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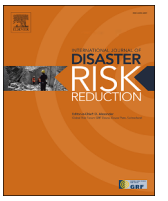



Performing gender: Social workers' roles during the COVID-19 pandemic in China

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ABSTRACT

Women social workers' roles during COVID-19 have been under-researched. We contribute to filling this gap by examining patriarchal inequalities in the pay and status of women social workers in Wuhan, China to determine whether change occurred when they replaced men in first-tier responder or protector roles when the government replaced men in frontline social work with women social workers. We conducted a qualitative investigation into these practitioners' work during the COVID-19 pandemic lockdown in Wuhan from 23 January to April 7, 2020 through 30 in-depth interviews of women social workers (11 working in Residents' Committees, 12 in NGOs from Wuhan and six other cities; and 7 in other local organizations). The findings highlight how women social workers' roles shifted during the pandemic from being second-tier responders to assuming the first-tier responder or 'protector' roles previously held by men while they continued their second-tier responders' and traditional caring roles. Despite this shift, the data show that women's demands for higher pay and status and involvement in decision-making structures remained unmet. Although women resisted unequal gender relations, doing men's roles as protectors loaded them with a 'triple' burden as protectors, second-tier responders and carers. The lack of gender equality for these women social workers highlights an urgency for policymakers and practitioners to promote gender equality by implementing women social workers' entitlements to pay parity, engagement in decision-making, and assumption of leadership roles, i.e., as men's equals.

1. Introduction

The coronavirus, SARS-COV-2, produced COVID-19 was first recognized in Wuhan, China in December 2019 and reached pandemic status in March 2020. By February 11, 2020, Wuhan, the epicenter, reached 44,672 confirmed cases, including 1023 deaths. These figures resulted in an overall fatality rate of 2.3%. Adults dominated the confirmed cases, with 86.6% being aged between 30 and 79 as indicated in Table 1 below [1]. To halt the spread of COVID-19, Wuhan was locked down from 23 January to April 7, 2020. We explore social work developments in Wuhan during this time to make an original contribution to feminist analyzes of gendered patriarchal labor relations during the pandemic. We do so by considering the impact of changes in women social workers' roles when responding to COVID-19 in Wuhan. During this time, these women acquired men's roles as first-tier responders while continuing with second-tier responder and carer roles. Thus, these women carried a 'triple burden' that was unrecognized and undervalued because they did not receive a raise in pay or status commensurate with that of men. The findings from this study are original in indicating that despite women social workers' resistance to being stuck in low-paid, low-status work, the gender gap remained even though they

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Table 1
Demographic and labor force profile of the interviewees (N = 30).

Category	Number
Organizational settings	
Residents' Committees	11
Non-governmental organizations and volunteer groups	12
Government and other institutions	7
Age	
20–40	18
40–55	12
Academic background	
With social work academic background	7
Without social work academic background	23
Service area	
Community prevention and control services	19
Resource mobilization	6
Psychological crisis relief	3
Others (disaster relief, anti-family violence)	2
Usual site of work	
Wuhan	21
Hongkong, Beijing, Kunming, Jinan, but worked online in Wuhan	4
Cities of Jinzhou, Foshan, and Shenzhen	5

had assumed the prestigious first-tier responder roles (i.e., as protectors) previously undertaken by men when the government diverted men to other activities. This highlighted the loss of pay and status that accompanied the first-tier responder role once it was assumed by women. The persistence of this gender gap impacted significantly upon these women's job satisfaction, work-life balance and wellbeing. Moreover, fewer than half of the RCs and NGOs employing women social workers provided adequate provisions for annual leave and well-being [2]. The lack of workplace support left these women social workers feeling torn about fulfilling men's roles as protectors, alongside their second-tier responder roles and traditional caring ones in the home and community. Carrying this 'triple burden' subjected them to high levels of stress. Their stories displayed heroism and despair as they recounted experiences of being simultaneously powerful and disempowered in conducting traditional caring roles and their newly acquired ones as protectors. These women social workers found few allies among government officials, men social workers, or community residents when they demanded equal pay for equal work, the social status commensurate with it, and a role in deciding policies. These demands comprised women's resistance or challenge to the status quo.

China became the first country to implement drastic, mandatory measures to combat COVID-19. Worrying death figures prompted nimble responses [3] as the government sought to rectify inadequate earlier measures. These had undermined social governance, human services and health management and increased the vulnerabilities of older people, children, pregnant women, students, medical staff, and disabled people [4]. The government introduced large-scale public health measures covering early testing, diligent tracking, strict isolation of patients, and contact tracing, originally in Wuhan and, subsequently, nationwide [3] to remedy the situation. By May 23, 2021, this strategy curtailed COVID-19 numbers nationally to 90,973 cases and 4636 fatalities [5].

We examine women social workers' roles during this pandemic. This examination included the: tasks undertaken; balance achieved between social expectations about gendered paid work and caring responsibilities; status in the gender hierarchy; involvement in making decisions about COVID-19 policies; and adherence to key social work values. We utilize the global definition of social work as 'a practice-based profession and academic discipline that promotes social change and development, social cohesion, and empowerment and liberation of people'. This definition was re-affirmed by the International Association of Schools of Social Work (IASSW) and International Federation of Social Workers (IFSW) in 2014. Social work has no formal registration system or protected title in China. People can qualify with a social work degree or by passing an examination administered by the Ministry of Civil Affairs (MCA).

The 1980s market reforms introduced two kinds of social work in China: professional social workers working in NGOs (non-governmental organizations) who fit the international definition; and the more administrative, bureaucratic social workers in QUANGOs (Quasi-Non-Governmental Organizations) who do not [6]. The QUANGOs include the Residents' Committees (RCs), (*cheng shi ju min wei yuan hui*), the lowest administrative level in China's cities. RCs are legally self-governing, semi-governmental entities overseen by the local Street Office of the District Government and the local Communist Party. RCs, responsible for urban welfare provisions, respond to residents' welfare, health, education and quality of life needs [7]. RC social workers are professional community workers [6] working in the interstices of state structures. These community workers liaise between the government, core community organizations and residents [7]. The NGOs, dependent on the local state for their legitimacy, hold a more ambiguous role than the RCs. Unlike NGOs in the Philippines, for example, that operate freely in parallel systems with the government or act with relative autonomy [8], NGO social workers in China are subject to a dual strategy of regulation which curtails their potential to challenge government policy. Hence, they end up endorsing the prevailing system rather than engaging in social change [9]. Being embedded within bureaucratic state structures turns NGOs into collaborators [10] by restricting their autonomy [9] and resistance [11]. In China, they retain autonomy to: negotiate with local officials, advocate for services [12,13], empower people, and promote local civil society [9].

From the beginning of the COVID-19 outbreak, millions of RC community workers built the first line of defense against the coronavirus to support and safeguard 650,000 urban and rural communities across China [14]. Their measures raised the credibility of information and quickly restored public trust in the official responses [15] that had been eroded during the early days of the coronavirus outbreak. Community-based organizations worked with local governments to coproduce responses to COVID-19 and became vital determinants of effective local containment strategies [16]. The non-profit sector played a marginal role in China's national battle against COVID-19 because the country's strong, centralized political regime left this sector with little room for manoeuvre [17]. We interviewed a purposive sample of women social workers in two key sectors of social work – the RCs and NGOs, because they were crucial players at the grassroots level during the pandemic. However, women social workers in NGOs are more distanced from the state hierarchy than those in RCs, and can be subjected to more control and discrimination [18]. We explored women's 'performance of gender' [19] in the workplace to understand better the intersections between gender, social work and the pandemic. We also consider whether women who assumed the first-tier responder or protector role normally occupied by men are rewarded with similar rates of pay, high status and involvement in policymaking. We drew upon Crenshaw's [20] intersectionality theory to examine the multiple dimensions of socially constructed identity attributes in (re)shaping women social workers' experiences under COVID-19 where gender, employment and carework intersected.

Women dominate the basic grades of the social work profession globally [21,22]. The *2019 China Social Work Longitudinal Study* (CSWLS) reported that 4714 (79%) out of 6776 social workers in 56 Chinese cities were women [23]. Additionally, these women social workers reported high levels of depression, and 1219 of them experienced work-family conflicts [24]. The CSWLS also associated professional social work with 'women's caring work' [21,22]. In 2019, official data in China showed that women constituted 72.53% of staff in Wuhan's RCs and 50.9% of staff in RCs nationally. This local-national discrepancy made us research women social workers' situation in Wuhan to explore whether being numerically the largest group, ensured equality for these women. Our data indicated that it did not. Nonetheless, women's devalued contributions did not prevent these women from demanding change, and led to a struggle to define appropriate roles for social work in rapidly changing circumstances [25]. Moreover, the rarity of research that investigated women social workers' roles during COVID-19, left a gap in the literature that this study addresses. We achieve this research aim by using a feminist social work lens [26] to interrogate: women social workers' experiences and gendered roles during China's responses to the pandemic; women's interactions with men, children and other women; and women's influence upon and challenges to gender-blind policies and service provisions.

2. Women social workers' roles during disasters

2.1. Gender, carework and the state

Carework is undertaken predominantly by women [27]. Feminist social workers have described social workers' roles in rapidly changing societies [25] and critiqued patriarchal, capitalist state interests for (re)affirming women's traditional caring roles [28]. The relationship between the state and patriarchal relations in socialist China is complex [29]. From the 1950s–1960s, the socialist state pursued a production-centered agenda embedded in an 'invisible gendered strategy' wherein women performed dual careers as waged laborers and family carers [30]. At that time, women acted mainly as auxiliary workers in their husbands' work units, tolerating low pay, inadequate job security [31], and unpaid community work [32]. The market-oriented reforms of the 1980s altered the relationship between women and the state by exacerbating their vulnerable positions because women's dual career 'burden' intensified work-family conflicts and reduced their political participation [31]. Prior to COVID-19, women social workers in the RCs and NGOs retained dual careers in waged work in their organizations and caring for communities and families [24,32] while earning less than men, having a lower social status in the workforce than men, and being excluded from decision-making structures [32]. During COVID-19, women were ordered to assume men's first-tier responder or protector roles, thus adding to this workload. This change meant that these women social workers carried a 'triple burden'. Despite this change in roles, our findings revealed that the gender gap in pay, low status, and lack of work-life balance persisted even when women resisted their devalued position by demanding a raise in pay and status, at least equivalent to men's. In this respect, women social workers' situation in China echoed the low status accorded to 2.4 billion women workers worldwide [33]. They also encountered a 'glass ceiling' that blocked their promotion prospects [34].

Walby [35] and others [3] revealed that the state reproduced patriarchy through public policies while providing women spaces to negotiate with it. Wang [36] found that socialist feminists unsuccessfully resisted patriarchy on multiple fronts when they sought to implement egalitarian visions of a modern socialist China within the Communist Party and state bureaucracy. The development of women-run NGOs in China since the 1990s nurtured a grassroots, 'community-based socialist feminist movement' [31]. Lipsky's [37] classic study of 'street-level bureaucrats' provided a perceptive analysis of discretion being exercised by front-line workers in the US. Western NGOs have greater levels of independence from the state and have the scope to meet human needs in creative and inventive ways [38], State constraints on NGOs in China resulted in social workers being fearful of utilizing their discretion without first obtaining permission from their employers or government officials [39]. Consequently, these women social workers lost the opportunity to exercise discretion on a case-by-case basis [39]. Such experimental, locally managed and semi-professional social services have resulted in service user dissatisfaction [39] due to rigidity in service provision.

2.2. Social workers' roles in disasters

Social workers have played wide-ranging roles during disasters as facilitators, coordinators, community mobilizers, resource mobilizers and coordinators, negotiators, mediators, consultants, advocates, educators, trainers, cultural interpreters, psychosocial therapists, counsellors, and scientific translators [40]. Disasters have challenged professional boundaries, and required social workers'

commitment to disaster relief and prevention, community reconstruction, debriefing, and upholding social justice including environmental justice, human rights, social change, and psychosocial interventions [41–43]. Following the 2008 Wenchuan Earthquake, social workers in China assumed new roles, serving disaster victim-survivors as community psychological supporters, community development organizers, facilitators, capacity builders, and community protectors [9,44]. In it, non-local social workers formed egalitarian partnerships with local NGOs, and established links with local government officials, other power-holders and opinion-makers [45,46] to acquire greater employability and locality-specific, culturally-relevant skills. These enabled them to support people throughout the pandemic more effectively.

Social workers faced many challenges despite these changes in their workloads. These included inadequate government support; low pay; low professional status; rapidly changing social environments in disaster-affected areas; and lack of supervision [47]. Social workers risked being manipulated to fulfil state goals in the government's national 'neo-totalitarian' social management scheme [48,49] and failed to achieve a rectification of the unequal gender hierarchy of labor that privileged men with higher status and higher pay [50]. Constrained by the government's comprehensive societal control, emergency social workers responded to emergencies situationally rather than normatively [51]. Embedding their work within the state's administrative strategy produced China's 'bottom-up-top-down' model of disaster intervention [52]. However, such embodiment failed to provide recognition of the higher status workloads that women social workers fulfilled when they replaced men as first-tier responders doing work as protectors.

2.3. Women, gender, and social work

There is a small but powerful literature on gender and disasters that highlights 'gender performance', whereby women seeking change reaffirm gendered stereotypes [19]. The *Global Gender Gap Report 2020* demonstrated that women face a gender gap in the labor market globally [53]. Feminists have also exposed gender bias against women professionals and volunteers doing disaster work [54,55]. During COVID-19, women social workers' carework for the community was unrecognized and structurally devalued [56]. In emergency responses, women sacrificed gender equality for peace, mobilized around war work [57], and conducted normal domestic tasks alongside health and care-related duties in communities [58,59]. Women, largely excluded from disaster-related decision-making structures [40,60], faced increased domestic violence [25,61,62] and endured more non-job-related stressors, such as increased living costs and reduced social interactions [63] than men. In disasters, men as police, firefighters and military personnel dominate the protector roles as first-tier responders including when evacuating people to safety. Afterwards, victim-survivors are cared for by second-tier responders composed mainly of women health professionals and social workers. In this highly gendered division of labor, men do tough, heavy work and make policy. Women care for others and accept decisions made by men [25,60,61].

Health pandemics follow this division of labor wherein second-tier responders are mainly women health professionals and social workers who may assume men's protector roles and become first-tier responders during the emergency, without being rewarded for having done so [61]. Disasters are context-dependent, making the gendered division of labor among responders during public health crises including AIDS, Ebola, Zika and COVID-19, different from that of natural disasters. We examined gendered labor within COVID-19 by asking the following research questions: How do women social workers experience their treatment in relation to men? Do men dominate higher level decision-making structures, the distribution of materials, and career promotions? How do women social workers respond to the social crises generated by the pandemic? How do women's relief endeavors affect their social status as professionals? How are gender relations performed among women's pandemic realities of carrying out traditional caring roles, professional social work ones, and those in which they replaced men?

3. Methodology

The Social Participation of Women in the Disaster Project (SPWD), ran from February to October 2020. It explored how and why women who dominated professional social work, participated in controlling COVID-19 during Wuhan's lockdown. Ethical approval and funding were obtained from the Ethics Committee at Yunnan University. The SPWD recruited four researchers experienced in gender and social work and trained eight student researchers to conduct the interviews. The participant sample was a purposive one. It was recruited through snowballing techniques that involved contacting respondents in the researchers' local networks, those in RCs in Wuhan, Hubei Province, others in networks within China's non-profit sector, and the potential respondents they proposed.

Our sample contained 30 women social workers aged 20–55. Of these, 18 were in the 20–40 age group, 12 were in the 40–55 age group, and 7 had social work degrees. RCs and NGOs employed 23 of them: 11 were from seven RCs and 12 were from ten NGOs and volunteer groups. A further 7 participants were women volunteers and government officials. Nineteen interviewees were engaged in community prevention and control tasks, and the remaining 11 undertook resource mobilization, psychological crisis relief or other social services work. Interviewees had previously engaged in community services, resource mobilization, psychological crisis relief or other social services tasks. These interviewees also worked in Wuhan. Four interviewees originated from other cities (Hongkong, Beijing, Kunming, Jinan) but worked in Wuhan online. The remaining 5 participants originated from Jinzhou, Foshan and Shenzhen. While they continued to work in their respective cities, they volunteered to work online in Wuhan. To maintain anonymity in a small sample, Table 1 contains only limited demographics of the 30 interviewees. Their profiles are summarized in Table 1 below.

All NGO social workers were interviewed online during Wuhan's lockdown from February to April 2020 while contributing to the disaster relief effort. RC social workers were interviewed face-to-face during May 2020. Women volunteers and government officials were interviewed face-to-face from February to October 2020. These women had completed their major tasks and felt less stressed about the pandemic, although memories of it remained fresh in their minds. Each in-depth interview lasted from 1.0 to 1.5 hrs: 19 were conducted by telephone; 11 were face-to-face. We could discern no significant difference in outcomes between those that were completed by telephone or face to face. This view held in terms of the questions asked, the sampling technique adopted, the informed

consent obtained from participants and the anonymity provided to each participant. Prior to the interview, potential participants attended a briefing session in which we exchanged contact information, explained the project, its purposes, and confirmed the interviewees' right to participate voluntarily, withdraw at any time without giving a reason or incurring a penalty. We assured them that confidentiality and anonymity would be maintained and that we would use pseudonyms in lieu of real names. Each participant completed an informed consent form before the interview. Those giving verbal consent had it encoded and saved in WeChat, an online chatting application in China, in a format only the PI could access. Consent forms and interview recordings were stored in separate password-protected files. Each interview was recorded, transcribed verbatim and had its accuracy checked by each interviewee who received their specific transcript and was asked to check it for accuracy and amend it if they deemed this necessary. The researchers confirmed that all changes requested by interviewees regarding their specific transcript have been made. The Pl translated all the transcripts into English and stored the anonymized transcripts within the SPWD Archive Data Store at Yunnan University upon the project's completion.

The in-depth, semi-structured interviews enabled women to tell their stories of their work experiences during the pandemic, reflect upon these, and provide rich data that contributed to feminist ways of producing knowledge and understanding the world [64]. These interviews were transcribed, anonymized and translated by the PI. The data were analysed through an interpretive methodology [65] that highlighted women's critiques and evaluations of state measures and the contested nature of social work interventions [66]. Once transcribed and anonymized, these interviews formed the SWPD dataset.

This is a small qualitative study that produced rich qualitative data [67]. However, its size compels us to caution against overgeneralizing from it. Moreover, the small sample produced a heterogeneous group of respondents and could not achieve either information redundancy or theoretical saturation [70]. Nonetheless, it provided insights into the specific urban areas that the project encompassed. We argue that the responses from these interviewees point in the same direction. The women social workers performed first-tier responder or protector roles, second-tier responder roles and carer roles within their families and communities to comply with changes in the labor force demanded by government. By undertaking all these tasks, these women carried a ‘triple burden’ as workers without a commensurate rise in pay, status or policy-making opportunities.

The locational specificity of the sample limits generalizability and extrapolation to other urban and rural locations. Yet, the continued gender gap in pay and status identified in their workplaces resonate more widely in China's labor force [18]. This is evidenced in the *Report to the World Economic Forum* [53: 30] which showed that between 2006 and 2019, China slipped from being 63rd to 106th in achieving gender parity. The global decline in achieving gender parity highlighted in this Report [53:15] contains a depressing prediction. It will take another 99.5 years for the global struggle against gender inequality to achieve gender parity. Our findings echoed the pessimism of this Report, and we concluded that the insights raised by our respondents merit further investigation to explain the persistence of gender inequalities in the labor market in a society in which gender parity is policy, but the realities of practice and daily life reveal that this aspiration is not being met. Interviewing men directly was not an aim of this research. Nonetheless, our respondents gave their opinions of men social workers' social positions vis-à-vis women. We suggest that a substantially larger, representative investigation that encompasses both men and women could become the basis for further research [68] to include both men and women participants. A broadly focused probability sample for quantitative analysis may also achieve a better balance between the quality, trustworthiness and generalizability of the data [72].

Four dominant themes emerged from data we collected. These were:

a) women social workers performed men's heavy duties as first-tier responders to become ‘protectors’ of the community.
b) women social workers' ‘protector’ roles were added to their existing employment workloads and carer roles in their families and communities.
c) women social workers continued to be excluded from key decision-making roles in government circles.
d) women social workers endured low-paid, undervalued work and faced ‘glass ceilings’ that prevented them from acquiring higher status and decision-making powers in the workplace.

We structured our analysis of the data collected according to these four themes in the findings section that follows. We utilized direct quotes from the women to let them speak for themselves.

4. Findings

The SPWD data revealed that during the pandemic, women social workers conducted first-tier responder roles as protectors alongside their second-tier duties of responding to the pandemic and caring for older people, disabled people, and children. We termed this workload the ‘triple burden’ carried by women social workers. Women dominated the social work labor force, and now, they assumed the prestigious, high-status roles previously undertaken by men social workers. However, women social workers' workload continued to be devalued and underpaid and they remained excluded from the dominant decision-making structures in the government hierarchy. Those who were directly controlled by the government felt more stressed and powerless than the women social workers who were not. During the pandemic, women social workers sacrificed the care and support of their families and communities to fulfil their ‘protector’ roles and carry their heavy ‘triple burden’ workloads. Although the women social workers assumed additional roles typically undertaken by men first-tier responders, they remained low paid, their contributions were not explicitly appreciated by employers, and their demands for change were ignored. Whether in RCs or NGOs, women social workers faced the ‘glass-ceiling’ because local government officials did not promote gender equality as these workers anticipated. Although men and women technically received the same pay, women took time out to undertake caring duties at home, thereby losing status, promotions and income. China's *2017 General Social Survey* revealed that women government officials earned 80.3% of men's annual pay: 58798 Yuan (£6444-94) ver-

sus 73208 Yuan (£8024-32), respectively. Our study found similar disparities in pay and highlighted the lack of progress in gender equality, and constant stresses inherent within these women's lived realities through the four themes discussed below.

4.1. Theme one: Women social workers became first-tier responders as 'protectors'

The SWPD data revealed that COVID-19 impacted women social workers' gender roles by breaking them down and reconfiguring them in line with those of men responders, as Austin [69] highlighted during Hurricane Katrina. The emergency situation that underpinned the emergence of COVID-19 in Wuhan and shortage of men to undertake tasks in community protection and control, shifted women social workers' workloads to incorporate men's work as protectors while retaining women's second-tier responders' and traditional caring roles within families and communities to carry a 'triple burden' workload. This labor expanded these women's confidence in their social work capabilities, deployment of social work values (e.g., empowering people), and prevention and control of the pandemic. Their changed roles in the labor force reaffirmed their view that they deserved pay rises and a higher status than that which they held when men held the first-tier responder roles and fired their resistance to the devaluation of their work and lack of parity in pay and status. Working during the pandemic generated further confidence because it was more challenging than other disaster work. RC woman social worker, CWB, explained: 'It felt harder than the 2016 flooding disaster, more difficult and chaotic'. RC social worker, CWF1, added: 'Without community workers doing a lot of epidemic screening, everyone was afraid to go out'. RC social worker CC3 said, 'I felt like I have become a soldier after this [pandemic]'.

Following Wuhan's lockdown, RC women social workers were mandated to implement community-level pandemic prevention and control measures as 'protectors' (first-tier responders). This shifted women's traditional gender roles to incorporate doing men's work, but without an increase in pay or status, suggesting the role lost status when women performed it. Each social worker was responsible for 300 households (1000 residents). Three days before the lockdown (January 20, 2020), each Street Office in Wuhan notified RCs of 'the COVID-19 prevention and control measures they had to undertake' (RC social worker CWF1). The government's deployment of men to other duties and requirement that residents remained at home created staff shortages filled by women social workers who assumed the tough, heavy work previously undertaken by the men. Consequently, women constructed barricades to prevent residents from exiting communities, delivered food door-to-door, and transported patients to hospital.

In early February 2020, Wuhan City authorities proclaimed that every community in Z District had to construct barricades to prevent people from leaving their community. However, they provided neither instructions regarding appropriate construction materials nor offered the support of construction workers. RC social worker, CWE1, claimed that RC women social workers dismantled and rebuilt barricades three times before obtaining (men) government officials' approval. Women social workers initially created water-filled barriers, then gauze and wooden ones which men officials criticized as too easy to tear down and inadequate in stopping people from leaving. Making barricades of thin steel plates, women's endeavors passed on the third attempt. This story exemplified men's complicity in exerting power to promote state edicts by determining what was or was not acceptable [31], even though they knew women were working with limited resources and support. For example, while staffing the barricades without back-up, CWE1 had to answer numerous urgent phone calls from those suspected of having COVID-19. The Street Office Leader (man) who was her line manager, labelled her the 'iron woman' who could continue unassisted. She recalls:

> 'When we encountered this pandemic as women in our 50s, we should have stayed at home and not gone out. But I could not. It is my job. [I have] duties … I led a group mainly of women, except for two men … To be honest, no materials for [barricades], no staff, people were shut in at home ….It was snowing heavily at that time … I was on-call 24/7 for more than 20 days … [and] … lost my voice … Our Street Office Leader said, ' … at this critical period, the iron woman is … getting sick?' I replied, 'You have no idea how tough it is'.

To implement the harsh tasks of community prevention and control, RC women social workers had to acquire men's attributes or quit their jobs. RC social worker, CWF1, compared their work to medical workers accompanying patients to hospitals. Women social workers also cared for recovered patients returning to the community and kept track of their health status and livelihoods. They reduced social gatherings by supporting bereaved families to avoid funerals during cremation procedures. To persuade people to remain indoors, RC social worker CWC1 dragged a loudspeaker 'through the alleys every day to promote pandemic prevention by broadcasting coronavirus awareness slogans: 'wash hands frequently', 'do not go out', 'no gathering with others'. RC woman social worker CWF1 recalled, 'Sometimes the food supplies arrived in the evening, we had to carry them through even though we had worked for a whole day and felt very tired ….And our back and legs hurt afterwards'.

By February 11, 2020, a total of 34,000 cadres in Wuhan's 15 districts had participated in community prevention and control. RC women social worker (CWG2) said that over 100 volunteers were recruited in her RC. Most of them were men. They shouldered manual labor jobs such as transporting goods and safeguarding the community at night. Women social workers thus had relief from some first-tier responder roles. Man cadres, who worked in a community for months, changed their views about the relevance of gender stereotypes depicting women social workers' talents and capacities. One of these men who had had his eyes opened by this experience told RC woman social worker, CWF2, that: 'I knew community work was harsh, but I could not imagine how harsh it was!' However, his views did not inform the local officials who could have recognized the value of women's contributions to the national COVID-19 efforts and celebrated women's continued care of their families and communities. Such men could have been useful allies in supporting women social workers' demands for a raise in pay and status to obtain equality with men. However, alliances endorsing gender parity did not occur.

The SPWD results indicate that situationally, the local state legitimated NGO women social workers' existence [12]. Social worker SWA, Director of the Social Work Programme for People with Mental Health Disorders, declared that her team became incorporated into the national response as first-tier responders from January 27, 2020 when (men) Street Officers demanded staff for the state's

COVID-19 responses. For three months, SWA and colleagues offered mental health services only online. She describes their roles below:

> 'The work of the 18 social workers I am responsible for includes screening suspected patients, emergency responses, referrals, home visits, community education, rehabilitation guidance and resource links … They also safeguard the gateway, and work night shifts at the hotel for quarantining people. These tasks are really tough'.

Men first-tier responders had difficulty identifying people in crisis when the outbreak began. Women social workers stepped into the breach. They also mobilized resources including PPE (personal protective equipment). Retired social worker, VH1 acted as a cultural interpreter, launched a COVID-19 Patient Information Collation Action, and staffed it with a woman social work professor and 55 social work students. They collected online posts from COVID-19 patients, verified their needs and contact information, and organized these data into an at-a-glance format for sending to official helping channels. VHI claimed that this resource helped to hospitalize several patients.

Women social workers innovated and played 'non-traditional' gender roles throughout the pandemic. RC women social workers surpassed their ordinary administrative roles and became 'protectors' of the people, performing tough and heavy work previously undertaken by men. Regarding NGO women social workers, some were incorporated into the national response as first-tier responders, and the others stepped into limited first-tier responder roles such as identifying people in crisis. Being protectors had changed the way women social workers saw themselves and began to change the way they were seen by some men and a few people in their communities. However, these shifts in attitudes about traditional gender roles did not translate into raising the pay, status or decision-making roles of these women social workers.

4.2. Theme two: women social workers maintained 'triple burdens' as protectors, second-tier responders, and carers

Alongside their first-tier responder duties, RC women social workers coordinated caring and second-tier responder roles by encouraging merchants to meet basic needs for food, medication, and PPE for stay-at-home residents. The SPSW data indicated that technology featured strongly in women social workers' pandemic interventions. Nearly all Wuhan residents joined the 'WeChat' online communication groups, or contacted the RCs as needed, and submitted daily safety reports. Women social workers conducted additional gendered caring duties by contacting those failing to respond. Residents used these online groups to register shopping lists with merchants, while women social workers collected and delivered the goods. Home deliveries made going out unnecessary. RC social worker, CWD, supported a mother-and-baby store to supply new mothers with infant goods. CWD explained:

> '[Women] think of things that some men do not … Because I manage the Women's Federation and Family Planning for our community, I have a Women's Federation WeChat group, from which I invited some people from Mom and Pop Shops into a WeChat group and solved the problem'.

CWD utilized her creative capacities to authorize more peddlers to enter communities and sell affordable goods and foods to poor, unemployed residents. RC women social workers assumed home-carer roles for older people who lived alone, failed to self-care, and were denied visitors including relatives.

NGO women social workers undertook psychosocial interventions [4]. Woman social work professor, VG1, formed a volunteer group of 80 social workers, counsellors and students, to provide psychological crisis relief during the pandemic: 80% of these responders were women. Counselling provided women with new professional outlets without changing their social status as women employees. VG1 asserts:

> '[T]here was such a demand, then … [counselling] emerged … [M]odern women … have more space to develop their interests … ambitions … [or] become … better counsellor[s]'.

VG1 observed that professional uncertainties and opportunities following lockdown were disconcerting:

> 'There is a big unknown regarding when the closure of the city will be lifted … fear of the unknown is infectious … [N]egative emotions … arise ….[Service users] slowly see … power in themselves ….[as] more than just recipient[s of services]'.

Women social workers also coordinated community responses to domestic violence. SOB, working in a local anti-violence NGO, reported that in February 2020, local police received twice the calls from domestic violence victims than in February 2019. Of these, 90% were from women. The lockdown policy left women in abusive home environments with perpetrators [70]. Social workers supported victim-survivors by combining calling the police with government referrals, resource mobilization, volunteer visiting, and phone counselling. SOB raised external funds covering hotel expenses for two months where these women could stay safely until the lockdown ended when she moved them to other safe places. Using its strong volunteer network, this NGO collaborated with local government officials while retaining self-funding to maintain organizational autonomy. Despite utilizing extensive coordinating skills and digital technologies to extend the reach of their work, its value remained unrecognized by government officials.

NGO women social workers utilized social capital to connect community residents seriously affected by COVID-19. SWF initiated video visits to older people in nursing homes closed-off by management. Woman social work professor, SWD, said that men village cadres used less restrictive policies to approve women social workers to teach children lacking internet access during home schooling. Other initiatives drew upon social capital to: provide therapeutic support, empower women, avoid stigmatized public assistance [71], organize online mutual-help workshops among mothers, obtain fetal monitors, and maternity packages for pregnant women and new mothers, and provide hotel rooms for those trapped in Wuhan.

The demands on women social workers involved family, waged work and community, proved 'conflicting and deeply intertwined' [47,54]. Local officers (men) colluded with the low status of such work by taking it for-granted and calling upon it as and when necessary. Women social workers, as the main carers for young children, encountered more conflicts when combining COVID-19 responses with childrearing than their husbands/men colleagues. SOA (a woman social worker in a disaster relief NGO), organized an online volunteer group to write guidelines for frontline NGOs providing pandemic relief. She speculated that women social workers undertook more housework and faced more interruptions from children than men social workers during online meetings. Another RC social worker, CWC1, reluctantly let her mother-in-law care for her five-month-old baby. She then felt guilty for her baby's lack of liveliness because she could not simultaneously care for her child and comply with the obligations arising from her 'triple burden' to comply with the demands emanating from their employer and community. No one sympathized with her plight.

Women social workers felt responsible for caring for others despite high stress levels and inadequate operational support, a finding replicated for psychosocial workers in Japan [63]. RC social worker, CWE2, highlighted tensions around overtime, over-work and lack of breaks to ensure the well-being of others in communities and workplaces. She commented, '[I]f I take sick leave … I have to hand over work to others … [who] also have their own issues'. Arguably, this gendered trope of women social workers' willingness to assume challenging community work tasks during the pandemic reduced government costs considerably. The SPWD results indicate that women social workers were exhausted but behaved professionally when fulfilling their tasks as both first-tier responders and second-tier responders. However, their expertise remained under-recognized and devalued. They were not rewarded with a pay increase, a rise in status or a place at the decision-making tables.

4.3. Theme three: women social workers' exclusion from decision-making

The early operational stages of China's fight against the pandemic were chaotic and local government policies were in constant flux. Most women interviewees critiqued the lack of collaboration between government departments and the repetitive and unscientific designs of the obligatory forms that lacked social worker input. RC women social workers felt these onerous tasks consumed energy better utilized in supporting residents. However, non-compliance was impossible. RC woman social worker CWB said that, 'I think we were the at the bottom of the bottom [in the system] ….Whether the task was reasonable or not, we had to do it when it was assigned [by the government]'. Front-line state workers in China cannot resist state policies, and they must enforce them [37]. Besides affirming the power of the state, this comment highlighted the state's complicity in reproducing gender inequalities by ignoring the value and worth of women's contributions and failure to celebrate these.

SPWD data indicated that women social workers were at higher risk of succumbing to COVID-19 due to the lack of PPE, inadequate PPE, and insufficient knowledge of self-protection. An RC woman social worker said, 'All we knew was to wash our hands and spray alcohol [as disinfectant]'. Women social workers' worst fears included spreading the COVID-19 infection to family members [25].

Community rejection of government restrictions damaged RC women social workers' wellbeing. During the lockdown, local government required RCs to build 'hard' barriers in communities to stop people from moving about freely. However, those built were flimsy and men determined to get out could easily destroy them. Woman Street Officer, CC3, highlighted their soul-destroying, wasteful actions by saying, an RC woman social worker 'goes around every day with a hammer to patch-up the holes'. RC women social workers, CWG1 and CWG2, recalled that during bed shortages, the RC could not take suspected COVID-19 patients to hospitals as required. Disappointed residents would rush to the RC in protest, prompting the deployment of armed police to keep the peace. Afterwards, RC women social workers sought to calm angry residents through one-to-one discussions. Other colleagues confirmed that they also faced fear, and mental and physical risks of verbal abuse or assault in such situations. Doing dangerous and intensive frontline work without respect and equal treatment undermined these women's physical and psychological health and produced sleep disorders, thus replicating experiences identified in Europe [72].

The SPWD data demonstrated that NGO women social workers became first-tier responders less frequently than those in RCs [17]. Woman social work professor, VE, claimed that early in the outbreak, volunteers undertook self-organized responses to COVID-19, while most NGO social workers remained at home awaiting local government assignments. Social worker SWF highlighted the greater autonomy of social workers exploiting social capital outside the administrative system:

> 'The most active women [social work] teachers in Wuhan did not rely on [social work] agencies. They established volunteer teams and used their social connections to do things with students'.

The SWPD data indicated that women social workers in NGOs that were integrated into the state's pandemic responses experienced reduced professional autonomy. NGO social worker, SWF, considered the tasks allocated by government officials irrelevant to their professional mission and competence. She underscored the government's failure to understand social workers' roles and continued:

> 'We have to do whatever the government tells us ….They ignore … that what we … do is closely related to human needs'.

Understanding structural gendered relations in changing contexts requires detailed comprehension of local environmental and policy frameworks [73]. Many women social workers mentioned men's dominance among leadership cadres and wanted more women leaders in government pandemic prevention and control systems. Woman social work professor, SWD, recalled women playing subservient carer roles:

> 'The government department we are in contact with has a man as head and two women deputy directors … women are more concerned with vulnerable groups, such as asking us to take care of … pregnant women … Men as leaders may be more con-

cerned with risk management and control, or effectiveness, while women leaders may be more concerned with the process, more gentle and humanistic'.

Pacholok [74] and Zara and colleagues [75] suggested that such findings highlighted the performance of gender stereotypes that devalued women's contributions and deemed their labor an extension of taken-for-granted caring work. Men leaders did important activities and took risks while women leaders focused on relationships. In responding to strict community prevention and control policies, women social workers lacked the autonomy needed to utilize discretion. Community dissatisfaction with government restrictions and women social workers' failure to utilize their discretion adversely impacted women's wellbeing. Sometimes women leaders could focus on relationships to enhance women social workers' discretion and wellbeing slightly. However, due to women's exclusion from decision-making structures, they failed to exercise discretion unless they had obtained permission from men leaders first.

4.4. Theme four: women social workers performed low-paid/unpaid work and encountered a 'glass ceiling'

As in Enarson's [54] work, the SPWD data indicated that women performed underpaid and unpaid socially invisible gender-stereotypical caring roles. The wages and social insurance coverage of 1000 RC women social workers employed in Wuhan's Z suburban district were increased during September 2020. However, CWD, deemed this inadequate: her gross monthly pay rose from £334-04 to £550-87. Her claim was confirmed by others. Despite this rise and alleged equality between the genders, woman Street Officer, CC3, asserted that their salary comprised less than half of men government officials' pay. Between May and October 2020, eight of 230 RC women social work leaders were promoted, thereby obtaining slightly more pay and job security without securing pay parity or equal social status. Additionally, our interviewees commented that despite working as first-tier responders, community workers' salaries reflected undervalued 'women's work'. CWE1, an older RC social worker, attributed the problem of younger women social workers being insufficiently rewarded for their work to feminists' failure to secure equality during the socialist era [30], and the continued devaluation of 'women's work'. These factors perpetuated inequality between men and women. Worse, she added, women had accepted a situation of being blocked by a 'glass ceiling', and like women before them, they resented being excluded through structured gender performances that triangulated pandemic duties, waged work and family pressures. Comparing women's historical and contemporary realities, CWE1 stated:

> 'They're all kid-oriented, family-oriented, working without incentives … [F]amily members say, 'Your salary cannot support our family, so put homecare before work' … The[ir] sense of responsibility and work ethic is really different from ours [during the socialist era] … We were always afraid of losing [our jobs], and could not afford to fall behind the others'.

RC woman social worker CWB complained that the low salary, low status and intensified burdens at work generated family conflicts among RC women social workers. As young, capable women, they were compelled to take whatever jobs they were given as a 'stepping-stone' into government work which was considered more stable and secure. One RC woman social worker was critical of the different entitlements enjoyed by women employees. She commented that women cadres were allowed to ask for leave while women in the RCs enjoyed no such benefits. To reduce gender inequality in grassroots organizations, CWB suggested that the government should provide free or affordable childcare for women.

> 'We often work overtime in the community … We are all housewives, and when our children are on winter and summer holidays, we do not have holidays, so it would be good for us to have a venue to bring the children over to do their homework. Then, we might be able to work without having to worry about both [work and family]'.

The 'glass ceiling' is more apparent for women social workers in the non-profit sector. As Horton [76] found regarding women's position in Haiti, the SWPD data illustrated both the exploitation of women's labor and the non-recognition of their talents and abilities. Women social workers in the NGOs undertook psychosocial interventions for various vulnerable groups during the pandemic. However, no government policy or programs specifically supported non-profit organizations during COVID-19 [17]. NGO social worker, SWA, claimed that (men) Street Office Officials refused to pay NGO social workers' overtime. She added, 'Some of us complained that social workers are like the children of the stepmother [being given crumbs]'. NGO social worker, SWB, worried that the outbreak of COVID-19 prevented some women's advancement by disrupting the development of her newly registered social work agency:

> 'We planned to do social service projects, but the government is not even considering this aspect of the work ….Everything we do for the government is done for free, but there are no programs to support it'.

Overall, these women social workers highlighted their inability to challenge the 'glass ceiling', low status, low pay, no pay and exclusion from decision-making structures. They held precarious jobs, regardless of what they did. Nonetheless, despite being labelled as women's work, their work is central in performing gender as their efforts drive the health care of families and communities, and the wealth and health of nations [59]. It deserved the gender parity that women demanded.

5. Conclusions

The SPWD research emphasizes the persistent 'gender binary' in the division of labor, even when women social workers in Wuhan and associated sites in China operated as both first-tier and second-tier responders during COVID-19. RC women social workers surpassed their ordinary administrative roles and became 'protectors' of the people, performing tough, heavy work previously undertaken by men, but without commensurate pay or status. NGO women social workers performed mainly as professional second-tier responders with limited action as first-tier responders. Notwithstanding the additional protector roles that these women performed,

they failed to rise above the 'glass ceiling' and realize decision-making powers and salaries equal to those of men first-tier responders. Caring for the pandemic's victim-survivors, women social workers undertook caring work, performing gender whether their work was embedded within the government's administrative system or outside it. Women infused men's tough 'war' narrative with a concern for life and vulnerable people. Despite uncertain situations, they consistently upheld people's rights and met their daily needs, often at the expense of their own health and well-being.

Women social workers performed protector and carer roles within families and communities while working under government tutelage. Gender binaries re-affirmed low pay, low social status, exclusion from decision-making structures and poor recognition of their endeavors as women social workers who combined difficult employment conditions with caring roles. The interviewees ranged between 20 and 55 years of age, all of whom were stuck in low paid, low status work despite undertaking the high status first-tier responder roles previously performed by men. Interviewees in the 20–40 age group were primary carers of young children and encountered more conflicts when combining COVID-19 responses with childrearing than their husbands/men colleagues and the 40–55 age group interviewees. Interviewees in the 40–55 age group were more vulnerable to the coronavirus. Implementing harsh tasks in community prevention and control could cause sickness and even deaths among this older age group. According to the Ministry of Civil Affairs, 53 RC social workers died on China's front line against the COVID-19 pandemic by March 8, 2020 [77]. Interviewees had engaged in community prevention and control tasks, resource mobilization, psychological crisis relief or other social services work. Every interviewee held a precarious job and faced the challenges of the 'glass ceiling', low status, low pay, no pay and exclusion from decision-making structures. Interviewees engaged in community prevention and control tasks got paid and received limited pay rises during the pandemic without reaching pay parity with men. Interviewees participated voluntarily in resource mobilization, psychological crisis relief or other social services work without pay or rewards given by the local government or their employer. The different experiences of interviewees in various service areas indicated that the women social workers' carework for the community was neither recognized nor valued during COVID-19. RC women social workers endured the additional stress of following government commands without support from community residents, despite their sacrifices. NGO women social workers generally lacked funding to sustain their responses to the pandemic and protect their development and career aspirations within the not-for-profit sector. Under-resourcing and social exclusion hindered women's participation in improving pandemic control and prevention, and consequently, they were absent from decision-making platforms and policy formulation tables.

The SPWD project is a small qualitative study of limited generalizability. However, it indicates significant trends that could be studied further in a more extensive mixed-methods study involving both quantitative and qualitative methods. Such research could cover larger areas of both urban and rural China and include additional countries to provide more robust comparative data. It could also compare the experiences of men and women directly since in SPWD we referred to men as depicted in the literature and according to women social workers' comments about them.

Despite the small sample, the SWPD results raised fundamental challenges for policymakers. These were to: acknowledge that women social workers capably fulfilled multiple roles as protectors and caregivers during COVID-19; realize that gender equality in the workplace was elusive and hindered women social workers' professional autonomy and career progression. Additionally, research participants gave policymakers and practitioners an important agenda to fulfil. They demanded that men who wielded power implemented women social workers' entitlements to decision-making, equal pay and leadership roles. Doing so would enhance gender equality throughout the pandemic and afterwards. The literature suggests that these women social workers' experiences of low pay and low status in the labor market are structural and can resonate elsewhere [53]. Thus, their crucial message can apply to the whole of humanity:without transformative social change, women's equality will remain illusory for a long time to come.

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The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The data that has been used is confidential.

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