Conference Transcript（Preliminary Version）

COVID-19 and Issues on Global Social Justice

コロナ禍とグローバルな社会的正義

Lindsay Oades
Masaya Kobayashi
Afsana Begum
and others

Chiba University
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"COVID-19 and Issues on Global Social Justice"
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Abstract: This is based on the transcript of the seminar "COVID-19 and Issues on Global Social Justice". Section 1 introduces the topic "Coping with COVID-19: Policy Response and Citizens' Well-being in Australia (by Lindsay Oades ： Professor ,the University of Melbourne Australia); Section 2 topic "Well-being and fairness under the crisis of COVID-19: A Perspective from Positive Political Psychology "(by Masaya Kobayashi ： Professor, Chiba University); Section 3 discusses the topic "COVID-19 and Gender-Related Issues" (by Ms.Afsana Begum: Researcher, Chiba University). And then section 4 is discussants time.

Discussants (with their own topics):
・Prof. Jiro Mizushima (Professor, Chiba University)

・Prof. Takayuki Kawase (Associate Professor, Chiba University)

・Prof. Hikari Ishido (Professor, Chiba University)

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[1] Some parts have not been checked by speakers or participants.

Organizer: Chiba University Leading Research Promotion Program - Chiba Studies on Global Fair Society: A Multidisciplinary Approach (Led by its Global and Regional Research Group）

Introduction

As we are fully aware, our two years almost have been devastated by the outbreak of Covid-19 and then there have been so many social issues, disastrous, or would say maybe catastrophic. And then we should think about a global kind of social justice. Chiba University's Leading Research Promotion Program (led by Prof. Jiro Mizushima) has been pursuing global social justice fit for the formulation of a future-oriented fair society. In the face of the outbreak of COVID-19, we host this online international symposium to consider the global pandemic's ensuing and unprecedented impact on the global society at large, regional integrations, and smaller-scale regional societies, in terms of "justice" and "well-being."

<u>**Hikari Ishido:**</u>

Good afternoon, everyone. I'd like to continue with making some remarks on today's setup. Here's the list of speakers, panelists, and moderators for today. First, we'll be welcoming Professor Lindsay Oades, the University of Melbourne Australia and then he will be delivering his lecture on this topic, and then Professor Masaya Kobayashi will be delivering his lecture and then followed by their lectures, Ms. Afsana, she will also be giving her speech or lecture. And then, following these presentations or lectures, we would like to have a panelist session.

Section1 (lectures by Prof. Lindsay Oades)

Thank you very much. very pleased to be joining all of you and thank you very much for the invitation. In the brief time I have, my goal is to give you a sense of what's happening in the Australian context, the policy responses. I'll say a little bit about the well-being of people in Australia. But I'll particularly try to give you a sense of the politics behind the policy in Australia as it relates to the Australian Federation and how we're structured. And I'll try to point out to you, explain to you how I believe it's very much become a good example of a battle between a sort of conservative-liberal individual view of the world and that side of politics

versus a more progressive view of politics. And I'll explain the way that's played out across the different states of Australia. I am not sure how much people understand about Australia but I will explain this because it gives a context in which the policy and political and ethical debates occur.

Figure 1 LABOR and LIBERAL in Australia
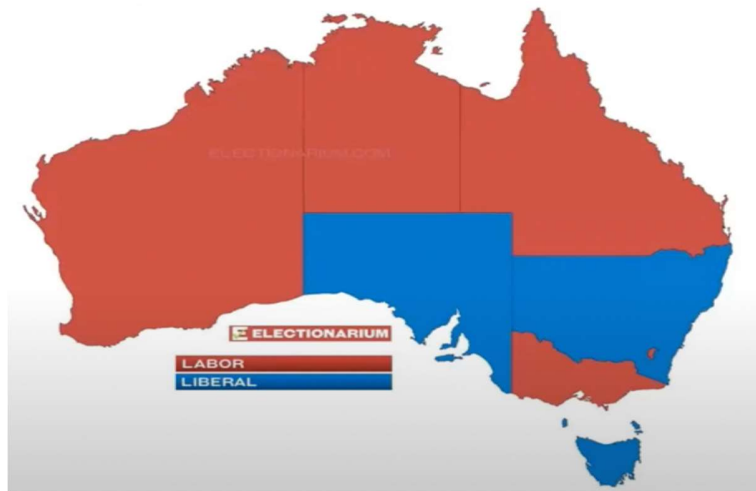
So, firstly, Australia is a federation of multiple states. We have a population of approaching 26 million（2021）. Our federal government that is our national government is currently a Liberal-National Coalition. So that's the conservative side of politics. And we are likely to have an election in March of next year (2022), we have to have one before May. We are based as in the map there (Figure 1). We have six states and two territory governments. So, these states make up the federation for the federal government. The states are largely based on the original British colonies. And what you see there on the map is the states that are currently blue the liberal or conservative states, as is the federal government, and then the red states are the more progressive states, which is the Australian Labor Party.

What you have in terms of the population in the New South Wales, which is the state of Sydney, which is where my cursor is that is 8.1 million about 26 million people (2021). So, almost 31-32% of people are living in the New South Wales State, which is currently the conservative state as well as the federal government is a conservative state. However, in the red state of the progressive state, which is where Melbourne is, 26% of us in Australia are living there. So, you have something about 57% (2021) of the whole population is living in these two states and you will notice that one

is conservative at the moment, and one is progressive. And just to give you a sense of the journey, that we have been on in terms of a timeframe.

Figure 2 Australia Situation
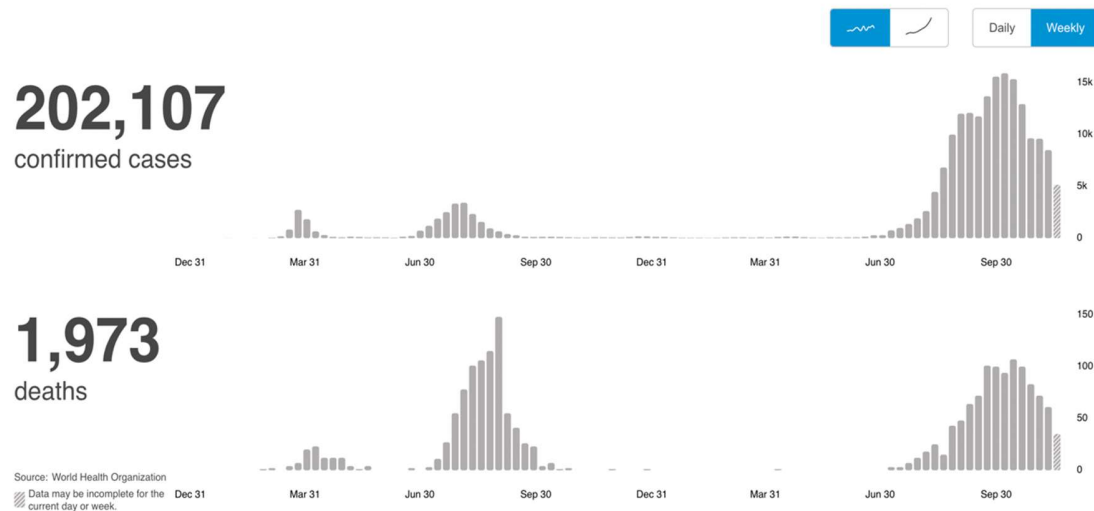
Going back to March of 2020, we see two major clusters of cases of Covid in that time (Figure 2). Both of these mostly occurred in the Melbourne state, so in the progressive state, you have a conservative federal government, promoting certain ideology or view of the world, yet you have most of the cases, and therefore most of the restrictions and lockdown and impact on the economy happening in a progressive state. And then much later, more recently, since June of this year, both Sydney and Melbourne, the two big states, the Delta variant came and impacted on both states. So that is a kind of a timeframe that I'm trying to illustrate and I'll say further about how that has impacted the debates, both politically and in terms of the policy. And you'll just see down the bottom there how the deaths mirror the case numbers, and there are no real surprises there. By world standards, we probably have not had that huge amount of cases or deaths by our population, but it certainly has been far from perfect as well. So, to put some context on that, as I've said, I'm trying to build a context here in which to understand the policy and the political debates. So, the two biggest states, New South Wales and Victoria with 57.3% of the population, so effectively the impact of that on the economy, and most of the political debates are basically what is happening in New South Wales compared to what is happening in

Victoria and then what the federal government siding with New South Wales that is being on the side of New South Wales because that is the conservative side of politics. So, what I'm arguing here is that the two states have represented the two different sides of conservative versus progressive ideology. And interestingly, the way we're set up, the way the health system is set up, the hospitals, and public health is largely delivered by the state governments. So, for example, a health minister in New South Wales and a health minister in Victoria, whereas most of its funded by the federal government.

What we have also seen is unusual in Australia, normally we have premiers of each state. But also, we've seen the rise of the chief health officers who had been advising the premiers about public health orders and that has been very unusual in terms of the rise of the power of the separate states, and the debates between them. So that our federal Prime Minister formed a national cabinet, which included the federal government, and all the state premiers, making joint decisions, which is quite an unusual structure that we've never seen before. So, we're seeing how Covid-19 and the policy and politics around it have been creating new developments in our very own democracy. What I want to highlight is a comparison that I've tried to highlight between the states and also how that's played out in federal politics and federal policy (Table 1).

Table 1 Comparison of LNP and ALP

Liberal/Conversative View (LNP)	Progressive Labor View (ALP)
• Federal Government and Most Populous State NSW	• Second most populous state Vic with strong ALP Leader
• Prioritising freedom and economy	• Prioritising public health interventions and support
• 2020 low number of COVID infections except for "Ruby Princess" cruise ship in Sydney	• 2020 highest number of infections due to hotel quarantine breach. Extended lockdown in Melbourne
• 2021 high number of COVID infections- Delta Variant	• 2021 Second extended lockdown (6 in total)
• Australia behind on vaccination uptake, due to lack of supply – Federal government	• Conservative Media (Rupert Murdoch) heave criticism of "totalitarian" lock downs.
• Federal government prioritized NSW when greater vaccine supply became available	• Western Australia and Queensland (Labor) closed borders within the country as they were low infections.

So, on the Table 1 left side, what we have what I call the economically liberal view and socially conservative view, represented by the Liberal National Party, which is a coalition in our country. They are the incumbent government at a federal level but also, they hold government in New South Wales, the most populous state. If we compare that to the progressive Australian Labor Party, they are currently not in federal power, but they are in power in government in the second most populous state of Victoria, which is where I am at the moment and there is also a very strong leader.

So, you have these federal and the premier of the major popular state, basically having a lot of political ideology and politics with the Australian Labor Party, with Victorians state, and that became very interesting in 2020, because it was the Victoria state on the right here, which was the one that had the big cases, and also led to the major lockdowns and restrictions. So, on the left, we had the federal government and New South Wales Government promoting freedom and prioritizing the economy. Whereas in the locked-down state of Victoria, we had the progressive government prioritizing public health and providing support to people. And as I mentioned, in 2020, most of New South Wales and most of Australia had low infections apart from a couple of outbreaks due to one cruise ship in Sydney, whereas things in Victoria the progressive state were very bad and that was where we experienced their extended lockdown. In Melbourne, where I am, we've just finished our sixth lockdown. On the Table 1 left side, the other major debate is that the federal government is responsible for vaccinations and as I'll show in a moment, the Australian vaccination uptake for a wealthy nation like Australia was very slow. And there were debates about why that was, but in essence, it appeared that the federal government simply did not order enough vaccinations in the first instance. So, while these negative things are happening on the Table 1 right side in Victoria, we have Rupert Murdoch, who controls a lot of the Australian media and he's on the conservative side of politics.

So, while the progressive government is locking down Melbourne and Victoria, the conservative media across the country is attacking very heavily the Victorian Government for being totalitarian, intervening too much, and not caring about the economy or individual liberties and rights. More recently, this year in the second half of 2021, with the rise of the wave of infections due to the Delta virus, Sydney, New South Wales on the Table 1 left became heavily infected. And they were prioritized due to that with the vaccines when they became

available. However, on the Table 1 right side, the Victorian progressive state also got a Delta variant, and again, went into lockdown, and have been playing catch up with vaccinations. And so, there's been a lot of political and policy debate between the two states, with the federal government on the side of New South Wales, because it's a Conservative government. To put this in context, as you know, Australia is a very large country. You have states like Western Australia that have been Covid Zero for most of the two years. Queensland has had some outbreaks. But by and large, you have these huge landmasses on the rest of the country that has been relatively untouched by Covid-19. So, in essence, what's happening in Sydney and Melbourne has driven most of the debates. This will probably not be that similar to the rest of the world, but just looking at what sort of things we have done to prevent and contain Covid-19 in Australia. Firstly, of course, testing and isolation, a lot of social distancing, contact tracing, and the different improvements of contact tracing as they occurred. Normal things like hand washing, many political and individual liberty debates about mask-wearing, but essentially now mask-wearing has become a major part of the Australian way of life in the cities. Of course, more recently, deep cleaning and ventilation in schools have become a major initiative. Quarantine and the reason that's in red (Figure1) is the federal government is responsible for quarantining. However, they chose not to do it and they handed it to the states and the quarantining was done largely in hotels, which has been not particularly successful. There have been multiple outbreaks from this and once again, debates between the state and the federal governments. Because of that, and because of the slow vaccinations due to the delay in the vaccination supply, the state governments have relied heavily on restrictions and lockdowns.

So, locking down, not allowing people to go to work to school in Sydney and Melbourne, having travel restrictions five kilometers from one's home, not allowed to visit other people's homes, etc. And of course, over time, particularly in Melbourne, which has had 262 days of restrictions over two years, across six lockdowns (as of 27 OCT 2021), people start to get very frustrated by that. And then they look for someone to blame, be it a state government or a federal government. So, most of the arguments are about whose fault is these delays in the vaccination rates and why do we need lockdowns for so long. One of the other big tools that we've seen is border closures, obviously internationally, but within the country itself with certain states closing the borders to other people from other states, which has separated the country in a way that I have never seen in

my lifetime. In the context of vaccinations, we first had AstraZeneca, the Oxford vaccination which has got a very bad reputation because it was promoted poorly even though it's successful vaccination. And more recently Pfizer has become the main vaccination and Moderna has been added.

The current debates are really around the vaccination requirements on people to go back to work. And one of the issues is, should the state or government mandate the vaccinations or should they be a condition of work from the employer, which I will come back to. We're also seeing very recently the rise of some potential treatments for people who have contracted Covid-19. So, essentially, we've seen our way work through in a very messy way through the many possibilities of initiatives that could occur. To put that in a little bit of context, I was talking about the delays in the vaccinations. So again, for a wealthy nation like Australia, you would expect that we would get vaccinated and it would happen reasonably quickly, similar to the state like the United Kingdom or Canada.

Figure 3 Covid-19 vaccine rollout to date for selected countries
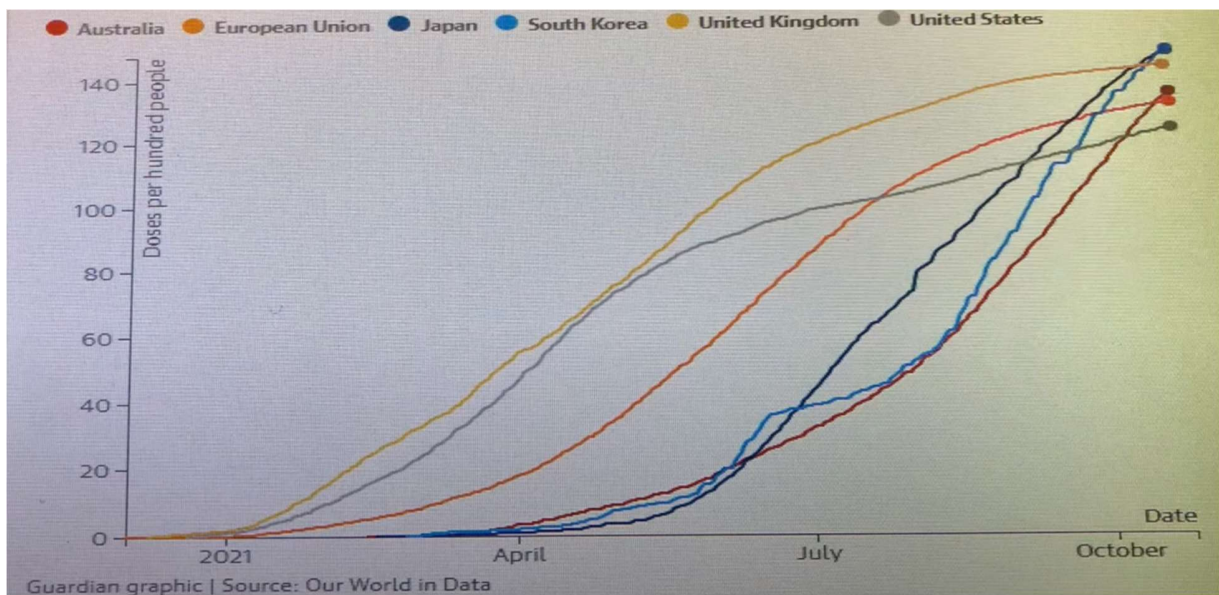
Note: Showing vaccine doses administered per hundred people to date in each country. Last data as of 25 October 2021.

As you can see in Figure 3, Australia in the red, we've made a very late start this year to increase vaccinations. But very recently, we've made a very rapid increase in the vaccination. And of course, you'll probably compare that to Japan, which is not that similar. It's probably a

little light, by world standards for a rich nation, but has certainly it still remains ahead of Australia. But during that lag period, between, March and July, there was a lot of frustration and political debate, because of the reliance on restrictions and lockdowns due to the low vaccination rates. So, hopefully, I've provided you with some context, both of how the nation and the government structure is, but I'm trying to emphasize how the very fact that the two largest states, New South Wales and Victoria had governments of different political ideologies, has been almost a perfect storm in terms of a debate about individual and business rights versus public health, and more progressive views of politics.

One of the questions I'd like to leave you with, and which is very alive in this country, at least, is the issue of being vaccinated. Most people are now getting vaccinated, and we will probably end up with a 95% vaccination rate for people above 12. But there is still a large debate about the individual rights about vaccinations, there's still an active anti-vaccination group, not as much as in the US, but there is here. And one question I will leave you with is while there is a legal right to choose to not be vaccinated, is there a moral right to choose not to be vaccinated. Practically, one of the current debates, like the people protesting here is should the government as a whole create conditions for vaccination requirements to work or is the role of individual employers and organizations to do that. So, I will leave you with those questions. Hopefully, I've provided you with a bit of Australian context to at least add to some of the further discussions.

Section 2 (lectures by Prof. Masaya Kobayashi)[2]

Thank you for this opportunity of making a presentation on Well-Being and Fairness in Corona Calamity. And so, my presentation is from the viewpoint of positive political psychology. So, at first, I will talk about something about this.

These are well-being social indicators. But the concept of the positive political cycle is new, inspired by some professors, scholars, including Professor Oades, I push forward the idea of positive political psychology. Figure 4 is the significance of the positive or collective, the first quadrant of this figure. Because, in most cases, positive psychology deals with individual

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[2] This speech is unchecked and includes ongoing analyses, and the results are tentative. The final results will be made public in the future.

psychology. So, I have made two surveys in 2020 and 2021 (Table 2). So, I will investigate the relationship between well-being and Corona calamity on this data. So, these are the basic characteristics of participants of the two studies, but I will skip this. So, at first, I'm going to use the indicators of Professor Marin Seligman's well-being theory, which is the five-dimensional well-being positive emotion, engagement, relationship, meaning, and achievement (Figure 5). So, this is very popular in present positive psychology. And so, I investigate the change of well-being before and after Corona in 2020 and that is subjective recognition of people (Table 3). So, it is easy to see the change of subjective well-being, this indicates almost all items show a bad change. There is a well-being drop after Corona, especially engagement happiness, and relationships.

And also how I compare the change in well-being between the first and second surveys. Figure 6 shows the first survey one and service two and as regards the survey one before Corona and after Corona. So, we can see the results of the survey one and two are very close, but the numerical value of survey two is somewhat lower than survey one. This means that survey two was conducted later. So, the crisis or the decrease of well-being develops. And Figure 7 shows similar results by the usage of the I COOPE scale by Isaac Prilleltensky of Miami University. The left-hand side shows the comparison between survey one and survey two. We can see all numbers are lower in survey two and our right-hand figure shows similar results by the satisfaction with life scale developed by Ed. Diener.

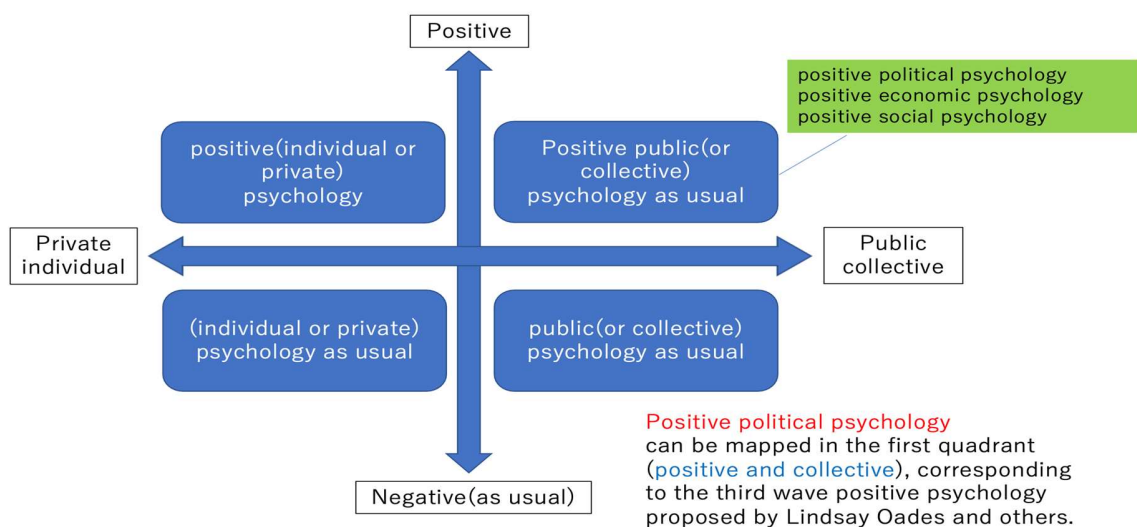Figure 4 Positive Political Psychology

Table 2 Participants of Two Studies

	Survey1 (%)	Survey2 (%)
N	5000	6885
number of questions	383	401
Residence		
16 prefectures with big cities	3780(75.6)	2435(35.4)
32 prefectures without big cities	1220(24.4)	4450(64.6)
Sex		
male	2500(50)	4427(64.3)
female	2500(50)	2458(35.7)
Age		
10's	834(16.6)	37(0.5)
20's	834(16.6)	460(6.7)
30's	833(16.6)	1043(15.1)
40's	833(16.6)	1738(25.2)
50's	833(16.6)	1750(25.4)
60's	833(16.6)	1238(18.0)
70's and more		619(9.0)
Marital status		
married	2294(45.9)	4091(59.4)
unmarried	2469(49.4)	2254(32.7)
separation	237(4.7)	540(7.9)※
Occupation		
executive of company or association	46(0.9)	124(1.8)
office worker, staff of association	1513(30.3)	2097(30.5)
part-time employee, contract employee, dispatched labor	248(5.0)	410(6.0)
part-time worker, part-time job, home-based workers without an employment contract	586(11.7)	806(11.7)
civil servants	153(3.1)	257(3.7)
self-employed, family employee, free lance	302(6.0)	822(11.9)
faculty member		123(1.8)
student	837(16.7)	96(1.4)
homemaker	718(14.4)	767(11.1)
pensioner	151(3.0)	603(8.8)
none	393(7.9)	693(10.1)

First survey: May 2020, N5000, Second survey: Marth, 2021, N6885

(Fairness Research) Whole prefectures in Japan
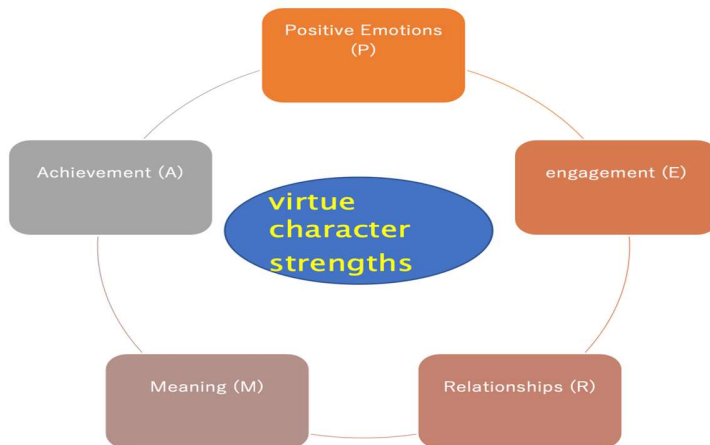
Figure 5 What is Well-being

Table 3 WB changes between before and after corona[*]

	before	after	sign	pval	effect_s
M	5.620	5.425	—	0.000	0.097
A	5.325	5.172	—	0.000	0.077
E	5.718	5.563	—	0.000	0.082
H	5.859	5.769	—	0.000	0.046
P	5.543	5.327	—	0.000	0.109
N	5.565	5.680	+	0.000	-0.055
R	5.681	5.570	—	0.000	0.058
L	4.811	4.908	+	0.000	-0.046
S	5.599	5.372	—	0.000	0.112
H	5.720	5.583	—	0.000	0.066

*subjective recognition: May 2020, Survey 1, N5000

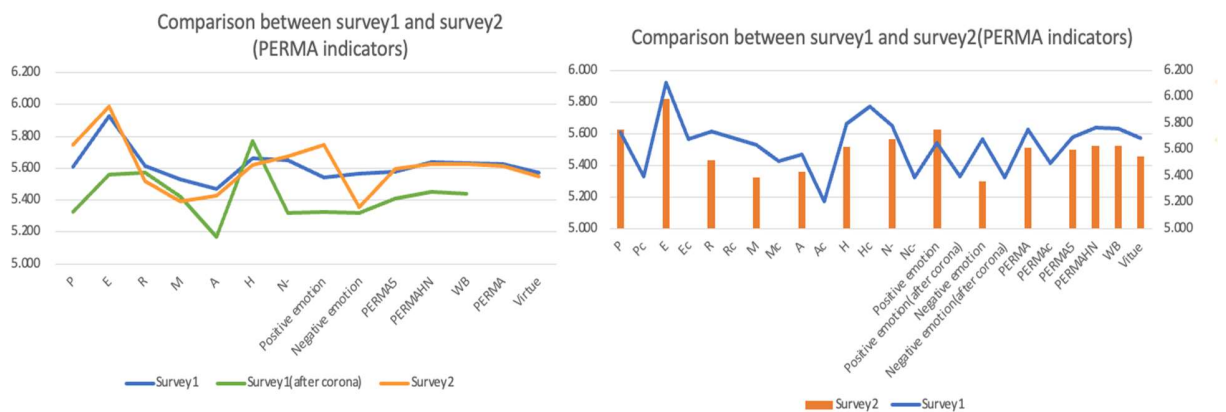Figure 6 Changes in WB (comparison between 2 surveys)
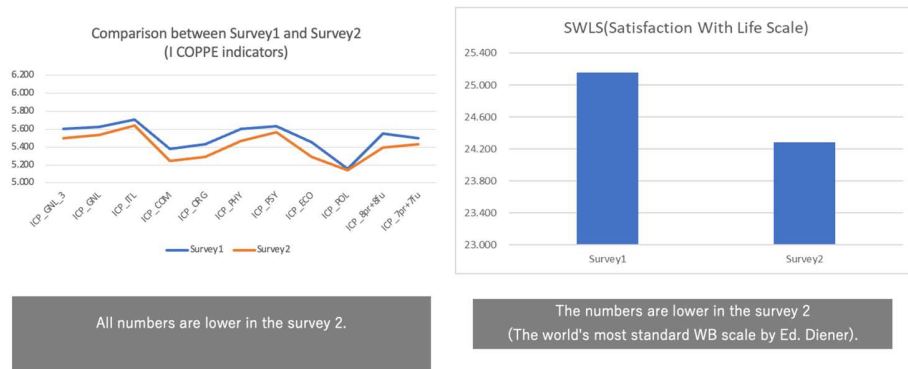
Figure 7 Results by the usage of the I COOPE

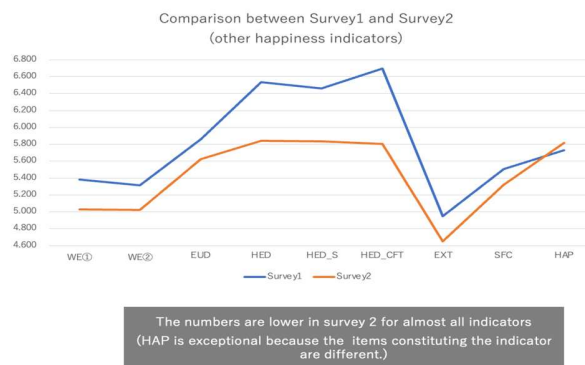Figure 8 The other indicators of WB

Figure 8 shows the other indicators of well-being such as work engagement and Eudaimonia or Hedonia and orientation and satisfaction and happiness. We can see in the survey the numbers are lower in survey 2 for almost all indicators and Figure 9 shows the other items. So, there are some replacements of the items in the two surveys, but many are not much different. The number of survey 2 is lower in only the green part, this part signifies the Hedonia and Eudaimonia orientation. The other items are characters in social, economic, and political situations in Japan. So, in these items, there are fewer differences between the two surveys. So, it signifies that our well-being and orientation and characteristics, there is a big difference, but the other items, there is little difference between two surveys. So, we can see the calamity of Covid-19 caused the decrease in well-being.

Figure 9 The other items

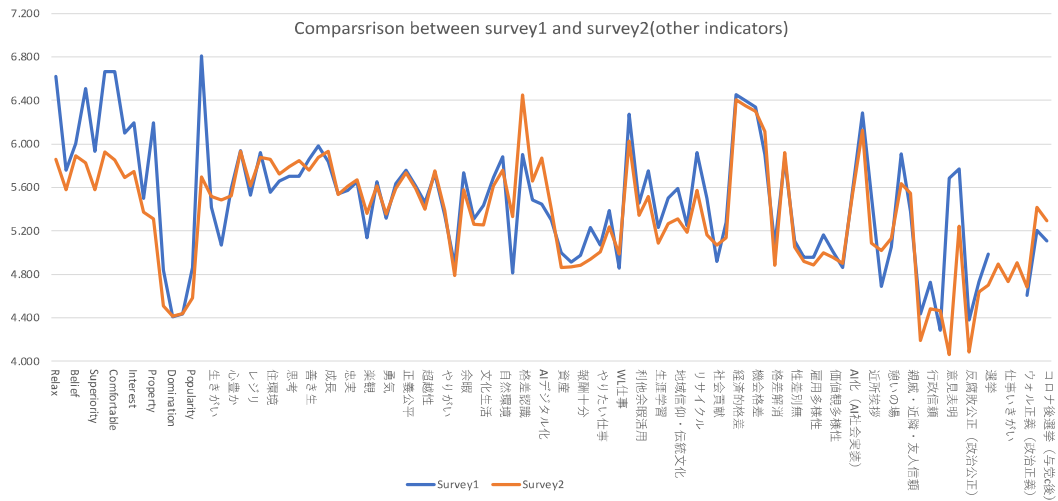Comparsrison between survey1 and survey2(other indicators)

Figure 10 shows changes in mind, body, and values. The items used in this section are mainly in survey 1 because survey 2 does not include these items. The second survey was conducted by this project that is a fairness project. And this is survey 1, this is quite close to the former slide. This signifies that before Corona and after Corona. The items show remote work, rewarding sense, online environment, asset, income, sense of the cost of living, dwelling, employment stability. And so, in some cases, there is a decrease in well-being and values in these items and this is almost as imagined results. Figure 11 is the support for the ruling party. This slightly decreases after Corona but this is the results in the first survey. And so, I suppose that in the second survey and now at present, there is some more difference of support of the ruling party.

Figure 10 Survey1 (Before and after corona in terms of items investigated)

	corona_before	corona_after	pval	effect_s	
RW	4.480	4.627	0.0	-0.067	remote work implementation environment
Yarigai	5.228	5.163	0.0	0.033	rewarding sense
OnlineEdu	4.728	4.857	0.0	-0.064	online environment
Capital	5.118	4.901	0.0	0.102	asset
Income	5.047	4.888	0.0	0.076	income
Expens	4.910	4.816	0.0	0.047	sense of cost of living
Living	5.588	5.516	0.0	0.037	dwelling
Employment	5.229	4.982	0.0	0.116	employment stability

Figure 11 e support for the ruling party.

	corona_before	corona_after	pval	effect_s
Yotou	5.203	5.105	0.0	0.041

Figure 12 Life satisfaction, Life hope, Life happiness, and Life anxiety
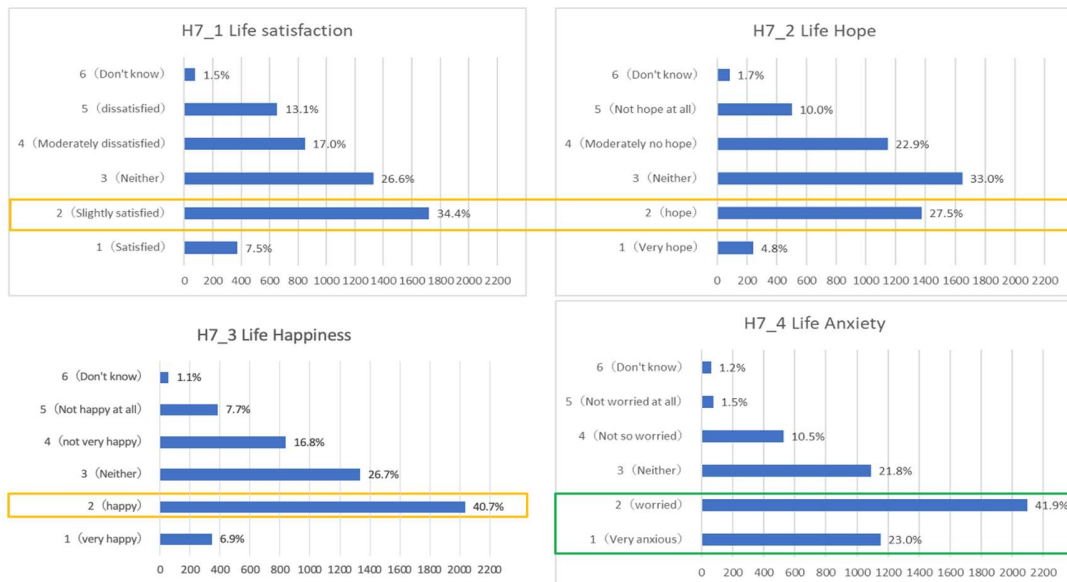
And Figure 12 shows life satisfaction, life hope, life happiness, and life anxiety. So, in general, positive people in satisfaction, hope, and happiness are generally more than negative people. But the same tendency appears in this study, but there is a lot of anxiety here than in usual cases. This is the H7_4 life anxiety and this is surrounded by green columns. So, it can be imagined because the corona calamity that signifies life anxiety is one of the most conspicuous points and we asked about the contents of anxiety (Figure 13).

Figure 13 Contents of anxiety
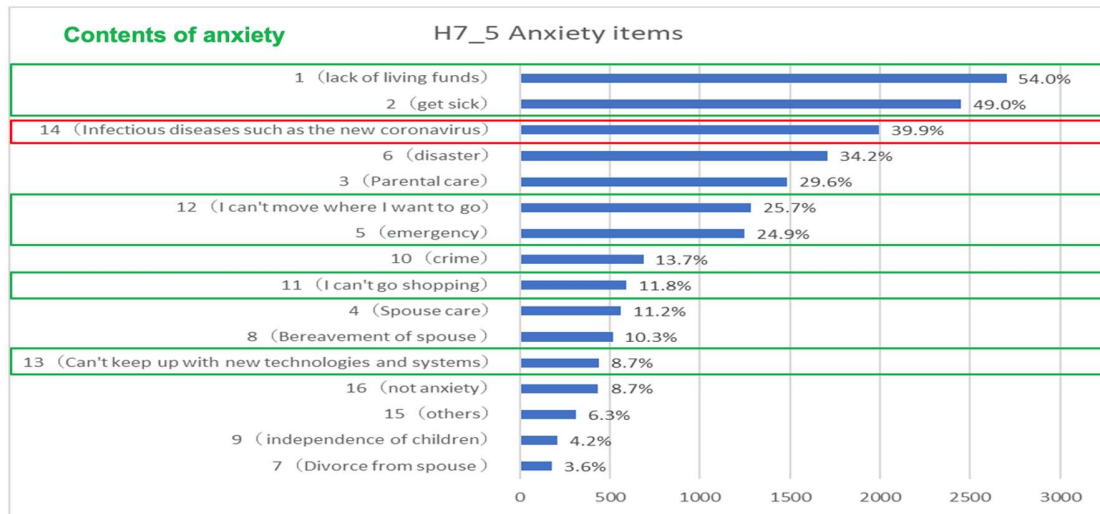
Note: N=5000, multiple answers

So, the right block signifies the items which can be imagined related to Corona problems and the red block signifies infectious diseases such as the new Coronavirus. This is the major anxiety, but we can find apart from the red block, there is various anxiety that is related to Corona calamity. And also, we analyzed the relationship between the change of brightness and darkness with these. So, I can see the increased brightness they are correlated with the only emergency, disaster, and crime. On the other hand, increased darkness is related to everything except children and anxiety. So, the increased negativity is related to almost all anxieties. And Figure 14 shows deterioration of mental state and bipolarization. It is interesting because we can easily imagine that the Corona problem decreases people's happiness, but this slide shows both positive and negative people increased in survey 2 in comparison with survey 1. But some people have become more negative than usual, but some people have become more positive in both surveys. This signifies many people are more negative because of the Corona problem, but some people have become more positive after Corona. So, we can see there is a trend of bipolarization. The number of people who became unhappy is more than the people who have become happier but this trend can be seen in both surveys.

Figure 14 Deterioration of mental state and bipolarization (Survey 1 and 2)

COVID-19 problems3(Physical and mental condition)

Figure 15 Changes

H8_1 Physical change

H8_2 Mental change

H8_3 Changes in employment status

H8_4 Incom change
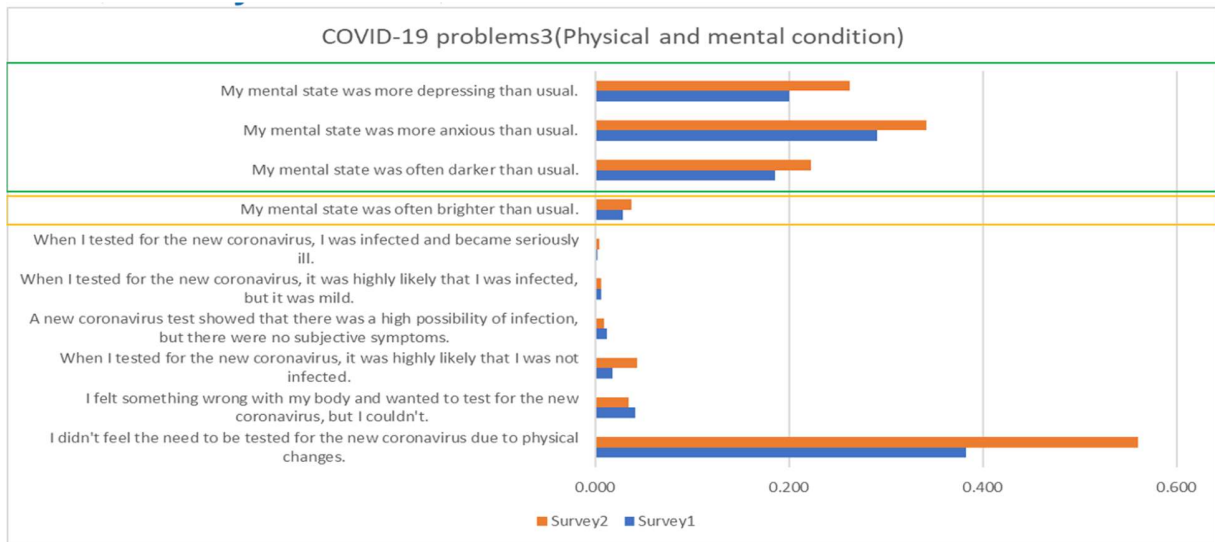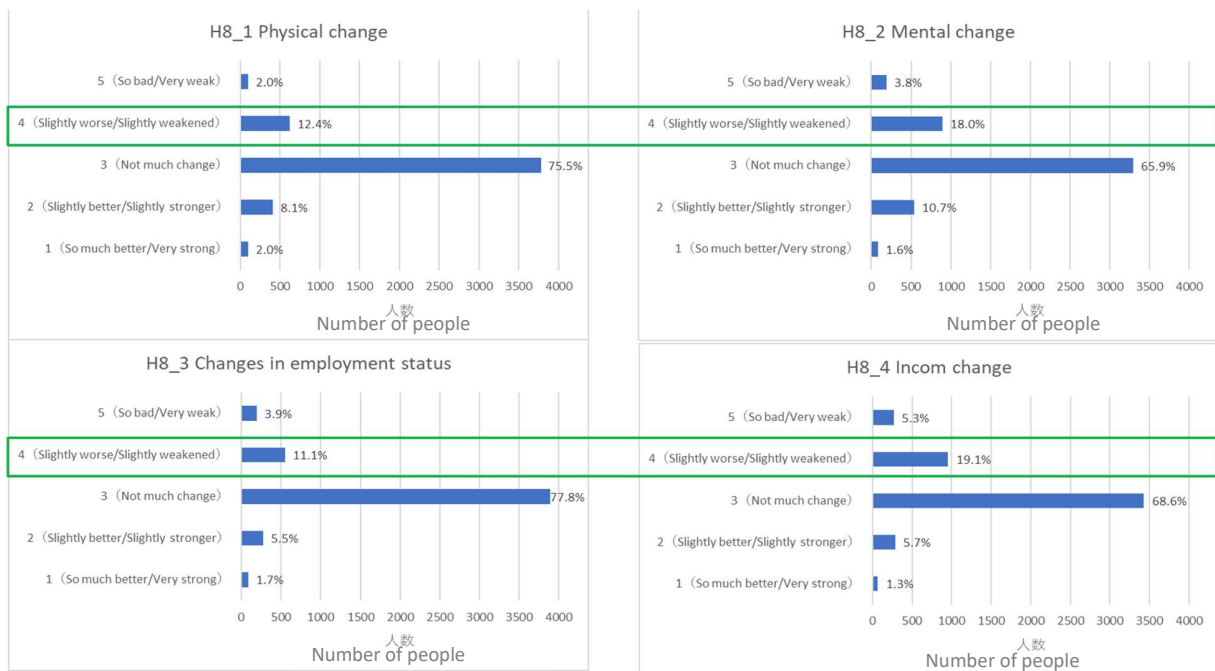
And Figure 15 shows the changes in the body or mental affairs and employment and income. So, in most cases, slightly worse it is a little more than somewhat improved. So, this is in tune with our analysis of well-being, but, the number of slight reverses is conspicuous in income change. So, income change is more conspicuous than changes of physical or mental change and changes in employment state. So, the increase in brightness is negatively correlated with physical and mental

deterioration. And the increase in darkness, anxiety and depression is positively correlated with all these deteriorations.

Figure 16 shows people whose bonds with family and friends have become somewhat stronger or little more than people whose bonds have become weaker. So, basically, people's bonds with family and friends have little increased and the people with negative moods are more than people with positive moods and especially anxiety and stress. So, this slide implies that there is a noteworthy increase in people's bonds with family and friends. And obviously, negative moods such as anxiety and stress are popular, but some people experience joy, love, and hope. And so, this is the change of relationship and feelings.

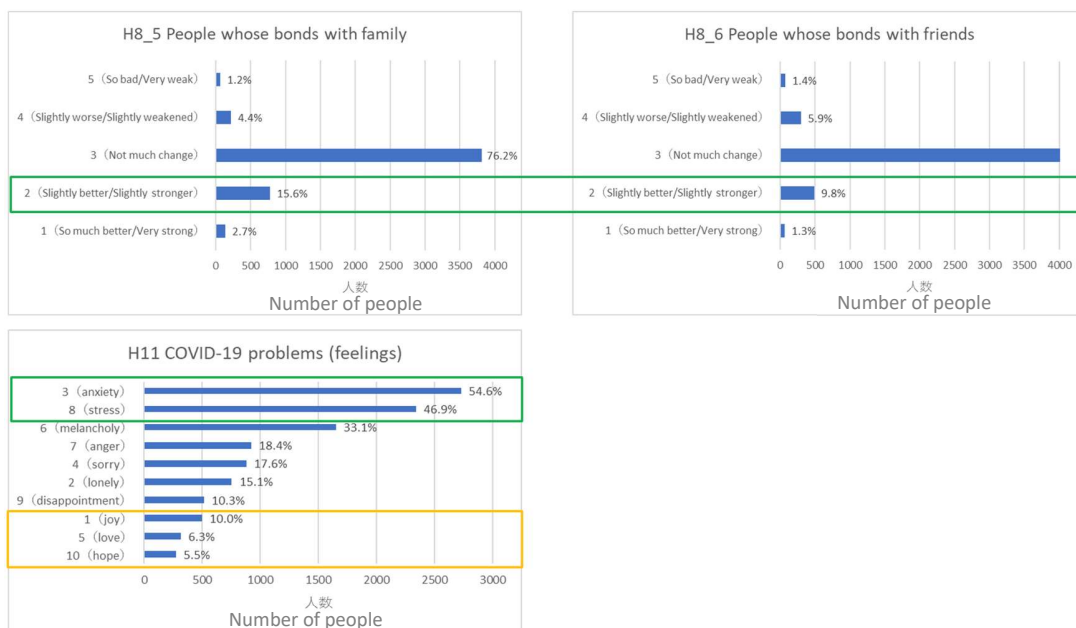Figure 16 Changes of relationship and feelings

Figure 17 Value Changes

H9_2 COVID-19 problems2

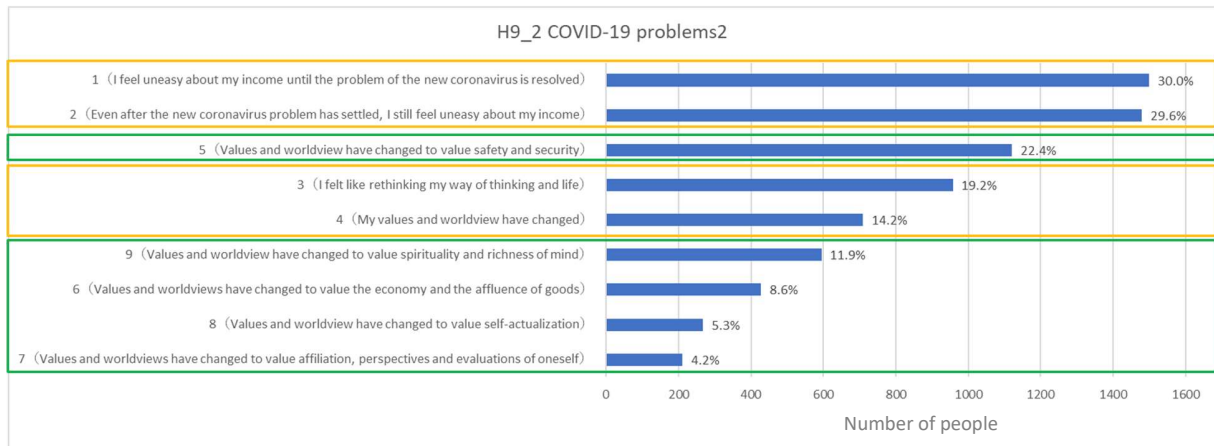| Item	Percentage
1（I feel uneasy about my income until the problem of the new coronavirus is resolved)	30.0%
2（Even after the new coronavirus problem has settled, I still feel uneasy about my income)	29.6%
5（Values and worldview have changed to value safety and security)	22.4%
3（I felt like rethinking my way of thinking and life)	19.2%
4（My values and worldview have changed)	14.2%
9（Values and worldview have changed to value spirituality and richness of mind)	11.9%
6（Values and worldviews have changed to value the economy and the affluence of goods)	8.6%
8（Values and worldview have changed to value self-actualization)	5.3%
7（Values and worldviews have changed to value affiliation, perspectives and evaluations of oneself)	4.2%

Number of people

Figure 17 shows value change and I have analyzed value changes based on Maslow's hierarchy of needs. So, there are obviously value changes towards post-material values and materialistic values. The first post-material change corresponds to self-transcendence need or spirituality and the second materialistic value corresponds to safety needs such as the economy. So, it is easy to understand that income anxiety causes other realistic values, but some people experience value change towards post-materialistic values and so, there is also bipolarization. In contrast to these two, the other two needs of belonging and self-realization means are not so conspicuous. So, increased anxiety is positively correlated with an increase in darkness, anxiety, and depression. Value review, change in values have a positive correlation with both dark anxiety and an increase in depression. So, this signifies both changes in value systems. And next section is factors that influence well-being and change the relationship with fairness. I have enumerated correlation in survey 1, especially regarding well-being, economy, politics, society and community, and attributes. It is impossible to read all these so I have colored red, blue-purple, and green (Figure18). So, we can see these factors' influences are correlated with well-being. I have a result on the same correlations in survey 2 (Figure19). We can see all kinds of it within economy, politics, society, and culture, a community and attributes are related to the well-being, increased positivity or negativity.

Figure 18 Correlation in Survey 1

Correlation in Survey 1 (generally the coefficients are higher in the negative side) WB, economy, politics, society and community, attributes

- positivity + negativity increase: positive emotions (before and after corona), loneliness (-), low depression, each PERMA, satisfaction, happiness, virtue, Eudaimonia, Hedonia, external, life satisfaction and hope, reward (before and after corona), meaning of life, assets and income (now> before corona), sense of low cost of living (now ≒ before corona), rewarding sufficiency, housing environment, employment stability (-, present > corona), job you want, re-employment possibility, side job intention, freelance (freedom, stability), hierarchy satisfaction, work engagement, work satisfaction, age (-), marriage, occupation, leisure, education, cultural life fulfillment, safety feeling, natural environment, civil efficacy, respect for human rights, disparity chain / opportunity disparity, selection diversity, digitalization (speed, skill, connection, acceleration), resilience, medical environment, exercise, eating habits, neighborhood relationships, general trust, relative and neighborhood trust, service and donation, crime, disaster, personal information, corona safety, family goodness, neighborhood greeting, place of relaxation, relying person, community attachment, place of activity, social resilience

- darkness, anxiety, and depression (other than the reversal above): negative emotions, Hedonia, anxiety about living, sense of small cost of living (> now before Corona), anti-corruptive fairness, recognition of disparities, economic disparities, disparity elimination, expansion of disparities by Corona, national politics trust (-), political trust (-), gender (female +), friend trust (-)

Figure 19 Correlation in Survey 2

Correlation in Survey 2 (generally the coefficients are higher in the positive side) WB, economy, politics, society and community, attributes

- Increased positivity + negativity: positive emotions, negative emotions, loneliness (-), less depression, each P(E)RMA, satisfaction, happiness, virtue, (Eudaimonia), (Hedonia), external, hope, meaning of life, meaning of work, assets, sense of low cost of living, sufficient rewarding, housing environment, employment stability, work you want to do, hierarchy satisfaction, work engagement, work satisfaction, gender (female-), leisure, education, cultural life fulfillment, safety, natural environment, anti-corruptive fairness, fair justice, fair society comprehensive, citizen's efficacy, respect for human rights, disparity resolution, selection diversity, national politics trust, political trust, (digitization), resilience, medical environment, food and clothing and housing, trust, exchange, friend trust, general trust, relative and neighborhood trust, service and donation, (family good), neighborhood greeting, place of relaxation, social resilience
- darkness, anxiety, and depression increase (other than the reversal described above): annual income individual, disparity recognition, (economic disparity), disparity chain, opportunity disparity, (age: darkness and destroyed -, anxiety +), (marriage -), occupation -

Figure 20 Well-being and four systems

	brightness Increase	darkness increase	anxiety Increase	depression increase	Multiple regression analysis of WB and 4 systems (Survey 1): 4 items Corresponding to 4 systems.
R-Squared	0．005	0．032	0.033	0.052	
WB	0．070	-0.081		-0.104	
politics (fairness and justice)		−0.078	-0.127	-0.131	
economy (Income)		-0.065	-0.107	-0.070	
community (general trust)					
Culture (richness of life)			0.037	0.036	
	brightness increase	Darkness increase	anxiety increase	depression increase	Multiple regression analysis of WB and 4 systems (Survey 2)
R-Squared	0．011	0．021	0.028	0.045	
WB	0．076		0.041	-0.129	
politics (fairness and justice)		−0.104	-0.088	-0.060	
economy (income)		-0.104	-0.131	-0.073	
community (general trust)					
culture (richness of life)	0.038				

Figure 20 shows that well-being has a relation with a change of feeling and it is impossible for the limited time to go into details of this analysis. But this signifies that because of multiple regression analyses of well-being and four systems, we can see obviously, well-being is related to

these, but politics especially fairness and justice and economy, that is income are negatively correlated with negative direction.

Figure 21 Change by ICOPPE (Survey 1)

	no_corona	corona	pval	effect_s	
IG	5.550	5.552	0.891	0.001	overall
II	5.675	5.723	0.010	0.026	relationships (with important people)
IC	5.352	5.342	0.593	-0.006	community
IO	5.384	5.355	0.136	-0.015	organization
IPh	5.617	5.685	0.000	0.035	physical
IPs	5.581	5.609	0.140	0.014	psychological
IE	5.402	5.315	0.000	-0.044	economy
IPo	5.135	5.009	0.000	-0.071	politics

Figure 21 shows the result of the change by ICOPPE on survey 1. Survey 1 shows that relationship and community organization, physical, psychological, economic, and politics, there is some change before Corona and after Corona, as I said.

Figure 22 Multiple regression analysis concerning ICOPPE (Survey 1 and 2)

	brightness increase	darkness increase	anxiety increase	depression increase	
R-Squared	0. 008	0.038	0.028	0.053	**multiple regression analysis concerning I COPPE** (Survey 1):dependent variables are changes of mood
overall WB					
physical WB	0.081		-0.057	-0.052	
psychological WB		-0.174	-0.077	-0.135	
inter-personal WB		-0.075	0.144	0.120	
organizational WB					
community WB			-0.047	-0.049	
economic WB					
political WB		-0.093	-0.112	-0.118	
	brightness increase	darkness increase	anxiety increase	depression increase	Multiple Regression Analysis concerning I COPPE (Survey 2)
R-Squared	0. 011	0.029	0.025	0.061	
overall WB		-0.054		-0.105	
physical WB	0.053		-0.067		
psychological WB	0.058	-0.160	-0.062	-0.175	
inter-personal WB		0.111	0.147	0.099	
organizational WB					
community WB					
economic WB		-0.051	-0.086		
political WB			-0.063	-0.075	

And this is a result of multiple regression analysis concerning ICOPPE and we can also see the same result with surveys 1 and 2 (Figure 22). The dependent variables are changes of mood, so we can see psychological, physical well-being and interpersonal well-being are positive and community and political well-being are negative. This means that political well-being is negatively correlated with darkness. That is, if we have high political well-being, we tend to be less become negative side. Figure 23 is survey 1 also multiple regression analysis and change of mood are dependent variables and dependent variables are 27 factors by explorative factor analysis. Well-being negativity and health have influenced as imagined. Hedonia is related to the increase of darkness, eudaimonia is related to the constraint of darkness. Community and relations and civic publicness are related to the increase of brightness and the constraint of the increase of darkness. These effects are more prominent than household budgets. Figure 24 is the same or similar to survey 2. The relationship concerning psychological well-being, negativity, and health are the same as survey 1. Hedonia is related to brightness and darkness, fairness constraints negative increase. Political negativity is related to a negativity increase and the conclusion is that fairness and political well-being are inversely correlated with negativity. So, we can understand that the fairness factor is one of the factors which are related to well-being. So, I will focus on the relationship between citizenship, fairness and justice and well-being, change of mood.

Figure 23 Survey 1 Multiple regression analysis: change of mood

	brightness increase	darkness increase	anxiety increase	depression increase
R-Squared	0.024	0.122	0.126	-0.145
WB		-0.116	-0.091	
negativity	-0.054	-0.075	-0.124	-0.154
Hedonia orientation		0.077	0.064	0.104
External orientation			-0.065	-0.065
future	0.099			-0.041
Belief and excellence	0.089	-0.036	-0.055	-0.036
Meaning and achievement				0.050
virtue				-0.064
loneliness	-0.060			
health			-0.048	-0.070
life environment			0.089	0.091
Housing environment	0.039		-0.042	
Community and relations		-0.044	-0.029	-0.053
Civic publicness	0.041	-0.154	-0.187	-0.186
Household budget				0.050
Social contribution		0.100	0.178	0.113
digitalization		0.084	0.098	0.095
online			-0.074	-0.060
Education opportunity		-0.053	-0.051	
leisure		-0.042		

Figure 24 Survey 2 Multiple regression analysis: change of mood

	brightness increase	darkness increase	anxiety increase	depression increase
R-Squared(adjusted)	0. 024 (0.023)	0.083 (0.081)	0. 102 (0.098)	0.122(0.120)
sex	-0.049	0.046	0.069	0.054
age			0.057	-0.074
income		-0.029		
Household budget			-0.063	
health		-0.040	-0.075	-0.035
Psychological WB (I COOPE)		-0.139	-0.067	-0.065
negativity	-0.037		0.095	0.109
Hedonia orientation	0.048	0.069	0.501	
constructive	0.053		-0.139	
Pro-sociality	-0.059		0.128	0.088
intellect			-0.074	-0.079
Work-life balance		-0.056		-0.051
trust	-0.064		0.050	
Political negativity		0.062	0.046	0.056
fairness			-0.071	-0.046

And Figure 25 shows the correlation between virtue-related indicators is more than the correlation concerning hedonic indicators. Therefore, citizenship and justice are associated with virtues. This is quite in tune with the communitarian assumption. Also, Figure 26 is the same analysis on the second survey, and these results are basically the same as the first survey. So, this is also in tune with the communitarian assumption, that is the ethical element is related to justice, citizenship, and well-being. And I also examined the correlation between justice, fairness, citizenship, and well-being (Figure 27). This correlation shows there is a substantial relationship between justice and fairness and citizenship and subjective well-being. And so, I analyzed the data from the communitarian model of justice, citizenship, and well-being (Figure 28). Figure 29 is the result of structural equation modeling. So, we can find that this model fits the data. And this is also a complex model.

Figure 25 Correlation between virtue-related indicators (survey 1)

	factor	citizenship	disparity	justice
exploratory factor analysis (maximum likelihood method, Promax rotation, designation of three factors)	Items (factor loading > 0.3)	civil efficacy, electoral efficacy, political trust, administrative trust, rulemaking, disparity elimination, political liberty	disparity, disparity, disparity chain, disparity / economic disparity opportunity	non-corruptive fairness. justness, virtuous politicians
factor correlation matrix	citizenship	1	−0.063	0.716
	disparity	−0.063	1	−0.212
	justice	0.716	−0.212	1
correlation with a factor	Citizenship	1	−0.072	0.791
	disparity	−0.072	1	−0.236
	justice	0.791	−0.236	1
correlation with well-being	SWLS	0.525	0.008	0.496
	PERMA (general WB)	0.503	0.142	0.415
	I COPPE(o/p)	0.469/0.630	0.103/-0.010※	0.400/0.589
	I COPPE (7/8)	0.528/0.556	0.102/0.090	0.446/0.477
	SAT(satisfaction)	0.471	0.067	0.406
	HAP(happiness)	0.430	0.096	0.361
correlation with virtue	CV(virtues)	0.536	0.210	0.434
correlation with orientation	EUD(eudaimonia)	0.386	0.279	0.286
	HED(hedonia)	0.147	0.335	0.069

Note: 6th line and below indicate the correlations between items in the second column and factor scores (of the factors in the first line). In most cases, p<0.001; only ※ p （0.471） : non-significant.

Figure 26 Correlation between virtue-related indicators (survey 2)

	factor	justice	disparity	citizenship	civil efficacy
exploratory factor analysis (Principal component analysis, Promax rotation, designation of four factors)	items (factor loading>0.3)	non-corruptive fairness. justness, virtuous politicians, disparity elimination, political trust, administrative trust, electoral efficacy, rulemaking,	disparity, disparity, disparity chain, disparity / economic disparity opportunity	electoral rulemaking, political liberty, human rights, disparity elimination (-)	civil efficacy
component correlation matrix (=correlation with a factor)	justice	1	-0.118	0.622	0.394
	disparity	-0.118	1	0.107	0.277
	Citizenship	0.622	0.107	1	0.351
	Civil efficacy	0.394	0.277	0.351	1
correlation with well-being	SWLS	0.543	0.046	0.428	0.460
	PERMA (general WB)	0.433	0.256	0.423	0.566
	ICOPPE (ov/po)	0.414/0.615	0.167/0.084	0.370/0.475	0.491/0.481
	I COPPE (7/8)	0.491/0.521	0.191/0.182	0.440/0.458	0.563/0.568
	SAT	0.475	0.135	0.431	0.500
	HAP	0.339	0.201	0.366	0.463
correlation with virtue	CV	0.431	0.321	0.430	0.628
correlation with orientation	EUD	0.379	0.332	0.383	0.601
	HED	0.318	0.355	0.374	0.506

Note: 7th line and below indicate the correlations between items in the second column and factor scores (of the factors in the first line). In all cases, p<0.001. The place of underbar corresponds to the exceptional case.

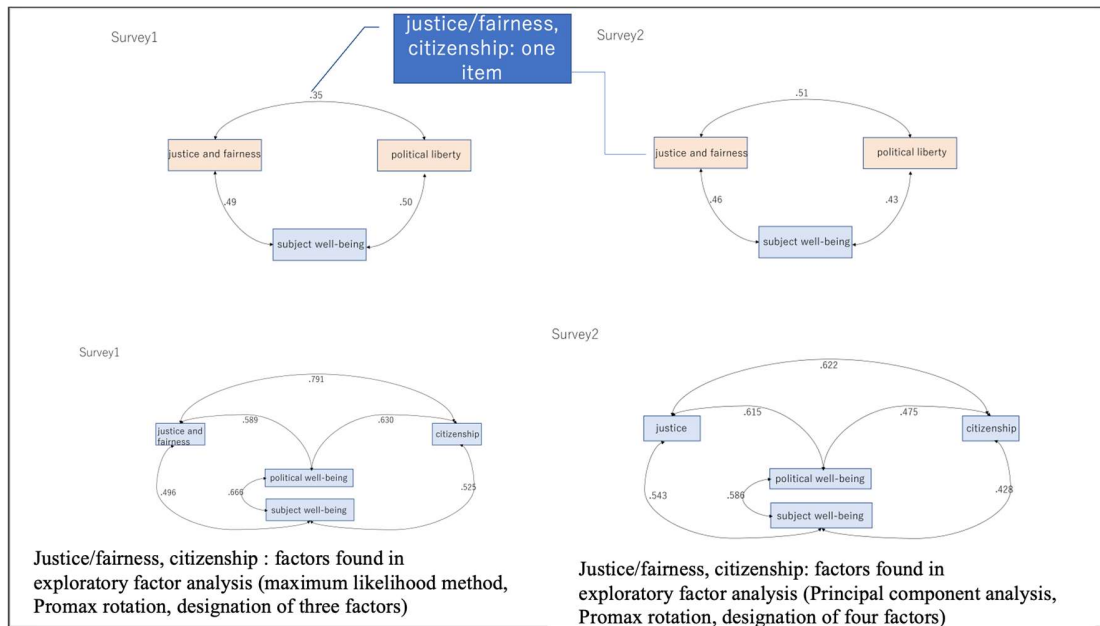Figure 27 Correlations between justice/fairness or Citizenship and WB (or political WB)

Figure 28 Communitarian (Republican) Model of Justice, Citizenship and Well-being
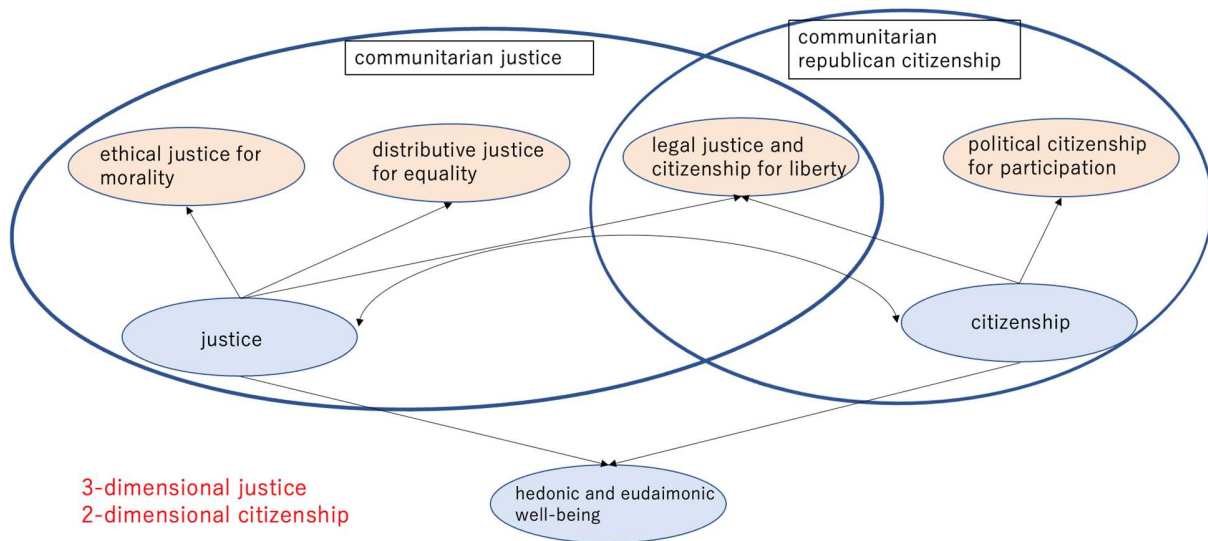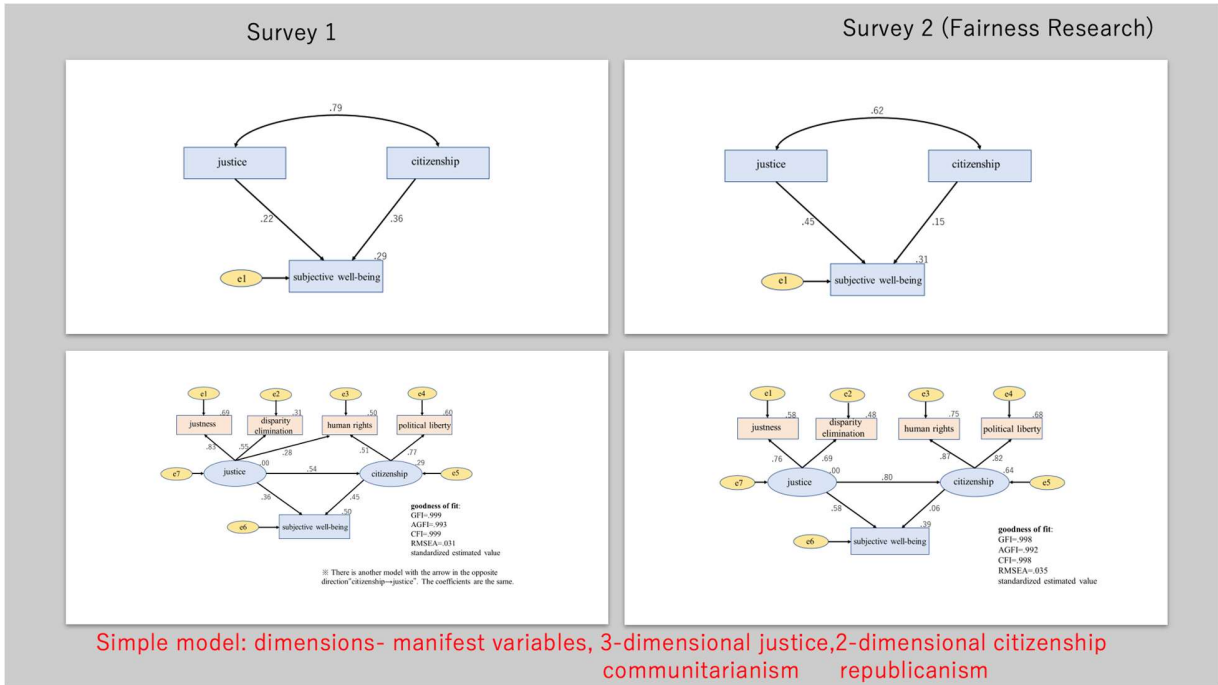
Figure 29 Structural Equation Modeling

Simple model: dimensions- manifest variables, 3-dimensional justice,2-dimensional citizenship
communitarianism   republicanism

Figure 30 Correlations between justice/fairness or citizenship and change of mood (brightness and darkness)

Justice/fairness positively correlated with brightness increase; negatively correlated with the increase of darkness, anxiety, and depression.
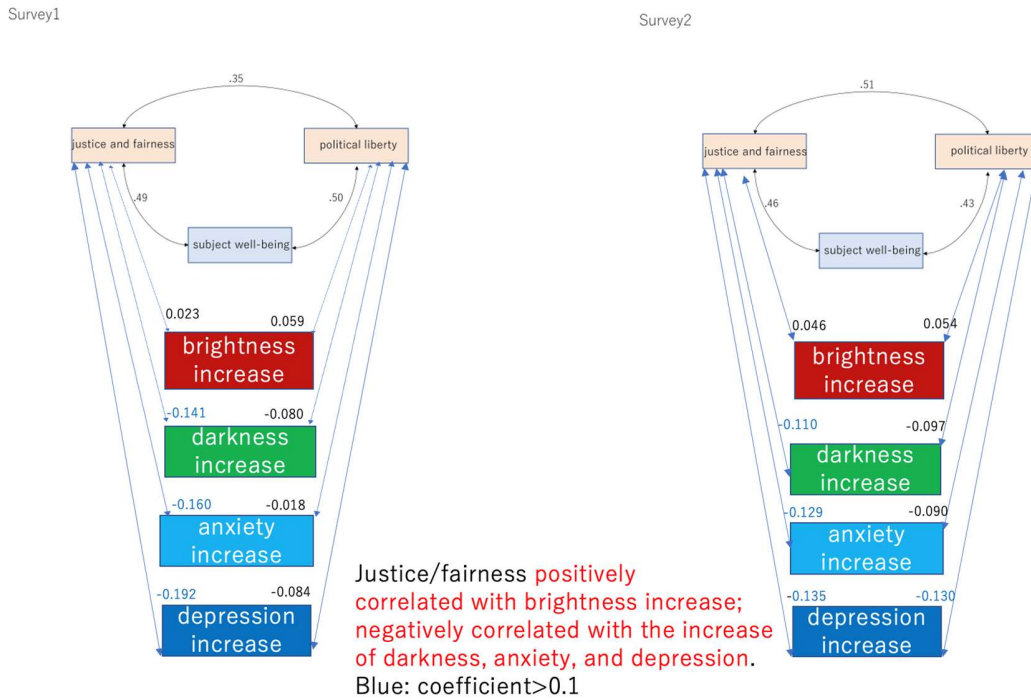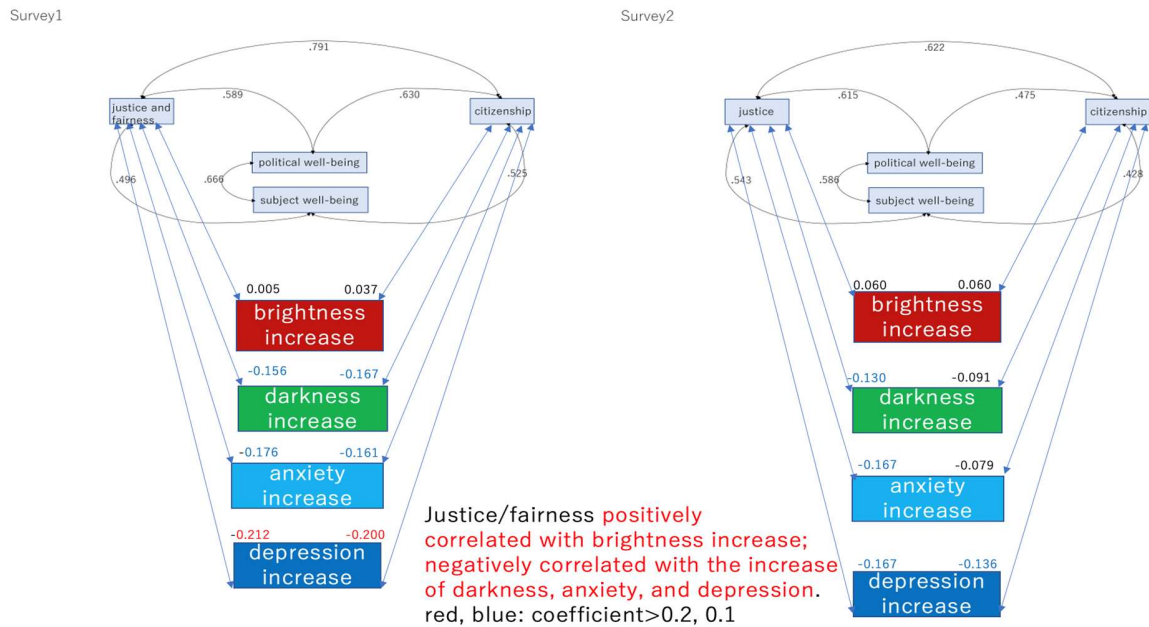Blue: coefficient>0.1

Figure 31 Correlations between justice/fairness or citizenship and change of mood (brightness and darkness)

And Figure 30 shows the correlation between justice, fairness, citizenship, and change of mood. As I said, there is a substantial correlation between justice, fairness, citizenship, and subjective well-being, but also their relationship between justice and fairness or political liberty or citizenship and brightness increased, the darkness increased, anxiety increased, depression increased. And I also made the same allowances by using the explorative factor analysis (Figure 31). The result is basically the same. There are some correlations between justice, fairness, and citizenship and brightness increase, darkness increase, anxiety increase, depression increase. So, this is the conclusion. It is a bit too quick a presentation of the data, but I summarize the conclusion from the analysis before. First, well-being declines, and there is a bipolarization. Well-being generally declined slightly due to Corona calamity including the general domains of well-being hedonic, eudaimonia orientation. In particular, increase overall anxiety, which is not limited to Corona problems, but worry and stress are consistent. This is consistent with reports of an increase in depression and suicide. Deterioration of mental states, that is negative feelings, anxiety and depression, and bipolarization that is an increase in positive feelings exists. Bipolarization is unexpected and new findings. And the deterioration of body, mind, employment situation, and income, especially income and income anxiety is contiguous.

Remote work and online have improved, but the rewarding sense has declined. Assets, income living expenses, burden, housing, employment stability, and support for the ruling party have declined. The bonds between family and friends have improved slightly and they are related to increased brightness and decreased darkness. The importance of the home is noteworthy. Is this increase of friend bonding an online effect? Mentally, whether positive or negative, the change leads to a change in values. The number of poles of materialistic orientation and postmaterialism tends to increase. This is also noteworthy.

And the correlation between citizenship and justice and polarization of positive and negative change of mood under Corona calamity is small but robust. Because even if we conduct the multiple regression analysis, we can see these influences. So, the effects of political involvement and the sense that fairness and justice exist in politics and society may curb despair and depression due to coronal calamity and increase positive feelings. And concerning light-darkening factors, we can see the significance of civil publicness and fairness. The increase in brightness, darkness, anxiety, and extinction is related to politics, especially fairness and economy is basically income as well as well-being and also a little related to culture. In terms of attributes, women and elderly people are more related to increased darkness than men and younger people. The psychological and interpersonal well-being has improved slightly, but political and economic well-being have darkened.

The goodness of physical and mental well-being is related to the brightness increase and the dark constraint, but the goodness of the interpersonal well-being is related to darkness increase. The goodness of political, economic, and community well-being is related to the constraint of darkness increase. In particular, the relationship concerning political well-being is remarkable. In survey 1, the relationship between well-being, negativity, and health is as imagined. Eudaimonia, community relations, and civil publicness are related to the constraint of negativity increase. Eudaimonia and civil publicness are also related to positivity increase. And justice, fairness, and change of mood. Civil publicness justice, fairness is related to the increase of well-being and also to the constraint of negativity increase in coronal calamity. Focusing on justice, fairness, and citizenship, correlations between these and the positive and negative change of mood under Corona calamity are small but robust. Therefore, justice and citizenship are related to high well-being and also to the increase of positive mood and constraint of negative mood in Corona calamity. In sum, justice and fairness may contribute to the well-being and positive or less negative change of mood.

I think this is quite in tune with communitarian republicanism. So communitarian republicanism may enable people to increase well-being and cope with Corona calamity more positively or less negatively.

Section 3 (lectures by Mr. Afsana Begum)

Thank you for having me here. Let's talk about the problem first, that in the pandemic situation, all the pandemic situations, both men and women affect differently. So, it's not only women, but it affects men as well. But recently what happened like in the pandemic, we all were inside the home during the lockdown. So, what do we think what we believe that home is our shelter. So, whenever we are at home, we are safe, but the Covid-19 situation was different for women. So home was not the safest place for women at that time. They were staying at home and they were facing different kinds of violence. So, it's not about only the domestic violence, it has economic violence, it has like they couldn't raise their voices and a lot of things happened. They had a divorce. The divorce rate increased. They lost their jobs and these kinds of problems happened. It has several reasons. For example, the home was crowded, that was a problem, and substance abuse and limited access to services and reduced peer support. Because whenever women and all crowded family members were there, they were not having peer support from the others, other men members, male members in the society. And that's why when the pandemic happened, women became more vulnerable and more struggling people. And it's not about only the Covid-19, all the pandemic situation, what happened before, it was the same. And we can say about the Ebola strike as well. It happened the same thing in the Ebola virus as well. So that was the problem and this problem scenario. And let's talk about the objective like, what we tried to find out in this research in this paper. So firstly, we tried to explore the heterogeneity of the gender disparity during Covid-19 and to analyze the violence cases from all over the world. Here I just wrote all over the world but as I told you that it's very small scale research. So, I tried to include different countries with the secondary sources of data. And also, I interviewed some of the women from different parts of the world to know what is happening in the world during this Covid-19 with women. And also, I critically tried to overview the SDGs gender in Covid-19, because SDGs covered 17 important issues in our society and we have a target until 2030. So, what happened with these ideas of 2030 SDGs, and

what are the major effect impacting on the SDGs due to Covid-19 and gender. And then finally, I tried to prospect the fair society concept in the current situation of Covid-19 and gender. So, that's all about the objectives. So, let's talk about some pilot study analysis. So, as I told that, it's not only a secondary data source, so I tried to interview like in-depth interview process I followed. So, I interviewed some of the women from France, India, Bangladesh, and Japan. So, I'm from Bangladesh, I forgot to mention, and that's why I found some Bangladeshi women who are sharing their problems of home and outside offices with me. And also, from them, I found some more Indian friends and Japanese women using the snowball research process.

So, before interviewing them, I got to know their problem and then I prepared a small questionnaire and then talked with them using the interview method, and then I tried to analyze with some social and feminist theories. So, after doing the interviews, and after doing that research, I understand that there is an urgent need to adopt gender lenses to study epidemics. Because whenever we talk about epidemics, we always think of the economy, that our country's economy is going down. We have to think about more money, we have to think about our GDP and these kinds of problems, but no one thinks about gender, which is also the most important factor in society. So, it's not only that if our GDP is going down and our global partnership is not working very well, then our country will be in a worse situation. It's not always that, like if women are not in a good situation, good position, women don't have good policies and measures to improve themselves, then the country or the society, the global society will also hamper. So this is about piloting. So, let's talk about the analysis of the findings that I have found when I was doing the secondary data source analysis and the interviews.

So, first of all, I find that violence against women during Corona affected both developed and poor countries. So, it started in China and now it's everywhere. So, it's not that like it affects developing countries like Bangladesh like Sri Lanka like India not at all it has. It has a lot of impact on developed countries as well like USA, Canada, or Australia or in Japan, lots of things happened also. And the rate of violence against women in China, Australia, Brazil, England, and the US increased in 2020 March alarmingly compared to March 2019. So United Nations always make records, of how much violence be caused every year. So, what we see in this recent year in this

one year, the rate has increased very highly. And that's also a problem and not only women, child abuse has also been increased. So, women are in the family and children are also in the family.

So, during the pandemic, what happened, all the children were staying at home because their schools are also closed. And in Japan, the children who are below six years old, they used to go to the daycare, what here in Japan, they call hoikuen. These things were also closed. So, all the burden came up to the women in the family. And also, when little girls and the little children were staying at the home, they were being abused by the member of the family. Because when we talk about child abuse, the perverse always come from relatives or close members of the family. So, this thing also happened in the Covid-19 situation. And suicide rate increased that is also because of sexual and psychological harassment. So, the suicide rate is not only for women, the suicide rate increased in the case of men as well, because they were losing their jobs. So, some people don't have their jobs, they don't have food to eat, they're losing their social status and that's why they committed suicide. But what happened to the women? So, they were psychologically harassed, they were physically harassed, they were being tortured for dowry. So, in countries like India, Bangladesh, the dowry system it's a very weird system that when a woman is getting married, she has to bring lots of money, lots of furniture, lots of gold to her in-laws, and in Covid situation, they couldn't do that. And that's why the in-laws were doing some psychological and sexual harassment with them. And that's why a lot of suicide cases we found in that South Asian countries. And women are obviously taking the triple burden. They have the burden of the family, some women were doing part-time jobs in Japan and other countries. So, they were losing those kinds of jobs because, in the Covid, no people were going outside. Lots of offices, like the very formal sector offices, were asking only 30 or 40% workers in the office. That's why they are cutting off the females. So, when they are cutting off the females, they got the burden of the economy, they don't have jobs and they are not getting money. And these are the triple and also they have the household chores burden whereas in the last one the masculinity crisis increased. So, what happened in the family? So, we can say that it's kind of the French Philosopher, Michel Foucault's theory, we can work here the Docile Body. So, women's bodies became the Docile body at that time. So, the punishment was not always torture, it transferred from the body to the soul, what Michel Foucault said in the Docile body

theory, and when they were always being in the home, the panopticism also happened the internal surveillance. So, they were all the time they were checking out that what they are doing, their activities were judged always. So, they are being judgmental always the men. So, they are doing that. Women, she is not doing the work properly. She is not educating her children properly. She is not doing the home works properly. These were judged by the men, but the men on the other side, were not sharing the household chores with the women in the family and that's the masculine crisis. That's masculinity. So the men were acting as powerful men in the home. But whenever the other men were doing, sharing some household chores with the family and that time the positive male felt the crisis in the home. So, this was a very vice versa situation that happened in the family in the masculinity crisis thing.

Figure 32 Violence situation

And then we can see the simple demographics that what happened in the violence (Figure 32). So, this is a United Nations demographic, and they showed that domestic violence how it's going on like was less than 40% of a woman who experienced violence reported these crimes or sought help. So, this is the situation and now since the lockdown happened, you can see that in Cyprus, Argentina, France, even in Singapore, what do we see that Singapore, they're always doing great, they're very confident, and they're saturating the power in the society. But what happened 33% violence rate increased and in Cyprus 30%, France 30%, and Argentina 25% increased. It is one example of domestic violence. More things happened in the field of migration, in the field of economy, in the field of health service, and the field of education, and are everywhere the situation is women are being psychologically or socially harassed. And then we can see some statistics, these are all the secondary sources data, like 70% of global healthcare workers are female. In

China, 90% of health service workers are women. So, what happened when 90% of a big number of health workers are women, they are closer to the disease. So, when they are taking care of the Covid-19 patients, they're also at risk of having Covid-19 disease. So, 70% in the total world, it's a huge number. That's why in the Covid-19 situation, our big number or a major number of nurses, the global health care service workers, the female workers, died due to Covid-19. And most of the doctors who were male were not the frontline actors. They were working from the back because the front-liners were mostly women. So, from the back of what they are doing, they were taking care of the patients online. So, they're not going to the hospital directly. So, all the tests and all the major taking care were given by the female healthcare workers. That's why men were in the safest situation and women became in a vulnerable position in the healthcare workers system. And then we can see that 76% new cases of divorces. So, it's a whole world. So, why this number is very high? Because at that time it was lock-down, both men and women were sharing the same boundaries, same world for 24/7. So, when 24/7, they were together, they had many issues, issues of, for example, one example I found while I was doing an interview, so one divorce case happened because two of the person like men and women were working outside.

So, it's a case in Japan but the persons were not Japanese. Both were migrants, and they were working in two different companies. And during Covid-19, the male member of their family lost his job. And the female member was still working in that company. Because that was a France company, an international company, and they were not cutting off the women workers. And then when the male member lost his job and the female members were earning money for her family, so male member the masculinity crisis raised in his mind that I'm working I'm in the family and I'm having food with my wife's money. And that's the crisis, and because of this kind of crisis, they got a divorce, and not only for the masculinity crisis, also a lot of torture on women, sexual harassment on women, even the marital rape happened. These are the reason behind the new cases of divorce. And next, we can see that 743 million girls dropped out of school. So, firstly, when the pandemic started, soon after it started, all the schools in the world were closed. When the school started in different parts of the world, for example, Japan, after six months, all the schools were opened, they were doing face-to-face classes. Also, for example, in Bangladesh, it was still in some cases online, not face-to-face classes. But when the school started, either online or face to face, the number of girls students dropping out was high. So,

they are staying at home or doing other work, they are not continuing their school anymore after the pandemic. There are also several reasons behind that because most of the cases were from poor families. They don't have enough food, they don't have enough work. That's why they are not able to pay for their education. Though education is a basic need. but in a lot of countries, the thing that if we don't have food, if we don't have work, if we don't have money, then education is not our basic need. That's why a lot of girls were dropped out of school. And then 25 million migrant women lost their job. So, I'm in Japan, I'm also a migrant woman and, there are lots of migrant women I know who are working in Japan but lost their job because they're not doing formal jobs. So, in this situation, when they lose their jobs, they cannot go to their own country, and they cannot even survive here. So, in some cases, either they are not having correct visas, they are having refugee visas, or their visa status changed, they become homeless, or in some cases, they commit suicide. And, 180 million women became unemployed and the reason behind it is when the pandemic started, all very formal or the high-class officers, they were asking only 40% of workers in the office. That's why they decided to cut off the women workers. So, the 40% of workers who were working in the office, all were male, and the female workers were cut off from their jobs because they have problems, they have issues with their child in the family, they have pregnancy issues, they have other issues. They have issues with even every month, even in Japan there is a law that women can get paid leave every month for their menstruation sickness, but only 0.9% of women take this. Because if they take that leave in the next month, maybe their office will do that docility with them, and they will punish them with cutting off their jobs. And 810 women died every day, during their childbirth. Why do these things increase in Covid-19? Because in the Covid-19, in some countries, the hospitals were only taking care of the pandemic patients, the Covid-19 patients. So, they are not taking care of any pregnant women, any women who just gave birth to a child. That's why due to less care, 810 women died every day during childbirth in the pandemic.

And next to these are some quotations from my respondence, which I got when I was talking with them about this issue. So, the first one is from Jharkhand and India. She said that we did not have food at home. We are three sisters and two brothers. My father is drunk always. And due to the pandemic, my mother lost her household job. And so, my father forcefully sent me and my two sisters to the sex worker brokers. So, in this case, what happened as the father, he is not responsible

for his family and he's not taking responsibility. The mother of this family, the female of this family, was working the household jobs. So, due to the pandemic, India has a very serious situation. That's why the household workers the maid was not able to work in those homes because all of them were in the lockdown situation. So, when they lost their jobs, the father did not do anything with his sons, because they are the son, they cannot do anything. They have only some works to do outside. But what happened with the sisters with the person I was talking with, three of them were taken away to the sex worker brokers because women's body is always judged. So, women cannot do anything, but a woman's body can do a lot. So, whenever we think about gender, whenever we think about sex, we talk about women's bodies. So, we think that women's body is not a subject when we think of women as an object that's why it happened like this problem happened that they became sex workers after the pandemic.

And next one is from Grenoble, France, and this case is not from a very poor family. It's a very higher-class family from France. And she said that my husband is working in the Atomic Energy Commission of France. And since the corona broke out, he's working from home. In a lockdown, he became violent to me, and his masculine behavior became more prominent. And she also mentioned that 32% of domestic violence increased during these days. So, we can compare these two situations what happened with the Indian case and what happened in the France case. So, both are it's like what poor families when there is no money, then what happened, they became sex workers, and when there is money, they have everything, still, they have the sexual violence, they have the masculinity problem because when the husband is at home, he seems that he is the husband, and he has the most powerful attributes. And what he says, the female has to do and that's why the problem aroused, that's why he thinks that he presumed that I can do anything with my wife. And because of this problem, 32% of domestic violence increased during these days in France.

And the next case is from my country, Bangladesh, Dhaka. And she said that I cannot even go to the hospital for treatment after being tortured at home, as hospitals are not taking any cases except Covid. So, this is the worst situation even like, they were being tortured, and they were not able to say to anyone. They were not able to go to the hospital, she also mentioned the police. So, they said that not even the police were taking the cases of sexual harassment because

whenever police take a sexual harassment case or domestic violence case, they are bound to send the girl, the victim to the hospital. So that situation, the police stations, were not able to send the victim to the hospital. That's why they were not even taking the cases. So, the domestic violence cases, in a sense, were increasing, but it was not filed, and they were not getting the proper treatment as well.

There are two more cases. One is from Japan, Yokohama, and another one is from Kolkata. The Japan one is -- I work in a well renowned Japanese company. And during Covid, my office allowed 40% workers in the office, and 60% were doing home office with less payment. So, I was among that 60% as I'm a woman and don't have a voice. So, this Yokohama woman is also from a very high-class family, higher class society and she also struggled a lot to get that job. And she said that she is the only manager in her arena. She's the only manager but she was almost fired during that pandemic situation because they said that you will get less paid like you will get only 50% payment and then you have to work from the home, and being a woman, she couldn't say anything and her voices were not counted. And the Kolkata case from India, like she said that I'm only 16 years old, according to the law of my country, I'm underage to get married. But my parents bound me to get married to get rid of the burden due to the pandemic. Also, my in-laws are not rich enough. So, now they are torturing me for dowry. So being a Hindu woman, I cannot even ask for a divorce. In the Hindu religion, marriage registration is not mandatory. That's why in most of the cases, they cannot even ask for marriage and this thing happened in India the law was not doing anything with it. So, she was only 16 years old. She got married, and it's a child marriage case also, and it's a dowry case and it's a torturing case, so three cases happened because of the COVID-19 pandemic because those girls are the burden in the family in the pandemic. She cannot earn and she's eating. That's why she's a burden and that's why she got married. And also in the other case, the in-laws are torturing for the dowry. So that's the thing. So these are all about the cases and let's talk about the SDGs now. We know that SDGs have a goal until 2030, but how this goal will measure its increasing rate as the COVID-19 situation has lots of facts that are the reason for not getting the higher results in SDGs. So, I have tried to include some of the SDGs' results. For example, numbers 1, 3, 4, 5, and 6.

So, the number one is the no-poverty. So in the no-poverty, we can see that 193 million girls started to live no less than $1.9 a day. So all these data are after or during the COVID-19 and SDGs

number three is good health and well-being and 810 women died from pregnancy and childbirth-related problems, so that I explained before that in this good health and well-being situation, what's happening with a woman in SDGs 3. So, whenever, these days in the pandemic, we talk about SDGs, the global SDG. We are talking about vague or very blurry SDGs that only concern men. So, we think that there are 17 goals 16 are related to men, and only one the gender equality is related to women. So, if we think like that, nothing will happen after 2030. It will be the same because if we exclude women, half of the percentage of the world who are men, they cannot do alone anything. So that is happening here. SDGs 4 is the quality education, like 743 million girls have dropped out that I also explained before and of course, in the gender equality, the SDGs 5, 750 million sexual harassment and gender violence cases and 12 million girls married before the age of 18. So, if these types of huge numbers are happening within this one year, then how can we measure the increased rate of SDGs within 2030 within these 15 years?

And then the last one I tried to spotlight is the SDGs 6 on clean water and sanitation, like 300 million women and girls have lack menstrual hygiene management. So, during this COVID-19 situation, in some countries, only the COVID-19 patients and some emergency and frontline actors were allowed to go outside. That's why a lot of women were not going outside to buy their sanitary napkins as well. That's why what happened, they were using very old methods of menstruation management, which were not hygienic. So, because of this, also the SDGs 6, the clean water and sanitation were not working properly in this one year. So, in this one the year 2019 to 2021 in this period of the pandemic, this kind of problem happened in the SDGs situation like within the women's boundary, not only the global boundary, only the women's boundary, these problems happened. Here there is the fact that the burden of responding to the immediate and long-term impacts of pandemic also threatens women's involvement in politics in the long term. So, women's involvement in politics is still very low.

If we talk about my country, we can see it's visible that our prime minister, our speaker of the parliament, the opposition party, all of them are women, but how far are they working by themselves? And during the pandemic, what happened? Lots of women politicians who were working before left politics. They say that politics is a philosophy. So when we talk about philosophy, it's for the higher class people. So when we have food, we can talk about philosophy. When we don't have food, we cannot talk about philosophy, economics, and politics. That's why it's a burden that in the long run, if the pandemic happens, and we don't concern, we don't spotlight,

we don't zoom in the situation of women in the society, then the involvement of women will also become very less in the politics and then what happens, we will not get the policies and the measurements which will bring the good things for the women, which if all the legislators are men, then the laws will also come in the favor of men, not in the favor of women.

And to talk about the fair society, like when we say something fair, if the society fair, it's a complex structure. It's not only women, not only men, not only politics and not only economy, but it's also a total thing like society is a complex structure, including all its institutions, institutions as in it's a religion, the religion is included, the society is included, family is included, education is included and industrialization, everything is included, which starts from the family. So, if we say about the fair society, we must talk about Judith Butler's performativity because, in the pandemic, all the family members are in the house, so performativity here works. The little children, what they think, what they see, will perform accordingly. So, in this pandemic, if the man in his family, is not acting as a positive masculine in the family, then the children will not follow the positivity, then the patriarchy will sustain and we will never find a fair society because if we exclude gender from the fair society, we cannot get a proper fair society. Without gender, without women, our society cannot be fair, and pandemic creates a crisis in migrants and masculinity which in the long run, leads to vulnerability towards women and also the COVID-19 is a symbolic image that shows how pandemics create risk on women's lives. So, it's a symbol that it's happening from the birth of the society, but COVID-19 shows as a symbolic image like it show how it creates risk in many parts of the societies. It's in the family, it's in the religious institution, it's in the society, it's in the office, it's in the working environment, it's in the education, it's everywhere.

And finally, I want to say that to establish a fair society, the gender-fair language. The gender-fair language includes everything wherefrom the language also when we talk about anything, for example, it's a simple thing. If we say camera person, we don't say camera person, it's the cameraman. So, always we are excluding the gender-fair language, we are excluding women from everywhere. So, if we exclude women from everywhere, we cannot have a fair society. So, to have a fair society, gender-fair language, is very important. It demolishes the gender stereotype and discrimination and finally, for the closing remarks, it's very simple that I want to say that instead of focusing entirely on stopping the pandemic, the public service community needs to ensure the existing health and social services for women to maintain their unique needs. Like I said lots of

women are leaving their job, they're fired out from their job because they didn't have a daycare in the offices. That's why they cannot take their children to the office, and they cannot get tension-free while they are working. So, this kind of thing happens. When a pandemic happens, we should also think about, who are the catalysts in society, who are the actors in society. If we think about only how to stop the pandemic, how to make vaccines, how to get all the vaccines to the people of the society, it will stop one kind of problem, but another kind of problem will arise in the society. That is the gender problem, that is the social problem and if we want to think about those problems, we have to think about more public service communities, more services from the government, more services from everywhere, so that women also can survive nicely in the parallel basis of men in the society even if there is a pandemic or epidemic. Thank you very much for this. I hope you enjoyed the presentation.

Section 4 Panel discussion

<u>**Jiro Mizushima:**</u>

Thank you for the three speakers. That would be better I think, and about the lecture of Professor Lindsay, it was quite interesting to know the development of the COVID-19 and the policy reactions in Australia and it was quite interesting to know the difference between the political background of the states and its impact on the policy and the infection situations and I would like to know about the reasons of the difference between the states, blue states, and red states because as you explained in the progressive states, the number of infections were relatively high and in the conservative states, it was safer, but it seems somewhat strange to me that in general, conservatives they don't like restrictions, and in conservative countries, the infections might be larger than progressive countries because progressive politicians like to tighten or they like restrictions on the behavior of ordinary people and then it might be natural that the infections would decrease. For example, in the United States or Brazil, the conservative governments under Trump and Bolsonaro saw a rapid expansion of COVID-19 because conservative leaders, don't like science, they don't like restrictions. They like prosperous economies, so they don't introduce lockdowns, but the situation in Australia seems the opposite. So, why is it, I would like to know the background of these differences?

And next lecturer, Professor Kobayashi, Professor Kobayashi explained the relationship between well-being and especially about justice and fairness and it was quite a unique research Professor Kobayashi explained about there are only but a few positive elements, positive aspects because we saw some increasing bonds with family and friends among the people. So, it might mean that under pandemic, people discovered the value of bonds with family and friends, but it is interesting that it is natural that under the stay home, we talk much with our family members, and we discovered the bonds with family, but about friends, in general, we see fewer friends last year and this year, but according to the survey, people discovered the value of bonds with friends. So, it seems somewhat strange to me. What do you think about the reason behind these bonds with friends? And about post-materialist value, it is also quite exciting to see because of the pandemic, people discovered the value of post materials in this situation, so they prefer more spiritual aspects of life than money. So, it might seem a positive change of minds of people and Professor Kobayashi, do you think after the pandemic, this change would be reversed or this change would endure, namely the turn to post-materialistic value? I'm eager to know the development of people in their attitude.

And about the lecture of Afsana, thank you very much and you explained quite clearly about the disparity between gender under the pandemic and as you clearly explained the disparity or the disproportionate burden of women, that varies not only in the economic aspect, but also mental and social and other physical aspects. So, as you explained, the SDGs, the objectives of SDGs themselves are not enough for us to understand the situation of women under the pandemic. I agree and your metaphor about panopticon is unique and interesting to me, and I think that there emerges double panopticon system, it means under the remote work system, many white-collar workers work from home, and it seems we get freedom because while hearing the voices from my PC, I can do other things. However, many companies introduced a system to control the workers at home, so they can control whether the workers at home are truly doing their jobs. So, it seems that we see a modern panopticon system. So, the companies at the headquarters cannot control every worker during the working time, but we have to see that these workers are mostly males, they're controlled by panopticon system from headquarter, but these male workers dominate women at home. So, it's a so-called double panopticon system. So, they control from the headquarters the male workers, and the male workers control women at their home. So we see the emergence of

these double-edged panopticon systems and we have to elaborate more about it and you explained various kinds of negative aspects of gender disparity, but as a political scientist, I see some bright aspects about gender because last year and this year, we see a couple of quite excellent female political leaders in the world, German Prime Minister Merkel, the Prime Minister of New Zealand Arden, and the political leader of Taiwan Tsai, they're all female leaders and we see clearly that they follow the advice of science and they are quite calm and self-restrained, and they can talk a quite clear message to the public other than Trump or Bolsonaro or other male leaders who don't like science. So, I can interpret it as a positive change about females and politics. So, this itself is a great achievement, I think. What do you think about the political aspects?

Hikari Ishido:

Thank you so much, Professor Mizushima. So, for the sake of our time, let us move on to the second panelist speaker, Dr. Kawase. He has his presentation titled "Justice in an emergency" and he will also make some comments on the three lectures. Thank you so much. Dr. Kawase, please.

Takayuki Kawase:

Thank you very much. I research issues such as what is justice or what is fairness, how should we think about the value, and so on. And today, I would like to try to apply these questions to the case of emergency of COVID-19. In the last year and a half, almost all people in the world were upset and some of them panicked and despaired. However, I think it is exactly now that philosophy can show its true value because, in an emergency, we cannot use our existing common sense. Emergency reveals the essence of so many kinds of problems, such as the hidden nature of persons or dirty aspects of societies. I think it is the responsibility of philosophy to confront such problems. My presentations consist of three parts and after that, I like to make some comments or questions to the main presentation of three professors and doctors. The first of my point is about risk assessment. In the last year and a half, we have had so many controversies about the risk of viruses and vaccines, and so on. In my opinion, not only risk assessments but also all human behaviors of assessments are plural sort of things. So, it's plural. By plurality, I mean human actions of assessments are not objective, but subjective or sometimes inter-subjective. It is individuals or groups that assess some risks. There is no objective risk, which is transcended or independent from any kind of individuals or group. So, there are different correct opinions about risks. This is quite

natural in liberal societies, but on the other hand, such plurality brings about social divisions and segmentations. In such cases, people do not listen to other opinions. So, some of them do not listen. For example, vaccine conspiracy theory is one good example in my opinion. What is the reason for this tendency? One reason might be that people exchange their opinions only inside of the same-minded groups and make their opinions more and more radical. Another reason might be that people who have feelings of being alienated from society take a closed mind. There is a vicious circle of segmentation. It is a very serious problem in my opinion and my second topic is about the rule of law. In the last years, so many Japanese people criticized the Japanese government that why not our government takes strong measures of regulation, for example, against pachinko parlors or such kind of that. And many of these claimants did not understand that governments cannot take any actions without legal permission. Some of the better arguments claimed that and government should take extrajudicial measures in an emergency despite understanding the importance of the rule of law.

The second argument is worth rejecting, so worth objecting and this is a formidable argument, I think. In an emergency, it is natural that people want consequentialist ideas rather than deontological ideas because in many cases, consequentialism is more flexible than deontology. I agree with this opinion. However, in an emergency, people tend to see very short-sighted consequences. I consider we should think from a longer-term perspective, so a long-term perspective. We should remember that our behaviors are assessed by those who are in the far past, and those who will be in the far future. This is my own careful and conservative standpoint. If we adopt long-term consequentialism, I speculate that the consequence of respecting the rule of law even in an emergency is much better than ignoring the value of the rule of law. We should not sacrifice long-term interests to get short-term profits, but all of this is a matter of fact. So, we cannot say my speculation is correct or not in advance. Everything is assessable only retrospectively. My third and last point is about corrective decision-making. Many Japanese people insist that the Japanese government is opportunistic and takes only ad hoc measures without any definite strategies. However, I think public policies can be implemented only in the piecemeal and gradual method of trial and modifications. We cannot recognize any best answers in advance, thinking a priori best answers existing and recognizable and achievable is utopianism in my opinion. I think this idea, this utopianism might be very dangerous because radical idealism can

bring about catastrophic results. If people cannot stand with that socially shared and fixed answers, they are not autonomous nor independent because they are just waiting for someone else, for example, the government giving some answers to them, so people should find their answers by themselves, and they should admit these answers may be different from others. So it is the plurality. If individuals have mental weakness, their society must be weak, in my opinion. So, our government is very indecisive, but it is because we are indecisive and dependent and I think this is all – so basically, I am an optimistic person, but my today's arguments maybe a little bit pessimistic. I hope this world is better than I expect, but now, let me go on to my comments or questions to three main presentations.

My first question is to Professor Oades and I think Australian and New Zealander ways of handling pandemics are outstanding and I respect them. My questions are about the difference in the strategies on pandemics between the United States or the United Kingdom and Australia or New Zealand. The first group of countries looks very pro-freedom, and the second group looks pro-security. It might not be very accurate, but anyway, and originally these four countries share the traditions of Anglo-American individualism and liberalism; however, why did such differences come out? What would philosophers of consequentialism such as Friedrich Hayek say? Would they support being skeptical about the government's ability to handle pandemics and keeping the freedom of individuals or would they admit to restricting personal liberties to improve social consequences? Which strategy is also the successor of the Anglo-American tradition or history of liberalism? So, these are my questions to Professor Oades.

And next is my comment and questions to Professor Kobayashi. Professor Kobayashi adopts an evidence-based method. This is very different from my method, which is very abstract and metaphysical, and I am very impressed very much and my question is, how far is it possible to recognize human happiness or human well-being by questionnaire survey? If happiness is defined as subjective senses, a questionnaire survey is a very good way to get evidence about respondents' happiness or well-being. However, there are other ways of defining human happiness or well-being. For example, consider a famous example of an experience machine. This person feels happy, but most of us may think this is an illusion or fake happiness. If so, does not a questionnaire survey

on him give us any evidence about his happiness or well-being? So this is my question to Professor Kobayashi.

And the last question to Ms. Afsana. I think gender issues are deeply related to almost all social problems these days. Of course, it has huge implications for the pandemic. Other than gender issues, there are a lot of interesting data on the correlations between many social characteristics and attitudes about the virus or vaccines, especially the risk of side effects of vaccines. A good example is age. Elderly persons are positive about vaccines. The reason may be very easy. The more elderly persons are, the more vulnerable to the virus they are and the more insensitive to the long-term side effects of vaccines they are. On the other hand, income may be a more complex issue low-income persons are negative about vaccines. This needs a more detailed explanation, I think, but now the topic is gender. Are there any differences in attitude to virus or the COVID virus or vaccines, especially vaccines, according to genders? Genders are socially constructed kinds of things. If so, what kind of social reasons or social structures bring about the difference between genders? Probably you already showed a lot of things in your presentations, but it would be great if you tell me something more about your opinions. As you say, I think the burden of babysitting or raising children may be one of the answers.

Lindsay Oades:

Thank you very much for the comments and the questions. My first response regarding the comments was that perhaps what was happening in Australia seemed unusual in that it was the wrong way around. The conservative states were not having outbreaks of COVID or I should say the conservative state, perhaps we will focus on New South Wales and Victoria because that's the majority of where the plaque has been illustrated. So New South Wales is a conservative state, in 2020 did not have the outbreaks, whereas the progressive state Victoria did have the outbreaks and that is unusual based on probably world experiences as was illustrated and I think that's what's made it so interesting because the federal conservative government exploited that very much so and was making fun of or criticizing the Victorian progressive government and saying that their lockdowns were not necessary, and they'd poorly managed everything. However, that changed very much and that was the first strain of the virus and that was pre-vaccination in 2020. In 2021, as I outlined, we had very slow vaccination uptakes and we had the Delta virus which came and

that did affect New South Wales, the conservative state first, and then Victoria, the progressive state it affected also, and they both went into restrictions and lockdowns as well as the vaccinations were coming. So, the attitudes as outlined as expected by the conservative, promoting individual liberty and pro-business, were very prominent, as were the public health initiatives by the progressive government. So it sort of returned to normal in 2021 as would be expected by social science in that area, and I think that's what's made it so interesting is it's seeing those real social phenomena play out and now that the vaccination rates are getting much higher and they're approaching 80% or they're over 80% in New South Wales, and they're approaching 80% in Victoria, a lot of it's becoming a moot point, but in the earlier months prior, it was a fantastic illustration of the political ideologies, and the interaction with politics, economics, and public health.

My second answer to the second set of questions about the United Kingdom, USA, Australia, and New Zealand, obviously, with their liberal individual backgrounds, I would agree there are aspects of management of the pandemic that has been excellent in Australia and New Zealand. Probably, the major problem was the delay in the purchase of vaccinations, which created a lot of frustration, which led to the state governments using lockdowns and restrictions as to their major tool and so the debate, as was mentioned, has been very strong. It's been liberal individualism and pro-business versus public health and the use of restrictions for public health measures. The comment about how Australia and New Zealand is perhaps different, yes, Australia very much obviously had liberal individualism as its beginnings, but in the middle half of last century, we're very much a social democracy and probably it's a liberal individualist nation, but it's been overlaid with some very strong public policy about public health. So, it's kind of got both strong public health attitudes of the average Australian but underpinned by a liberal individual as democracy and legal structure and because it's been geographically illustrated, and I guess that's what I was trying to illustrate of the New South Wales versus Victoria debate, it's been illustrating exactly those issues. So I would agree with the question. I do believe Australia has managed it overall very well. Yes, it has its liberal individual origins, but it has been overlaid by strong public health and public policy frame. HIV AIDS was probably a good illustration. We had some excellent policy on that when it first came. So that probably that's my answer in terms of sort of understanding the seeming contradictions.

Masaya Kobayashi:

Thank you very much for your very important questions and first, in response to Professor Mizushima, as for the value of family and friends, I think that your opinion is similar to mine. I can easily interpret the increase of family bonds evaluation, but I'm a bit puzzled by the friends' bonds. The first thing precondition is that this is done by online meet because it is difficult for us to meet directly with friends, but this situation enables us to see the importance of friends or acquaintances and so using the method online, we can reevaluate the importance of friends. This is my first interpretation. The second interpretation is that, as I said, there can be value change in various people. So, the value change towards evaluating the importance of spiritual or mental value tends to enable us to see the importance of friends as well as family. This is my tentative interpretation. As for the second question, and I think that value change, it was a bipolar change towards material and post-materials is very important and noteworthy because this reminds me of Ronald Inglehart's works on post-materialism. He discovered that after the Second World War, the value system turned towards the materialistic, but 20 or 30 years, that is the 1960s and 1970s, younger people turned towards post-materialistic value, but we find that at present, they are bipolar, that means towards materialism and post-materialism. So it is important to see if it subsequent development after the Corona. I guess that we cannot return to society before Corona. So that means that perhaps some people have materialistic value as a result of the happiness by COVID-19, but the other persons tend towards a more post-materialistic value orientation. So, my guess is that's the bipolar development would develop or would continue after Corona, but I'm sure. So, I would like to examine the trends after the Corona and my answer to Professor Kawase is this, as I studied political philosophy as well as you, so my main interest is an obvious philosophical question that I try to bridge philosophy and science. This is my new attempt. So, your question is very hit the mark because I think that the relationship between objective and subjective is perhaps one of the most important issues for us and Professor Ishido is very interested in exploring these two sides including the objective side, not only happiness but also justice and citizenship I can see are two aspects of objective and subjective. Now presentation today only focuses on the subjective side. This is a new frontier, I think. So, I use the word positive works by a positive side psychologist including Professor Oades. So, the next stage would be trying to integrate subjective research and objective research. I call this integrative approach, which comprises these two aspects,

but this is a new frontier that I would like to do something about that in the future. Thanks. Can I say one question to Professor Oades? Professor Oades, thank you very much for your presentation. So, my question is, as for the well-being, I have been frustrated by the Japanese government on coping with COVID-19. So, I admire the Australian and New Zealand policy on COVID-19. So my question is that the well-being policy by New Zealand and Australia have a good influence on the policies by both governments and also that kind of policy or policy orientation the difference between red area and blue area, can I suggest something about that? That's my question.

Lindsay Oades:

Thank you. Explicitly, there's more well-being policy in New Zealand with well-being budgets, etc. However, we must remember that New Zealand is a similar size to Melbourne. So, when we say New Zealand, it's almost like talking about Victoria in terms of size, and the reason I make that point is, my anecdotal observation is that it's been easier to implement these new policies in some smaller countries, but anecdotally, I'm also told that a lot of those countries are led by women. So that's an actual one for the gender discussion. There is what I have noticed, I haven't seen it reach major public policy in Australia, but there is an absolute increased awareness of mental health and well-being because of the pandemic and certainly, in the education state, education policies, there's a lot more well-being policy happening in response to the pandemic, but at a national or whole of government sort of public policy across the board, not yet, but just not so much at a government level, but if I talk about my center for well-being science, there's been a huge increase in inquiries to us since COVID. People knew about mental health, but they probably didn't know as much about well-being, about how to get through your day, how to maintain your relationships, sort of all the broad aspects, psychological aspects of well-being as opposed to the more clinical mental illness. So, I would expect and hope that we will see more well-being public policy in Australia as a result of COVID and as I said, we already are seeing some in the education sector.

Afsana Begum:

As you have said about the women leaders in Germany and New Zealand, these are good things, but I think that we need to have simultaneously the good of men leaders parallelly so that they would accept those women leaders in the society. For example, I can say about Japan, like maybe

you know about Yoshiro Mori, who was the Chairman of Olympics. So, what does he say about women? He said that women are talkative, so they need not be in the sports director position, and he also said sorry for that and he was not anymore in the directory level, but if this kind of things came out from the male politicians or male directory position of men, so women will not be able to step ahead in the politics. So that's the thing I think and after that, Professor Kawase's question, thank you very much for the question. About the gender disparity differences, of course, the division of jobs is the first one, the employment sector. So, in most societies, where we think that there is an inherent belief that the men are simply better equipped to handle certain jobs and that's why most of the time, those are the jobs who play the best are the men and the discrimination result is lower income for the women and not only the division of jobs, but also there are some more reasons behind the gender inequality or differences, for example, the uneven access in education, the job segregation, and the legal protection in the medical care and also in the religious freedom. When we see at the religion, all the topmost persons are male. So there, women are also lagging in gender relations, gender differences in religion. Also, as I mentioned, my Sensei said about political representation. So, those are very few, not very high ranges in the society and racism is also a reason. For the gender difference, I want to conclude my answer by saying one thing, like when we are born, we are born as women, not as a human because when we are in the hospital, if I am a girl, I am wrapped with a pink towel and if I'm a boy, I'm wrapped with a blue towel. So, the stereotype, the gender differences start from when we are born. That's why even if it's the social differences, it continues everywhere in the world, all the situations in the society. Thank you very much.

Hikari Ishido:

Thanks so much, Ms. Afsana. I wanted to thank all of your presentations and then also in the face of justice and well-being have been the focus of our topic international symposium for today and then this is just a perspective from medical ethics (Figure 33). I will not read this, but four principles, respect, beneficence, non-maleficence, and then justice/equality. So, for policymaking, gender issues, we need these ideas, principles, not our right, doctors do not claim, this is our right medical caretakers' right. No, respect for autonomy, beneficence, no maleficence against others, justice, we could also have this kind of attitude and then we also need science, a risk-return frontier from economics, sorry about this, but the best choice portfolio talking about three art issue, what

kind of different uncertain claims can be solved using the scientific method (Figure 34). I will skip it but enhancement of social well-being, mitigation of disastrous impacts could be done by science and then, of course, the importance of SDGs. And then lastly, online bonding like in this kind of situation without any reasoning or science, we need bonding as human beings. So we are all online, colleagues and friends after today. Thank you so much.

Figure 33 A Perspective from Medical Ethics

Figure 34 A Risk-Return Frontier