

Virus amongst the vegetables: Peruvian marketplaces, hygiene, and post-colonial indigeneity under gender- segregated quarantine

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Abstract

Gender and public markets have long been intertwined in Peru. The vast majority of market-sellers are women, and significantly this kind of work has been intimately related to women's empowerment and agency within a deeply patriarchal society. However, with the arrival of COVID-19 the woman-centred space of the marketplace became compromised. While once a place of female empowerment, during the pandemic the market became seen as a dangerous 'viral vector', with 79% of Lima market sellers testing positive for Coronavirus during the first lockdown of 2020. Further still, a gender-segregated quarantine policy drove women to the markets en-masse; a policy that was withdrawn early due to its spectacular, although unsurprising, failure, causing a total inability to social distance on 'women's days'. As such, this paper investigates the extent to which the pandemic increased the 'feminised burden of care' to include deadly viral infection during the gender segregated quarantine. Applying an intersectional, post-colonial framework, the 'feminised burden of care' is approached as stratified along racial and class lines since markets are not spaces for all women. Furthermore, this paper will show how these intersecting structures of power that have persisted through time may become more visible and observable in times of crisis, such as through Peru's short-lived gender segregated quarantine. With this in mind, it will be possible to suggest that the events of 2020 were more than just policymaker missteps, but a persistence and exacerbation of long-existing entangled structures of colonial and patriarchal powers. As such, it can be inferred that in an emergency, it is these

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power structures that were automatically adopted as the first port of call, and thereby perpetuate and strengthen them into the future.

Keywords

Covid-19, Latin America, quarantine, marketplace, gender segregated quarantine, Peru, gender

Introduction

Represented as unhygienic, chaotic spaces, marketplaces have been at the centre of the coronavirus debate since the original outbreak was blamed on a Wuhan wet market. Though sensationalised in the media as environments littered with live, trafficked exotic animals and buckets of unsanitary entrails, the term 'wet market' simply refers to any place where fresh produce is sold and could indeed be applied to a majority of informal public markets across the world. As such, calls for international bans would have a significant impact on millions of market sellers and the local people who rely on them (Petrikova et al., 2020). In the case of Peru, which this paper will discuss and where such markets are commonplace, this would also have a disproportionate effect on women specifically, as markets 'are sexed female' (Weismantel, 2001: 46). The majority of market vendors across Peru are women, and it is women who undertake the bulk of household shopping in these markets, making them highly gendered spaces.

Debates over markets and the pandemic became intensified in the first Peruvian lockdown of 2020, when a gender-segregated quarantine policy drove women to the marketplaces *en masse* on so-called 'women's days'. This policy mandated that men and women could only leave the house to purchase essential items on alternate days, with no one permitted outside on a Sunday. The markets subsequently became 'viral vectors' for COVID-19 (Collins, 2020). Yet this is not simply a case of quarantine rule non-compliance or wanton overcrowding at the whim of women; the pre-pandemic gendered significance of marketplaces and existing power structures of inequalities could potentially have predicted this affair.

As the papers in this special issue seek to demonstrate, gender has played a significant, if under-addressed, role in the COVID-19 pandemic. Despite this, when it has come to public health responses to the virus, the gender perspective has been largely left out. As Hawkes and Buse argue, 'gender is missing from, misunderstood in, and only sometimes mainstreamed into global health policies and programmes' (2013:1783). That is not to say that gender has been completely ignored in all government responses. As will be discussed in this paper, there were cases in which gender was foregrounded in Latin American pandemic policy with objectively limited success, such as the gender-segregated quarantines. However, from a global public health and social perspective, gender has indeed been widely omitted from central pandemic responses (Azcona et al., 2020; Profeta, 2020). Even so, the intersections of gender and infectious disease epidemics have been present in diverse societies across the world, long before the arrival of COVID-19.

As though operating as part of a sexed tag-team of viral susceptibility, some of the most significant epidemics of the last century have oscillated back and forth between

sexes when it comes to shouldering the greatest disease burden; the East African Ebola epidemic affected mostly men (Korkoyah, 2015); Zika targeted, and continues to target, predominantly Latin American women (Johnson, 2017); Middle East Respiratory Syndrome (MERS) targets men, and the global HIV burden has changed over time to become a woman's burden (whilst early diagnoses overwhelmingly occurred amongst men, women now constitute the largest affected group at 52% of all people living with HIV (UN women, 2018)). More recently in the timeline of epidemics, it has become increasingly apparent that COVID-19 produces higher mortality among men more than women. There is ongoing debate as to the genetic vs. social causality of this disparate infection rate (Anca et al., 2020), though it is worth mentioning that Peru also has its own precedent in gender-disparities of infection based on exposure; the bubonic plague (1903–1930) killed more men than women (Cueto, 2001: 19); initial malaria outbreaks in the 1950s predominately targeted men of working age (2001:76); and the 1991 cholera epidemic was similarly far more fatal for men than women, with a 64% death rate for men compared to 34% for women (2001:112). Why were men effected so much more than women in Peru's epidemic history? For the above three epidemics, the answer is similar- due to them working outside of the home, particularly at the ports where there were high levels of cholera and plague, and through migrating between highland and amazon/coastal areas of mosquito density, men displayed much higher infection rates than women. Interestingly, the same cannot necessarily be said of COVID-19; this time it was women who were exposed to the virus as a result of (unpaid, domestic) labour roles, performed, in part, at the marketplaces, which were put under gender segregated regulations.

Though the COVID-19 infection rates remain higher for men than women in Peru, this may be in part due to the withdrawal of the gender segregated quarantine policy that may have turned the tide on marketplace overcrowding. Nevertheless, Peru had one of the worst COVID-19 outcomes in the world, with the world's highest per capital death toll as of December 2021 (Beaubien, 2021). There was an attempt to stem this early on, with the first lockdown imposed relatively early on 16th March 2020, with all non-essential businesses closed and schools shut down. Marketplaces and other locations for the purchase of foodstuff remained open (though 'informal' vendors were only permitted to sell food, whilst 'formal' supermarkets could retail all products (Ogando, 2020)). A gender segregated quarantine was imposed in early April to limit the circulation of people in public.

Using an intersectional, post-colonial framework to conduct rapid analysis of news sources, health statistics, and existing academic literature pre- and post- the COVID-19 outbreak, this article will address the social and cultural structures that explain why and how such a policy could have been implemented in the first place, within a society in which gender inequality is already a profound issue of concern. The article will then turn to a consideration of marketplaces as women's spaces, to analyse the potential effect that overcrowding and spikes in infections could have on a significant area where women have achieved economic and social independence in recent decades. Finally, the question of hygiene and discriminatory perceptions of the indigenous/non-white¹ as 'non-hygienic' will be raised. Structural violence already disadvantages low-income, non-white groups in the country, and as Vasquez-Rowe and Gandolfi argue,

the pandemic only serves to exacerbate 'endemic social problems' (2020:2). It will be necessary to address this in future public health concerns, otherwise lasting negative consequences may blight those already at risk.

Furthermore, the article will show how these intersecting structures of power that have persisted through time may become more visible and observable in times of crisis, such as through Peru's short-lived gender segregated quarantine. With this in mind, it will be possible to suggest that the events of 2020 were more than just policymaker missteps, but a persistence and exacerbation of long-existing entangled structures of colonial and patriarchal powers. As such, it can be inferred that in an emergency, it is these power structures that were automatically adopted as the first port of call, thereby perpetuating and strengthening their influence into the future.

Gender segregated quarantine and persistent structures of power

The threat of a highly contagious infectious disease prompted legally enforced quarantines of people across the world in order to control the virus, though the severity and execution of lockdown strategy have varied dramatically across contexts. Of importance here are the gendered effects of lockdowns, as increasing evidence suggests that inequality has skyrocketed globally, with female-majority industries such as hospitality and personal care hit the hardest, women overburdened with childcare and home-schooling, not to mention the reported increase of domestic violence and inability for women to remove themselves from threatening situations (Conner et al., 2020). Such circumstances should be particularly concerning for Peru, which already has one of Latin America's highest rates of femicide (UNFPA Peru, 2020). In the first lockdown alone, more than 900 women and girls were missing and feared dead as a result of domestic violence (Oppenheim, 2020), prompting some observers to highlight that the 'shadow pandemic' of violence against women and girls during the COVID-19 outbreak surely applied to Peru (Godoy, 2020). Such concerns have prompted calls for greater attention to be given to lockdown policies so as to safeguard women and children. However, this kind of protective policy may have fallen on deaf ears in Peru and other Latin American countries, which chose to focus on gender during lockdowns from an entirely different angle, by imposing gender segregated quarantine measures.

In Peru, Panama, and Colombia, policies were introduced to curb the circulation of people on specific days, according to their gender. This was thought to be an effective solution to cut circulation by half at any given time, though in practice (as well as in theory) such policies were not executed so straightforwardly. Indeed, the very fact that these governments were the *only* ones in the world to implement public health policy based on gender should be critically questioned. Furthermore, this uniquely Latin American response may appear particularly troubling when considering that it was implemented on a continent with 5 out of the 12 countries with the worst rates of femicide in the world (Boira and Nudelman, 2018).

Panama was the first country to introduce a gender-segregated quarantine and Peru was the second, beginning on 3rd April 2020. Although this was scheduled to run for

two weeks minimum, it only lasted until the 12th of April because of its spectacular failings, which will be discussed shortly. Colombia was the last country to follow suit, when on 8th April the capital city of Bogota was placed under a similar gender-segregated quarantine.

Correa (2020) argues that the choice to segregate based on gender was likely chosen because it follows the pervasive logic that this is *simply the way that things are done* in Latin American societies that already suffer from deep gender inequalities:

‘These governments have chosen sex/gender simply because this is “how things are”. As feminist theorists have emphasized for so long, sexual dimorphism is a hallmark of social distinction, a constantly reiterated marker of social differentiation. It is the so-called “natural difference” par excellence.’ (2020:1)

Indeed, it would seem that this policy was implemented with very little self-awareness about the nature of gendered behaviours in the wider society, especially in the case of Peru and markets, as this paper will address in more detail below.

Correa goes on to suggest that gender-segregated quarantines are seemingly ‘easier’ from a surveillance perspective, as one can ‘see’ whether a man is a woman or not just by looking at them and can therefore sanction them with ease for non-compliance. Of course, this is far too simplistic an approach to gender, especially considering that there are an estimated 22,500 transgender women currently living in Lima (there are currently no statistics for other cities or transgender men) (Luhur et al., 2021), who may not conform to such so-called ‘easy’ gender surveillance. Indeed, as Correa (2020:1) argues, by opting for this kind of policy, the governments in question minimise decades of struggle and revert to gender dualisms that invisibilise non-binary individuals. Unsurprisingly, the effect that such policies had on trans communities has been widely reported as negative across those countries participating in gender-segregated quarantines (Perez-Brumer and Silva-Santisteban, 2020).

Following Correa (2020) and the notion that segregating by gender might have been attractive in a context like Peru due to its familiarity, it is possible to suggest an even more nuanced reflection on the motivations behind such a policy. In Peru it is not simply the case that genders are segregated in society and politics, but also that domestic and work roles are clearly divided with certain expectations falling to different genders. Principally, it could be contended that whilst it may be the case that gender-segregation was chosen as this is ‘just the way things are’, it was also selected because there exists an implicit ‘feminised burden of care’ (Harman, 2016) that wilfully expects women to perform greater care roles *vis a vis* men, including those related to COVID-19. According to Harman, a feminised burden of care can ‘be explained by the gender norms and expectations of women as a gender with regard to social reproduction in the family and wider communities in which they live...The feminised unpaid reproductive care economy ‘acts as a ‘shock absorber’ in periods of crisis’ by taking on the care and welfare functions when the state, employer or individual can no longer pay for them’ (2016:2).

A feminised burden of care has arguably existed in Peru long before COVID-19 and this is nothing new, as it is women who have historically and contemporarily been tasked with domestic chores, child rearing, and housekeeping. This notion, not unique to Peru, is

based on long standing ideas of gender roles, inherited largely from Catholicism in the Latin American context. Indeed, it has been argued that such a hierarchy of gender segregation has its roots in colonialism- the continuation of which can be read as ongoing coloniality. Lugones (2007) has suggested that across the Latin American continent, colonialism brought with it not only the introduction of racialised hierarchies and exploitation of the people living in the colonised nations, but also the imposition of gender hierarchies and new roles concurrent with notions of patriarchy found within Catholicism and Iberian traditions. This includes the Judeo-Christian perception of women's role in the family and home, which may not have been the case for pre-colonised peoples (Segato, 2015). In Peru specifically, it has been argued that pre-conquest, gender relations were premised on complementarity and balance and communities did not suffer harsh gender segregations as the modern-day country does. Though this is contested as an over-romanticisation (Babb, 2018), it nevertheless remains that the post-colonial, contemporary landscape of Peruvian society is one with stark gender and racial inequalities, both of which have been exacerbated by the COVID-19 pandemic. This burden of care is both feminised *and* racialised, meriting intersectional analyses (addressed below).

Yet, even as the global feminisation of labour has witnessed more women entering the formal workplace, women often still take on the majority of housework compared to their male partners (McMunn et al., 2019), thus burdening them with additional tasks as an unfair price for economic participation. With this in mind, and in agreement with Correa, in Peru it is perhaps expected that men and women are considered separable categories *par excellence*, however, it may also be expected that women should shoulder the greatest burden in times of crisis because they are already expected to do so in 'normal' times.

During epidemics, women's work outside of official or salaried labour is often overlooked. Though pandemic 'burnout' is presented as gender neutral, there are actually certain differences in gendered labour burdens based on existing expectations (Aldossari, 2020). For example, Harman argues that during the Ebola crisis in Liberia women's role was to provide informal care and support, especially around burial practices, and this was not acknowledged in any responses towards safeguarding them or recognising their unequal labour burden during that period (2016:6). Similar feminised burdens of care have also been highlighted in relation to the ongoing coronavirus pandemic. For example, in the US, mothers with young children have reduced their work hours four to five times more than fathers. Consequently, the gender gap in work hours has grown from 20% to 50% (Collins et al., 2020: 2). Similarly, it has been found that women in academia have produced significantly fewer publications and research grants during the pandemic, compared to their male counterparts, thanks to the so-called 'maternal wall' (Minello, 2020). As such, during a health emergency, women are often overwhelmingly burdened with additional care tasks, superseding that of men, that go unrecognised by wider government or supportive institutions. These burdens are not only limited to increased workloads. When it comes to infectious disease epidemics, it may be that women are also overburdened by greater exposure to infection, whether by design or by accident.

When it comes to the impact of this feminised burden of care in Peru then, one must look beyond the dire situation of domestic violence and femicide that the pandemic has

caused, to other issues of concern that do not make it to the news so readily. Due to the government's specific policy of gender segregated quarantine, women were exposed to an additional risk beyond those found within the home. Peruvian women were exposed to pandemic-related risk *outside* of the home as well, when they went to the marketplaces to undertake the domestic chores assigned to them because of pervasive gender roles.

Marketplaces; women's spaces

The market is a significant feature of the Peruvian economic, social, and gendered landscape. Informal marketplaces ('wet markets') are a feature across the country, and although they may be associated with marginalisation, can be found in neighbourhoods spanning all but the very highest social strata. Indeed, the cultural and social importance of marketplaces for women in Peru cannot be overstated. Over time, market-selling and the subsequent change in women's finances and interaction with a wider range of people have revolutionised women's place in the social fabric of the country (Babb, 2018). In Peru, the market has long been associated with changes in women's social status and empowerment, and particularly in their ability to operate outside of the household and male-dominated family structures. Whilst the marketplace has been a stable feature of Peruvian life since the colonial conquest (Larson, 1995:9), women's role as vendors has slowly evolved and given prominence over time. For example, women in the highlands have long sold agricultural produce in a sexual division of labour (De La Cadena, 1995:341), however, the economic setbacks in the 1990s forced more people into self-employment and, subsequently, more women into market vending in urban as well as rural environments as a means of income generation to support their families (Ødegaard, 2018:186). Vending was seen as an attractive option for women as it allowed them to escape the confines of the home and socialise whilst making a living (Seligmann, 2004:31). Further, vending allowed women to continue domestic duties such as childcare, and many vendors take their children to work with them (Ødegaard, 2018; Seligmann, 2000, 2004). Ødegaard argues that vending is deeply related to motherhood (2018:195), and market sellers are 'overwhelmingly mothers with children' (Seligmann, 2004:41). Because of this, market vending is often seen as extension of domestic and reproductive activities, placing it in an ambiguous category regarding what is perceived as 'work'. As De La Cadena suggests, this 'women's work' is not considered to be 'work' at all by some and is devalued by men who argue that sitting down to 'work' renders it somehow invalid as labour (1995:334). As such, market trading is constructed as a particular feminine and racialised realm (Ødegaard, 2018:197), and vending 'is a plan for women' (2018:187).

Despite a persistent devaluation of market vending and the value of the labour it entails, women's ability to operate within a public space outside of the home has granted them more opportunities, such as greater access to personal finances and to labour unions (Seligmann, 2004). On this, De La Cadena (1995) once stated that 'women are more Indian than men' – a well-known maxim in Andean literature and still widely referenced (if contested). She argued that women's exclusion from the urban world, including economic and social participation, rendered them 'the last link

in the chain of social subordination' (1995:333). However, as Babb (2018), and Weismantel (2001) discuss more recently, women's roles have changed along with their increasing access to the marketplace and to wage labour, and they may not necessarily be viewed in such a rigid and disempowered position as before. Marketplace empowerment is one such area that has supported the independence of women from male-dominated homesteads. Significantly, Seligmann (2004) acknowledges that whilst the marketplace may seem like a chaotic and disorderly place at first glance, in fact the social, political, and economic networks that women manage to form there are constitutive of the functioning of society and people's ability to survive day to day. The fact that marketplaces became 'hubs of infection' during the gender-segregated quarantine gains a new and troubling significance.

In May 2020, two months after the first official lockdown was implemented, it was reported that in one Lima market 79% of vendors had tested positive for coronavirus (Collins, 2020). In another market, half of all vendors were Covid-positive, and the overall rate of positive tests for market vendors in the regions of Lima/Callao and rural provinces was 41% and 31% respectively (Hinostroza Sanchez, 2020). This prompted concerned onlookers to accuse Peru's marketplaces of becoming viral-vectors for COVID-19. On this, Eduardo Zegarra of the Lima-based thinktank Grade, concluded that 'Markets were probably the biggest vector of infection, which is why Peru's quarantine did not work as it should have...The contagion among merchants is terribly high and we don't know how long they've had it or how many people they've passed it on to.' (Collins, 2020:1).

The presence of spaces where the virus has been circulating *en-masse* should be worrying in any context. However as has been seen, in Peru markets are not equally gendered-places – they are women's spaces. As such, if the virus circulates more intensely in marketplaces, then one could easily conclude that women would be more likely to come into contact with it as this is where a great number of women work. Yet, such simplistic reasoning is not sufficient, as it was not only the female vendors themselves who were susceptible to the virus. It could be suggested that the gender-segregated quarantine assured that all women would be more susceptible to infection due to the pre-existing gendered-divisions of domestic labour, including household shopping and food preparation, which meant women would be circulating more frequently in marketplaces than men.

On so-called 'women's days' the media reported complete overcrowding of marketplaces, leading to a total inability of women to remain socially distanced (Bazo Reisman, 2020). This, of course, had the effect of increased exposure to the virus for women, whilst men were arguably less exposed to this risk as they were not huddled into the marketplaces in large numbers. Due to the striking ineffectiveness of this policy, it was cancelled on 11th April- a mere seven days after its introduction. On 10th April: President Martin Vizcarra addressed the nation in a televised broadcast, changing the rules so that only one person per household was allowed out per day, regardless of gender. In his address, the President acknowledged the ineffectiveness of the policy and the lack of social distancing that it provoked, though no further apologies or explanations were offered as to its implementation in the first place- 'just the way things are', as Correa (2020) noted.

However, it is worth highlighting that this was not actually an inevitable outcome of the gender-segregated quarantine policies. For example, Woskie and Wenham (2020) found that women in Panama circulated *less* on ‘women’s’ days’, and specifically visited ‘community places’, such as pharmacies, more infrequently than men. Such findings suggest that Peru’s situation was not a given. In light of this, it might be seen as a positive thing that the failing policy was withdrawn, however, one could also ask why the government did not have the foresight to avoid its implementation in the first place.

It could be argued that this policy, whether consciously or not, can be interpreted as an extension of the underpaid and undervalued labour roles that women are already expected to undertake in Peru. This ‘feminised burden of care’ would include more ‘traditional’ gender role expectations such as market shopping and food preparation, to be sure.

Yet, the difference in the kind of work that women undertake during epidemics has far greater effects than simply overworking them or pigeon-holing them as limited to domestic tasks; in the case of epidemics, the feminised burden of care may extend to expectations that women also shoulder the viral burden. This would not be unique to COVID-19 and Peru. As Diggins found regarding the Ebola epidemic in Liberia, ‘women made up as many as 75 per cent of the cases in the country, suggesting that women are more likely to come into contact with Ebola because of caring for infected people in health centres and at home’ (2015:1). It is worth noting that from an epidemiological perspective, like COVID-19, Ebola is more deadly to men (Korkoyah, 2015). However, it was women’s work and the expectations of caregiving that exposed them unequally to the virus, and subsequently this labour that resulted in higher infection rates among women.

Similarly, in Peru, the caring responsibilities arguably go well beyond the notion of domestic burdens. In creating quarantine rules that would see women conglomerate in crowded marketplaces where they would come into greater contact with the virus, it could be argued that women were also poised to take on the feminised burden of care of viral infection, as arguably occurred during the Ebola crisis in Liberia. In designing policy that would encourage women to gather, they were seemingly set to take the brunt of the virus whilst also ensuring that men were shielded from it to a greater extent. As such, there is the case for arguing that thanks to this gender segregated quarantine in Latin America, in addition to increased burdens of domestic work, women were forced to shoulder the viral burden to protect men – who are more susceptible to infection – and being further burdened themselves in the process. Although it is not yet possible to substantiate the specific claim that the government would choose to disadvantage women over men in the case of COVID-19, one can look to past policies to support this notion. Take, for example, the mass enforced sterilisations of the 1990s, whereby an estimated 300,000 + individuals were sterilised based on government health policy to reduce population². Despite the fact that male vasectomy would have better success of reducing birth rates than tubal ligation, only 22,000 of those sterilised were male (Ewig, 2010). From such historical policymaking it can be seen that there is a gender-based preference for who bears the brunt of medical interventions that could persist into pandemic times, since the underlying structures of power that enabled the sterilisations have not shifted.

Of further concern are the considerations of how markets and vendors may be viewed, going forward. If these spaces were considered as ‘viral-hubs’, one can ask what it might mean for women’s empowerment as vendors in the future. Aside from concerns over ill-

considered policy making, there is also the fact that vendors had their control of a space (and the ability to protect themselves in that space) taken away from them. One example is when local municipalities tried to bulldoze women's market stalls over supposed hygiene concerns (Ogando, 2020). This is undoubtedly a significant blow, as the organisation and control of space itself within the market (and the spill over into the streets) remains a crucial aspect of market politics, as Seligmann argues (2004:54). This may include practices such as who sells where, who they sell to, and how they organise themselves (2004:34). Such social geographies would be tampered with when overcrowding takes place, and female vendors may have lost control over painstakingly developed networks of alliance and organisation.

As mentioned, it is not merely relationships with space that may be forever altered with regard to the marketplace, but the very perception of its viability in post-pandemic times. It is not only that markets were overcrowded and threatened women with a viral feminised burden of care, but that markets, hygiene, and pervasive racism are also all interwoven. After all, it is not *all* women who vend in the market or visit marketplaces for produce with the same frequency as others.

Stratified feminised burden of pandemic care

Harris suggests that in Andean Peru, marketplaces are key sites to trace the history of those who are considered 'Indians'³ (1995:374). The public perception of the marketplace may have changed in its gendered orientations over time, however, ideas about the ethnic and social class identity of sellers and their customers continue to focus on Indigenous/mestiza and/or low-income individuals. Recognising that the two terms are not exclusive, it is important to mention that Lima marketplaces are spaces for both mestiza and Indigenous women, the lines between who are often blurred. For example, though in the 2017 census around 26% considered themselves Indigenous, which is most associated with rural Quechua-speaking populations (Chirapaq, 2017). The waves of internal migration from rural Andean to urban Coastal regions like Lima from the 1980s onwards have complicated the notion of ethnicity in Peru. Indeed, it is suggested that ethnic identifiers are fluid (Weismantel, 2001). As such, it is not wholly possible to differentiate the experiences and treatment of Indigenous and mestiza women across all marketplaces, and there is scope to suggest that these terms may be used interchangeably in certain contexts (here referred to as 'non-white').

Based partly on these discriminatory racialised categories as well as the notion of working-classness, markets are commonly perceived as unhygienic and chaotic places (Ødegaard, 2018) that are 'notoriously *dirty*' (Weismantel, 2001:46) and 'far removed from the hygienic perfection of the Miami supermarket' (Seligmann, 2004:26). Drawing on Mary Douglas' notion that dirt can be considered a 'matter out of place', Weismantel argues that this 'perception of uncleanness involves symbolic as well as practical judgments...the dirtiness of the markets – and their excitement – comes partly because they violate a cultural order in which the public sphere is masculine, while feminine realms are enclosed and hidden away from the intrusive eyes of strangers' (2001:46–47). For Weismantel, the 'dirt' of the market is both literal and metaphorical because the very nature of women working and trading in public violates the boundaries

of traditional male and female spaces. However, there are further associations with dirt and the market to be found beyond this explanation alone, that may spell greater trouble for a post-pandemic Peru.

It is no coincidence that 'dirt' is associated with a place dominated by non-white and low-income individuals, as the highly discriminatory idea that the ethnically non-white are not only racially inferior but morally and physically dirty and unhygienic, is pervasive. Since the start of the republican era (1824~), markets presented a threat to public health due to their perceived lack of hygiene and became increasingly associated with concerns over safety: 'the market perceived through a biological metaphor became a precarious social organism...that could either produce health or decay', as Wilson (2004:166) argues. These ideas surrounding the unhygienic nature of marketplaces have not changed much. As recently as 2017, Riviere et al., analysed a plague threat to a public market on the Northern Coast, finding that the 'infrastructure and basic services' had inadequate hygiene, exacerbated by the co-existence of animals and humans in stalls (2017:7). Public health analysis of sanitary conditions is one thing. However, the authors go on to conclude that the reason for these unhygienic practices was down to the so-called 'local culture' of shopkeepers demonstrating 'unhygienic lifestyles' in which 'economic incentives outweighed sanitary standards' (2017:7). It is unclear what is meant by these suggestions, though they do not challenge the trend of judging marketplace hygiene as down to the fault of individuals and their 'culture'. It is important to note that coronavirus has also been widely perceived and discussed in terms of hygiene – public health campaigns everywhere, have emphasised the need to wash and sanitise hands non-stop. When it comes to food safety in Peru, this has resulted in the enforced sanitisation (or outright bulldozing) of [wet] markets, despite the fact that many vendors are using their own products such as chlorine to sanitise (Ogando, 2020). Despite this, considering that the markets were already considered dirty places, and became labelled as viral hubs, the foundation has been laid to begin blaming the outbreaks on lack of hygiene compliance on the part of those within the marketplace, even if the data does not necessarily bear this out.

Importantly, the specific discourse of women-as-especially-unhygienic is also highly *racialised* and class-based, necessitating an intersectional approach to any analysis. Meltzer argues that in Peru there are longstanding 'moral-racist narratives of Indigenous/poor/non-citizens as idle dirty, and destitute' (2013:649). Non-white women continue to be judged as more unhygienic and dirtier compared to others, even in cases where a lack of perceived hygiene is clearly down to environmental constraints (such as lack of running water) (Irons, 2020). Furthermore, the idea of hygiene can be perceived as tied to perceptions of moral purity; in transgressing the public/private divide expected of women in Peru (Weismantel, 2001), market women also transgress moral boundaries. The post-colonial, racialised element of this is clear; since the time of the Spanish occupation, white women of European descent were expected to remain inside the private domain of the house and to veil themselves whenever they ventured outside (Bass and Wunder, 2009). Indigenous women, on the other hand, were not held to these standards, instead mixing in the streets under the gaze of society. One may ponder whether much has changed since.

It could be contested that not only are non-white and low-income women more likely to work in the marketplace (and, therefore, be exposed to the virus), but they also form the

majority of the customers that overcrowd those places. White, upper-class women are more likely to visit the franchised, sanitised mega-mall supermarkets such as Plaza Vea, or Wong, where social distancing can be ensured through guided arrows on the floor and masked attendants. Indeed, this perception of supermarket cleanliness itself may be due to racialised and class-based labelling that is not necessarily based on facts. As Ogando notes, 'even if there have been cases of COVID-19 contagions among supermarket workers, they have not been labelled as "hubs of infection" the way informal vendors have been' (2020:1). Of course, that is if upper-class women visit supermarkets at all; wealthy families often have paid domestic workers (who are predominantly low-income women) to do their shopping for them. Domestic workers have been particularly vulnerable during the pandemic as it is, due to a dearth of social protection schemes and precarious employment (Perez and Gandolfi, 2020). It may be the case that such women have been further burdened by the necessity to visit overcrowded marketplaces in order to purchase necessities, not only for their own families, but to remain in employment. With this in mind, it would appear that the feminised burden of care of viral infection is deeply stratified along not only gender, but also racial and social lines.

Conclusion

Through a government imposed pandemic policy and the wider social and cultural variables that influenced its execution, those that have been unequally exposed to the coronavirus in Peru are arguably low-income, non-white women who work in, and more readily frequent, informal marketplaces. An intersectional, post-colonial approach allows us to see the varying structural inequalities that disproportionately disadvantage those sectors of society who are already exposed to structural violence, but this is not necessarily a new conclusion. Importantly, it was the policymakers' knee-jerk reaction and tendency to rely on the gender binary as a primary strategy for social quarantining, which brings a new perspective to the analysis and debates around intersectionality in Peru. As has been argued, it is the persistence of underlying and emmeshed structures of power that may have been the reason for adopting such a policy, as the government fell back onto existing frameworks of power during a time of crisis. Though gender was considered explicitly, race and ethnicity were more implicitly impacted by such quarantine plans. Of course, it is not possible to generalise across the entire country (e.g., rural women living in low population density provinces may have been less exposed to the virus), and more empirical work does need to be undertaken around this matter (including policy analyses of the governmental response). Though the pandemic has exacerbated already existent gender and racialised inequalities, it will be imperative for all women, but especially non-white and low-income individuals, for future policies to not only address the immediate threat of an infectious disease, but the wider structures of entangled power that lead to unequal exposure in the first place.

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Notes

1. It is important to acknowledge that it would also have been useful to analyse the situation of Afro-Peruvian women during the pandemic. However, due to relatively low population numbers (Afro-Peruvians only make up 3% of the total population of Peru) and a subsequent dearth of literature and reports addressing this community, it was not possible within the scope of this article.
2. There is much ongoing debate about the coercive nature of the government's intentions, however, it is a fact that people were sterilized as part of health policy (Ewig, 2010).
3. A contested term that is frequently used to signal indigeneity but could extend to all those considered non-white due to the fluidity and expansiveness of continuums of indigeneity in Peru.

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