IM-MOBILITIES OF CARE:
Gendered Spaces and Practices in Segregated Urban Territories

ALEJANDRA LUNEKE
Profesora, Departamento de Sociología, Universidad Alberto Hurtado, Santiago, Chile

ALEJANDRA RASSE
Profesora asociada ordinaria, Escuela de Trabajo Social, Pontificia Universidad Católica de Chile, Santiago, Chile

ISABEL UGALDE
Socióloga, Pontificia Universidad Católica de Chile, Santiago, Chile

The capacity and range of free movement in the city may indicate urban deterioration or the well-being of its inhabitants. The COVID-19 pandemic affected mobility, making socioeconomic and gender differences evident. By taking charge of domestic care and childcare, women from highly segregated neighborhoods in the city saw their ability to move increasingly dependent on external factors, turning their mobility into im-mobility.

My oldest son is the one doing homework, he does his homework the first semester, no problem, but then the second semester [...] Then my youngest son started walking and I collapsed [...] (Mother of two children, neighbor)

Marta’s words⁴ reflect the experience of many women caregivers who, during the pandemic have taken charge of full-time care and education of children – as sanitary measures have closed schools across the country – on top of domestic labor and remote work. Confinement has become a permanent source of stress whose effects are exacerbated when mothers live in

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small homes located in segregated neighborhoods of high urban deterioration.

The pandemic has made the deep territorial inequalities within the cities visible, which have overloaded the experience for those in charge of care labors while living in poverty. It has also given urgency to the need to put care at the center of urban policies in the public debate, as well as in the planning of the city through the daily practices of care, which generally fall on women (García-Chueca, 2021).

Before the pandemic, the debate on mobility had highlighted the need to address 'the mobilities of care,' that is, the bodily, emotional, and daily life dimensions associated with the flows and movements linked to women and children in urban space (Middleton in Horton et al., 2014). Within these developments, on the one hand, the gendered character of these mobilities has been emphasized (Murray et al., 2016) (gender and feminist perspective) and, on the other hand, the adult-centrism in urban planning and design of public spaces that limits the autonomy of children and their capacity to appropriate the city (Mikkelsen & Christensen, 2009) (childhood perspective).

When gender is put at the center of a mobility analysis, not only are the differences between mobility patterns of men and women revealed, but also women’s lack of mobility freedom is revealed (Hanson, 2010). Similarly, the power relations that sustain these situations and asymmetrical spaces are also revealed,
As women assume care, they are also the ones who most experience the shortcomings of their neighborhoods (Aguirre, 1999 in Martínez & Forray, 2015), and the ones who best know the facilitators or barriers of accessibility in daily life, in which financial, technological, emotional, physical, institutional, and temporary factors concur. The obstacle density resisting accessibility – or “mobility thickness” (Carrasco & Jirón, 2019) –, is related to the motility or the ability of each subject to overcome those obstacles. Poverty, segregation, and responsibility in care labors may be decisive elements that reduce women’s motility in territories of high urban deterioration (Jirón & Mansilla, 2013).

Focusing on childhood also problematizes autonomy. The difficulties facing the autonomy of children in these urban spaces can be related to the barriers that these spaces, designed by and for adults, impose on them (Cortés, 2015, Prout, 2005; Matthews et al., 2003; O’Brien, 2000). This influences both their place and city experience (Fox & Gullov, 2003), as well as their ability to appropriate space, their development into urban social actors (Cortés, 2015), and their socio-emotional and motor development (MIDEPLAN, 2006). [FIG. 1]

Therefore, impositions on mobility are added to the list of the specific conditions that segregated and deteriorated territories. Resulting from this conditions, either from the barriers ascribed to the city scale (physical distance, economic resources, transport system, etc.), or those of the neighborhood scale (risks

and violence in public spaces, lack of green areas and recreation, deterioration of street lanes, pathways, street furniture, etc.), mobilities are transformed into im-mobility (Lazo & Calderón, 2014:138) in which caregivers and cared-for subjects are relegated. This im-mobility must be understood in the mutual movement dependence between children and their caregivers: they take the children to school or the park, but children also accompany their parents in productive and reproductive mobilities (Jirón & Gómez, 2018:56; Christensen & Cortés, 2015).

This care interdependence must be understood within the framework of mobilities that are intrinsically relational: they are constituted by people, spaces, bodies, objects, times, ideas, etc., which intersect in very different ways and towards different ends (Murray & Cortés-Morales, 2019). From these intersections expressed in everyday practices – which, in this case, imply gender and generational social relations –, inhabited space is produced and reproduced, as well as gender distinctions and imaginaries around the generational. Thus, following Mol (2008), care is configured as a mode of social relationship demonstrating that people’s actions are always molded and adapted contingently in everyday practices, and relationally mobilize human and non-human agents.

This article investigates how the interdependent relationship between caregivers and cared-for subjects is experienced by women who care for children under 12 years of age in segregated territories of high urban deterioration. We argue that the intersection between gender, childhood, and urban deterioration reduces the scope of mobility – or directly produces various forms of im-mobility – for these women caregivers, as well as for the children they care for. Therefore, a much narrower scale than the one usually addressed from mobility studies, becomes relevant: the body, housing, and the block. We also argue that while space shapes im-mobility in these interdependent relations, inhabited urban space is produced.

**Methods**

The article is based on the qualitative findings of two studies conducted during 2020 in an area of social housing complexes with high levels of urban deterioration (in terms of the status of their public and residential spaces, accessibility problems, lack of urban opportunities, territorial stigmas, and urban violence), and located in the southern sector of Santiago.

In both studies together, 26 interviews were conducted with women caring for children at different stages of childhood. The interviews were conducted based on a pattern without pre-structured questions but instead with a limited set of topics to guide the conversation, which adapted according to their daily routines, their relationship with the neighborhood and other actors present in it. The focus was on the care of children, everyday spaces and daily mobility in the neighborhood.
External-Internal Barriers in the Im-mobilities of Care

Certain inequalities are linked in the story of the children’s caregivers in neighborhoods of high deterioration, including urban (material conditions of the neighborhood and the city’s accessibility), gender (the assignment of care labor mainly to women while rendering its social value invisible), and generational inequalities (spaces designed for the movement of a single, autonomous, and young individual). In practice, the physical-material barriers imposed by living in neglected and deteriorated areas (services, commerce, and distant urban opportunities; micro-garbage dumps and wastelands, poor infrastructure, and street furniture, non-existent or poorly conditioned sidewalks, etc.) join the permanent presence of children inside the home, who, most of the time, women must care for by themselves. During the pandemic, this care also includes schoolwork, due to the closure of kindergartens and schools.

These difficulties overlap and fall, one after the other, on women caregivers who manage their daily lives in a situation of constant effort, elaborating strategies with which to face their multiple responsibilities with very limited resources. This translates into a constant feeling of overload and exhaustion, as one neighbor caregiver recounts:

“They are practically the neighbors’ children, so I am not going out because, on the contrary, I would be going out to work, although they do not let me go out to work, but I see that the women come back tired, then they must cook, then do laundry, do the shopping. (Neighbor caregiver of 4 children)"

In terms of mobility, on top of these conditions, there are the difficulties that result from putting interdependence into motion between caregiver and child. Care involves a specific materiality and/or corporality (moving with children in their arms, holding their hands, with baby carriers or strollers; carrying bags with food or clothes, etc.), which in turn determines a certain scale or possible movement range. Thus, barriers to mobility are relationally constructed; they come both from the material or social construction of the space, as well as from the body of the caregiver (of the pregnant woman or of who carries or accompanies children), or from the person who is being cared for (height and stride length of children).

Within the framework of this difficulty of movement, the mobilities that are developed can be assembled. Children also develop their mobility in a way that is attached to the mother’s routines, and these routines must be accommodated to the movement possibilities allowed by this assemblage of mobilities. Since there are no safe spaces or another figure that can take care of them, they must accompany the mother on her activities. Interdependence also shapes the development of infants. As the interviewee points out, the children are wherever she is; she limits her mobility and they limit their access to other activities for children their age.
They must entertain themselves here, I bring my son when I’m working, [...] I have my baby and I walk from here to there with the business and with them (Mom of 2 children, neighbor)

If in the pre-pandemic city, access to the city and care tasks limit the freedom and development of women, access to the neighborhood and its public spaces are also denied to children due to risks and threats related to crime and violence during the afternoons and evenings in their nearby environments. This implies, in turn, that the caregivers themselves avoid these spaces, while their mobilities are dependent on those of children. In almost all cases, shootings and fights linked to drug trafficking emerge as obstacles to the autonomous movement of children and to the use of green areas and public spaces.

Since, on the weekends when one could take the children, the park is largely used as a drinking place because a lot of football games are played there on the weekend, it is no longer something appropriate for the family, there have been shootings, some have injured children, so it is not safe, apart for some activities on weekdays during this season [weeks before Christmas], like the theater, I try to take him, but the times I take him to the park are very limited. (Mom and neighbor)

Sleep, rest, play, watch cartoons, as I explained, they are indoors most the time, either in the bedroom or here when we have lunch, or over there, outside the block, because one cannot go out beyond the street [...] most of the time is spent here in their rooms. (Mom and neighbor)

In this way, the experience of taking care of children in territories such as the one studied here, translates into a feeling of constant confinement. The freedom of movement for women caregivers is very limited, even within the neighborhood or block in which they live, which broadens only when they manage to constitute community networks that facilitate moments/spaces of collective care. A caregiver mother recounts about her child:

He doesn’t play in the common courtyard and doesn’t socialize with other kids because here, young kids talk from the waist down, and they are two, three years old, so it is preferable that he is here with us. We used to go out to the street and meet with inappropriate people, but we do not want the children to go through the same thing... Outside they see fights, people taking drugs, the blocks back here, the constant smell of marijuana, coca paste, the music all day [during the interview the neighbors’ music made it difficult to talk], the fights [...] those blocks are troubling. (Caregiver mom and neighbor)
In this way, mobility-immobility occurs relationally, while the material and social characteristics of the territory become obstacles when interacting with the specific characteristics of children (their corporeality, their height and stride, their way of understanding and relating to space), and of women caregivers (and the material and social implications of care labor: shopping bags, the baby stroller, the times and spaces of the reproductive tasks to be carried out); in turn, the obstacles of children become the obstacles of mothers, and vice versa. All this generates a reduced area of mobility, both for children and for caregivers.

**Care Im-mobilities and Production of Space**

The confinement also implies that women must manage care labor in the few square meters in which they live, which makes it difficult to care for children since it cannot accommodate their activities. The observation of the domestic spaces and the story of the caregivers show us that in most cases there are no play spaces, housing the living - dining room, due to its greater dimension, study, ironing, play, bedroom and rest.

The overcrowding in these houses – which usually do not surpass 36 m² – contributes to the narrowness of the spaces. Usually, the houses have one or two rooms and sometimes the youngest children share the beds with their parents or siblings.

The child sleeps in the same bed with his brother and mother; the father changed bed to make room for them now he sleeps in the bed of the other son, who moved to sleep with the mother and brother. They have only one room. (Mom and neighbor)

Poor materiality also causes children to be unable to sleep peacefully and rest. Thermal insulation is weak
and there are problems with internal environmental quality; the walls do not have acoustic insulation and the noises of surrounding apartments are heard, the same happens with street noises, which come from shootings or fights. Younger children wake up with them.

They have problems with rat and cockroach infestations which enter the house. They have neighbors who own animals and a paddock nearby. There is a lot of moisture on the walls, as mold and fungus are appearing. They cannot put antifungal paint because it is very expensive, and they cannot cover the entire house. The ceiling in the living/dining room is peeling as it gets wet from upstairs. (Neighbor, mom).

The caregivers generate a series of strategies to overcome these conditions. As Kleinman (2006) points out, these women mobilize many daily efforts, often invisible, that seek to make the lives of children as good as possible. Our research was able to identify various everyday practices that translate into the practices of social and physical production of spaces. Among them are those that materially modify the spaces, as well as various forms of neighborhood coordination, and articulation of a caregivers’ network, where they can support each other.

The most visible and recurrent physical-spatial practices in the answers refer to the closure of stairwells of the blocks in which they live [FIG. 3] and the creation of common courtyards by closing the access streets to the apartments [FIG. 4]; both practices allow to expand the spaces for children. Faced with material problems, women caregivers do all they can to improve insulation conditions:

FIG. 4 Cierre de acceso al block y patio común. / Closure of block’s access and common courtyard. Fuente / source: Cedeus, 2019.
In summer it’s very hot, we’re on the third floor and I have the roof above me, and in the winter it’s cold, I even put towels under the doors to make them warm up faster [...] In winter it is very cold and in summer very hot [...] I do not turn on the lights at night because of the heat. (Mom and neighbor)

The physical changes are also accompanied by the social coordination between neighbors to watch over children when they are in these spaces. The only way they can play with other children is to go out to these spaces under the supervision of a well-known neighbor, because, although they are closed, there is the permanent threat of accidents (due to the coexistence with other uses), or exposure to fights or urban violence.

This social coordination transcends playtime and extends to the children’s commute to school, to take care of them after school or to take care of babies and very young children when their mothers are at work. Neighborhood caregivers emerge as a crucial and relevant figure for the lives of many heads of households, or mothers, since they enable the performance of multiple reproductive tasks in parallel, which expand the mobility range for women caregivers within the neighborhood. The protection and safety of children from perceived risks in public spaces is the most recurrent motivation.

I take care of them in my apartment, some arrive at 9 and leave at 5 in the afternoon... I cook for them, change diapers... when they were younger, they had their activities, their toys, their schedules... I was alone with them, so I did the cleaning, they had all the toys on the floor, they played and entertained themselves there. But outside, I don’t have other activities with these kids in a community center, no, I’ve never done it, and I don’t know if anyone does. I do it at home. (Neighbor caregiver).
In this way, women caregivers produce space, materially and socially, to protect children and improve their living conditions. As can be seen in figures 5, 6 and 7, these practices have reconfigured the physical space in one of the studied villages by reducing the access areas and common spaces in the apartment blocks.

Final Considerations

In the mobilities of women who care for children in segregated territories of high deterioration we can see the intersection of the asymmetrical distribution of care labor on the basis of gender, urban inequalities, and the adult-centric view in the planning, design and production of urban spaces. Consequently, in the "thickness of mobility" (Jirón & Mansilla, 2013), it is possible to distinguish between elements related to the materiality of space, sociocultural aspects, and others directly related to the corporeality of those who move. Consequently, from a relational perspective of mobility, what we consider barriers or obstacles, in practice correspond to the relationship between the social bonds of care (and the definitions of gender and social valuations they bring with them), children, and urban spaces (as fixed materiality and as flow and access points). These are designed without taking into account the spatiality of care labors, nor the particularities of moving subjects and bodies.

The subject of housing, neighborhood, and city production without a gendered approach or childhood perspective, and without questioning the way in which we socially value, assign and manage care, reproduces inequities of territory, gender, and generation. Instead of being devices that promote autonomy and access to well-being in the city, the spaces produced act as containers of daily care strategies that are trapped in deteriorated spaces. In this way, caregivers and children whose mobilities, deploying many individual and community resources, barely reach a few blocks around...
their home. Women bring children with them to their work (paid or unpaid), and children tie women to the few spaces and times when they can be cared for and safe. This interdependence, in this framework of segregation and urban deterioration, not only hinders mobility, but also produces immobility, exclusion from urban goods, and care reproduction as a private, invisible, and confined work.

In these sectors, and for these subjects, confinement is a situation prior to the mobility restrictions imposed by the socio-sanitary crisis resulting from **COVID-19**. However, the closure of schools, which are a constitutive part of children’s daily spaces, and of their caregivers’ autonomous time, restricts their mobility even more radically.

Within this framework, it has become urgent to design urban and housing policies with (i) a clear gender focus, (ii) for different age groups, (iii) with concern for both the productive and reproductive spheres, and (iv) that address both accessibility at the level of the city and at the microscale. In this way, urban design can make an enormous contribution far beyond the housing and neighborhood space, towards the promotion of the rights, autonomy and well-being of children and their caregivers. **ARQ**

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Political scientist, Master in Urban Development, and Doctor in Sociology. She is a professor at the Department of Sociology, Universidad Alberto Hurtado. Associate researcher at the Instituto Milenio for Research in Violence and Democracy (VioDemos); researcher at the Centro de Desarrollo Urbano Sustentable (cedeus) and at the Centro de Estudios en Conflicto y Cohesión Social (coes).

Sociologist, Master in Sociology, Doctor in Architecture and Urban Studies. She is an ordinary associate professor at the School of Social Work at the Pontificia Universidad Católica de Chile. Researcher of the Centro de Desarrollo Urbano Sustentable (cedeus), Núcleo Milenio Autoridad y Asimetrías de Poder (numaap), and the Centro de Estudios en Conflcito y Cohesión Social (coes).

Sociologist, Pontificia Universidad Católica de Chile, 2018. She has collaborated as a research assistant in studies on violence and urban insecurity, children and youth, education, and citizen participation. She is a student of Pedagogy for Professionals (2021-2022) at Universidad Alberto Hurtado.

Notas / Notes

1. The names of our interviewees are not revealed to preserve anonymity.

2. “Comunidades sostenibles: análisis relacional entre el Estado y los márgenes urbanos” and “Laboratorio urbano cedeus: Habitabilidad de niños y niñas.”