













## **SOUTH AFRICA**

Highlights of a rapid assessment of the gendered effects of the COVID-19 pandemic on households in South Africa



#### **BACKGROUND AND CONTEXT**

The first confirmed COVID-19 patient in South Africa was a traveler returning from Italy who was diagnosed on March 5, 2020<sup>1</sup>. Like most of its neighbors, South Africa responded swiftly. To slow down the spread of the pandemic and give its health services an opportunity to prepare for the expected increase in cases, South Africa adopted a series of lockdown measures ranging from Alert level 5 to Alert level 1 with alert level consisting of different measures aimed at restricting movement and reducing the possibility of virus transmission; Alert level 5 was the most restrictive and Alert level 1 the most relaxed<sup>2</sup>. Comprehensive closures<sup>3</sup> of educational institutions were in effect between mid-March and 24 August 2020 affecting approximately 14.6 million learners of all ages.

In line with its general commitment to social protection, the Government of South Africa and non-state actors set out to provide basic socio-economic relief packages aimed at mitigating the socio-economic impacts of the pandemic including the economic stimulus package announced in April 2020, which included 50 billion Rand (approx. \$3.3 billion) towards additional social assistance spending. This study was initially conceptualized to provide basic statistical data for the post-COVID-19 recovery phase. However, in December 2020, it became evident that South Africa was entering a second wave of COVID-19 infections deepening the crisis in what was previously envisaged as a 2021 recovery phase.

Consequently, the Alert level was once again raised from an adjusted Level 1 to an adjusted Level 3 at the end of December 2020 and the reopening of schools postponed by two weeks until mid-February 2021.

This publication summarizes a report of a rapid assessment of the effects of COVID-19 on women and men in South Africa following a study commissioned by UN Women<sup>4</sup>, and United Nations Population Fund (UNFPA)5. The study is aimed at providing an accurate picture of the consequences of the COVID-19 crisis for women and men and provide reliable evidence and information for gendersensitive and effective decision-making and response strategies.

The South African Response to the Pandemic, N Engl J Med 2020; 382:e95.

<sup>2</sup> Further reference and details on the country's guidelines and regulations can be found here: https://www.gov.za/ coronavirus/guidelines

<sup>3</sup> Sources: Centre for Global Development, https:// docs.google.com/spreadsheets/d/1ndHgP53atJ5J-EtxgWcpSfYG8LdzHpUsnb6mWybErYg/edit#gid=0 UNESCO, http://tcg.uis.unesco.org/survey-education-covidschool-closures/

<sup>4</sup> The United Nations' entity dedicated to gender equality and the empowerment of women

<sup>5</sup> The United Nations' sexual and reproductive health agency

## Aims and methodology of the study

The study was aimed at producing gender-disaggregated data on the impacts of COVID-19 on women and men in South Africa. Specifically, it aimed at investigating the effects of COVID-19 and its associated movement restrictions on their livelihoods and circumstances and identifying appropriate program interventions and advocacy messages that can be used to improve their well-being.

Conducted as a Computer Assisted Telephonic Interview (CATI) rapid gender assessment (RGA), the work was informed by a steering committee consisting of members representing several organizations<sup>6</sup> and using the uniform data collection methodology for RGAs across East and Southern Africa (ESA). The

complete survey covers a broad range of topics split into two questionnaires to fit into the 15 to 20-minute interview time limit and minimize respondent fatigue. The questionnaires covered demographics, economic activities, agriculture, education, time use, and contextual questions related to GBV.

The study was based on a sample of 2,641 individuals for wave 1 and 2,460 for wave 2 with respondents providing multiple-choice and scale-based answers in 15-20-minute interviews. The service provider made use of Random Direct Dialing (RDD) and used an existing database to fill the gaps in the quota framework when the response/identification rate of individuals - particularly older women based in rural areas - became too low. Soft quotas were applied post collection by rural/urban and living standards measure (household monthly expenditure). The survey is thus representative of mobile phone owners but adjusted to the demographics of the population by age, gender, and location.

#### **SUMMARY OF FINDINGS**

All survey findings are based on weighted data and percentages.



#### **Household economic activities and livelihoods**

The most widely felt impacts of the pandemic have been economic. The study found that 7 in 10 respondents (women 72%, men 73%) had experienced financial difficulties during the pandemic with 1 in 5 respondents (women 21%, men 22%) indicating that the household head lost his/her job during this time. Both women and men indicated a 2-3 percentage point decline in self-reported financial assistance to other immediate family members before the pandemic (43% and 39%, respectively) compared to during the lockdown (40% and 37% respectively).

There was a significant decrease in women and men who worked for an employer for pay before (35% and 44%, respectively) and during the pandemic (26% and 32%, respectively). The decline was higher for men (12 percentage points change) than for women (9 percentage points change).

Additionally, more women and men (22% and 19%, respectively) were looking for jobs during the lockdown compared with 15% and 11% respectively before the lockdown. This translates to a 7-8% increase in respondents looking for a job, with a higher percentage of women looking for work in both contexts.

By gender and age group, women aged 65+ years (29%) formed the highest proportion of respondents who reported an increase in income since the start of the pandemic<sup>7</sup>. The sex and age cohorts most likely to report

<sup>6</sup> Access Chapter 2, Department of Women, Youth and People with Disabilities (PWYPD), Statistics South Africa (StatsSA), United Nations Programme on HIV/AIDS, UN-AIDS, UNFPA, and UN Women

<sup>7</sup> The Government increased the value of the Child Support Grants and Old Age Grants during the pandemic to mitigate the socio-economic impacts of the lockdown measures. As the primary caretakers of children who qualify for the Child Support Grants, women therefore received more money during the pandemic than they did previously. In addition, because poorer women have a longer life expectancy than poorer men, and they therefore form the bulk of the Old Age Grant recipients who benefited from the temporary grant amount increases received from the Government.

decreases in income were men aged 35-49 years (50%), women aged 18-34 years (46%) and men of the same age cohort (45%). Women and men aged 50-64 years (44% and 45% respectively) were also significantly likely to be affected by a decreases in income as a result of the pandemic. Women and men in the higher age groups (65 years onwards) were least likely to be affected by decreases in income (20% and 29% respectively)8.

A significant proportion of respondents also reported eating less or skipping a meal due to lack of money or resources, which seemed to affect more women than men (25% and 22%, respectively).

In terms of government support received by women, about half (52%) of the women reported receiving no government support whatsoever, including financial and resources support. Among those who did report receiving support, the two most common types of support received were COVID-19

relief grants (22%) and new social protection grants (19%). Other types of support included food parcels (7%), other cash (7%), and supplies for prevention (2%).

Other regular sources of income were also adversely affected with about 1 in 4 women (26%) and men (25%) who reported receiving a regular (six times or more a year) remittance from relatives or friends living elsewhere in the country or in another country before the COVID-19 lockdown receiving regular remittances, reporting that the amount had decreased noticeably since the COVID-19 lockdown. About three in five women (59%) and men (61%) reported changes in the combined income for all household members since the onset of the COVID-19 lockdown. Interestingly, while a higher percentage of men (89%) reported a combined income decrease since the onset of the lockdown than women (82%). Women (17%) were more likely to report a combined income increase since the onset of the lockdown than men (10%)9.

#### **Income and earnings** during the pandemic



**73**%

**Experienced** financial difficulties during the pandemic

The household head

of 1 in 5 respondents lost his/her job during the pandemic

**59**%

reported changes in the combined income for all household members since the onset of the COVID-19 lockdown

82% 89%



who experienced changes in household income reported a decrease since the onset of the pandemic

17% 10%



who experienced changes in household income reported an increase since the onset of the pandemic

Financial assistance to other immediate family members decreased



Before lockdown lockdown

During

<sup>8</sup> These differences could possibly be attributed to the fact that social grants were generally increased across the board between May and November 2020. This included Old Age grants, child support grants and foster care grants.

<sup>9</sup> The combined income increase experienced by women can be attributed to the Government increasing the value of the Child Support Grants and Old Age Grants during the pandemic to mitigate the socio-economic impacts of the lockdown measures as explained earlier.

### **Agricultural activities and food security**

Both men and women reported similar levels of perceived change in the availability of seed and other inputs to plant crops since the onset of the COVID-19 lockdown. About 47% of men and 44% of women perceived no change in the availability of farming inputs while about 1 in 10 men (12%) and women (10%) thought that the availability of seeds and other inputs has increased since the onset of the lockdown. At least 1 in 3 women (36%) and men (33%) thought that the availability of seeds and other inputs has noticeably decreased since the onset of the lockdown. Additionally, 15% of both women and men reported an increase in their ability to purchase agricultural inputs. Noticeably more respondents (37% of women and 36%

of men) considered their ability to purchase inputs as decreased since the pandemic.

Interms of food availability, a majority of women aged 65 years and above (55%) felt that food was as available during the pandemic as it was previously, while the highest perception of reduced food availability during the pandemic was indicated by women aged 35-49 years (26%) and 18-34 years (24%) who blamed movement restrictions for the decreased availability. However, a good proportion of women aged 35-49 years (37%) considered food availability to have increased during the pandemic. Most women (88%) and men (81%) thought that food prices had increased since the onset of the COVID-19 lockdown.

Women and men involved in agriculture indicated similar levels of perceived change in the availability of seed and other inputs to plant crops since the onset of the COVID-19 lockdown



**44%**Women

**47**% Men

perceived no change in availability of farming inputs

#### Food availability and prices during the pandemic

A significant proportion of respondents also reported eating less or skipping a meal due to lack of money or resources



**25%**Women

**22**% Men



#### **Education**

The survey found that 9 out of 10 of all girls (90%) and boys (89%) in a household attended school before the lockdown with a slightly higher proportion of boys (10%) reported as not attending school than girls (7%). This corresponds with the findings of the General Household Survey which indicates higher attendance by girls than boys.

During the lockdown, a variety of remote learning platforms were used in South Africa in addition to the distribution or printed materials and the use of textbooks. Approximately three in ten girls and boys aged 7-18 years old used TV (33% and 30% respectively) and social media (32% and 27% respectively) as the main measures for learning at home since the onset of the lockdown. Online learning platforms

were used by around a quarter of girls (28%) and boys (26%) while radio was the least likely to be used (10% and 8% respectively).

A significant proportion of pupils and students (approximately 1 in 4), that is girls (17%) and boys (21%), did not have in place any measures for learning at home during the lockdown. Limited access to the internet proved to be a big hindrance to learning at home during the pandemic for 36% of girls as well as 32% of boys as did limited access to learning materials (21% girls, 20% boys) and lack of electricity/lighting (girls 21%, boys 18%). Multiple roles of the guardian proved the least significant impediment to learning at home for girls (9%) and boys (7%), while nearly 1 in 4 respondents (17% girls, 18% boys) indicated that they did not

face any challenges in learning at home during the lockdown.

Rural girls and boys were more likely to have two or more challenges during this time than their urban counterparts, with the gap between rural and urban girls approximately 4 percentage points and approximately 7 percentage points between rural and urban boys. Women and men held different perceptions about girls' and boys' difficulties with education during the pandemic; women were less likely to think that girls (15%) had difficulty due to lack of a skilled instructor or an adult in the household than men did (22%). Overall, learning-from-home measures were consistently higher, even if incrementally, among girls than boys.

Remote learning also added to the unpaid care burden of women and men as 41% of women and 31% of men reported an increase in the time spent teaching children at home during the pandemic.



90% 89% Girls Boys aged 7-18 years attended school

before the lockdown



7% 10%
Girls Boys
were not attending school before the lockdown



#### Water and sanitation

A large proportion of women and men respondents agreed that the responsibility for collecting water and firewood was carried out by a woman

in the household (40%). Nearly 1 in 3 (29%) indicated that this it is the responsibility of a man in the household, and a similar proportion

(28%) indicated that it is the responsibility of both women and men in the household. A small proportion (2.6%) indicated that this tasks is the responsibility of "someone not part of the household".

Women and men (89% each) indicated that they had access to clean and safe water. While this proportion was relatively similar across all age groups for men, there was a noteworthy variation for women; women aged 65 years and above reported the highest rate of access

to clean and safe water (91%) while women aged 50-64 years reported the lowest access (85%). Those with limited or no access to clean and safe water indicated that "water access has always been a challenge" (26%) and regular/intermittent breakdowns (20%)

were the main reasons for low or no access to clean and safe water. Poor maintenance and water only being available on certain days were the other most commonly cited reasons (11% and 10% respectively).

A significant proportion of respondents (9%) also cited long distances to the source as the reason for limited or no access to clean and safe water. Rural respondents were more likely than urban respondents to indicate that they have limited (33% compared to 17%) or no access (23% vs 7%) to clean and safe water.



Perceptions on who was responsible for collecting water varied significantly by gender

48% 36%
Women Men
held the view that fetching water was carried out by both women/men and



6% 44%
Women Men
reported that men
were responsible
for collecting water

5%
Women & Men
agreed that boys
were responsible for
the task



collecting water

5%
Women Men
considered girls as being responsible for collecting water in the household

boys/girls

#### Time use before and after the lock-down

The amount of time that women spend on unpaid domestic and care work has been singled out as one of the barriers hampering women's economic empowerment. Even though South Africa was one of the first countries in Africa to conduct a large-scale time-use survey (2001 and 2010)10, no recent Information Is available on the time women and men spend on unpaid domestic and care activities.

According to both women and men surveyed, women in South Africa were responsible for the bulk of unpaid domestic chores before the onset of the pandemic. According to women and men, women were responsible for cooking, meal preparation and related activities (63%), cleaning (58%), shopping for household use (51%), collecting water and or firewood (40%) compared to men (13%, 13%, 19%, and 29% respectively for these chores).

A significant percentage of men indicated that they spent more time on unpaid domestic activities during COVID-19 than they did previously. In all cases except for collecting water and/ or firewood and shopping, women were more likely than men to indicate that they spent more time on unpaid domestic and care activities. Increases in time spent were reported for women and men in cooking and meal preparation (46% and 40%) and cleaning (55% and 47%), with nearly equal proportions of women and men indicating that the amount of time spent shopping for household use increased (32% and 31%) or did not change (31% and 34%) during the pandemic.

10 http://www.statssa.gov.za/publications/Report-02-02-00/ Report-02-02-002010.pdf

Both women and men agreed that unpaid care activities for children and adults were also largely the preserve of women before the pandemic; women were responsible for passive care of children (61%), playing with and reading stories for children (57%), physical care of children (66%), physical care of adults (60%), assisting other adults with administration and accounts (58%), and emotional support of adults (51%). This remained the case even during the pandemic although both women and men reported increased demands on their time for passive care of children (38% and 30%), playing with and reading stories for children (40% and 32%), physical care of children (40% and 31%), physical care of adults (13% and 8%), assisting other adults with administration and accounts (12% and 11%), and emotional support of adults (26% and 23%).

Overall, nearly 7 in 10 women indicated an increase in unpaid domestic work and more than 6 in 10 women indicated an increase in unpaid care work during the pandemic. This is compared to 6 in 10 men who indicated an increase in unpaid domestic work and 5 in 10 men who indicated an increase in unpaid care work.

A far smaller proportion of women (9%) reported receiving help with chores and caring for others in the household before the lockdown from their spouse/partner than men (17%). A large proportion of respondents coped with the increased unpaid domestic work and care workload by hiring help during the pandemic (26%) or having the hired help work longer hours in the house (15%). A significant proportion of respondents (21%) indicated that the hired help no longer works for them.





Women Men

Cooking, meal preparation and related activities



Cleaning

Women Men



Women Men Shopping for

household use



Women Men Collecting water and firewood

# Information source

More than 9 in 10 women (95%) and men (93%) reported receiving information about how they can protect themselves against COVID-19. The distribution of these sources of information for women and men was fairly similar, with the two largest sources of information being broadcast and print media<sup>11</sup> (41% and 40%, respectively) and the internet/social media (25% and 28%, respectively).

By age group, use of broadcast and print

media for information on how to prevent the spread of COVID-19 was highest for women aged 55 years and older (53%) compared to women aged 35 to 54 years (42%) and 18 to 34 years (36%). Conversely, the internet and social media were the most popular sources of information on how to prevent the spread of COVID-19 for women aged 18 to 34 years old (32%) compared to women aged 35 to 54 years old (23%) and 55 years and above (10%).

11 Radio, television, and newspapers



Most important source of information on COVID-19 prevention





41% 4

Men





**25**% 2

28%

Broadcast and print media

Internet/social media



#### **Mental Health**

The assessment found that the mental and/ or emotional health of women and men was nearly equally affected (50% and 49%, respectively) during the COVID-19 lockdown. An even higher proportion of women (62%) and men (65%) indicated that the COVID-19 pandemic and associated control measures (such as lockdown and curfew) caused them worries.

While contracting the disease, financial lack, and death emerged as top concerns during the pandemic, women and men were quite differently affected by worries about financial problems (women 45%, men 51%), becoming infected with COVID-19 (women 47%, men 43%) and death (women 23%, men 19%).



50% 49%

Women Men Their mental and/or emotional health was negatively affected during the pandemic



**62**% **65**%

Women Men

COVID-19 pandemic and associated control measures such as lockdown and curfew caused them worries

While contracting the disease, financial problems, and death emerged as top concerns during the pandemic, women and men were quite differently affected by these worries





47% 43%
Women Men
Becoming infected
with COVID-19



23% Women

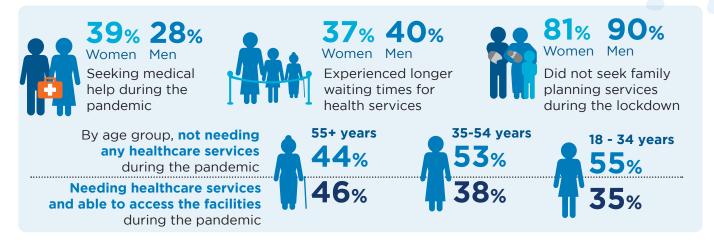
Vomen Men

#### **Health Services**



More women (39%) than men (28%) reported seeking medical help during the pandemic with a large proportion indicating longer waiting times for health services (women 37%, men 40%). For women, majority of those aged 18-34 years (55%), 35-54 years (53%) and over 55 years (44%) reported not needing any healthcare services during the pandemic. Of those who did, the majority confirmed that they were able to access the

facilities, by age - 18-34 years (35%), 35-54 years (38%) and over 55 years (46%). Only a very small proportion across the age groups (ranging between 1% and 2%) reported either needing the services, but not being able to access them at all or only being able access some services. An overwhelming majority of women (81%) and men (90%) did not seek family planning services during the lockdown.



#### Violence<sup>10</sup>

More than 9 in 10 women (94%) and men (90%) reported that they had not experienced violence or threats of violence by police during the lockdown, and up to 6 in 10 women aged above 18 years experienced the same feeling of safety at home during the pandemic as before the pandemic. More than 1 in 4 women across the age ranges felt safer at home during the lockdown, while less than 1 in 5 felt less safe at home during the lockdown. <sup>12</sup>

More than 9 in 10 women (93%) and men (92%) indicated that gender-based violence (GBV) is a substantial problem in South Africa with women (94%) and men (92%) living in urban areas more likely to feel that GBV is a problem than their rural counterparts (90% for women and 91% for men). Among women, this was most true for those aged 35 to 54 years, 95% of whom reported this as a major issue in South Africa. About the same percentage of women (91%) and men (90%) reported that GBV happens

<sup>&</sup>quot;very often" in South Africa, while a small proportion (women 6%, men 7%) reported that it only occurs "sometimes". Seven in ten women and men felt that GBV has increased during the pandemic while women and men older than 55 years were most likely than younger age groups to feel that GBV had increased. Approximately 1 in 3 women and men indicated that they know at least one person who was a victim of GBV during the pandemic. The highest proportion of women (1 in 3 or 21%) identified spouses as perpetrators and nearly 1 in 5 women (17%) and men (18%) citied physical abuse<sup>13</sup> as the most common form of GBV. Women also Identified neighbors (19%), friends (16%) and other family members (9%) as the main perpetrators of GBV. Women living in urban areas (72%) were more likely than rural women (63%) to feel GBV increased during this time while the reverse was true for men; 69% of urban men, compared to 73% of rural men felt that GBV had increased.

<sup>12</sup> The survey did not ask respondents for their direct experiences of violence due to ethical considerations

<sup>13</sup> lapping, hitting, kicking, throwing things at, or other means to physically hurt a person

More than 4 in 5 women aged 18-34 (84%) and 35-54 years (85%) felt confident that they knew where to find help If they were exposed to GBV while more than 3 in 4 women aged above 55 years (77%) expressed the same sentiment. A noteworthy majority - approximately 2 in 3 women (66%) and men (64%) - indicated that

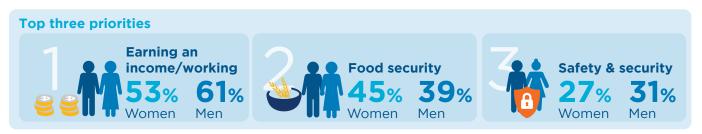
they would seek help from the police, followed by health-related support for women (15% compare with 7% for men) and justice for men (12% compared with 10% for women). Psychosocial support was the next source of help for women victims of GBV (11% compared with 9% for men).





Earning an income/working was the topmost priority for both women (53%) and men (61%) followed by food security (women 45%, men 39%), safety and security (women 27%, men 31%) and education (women 22%, men 23%). Healthcare services for pregnant women and child healthcare services featured last on the list (2% for women and men for each item). Interestingly, older women (55 years

and over) were much more concerned about food security (1 in 2 or 52%) than women aged 35 to 54 years (42%) and 18 to 34 years (45%). A somewhat higher percentage of women aged 55 years and older (31%) also reported safety and security as a priority during COVID-19 than women aged 35 to 54 years old (28%) and women aged 18 to 34 years old (25%) did.



#### RECOMMENDATIONS

**Economic:** the most widely felt impacts of the pandemic have been economic. COVID-19 related mechanisms and post COVID-19 recovery mechanisms should apply an inclusive approach to address the structural14 and economic barriers that limit women, especially those in marginalized groups, from being included even though the data does not show it. It will be essential to

ensure continuity and support of economic activities as much as possible while keeping workers safe and to continue the additional top-up of social grants based on the demonstrated effectiveness of the increases during the pandemic.

**Food production and food security:** during times of economic distress, some households can improve their chances of being food secure through the production of food crops. Increased support to small-scale

<sup>14</sup> Structural barriers include those for transgender women, women with disabilities, transactional sex workers, HIV positive etc.

food producers in the form of input supply can enhance food security especially in rural areas. There is need to support women beyond subsistence farming to maximize their use of land and create partnerships with private enterprise to facilitate marketing and the growth of agricultural production enterprises.

**Education:** school attendance was severely impacted by the pandemic. While conflicting evidence continues to emerge on the extent to which children contribute towards the transmission of COVID-19, the sharp inequalities in the learning conditions of rural and poor girls and boys even before the pandemic and the problems experienced by boys and girls while learning remotely indicate that it will be important to try and normalize education as quickly as is safely possible. Continued work on expanding internet coverage, ensuring more affordable or free access an improving literacy in the use of technology will significantly help reduce inequalities now and in the post-COVID-19 recovery phase.

Water and sanitation: given that one of the preventive measures for COVID-19 has been frequent handwashing, water availability or the lack of it once again came under the spotlight during the pandemic. Programs aimed at maintaining and servicing existing infrastructure, increasing access to safe water, and ensuring proper sanitation should continue to meet water and sanitation coverage targets and support menstrual hygiene and sanitation needs.

**Time use:** time spent on unpaid domestic and care work has been identified as one of the biggest impediments to women's economic participation and general well-being. While women and men gave often opposing accounts of the involvement of women and men in unpaid domestic and care work prior to the pandemic, the overall responses show that women were far more likely to spend time on unpaid domestic and care work prior to the pandemic than men. Increased childcare and education responsibilities during the lockdown exacerbated the situation. Supporting women in their unpaid domestic and care responsibilities, perhaps through subsidizing childcare, especially of children

below the age of seven years, will greatly enhance the ability of women to balance work and unpaid care responsibilities and enable them to better participate in the economy and post-COVID-19 economic recovery. Emerging evidence of a shift towards greater sharing of these household tasks between women and men during the pandemic can also be harnessed in advocacy campaigns about the division of labor at the household level.

Health and well-being: the most direct consequences of COVID-19 have been in the areas of health, mental health, healthcare services and mortalities associated with the virus. The rapid growth of positive cases during the second wave of the pandemic in South Africa has put more strain on the health system, which was already weakened by the demands of the first wave, while also keeping in mind that women form a large proportion of healthcare workers as nurses. Measures should be put in place to address the expected general strain on the system, with particular attention to services deemed non-critical such as maternal and child health.

Violence: nearly all men and women felt that GBV was a substantial problem in South Africa. Given respondents' views that the problem has increased during the COVID-19 period and that only 1 out of every 3 respondents was willing to disclose personally knowing at least one victim of GBV during the period is significant. It will be important to take responses to GBV beyond criminal procedures and mental and psychosocial support to enhancing efforts to prevent its occurrence and challenging social norms. Continued advocacy on GBV, expansion of safe places and other support mechanisms for victims, and the execution of a standalone representative survey that measures the incidence of GBV is also needed.

**Priorities:** earning an income and working, food security, and safety and security emerged as women and men's top needs during the pandemic. These findings confirm the other findings in the study which underscore the importance of economic continuity and opportunities in the face of the pandemic.









