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Everyday mobility practices and the ethics of care: young women's reflections on social responsibility in the time of COVID-19 in three African cities

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ABSTRACT

This paper draws principally from COVID-19 diaries written by young women whom we had previously trained as peer researchers in a mobility study of low-income neighbourhoods in Abuja, Cape Town and Tunis. Some live with parents or older extended family members, others have children in their care, but concerns around avoiding contagion have forced all peer researchers to reflect on their everyday socio-spatial mobility practices. This includes whether/how much they need to travel or can substitute virtual for physical travel; which transport mode to take and when; what precautions they must take on the move; what strategies of engagement are required to cope with externally imposed rules and contingencies – and the potential impact of their negotiations, decisions and experiences on the health of those dear to them at home. Reflections on these pandemic-induced responsibilities range from social distancing and mask wearing to issues around handling cash, modes of greeting and travel to funerals. The personal interpretations of responsibility that are reported in individual diaries point to the complexity of entanglements between everyday mobility practices on city streets and negotiated relations of care within the household (and other relational settings) that have emerged and deepened as the COVID story unfolds.

Introduction

Everyday mobility practices have been reshaped in response to the COVID-19 pandemic across the globe. In Africa, as elsewhere, concerns around physical co-presence as a vector of contagion outside the home prompted early government-imposed lockdowns, curfews, and a diversity of regulations concerning social-distancing, mask wear and sanitising practices. With poor access to vaccines and regular reports of disease resurgence across the continent, it is feasible that efforts focused on control of mobility and transport will stay central to defeat of the disease for even longer in Africa than in other parts of the world (Porter et al. 2021).

The COVID-19 pandemic has had widespread impacts on well-being, following from the imposition of mobility constraints, but for many residents of low-income urban neighbourhoods the pressures have been especially challenging. In the first place, risk of exposure to the disease is inevitably heightened for those who have to travel on public transport (lacking access to a personal vehicle) especially when it is unsafe to walk or cycle in many low-income neighbourhoods. Risk levels are compounded for those who must continue to attend their workplaces in person every day, in the absence of the type of work and accompanying IT equipment and connectivity that might enable them to maintain pre-pandemic employment and income while working from home (a lack faced by many in these low-income neighbourhoods). Meanwhile, the prevalence of high-density housing and multi-generational households, in which parents or older extended family members live alongside younger people, possibly with children in their care, brings further pressures to bear given the high risk of contagion in such conditions and the particular vulnerability of the elderly and those with underlying health conditions to severe illness and death.

It is in this context that we explore how COVID-19 has impacted the lives of young women residents in peripheral, low-income areas of three African cities – Abuja, Tunis and Cape Town. The specific contexts of their lives are different, of course, but research presented in this paper suggests that many are in a particularly invidious position as they try to negotiate socio-spatial mobility practices that will enable access to income, goods and services essential to family survival, while at the same time protecting their more vulnerable family members from contagion. Working with young women from the study communities, whom we had recruited and trained as peer researchers prior to the onset of COVID-19, we have been able to chart and highlight some of the dilemmas they face as we moved through from pre-pandemic times to the present COVID moment.

This paper builds from two streams of research that have been developing over the last decade or so, but have come to particular prominence during the pandemic: mobility and care. Mobilities research has been gathering pace exponentially since Sheller and Urry's (2006) exposition of the 'mobilities paradigm', which puts multiple interacting mobilities at the centre of social change. This has encouraged a conceptualisation of journeys as both a space and a process in which identities are constructed and reconstructed within a complex nexus of power relations that shape everyday practices, habits and routines (Cresswell 2010). Gender plays out as a particularly significant factor shaping such mobility practices in African contexts, since girls and women are widely discriminated against regarding access to and use of transport, which in turn constrains their access to education, health services and livelihoods (Porter 2011; Peters 2013; Pedersen 2020). Recent theorizations of care and responsibility, meanwhile, have benefitted from Thelen's (2015) emphasis on care practices as vital elements of social organisation (as opposed to previous emphasis on emotional aspects of care as loving attention *per se*), Hanrahan's (2020) reflections on the idea of care as relational, and Middleton and Samanani's focus on care as a distinct mode of ethics, 'where knowledge, action, relating to others, and the shaping of ethical commitment are inextricably entwined' (Middleton and Samanani 2021, building on Tronto 2010).[1] Power relations are deeply embedded in both mobility and practices of care, often reacting with or reinforcing each other in complex ways, as we aim to demonstrate in this paper.

The interconnections between these two themes – mobility and care – had only rarely been explored in any depth prior to the pandemic (Plyushteva and Schwanen 2018; Balcom Raleigh, Kirveennummi, and Puustinen 2020). However, since the onset of COVID-19, recognition of the vital significance of physical mobility practices for negotiated relations of care within the household – and wider consideration to encompass other relational settings – is gathering pace and will continue to deepen as the COVID story unfolds (Asombang et al. 2020; Dobusch and Kreissl 2020; Long 2020). In this paper we demonstrate the potential complexity of entanglements through a focus on the daily journeys that young women from low-income households take and their linked personal interpretations and experiences of responsibility as they cope with

externally imposed rules and contingencies and reflect on the potential impact of their negotiations, decisions and experiences, especially for the health of those dear to them at home. We aim to show, at a micro-scale, how women's mobility vulnerabilities have not only become riskier and more complex as their burdens escalate (Adey et al. 2021) but more keenly felt through existential tensions and anxieties embedded in relations of care.

We start the paper with a short review of key features of our research study and the innovative participatory methodology we had already employed prior to the pandemic (when the prime focus was on women's mobility and access to transport), then move to the reshaping of the research that we had to institute so rapidly as COVID-19 set in. It was at this point that those linkages between mobility and relations of care moved into a more prominent position in our study. We consider how contexts of care in the study neighbourhoods changed as the pandemic set in, and introduce some of the key themes linking mobility and care that emerged from our peer researcher diary entries. Three vignettes are presented to demonstrate personal interpretations of responsibility around everyday mobility practice and negotiated relations of care in each of our three study cities. This is followed by commentary referencing findings from other peer researchers and reflections from across the three cities, and beyond. It extends from mask-wearing practices to wider ethical and affective dimensions of the research project.

Background: pre-pandemic research rationale, design and preliminary findings

The multi-disciplinary action research study on which the paper draws started pre-pandemic, early in 2019, and was specifically focused on gendered mobility among young women in low-income peripheral neighbourhoods of three major, quite diverse African cities, Abuja, Tunis and Cape Town. In the context of Africa's highly gendered transport arena, it had the objective firstly of understanding how the lives and life chances of young women (c. 15–35 years old) living in these low-income urban peripheries were being shaped by their access to mobility and transport, and then identifying and piloting training in key skills that might improve their mobility and associated potential for education and employment (in collaboration with an international transport-focused NGO). An essential feature of the planned study was its collaborative approach, built around recruiting and training peer researchers from the study communities as a first stage in the process of identifying key research questions which could then be followed up by the academic research teams in each city, drawing throughout on a qualitative methodology.

In each of the city studies we commenced by advertising for and recruiting three young unemployed women from each of our two selected low-income research sites [one neighbourhood located within the city boundary, a second city-connected neighbourhood located outside the boundary] to work as peer researchers. This approach built on a series of prior mobilities studies led by the PI that had found peer research particularly valuable as an entry point for work with vulnerable groups (Porter 2016). Cognisant of both the socially constructed nature of the youth category (Furlong, 2013, 1), and literatures which identify the extended nature of youth transitions in some contexts, and particularly in Africa (Honwana, 2016), the project took a flexible approach to selecting peer researchers (and respondents) such that was initially taken as the 15–35 years bracket but also ultimately recognised subjects' self-identification as 'young' even when exceeding the upper limit. The peer researchers were in fact all aged between 18 and 35 years old at the outset. They were given a one-week desk and field-based training which encompassed in-depth interviewing, observation and mobility diaries. They also committed to a minimum of 10 days further independent research for the project in their own neighbourhood, and subsequent participation at Country Consultative Groups (CCGs), to be held approximately 4/5-monthly. We wished to include them in the CCGs (comprising transport/mobility-focused staff in the ministries, NGOs, private sector, unions etc.) so they would be able to contribute directly to analysis of findings and ongoing project design, in the light of their own research and

personal experiences, along with other group members. The peer researchers received modest payment for each day worked and were presented with certificates following successful completion of their training, and again following completion of fieldwork.[2]

Following the preliminary phase of fieldwork by the peer researchers in the low-income neighbourhoods, academic researchers and research assistants pursued issues and questions raised by the peer researcher teams across these neighbourhoods and in the wider city. In-depth interviews and focus groups were conducted with transport employers and employees (male and female) across the city, and continued in the study neighbourhoods with young women regarding their work/school experiences and aspirations, as well as community men regarding their perceptions of women and transport.

Prevailing themes that emerged in this period from all our study sites included (as expected) the dominance of patriarchal cultures that substantially influence where, when and how women can travel. Male operators and attitudes shape the whole atmosphere of travel, at transport hubs as well as on vehicles. There is also a widespread prevalence of transport deficiencies in the low income neighbourhoods that compound women's mobility problems – irregular, insufficient and costly public transport (dominated by informal sector operators), poor infrastructure and a shortage of working street lighting. Pushing, stealing and verbal and sexual harassment were reported by women as widespread on public transport and at transport hubs. Women in these low-income neighbourhoods were particularly fearful of harassment and attack when they travelled (a fear which extended to our project staff). In Tunis it was sexual harassment that most distressed women, in Abuja the fear of kidnap, and in Cape Town the potential for violence, rape and knife crime. All of this has required women to make complex calculations, balancing time, cost and safety when planning travel.

It is also important to bear in mind the wider context in which informal transport operates in these neighbourhoods and across the cities – in particular, the notorious long-standing resistance of informal operators to state control (e.g. licencing, traffic regulation including speed limits, vehicle condition checks, etc.). In the context of COVID-19, this means they also have to tactically negotiate the state messaging and heavily policed regimes of control that are seen by governments as essential to infection control.

The emergence of COVID-19 and its impact on research

In March 2020 our field research was abruptly halted due to COVID-19. In Tunisia, Nigeria and South Africa (alongside countries across the globe) lockdowns were hurriedly imposed by governments in response to the emerging pandemic. In Tunis lockdown restrictions were imposed on 22nd March, in Cape Town on 27th March, and in Abuja on 30th March. The lockdowns immediately put massive stresses on urban inhabitants, especially in the low-income communities where we were working, as local media – and our peer researchers – soon reported: job and income loss, issues of access to food supplies (and water supplies in Abuja and Cape Town), escalating food prices and increasing reports of theft and violence, in addition to immediate health impacts (Porter et al. 2021). Consequently, all project face-to-face fieldwork was put on hold, but we quickly concluded that the alternative, of continuing work remotely would also be ethically questionable, given the levels of stress reported, including among individuals in our own research teams and among transport sector workers at all levels. Research focused on the transport sector is inevitably particularly difficult in the pandemic since 'transport is at the heart of the COVID-19 crisis' (Dalkmann, Obika, and Geronimo 2020). The disease threat for customer-facing transport workers is particularly high, but even well-resourced senior professionals face enormous stresses given the massive impact on transport operations.

These constraints and associated uncertainties forced a rapid adjustment of our research programme. Given our focus on low-income communities and the linkages we had already built

(and were keen to sustain) through the peer researchers, asking our peer researchers to continue their work with us by writing COVID im/mobility diaries seemed the safest route forward. This would draw on their prior project training, but also provide a modest contribution to income, especially welcome with escalating food prices. The peer researchers would pause and restart their diary writing depending on their circumstances and the stresses they experienced. A few academic research assistants in low-income areas also agreed to contribute diaries. The diary work was to focus on personal reflections and interpretations of daily mobility and/or immobility as the pandemic progressed, including its affective dimensions. Reportage was requested regarding both physical and virtual mobility.

Diary entries were initially sent by peer researchers to the core academic team in each country through Whatsapp or email, though as lockdowns relaxed some hard copies were collected. Diaries were reviewed by the academic team as an ongoing process, and followed by occasional requests for further information on emerging themes. By May 2021, peer researchers and RAs had submitted a substantial set of individual daily diary entries for review and thematic analysis (135, from 12 diarists for Abuja; 213, from 4 diarists for Cape Town, and 71, from 6 diarists for Tunis). Additionally, we have been able to review media reports and obtain further feedback from individual in-country academic staff and CCG members. Inevitably, given the adjustment of our research programme to fit the pandemic context, our research gaze has shifted in this period from a prime focus on the mobile subject on the street, to a much stronger appreciation of how individual mobilities are situated within – and may be centred on – specific home-based relational, affective contexts. It was the content of the peer researcher diaries that pointed out to us the crucial significance of linkages between everyday mobility practices and the ethics of care in the shaping of young women's lives and well-being in this pandemic moment.

Although the six research sites where we have been working inevitably vary considerably regarding both local and wider contexts, a distinguishing aspect of this study is that data collection and analysis of COVID-19 impacts on women's mobility in the three study cities follow through directly from prior research and analysis of pre-pandemic conditions in the same locations, by the same research team, including peer researchers from the same study communities (Porter et al. 2021). At the same time, it is important to note that the diarists reported (both pre-pandemic and in the pandemic moment) on what they have identified personally as key aspects of their everyday mobile life.

Changing contexts of care and the reshaping of socio-spatial mobility practices

With the pandemic and necessary refocusing of our study on building evidence from peer researcher diaries, linkages between mobility and relations of care have moved into a more prominent position in our work. It has been essential to reflect more closely on contexts of care that pertained in the study neighbourhoods prior to the pandemic and how they have changed in response to it. In these neighbourhoods, all characterised by multi-generational households (often including elderly residents particularly vulnerable to COVID-19) and high-density living conditions with little external space, the pandemic has heightened what have clearly always been complex interactional contexts, both in physical and emotional terms. Prevailing precarity combines with little or no social protection so that exposure to contingencies such as job loss, escalating food prices or illness is very high. Young women have commonly played a vital role in informal care practices in these contexts: they are expected to care for elderly kin and young children, being socialised from an early age to engage in personalised modes of relating to others (Ortner 1974). Echoing the observations of Balcom Raleigh, Kirveennummi, and Puustinen (2020) in urban Finland, we suggest that the young women have also been literally moved by care, since care has motivated so many mobility acts, taking children to school, collecting

medicines, buying food, accompanying family members to the clinic, visiting elders, and so on. In lockdowns, of course, such movements are greatly constrained.

The pandemic has heightened such responsibilities substantially. On the one hand, densely occupied multi-generational housing requires all occupants to take social distancing and the need for a reduced number of daily contacts seriously. On the other hand, escalating prices require many young women to pursue any available work opportunities that can bring an income, despite the significant risk of exposure to COVID-19 if travelling to work on public transport (and also in the workplace). Household provisioning – mostly a women's task – imposes further risks when rural-urban food supply shortages force longer searches for food, especially necessary in houses with little food storage space.

To compound these dangers, prevailing cultural mores and psycho-social expectations in all our study neighbourhoods favour frequent social interaction and direct physical contact with kin, friends and neighbours, whether inside or outside the home. Handshakes, hugs and kisses are normally a key part of the greeting and care repertoires. Following 'social distancing' advisories and regulations is particularly difficult when these contravene conventional, polite practice, especially in caring relationships where touch is so key (Asombang et al. 2020). Unsurprisingly, research by Bicalho, Platas, and Rosenzweig (2021) conducted through online surveys of over 2,600 respondents (targeting relatively educated urbanites) in Nigeria, Kenya and Uganda, indicates that respondents do not expect others to practice physical distancing, nor do they practice it themselves.

Thelen (2015) points out that care is more than just loving attention, being vital for social reproduction, but women tend to take on what has been described as a 'third shift' of *emotional* labour (following their first and second shifts of unpaid care work at home and paid work outside the home – see Power 2020). In the pandemic, as our peer researchers' diaries illustrate, these emotional stresses have been compounded for many. We thus need to reflect on the significance of women's experiences of households as changing sites of negotiation, including negotiations around physical mobility and the spatiality of social organisation.

Diary entries point to a substantial reshaping of our peer researcher and RA socio-spatial mobility practices in this new era of social distancing. Key themes that emerged from the diaries included carefully assessing whether it is essential to travel at all, if so how often, which transport mode to take and at what time of day, what precautions must be taken when on the move, what strategies of engagement are needed in order to cope with externally imposed rules and contingencies, and whether and when mobile phone communication can substitute for physical mobility. Above all, it is clear that diarists concerns extend beyond personal fear of contagion (likely to be minimally risky for young, healthy women) to direct consideration of potential impacts of their decisions, negotiations and experiences on the health of more vulnerable family members with whom they are in close contact. Their reflections, as we demonstrate in the next section, illustrate the complexity of entanglements between everyday mobility practices and negotiated relations of care in the household. However, it is important to note that their concerns often also extend even more broadly, beyond the household, as they engage with what they perceive to be the demands required of responsible citizenship. This generalised public sympathy for others chimes with Thelen's (2015) argument for a wider focus on what constitutes care, extending beyond kin to other social relations.[3]

Personal interpretations of responsibility: three vignettes

In this section, we draw on three vignettes, each extracted from a diary of one of our peer researchers. This is used as a starting point for broader review of the diaries and associated reflection and analysis of everyday mobility practices and negotiated relations of care.

Yesmine, Tunis

Yesmine[4] is resident in the outer of our two Tunis periphery study areas. She is now 37 and lives alone with her elderly father (in his early 80 s) following the recent death of her mother.

> I called my father [from work] to check his health condition. He told me that our neighbour had died of Covid-19, so he went and condoled with her husband … I became nervous and worried about him, so asked, 'Did you shake hands with him? Did you enter the house? Did you sit on a chair or touch a wall? Did you wash your hands properly with soap and sanitizer?' My father got annoyed with so many questions and he hung up … I called my boss and cried because I was afraid of the possibility of my father being infected [and] asked him if I could leave work earlier … .
>
> I got on the [collective] taxi [to go home]. The driver, in his 30s, was wearing a mask in the beginning but he soon put his mask under his neck while talking to us … … I became angry [but] the driver said that he couldn't speak when he wore the mask. I told him, 'stop talking then.' … . On our way, two women on the street caught my attention. They were exchanging hugs and kisses. I said, 'more and more people are infected with the virus and we still see people shaking hands, kissing and hugging.' The lady sitting back said 'COVID-19 has changed our habits and we've started greeting each other like Europeans'. [At her destination Yesmine pays and advises the driver to use a rag to clean the money].
>
> I came home, cleaned my stuffs and found my father. … . I told him to take a shower and change his clothes … .and started cleaning the house with disinfectants … .

This narrative highlights the complexities of care – Yesmine 'cares' for her father and is frightened that he has been visiting a Covid-infected household. Of course, the visit would have been required neighbourly practice in pre-pandemic times, and her father clearly feels it remains essential practice, hence his anger at what he presumably views as an inquisition beyond the bounds of caring. When she finally arrives home she emphasises her caring role through the attention she now gives to organising disinfection of both of them and the house. Yesmine is also arguably caring for the taxi driver (or his other customers), in that she is concerned that he should clean the money she has given him, in case it is infected; later she raises concerns about kissing and hugging. Perhaps all these caring actions could be construed as contributing to building a new identity through care (possibly even associated with loss of her mother; see Graham 1983, cited by Thelen 2015).

Yesmine's reported exchanges in the collective taxi with the driver and the other passenger draw out other perspectives linking mobility and care. Mask wearing/refusal was a common cause for comment among our diarists in Tunis and elsewhere and is discussed further below. The comments from her fellow passenger, meanwhile, regarding people 'greeting each other like Europeans' could suggest a European coldness that does not sit easily with north African society or simply a mode of greeting that is at odds with local practice.

Lindiwe, Cape Town

Lindiwe, a young woman in her early 20s, is unemployed, but finds occasional casual work. She has a two-year-old child and now lives with her older brother aged 30, having moved out of the township area where she resided prior to the start of the pandemic to another slightly safer location. She reflects on her latest experiences, following a visit to family members in Eastern Cape.

> I walked wearing my mask, and when I got to Shoprite it was so long to enter into the store. … On the queue I literally asked a thousand times from people to practice social distancing but they just don't listen [so] I reported the situation to the security guy at the door and he tried to separate people and give us space in between but, as the queue moves, people just get close again. This was a very big challenge for me and I didn't like it, old people are also risking their lives by going to crowded places, and listening to the way they spoke it's like they don't believe that Coronavirus exists … they are not educated and aware enough … .
>
> Even so] I really enjoyed my [Christmas] time in Eastern Cape and in the 30th of December when I had to come [back to Cape Town] … I was wearing my mask throughout the whole trip with the lady sitting next to me, but it was hard keeping it on my son [though] everyone had sanitizers.

> Now coming back to town [it's] a bit of a rollercoaster … On the road there was a couple of stops by traffic officers but we had no problem because the vehicle[s] I used going and coming back were both on good books (smiling).

Long queues at the entrance to Shroprite (one of South Africa's major supermarket chains) have been a regular occurrence during the pandemic, especially since local foodstuff supplies have been more erratic in the townships. Lindiwe emphasises the stress she feels in such contexts. For Lindiwe, as for Yesmine, care and responsibility extend beyond the household to encompass others perceived as at risk (again reflecting Thelen's 'mutual care'). Wearing face masks and sanitising has tended to be required pandemic practice on public transport across Africa, but regulations are often disregarded as comments from most diarists indicate. The reference to vehicles being in the 'good books' of the traffic officers meanwhile points to a contrary possibility: many traffic officials (themselves facing escalating living costs) appear to have seen the pandemic as an opportunity to push for bribes when a failure to keep to regulations has been observed (an issue noted especially in Abuja).

Habibah, Abuja

Habibah, aged 35, works as a casual petty food trader. She lives with her slightly older husband, a brother in-law, house-help and three young children. Habibah wrote the diary entry below when recovering from what she thinks was COVID-19 and was trying to self isolate.

> Since COVID-19 I have been trying to limit anything that will take me to crowdy places – market, bank … I knew it was going to be tough for me today, just to process my journey in my head seems discouraging already, but I have to go to the bank…. Before leaving the house I had my face mask with a glass protecting shield on and wore my hand gloves.…I don't want to either take chances again or infect others….

> As soon as I got out the gate I noticed my street was a bit busy especially the corner shop … I suddenly realized that many people were not wearing face mask. The way I was dressed you would hardly know it's me….it looks like a nikab. I walked past people without saying a word to anyone. As I walked past the shop Mallam XXX called out [but] I just waved back at him without uttering a word….

> [I went] onto the street leading to the Express where I hope to catch keke [tricycle taxi] but as soon as I turned the corner I saw this boy from my block.….Immediately he greeted me 'Good morning madam. Please let me help you with this'. I couldn't object cause I was struggling with the bag, so I handed him the bag [and] asked him why isn't he wearing a facemask. He only responded with a smile [then] brought [it] out his from his pocket saying 'Corona is gone Ma'. I asked him to put it on…'especially when you meeting someone outside your house.….it's for your family's sake as well….if you get **them** infected I'm sure you can imagine what that would be.' By this time all the smile was off his face….

> When I got home I entered through my back door to avoid contact with my kids. Straight to my bathroom….

Habibah, like Lindiwe and Yesmine, expresses her practices of care and responsibility as extending both within and beyond the household. The stress she expresses as she prepares for her journey, prior to her entry into the street, is palpable – she is concerned both to avoid spreading the disease (if she is contagious) but also to avoid catching it. Her street performance involves avoiding others, yet clearly she is feeling discomfort because greeting friends and acquaintances on the street is normal cultural practice. Wearing a mask and shield are a disguise that may enable avoidance of neighbours without embarrassment, though clearly this fails as her exchanges with the trader and young boy indicate. The whole of Habibah's actions as she walks along the street seem to be aimed at performing responsible citizenship (or, at least, symbolising that intent). Once she arrives home, she is determined to surreptitiously enter so she can wash and change her clothes before she meets with her children: care within the household brings additional pressures to bear.

Further reflections on everyday mobility practices and negotiated relations of care: looking across and beyond our three city study cities

Other COVID diaries are used in this section to support and extend our reflections on the vignettes, again with particular attention to the intersections between mobility and care. We draw on the diaries firstly to explore travel decisions (whether to travel, how much, and by what mode), and look at virtual mobility and the potential for travel substitution. We then consider the precautions that are deemed essential by the peer researchers and their fellow travellers once they are on the move, not least necessary engagement with rules and associated contingencies.

The decision to travel

Once COVID-19 struck, many young women in our study neighbourhoods had to reshape their travel arrangements. The decision to travel, by which mode, how often and when, has become a significant issue: they will weigh prevailing transport costs and available resources (in time and money) against their assessment of COVID-19 risk to themselves and their families. Often, faced with local food shortages and family or personal job and income loss, at the first lockdown, it became necessary for them to travel further in search of food and new sources of income: this was particularly common in Abuja and in Cape Town townships, where interruptions in food supply from rural areas led to dramatic rises in food prices. Simply provisioning the family and maintaining an income while keeping safe and limiting travel expenditure has become an exercise in ingenuity for many women.

In Abuja, Mariamu, who operates an informal business and lives with her husband and three young children, is thankful that all she needs for replenishing her food processing business can be purchased in one shop, but then she has to get the goods home, while avoiding infection. She describes a morning when, having shopped, she spies an empty motor tricycle and decides to pay for all 3 seats, so that the driver will not take other passengers; this is a substantial cost – 300 Naira instead of 100 – but clearly one she feels justified in making. Once she arrives home, even so, she immediately washes her hands – then greets her children: *They all said 'mum welcome' but none came to hug me as we've instructed. I got into the bathroom and had my bath.* Elsewhere she notes how she has set the water dispenser and liquid soap outside the house door *so 'that whoever comes back home or a guest, they would have to wash their hands with soap and water before coming into the house'*. We get a glimpse here of the pleasure she feels in securing a safe journey home with the goods she needs to maintain family income, but also the pain of not being able to hug her children, and note the extent to which she has expended scarce resources in order to protect her family.

Most of our peer researchers are less well resourced than Mariamu and circumstances – cost, urgency of travel, availability – often limit transport choice. In Tunis, when Faiza accompanies her mother to a hospital appointment, the weather is very hot, so they decide to take a private taxi, despite the cost, but they can only find a collective taxi that they must share with other passengers. Her mother, sitting in the back, is worried and uncomfortable. The other passengers are not wearing masks and they have to sit very close to each other. '*When my mother got off the taxi, she complained: … 'why did you make me take the collective taxi when you know that I don't like it?'* Faiza is clearly distressed by her mother's anxieties.

In Cape Town, meanwhile, a child's need for medicine in the cold weather forces Noxolo, a young mother, to take an Uber to get to the pharmacy, rather than waiting and trying to stop a taxi on the streets. The Uber cost more than 3 times the taxi fare, '*but it was going to take time as I would have to walk to the rank and it's cold because I was traveling with a child*'. Another time, right at the beginning of lockdown, however, when she has to go out of town to pick up some goods she observes that she cannot afford '*the Bolt app and the taxis were only operating*

in [limited] times and so I had to think of another option'. Fortuitously, on this occasion she manages to obtain a (free) lift.

Many young women report care-related concerns that require additional visits to check up on or support extended family, especially when illness and deaths occur. In some cases such travel can itself create family strife, as Leila in Tunis described, following the death of an uncle from COVID. In the collective taxi the family have hired to travel to the uncle's house to express their condolences (first carefully cleaned by a sister, then packed with 8 family members) the aunts express worries about the visit because of the virus. *'My response to them was somewhat harsh. I said, "your brother has died. Do you know what the loss of a brother means?" [after that] I stayed silent and thought that we have reached this level of cruelty because of the virus ... . But when we arrived at the house, trust me, those married aunts greeted his family members with hugs and kisses whereas we (my sister and I) kept the health protocol. [On the return home, hurried because of the curfew] I sat next to the window and opened Facebook because I was afraid of talking with my aunts who didn't keep physical distance from the sick people'.* Here again we are reminded of the complexities of care and relationality: in the taxi, family cultures and the old social rules of support seem under threat with the spectre of contagion. These are embodied subjects who struggle to move in that 'incoherent space in which care is created and negotiated' (Kallio 2020, referencing Hanrahan 2020, 248). When peer researchers return home after time on the street or on public transport, they regularly report how they immediately wash and sometimes also change their clothes. Normal interaction, even with family members for whom they have direct caring responsibilities, is restrained; mothers ask their children not to embrace them or enter by the back door to avoid them until they have washed; customary modes of greeting are abandoned.

Over time, sheer boredom and the need for entertainment can set in, occasionally prompting young women into seemingly contentious travel. In Tunis, in particular, this sometimes took the form of visits to the city's fairly accessible, wealthy suburban beaches. Donia, a 24-year old who lives with her parents writes: *'I thought to take my cousins to the beach because it has been a tough time for them, and they complained that they did not go to the beach. I talked to my aunt about this issue, but she did not agree, for fear of the epidemic, of course'.* Donia then calls her friend to ask her to accompany her to the beach *'to relax and have fun'.* Her friend is fond of socialising but *'She began to ask with whom we would go and where and who would take us. Of course, I knew that all these questions were due to her fear and the fear of her family about her. So in this situation we come to choose people who we know very well to go out with and choose the place carefully and how to move or means of movement even if they are more expensive.* Her friend declines and, feeling bored, Donia phones another friend and arranges to walk into a smarter area to meet for coffee. Subsequently, she persuades her sister to accompany her to the beach. *'We did not want to take a taxi because it's expensive and we wanted to save some money for other things.'* They take the metro, then the train, but on the train start to worry: *'I noticed that some people were wearing masks in wrong ways. They didn't cover their noses. Also there were people who constantly touched their masks with their dirty hands.'* Her day out has lost its allure and she returns home dejected by her travel experiences and the possibility of negative health repercussions.

Mobile phones and virtual mobility

In all the cities, young women's boredom often has to be compensated virtually. In Cape Town Noxolo writes: *'It has been a very boring day for me ... . I didn't think of anywhere to go and had absolutely nothing to do but to watch TV and go on social media.'* In similar vein, in Abuja, Ladi, a mother of two, complains: *'I spent the whole day indoor and my phone battery was giving me problem and it was down. I wasn't able to call, text or chat with anyone. (Boredom was killing*

me).' Substituting physical with virtual mobility, mostly through mobile phones, has evidently become a vital tactic for people of all ages, but perhaps especially for young women whose movements tend to be constrained by limited resources and caring responsibilities and who often clearly enjoy using mobile technology and its diverse facilities.

The phone offers entertainment, especially during lockdowns, but is can also be central to organising (COVID-secure) travel or operating as a travel substitute, especially when sicknesses are reported. In COVID-19 it provides a safer route to (nearly) co-presence (Urry 2003). In Tunis, Sania calls her friend and is told about an aunt's severe cold: *'I advised her to check her aunt' s condition via phone rather than visit her.'* Another peer researcher, Nour, gets a phone call from her brother, who is living with her aunt close to his workplace at a clothing factory. His call is unusually late at night: *'I noticed he was coughing, and his voice changed. I asked what was wrong with you. He said he was sick and had a cold and his chest was sore. I was surprised and at the same time I told my mom. I see her eyes are full of fear and panic. She took the phone from me to speak to him. She told him "you should go to a doctor as soon as possible and do not come here" …. if we didn't have the epidemic, she would have not told him not to come.'* In this case fear of infection is so great that familial care can extend no further than virtual advice. The mobile phone's role as a mode of caring appears to have expanded in the pandemic through its employment as a substitute for physical care.

Coping with contingencies on the move

Encounters on the street and public transport, whether with unknown strangers or family friends and relations, point to the potentially difficult strategies of engagement that may be required by young women as they balance personal fears of infection (and their homeward repercussions), against the practices of travelling others and the associated contingencies that their divergent approaches and sensitivities may generate. Here we observe the complexities of ethics as a reflexive and relational space in arenas beyond the home.

In Tunis, Leila, travelling on a packed bus from her home outside the city periphery, recounted how she was standing by a man who started sneezing: *'He touched his nose and mouth with his hands and then held a safety bar. I told him, "You need to wear a mask to protect yourself and others". He seemed like an old man over 50. I cleaned the bar with sanitiser and gave a bit of it to him as well because he asked me to do so. I was happy to help him and told myself that I will give him a bottle of sanitiser when I get off.'* Other peer researchers in the three cities report more conflictual experiences. Tensions spill over on the bus, in the taxi, on the street – there are arguments with taxi drivers, fellow pedestrians and fellow travelers. Dunia gets into a taxi in Tunis and everything is fine until the driver starts to smoke: *'I was irritated by his behavior and kept looking at him while he was putting down his mask and lighting the cigarette. Initially I did not say anything to him, but, after a few minutes, I couldn't really take the smell of cigarette. I had to ask him to put out the cigarette because it's difficult to breathe. He said he would open the windows. That's how we started arguments. I told him, "you are supposed to make the customer feel comfortable, and your behavior does the opposite." He started yelling at me and said, "get out of the taxi".*

I was furious with him and said, "I will not get out of your taxi. Drive me to [the police office]'" … *I am still angry while writing this diary and recalling what happened to me today.'*

In Abuja, Atikah, a 27-year-old who lives with her elderly father describes how, walking home from the shop, she sees a child she knows. The child comes forward to hug her, but immediately the child's mother shouts out – *'Do you want give aunty Corona? Come here'!* The child runs back to her mother and our peer researcher reflects sadly on the rest of her day … .'*I did not go out. Because nowhere to go to and nobody will come to my place, one will just stay at home … Because of COVID-19 people don't want to come close to you.'* On another occasion, her father asks her to

go to market to buy yams. She reaches the junction where she usually finds a taxi for N200 naira but now is told to pay N300: '*I did not say anything because I thought that we are going to seat comfortable* [just 3 people at the back, but then the driver said he's waiting for two passengers]. *I asked him "Where are they going to sit down?" And he said "Madam, one in the front and another in the back." And everybody answered him "For how much?" and he said for N300. So, I ask him "What about the social distance?" and he said "It's your own problem - have you ever seen Corona before? No be for T.V!… If you know there is Corona where is your face mask?"* At this point all four passengers (none of whom are wearing face masks) demand their money back and a fight ensues!

As these and many earlier excerpts indicate, mask wear and social distancing are a common cause for comment and concern among our researchers as they try to keep themselves and their loved ones safe. Following on from Lindiwe's observation about social distancing at the supermarket in Cape Town, on another occasion she notes with distress: '*at the beginning of all this I was at least feeling a bit safe to use a taxi because they were only loading 7-8 passengers, but now it's just a mess as they are filling full and overloading passengers with or without masks (sad)'*. In Tunis, Sania muses: '*I will tell you something wonderful. [On the way to the station] I saw a mentally ill woman. She was a mask and keeping social distancing. What a paradox of life. She was mentally ill but respected the health protocol, unlike some careless men.'*

At this point it is useful to reflect on relevant literature concerning mask wearing. In the earlier context of SARS and other respiratory diseases in Asia the mask has been identified as not simply a barrier to germs, but also possibly a symbol and social ritual, signifying allegiance to shared civic values and responsibilities. Baehr ([2005](#), drawing on Goffman [1955](#), [1959](#); Collins [2004](#)) conceptualised a 'community of fate' in SARS-afflicted Hong Kong, a masked city 'fearful of bodily contact and co-presence', that adopted mask wearing as a social ritual based on fear, not altruism: '*failing to don one was met with righteous indignation, a clear sign of ritual violation… the mask was the emblematic means by which people communicated their responsibilities to the social group of which they were members… it was a mode of reciprocity.'* (Baehr 205:195). This chimes with many of our peer researchers' observations on mask wearing, that often note their own (virtuous) use of a mask (possibly partially encouraged by our requests for information on this point) as opposed to the recklessness of others – often men – whom they encountered on public transport as fellow passengers or operators. In Tunis we are told: '*Many men wear masks under their chins and I can't understand what's the purpose of the mask for them…. Most women wear masks properly, but they take them off when talking to each other…. and young men don't wear masks!'* Male reluctance to wear masks has been noted elsewhere (see De la Vega et al. [2020](#) for observations in Spain) – possibly an issue of fear of showing vulnerability, seen as a sign of weakness. However, Howard ([2021](#)), following analysis of three major datasets based primarily on Western contexts, suggests that despite gender differences in face mask perceptions, the correlation between gender and face mask wearing is not statistically significant.

Another arena where engagement with rules and associate contingencies is sometimes keenly felt by the peer researchers is in encounters with police and law enforcement agencies on the streets, especially during lockdowns. In Abuja, Ladi writes how '*police officers were checking every vehicle to see who is not wearing face mask. Thank God that the 3 of us was wearing face mask!'* In Cape Town, at the taxi rank, '*the military and police were also there. Some were carrying their AK47s… Taxis were being stopped for inspection to check if there's no Covid-19 regulations or rules that are being broken. Our taxi passed and we were all wearing our masks and so we travelled [on without incident].'* In Tunis, it is reported as common practice for male taxi drivers to wear masks around their chins until they see a policeman. The following story illustrates how tensions can build: two 18-year-old boys without masks are apprehended by a ticket seller on the bus who calls out, asking them to wear masks "*for themselves and for others*…. [They respond rudely], *We are not afraid of Corona because it loves adults like you.*" '*The bus suddenly stopped and the situation became scary because one of the girls in the bus… called the Civil Protection police. At the*

same time the ticket seller asked the driver to go to the police station. The passengers got angry ….[After some time with the police] *the bus started moving again at 7.30 and everyone complained about the delay. But the good thing is that the ticket seller told us that the two young men had to pay the fine.'*

Conclusion: ethical and affective dimensions of the study

In this paper we have charted the enormous stresses faced by many young women living in marginal environments as they try to reconcile their everyday caring, relational obligations and associated mobilities (household provisioning, income generation, sociality) on the one hand, with COVID-generated public health imperatives (social distancing, sanitising, mask wearing) on the other. Renegotiation of young women's mobility strategies has been regularly required in the study neighbourhoods as external COVID-19 factors and circumstances assert and reassert themselves in different forms.

Material and social connections, as Hanrahan (2020) stresses, flex and shift as care is enacted, whether at home or on the street: to care is to engage with vulnerability, and everyday practices and associated social behaviour are inevitably shaped by contingencies rather than rules. The peer researchers have to negotiate state demands and travel contingencies on the street while maintaining moral practices of care at home, so that internalised moral responsibilities intersect with contingent circumstances and spaces to shape their embodied performances. As they travel the city, these stresses regularly spill over, sometimes with the potential for complex repercussions on their own and on others' daily lives. We are reminded of the complexities of care and relationality, whether engaging with close family members or a stranger on the bus. Overall, we can conclude that COVID-19 has amplified young women's pre-existing care-based identities.

Ethics have come strongly to the fore as a reflexive and relational space in the foregoing discussion: tensions inevitably build on the bus, in the taxi, on the street, as arguments ensue with taxi drivers, fellow passengers and other pedestrians, and spill over into the home, with elders, children, partners and siblings. Our young women diarists are regularly faced with the dual challenge of balancing negotiations in external contexts where they are pitted against more powerful state and informal sector transport actors (mostly male), while handling daily engagement with sets of actors within the household/kin nexus who may also wield significant power. Mobility and immobility are inevitably intertwined over time and space in response to these circumstances.

The experiences the diarists report demonstrate the complexity of entanglements between care and daily mobility. Charting these entanglements in the context of heightened pandemic-related tensions has highlighted how power relations, deeply embedded in both care and mobilities practices, can react and reinforce each other. Our paper thus contributes to efforts in the emerging literature exploring the care/mobility nexus. From a *care* perspective, our COVID-19 findings focus attention on the critical role of mobility in understanding negotiated relations of care – as they play out not only within the household but beyond it. Clearly these intersections between care and mobility practices will merit further investigation in future, non-pandemic contexts. From a *mobilities* perspective, our COVID findings show the value of a more holistic approach to mobilities – whether within or beyond the pandemic moment. This will require careful attention not only to the multiple interacting mobilities that shape the journey space and process itself, but to the intimate entanglements between the journey and the norms and practices, habits and routines that are embedded in journey end points (whether home or elsewhere). A focus on care, we argue, will offer a particularly powerful route to understanding the potential complexity – and sometimes the pain – of these entanglements. Moreover, while COVID has certainly accentuated the significance of home/mobility relationships from a research perspective, it may also be prompting an expansion of many women's own appreciation of the significance of

mobility in their everyday lives and life chances, not only in our study locations but across the globe.

Finally, reflection is merited regarding the innovative peer research methodology that underpins this paper. Our peer researchers opened windows into the complex nexus of power relations that shape their everyday caring and mobilities practices and routines in COVID-19 that would otherwise have been entirely inaccessible to the academic team. Their reflections have born out, very forcefully, the observation that 'caring actions and practices ripple out into the world beyond the immediate caring relationship or the immediate moment' (Hanrahan and Smith 2020, 244). Moreover, those entanglements that have ensued, on the streets, in public transport, at stations and other transport hubs, have rebounded back, not only on life and relationships at home, or across the city where they unfolded, but beyond, including into the lives of the research team that has constructed this paper. Inevitably, we have reflected and written across the diaries, picking out what we see as salient features, but it must also be acknowledged that the everyday moral dilemmas scripted by our diarists have an affective dimension that extends beyond them and their immediate relationships, to us. We feel their pain as they chart their experiences, frustrations, arguments and fear (and, of course, these sit alongside our own COVID concerns, fears and frustrations) yet there is little we are in a position to bring to the table currently, except virtual encouragement and the channelling of very small occasional contributions to income. Beyond the pandemic moment we hope to return to work with our peer researchers to develop strategies that can help address some of the issues they have highlighted. Perhaps our very positive experiences of working with peer researchers may also encourage others, whose research is similarly directed towards social justice, to consider this approach in future work.

Notes

1. Balcom Raleigh et al. (2021:57) putting a similar emphasis on social organisation and relationality, refer to care as 'about nurturing the social networks to which one belongs, e.g., family, workplace(s), friendships, acquaintances, etc'.
2. This work with peer researchers (alongside all planned activities) went through full ethical review at the collaborating universities.
3. See Van der Geest, Dapaah, and Kwansa (2019) for a discussion regarding how strangers can sometimes become more trusted caregivers than family members, in the context of HIV/AIDS care in Ghana.
4. All names are pseudonyms

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