

# Im/mobilities of care during the COVID-19 lockdown in Itagüí, Colombia

Juan Pablo Orjuela<sup>1\*</sup>

Tim Schwanen<sup>1</sup>

1. Transport Studies Unit (TSU)

School of Geography and the Environment

University of Oxford

South Parks Road

Oxford, OX1 3QY, UK

\*Corresponding author: [juan.orjuelamendoza@ouce.ox.ac.uk](mailto:juan.orjuelamendoza@ouce.ox.ac.uk)

## Author contributions

**Juan Pablo Orjuela:** Conceptualization, methodology, formal analysis, investigation, writing – original draft. **Tim Schwanen:** Conceptualization, writing – original draft, supervision, funding acquisition.

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The authors have no conflict of interest to declare

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## Abstract

Despite a growing literature on the impacts on mobility patterns of different policy measures put in place during the COVID-19 pandemic, few authors have focused on the lived experiences associated to these changes, particularly in a context of care-related activities in low-income, semi-formal communities in the urban periphery outside the global North. The concept of mobilities of care provides a powerful framework to study the impacts of lockdown policy but would benefit from further theoretical development. In this paper we use a mixed-methods approach to study the impact of lockdown measures in a group of 40 low-income women living in peri-urban areas of Itagüí, a municipality in the south of the Medellín metropolitan area, Colombia. Based on existing feminist literature, we make three main contributions to the conceptualisation of mobilities of care beyond drawing attention to immobilities of care. First, we argue that by focusing on trip motivations rather than purpose, the concept of mobilities of care goes beyond a taxonomical change of trip categories. Second, we propose a focus that extends beyond immediate family members and includes care activities focused on the local community. Finally, we suggest that mobilities of care could benefit if activities of self-care are included.

*Key words:* Mobilities of care, Mixed methods, Global South, Transport Studies, coronavirus

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### 1. Introduction

In 2020-2022 the coronavirus, SARS-CoV-2, spread around the world, disrupting everyday life to unprecedented levels. At least during the first waves of the pandemic, social distancing measures were put in place worldwide and out-of-home mobility was restricted to what was referred to as essential travel. People were instructed to stay home with the exception of essential workers such as those working in health services and food production and distribution (Benavides & Nukpezah, 2020; J. Liu et al., 2021; Z. Liu et al., 2021). In Colombia, a complete national lockdown was imposed on 24<sup>th</sup> March until 1<sup>st</sup> September 2020 followed by intermittent local lockdowns and mobility restrictions.

There is now a sizable literature on the implications of the COVID-19 lockdowns for people's everyday mobility, which has allowed a range of conclusions to be drawn. The restrictions on mobility have slowed down and diminished the spread of the virus, mostly by reducing social interaction (da Silva Corrêa & Perl, 2022; Gargoum & Gargoum, 2021; Shen, 2021). Some positive environmental changes have also been documented, mainly related to air pollution (Baldasano, 2020; Bar et al., 2021; Dantas et al., 2020) and CO<sub>2</sub> emissions (Calderon-Tellez & Herrera, 2021; Le Quéré et al., 2020). Active travel – walking and cycling in particular – has received a renewed impulse (Musselwhite et al., 2021; Teixeira & Lopes, 2020) and new opportunities to work from home could have lasting effects in mobility patterns (Felstead & Reuschke, 2020). Nonetheless, the emphasis on working from home has enhanced pre-existing social inequalities since low-income communities are less likely to have adequate internet connections and more likely to have jobs that cannot be completed remotely (Bin et al., 2021; Chikazhe et al., 2020). Public transport use has been reduced particularly strongly and may struggle to recover in the medium term (Gkiotsalitis & Cats, 2021; Schwanen, 2021), and restricting mobility and social interaction has been associated reduced physical activity and well-being (Füzéki et al., 2021; Sadeghipour et al., 2021).

although the level of these impacts can depend on the built environment (Mouratidis & Yiannakou, 2022).

In Colombia, research has focused on the impacts on public transport (Arellana et al., 2020; Pardo et al., 2021; Valderrama, 2021), environmental impacts (Henao et al., 2021), and the implications for equitable urban development in the future (Guzman et al., 2021). These studies have shown that during the lockdowns public transport offer and demand were significantly reduced, and with them, their negative externalities such as exhaust emissions contributing to air pollution and climate change. However, existing social and spatial inequalities in Colombia that disproportionately limit low-income people from accessing goods and services, have been enhanced by the measures taken during the pandemic.

To date, the large majority of studies on the impacts of COVID-19 on everyday mobility have applied extensive research methods (Sayer, 1992). They typically use surveys and sometimes big data (e.g., mobile phone data) to identify general patterns such as changes in travel data at a city scale, or associations between socioeconomic status and mobility reductions, with a view to generalizing results and conclusions to larger populations (e.g., Alessandretti, 2022; Hananel et al., 2022; Heroy et al., 2021; Lee et al., 2021; J. Liu et al., 2021; Nikiforiadis et al., 2022; Shamsuddin, 2020). Work along these lines is highly valuable but also offers limited insight into how individuals from different social backgrounds and in particular places have adapted to, and experienced, lock-down and social distancing policies. The precise nature of the causal processes – the why and how – that link those policies and the spread of the virus to everyday life in places and situations of social disadvantage and deprivation remains unclear.

This paper adopts an intensive methodology to address how low-income women in a peripheral neighbourhood in the Itagüí municipality in the Medellín metropolitan area responded to, and experienced, the mobility restrictions during Colombia's national lockdown in 2020. As Sayer (1992) explains, intensive research tends to use small samples with individual cases being explored to offer rich(er) understandings of the aforementioned causal processes. Below we use the lens of 'mobilities of care' (Sánchez de Madariaga, 2013) to reflect on the challenges the lockdown policies raised for adults at the intersection of

income and gender inequalities in Latin America because they faced a double setback during the lockdown. On the one hand, as other authors have recognised (Adey et al., 2021; Salamanca & Vargas, 2020), the severe mobility restrictions posed a disproportionate burden on people whose ability to care for their family depends on livelihoods involving itinerant activities such as buying and selling of goods on streets and in public spaces. On the other, in trying to mitigate the negative impacts of the lockdown policy, both national and local government in Colombia and the Medellin region focused attention on the (formal) economy and largely disregarded forms of care provided outside formal market mechanisms, thus reinforcing the long-standing tendency to misrecognise the value of care-giving. Based on the empirical research we propose that the ‘mobilities of care’ concept be extended to account for not only care-giving activities but also to caring about and for oneself and the local community.

## 2. Mobilities of care

In transport research, care-related activities and trip have predominantly been discussed in two ways. First, there is a long-standing tradition of studies into household-serving or ‘maintenance’ travel and women’s disproportionate responsibility for it (e.g., Hanson & Hanson, 1981; Mauch & Taylor, 1997; Rosenbloom, 1978; Schwanen, 2007; Uteng & Turner, 2009). This literature has challenged long-standing assumptions in transport studies and planning of trip-makers as neutral, disembodied subjects unmarked by gender and its intersections with class, race, age and other processes of social differentiation. Second, and more recently, Sánchez de Madariaga has introduced the concept of ‘mobilities of care’, which she proposes “includes all travel resulting from home and care responsibilities: escorting others; shopping for daily living” (Sánchez de Madariaga, 2013, pp. 53–54), as well as visits to take care of the sick or elderly, inter alia. The concept has seen considerable uptake in Latin America, where it has helped to highlight different mobile burdens between men and women (Hernández & Santos, 2020) and the changes in mobility patterns associated to having children (Faria, 2020). It has also helped to foreground the social aspects of sustainable transport, a concept whose environmental components usually receive the bulk of attention (Sagaris & Tiznado-Aitken, 2020).

Sánchez de Madariaga introduced the concept because transport policy's focus on work-related trips in combination with socially established gender roles has resulted in a poor integration of gender issues in transport. It has given greater visibility to care-giving activities that are typically hidden in transport research and policy under categories such as visits, escorting, or shopping. By creating an independent care category, it recognises the labour involved in giving care to minors and other dependent individuals, which is disproportionately done by women (Sánchez de Madariaga & Zucchini, 2020; Ravensbergen et al., 2022). This recognition in transport research has typically focused on trips associated to childcare (Faria, 2020) and the accompanying of other members of the same household that require some mobility assistance (Hernández & Santos, 2020). The definition of mobilities of care typically excludes trips such as leisure shopping, personal walks for recreation, and other leisure visits as the use of the concept has thus far been mainly concerned on care-giving. As shown by Sánchez de Madariaga and Zucchini for a sample of in 800 men and women in Madrid (Sánchez de Madariaga & Zucchini, 2020), the allocation of trip purposes to mobilities of care can vary greatly depending on how answers are classified. They show how without a specific category of care, 16% of trips declared by people aged 30-45 in their survey would be classified as escorting others, but this drops to 1% if care trips are separated. Within that same age bracket, the category of care would be the second most common trip purpose (29%) after employment (33%) and the most common (40%) in women.

While powerful, the mobility of care concept can be extended by developing its theoretical grounding. Drawing on the understanding of care, originally developed by Tronto (1993) within the feminist ethics of care literature, is useful in this context. For Tronto, care is “a species activity that includes everything that we do to maintain, continue, and repair our ‘world’ so we live in it as well as possible” (Tronto, 1993, p. 104). This description goes beyond definitions in the mobility of care literature that tend to concentrate on ‘maintain’ component, and typically within a household and/or familial context. For example, Hernández and de los Santos explicitly define mobility of care as “mobility with a purpose related to familial maintenance activities” (Hernández & Santos, 2020, page 34) and Faria uses care to describe a “fundamental work of reproduction of life – the care for the

household and the children” (Faria, 2020, page 63). For Tronto, however, the concept of care can be divided in four ‘phases’, namely i) caring about, ii) taking care of, iii) care giving, and iv) care receiving (Tronto, 1993, pp. 105–108). These four phases are related, respectively, to four ethical elements of care: attentiveness (the recognition of a need), responsibility (for example, the responsibility of care parents have for their children), competence (or the ability to provide care), and responsiveness (which gives agency not only to the one giving the care but the one receiving it). In the context of mobilities, some authors have stressed that care also involves both physical and emotional labour (Plyushteva & Schwanen, 2018).

The definitions of mobility of care typically fall within Tronto’s phases ii and iii above, i.e., ‘taking care of’ and ‘care giving’. ‘Taking care’ of differs from care giving insofar that the former does not imply physically administering the care. Going to buy groceries for the family and physically help someone to eat their meals are two different activities that can be performed by different people. The former is an activity to take care of while the latter constitutes care giving. Both activities may require travel and any related trips would classify as mobilities of care. In contrast, caring *about* (phase i) implies the recognition of a need, which may require no (at least physical) mobilities associated to this type of care. However, recognising what people care about can help to explain why they take the trips they take, or how they prioritise them. In other words, the inclusion of phase i allows for the consideration of a trip motivation and not only a trip purpose. Finally, *receiving* care (phase iv in Tronto) is taxonomically excluded from the mobilities of care definition used by Sánchez de Madariaga and Zucchini, as they have a separate category for health-related trips (Sánchez de Madariaga & Zucchini, 2020, page 95). However, the notion of receiving care in mobility can be linked to trips undertaken for the purpose of self-care that has been excluded from previous definitions of mobilities of care.

In short, this paper suggests that the concept of mobilities of care can benefit from stronger theoretical underpinnings and it uses Tronto’s phases of care as a starting point. First, by explicitly incorporating the notion of caring *about*, we expand the concept of mobilities of care to consider not only a trip’s purpose but its motivation, as well as making room for considerations of immobilities, or the role that both a trip and staying put in a location or

place plays in care. Second, by recognising the roles played by caring for and giving care to members of a community, we foreground the significance of mobilities of care for social networks beyond the co-resident household or even the family. And third, by reflecting on the agency Tronto highlights of those *receiving* care, we argue that some leisure trips can play an important role in self-care mobility and should not always be excluded from mobilities of care research.

### 3. Context and methods

Itagüí is one of ten municipalities of the metropolitan area of the Aburrá valley in Medellín, Colombia (Figure 1). With a population of 268,000 and area of 21km<sup>2</sup> (Alcaldía de Itagüí, 2015), it is one of the densest municipalities in the country. To the north, it borders Medellín, Colombia's second-largest city of 2.5 million inhabitants. The rural and peri-urban areas of high-slope hills to Itagüí's west are known as the Corregimiento (8.9km<sup>2</sup>) and mostly populated by low-income families in informal settlements.

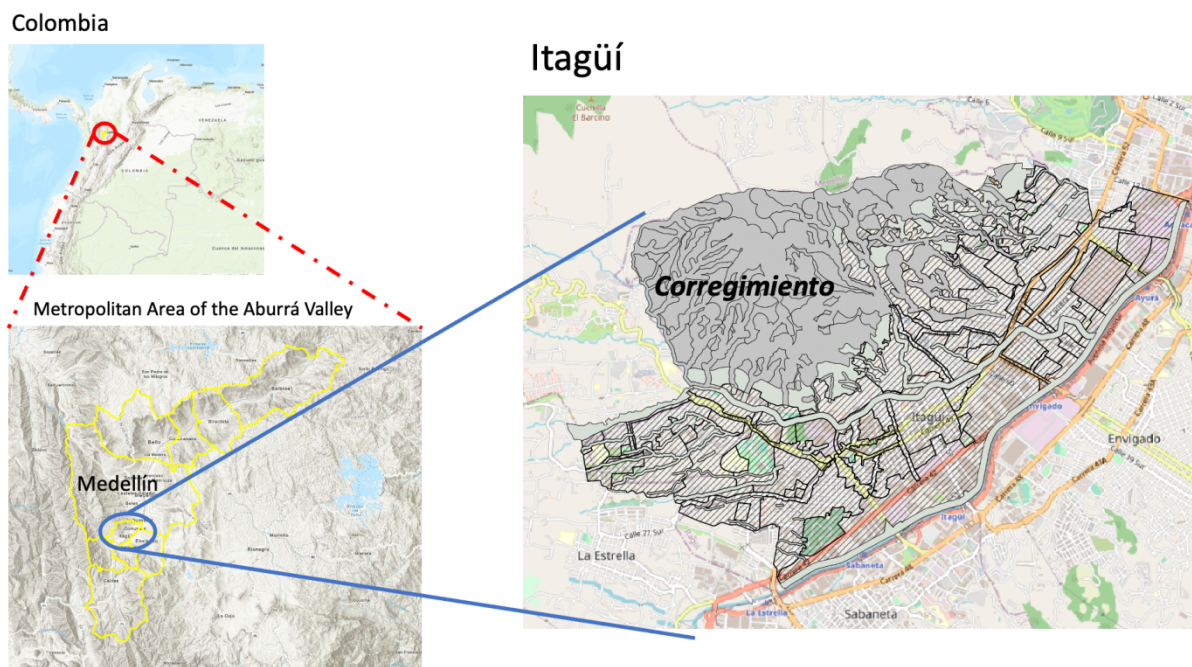


Figure 1. Map of Itagüí in the Metropolitan area. The Corregimiento is shown in solid grey



Dimú is a research group of 40 women from the Corregimiento formed in January 2020 with the purpose of coproducing research on accessibility and health under the auspices of researchers at the University of [omitted for peer review] and [idem] university in [idem]. 'Dimú' is both a contraction of the words "diálogo" (dialogue) and "mujeres" (women) and a purposeful contrast with a common expression in Spanish, "no dijo ni mu" ("didn't even say moo") used when people do not speak much. The women in Dimú are all adults aged 21-67 in charge of at least one child aged 8 or younger and living in places within the Corregimiento falling in the lowest two strata of Colombia's national socioeconomic strata system consisting of 6 levels. Slightly over half (54%) live with their partner, and their households contain 2-9 persons. Most work in the informal sector, with only 4 being employed in the formal economy. All have very low personal incomes below the national minimum wage (~\$250 USD/month), and only six are in households where the total household income is above that same minimum. The research with Dimú received approval from the University of [omitted for peer review]'s Research Ethics Committee (reference: [idem]).

Dimú's originally planned research activities were significantly adapted when Colombia entered a complete lockdown to control the spread of the coronavirus. Face-to-face meetings and workshops were largely substituted by online activities which were mostly configured around WhatsApp use. This was a collective preference and decision because participating women all had smartphones but were keen to limit data usage for cost reasons.

The analysis below is based on four types of interaction (Figure 2). Three waves of online surveys were completed, with questions being added in the second and third waves. The first-wave survey was a travel diary asking for trips conducted on the previous day, including their purpose and cost. The second wave added details on what the women considered to constitute essential trips, and the third wave added details on mental health. Surveys were sent via a personal WhatsApp message throughout a week including weekdays and weekends. The day each Dimú member received her survey was allocated randomly.

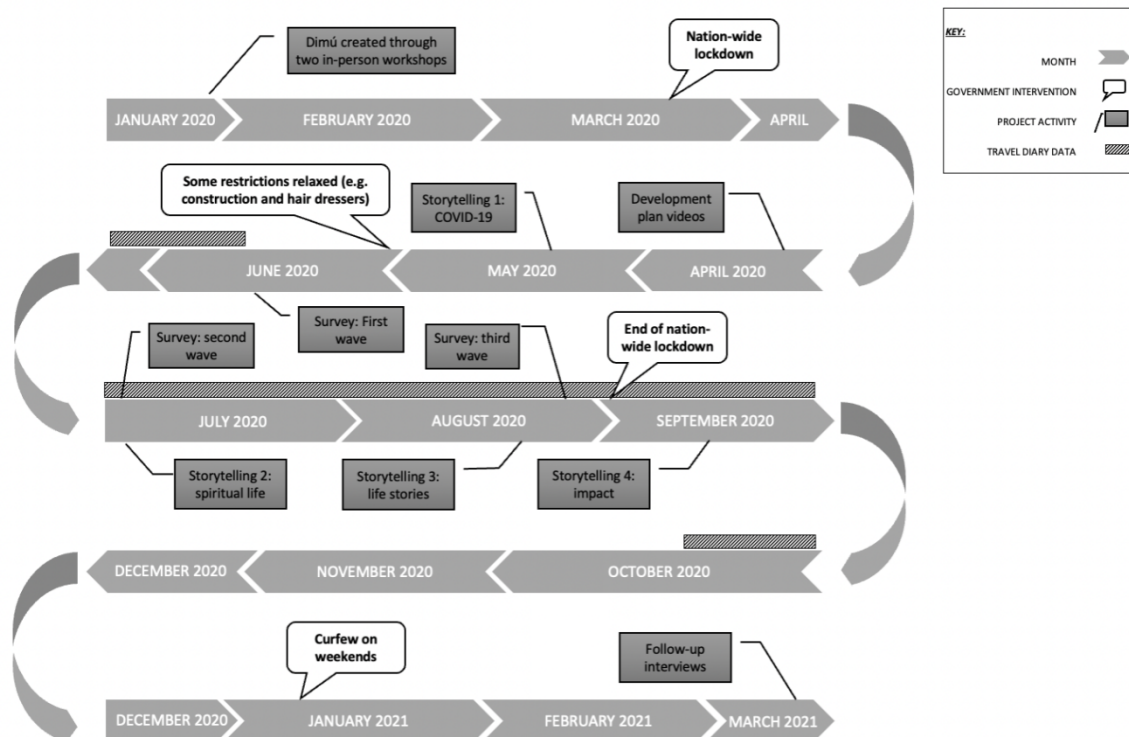


Figure 2. Timeline of the various stages of the project and policy interventions due to COVID-19

The diaries were complemented by four rounds of storytelling exercises. The women in Dimú were invited to tell us stories using the medium(s) of their preference. We received videos, voice messages, crafts, diaries, photographs, and written pieces (physical objects were collected by the research team once in-person visits were possible). Stories varied greatly in length but were all deeply personal. In total we received 56 stories covering four topics (which were suggested by the research team on the basis of analysis of materials received earlier): i) life before and during COVID-19, ii) spiritual life and mental health, iii) life stories, and iv) impact of the Dimú project in our lives. In the following sections, pseudonyms have been used when quoting from these stories to protect their privacy. Third, in April 2020 the Dimú collectively responded to the consultation phase for Itagüí's Development Plan<sup>1</sup> for the period 2020-2023 (Lozano-Torres, 2021). The [omitted for peer review] and [idem] researchers organised the process and received reactions from 20

<sup>1</sup> Development Plans in Colombia are the statutory instrument for short- and mid-term development goals and financial investment in local governments, presented by the local executive branch every four years. Before it's approval, the plan has to go through a consultation phase and has to be approved by the local legislative council.

women who articulated a series of concerns centred on the environment, health, and transport in Itagüí. Finally, the first author conducted semi-structured interviews with five Dimú women after the national lockdown in March 2021, to obtain further information on how they perceived their mobilities of care had changed during the lockdown. Interviewees were selected on the basis of the stories they had shared previously, and interviews were completed during individual WhatsApp calls lasting 30-60 minutes.

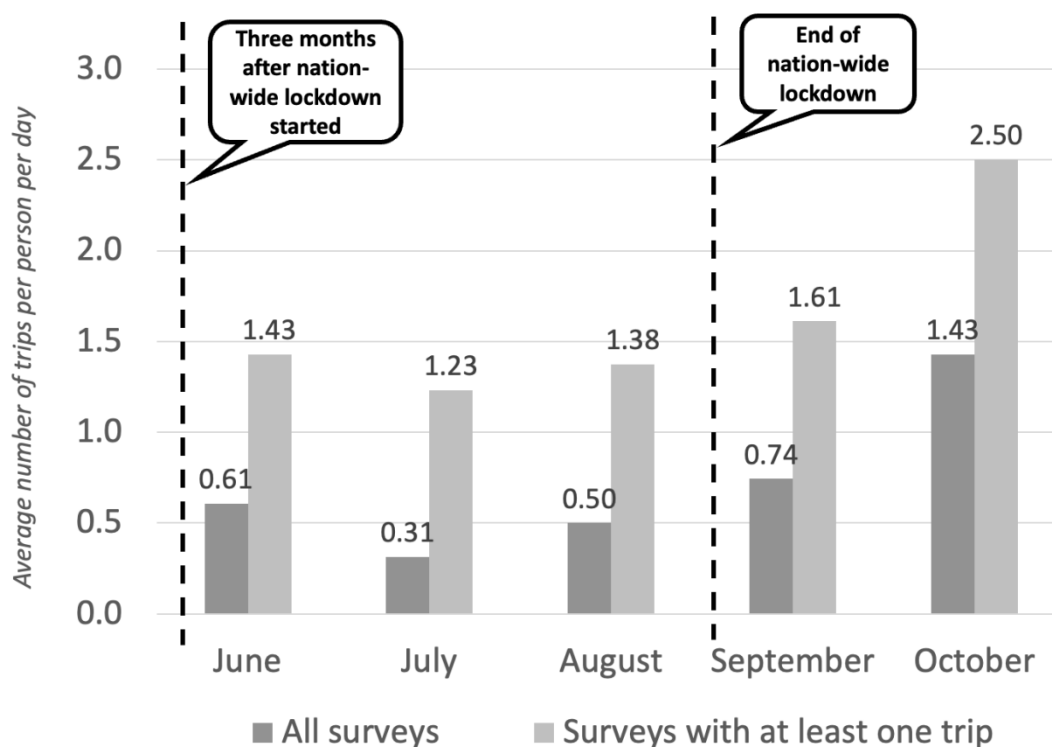
The stories and reactions to the Development Plan were analysed using NVivo version 12 (QSR International Pty Ltd., 2020) and parts were classified into four nodes (family, livelihoods, mental health, im/mobility). Ten women were selected as case studies based on the relevance of their answers with the defined nodes. Data was analysed both longitudinally (i.e., at an individual level looking for trends and changes with time) and cross-sectionally (i.e., at a node level looking for trends and changes between individuals). All videos and voice messages were coded, but only key segments were transcribed. All answers were received and analysed in Spanish. Quantitative data from surveys was analysed using R Studio (R Core Team, 2020; RStudio Team, 2020).

## 4. Im/mobility of care during severe mobility restrictions

### 4.1. Mobility patterns

As expected, the women in Dimú declared very few trips. Surveys were collected from July – three months after the lockdown started – until mid-October, 1.5 months after the lockdown finished (although some restrictions were still in place). On 109 (64%) out of the 174 days for which survey data is available the women did not leave their house. Figure 3 shows the average number of declared trips per person per day for both all surveys, and surveys with at least one trip. In no month did the average number of trips per person per day for all surveys exceed 1.5, although the values increased post-lockdown. The low averages may suggest some underreporting or confusion on the difference between a round-trip and trip from an origin to a destination (despite the research team's efforts to clarify the difference), but still highlights the women's limited mobility overall, even after the lockdown.

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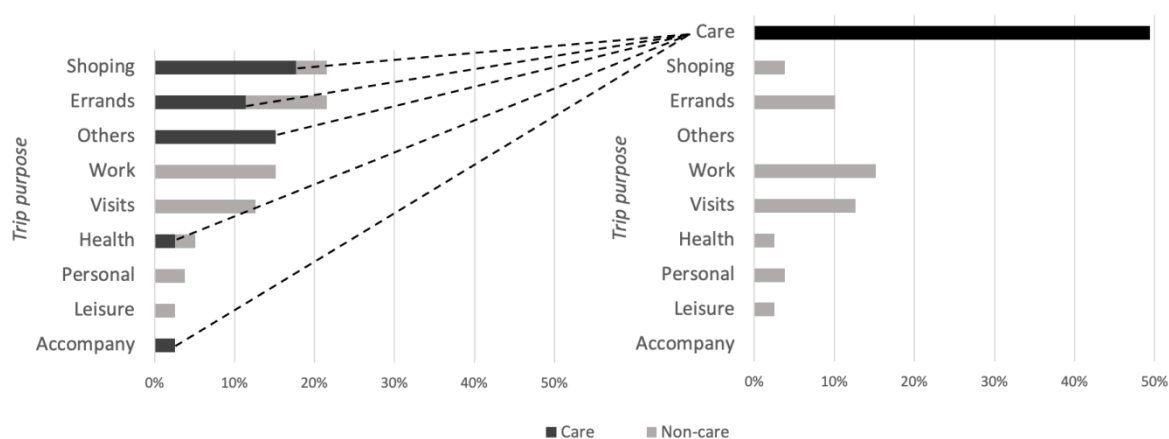


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Figure 3. Average number of trips per person per day according to month of submission in our survey.

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Figure 4. Classification of trip purpose according to traditional categories and to umbrella category of mobilities of care. All return home trips have been excluded from the list. This classification does not include trips to care for themselves.

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In terms of purpose, shopping and errands prevailed among the declared trips (Figure 4).

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However, it is also clear that the use of conventional trip purposes helps to make mobilities

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of care invisible and difficult to identify. Our surveys offered a wide range of options to

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classify trip purposes and gave the possibility to type in a different purpose not included in

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our list. By reviewing these data, we could create new categories that included care as a

separate purpose. This resulted in the identification of half (49%) of the trips as mobility of care. Walking was the most common transport mode with 50% of all trips, followed by the *chivero* (20%) – a collective taxi that follows a specific route and fits three to four people (Figure 5). Since *chiveros* are not formally regulated by any transport authority, they operated normally during lockdown. Buses, however, saw their seat capacity (max 30%) and frequencies reduced, and routes altered; and some stopped servicing the Corregimiento altogether.

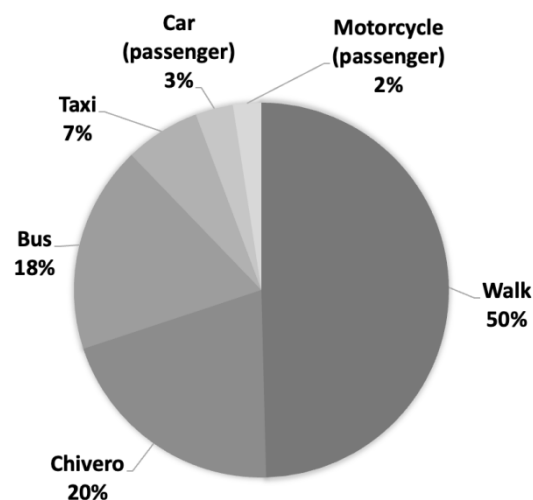


Figure 5. Mode choice distribution of all trips in our survey

#### 4.2. Caring in one's household

One of the major changes compared to pre-COVID times is that the women's trips to take children to school and/or day-care centres were replaced by full-time dedication to children at home. This is explicit in both surveys and stories. The survey data suggest that the women in Dimú spent on average 113 minutes per day cleaning the house, 90 minutes helping children with homework, and 89 minutes preparing food for the family. Activities classified as other (49 minutes on average) included 'playing with my children', 'taking care of my father' and 'washing clothes'. On average, 70% of the time at home was devoted to giving care to others, and this was not dependent on whether the women lived with their partner or not. In other words, the immobility of care implied near-permanent care. The stories offer further insight into the women's lived experience behind these numbers. For instance, staying at home for most of the day with their children did not necessarily mean having

shorter days. Some had to get up earlier than before the lockdown to complete for various chores. One of the women, Catalina, lives in an area where potable water is scarce and when her family spent all day at home had to get up early in the morning to collect enough water for all:

*“Very often we have no running water here, so we need to wake up early [to collect it] and make it last for our meals and everything [else]. And when it rains a lot, the water comes down very dirty. It is impossible to clean the dishes or wash our clothes. We also have the other water, the one from the public services, but that one comes in specific time schedules. First at 5am, then at 4pm, and finally at 7 or 8pm”.*

The way Catalina obtained fruits and vegetables for her household also changed during the lockdown. At the beginning, she shared:

*“Thank God we have lacked nothing [...], we don’t buy all the fruits and vegetables; many are given to us as a gift. I’m not going to lie saying that we buy everything because we don’t. [...] We have a lot of acquaintances that work in fruit supermarkets, wholesalers, or in the plaza so we’ve had enough fruits and vegetables”.*

Later on, Catalina explained, still in an upbeat tone, that she had moved to cultivating their own food out of necessity as the severe mobility restrictions had made providing food for her family extremely challenging: *“We have enough room for many things. We can labour the land, cultivate, have a garden. Things that we never paid attention to before”.*

María’s routines also changed as financial pressures increased. Before the lockdown, she would get up early in the morning, prepare breakfast for her husband before “sending him off”, take their son to school, and then prepare to receive the children of other families in the area, as her house works as a state-funded day-care centre on weekdays between 8:00 and 16:00. After her day-care duties were over, she would pick up her son from school and help him with his homework, while doing her own university work which involved sometimes meeting with her university friends. During the lockdown, she could no longer

receive children and spent her day with her family at home. She dedicated around 120 min making facemasks to sell, and another 120 min to other work-related activities such as calls to the families of her day-care centre, or university work. Getting food for the family changed in terms of location, time of day and types of produce:

*“In terms of changes to our food, the essentials in our shopping have had some variations, given that we don’t have the same income; but thank God and kindly people, we have been ok, and we have had the basics covered. In order to save, we’ve had to buy our vegetables at Mr Leonardo’s place, but it means an early start at 4am because at 5:30am he’s already sold out. But it is very cheap! For \$10,000 COP [\$2.75 USD] one can buy a lot of things!”*

As Catalina and Maria’s testimonies show, taking care of their families took more effort while non-care activities outside the home, including those generating income, had to be mostly abandoned. Getting groceries and water became more challenging as the restrictions on mobility resulted in both greater need at home and increased financial pressures. Still, their stories are not of complaint, but conveyed gratefulness for what they did achieve.

#### 4.3. Beyond co-resident households: other family members and solidarity expressions

The storytelling exercises highlighted the important role that relatives and kinship played in mobilities of care. Lucía, for example, had a brother in jail who she used to visit and bring food and toiletries. During the pandemic, jails were epicentres of contagion (Wurcel et al., 2020) and this also held for the one in Itagüí (Alcaldía de Itagüí, 2020). Lucía may not be engaged in direct care-giving to her brother but does feel responsible for the logistics associated to her brother being able to have essentials for his own care: *“I need to bring him soap, and things to keep him safe. They have nothing over there”*. She also collected money from family and friends to purchase additional cleaning supplies for him. Pamela’s brother was also in jail during the early stages of the lockdown but finished his four-year sentence in November. When he came out, he had no health coverage and Pamela helped him get his psychiatric medicine.

Some of the women's trips were conducted not only to care for or give care to – Tronto's (1993) phases ii and iii, respectively – but also because they care *about* (phase i). Mónica, for example, was unable to go to work during the lockdown and in her first story from May 2020 narrated how this limited her capability to care for family members about whom she cares much. Normally she would send money to her son in Venezuela but with increased financial needs she was no longer able:

*"I [used to] go every day to the main fruit and vegetable wholesale to sell candy. Sometimes Mister Lucas in block 10 helps me out [and I do the] packaging of the onion 3 days a week. With that and what I get from selling the candy I save enough for rent, to send to my son in Venezuela, and to buy things for my 16-month-old daughter. I am a single mother of two beautiful children, and a 16-year-old niece takes care of my baby when I go out to work. My brothers help out with food [...]. [During the lockdown] it hasn't been easy but not impossible either. I can't sell candy anymore and at the onion warehouse they now need me only once a week and not even every week. What has affected me most of the pandemic is that I can't send anything to my son, and I owe two months of rent. One of my brothers is not working now and the other works once or twice a week".*

It is evident that Mónica's ability to care for her children is a collective achievement owing to social capital in Bourdieu's (1986) sense. Through interpersonal ties within (her brothers and niece) and beyond (Mister Lucas in block 10) her wider family she was able to go out for work and take care of her children. Similarly, Pamela and Lucía above cared for their brothers by appealing to their place-based social networks in the Corregimiento for help. Mónica's story is explicit in how it does in terms of space as her ties to her family in Venezuela affect her travel behaviour in Colombia.

Mónica's story also has implications for how mobility of care is identified and limited. She talked exclusively about trips to work but renders them meaningful because they enable her to care for her loved ones. Care thus became a key motivation for those trips, which suggests that mobility of care cannot fully be captured through a taxonomical reformulation of declared trip purposes, as Sánchez de Madariaga and Zucchini (2020) pursue. Mobility of



care is a relationally constituted category of movement that can seep into any many different types of trips, seemingly undertaken for other reasons.

Paula's experiences offer another example of how caring for family members and work trips intertwine in ways that taxonomical redefinition may not capture. With two daughters aged 5 and 9, her pre-pandemic monthly household income was between \$100,000 and \$500,000 COP (US\$27.50-137.50) earned by herself and augmented by her employed father. Her mother helped her by looking after her daughters but not during lockdown:

*"I've had to leave the girls alone. My mum gave me a camera so I can keep an eye on them through my mobile phone when I'm out [delivering products], and that way I just leave everything they need. I feed them before, so they are full, and they know I am always watching, so they think twice before doing any wrong. But thank God for that. When my mum gave me that I was dancing on one foot, my mum helps me a lot with those things (...). I can't take the girls to my mother's house now because it is \$20,000 COP [US\$5.50] to go [by taxi], and another \$20,000 COP to come back. And she is not doing ok health-wise either, so the girls just have to behave. They are very well behaved anyway"*

Her mother's gift extended Paula's capabilities to care for her daughters and offer some emotional support when she is out delivering her products, which she needs to do to secure income. Her mobile phone method is far from ideal but knowing her daughters are alright gives her peace of mind.

Care and associated mobility extended beyond relatives and close ties in social networks to the wider community through what could be called expressions of solidarity. For Mason (2000) solidarity is one of two conditions that need to be met for a group to constitute a community in a moral sense. Solidarity may have various definitions, but we follow Mason's for whom it refers to members of a group giving each other's interest some non-instrumental weight in their practical reasoning. Such solidarity need not exist as a given but can be precipitated by a crisis and emerge as alternative to a mainstream (neoliberal-capitalist) response to that crisis, as Daskalaki (2018) has shown for the financial crisis after

2008 in Greece. Some of the stories told by the Dimú women suggest that care in solidarity with the community offered an alternative organisational response to the COVID-19 and lockdown crisis compared with that of the government of Colombia. The main instrument used by the national government to help families in need during COVID-19 was a direct cash transfer called “solidary income” focused on 3 million households in Colombia, and then extended to 4.85 million. Beneficiary households were based on SISBEN rating, an index used in Colombia to prioritise social expenditure, but even before COVID-19 local authorities had been made aware of inconsistencies in the index that resulted in people in the poor areas of Itagüí being systematically and erroneously awarded higher scores, and therefore excluded from social programmes. None of the women in Dimú reported having access to the solidarity income during the length of our project.

Paula’s daughters were in the public school which they could not attend in person during the lockdown. However, the school sent food for the family as part of a governmental plan to keep giving public school children the meals they used to receive. In one of her stories, Paula shared:

*“There are several Venezuelan people here and within the extent of our possibilities we have filled a bag or something to help them out with food, because they have children, and as I have two daughters, it distresses me to think of that mother without solvency for her babies [...] I tell my father that we have to do something, so if we get three packages of this, we can give one of that, and help each other within our possibilities [...]. In our neighbourhood they have a table outside with a sign that says ‘give and take’, so people have that as an alternative; a small help for food”.*

Paula’s discussion of the ‘give and take’ table and of sharing within scarcity highlights how solidarity within the community was essential to meeting everyday needs during lockdown. It also foregrounds the non-instrumental nature of this solidarity as there is no reciprocity expected. Later on in her story Paula’s voice message said:

*“the girls are now taking virtual lessons and they only had my mobile to work with, and this was very frustrating. They would say they wanted to go back to school, see*

470 *their school friends again, that my mobile was no good. This is very frustrating for*  
471 *one as a mother. I was blessed to talk to people who have been a good support for*  
472 *me, and I received a donation of a computer”.*

473  
474 The gift of the computer shows how network of support emerge and are activated to  
475 address specific or occasional needs. However, solidarity expressions frequently went  
476 beyond occasional help and took a more systematic approach. Rosa, for example, who is  
477 financially better-off than other women in Dimú, and has two older daughters who demand  
478 less attention, spent a good deal of her lockdown organising help in her community. She had  
479 contacts in the main fruit and vegetable distribution centre in the area and received  
480 donations from them that she distributed in coordination with other community leaders: “*I*  
481 *didn’t have enough time anymore; everything revolved around showing solidarity with*  
482 *others. I started to ask for help for families with a latent necessity. God puts earthly angels in*  
483 *one’s way”.*

484  
485 As a result of her activity Rosa took trips to care for a wide community that extends beyond  
486 her family and immediate neighbours. She was also the person who declared the greatest  
487 number of trips in the survey, but categorised trips to distribute food and donations as  
488 “*personal*”. When asked about these trips and their connection to mobilities of care during  
489 the follow-up interview, Rosa still classified them as personal errands, given the voluntary  
490 basis of her engagement. This instance offers yet further evidence that a reclassification of  
491 trip purposes may not capture all forms of care as a motivation for mobility and may thus  
492 result in the underreporting of mobilities of care.

#### 494 4.4. Self-care

495 As explained in Section 2, previous studies have generally excluded trips for leisure activities  
496 such as personal walks for recreation or meeting friends and family as manifestations of  
497 mobilities of care. The stories by, and interviews with, the women of Dimú nonetheless  
498 suggest that those trips can be an integral part of care for oneself, especially when mobility  
499 is so limited by the State as it was during Colombia’s COVID-19 lockdown.

Tronto (1993) argues that it is important to recognise that care brings conflict as meeting someone's needs will often imply that someone else's will go unmet. For the women in Dimú caring for and giving care to family members and other people in their community very often came at the expense of taking care of themselves. This distance from self-care seemed deeply rooted. The chain of events associated with care starts with caring *about* (Tronto's phase i), which is related to attentiveness. Here is Mireya who, when asked to tell us about *her* life before and during the COVID-19 pandemic, related to following in one of her stories:

*"Once upon a time, in the city of eternal spring, there was a man who had two beautiful children whom he loved very much, but he worked long hours every day and had little time to spend with them. His daughter would be taken to school every day by their mother while his older son would wait at home [...]. Dad was very worried because if he didn't work, how were the grocery shops going to get supplies, as his job was to supply them every day? Finally, we all understood it was time to stay at home because COVID-19 could hurt us a lot. Super-dad was convinced that this would all pass if we just had patience and faith".*

Throughout the story she was only the narrator of the story titled "Superhero Dad", and sometimes referred to herself in the third person as the children's mother, a secondary character. This invisibility of her own needs and feelings in the story is a – probably subconscious – reflection of how her life revolves around others. At a later stage, when asked about her spiritual life, Mireya similarly decentred herself from the story and rather focused on her grandmother and how her belief in God had shaped her own. She sent a short video of snapshots of text telling us the role her grandmother played in her spiritual beliefs, briefly touched on how her own faith remains strong in the midst of COVID-19, and added some photographs of her grandmother.

Mireya is not alone in putting others needs first, and children were commonly the women's focus. When commenting on the draft Development Plan, they mostly discussed how their children lacked safe places to play and spend time. Road safety measures were justified "so our children can go out freely", parks and green spaces were identified as "inadequate for

my children to play at". When asked by the research team about what they could offer to the Development Plan, one said: "we can share the ideas we have as mothers and heads of our family". This is a significant as these specific subjectivities have received little attention in Development Plans in Colombia so far, in contrast to those of citizen and woman (Lozano-Torres, 2021). The women in Dimú sometimes recognised their own needs but mostly made no mention of things they lack as individuals. Their own needs and concerns played a secondary role and the wellbeing of others, and particularly their children, was commonly prioritised.

Most of the stories we received highlight the value they placed on spending more time with their family. Mireya's Super Dad story continues:

*"It was then when my family decided to create different ways to have fun so that the lockdown wouldn't torment us that much. My brother and I would do different activities every day that included games and paintings. Dad had to go out to bring money to our home, but he invented a way to work from home to not expose our family. The days went by and our family time was even kinder, everyone learned to appreciate the companionship of their loved ones"*

At the beginning of the lockdown, stories would frequently mention how the women were grateful to spend more time with their families. At the same time, the extra time spent on care-giving meant there was very little time is left for them to relax and be on their own. Paula mentioned this during the follow-up interview:

*"When I have too much on my mind I like to go out. I like to be alone, go out, clear my mind, go to a place I don't know. But that is something that I can't do now, it's not a personal space but something that I try to fit into my schedule when I have to do errands, for example (...). But being alone is something that one needs every once in a while, as a mother, or as a woman, I guess".*

The need for time for oneself was common among the Dimú, and before the pandemic churches and places of worship offered welcome opportunities for this. This function is

565 aligned with the prominence of spirituality more generally in their self-care routines. Many  
566 Dimú women expressed their support and excitement when they were told that, based on  
567 their interests, one of story-telling rounds would centre on their spirituality. Churches and  
568 places of worship were closed during the lockdown in Colombia so most of them needed to  
569 adapt by praying at home, watching the Sunday sermon on television, or meeting with their  
570 church group via Zoom. However, spiritual rituals cannot always be done at a distance, with  
571 the holy communion singled out by those of the Catholic faith. When asked to rank what  
572 they thought would be essential trips after the pandemic, they prioritised going to church  
573 over all other trip purposes, including visiting family or going to the doctor. Going to work  
574 ranked seventh.

575  
576 Many stories highlighted the importance of the embodied experience of a physical space of  
577 worship, even if the women sometimes recognised the omnipresence of God as a way of  
578 connecting with this space from their home. Sara, for example, said:

579  
580 *“Before the pandemic started, we would go to church every week. For us, Sundays*  
581 *are sacred. We would go with my husband and two children because we have always*  
582 *wanted our children to be directed in the Catholic faith. It’s been months without*  
583 *going to the Eucharist and this has left a great void inside me. I like to go because I*  
584 *feel calm; prayer and worship brings me inner peace; receiving the communion is to*  
585 *fill ourselves with faith; it is to believe something that you cannot see but you know it*  
586 *is there (...). Being able to hear the word [of God] has been an incentive in the midst*  
587 *of this pandemic, it offers peace and tranquillity”.*

588  
589 With her story, Sara sent photos of “the happy times before the pandemic” and they are  
590 images of her and her family in Church, getting married and in other ceremonies there,  
591 which emphasises the connection with, and accessibility of, the physical place. The  
592 lockdown limited the way the women experienced their spirituality which is a critical source  
593 of hope, peace, and both physical and mental health. Visiting it supported them in caring  
594 about, caring for, and giving care to their loved ones.

## 5. Conclusions and discussion

In this paper we have explored how the COVID-19 lockdown has affected a group of low-income women in the urban periphery of Itagüí, Colombia. We have used the lens of mobilities of care to reflect on how mobility restrictions have changed their daily life, and proposed that this concept be extended in three main ways to recognise: the complex interweaving of mobilities and immobilities associated with care; the significance of caring about and for people beyond the co-resident household, including relatives and people in their local community; and the importance of and mobilities of self-care. This study is set in a specific community in Colombia, but we believe that many of the ideas in this manuscript resonate at least to some extent with the practices and experiences of low-income people living in the peripheries of other Latin American cities.

Mobilities of care constituted the main trip purpose during and immediately after the lockdown for the women in the Dimú study: about half (49%) of the reported trips fell in the category of mobilities of care as defined by Sanchez de Madariaga and Zucchini (2020). The stories shared show how these trips were central to taking care of, and giving care to, their co-resident household and close relatives as well as neighbours, family members in jail, and other people in the area with very specific and explicit needs. This begins to show the important role that expressions of solidarity, and the mobilities these entail, have played in how their community in the urban periphery got by during the crisis created by the pandemic and the government's lockdown policy.

Lockdown measures in response to the COVID-19 pandemic have failed to protect the women in Dimú from extreme poverty and seem to have exacerbated existing social inequalities. The severe restrictions on mobility have placed even greater financial burdens on those who depend on the informal economy for livelihoods, which has reduced (perceived) capabilities of mothers and women to give what they considered to constitute appropriate care to their families as securing food, water, shelter became more difficult. A community already struggling to access places in the rest of the city, was left even more isolated when (authorised) public transport provision was restricted.

Drawing on Tronto's (1993) distinction between 'caring about', 'taking care of' and 'giving care to' has enabled us to identify a wide and relationally constituted set of mobilities of care for the women in Dimú. First, our theoretical focus on care and the intensive nature of our research have highlighted how giving care to different family members implies not only additional trips but also further constraints on mobility during the lockdown. The closure of child-care facilities and restrictions on visits from different households resulted in immobilities of care as some women had no available option but staying at home with their children. However, they also had a strong financial pressures to leave the house to receive a daily income and maintain their household. This tension between mobilities and immobilities highlights not only the difficult circumstances lived during the lockdown, but also the centrality of care to both increase and decrease of trips by the Dimú women. Even if the average number of trips did not change much, a series of events and considerations had shifted for them in ways that would have been difficult to identify with the extensive research approaches prevailing in (quantitative) studies of mobility during the pandemic.

Finally, in this study of everyday mobility under lockdown we have considered not only Tronto's (1993) categories of taking care of and giving care to but also what the women in Dimú care *about* and how self-care entails *receiving* care. This has enabled us to extend the concept of mobilities of care beyond a taxonomical change on declared trip purposes, to a discussion on trip motivations. Excerpts from the stories shared with the research team suggest that caring about their family members can be a main motivation behind work-related trips, and how trips classified as personal errands can also be motivated by caring for other people in one's community. Self-care has also been traditionally excluded from mobilities of care but is both an expression of care and, at least for the women in the study, a means to replenish and cultivate their capacity to care for others around them. It needs further exploration in future studies on mobilities of care, even if it can be difficult to distinguish from leisure activities and personal errands.

A focus on motivation may allow for trips that have hitherto been excluded from mobilities of care (e.g., some leisure or employment trips) to be incorporated without losing the concept's purpose of highlighting gender and equity discussions to transport research. Our point is not extend the category of mobilities of care so that it becomes all-encompassing,



but to show that its boundaries can be drawn in more diverse ways than so far acknowledged, and that this can have analytical value. This is because pushing the concept's boundaries reinforces and extends arguments about the centrality of care to the everyday mobility of many – if not most – residents of cities around the world (e.g., de Madariaga, 2013). This in turn can embolden claims of the deeply gendered nature of transport policymaking and can aid in the imagining and development of future transport policies that foreground care as a desirable outcome.

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