with the father … and 100 km apart, [plus] taking meals to my parents every day, who live in two different homes … " (F, aged 42). This pathway was most frequently adopted by lone parents (23.5%), whereby some children remained with one of the parents, usually the one who represented less risk and whose housing and care conditions were more suitable. Another situation that triggered this route was adopted by those who relied on day-care facilities that ceased to operate:

> The most difficult thing is to take care of my dependent adult son, without having any support from the institution where he was a beneficiary and being unable to go outside and visit my family. (F, aged 70)

In sum, at the early stage of the COVID-19 pandemic, respondents followed a plurality of household "reconfiguration pathways" as a coping strategy to enable them to face the disruption and difficulties created by the first lockdown and restrictions on mobility and physical contact. These household reconfigurations operated in two main directions: towards nuclearisation or greater complexity of living arrangements. In other situations, strategies involved self-isolation or intermittence between different households.

DISCUSSION AND CONCLUSION

These findings provide a diverse landscape of household (re) configuration during the initial lockdown in Portugal after the onset of the pandemic. They show that changes in household living arrangements are associated with different social profiles and have differential material and subjective impacts. Households reconfigured to cope with restrictions on mobility, social distancing norms, and other lockdown measures in the context of pre-existing unequal structural living conditions. These responses challenged the linked-lives nature of the social relationships in which individuals were embedded. Although the survey was carried out during the early stage of the pandemic, results show that individuals were already feeling an impact on their financial, housing and working conditions. They also expressed concern about how they would handle restrictions.

Respondents in complex families, lone parents and couples with young children, as well as individuals living with non-related people during lockdown, faced a higher risk of experiencing deterioration in both their material and subjective living conditions. These household types were more strongly associated with groups already materially vulnerable and fragile before the pandemic. Respondents who lived alone or with one partner were over-represented in two contrasting profiles: those who felt apprehensive or constrained; those who reported more difficulty dealing with lockdown restrictions. Many of them were contemplating an uncertain long-term outcome with low resilience for enduring restrictions. Other respondents were coping well with the lockdown and restrictions, anticipating a more positive outcome and manifesting an easy-going attitude towards confinement, mobility and social distancing norms. The most vulnerable and fragile social profiles were over-represented among larger households and in households with young children and teenagers.

The survey findings highlighted the diversity of the coping strategies developed during the early stage of the pandemic through household reconfiguration and the disruption it caused to their normally linked lives. Family nuclearisation occurred when grandparents who previously looked after grandchildren on weekdays became isolated. Due to the loss of financial and material resources, some adult children were forced to return to the parental home. Reintegration into their families of origin was often experienced as a stressful transition. This trend is in line with the findings from a UK survey conducted during the first lockdown, which shows how this return to the parental nest was associated with high stress levels reported by both adult children and their parents (Evandrou et al., 2021). Some of the alternative solutions adopted led to the complexification of households, when for example, an adult child or a nuclear family sheltered elderly relatives to facilitate care, thus forming multigenerational households. These household changes led to a

reconfiguration of social linkages in existing family living arrangements. Some respondents opted for self-isolation, for example, health professionals who decided to live alone to protect co-resident family members. Another coping strategy was intermittence, as individuals moved between households, which was the route adopted by some post-divorce families already before the pandemic, but which was consolidated during the lockdown.

Faced with an alarming unforeseen disruption to their lives, respondents followed strategies ultimately aimed at protecting their families and themselves, even if it meant sacrificing independence or separating from loved ones. While all solutions depended on realistic possibilities and priorities, they consistently demonstrated that lives are inexorably linked. Sociologically, this reminds us of the importance of diversity in family configurations. "Doing family" overrides the limits of the household, but co-residence is still a major factor in family relational proximity. A key finding for policy design is the need to broaden the notion of significant family members beyond the normative models of co-residence, for example by including support bubbles that emerged in the pandemic both as a new term and as a practice.

Studying change in household composition continues to be a productive means of understanding what happens within families. Our analysis shows that the decision of many individuals to reunite with parents or adult children confirms the ideological strength of the notion of family and its material and emotional role in sheltering individuals in times of economic hardship, and social and emotional upheaval. These reconfigurations of living arrangements also highlight the importance of intergenerational family relationships in care provision. Different types of support exchange between generations were identified, such as adult children taking care of their elderly parents, often in a "sandwich" position, as they also cared for their grandchildren. Due to school closures, some grandparents moved to take care of their grandchildren, supporting their adult children who had to contend with employment responsibilities, thereby forming extended living arrangements. The literature shows how intergenerational relationships have long been characterised by support, solidarity and ambivalence, tension and conflict (Brannen et al., 2004; Connidis, 2015; Girardin et al., 2018; Lüscher, 2002). The pandemic added another layer to the equation: the risk of transmitting the virus between generations discouraged face-to-face contact, on the one hand, and confirming the need to provide support to vulnerable older adults, on the other.

The study contributes to understanding processes of (re)configuration of social vulnerability in the context of an unprecedented health crisis. The heuristic concept of linked lives served as an analytical framework for studying social vulnerability and capturing the multidimensionality of the material and subjective impacts of the pandemic, as well as the differentiated needs and vulnerabilities in each type of living arrangement during the pandemic. As Elder et al. (1985, p. 40) stressed decades ago: "Each generation is bound to fateful decisions and events in the other's life course." Thus, the concept enabled us to understand the interdependent nature of the

pandemic effects and to tackle both the socially differentiated contexts and the relational shaping processes of both fragility and resilience.

The triangulation of the empirical quantitative and qualitative material afforded a "zoom in" and "zoom out" perspective with the qualitative material confirming, complementing, elaborating or contradicting the trends and results generated by quantitative analysis (Brannen, 2005). The study also provided important insights regarding the problems of "doing research" during an ongoing pandemic. It showed how urgency in gathering information affects sampling procedures, questionnaire design and, ultimately, the external validity of findings.

Pre-existing social inequalities and the multidimensionality of the social impacts of the COVID-19 pandemic call for multilevel welfare interventions and policy designs to address housing conditions, family–work reconciliation, gender equality, employment and income protection, as well the need for more robust investment in policy regimes of care and support targeted at older and young people.

From an early stage in the pandemic, health containment and mitigation efforts were paired with policy measures to support families and companies and maintain employment levels. For families, these measures encompassed, among others, direct financial support for caretaker parents of children aged up to 12 years, subsidies to those who needed to self-isolate and automatic renewal of social benefits or legal status in the case of migrants (Correia, 2020). Additionally, school canteens were kept open, serving takeaway meals for children who qualified for free school meals, although eligibility rules were not altered to account for an increase in the number of children at risk of poverty.

With the aim of avoiding unemployment, the Portuguese government created a "simplified furlough" scheme, along with exceptional support measures for self-employed, small-company managers of companies forced to stop or significantly reduce operations, and later for independent workers in cultural and recreational industries. Companies were also temporarily exempted from paying social security, taxes and other capital-related expenses (Caldas et al., 2020). A moratorium on mortgages was declared to prevent defaults and enable suspension of payment for 6 months. Measures such as these were extended or fine-tuned to mitigate the effects of the second and third waves of the pandemic.

Initial assessments suggested that those in less protected and low paid jobs, more often women and younger workers, were likely to suffer the brunt of the economic impact of the pandemic in Portugal (Almeida and Santos, 2020). Overall, in terms of employment, the immediate effect was felt both in decreased activity rates and spikes in unemployment, especially during the second and third trimesters of 2020 (MTSSS, 2020). Some of these initial impacts started to subside by the fourth trimester of 2020 (MTSSS, 2021). While employment protection measures had some success, accessing the labour market became increasingly difficult. The number of families applying for Social Insertion Income (the last line of social benefits) also increased. Subsequent

analysis confirmed that a segmented labour market, where employment protection varies depending on insider–outsider status, contributed heavily to a magnified, asymmetric and gendered shock (Nunes et al., 2021; Peralta et al., 2021). The gendered bias in the effects of the pandemic is related to paid work, as women constitute the majority of frontline workers in healthcare and social work (Correia, 2020). But women's unpaid work was also affected since women were more often overloaded with domestic and care work for children, older and other dependents, a situation exacerbated by the closure of services during the initial stages of COVID-19.

Despite the early timing and biases inherent in the survey, the socially structured differences in impact that it revealed afford warnings for policymakers dealing with future impacts of the pandemic on vulnerable segments of society. The initial survey was a snapshot that captured the immediate reactions to the onset of the pandemic. A similar online survey carried out during the second lockdown in February 2021 pointed to the longer-term effects of the pandemic crisis (Gouveia et al., 2021). In the first lockdown, narratives revolved around fear, uncertainty and the unknown, often concerning employment and financial security. In the 2021 survey, an additional layer of fatigue and fragility to already difficult living conditions surfaced, often affecting mental health and calling for urgent policy interventions.

DATA AVAILABILITY STATEMENT

The data are available with open access on request, and on the establishment of an agreement between the users and the survey coordinators to guarantee the ethical requirements of responsible scientific research.

ETHICS STATEMENT

The survey was positively evaluated and approved by the Ethics Committee of the Institute of Social Sciences of the University of Lisbon (https://www.ics.ulisboa.pt/en/research/ethics/ethics-comission). The participants provided their written informed consent to participate in the study. All the quotations used in the article were fully anonymised.

AUTHOR CONTRIBUTIONS

VR and RG share first authorship. KW was the second author. The three authors were actively engaged in the discussion of the research topic and main objectives of the study, in deciding on the analytical framework, in the interpretation of the main findings and drafting of the paper. VR and RG were also responsible for both the quantitative and qualitative data analysis.

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Caring During COVID-19: Reconfigurations of Gender and Family Relations During the Pandemic in Switzerland

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COVID-19 caused major changes in private and public arenas. Individuals were forced to reorganise their daily lives in response to the restrictive measures imposed by governments. The redistribution of gender roles and the responsibility for care provides an example of the reconfigurations that took place during the pandemic. This article sheds light on the implications of the pandemic for gender inequalities by exploring how care work was reconfigured as women and men sought to protect family members and navigated risks of infection. The study is based on qualitative data – interviews and observations – gathered in an interdisciplinary medical anthropology project. In the article, the authors focus on seven cases selected from a larger corpus to illustrate how reconfigurations of the gendered division of care work within families shifted during the pandemic as men assumed greater moral responsibility for safeguarding family members, without infringing the norms of masculinity. The first part of the article explores the intensification of care activities during lockdown for women living in the Canton de Vaud in Switzerland. The second part centres on the moral responsibility and duty for women and men to protect family members from viral exposure. The results from the study confirm not only that most care activities continued to be delegated to female family members, but also that men's roles evolved. While their safeguarding role can be understood as a new form of caring for men, the findings suggest that it was essentially crisis specific and did not challenge masculinity norms. The extent to which this reconfiguration of gender roles might have a longer-term impact on gender inequalities remains to be seen. Meanwhile, these observations could have important implications for policies aimed at mitigating the medium and long-term effects of the pandemic on gender inequality.

Keywords: care activities, COVID-19 pandemic, gender inequality, moral responsibility, protective measures, safeguarding role, Switzerland

INTRODUCTION

The COVID-19 pandemic placed poorer countries and specific population groups at greater risk of suffering from the short and long-term consequences of the global public health crisis. It drew attention to persisting health and social inequities, especially for groups most affected by structural vulnerabilities (Bourgois et al., 2017). As analyses of previous epidemics, such as Ebola or Zika, have shown, women are more likely to be affected by the mitigation measures imposed by governments, especially if they are already facing structural vulnerabilities (Davies and Bennett, 2016; Menéndez et al., 2015). Studies based on statistics from the US, China and Europe (Ryan and Ayadi, 2020) reported immediate and potential longer-term impacts of the pandemic on girls and women, including gender-based violence, economic dependency, school drop-out rates, access to reproductive health services and job losses. As COVID-19 infections and death rates progressed, women, and especially those from ethnic minorities or precarious socio-economic backgrounds, were found to be more severely affected by mitigation measures than men. The differential impact on women was due to structural factors associated with the over-representation of women on the frontline in the provision of essential services, as workers in the formal and informal care economy (Smith et al., 2021), and as home carers, nurses or in retailing, leaving them at greater risk of exposure to the virus (Bahn et al., 2020). In the early stages of the pandemic, researchers in Switzerland, one of the wealthiest countries in the world, expressed concern about increasing inequalities, especially at the intersection between categories of gender, social class and ethnicity (NCS-TF, 2020).

Gender researchers, especially materialist feminists and political economists, have shown that the gendered division of labour in the domestic sphere is central in the production and perpetuation of intersecting inequalities, and they have shed light on the power dynamics at stake in its delegation and distribution (Delphy et al., 2019; Falquet et al., 2010; Hirata and Molinier, 2012). Care work is understood both as an activity involving taking care of/caring for other people and feeling concerned about others (Laugier, 2016). To take care of and to care about someone or something means paying attention to the ordinary needs of others through "unnoticed, invisible tasks" (Laugier, 2016, p. 211). Care work has long been mainly carried out by women and confined to the domestic and private spheres. The exclusion of these activities from the public arena has reduced them to "private sentiments devoid of public moral and political import" (Laugier, 2015, p. 219). Whereas care work is considered essential and fundamental for human life, it has been historically depreciated, materially and symbolically, and has remained invisible and undervalued (Sayer, 2005). The feminist ethics of care (Laugier, 2016) invites us to think of care activities in relation to vulnerability and interdependence, not as specific characteristics of some groups of the population, but as an ordinary, yet crucial, part of life.

Recent studies in France (Boring et al., 2020; Collectif d'Analyse des Familles en Confinement, 2021), Italy (Del Boca et al., 2020), and the US (Umamaheswar and Tan, 2020) highlight the increased importance of paid and unpaid care work for the functioning of societies and families. Public health restrictions imposed a significant re-organisation of life in the private sphere, especially regarding care activities. The impact of the pandemic on care work and gender inequalities became a much-debated issue. It opposed authors with a "pessimistic view", who insisted on the increased burden of care work on women, and those who considered the pandemic as an opportunity to reshape gender relations and roles more equitably. While lockdown enabled a possible redistribution of activities and responsibilities related to care, findings in France show that women took on a greater responsibility for care activities and faced an increased workload in terms of housework and childcare (Collectif d'Analyse des Familles en Confinement, 2021), a finding also salient in Switzerland (Widmer et al., 2020).

In Switzerland, before the pandemic, women were primarily in charge of activities relating to the household: in 63% of households without children, and between 71.6 and 80.6% of households with children, depending on the age of the mother (Berrut et al., 2018). Women were shown to be the main providers of childcare in 80% of households with children under the age of 13. In the context of COVID-19, a study carried out in Switzerland compared the situation before the pandemic and after the first wave using data collected between September 2019 and March 2020, and then between May and June 2020 (Refle et al., 2020). The study indicated that parents with children under the age of 18 increased the time spent on household and care activities, with a slightly greater increase for mothers than for fathers. No change in the level of satisfaction was reported regarding how these activities were shared between partners before and after the outbreak of the pandemic: 8.4 score out of 10 for men and 7.7 for women. Women initially carried out more of these activities than their male counterparts. While the increase in time spent on care activities by fathers rose from 13 to 17 h per week during lockdown, it increased from 30 to 39 h for mothers.

Caregiving roles and activities also became more apparent, in relation not only to gender inequalities, but also to the perception of risk and the adoption of protective measures. Studies in diverse countries, such as Bangladesh (Ferdous et al., 2020), Spain (Vega et al., 2020), China (Zhong et al., 2020), Turkey (Yıldırım et al., 2021), and eight OECD countries (Austria, Australia, France, Germany, Italy, New Zealand, the United Kingdom and United States) (Galasso et al., 2020), reported that women were more inclined to adopt and adhere to protective practices. Women also tended to perceive a greater risk related to COVID-19 and applied protective measures more strictly (Galasso et al., 2020; Vega et al., 2020). Women seemed to be more concerned about their loved ones, and generally worried more about potential adverse effects of the virus, while men were more preoccupied with the effects on the economy and on society (Czymara et al., 2021; van der Vegt and Kleinberg, 2020). These differences do not always appear to be related to gender differences per se (Umamaheswar and Tan, 2020). Carrying out and being responsible for care activities affected attitudes towards risk and protection, and more importantly, generated anxiety and distress for those bearing them, whether they be men

or women in charge of adopting caring roles (Umamaheswar and Tan, 2020). These studies suggest that attitudes towards risk and protection depend primarily on the engagement of the person bearing the responsibility and performing the "duty of care".

As epidemiological studies have shown, the domestic space is a privileged site for transmission (Dupraz et al., 2020), putting extra pressure on family members to negotiate risk in their daily lives, especially when several generations share the same space. The literature in early 2020 did not show clearly how care activities, borne mainly by women, and more broadly gender and intergenerational dynamics, affected and intersected with viral exposure and protective measures. The objective in this article is to gain a greater understanding of the reconfigurations of care activities in the daily navigation of risk and protection, and to shed light on its implications for gender inequalities. The authors examine to what extent these reconfigurations reproduce "gender norms defining women as caregivers – nurturing, self-sacrificing, and caring – and men as breadwinners" (King et al., 2020, 80), as well as the implications for the management of risk and protection for both women and men.

The authors address two main research questions. In the first part of the article, they ask to what extent the pandemic and measures to contain it intensified care activities for women in the Swiss canton of Vaud during the first lockdown. The second part asks how the moral responsibility and duty to protect family members from viral exposure was distributed between men and women and led to the creation of a new role for men.

Analysis of the sharing of care activities shows how the pandemic provided an opportunity for men to take responsibility for safeguarding their families, representing a new form of "caring masculinity" (Wojnicka, 2021). The ambivalence of this role is explored here to determine whether it allowed men to adopt a caring role without infringing the norms of masculinity. The conclusion highlights possible implications for public health policies aimed at mitigating the medium and longer-term effects of the pandemic on gender inequalities.

METHODS

SociocoViD is a medical anthropology research project based on the exploration of daily life experiences of COVID-19 in the Canton of Vaud, Switzerland. The project was developed as part of an epidemiological project on transmission of, and immunity to, SARS-CoV-2 (SérocoViD). Canton of Vaud has densely populated areas and, with Geneva, was one of the areas hardest hit by the pandemic during the first and second waves (O'Sullivan et al., 2020; ATS, 2021). The Swiss health system is organised federally, and Cantons are in charge of health management for their population. Except for the state of emergency declared at the beginning of the pandemic, during which the Federal Council took over, the pandemic was managed at cantonal level. Measures implemented to contain its spread varied from one Canton to another. The Vaud Canton was chosen for the study both because it was one of the most affected epidemiologically, and because of its variety in living

conditions: some people resided in densely populated zones and others in rural areas. The project was funded by the Swiss National Science Foundation (NRP 78 COVID-19, SNSF). The qualitative approach aimed to complement the epidemiological quantitative project by providing evidence about how living conditions affect viral exposure, the adoption of protective practices, and the emergence of additional vulnerabilities; and, in turn, how they affect health differentials and inequities across gender, ethnicity, and socio-economic status. The project combined syndemic (Singer, 2009) and intersectional approaches. Health differential categories were captured not as singular independent variables but as they intersect in complex and situated ways to exacerbate experiences of illness and health (Hankivsky and Christoffersen, 2008; Christensen and Jensen, 2012; Heard et al., 2019).

By focusing on individual experiences, the aim was to show how these structural inequalities materialised and affected people in their daily lives during the COVID-19 pandemic when they faced the risk of viral exposure and adopted protective practices. Data were collected using qualitative semi-directed interviews, complemented with ethnographic observations of participants' living conditions. The intention was to carry out interviews in the participants' homes but, due to the pandemic, participants were also offered the opportunity to be interviewed by video conference or in the building of the Centre of General Medicine and Public Health (Unisanté) in Lausanne. If participants chose not to be interviewed in their homes, they were asked to describe their living conditions in detail, and/or to draw them schematically, to enable the researchers to understand their material and spatial living arrangements.

Participants were selected from the registry of those who took part in the SérocoViD epidemiological study. Three groups of the population were included:

1) Index cases who tested positive for COVID-19 between 5 March and 2 April 2020, corresponding to weeks 2–5 after the first COVID-19 confirmed case in the Canton of Vaud, and members of the general population who were randomly selected;
2) Asylum seekers residing in an Etablissement Vaudois d'Accueil des Migrants (EVAM centres), which provides temporary accommodation for migrants in the Canton of Vaud;
3) Employees in essential non-medical services, including postal services and grocery stores.

The aim was to interview 15–20 participants in each group. To qualify for the study, participants had to be over the age of 14, registered as a SérocoViD participant, and able to speak French sufficiently well to take part in an interview, or agree to the presence of an interpreter.

Approval from the Ethics Committee of the Canton de Vaud was granted in May 2020 and then amended in December 2020 to include groups 2 and 3. When selecting participants in group 1, factors such as gender, age, number of people living in the household, type of housing and surface area of dwellings were considered to achieve a diversified sample of living conditions

and experiences. For group 1, participants were contacted by phone to inquire about their interest in participating. For groups 2 and 3, contact was made with the responsible administrators of the EVAM centres and human resource departments of the selected enterprises, respectively. This approach facilitated access to populations who tend to be under-represented in large studies where participation is voluntary. For these two groups, interviews were mostly carried out directly on site.

At the time of writing (August 2021), 56 interviews had been conducted. Data collection was completed for group 1, N = 20, and for groups 2, N = 13, and 3, N = 22. On average, interviews lasted around 1 hour (between 40 min to nearly 2 hours depending on the participant). They were conducted by one or two members of the research team. Two of the interviews were conducted by video conference and one by telephone. All other interviews were conducted face-to-face. Of these, three were carried out in the institutions' building. All other interviews were conducted at the participants' homes, in the EVAM centre or the sector's facilities. In cases where the participant did not have a sufficient knowledge of French, English or Spanish (especially for asylum seekers), translators were present during the interviews. Interviews were audio recorded and transcribed verbatim. Analysis was carried out using MAXQDA software. In cases where the interview was conducted in another language (Spanish or English instead of French), the researcher who carried out the interview translated the extracts included in this paper. In the article, names of participants have been replaced to respect their anonymity. The interviews covered several topics, but this article focuses on the data relating to gender and care.

RESULTS

The results presented here are based on the analysis of seven cases which explore reconfigurations of care activities and how they relate to the daily navigation of risk and protection, focusing on their implications in terms of gender. The cases were selected to allow more in-depth description and understanding of how the respondents reconfigured their lives by taking account of the practical and moral caring responsibilities they assumed during COVID-19, especially during the first lockdown. The first topic is represented by one case – Claire, a single mother aged 51 – to illustrate the intensification of care activities as a moral responsibility assigned to women, and confirming the increased burden of care for women, as already shown in numerous studies (Czymara et al., 2021; Fodor et al., 2021; Hupkau and Petrongolo, 2020; Jessen et al., 2021). The second topic explores the emergence of a new safeguarding role, often assumed by men to protect their families from viral exposure, based on six cases: Alberto, aged 31, living in an EVAM centre in the Canton of Vaud, with his pregnant wife, and their 3-year-old daughter; Eva, aged 36, also living in an EVAM centre with her disabled son; Sylvie, a retired woman aged 69, living with her husband in a house in a semi-urban area, and who has two adult sons, Filip and Ben, aged 32 and 34 married with children, working in "essential services" and living in apartments; and

Robin, a young man aged 17 studying at a secondary school, living with his parents and his 12-year-old brother in a house in a semi-urban area.

Intensification of Care Activities: A Moral Responsibility Assigned to Women

Switzerland opted for a "flexible lockdown", which was in force between 16 March and 27 April 2020. The Swiss version of lockdown was "flexible" in that, unlike other neighbouring countries (Italy, France, Germany), the population was advised to stay home but was allowed to move freely within the national territory. This flexibility also characterised the management of the pandemic adopted by Swiss federal authorities, which relied on individual moral responsibility to navigate risk and protection in daily life in the name of collective solidarity. Pre-existing structural inequalities in living conditions, including gender, meant that not all individuals benefitted equally from this flexibility. During lockdown, the domestic and private spheres became the main living environment for many people. The closure of most services increased the amount of time and activities household members spent together in their homes. Parents could not rely on the distribution of care activities between formal and informal settings (schools, childcare institutions), or people living outside the household (grandparents, home helps, daily care workers). Families had to re-organise their everyday lives to manage family, professional and domestic life simultaneously in a unique shared space.

Claire's experience sheds light on how the pandemic intensified daily care activities in both the professional and the private spheres as protective practices extended outside the household in multiple ways. Claire is a teacher in a primary school with two classes of pupils. She is also involved in care activities in her private life. Within the domestic sphere, she is a single mother who takes care of her three children, aged 15, 19 and 21, living at home. She also takes care of her parents on a regular basis. When schools for all age groups closed from March to May 2020, Claire found new ways of continuing to care for her young pupils (aged 3–5) in spite of the restrictions, when her school's closure was announced on 13 March 2020, Claire remembers feeling her smartphone vibrate in her pocket and reading the news alert:

> Oh! I could have just cried in front of my pupils, it was so . . . so intense, they were all around me and were telling me: "It's OK teacher, we will see each other soon!" And I had to hold on and say: "Yeah it's OK, we'll see each other." I found that we (teachers) were really not well prepared for that.

The unprecedented measures imposed by authorities revealed the seriousness of the crisis. Facing a very unusual situation, Claire and her pupils took care of each other by trying to reassure themselves and hoping for a reunion in the near future. Claire pursued this work of maintaining caring relationships even though she was physically away from her pupils, illustrating the relational and moral dimension of care activities. She had

to adapt her way of teaching, be resourceful and brave, despite the uncertain situation that everyone was experiencing:

> It was really complicated during the first two weeks (after the beginning of the first lockdown) and then I managed to handle my work. I created a website, and I gave the link to my pupils. It allowed me to upload stories, crafts ideas, links for the parents, stay connected.

Claire decided to provide her pupils with some pedagogical material, even though she was not required to since they were very young, and no formal assessments were expected for their ages. By creating a website, Claire assumed a moral responsibility to care for her pupils by maintaining a relationship with them as well as their parents during lockdown. She searched for ideas, activities, made and received phone or video calls from her pupils, created a WhatsApp group for all the parents, managed technical problems, and adapted the website to the needs and uses of the families. Some parents were grateful, enthusiastic and even uploaded their own material onto the website, whereas others did not have time to explore the platform. She observed that not all pupils were able to access the material, and some had better access than others. Creating a website seemed like the most manageable solution for Claire to reach as many pupils as possible and their families. Maintaining this connection was practical, relational and time-consuming work that needed to be organised in conjunction with the care she was also providing for her own children in the domestic sphere:

> Simultaneously I had to ensure that everything was going OK at home, that nobody [her three children] worried too much. We found a rhythm, and that was fantastic. We walked a lot, I was thankful to our health authorities that they let us go outside . . . because here it was a bit difficult, we have a very small balcony. And with three children, there were often fights in the kitchen.

Because Claire and her three children spent more time together in their apartment, tensions surfaced more quickly than usual between them. Claire's family needed to find a new daily "rhythm" to manage the increased relational difficulties that her family was facing in sharing the same living space. This situation was complicated by her daughter's job in a hospital where she had just started an internship and was experiencing considerable anxiety and stress with only limited supervision at the workplace:

> She had a job (outside the home), with all the fear that it caused, the difficulty of leaving in the morning and the fact that her supervisors themselves worked from home. So, she was there, and she had zero knowledge and experience and had to manage complicated situations with her supervisors working from home. That was difficult. So, we [Claire and her other children] had to make her feel better. We spent the evenings asking her:

> "Do you want to keep working there, do you feel it's going to be OK, do you want us to ask [the hospital] if you can stop working?"

The risk of exposure or transmission associated with her daughter's work was not Claire's main concern; rather, she worried about the difficulty of balancing a stable relational equilibrium between all members of the household in a situation of anxiety, stress, and growing tension. For Claire, care for her children involved the moral responsibility of providing and ensuring a safe relational environment for them.

Besides her pupils and her children, Claire's care activities also extended to vulnerable others outside the household. During the first lockdown, she offered her help to a female friend, who was struggling to manage both work and family life. She offered to take care of her friend's father, who was also her neighbour, by bringing meals to his mailbox. In this situation, she took care both of a vulnerable neighbour, whose age required him to stay home, and of her friend, who was struggling to manage her care responsibility. Claire did the same for her own parents, on her own initiative. She brought groceries to them and left them in front of their door in the first weeks of lockdown, but she quickly stopped because they decided to go back to the supermarket, even though she insisted on doing their shopping to protect them. Claire reached out to others in new ways and helped them with their practical and affective needs, which sometimes meant reconfiguring relations and reinforcing emotional ties, as with her parents:

> We said "I love you" more to each other. "Take care of yourselves." Because if my parents would have died . . . they are old, they were quite ready. We talked about it. My dad says readily: "I've lived my life." But the fact was that they were quite isolated, that they couldn't see anybody, and they were still a little bit afraid . . . So we said: "It's going to end soon." Something to give us courage.

Claire's experience illustrates in an exemplary way the temporal continuity of caring in family life as essential work mostly done by women. Claire's work was primarily relational and affective, requiring creativity and strength of purpose. It entailed an intensification, in both quality and quantity, of her temporal and affective availability, shedding light on the unlimited and endless character of care activities, which she assumed alone as the main carer of the family. Her care work not only intensified temporally, practically, relationally and emotionally, but the number of others to care for also increased, and the sphere of people that she was caring for also expanded. Her experience reflects the ways in which women continued to assume caring responsibilities — unlimited in time and requiring unlimited energy — and normalised them. Claire's care activities increased in the domestic, parental and professional spheres during the first lockdown but did not cease once the public health restrictions were lifted. A hypothesis to explain why care activities did not return to pre-pandemic levels is that women are dealing with the

unintended emotional and relational effects of the pandemic which continue to be felt even when restrictions were partially eased.

Protecting the Family from Viral Exposure: The Emergence of the Safeguarding Role

The selected interviews illustrate the emergence of a new configuration of the caring role which focuses on mitigating the risk of viral exposure and protecting the family from exposure to the virus, involving the duty to care for the family in the face of external threats generated by the pandemic. Extracts from the interviews show how this role was experienced and negotiated by six different women and men during the first wave of the pandemic.

Alberto and his family live in an EVAM centre, where, on most floors, residents live in separate rooms and share the kitchen and bathroom. Because his wife was pregnant and, therefore, more at risk of developing severe symptoms of the disease, Alberto tried to protect her, the baby to come, as well as their daughter, from viral exposure within the centre. He describes this responsibility as something highly unusual and as an important source of anxiety for him:

> Our living space was very small, the hardest part was that the kitchen and the bathroom were outside our room, so we were facing an increased risk of being contaminated. I remember that, on the same floor as us, someone got COVID, and we became psychotic [laughs] for a while, when we had to shower and thus enter the shared bathroom or kitchen. I felt like a controller, I almost had the bottle of hand sanitiser attached to my belt, I remember that I was really attentive to other people's gestures [laughs]. Sometimes I saw the person who had the virus going to the kitchen or the bathroom. So, if I knew that my wife was going to go there to cook or something else, I used to get there first and I cleaned everything, I put disinfectant on everything.

The pandemic turned ordinary living spaces into unsafe environments, and this risk increased with the number of people who shared and used the same space, suddenly generating new forms of emotional and physical vulnerability to viral exposure. To ensure that his family could continue to use these spaces and remain protected from viral transmission, Alberto assumed a safeguarding role comprising the task of "cleaner", but also of "controller", as he described it. Shielding his family's health required taking care of material spaces, and paying attention to others, who became potential threats to his family's well-being. Alberto's care activities aimed to mitigate the potential risk of exposure and infection in daily living spaces by maintaining safe boundaries around his family members. By caring for places through ordinary tasks such as cleaning and sanitising, Alberto protected his family from being contaminated. He also adopted a surveillance role, paying attention to those who respected protective practices and those who did not, enabling

him to keep track of potential risks of transmission. He acted primarily to protect his pregnant wife and child by maintaining a *cordon sanitaire* around them.

This safeguarding role was also assumed by Eva. She explained how she started to pay more attention to her physical environment and to respect protective measures to maintain a safe space around her disabled son:

> I go to the kitchen, I open all the windows, I leave the door open. We don't have a choice [to use the common spaces and avoid being exposed to risk] regarding what to do to protect ourselves. When my son takes a shower, I clean, of course, all the doorknobs, the shower and all, but we cannot protect ourselves completely. First, I didn't want my son to play [with other children at the centre] because the children and the people here, they were outside all the time, they had visitors in their rooms, even my neighbours, sometimes five or six people in their room, next to ours. So, at first, I didn't want my son to play with them. That's why it was always just the two of us together, because I wanted to protect my son.

Analysis of this new safeguarding role sheds light on the dual facet of care, as "controlling" and "protecting". By paying greater attention to the environment, both Eva and Alberto sought to maintain a safe boundary around vulnerable family members to prevent them from viral contamination.

The pandemic showed that caring for others sometimes means staying away from people. In Alberto's and Eva's cases, it implied cultivating a relational and physical distance from the other residents in the centre, but it could also mean staying away from members of their families. Sylvie experienced such a reconfiguration of her family relationships during the first wave of the pandemic. Both she and her husband are retired. Sylvie has close relationships with her children (both adults) and grandchildren and feels supported by them and cared for. She remembers how her sons assumed a safeguarding role in trying to protect her at the beginning of the first wave of the pandemic:

> At the beginning, I must say that one of my sons warned me, he told me: "Listen mom", I think he was going on the internet, "it's serious, it's serious what's going to happen, you need to make provisions". I told him: "Come on, really?" He told me: "Yes, yes, listen to me." What really made me realise [that the situation was serious] was the behaviour of my children because my other son told me: "You are not going to the stores anymore." And besides I think we [persons over 70] were told to stay at home, and they [her children] brought us food and told us to leave them for 1 hour in front of the door before taking them inside. It didn't make me more anxious, but I thought: "OK, it is really really serious."

In contrast to Alberto's and Eva's experiences, Sylvie's safeguarding role served outside her home to implement

protective practices for herself and her husband. Safeguarding their parents' health required Sylvie's sons, first to convince her and her husband of the seriousness of the risk associated with viral transmission, and then, practically and materially, to organise their daily life to maintain the *cordon sanitaire* around their living environment and avoid possible exposure to the virus. Finally, the work of protection was not limited to managing the risk of viral transmission by taking on grocery shopping and the maintenance of a safe material environment for their parents; it also extended to filtering other forms of emotional exposure. As all TV channels where focused on COVID-related news, this could generate feelings of anxiety and a sense of being overwhelmed. Sylvie's sons discouraged their parents from watching TV news and insisted on the potential threat it represented for their mental health, thereby extending the safeguarding role to all "toxic invasion" in the viral or emotional form. In this case, the pandemic reconfigured the intergenerational relationship in a way that reversed the ascendant flow of care, as their sons took care of their parents whereas, before the pandemic, Sylvie felt that she took care of them and of her grandchildren.

Here too, the safeguarding role is ambivalent. Her son adopted behaviours usually assigned to women for the sake of his parent's protection, at the same time as deciding what is good for them and what is not and controlling the boundaries. The way Sylvie describes the reversal of the hierarchical relationship between parents and children demonstrates how she came to accept the protective roles assumed by her sons which was justified by her "vulnerability".

The risk of viral transmission to family members was a particular concern for individuals who had to continue to go to their workplace during lockdown. Filipe and Ben who both worked in food retailing stores provide such an example. Filip saw himself as a potential threat for his vulnerable family — his wife, pregnant at the time, and his young daughter — and adopted strict rules and hygienic measures to protect them:

> I had no choice, I had to earn money. Regarding protective measures, when I got home [after work], I didn't go near them [his wife and child]. I used to go to the bathroom, take off my clothes. I had my pyjamas ready, or shorts, and I left the clothes [worn during the day] in a room where no one used to go. We had to put rules in place, you never know, to protect my wife. If I contract it [the virus], I wouldn't worry, but it was for her, she had a baby, and even for my daughter.

Similarly, Ben's experience sheds light on the adoption of the same protective practices. As soon as Ben got home from work, where he was in contact with a large number of people, he did not kiss his wife and daughter. He took a shower and changed his clothes before hugging his family. This "decontamination" process, as he described it, enabled him to protect his family but created a difficult relational and emotional situation, where he had to stop his daughter from hugging him:

> It's difficult and weird because the first thing you want to do (when you get home) is hug your daughter. I had to do it . . . and we know it's temporary.

Robin, a young man aged 17 studying at a secondary school was living with his parents and his younger brother aged 12 in a house in a semi-urban area. He described his living arrangement as privileged and very comfortable, due to the large rooms and the garden surrounding the house. When asked about how he experienced lockdown, he described the work his mother did to build and maintain a new family organisation, including the preparation of regular lunches, which was rare for a family whose members were used to eating at school or work at midday. Robin also mentioned his father's health status. Because his father had a heart condition and was more at risk of developing severe symptoms if he contracted the virus, he imposed very strict rules on his family. Robin and his family complied by self-isolating during the first wave of the pandemic. Robin understood the importance of reducing social contacts and adopted protective practices to ensure the house provided a secure environment. He restricted the amount of socialising by limiting the number of contacts with his friends, but he also re-oriented it towards outdoors spaces. He spent a lot of time practising sports outside with his friends and fully adopted and adhered to social protective measures. In this family configuration, the safeguarding role was applied by the father in a strict and authoritarian way. But, as a result, Robin also became involved in safeguarding practices because the role was imposed on him by his father's condition.

When the restrictive measures started to be lifted, Robin and his father negotiated new forms of living arrangements that would maintain a sense of security: Robin began seeing his friends again but kept a physical distance from them. His experience of this unusual, yet necessary, arrangement was positive:

> So he allowed me to see my friends again, but I kept the distance, and I was really OK with that, because I could see my friends, we were outside, the weather was nice. I was the one [among his friends] who had to be the most careful because there weren't people at risk in my friends' families, so they didn't keep a distance between them, but they did with me, and we know each other very well, we know each other's parents. There wasn't any trouble with that. We did not have the same reasons to act [regarding the protective measures]. The mother of one of my friends was away in the mountains [living in the family's cabin] so he was living alone at home and didn't need to keep the distance. But everybody was understanding.

Robin's case illustrates the internalisation of the safeguarding role as an individual responsibility through which to navigate daily life and negotiate lockdown measures, according to individual social networks and living conditions such as access to outside spaces.

DISCUSSION AND CONCLUSION

This article uses in-depth interviews to understand experiences and reconfigurations of care work during the COVID-19 pandemic in the Canton of Vaud, Switzerland where a flexible form of lockdown relied on the internalisation and individualisation of the responsibility to protect members of the household and the community. This approach is embedded in a moral economy (Fassin, 2009), in which people are expected to take responsibility for their own behaviour in the name of solidarity with groups of the population considered to be vulnerable. This form of lockdown trusts people's common sense and ability to take the right decisions for themselves and for others, leaving room to adjust and navigate measures depending on their living arrangements and social relationships. This internalisation and individualisation of moral responsibility for navigating risk and protection can exacerbate inequalities between and within families.

By focusing on the reconfigurations of care work during the pandemic, the article shows how they are gendered in subtle and sometimes ambivalent ways, and how they affect the daily navigation of risks and protective actions. Care has been historically and socially assigned to women. It involves invisible, repetitive, daily work that requires constant availability, entailing a mental load (*charge mentale*) (Haicault, 2020) borne essentially by women (Collectif d'Analyse des Familles en Confinement, 2021). When men engage in care activities in the domestic sphere, they usually do so opportunistically in response to a visible task, and their availability remains conditional and subservient to other priorities. This unequal distribution of care work relates to specific forms of hegemonic masculinity (Mellström, 2020), ascribed to the role of the breadwinner.

The first part of the analysis in this article showed how the pandemic increased the moral, emotional, relational, and practical work of care usually performed by women. This work was intensified materially by the blurring of the boundaries between family and professional spheres, and emotionally by the number of others made vulnerable by the pandemic, in both cases requiring more time and energy on the part of women. Claire's case confirms the observation that the increase in domestic and parental tasks has generally been absorbed by both parents, without changing the previous distribution of roles (Collectif d'Analyse des Familles en Confinement, 2021, p. 122).

The second part of the analysis illustrated the emergence of a new kind of work and safeguarding role to protect the family from viral exposure by building a *cordon sanitaire* around them. In the qualitative data, this role is performed in a diversity of living arrangements, age, gender, profession and socio-economic statuses. In the first case analysed here, the care activities described focus on the maintenance and continuity of affective relationships and daily life activities. Maintaining health and well-being of family members and her pupils at school was central to Claire's conception of care work, rather than viral exposure per se. The risk of exposure to, and infection by, COVID-19, was not the main driver of her care activities, less because she was not concerned about exposure to the virus, but more because she was already fully occupied with the invisible and unlimited task of taking care of others and maintaining their well-being in their everyday lives.

By contrast, in the other six cases, the risk of viral exposure and the measures implemented to contain it took centre stage. The safeguarding role encompassed a set of activities that are usually defined as care and attributed to women, but it also involved other activities, which relate more closely to masculine norms, especially the expectation that men ensure the financial and physical protection of their families, illustrating the dual facet of care. On the one hand, safeguarding covers a range of domestic activities — cleaning surfaces, adopting strict rules of hygiene, grocery shopping for others — usually assigned to women. On the other, it consists of protecting family members from the risk of infection and transmission by implementing protective measures in more controlling ways. The safeguarding role has been interpreted as a form of "caring masculinity" (Wojnicka, 2021), which requires men to adopt care values, such as interdependence and relationality. However, it also aligns with more traditional norms of masculinity, relating to the social expectation that men are in control, but are not vulnerable themselves, and have the moral duty to provide security by shielding their families.

This new form of care is highly visible and crisis specific. The moral responsibility to protect one's own family emerged temporarily as an everyday life "heroic" role for a man protecting his family from viral threats. Contrasting understandings of risk emerged. For women engaged in the intensification of care work, risk was understood in very broad terms as covering all the emotional, relational, physical and social elements contributing to well-being. For men, risk tended to be limited to viral contamination.

The findings complement qualitatively the quantitative results of the SérocoViD project by shedding light on the reconfigurations of care and gender in the daily navigation of risk and protection, which was not captured by the quantitative approach. They confirm the epidemiological importance of the household (Dupraz et al., 2020) as a key determinant in understanding how families managed viral transmission and protection. But what are the consequences of these observations for the management of the pandemic at national level? The analysis shows that women saw their practical and moral load increase during the pandemic. The emergence of a safeguarding role for men allowed them to combine male social normative expectations about managing, being in control, and protecting others, while at the same time enacting a form of caring masculinity. It may be crucial in pandemic times that a member of the household actively assumes responsibility for safeguarding family members. However, since this activity is visible, compared to the invisible continuous care work which continues to be performed by women, and borders on emotional and relational well-being, it might reinforce gender inequalities. The reconfigurations observed raise awareness of the need to enhance the value of care and to distribute it more equally, while also improving understanding of gender differences in care activities with regard to their temporal dimension, living arrangements, and social visibility.

If transferable to other contexts in Switzerland and replicated more widely, these findings could have important policy implications, especially when addressing the risk created by the pandemic of increasing gender inequalities. During a period when the essential importance of care for family well-being was so starkly revealed, attention has been drawn to the urgent need for concrete measures to address the moral responsibility for care and the burden it entails. At a practical level, the findings from this study confirm the need for women and other providers of care services to receive appropriate material and emotional support designed to mitigate gender inequalities. The extent to which the safeguarding role will be perpetuated in the longer term as the viral threat diminishes remains to be explored.

DATA AVAILABILITY STATEMENT

The datasets generated for this study are held in the secured shared folder of the Unisanté internal server with restricted access to authorised SociocoViD and SérocoViD personnel. They are not available for external use for reasons of data protection and anonymity.

ETHICS STATEMENT

The study was reviewed and approved by CER-VD (Commission Cantonale d'Ethique de la Recherche sur l'Etre Humain - Swissethics). The participants provided their written consent to participate in this study.

AUTHOR CONTRIBUTIONS

PB and MB were the principal investigators of the SociocoViD project, and VD'A and MB were the principal investigators of the SérocoViD project, and SG was co-investigator. The first and corresponding author, NB, designed the research and was the coordinator of the SociocoViD research project. MP and CR collected the data and transcribed the interviews. NB and MP contributed equally to the design, analysis and drafting of the article. CR proofread the article. CR and SG contributed to the drafting process and suggested revisions to the content of the article. The other three authors, VD'A, MB, and PB contributed equally to the work.

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Socio-Economic Impacts of COVID-19 on Working Mothers in France

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Beyond its devastating consequences for public health, the COVID-19 pandemic had a major impact on gender inequalities, labour markets and families. Compared to many European countries, the French approach to lockdown was among the more stringent, although the measures taken by the French government to support employment, to some extent, mitigated the worst effects of the crisis on families. This article analyses the implications of COVID lockdown restrictions on gender equality and well-being for couples with children in France. The study adopted a multidimensional approach to gender inequalities associated with paid work and various dimensions of living conditions, involving gender-differentiated access to personal work spaces in the home, personal leisure time outside the home, and local support networks during the first phase of lockdown (March–June 2020). Drawing on data from the COCONEL survey, carried out by the Institut national d'études démographiques on a quota sample of the French adult population in April/May 2020, the authors controlled for variables including socio-economic status, age, family structure and place of residence. The survey data were complemented by a longitudinal set of in-depth interviews enabling the research team to capture the differential effects of the pandemic within couples. The main findings indicate that, despite the frequency of dual-employment arrangements for heterosexual couple households with dependent children, French mothers were nevertheless more likely to reduce their working time and/or withdraw from the labour market. Within the households surveyed, mothers were less likely than fathers to leave the home during the day, particularly for personal leisure activities. The presence of children in households increased gender inequality in both employment and living conditions across all socio-economic categories. In conclusion, the authors consider whether the pandemic might have a long-term impact on gender norms and inequalities within families, and how the findings about changes in gender inequalities could be used to inform public policy development.

Keywords: COVID-19 and gender, family well-being, housing and living conditions, lockdown, working mothers in France

INTRODUCTION

The COVID-19 pandemic had a major impact across the world, not only on health, particularly for older people and those with underlying health conditions, but also on social life and labour markets, where it caused mass layoffs, job dislocation, and income loss. The effects of the crisis were highly uneven both between and within countries, depending on working arrangements and workers' characteristics (education, socio-occupational category, gender), as well as on the public policies implemented.

France occupies an intermediate position in Europe regarding the socio-economic impacts of the COVID-19 crisis. It was one of the EU member states hardest hit during the first wave of the pandemic and was characterised by the stringency of the measures implemented (Oxford Blavatnik School of Government, 2020). From 6 March 2020, childcare services, schools and universities were closed, even though special arrangements were organised for children with parents who were key workers. From 17 March to 11 May, national lockdown measures were applied, and a state of health emergency was established on 24 March. Enterprises closed except for essential services. The French economy contracted substantially in the second quarter of 2020: GDP fell by 13.8%, which was more than the eurozone average. In the first half of the year, 715,000 jobs were lost, most of them in the last 2 weeks of March (Barhoumi et al., 2020). As in other European countries, the government implemented specific measures to support the economy and employees, and to avoid mass layoffs. From 24 March, compensation schemes were provided for employees forced to stay home and unable to telework, either because their enterprises had closed or because they had to care for children under the age of 16 (Legifrance, 2020). This article focuses on the impact that these lockdown measures had on working mothers and on their consequences for gender inequality in France.

Mechanisms Exacerbating Gender Disparities

Three types of mechanisms have been highlighted in studies to explain the rise in gender inequalities during the COVID-19 crisis and the diverse effects of the pandemic across and within countries. The first is linked to the form and intensity of labour market segregation. In Europe, women are over-represented in the public-facing service sectors (hospitality, tourism, retail, welfare) that were disproportionately affected by closures due to social distancing and lockdown measures, and in cases where they were less able to work from home (Blasko et al., 2020; Fana et al., 2020). Moreover, women, especially those with lower levels of education, are over-represented in non-standard work, including temporary, part-time and agency employment, which are typically poorly paid and are sometimes exempt from direct social security cover. In the United Kingdom and to a lesser extent in Germany (two countries where real-time survey data on employment during COVID19 period are available), the proportion of women in these types of jobs is relatively high, and women were on average more likely to be adversely affected by the crisis. The smaller proportion of women in non-standard jobs in France compared to Germany and the United Kingdom suggests that poorly educated women in France might have been expected to be less adversely affected by the crisis than in these two countries. But some studies have suggested that they were more likely to be affected than more highly educated women (Weinkopf, 2015; Adams-Prassl et al., 2020).

The second mechanism refers to the social norms determining acceptable roles for women in society and the household. Although the dual-breadwinner family model has become dominant in Europe, the share of unpaid work within households remains largely unequal (Blasko et al., 2020). In most dual-earners couples, women had long been the lower-earning spouse, largely because more women than men work part-time, and more women take parental leave (Morin, 2014). However, cross-country disparities are observed within Europe. The "full-time dual-earning" model was more widely adopted in France than in Germany or the United Kingdom, where the "one-and-a-half-earner" model long remained dominant with one parent, usually the father, working full-time and the other, often the mother, working part-time (OECD, 2017). In France, two-earners households accounted for 60% of all partnered households in the early decades of the twentieth century. Before the pandemic, 75% of women aged 25–49 with children under 15 were in employment, compared to 84% for those without children (Bentoudja and Razafindranovona, 2020). The relative prevalence of the dual-earner model in France compared to the United Kingdom and Germany suggests that the consequences of COVID-19 on gender inequalities might have been mitigated to a greater extent in France than in other Western European countries.

Third, cross-country gendered disparities depend on the public policies implemented, such as school closures, and financial support for workers with children. Employees in Germany, which has a well-established short-time work scheme (Kurzarbeit), were, for example, much less likely to be affected by the crisis than in France or the United Kingdom, where furlough measure were widespread (Adams-Prassl et al., 2020). Short-time work compensation and the "family bonus" increased child benefit for vulnerable families in Germany (Cook and Grimshaw, 2020; Müller and Schulten, 2020). No significant difference was reported in job loss between women and men in Germany, although time-use data showed that women took on more childcare than men even when working from home (Adams-Prassl et al., 2020). In the United Kingdom, the Coronavirus Job Retention Scheme, introduced in March 2020, allowed firms to furlough workers for up to 3 months. The scheme replaced 80% of employees' wages up to a maximum of £2,500 per month. The German Kurzarbeit scheme prevented furloughed workers from undertaking any work for their employer, and childcare needs were not acknowledged in the provisions made.

In France, women and men who were unable to work owing to workplace, school and childcare service closures, or other lockdown measures, could claim employment insurance or social security payments. Short-time work compensation was high—at the rate of 84% of the previous net salary—and extended to non-standard employment. More than a third of those employed prior lockdown were on short-time work during this period (Givord and Silhol, 2020). Moreover, an emergency flat-rate solidarity allowance was paid to low-income households by the Family Allowances Fund (Caisse d'Allocations Familiales). This allowance applied to 1.4 million households (about 5% of French households) and 5 million children. However, despite a generous support policy during the COVID-19 crisis, compensation for school and childcare closures was provided only to one parent, which may have generated trade-offs between parents within couples.

Diversity in the Impacts of Lockdown on French Households

In spite of the socio-economic measures taken by the French government at national level to support employed workers, the impact of the pandemic on households varied according to age, socio-economic status (income, education, and occupation) and gender (Lambert and Cayouette-Remblière, 2021). In France, one in three women in employment in March 2020 had stopped working in May 2020, compared to one in four men. Another French study, which does not provide information by occupation and education, revealed that women in employment were twice as likely as men to have stopped working to look after children during the first wave of the pandemic, and that they spent on average more time on domestic and parenting tasks than men (Albouy and Legleye, 2020). During lockdown, contacts with older people were banned as well as intergenerational family visits. Consequently, working parents could no longer rely on informal childcare by grandparents. Within couples, women took on a greater share of domestic tasks than their spouse, irrespective of their employment status during lockdown (Pailhé et al., 2020). An analysis of the disparities in material living conditions and well-being during lockdown in France showed that, on average, women suffered a greater loss in income (Lambert et al., 2020).

The research reported in this article explores the impact of lockdown on working-age mothers in two-adults households with the aim of understanding the interactive effects of gender and parenthood. The study contributes to the literature on COVID-19 and gender inequalities in two ways. After explaining why the French case is of interest for an analysis of the interactive relationship between COVID-19 and the experience of working mothers during the pandemic, the research team sought new evidence demonstrating how the pandemic affected gender inequalities in heterosexual families in France. In contrast to much of the previous literature, the project team adopted a multidimensional approach in analysing developments in gender inequalities during the first wave of the COVID-19 crisis, taking account of paid and unpaid working and living arrangements, and social well-being.

The first research question considers whether, despite substantial public aid in France aimed at preventing mass unemployment and the exit of salaried parents from the labour market, working-age women with children were more adversely affected by the crisis and lockdown measures than men in the same situation, regardless of social category. The second question concerns the negative impact of lockdown on the family and social lives of mothers, and consequently on their well-being. It leads onto an analysis of the relationship between housing conditions, private space and activities outside the home, and the sharing of educational and domestic tasks between parents.

MATERIALS AND METHODS

The study draws primarily on cross-sectional data collected in the sixth round of a longitudinal online survey (COCONEL, COronavirus et CONfinement: Enquête Longitudinale). This round of the survey was designed and conducted by the

Institut national d'études démographiques (INED), focusing on housing and living conditions during the first wave of the pandemic. A sample of 2,003 adults living in metropolitan France were questioned online between 30 April and 3 May 2020, using a quota sampling method covering age, gender, education, occupation, and category of municipality. Data collected included socio-demographic characteristics, household composition, a detailed description of housing conditions, employment characteristics, and perceptions of well-being.

The COCONEL survey has three advantages compared to other national surveys. It contains information about the situation pre- and post-lockdown, meaning that changes in individual situations can be compared over time. Its approach to living conditions during the crisis was not limited to employment and the division of household work, which were the particular focus in the international literature and several ad hoc surveys in France, such as EpiCOv (Bajos et al., 2020). COCONEL collected separate information about the socio-occupational category of each partner in the couples to capture the household's social status in terms of lower, middle and higher socio-economic groups.

Supplementing the COCONEL survey, the article draws on in-depth interviews and qualitative longitudinal analyses of families in different types of housing arrangements and social class, enabling an analysis of the subjective experience of the crisis and the mechanisms leading to greater inequalities within couples. The interviews focused on the changes that occurred during the crisis in terms of housing, family, work, and day-to-day life. 21 in-depth interviews were carried out in April and May 2020 by the COCONEL study group by telephone or online owing to the physical distancing measures imposed at that time. They were all recorded and fully transcribed. It is important to note that the interviewees had already been followed and interviewed in person as part of earlier qualitative surveys, which meant that their "regular" living conditions were well known and documented.

This mixed methods approach enabled the authors to reconstitute the dynamics of inequalities in the longer timespan of the life course. Furthermore, by focusing on the domestic sphere, they were able to gain a better understanding of family dynamics and a firmer grasp of the trade-offs made by families in confronting the gendered experience of lockdown.

FINDINGS

The analysis presented in this article shows that the deterioration in employment and working conditions during lockdown was more pronounced for mothers than for fathers, thereby confirming the observations made in some other countries. In addition, it shows that living conditions were more difficult for mothers than for fathers during this period, in particular because they spent less time outside the home during the day than did fathers. Working-age women with children also complained more often than fathers about their housing conditions. Similarly, experiences of teleworking differed by gender, particularly in better-off households where housing conditions were more amenable to home working.

From Work Place to Living Conditions at Home

The odds ratios from the COCONEL data analysis in **Table 1** show that, among people in employment on 1 March 2020, women in couples with children were 1.456 times more likely than men to have stopped working by May 2020 when controlled for age, socio-economic category and residential area. This result suggests that mothers left the workplace more often than fathers to manage the increase in domestic and parenting tasks generated by the health crisis and lockdown measures, thereby further increasing pre-existing inequalities within families (Champagne et al., 2015).

The additional household work was performed entirely within the home. Housing conditions and the ways in which domestic space is shared appeared to be decisive in the assessment made by mothers and fathers of the effects of lockdown on the well-being of family members. Overall, the women in the sample population lived in smaller dwellings than the men, with an average of 45 square metres of living space compared to 51 square metres for men, factoring in the number of individuals in the household. This disadvantage was aggravated by the health crisis since more women than men were living with dependent children during lockdown: 36.7% of women lived with at least one dependent child during the period, compared to 29.4% of men. In addition, exposure time to poor housing conditions increased owing to restrictions on leaving the home.

The COCONEL survey showed that women in couples with children had more negative perceptions of their housing conditions during lockdown than men in the same situation. Whereas 13% of all female respondents said their home lacked space, compared to 9% of men, the percentage rose to 18% for women in couples with children, compared to 12% of men in the same situation. Among women and men in couples without children, gender differences are almost non-existent. This differing perception of housing conditions can be attributed to the fact that more women than men stopped work or reduced their working hours during lockdown. They took on greater responsibility for daily household tasks and the material aspects of daily life — cleaning, washing up, laundry, preparation of meals — which meant that they were more sensitive to the lack of living space in everyday life.

Life Outside the Home

This perception gap also stems from differences between women and men in couples with children in terms of life outside the home. Daily outings were stringently regulated in France during the eight-week lockdown in spring 2020. A list of exemptions applied for work, exercise, essential shopping and health visits; a maximum period of one hour within a radius of one kilometre from the home was enforced for physical exercise, and shopping was confined to basic necessities. But these legal restrictions did not prevent major differences between population categories. In the sample of respondents to the COCONEL survey, respectively 40% of men and 53% of women on average said they did not leave their home on the day preceding the interview. The gender gap was largest among couples with children, with 37% of men in couples with children not having left their home the day before the survey, compared to 53.5% of women (see **Table 2**).

The origin of these inequalities can be discerned in the reasons given for leaving the home. Men and women with no children were equally likely to leave the home to go to work, but among couples with children, men left the house to go to work more often (+7.5 points) than women. Gender differences were much more pronounced for recreational and sporting activities. The gap in each case was greater among couples with children. The number of men in couples with children engaging in sporting

TABLE 1 | Logit: work stoppage.

Variables	Odds ratios
Men without children vs. men with children	0.723**
Women without children vs. men with children	1.131
Women with children vs. men with children	1.456**
Middle vs. higher socio-economic groups	1.688
Lower vs. higher socio-economic groups	3.074***
18–25 vs. 25–49	4.850***
50–64 vs. 25–49	1.236**
Small and medium-sized towns vs. rural areas	1.122
Cities vs. rural areas	1.147

*p < .05; **p < .01; ***p < .001.
Economically active in employment at 1 March 2020, in a couple, aged under 65 (n = 1,077).
Source, 2021 Source: COCONEL survey, April/May 2021.

TABLE 2 | Outings according to sex and family composition (as a %).

	No outings	One outing	Two outings or more
Men in a couple without children	42.2	40.2	17.6
Men in a couple with children	36.7	36.6	26.7
All men in a couple	40.1	38.8	21.1
Women in a couple without children	54.3	35.0	10.6
Women in a couple with children	53.5	27.4	19.1
All women in a couple	53.9	31.3	14.8
Couples without children	47.6	37.9	14.5
Couples with children	46.1	31.5	22.5

Coverage: *Individuals in a couple (n = 1,233).*

TABLE 3 | Logit: leaving the home in the day (all reasons).

Variables	Odds ratios (model 1)	Odds ratios (model 2)
Men vs. women	1.597***	1.557***
Single-parent families vs. single people	1.244	1.352
Couples without children vs. single people	1.139	1.105
Couples with children vs. single people	0.961	1.048
Middle vs. higher socio-economic groups	0.925	0.938
Lower vs. higher socio-economic groups	1.160*	1.215**
Overpopulation vs. no overpopulation	1.027	1.081
Work continuity vs. economically inactive	3.772***	4.405***
Telework vs. economically inactive	1.683	1.973
Work stoppage vs. economically inactive	1.238***	1.412***
25–49 vs. 18–25	—	0.940
50–64 vs. 18–25	—	1.057
Over 65 vs. 18–25	—	1.374***
Small and medium-sized towns vs. rural areas	—	1.316
Cities vs. rural areas	—	1.267

*p < .05; **p < .01; ***p < .001.

Coverage: all households (n = 1967).

activities outside the home was three times higher than for women in the same situation. Outings were also longer for men than for women (231 and 184 min per day respectively). The regression model presented in **Table 3** shows that men were 1.6 times more likely than women to have left the home the day before the survey interview, regardless of the reason, when controlled for job characteristics, family situation, age, and social milieu.

These findings are supported by qualitative data providing information about the organisation and reasons for leaving the home by members of the same household. Interview data showed that men more often than women continued to leave the home for personal leisure: for example, hunting for the partner of a female farmer, or jogging for an airline pilot living in the city. Sometimes they left the home to complete tasks that they did not usually carry out before the pandemic, such as shopping for food. Their outings sometimes infringed the new rules, for example by exceeding the authorised distance from the home. They generally described these activities as necessary for personal well-being, or sometimes, among older couples, as a way of protecting the health of a female partner who was self-isolating. The leisure practices of men were also more likely to be justified as part of a daily or weekly schedule, serving as a refuge, whereas the personal leisure activities of women were organised during any time that remained after they had carried out their work-related, domestic and parenting tasks.

In addition to the data provided by the statistical survey, the interview narratives also captured the experience of mothers living through lockdown. Although they mainly regretted the lack of leisure and personal time, they rarely disproved of their partner's activities outside the home. Moreover, if they went out for a reason other than work, women did not go as far as their partner. They most often stayed at home, including for rare leisure activities, such as reading or watching television, or they remained in the vicinity of the home (courtyard, garden), whatever their social milieu. This was the case for Rosa, a

checkout assistant on short-time work and mother of three children, who said she shut herself up in her home with her children while her partner went out to work. Stéphanie, an unemployed administrative worker living with her husband and her 18-year-old daughter, reported that she suffered from boredom while her husband could go out almost every day for professional reasons and shopping activities. Agnès, a mother of four children, whose husband had a higher-level occupation, said that she went no further than the outside of her apartment block or remained in the neighbourhood to help her aunt. In a wealthy couple confined to the countryside during lockdown, recreational outings were organised to visit a neighbour or to have a drink with friends, generally in the presence of the male partner. This was the case for Delphine, an assistant producer who had stop working and had more time available than Christophe, a human resources manager, who was then teleworking.

Working From Home: Gendered Access to Personal Space

The home became not only a place for leisure pursuits and family life, but also a place for paid work activities. While telework was not a widespread practice in France before the pandemics, it spread considerably during the first lockdown, but in a very unequal way according to the type of work and the level of education (OECD, 2021). The analysis of the COCONEL survey data also shows that conditions for teleworking are highly gendered.

COCONEL was one of few surveys in France to provide information about the conditions of teleworking at home during the pandemic. By May 2020, 29% of the population in employment before lockdown worked from home. This was the case for 86% of those in higher-level occupations. Telework was presented in the public debate as an advantage for well-qualified workers (Leclerc, 2020). But it was also a source of gender inequalities. As already noted, women stopped working more often than men during the first lockdown, regardless of the reason

for doing so. Where women continued to work, they did so from home as much as men. The COCONEL survey found that 39% of women working from home shared their workspace with other household members, compared to 24% of men. The gap widened when children were present, with 47% of teleworking mothers sharing their workspace compared to 20% of fathers. By contrast, 45% of fathers teleworked from a room specifically designated as their work space, compared to only 27% of mothers. This result would seem to reflect structural inequalities in employment and pay, especially in higher-level occupations (Georges-Kot, 2020).

In the interviews with respondents in higher and intermediate level occupations, men were found to have appropriated certain rooms in the home, for example a bedroom or study for their work, and sometimes for their leisure. This situation was observed, as anticipated, both among hypergamous couples, where the women did not work or had stopped working, and among homogamous couples, where the women worked in an occupation of a level similar to that of their partner, which was more unusual, for example, in the case of a couple who were both teachers. The interviews showed that the re-distribution of domestic space, whether for work or leisure, often occurred informally, without prior negotiations, thereby revealing the internalisation of male precedence in the use of space:

I had to prepare for my job interview, but I had the opportunity to do so because my husband was at work. So I was able to prepare in the living room, comfortably installed at my desk (Stéphanie, in a couple, one child).

He comes to see us at lunchtime; he pretty much has lunch with us, 20 min. My husband is mainly in his room and in general doesn't come out. I see him at 1 pm and then towards 9 pm (Agnès, in a couple, four children).

He's started making sculptures, carving wood, so he spends almost all his time on the patio, morning to evening. Sometimes I tell him: "I need you here, cut that stuff out!" (Jeanne, in a couple, two children).

Some women were able to throw off the shackles of conjugal pressure by choosing not to live with their partner during lockdown, appropriating the entire domestic space for themselves and some of their children. But this option was exceptional, a result both of real-estate ownership and a shared understanding of equality within couples. Overall, these indicators show that mothers have a specific relationship to the home environment, which can be qualified as "domestic imprisonment". Lockdown, therefore, had a profound impact on living conditions for mothers, with negative consequences for their well-being.

Well-Being: Gendered Access to Personal Leisure Time and Activities

The COCONEL survey addressed the subjective experience of lockdown for the well-being of working-age mothers. Respondents were questioned about the difficulties they

TABLE 4 | Logit: experiencing a difficult period during the day.

Variables	Odds ratios
Women vs. men	1.181*
Single people vs. couples without children	1.581**
Single-parent families vs. couples without children	1.049
Couples with children vs. couples without children	1.646***
Middle vs. higher socio-economic groups	1.223
Lower vs. higher socio-economic groups	1.157
Overpopulation vs. no overpopulation	1.600***
Telework vs. work continuity	1.707
Work stoppage vs. work continuity	1.976***
Economically inactive vs. work continuity	1.419

*p < .05; **p < .01; ***p < .001.
Coverage: all (n = 1966).

experienced in everyday life. As shown in **Table 4**, a regression model confirmed that women in couples were more likely than men to experience difficult moments in the day, after controlling for the effects of family structure, social milieu, working arrangement, and housing conditions. Whereas women and men in couples without children said they experienced few difficulties, and differences in gender perceptions were smaller, 62.2% of mothers said they experienced a difficult period during the day, compared to 55.3% of fathers.

The interviews showed that women felt more vulnerable for two main reasons. Firstly, because they were the principal caregivers for young children during the day, they felt overwhelmed by the situation. Secondly, during lockdown, female respondents who were teleworking or economically inactive found that their partners who continued working contributed little to housework and remote schooling. This was true for Agnès (in a couple, four children), who handled almost all the housework while her partner shut himself up in the bedroom to work. It was also the case for Jeanne (in a couple, two children), who finished her teaching work late at night after spending the day looking after her two young children. She explained: "We don't have the same daily lives". Her husband, also a teacher, reported not feeling fatigued at the time of the interview. The second reason for women on short-time work or unemployed with older children lies in their sense of domestic boredom. For example, Rosa (in a couple, three children), a checkout assistant, who was carrying out some household tasks to pass the time, said: "I try something new every day. My children are older and can take care of themselves." The men interviewed reported fewer cases of personal difficulties, because they were less involved in the additional housework and parenting tasks during lockdown, while also being constrained by gender norms from expressing emotions that might undermine their virile image (Connell and Messerschmidt, 2015).

Lockdown resulted in an increased feeling of social isolation, captured by the question in the COCONEL survey: "Do you currently (during lockdown) feel isolated in your neighbourhood or home?" **Table 5** presents the odds ratios for the new feeling of isolation taking into account the working arrangement, social milieu, housing conditions, the presence of

Variables	Odds ratios
Men with children vs. men without children	1.632*
Women with children vs. women without children	1.511
Women without children vs. men without children	1.042
Middle vs. higher socio-economic groups	1.282
Lower vs. higher socio-economic groups	1.245
Overpopulation vs. no overpopulation	1.630***
Telework vs. work continuity	1.117
Work stoppage vs. work continuity	1.396
Economically inactive vs. work continuity	1.195
18–25 vs. over 65	0.994
25–49 vs. over 65	0.861
50–64 vs. over 65	0.886
Small and medium-sized towns vs. rural areas	1.096
Cities vs. rural areas	1.407***

*p < .05; **p < .01; ***p < .001.

Coverage: all individuals in a couple (n = 1,233).

children, and outings. On average, slightly more women than men felt isolated, but more fathers than mothers said they were experiencing a new feeling of isolation: 28% of fathers compared to 21.5% of mothers.

Women were less likely than men to feel isolated during lockdown because they were living closer to family members and were able to provide mutual support. The COCONEL survey showed that 38% of women in couples with children had a relative living within 1 km from their home, the authorised geographical limit for outings, compared to 27% for men in couples with children. This percentage was even higher for women with low socio-economic status: 48%, compared to 27% for women with high socio-economic status, confirming that the family played a key protective role among the lower socio-economic group.

The qualitative study underscored the importance of women's residential preferences in the organisation of daily life among families in lower socio-economic categories. This was the case for Marie-Claire, an employee and remarried, whose house had been rebuilt in part by her father, and for Séverine, 55, a farmer in Burgundy, who had inherited the family farm. Women were also more involved in maintaining local relationships and sociability (Authier and Cayouette-Remblière, 2021). The fact that social life was restricted during lockdown to a local neighbourhood meant that women in this situation were less affected by new feeling of isolation.

For men from all social class, lockdown caused a greater disruption in their lifestyle since the increased amount of time spent with children did not compensate for the lack of sociability outside the family. The combined findings from the survey and interviews confirmed that male sociability was more likely to be structured by professional life and work colleagues, whereas women more often maintained contacts with their relatives. Women were also more likely to receive friends and relatives in their homes or meet at private or semi-private venues.

DISCUSSION AND CONCLUSIONS

One of the aims of the study was to explore whether the pandemic might have increased gender inequalities in France due to its impact on working arrangements and living conditions, including teleworking, access to personal space, leisure time and activities, and to family support networks. In seeking to achieve this aim, the researchers adopted two working hypotheses to frame their analysis. Firstly, they asked whether, despite substantial public support in France to avoid mass unemployment and the exit of working parents from the labour market, working-age women with children had been more adversely affected by lockdown measures than men in the same situation across socio-economic categories. Secondly, they analysed the impact of lockdown on dimensions of social life other than employment, and asked how lockdown had affected the quality of life and well-being of working mothers.

COCONEL is among the few sociological surveys to be conducted using a random sample of national population that simultaneously takes into account working arrangements, living conditions and well-being, and allows for an intersectional analysis of social inequalities by gender and socio-economic status. The results presented in this article are based on the sixth wave of the survey documenting employment, living conditions and well-being during the first wave of the pandemic and lockdown. The findings showed that working-age mothers were more likely than their male counterparts to stop working during lockdown. When controlled by age, socio-economic category and place of residence, belonging to the lower socio-economic groups was found to be associated with a higher risk of stopping work during lockdown. Highly educated women were less affected by firm closures than women with a low level of education, since they were more often able to work from home. These results are in line with findings from other literature about the gendered impact of COVID-19 on the labour market (Adams-Prassl et al., 2020).

Data on living conditions and social well-being were included in the analysis as potential factors exacerbating gender inequalities. The authors measured the gendered access to personal spaces for women and men working from home, gendered access to personal leisure time and activities, and the legitimacy of this differential access, and gendered and class-based access to family support networks during lockdown. The study found that men left the home more frequently during the day than women during lockdown, and that these differences increased when children were present. When controlled for employment, household composition, age and socio-economic status, men were found to be 1.6 times more likely to go out during the day than women. The same pattern was observed for well-being. Working age mothers more often than their male counterparts reported difficulties during the day, but they less frequently felt isolated. These findings suggest that mothers' difficulties during confinement were more likely to be related to the additional domestic and parental work at home and less to psychological distress, while fathers' new difficulties were related to the disruption of social contacts with family and others.

The design of the COCONEL survey did not allow a textured analysis of all the variables of interest to the researchers. Like all national population-based surveys, the data failed to capture the experience of highly vulnerable groups such as lone mothers who were particularly affected by the pandemic. In addition, the analyses were based on cross-sectional data limited to the period April–May 2020 rather than longitudinal data. Nor did COCONEL enable comparisons to be made of the situation between men and women within couples. The authors used the findings from in-depth interviews carried out during the first lockdown to address some of these limitations and better understand the mechanisms that contribute to the deterioration of the situation of working-age mothers. They were able to use a panel of respondents who were already being followed prior to the pandemic to complement the quantitative analyses by providing biographical and longitudinal data.

The respondents' narratives suggest two main mechanisms – socio-economic and employment status – that contributed to the deterioration of the situation of working-age mothers. Among the higher socio-economic groups, with their more spacious dwellings, women mainly kept their jobs and worked from home, generating a dual domestic–occupational workload that eroded their well-being, given that the customary outsourcing of domestic work was no longer possible. They tended to feel overwhelmed by the lack of time for themselves or their leisure activities. However, they did not reproach their spouses for appropriating the domestic space and for their limited contribution to domestic work. It seemed that the crisis delegitimised any expression of female protest.

In the lower socio-economic groups, where housing conditions are less amenable to homeworking, more women stopped working or were put on reduced hours. Despite the loss of income, the impact on the deterioration of individual and family well-being appeared to be mitigated by their closer family networks and their lesser reliance on paid housework and childcare services before the pandemic. Women with a lower level of education complained less about additional domestic and parenting tasks and more about being bored at home after being required to stop working for several weeks. They were eager to return to work for the benefits of socialisation and social identity that it conveyed.

The findings from the study shed new light on the dynamics of gender inequality and its underlying mechanisms during the COVID-19 pandemic. While most of the available economic literature emphasises the role of sex segregation on the labour market and public policies, this study highlights the importance of gender norms and their impact on the appropriation of space and family resources by men in the private sphere (Bessire and Gollac, 2020). It also reveals the role of access to personal support networks during lockdown, which was found to vary across socio-economic groups and gender, and served to mitigate the impact on individual well-being.

By calling into question the gender inequalities that occurred in the private sphere, and not only employment outcomes, these findings about changes in gender inequalities during the early stages of the pandemic have broader policy implications beyond the current pandemic. They suggest the importance of reconsidering and value of the major role of women in creating and maintaining close ties with the family and in the neighbourhood, and more broadly their role in providing emotional support to the family during the health crisis. It also suggests the need for enterprises to strengthen professional equality policies that fully recognise parenting time and the support for dependants. They touch on how society supports women's autonomy and well-being in the longer term, through childcare facilities and work–life balance policies, and are, therefore, important in informing future public policy development.

DATA AVAILABILITY STATEMENT

Anonymised data from the analysis of the sixth wave of the COCONEL survey can be made available by the corresponding author on request.

ETHICS STATEMENT

The Institut français d'opinion publique (IFOP), which conducted the COCONEL survey, has access to a permanent panel of 750,000 French households and is authorised by the French national data protection agency, Commission nationale informatique et libertés, to conduct surveys within this panel.

AUTHOR CONTRIBUTIONS

The authors contributed equally to the conception, design, analyses, interpretation, manuscript drafting and final approval.

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