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POLICYMAKING IN FAVOUR OF WOMEN: LEARNING FROM THE GENDERED IMPACT OF COVID-19, WITH A FOCUS ON SOUTH AFRICA

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ABSTRACT

Realisation of women's full participation in all spheres of society remains inconsistent and progress towards gender equality is slow. The COVID-19 pandemic laid bare existing and deeply entrenched gender inequalities. In this article, we draw on multiple HSRC-led studies conducted between 2020 and 2022 that explored the impact of the COVID-19 pandemic and lockdown on the psychosocial and economic wellbeing of women and their families. We show

that many women at the community and household level took up the majority share of unpaid household and childcare duties, and faced persistent socio-economic threats, gender-based violence and increased mental health concerns compared to their male counterparts – all of which impeded their ability to lead productive and fulfilling lives. Insights are offered for intersectional gender-responsive policy responses that favour women as central role players in families and the economy.

Keywords: COVID-19; gender equality; gender-responsive policymaking; intersectionality; South Africa

BACKGROUND

Gender equality is not only a fundamental human right but essential for peace, progress and sustainability. However, the realisation of women’s full participation in all spheres of society remains inconsistent and slow; the world is not on track to achieve gender equality by 2030 (United Nations, 2023). The COVID-19 pandemic laid bare existing and deeply entrenched gender inequalities. Bahn, Cohen and van der Meulen Rodgers (2020:697) described COVID-19 as “not only a major economic and health shock, it may also be a major shock to social norms around the gendered distribution of work at home”. Early in the pandemic, research findings showed that the effects of COVID-19 were unequal and predicted that women’s health would be severely impacted as the pandemic continued (Casale & Posel, 2020; McLaren *et al.*, 2020). Black women in particular, especially those with young children and other caregiving responsibilities, came off worse (Laster Pirtle & Wright, 2021; Mooi-Reci & Risman, 2021; Petts, Carlson & Pepin, 2021; Sevilla *et al.*, 2020).

We reviewed the literature on the effects that the COVID-19 pandemic has had on women globally, and in South Africa specifically. We looked at socioeconomic effects, family functioning and health-related outcomes, and reflected on how an intersectional gender lens on government pandemic responses could support women as key players in families and communities as well as in the economy (Ryan & El Ayadi, 2020). Gender-responsive policymaking takes into account the disparate impact of a crisis on various groups of people, based on their positions in society, helping to ensure that all people – irrespective of their social position – are equally valued, which in turn informs more effective policies (Women’s Democracy Network, 2020). An intersectional lens (Crenshaw, 1991) takes into account how various social stratifiers, such as gender, race, age, education, income, parental status and location of residence, intersect to position some people as more vulnerable than others. Women in various socio-economic positions (for example, unemployed women, those in permanent employment vs temporary positions, those in the formal vs informal sector, and those who have children, young children, and children of school-going age) were impacted differently by the pandemic.

Socio-economic effects of COVID-19 on women

COVID-19 affected nearly every aspect of daily life. Early in the pandemic, nearly half of the 3.3 billion global workforce was at risk of losing their livelihoods (World Health Organization, 2020). At the household level, family income and functioning were impacted in mainly two ways: firstly, government-instituted restrictions on movement forced many people to work

from home; and secondly, the global economic downturn had a significant impact on businesses, causing companies to downsize or liquidate, resulting in a reduction in work hours, partial pay or complete job losses (Reichelt, Makovi & Sargsyan, 2021). The position of women before the pandemic placed them at greater risk of losing paid hours or losing their jobs entirely. In the fourth quarter of 2021, South Africa had approximately 2.01 million female employees in the community and social services industry, another 1.27 million women in the trade sector, and roughly 1.02 million in the finance industry (Galal, 2022).

In South Africa, a large proportion of workers, particularly females, work in the informal economy. The national lockdown consequently limited their engagement in economic activity. One of the earliest forecasts, *Gender and the early effects of the COVID-19 crisis in the paid and unpaid economies in South Africa*, painted a bleak picture of the period following the declaration of a state of disaster in March 2020 (Casale & Posel, 2020). It posited that unemployment would affect women more than men, “with women accounting for two-thirds of total job losses” compared to over 50% of men remaining employed or returning to work as lockdown restrictions eased (Casale & Posel, 2020:2). Such gender bias in income security has been attributed to the nature of the work that Black women in South Africa are confined to doing, which is largely poorly remunerated and in the service and informal sectors, making it impossible for them to save money for support during a crisis (Durant & Coke-Hamilton, 2020; Kassen, 2020).

Government assistance to help alleviate the impact of COVID-19 on South African businesses came in the form of the Debt Relief Fund and the Business Growth/Resilience Facility. However, most small, medium and micro enterprises (those in the informal sector) are not “VAT-compliant” nor “formally registered” and thus could not acquire working capital or relief for existing debts and payments from the R6 billion partially allocated for this (Bimha & Bimha, 2021:3-4).

Many women who work in the informal sector were unable to earn an income during their absence. Since many of them work as domestic workers, road-side or taxi-rank vendors, their employers are not obligated to register for and contribute towards protective measures such as the Unemployment Insurance Fund (UIF) (Nyashanu, Simbanegavi & Gibson, 2020; Pereira-Kotze, Doherty & Faber, 2022). Notably, access to support funding had been challenging for domestic workers on maternity leave during the pandemic. Financial resources were shifted into UIF funds, diverting priorities away from social insurance funds that compensate maternity UIF for women in this group (Pereira-Kotze, Doherty & Faber, 2022). Hence, COVID-19 took away already vulnerable people’s livelihoods, and they were not guaranteed UIF payment dividends (Haneef & Kalyanpur, 2020; Nyashanu *et al.*, 2020; Parry & Gordon, 2020; Venter, 2020).

During the hard lockdown (level 5), the government introduced the COVID-19 Social Relief of Distress Grant for individuals who could not find work because of the pandemic and had no other sources of income. However, there were several challenges with accessing the grant. Applications required electronic submissions, which were challenging for many because of poor connectivity in peri-urban to rural areas as well as high data costs (Matthews, Groenewald & Moolman, 2022). Secondly, the grant amount was R350 per individual per month, but the

cost of travelling to commercial centres for those domiciled in outlying areas could be as much as one-third of the grant (Matthews *et al.*, 2022).

Impact of lockdown restrictions on family functioning: Gendered division of labour at home

Initially, the novelty, lack of preparedness and uncertainty around the pandemic and subsequent restrictions led to increased pressure on societies, particularly on families (Aguiar *et al.*, 2021; Johnson, Mohammed & van der Linden, 2021; Skjerdingsstad *et al.*, 2021). Global literature indicates that the combination of COVID-19-related restrictions, such as being isolated at home, providing home schooling, managing everyday household chores and working from home (WFH), placed a considerable burden on parents, and particularly on women (Mooi-Reci & Risman, 2021; Wenham, Smith & Morgan, 2020).

Rapid and highly disruptive changes (e.g. extended school closure), especially during the strict lockdown, burdened parents with the sole responsibility of caring for and teaching their children. Research suggests that many parents experienced deteriorating mental health as a result of the pandemic, including increased stress, anxiety and depression. In particular, higher levels of stress, burnout, anger towards children and less social support were reported by mothers, parents who live with more than one child, and those with a pre-existing psychiatric diagnosis (Johnson *et al.*, 2021).

It has been argued that working women are healthier than their non-working counterparts, as they have opportunities to improve "self-esteem, develop social resources, social networks, financial independence and confidence in decision making" (Berntsson, Lundberg & Krantz, 2006:1070). In contrast, Hochschild and Machung (2012) coined the term 'the second shift' to describe the approximately 15 hours extra that women labour – those without children on housework and those with children on housework and children – in addition to 'normal' work hours. This increased demand is potentially harmful to overall health and wellbeing, as working women may suffer burnout, anxiety and other health complications (Berntsson *et al.*, 2006). Recent studies reflect uncertainty about whether traditional gender-role attitudes have shifted towards greater egalitarianism, as housework done by both men and women increased during the COVID-19 pandemic; however, for many the division of household labour remained gendered, with women continuing to perform the major share (Craig & Churchill, 2021; Dunatchik *et al.*, 2021; Johnston *et al.*, 2020).

Health-related effects on women

Prior knowledge of the challenges faced by vulnerable groups, especially women, during crises, is expected to inform governments' decision-making. However, policies tend to be gender-blind or gender-biased, disadvantaging women, even if this is inadvertent (Mackett, 2020). Gender is a social determinant of health and the COVID-19 pandemic made evident expanding health disparities (Connor *et al.*, 2020). Women tend, on average, to have more physically and mentally unhealthy periods per year, despite using more preventative healthcare services compared to men (Ahinkorah *et al.*, 2021; Connor *et al.*, 2020). These health inequalities are aggravated among women with intersecting identities, such as low socio-economic background, no or limited education, disability and rural geographic location (Ahinkorah *et al.*,

2021; Connor *et al.*, 2020). The impact of these existing intersections was compounded by the COVID-19 pandemic (Ahinkorah *et al.*, 2021).

Studies have indicated that women are more likely to be infected by COVID-19 because of their principal roles as caregivers within families and as frontline healthcare workers (Parry & Gordon, 2020). Significantly more women (39%) reported seeking healthcare services after the onset of the COVID-19 lockdown than men (28%) (United Nations Women, 2020). More women than men felt that their mental or emotional health had been negatively affected since the COVID-19 lockdown (United Nations Women, 2020).

In sub-Saharan Africa, the COVID-19 pandemic also had a severe impact on antenatal and postnatal healthcare service provision, family planning services (including youth family planning), and maternal and newborn health because of health facilities being closed, resources being redirected to address COVID-19, and shortages of healthcare providers (Alabi, Oyediji, Kayode & Kajewole-Alabi, 2023). Similarly, pregnant women and those in the postpartum period experienced less social support because of lockdown restrictions, placing them at greater risk of postnatal depression (Alabi *et al.*, 2023).

Increased prevalence of gender-based violence during the COVID-19 pandemic

To answer the question “Are pandemics gender neutral?” Simba and Ngcobo (2020) predicted that stay-at-home orders and mandatory periods of isolation following exposure to the coronavirus would place many women at risk of physical and emotional abuse, as they would have to spend more time with their potential and real abusers. Several studies, including those by Joska *et al.* (2020) and Parry and Gordon (2020), illustrate that rates of domestic abuse surged during lockdown because of stress, frustration and being confined at home. The increased risk of gender-based violence (GBV) against women during the pandemic was widely reported by civil society organisations, the Gender-based Violence Call Centre, and the South African Police Service (Nduna & Tshona, 2021).

Increased domestic abuse during the pandemic was not unique to South Africa, with the Executive Director of United Nations Women, Phumzile Mlambo-Ngcuka, referring at the time to the alarming increase in violence against women and children as a "Shadow Pandemic" (Parry & Gordon, 2020:796). Accounts from around the world indicated an increase in GBV during the COVID-19 pandemic (Kourti *et al.*, 2021). GBV impacted women's mental health, and one-third of women experiencing GBV reported difficulty accessing resources afterwards as a result of pandemic-related restrictions on people's movements (Lindberg *et al.*, 2020).

South Africa has a troubling culture of violence against women and children (Madumise-Pajibo, 2020) and one of the highest rates of GBV in the world (Oram *et al.*, 2022), including a high prevalence of GBV experienced by adolescent girls and women (Mthembu *et al.*, 2021; Ward *et al.*, 2018). Factors associated with increased GBV outside of pandemic conditions include, among others, parenting stress, financial strain, food insecurity and a cultural acceptance of violence (Dekel & Abrahams, 2021; Oram *et al.*, 2022). In this climate, even though COVID-19 restrictions were important in curbing the spread of the disease, "they do not adequately integrate gender protections to address morbidity and mortality from GBV (i.e., there is a lack of gender-sensitive pandemic control measures)" (Dekel & Abrahams, 2021:2).

As a result, strict lockdown measures eliminated opportunities for women to access places of safety (Dekel & Abrahams, 2021; Jarnecke & Flanagan, 2020).

EMPIRICAL RESEARCH: A CROSS-STUDY REVIEW OF SELECTED STUDIES

This article draws on three studies conducted between 2020 and 2022, led by two of the co-authors, which investigated South Africans' experiences during the COVID-19 pandemic, as well as the impact of the pandemic and lockdown restrictions on individual and family wellbeing (Table 1). All of these studies included adult (18+ years) male and female participants, and one (Life During Lockdown) also included children and adolescents (5–17 years). Given our interest in explicating women's experiences, we primarily draw on data collected from women. However, where appropriate and the data allows, we offer a comparative perspective on the gendered impact of the pandemic on women's wellbeing.

Table 1: Overview of studies included in this article

Studies included in this chapter						
Title	Study aims	Date	Study team	Methodology	Sample	Key themes
Life During Lockdown	To document the lived experiences of children, adolescents, adults and older persons in the first year of the COVID-19 lockdown	2020–2021	Groenewald, C., Essack, Z., Ntini, T., Maluleka, M., & van Heerden, A.	Longitudinal, mixed methods study including qualitative telephone interviews, short surveys and photovoice	Children, adolescents, adults, older persons, and teachers	<ul style="list-style-type: none"> • Increased care duties • Unemployment and loss of income • The shadow pandemic
Youth and COVID-19 Study	To investigate the psychosocial, economic and gendered impact of the COVID-19 pandemic and lockdown on the health and wellbeing of youth recipients of Department of Social Development programmes	2021	Groenewald, C., Essack, Z., Gordon, S., Khan, N., & Zuma, K.	Quantitative	Youths aged 16–34 years	<ul style="list-style-type: none"> • Increased care duties • Unemployment and loss of income • The shadow pandemic
WFH (Working from Home)	To document employees' experiences of WFH during the COVID-19 pandemic	2020	Groenewald, C., Essack, Z., Isaacs, N., & Qoza, P.	Quantitative with open-ended questions	Employed adults	<ul style="list-style-type: none"> • Increased care duties • Adapting to shifting realities

Data synthesis

We draw on both qualitative and quantitative data; qualitative data were produced in two studies, namely the Life During Lockdown (LDL) study and the Working from Home (WFH) study, while the Youth and COVID-19 (Youth) study provided quantitative results. Qualitative datasets were analysed thematically (Braun & Clarke, 2006), supported by ATLAS.ti software, to describe women's lived realities during the pandemic. Quantitative data were analysed using descriptive statistics with STATA. Data synthesis entailed a cross-study review and comparison of findings to identify the cross-cutting themes, which are reported in the findings below. This activity was informed by the question: What do these studies reveal about women's lived experiences during the pandemic and the impact of the pandemic on their wellbeing?

FINDINGS

Analyses across the three datasets revealed the multidimensional impact of the COVID-19 pandemic on women's lives. Specifically, these studies show, in line with current literature, that women continue to take up the majority share of unpaid household and care duties. Women, like the broader employed population, were required to adapt to shifting realities to find ways to work productively from home. They were also required to take on new responsibilities while children were schooling from home during the earlier parts of the COVID-19 lockdown. Furthermore, the studies exposed the burden of the shadow pandemic of GBV and the role of alcohol in perpetuating violence against women.

Increased care duties: Childcare and schooling from home

The nationwide lockdown meant that families were spending more time together at home. Data from the Life During Lockdown (LDL) study showed that children particularly enjoyed the increased family time, stating:

... it's [the lockdown] very good because I can spend a lot more time [with my family], than if the lockdown didn't start. I can spend more time with my mother and family, and I enjoy staying with my family. (LDL, P26, female)

Parents valued the additional family time too, which they reported improved parent-child connectedness:

... you know what, it's [responsibilities] something all parents have anyways. A lot of responsibilities were on the educators and even emotionally. I think what is being done now is too much, [but] it's something that needs to be done. I think even though it's negative it's positive in that you are getting to know your child and understand what they like or don't like. As a parent, work takes most of your time; you get home and you want to make sure that you want to feed them, and bathe them, but you are not really with them. You are ticking the boxes and saying 'OK this is done, this is done'; there is no real interaction. (LDL, P59, female)

However, our data showed that women took on more care duties and domestic responsibilities during the pandemic than their male counterparts. Data from the LDL study resonate with other research (Craig & Churchill, 2021) that both men and women had expanded parental

responsibilities, including increased monitoring and supervision of their children. For example, parents indicated:

I still check that everything is in order like when he comes back from school I must make sure that the clothes are changed and she goes straight to the shower. (LDL, P29, male)

Like at 7 am, I have to prepare the young one and while their mother is preparing breakfast for all of us... I have to check what they need and I have to keep them busy. (LDL, P32, male)

Yes, because they [children] take up more time with you now than before the lockdown [...] Examples are, you are playing more with them ... uh ... you are talking more now than before with them, you have more one-on-one time with one child than with all three together. Each one gets the chance to spend time with you to get to know what they are going through and things like that. (LDL, P49, female)

Increased parenting responsibilities were particularly related to the additional teaching duties that parents were required to take on during the school closures earlier in the lockdown. Given these unforeseen expectations, some women felt unprepared to home-school children, spending long periods trying to support children. As shown below, some mothers and grandmothers also struggled to keep children focused on their homework, especially considering the various distractions at home, a space not essentially set up for home-schooling:

... yes, I have 2 [children] when level 4 started now, I have my son and my daughter, they go to work, then they bring the children to us.... I am home-schooling them now, they get from WhatsApp, the teacher gives them work there. You know sometimes I spend 4 hours with the 2 of them helping them with their school work. It's a lot. (LDL, P57, female)

There is a channel that they watch, but they watch for a few minutes and then they get bored. They would after a few minutes watch other things, so it is not easy [...] It is not really working well for me [...] It is better for them to listen to the teacher, because they don't want to listen to us as parents. (LDL, P50, female)

... it [parenting responsibilities] is more because they come with all sorts of work. They also study about COVID-19 and sometimes I get stuck myself and have to ask assistance from others because this is something that just surfaced now; I don't know about it. (LDL, P21, female)

In the Working from Home (WFH) study women identified increased "caregiving demands" (WFH, P16, female) as a challenge during the pandemic. Among this sample who were WFH and supporting their children to home-school, some women felt that they were "playing more than one role with children and work" (WFH, P4, female), including balancing work demands with domestic responsibilities such as cooking or other "household tasks that need not have been worried about while working from the office" (WFH, P28, female). Women explained challenges with "balancing" (WFH, P24, female) these concurrent and expanded roles and coping with "the current lack of childcare, with schools being closed" (WFH, P12, female). For

these women, the major challenge was the demand to fulfil two or more roles simultaneously (Katz & Kahn, 1966:184; Wang *et al.*, 2021). It was also typical for participants to experience "family walking into virtual meetings" (WFH, P16, female), because of "the absence of support structures" (WFH, P6, female) at home. Other research also suggests that mothers were more likely to experience such disruptions, fragmenting the employment time of mothers more than of fathers (Collins *et al.*, 2021).

Adapting to shifting realities: The working from home experience

As part of the nationwide lockdown imposed in 2020, President Cyril Ramaphosa encouraged corporate businesses and organisations "to adopt a work-from-home strategy where possible" (Republic of South Africa, 2020b). However, many employers were not able to properly prepare and transition employees into the new WFH arrangement (Seva, Tejero & Fadrilan-Camacho, 2021). This unexpected situation had significant work and psychosocial implications, as employees were forced to find alternative ways of managing their work assignments from home, a place that was not necessarily set up with the resources to facilitate work productivity (International Labour Organization, 2020).

Exploring these issues, the WFH study found that employees faced various challenges in trying to adapt to these shifting realities (Groenewald, Essack & Teagle, 2020). Many South Africans, especially those residing in poorer and more remote communities, do not have access to an uninterrupted internet connection because of the limited fibre cable infrastructure, a monopoly of the market by few service providers, and lack of access to devices that can enable a seamless WFH environment. As a result, participants in the WFH study struggled to access information or maintain effective communication with their team members. Some participants reported "running out of data" (WFH, P40, female), "slow Wi-Fi (occasionally)" (WFH, P49, male), "not having access to printer" (WFH, P44, female) and "unstable internet connectivity" (WFH, P16, female) as primary resource challenges.

Additionally, participants experienced increased work demands while WFH (Groenewald *et al.*, 2020). Participants explained that they were "responding to lots of queries from people" (WFH, P42, female) and had "too many concurrent tasks requiring attention" (WFH, P19, female). It is in manoeuvring against the impression of perpetual availability that makes those who WFH struggle to "clock off" (Stich, 2020:3). Most of the women in the sample (70%) struggled to maintain a work-life balance and experienced a lack of separation between their home lives and work (Groenewald *et al.*, 2020). An example of this is found in a woman's recollection: "I honestly always work during day, night, holiday, weekend ... no time to relax. It's overwhelming" (WFH, P25, female). Other women explained:

I always feel like I am not doing enough [...] I end up working until late. I am on my laptop [and] I never have time for my family. I feel guilty when I am taking a break from work. (WFH, P41, female)

I feel like it sometimes takes me longer to complete tasks because I'm not focused. Ending my workday before 17h00 to have dinner ready by 18h00 when my husband arrives home... (WFH, P1, female)

The WFH study further revealed that limited support (leading to emotional exhaustion), depersonalised relationships with their colleagues, and role blurring affected their commitment and productivity while WFH. All of these experiences signal "a perceived disparity, anxiety and fears, between the resources available to an employee and the demands of the job – which can lead to the psychological response commonly known as burnout" (Beheshtifar & Omidvar, 2013:107).

Unemployment and loss of income

During the COVID-19 pandemic and hard lockdown in South Africa, 2.2 million people lost their jobs between March and June 2020 (Statistics South Africa, 2020). Unemployment in South Africa was and remains widespread and unequal in terms of both race and gender (Francis, 2020). Participants in the LDL study described the impact of COVID-19 on unemployment as a significant concern; for example, "I was worried about my job. Many people lost their jobs as many got retrenched and some companies closed" (LDL, P24, female). For those already unemployed, COVID-19 only amplified concerns about future employment:

I am a job hunter and you meet people that would tell you that companies don't have money now as they are also not all back at work. So, lockdown has closed many job opportunities. People are getting retrenched as well. Others got their salaries cut at work. Others are even volunteering just to stay with the company. (LDL, P28, female)

The severity of the unemployment situation is reflected in willingness to accept salary cuts, and even work for no salary in some cases, at the prospect that circumstances would change for the better in the future.

Some female participants reflected hope in accessing domestic worker jobs or returning to these to support their families. Although there have been improvements in women's participation in the economy, this largely relates to engagement in "low-earning and precarious work, including in the informal sector and survivalist activities" (Francis, 2020:105). Quite tellingly, some participants described the ability to do such work almost as a benefit of being female:

There are many things that we can do as women. We do have exceptional powers. We can do the washing as a job and live. We can wash dishes for someone to earn money and we can also do some farming jobs as well. We can even work on the road. (LDL, P33, female)

This comment reflects the varied ways in which women carve out a living in the South African labour market. However, rather than framing women's position as powerless, the participant has reframed this as women's "exceptional powers".

Concerning our quantitative data, unemployment also emerged as a significant struggle in the Youth study, which followed a cohort of participants over time (Groenewald *et al.*, 2022). During the first phase of the study, we observed an increase in the number of participants who were unemployed as a result of the pandemic (pre-COVID-19 = 44%; during COVID-19 (hard lockdown) = 72%). Among the second survey sample a high rate of unemployment was still observed (59%), and, about 60% also indicated that they had no source of income (Groenewald *et al.*, 2022). Youth unemployment continues on an upward trend and has been described as

intractable in South Africa, and as disproportionately affecting young women (De Lannoy *et al.*, 2020).

Many Youth study respondents did not have adequate access to food during different phases of the lockdown. For example, in survey 1, 40% of the participants indicated that they did not have adequate access to food, which increased to 53% during the hard lockdown and 50% post-hard lockdown. However, in the second survey sample, 29% indicated that they had inadequate access to food.

The shadow pandemic: Increase in GBV

Historically, epidemics have disproportionately affected women and girls, and have increased their vulnerability to violence (Roy *et al.*, 2022). This was also evident during the COVID-19 pandemic, where increased rates of GBV were reported globally and in South Africa (Sekyere *et al.*, 2020). South Africa is infamous for having one of the highest rates of GBV in the world (Jewkes *et al.*, 2010). Although implemented to curb the rate of infections, the COVID-19 lockdown produced a 'quarantine paradox' (Mittal & Singh, 2020) as a consequence of movement restrictions, unemployment, increased fear and anxiety, and among men in particular, an inability to provide for their families. The latter impact was hypothesised to have been a significant stimulus for men's perpetration of violence against women (Amaechi, Tsoaledi & Raymond, 2021).

Participants in the Youth study consistently reported high rates of witnessing different forms of violence (Groenewald *et al.*, 2022). Of participants in surveys 1 and 2, 44% and 48% respectively reported witnessing violence (very often) against women during the lockdown. Findings from the LDL study offer additional perspectives on factors that potentially contributed to the high rates of GBV observed in South Africa. Participants felt that the stress produced by the lockdown may have amplified GBV, because "people spend a lot of time together and they may end up arguing" (LDL, P54, male). Some participants also expressed the view that GBV, which is a major concern in South Africa, was amplified during the pandemic by "*people not having jobs, financial pressures are adding to the families and I think it is adding to domestic violence*" (LDL, P59, female). The participant explained that GBV "*is everywhere and even more now in lockdown as people are frustrated*" (LDL, P59, female). Other participants shared similar views:

People are sitting at home with frustrations and they ultimately get angry. (LDL, P29, female)

Many [women] got abused, like wives who got abused by their husbands during lockdown, unlike before lockdown when they were not spending more time together. So, now in lockdown they had to spend more time together even though they are in conflict. I think lockdown has had some influence. (LDL, P31 female)

Participants also associated GBV with alcohol consumption and hence many supported the alcohol ban imposed during the lockdown:

I think the cause of all of this is alcohol because people are in lockdown and some have lost their jobs, unemployed, stressed, no income coming in and being

closed in. Some people live with their partners and if there is no income coming in they become short-tempered, the male partner will be angered and think that their partner treats them a certain way because they are not earning a salary. That is why they end up doing bad things like hitting or killing their wives, someone who is drunk is uncontrollable and they end up realising later and alcohol is the cause of this and there is nothing else. (LDL, P3, female)

The South African government implemented three total bans on alcohol sales and on-site consumption in 2020 (Essack *et al.*, 2022). During 2020, the levels of restrictions on alcohol sales fluctuated depending on the severity of COVID-19 cases. Given the controversial nature of the alcohol ban, participants were asked to express their perceptions of this decision. Many participants, both male and female, were reluctant for the ban to be eased because of concern that this would increase GBV. In objecting to the lifting of the ban, a male participant lamented:

"I totally disagree with that. The minister of the police [Bheki Cele] did say that there would be many accidents should they open for alcohol and indeed many accidents happened. Many other ill things happened like women abuse." (LDL, P47, male)

Another male participant agreed:

In my view, they should not allow alcohol to be sold. And people don't think the same way they did after consuming alcohol. The person can easily be involved in a fight. [...] I think alcohol can easily contribute to gender-based violence because when one is drunk they don't think twice. (LDL, P54, male)

Uh... for me the government is not responding enough. They must come up with another strategy because if the wife wants to report her husband, she will think of what will happen if they do arrest him. They will think of how they will survive. And, usually, they are told to go to social workers and the victims would go there for two to three times, but nothing will happen in resolving the issue. (LDL, P54, male)

In the last comment, the participant's concerns about reporting incidences of GBV were coupled with their view that the government's response to GBV was inadequate and unsupportive of women and children, who mostly experience this abuse, notably in terms of the care and support needed if the male perpetrator – who also happened to be the financial provider – was arrested.

DISCUSSION

This article described the impact of the COVID-19 pandemic on women using data sourced from three studies conducted in South Africa from 2020 to 2022. While the purposive nature of these studies meant limitations to the generalisability of the findings, we offer valuable insights into women's experiences during the pandemic. Analyses across the different datasets revealed that during the pandemic, the provision of primary physical childcare as well as domestic household responsibilities increased for men and women in households in South Africa, but largely remained highly gendered, with women carrying the majority share.

The disproportionate allocation of caregiver roles is longstanding; pre-pandemic literature shows that female caregivers have long suffered from caregiver burden, which is the multidimensional distress caused by increased caregiving demands (Adelman, Tmanova, Delgado, Dion & Lachs, 2014; Connor *et al.*, 2020). In the studies presented here, caregiver burden was evident as women who were able to maintain their employment had to cope with their paid work as well as an increased domestic load because of school closure and absence of other service providers which would typically assist with household responsibilities (such as cooking and cleaning). There is a clear gender gap concerning time spent on domestic tasks and family care, with women bearing a significant time burden – over six hours per day – compared to men (Cabe, 2020). The domestic burden women bore during the pandemic had adverse effects on their continuing education, job security and career advancement (Horwood *et al.*, 2021; Mackett, 2020), leading to negative long-term implications for their empowerment. Moreover, having children in the household "continued to reduce the probability of employment for women, but did not have this effect on men" (Altman, 2022:3).

Before the pandemic women were already in a more perilous socio-economic position than men and our article highlights that women in South Africa were yet further adversely affected by the COVID-19 crisis. Categorised as a "designated group" in the Employment Equity Act, women are to be given "equal employment opportunities and they must be equitably represented in all work categories and levels" (Republic of South Africa, 2020a). However, expecting women to meet their survival needs in a poorly functioning labour market is not only a contradiction but an infringement of human rights.

Women were not only more likely to be exposed to the risks the virus posed, because of precarious work and the feminised nature of essential services (Lokot & Bhatia, 2020), but they were also disproportionately affected by job losses and salary cuts, which occurred because of the hard lockdown. This, particularly, applied to women in the informal sector, such as domestic workers or taxi-rank vendors, who were unable to trade or adopt a WFH approach to employment. This group's vulnerability was further intensified during the pandemic as they were not equally able to benefit from social relief measures like unemployment insurance, which could have provided some financial relief during the hard lockdown (Haneef & Kalyanpur, 2020; Nyashanu *et al.*, 2020; Parry & Gordon, 2020; Venter, 2020). Unemployed women also struggled, and continue to struggle, to access national social relief measures such as the Social Relief of Distress Grant, which was made available to unemployed individuals during the pandemic (Matthews, Groenewald & Moolman, 2022). Earlier studies show that more men than women could access this grant, because of eligibility criteria, which excluded persons receiving other social support grants such as the Child Support Grant (CSG). This has subsequently changed, with national recognition that this requirement unfairly excluded women, who are more likely than men to be primary caregivers and thus more likely to receive a CSG. All caregivers who are unemployed and do not have an income of more than R350 per month were subsequently eligible to apply, regardless of whether they received the CSG or not (Matthews *et al.*, 2022). COVID-19 intensified the critical youth unemployment problem in South Africa (De Lannoy *et al.*, 2020). Our findings foreground a need for targeted measures to support young people in accessing work and social support.

Furthermore, our findings resonate with other reports which highlight the increased exposure of women and girls to domestic violence during the pandemic (Mahlangu *et al.*, 2022; Mittal & Singh, 2020). In this regard, the advancement of women after the pandemic continues to be hampered by the persistent shadow pandemic of GBV (Dlamini, 2021; Ndlovu *et al.*, 2022; Selin *et al.*, 2019). Before COVID-19, many survivors of GBV had either been economically disadvantaged as a result of abuse or they were dependent on their abusers, which was aggravated by the restriction of women's movement (Odeku, 2021; Phasha, 2021). The impact of COVID-19 on livelihoods (job losses and reduced income) and food security was argued to be a key driver of GBV among families of lower socio-economic status (Mahlangu *et al.*, 2022). The restriction and confinement of women to their homes during the pandemic provided an opportunity for perpetrators – who are usually close relatives, spouses or intimate partners – to repeat acts of violence on their victims (Roure, 2020). The restriction of movement also created a loss of community for women, making it harder for them to access supportive groups in safe spaces such as places of worship, markets and community centres, which are important resources during crises (Saltzman, Hansel & Bordnick, 2020). Collaborative efforts to prioritise the involvement of rapid response measures for GBV across all sectors should be essential during times of crisis. Lechlech (2020) argued that GBV-related COVID-19 response plans needed to be integrated into all aspects of government, the private sector and all institutions.

Women's health, especially maternal and post-partum health, is essential. The pandemic severely impacted continued healthcare service provision because of the inaccessibility of health facilities, fewer resources because of greater demand for directly tackling COVID-19, and social distancing measures placing limitations on social support for pregnant women and mothers in the post-partum period (Alabi *et al.*, 2023). Even though our studies did not directly address this, different aspects concerning maternal health are vital to consider and plan for in relation to future pandemic readiness.

Enhancing equality in the labour market continues to be a priority. Placing women at the centre of economic activities will essentially drive better and more sustainable development outcomes for all (Bahn *et al.*, 2020; United Nations Women, 2019), supporting a more rapid post-pandemic recovery and assisting governments to be better prepared for future crises. Moreover, investment in social care infrastructure, especially attempts to mitigate caregiver burden, is necessary to address the inequality in care work that consistently impedes women's progress.

The government's efforts should foreground social, healthcare and labour policies in favour of the needs of women in their diversity, supporting women to be economically active through times of crisis. Doing so increases the benefits for women in different aspects of their lives, as well as those in their care. Gender-responsive policymaking, where a gender and intersectional lens guides the policy development and implementation process, will assist with illuminating the experiences, interests and challenges of various sub-groups of women and other marginalised or priority populations as identified by the government. For example, young people, the elderly, people with disabilities, religious and ethnic minorities, indigenous groups and those with diverse gender identities and expressions are often marginalised within healthcare settings (Women's Democracy Network, 2020). Gender-responsive policymaking helps ensure that all people are equally valued regardless of their social positions and the

various intersections. It can lead to more effective policies, ultimately contributing to a just, productive and peaceful society (Women's Democracy Network, 2020).

LIMITATIONS

This article draws on data collected from small, purposive studies, which limits the generalisability of the findings. The findings presented are also not exhaustive and cover selected issues that women specifically experienced during the pandemic. For example, the studies did not directly focus on issues of health or mental health and issues pertaining to women on maternity leave, but the literature drawn on demonstrates the link between adverse experiences of women during the pandemic and the subsequent effect on their mental health. Despite these limitations, the article features the voices of women to demonstrate the impact of COVID-19 on their wellbeing in South Africa.

CONCLUSION

Understanding how COVID-19 differentially affects women as a diverse group is important in developing appropriate gender-responsive responses. Gender norms, roles and attitudes influenced women's vulnerability to COVID-19 directly and indirectly; while conducting their work (on-site or at home), or caring for others in paid employment (e.g. nurses) and other frontline or essential service occupations, or providing care work at home as unpaid labour. The intersections of the various social positioning and roles that women fulfil need to be considered and addressed through gender-responsive policymaking if the response to disease outbreaks in future is to be effective and not reproduce or maintain gender inequalities.

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