

The shadow pandemic: Inequitable gendered impacts of COVID-19 in South Africa

Bianca Rochelle Parry  | Errolyn Gordon

Department of Psychology, University of South Africa, Pretoria, South Africa

Correspondence

Bianca Parry, PO Box 392, Unisa 0003, South Africa.

Email: eparryb@unisa.ac.za

Abstract

On March 11, 2020, the outbreak of Novel Coronavirus (SARS-CoV-2) Disease, or COVID-19, was officially declared a pandemic by the World Health Organization (WHO). As its effects roll through societies and economies across the globe, women are expected to bear the heaviest impact. Unfortunately, despite gender-focused reporting on the consequences of the COVID-19 crisis, few government policies and public health efforts have explicitly addressed the gendered impacts of the pandemic. This academic review paper presents literature, from both academic and media sources, on the early effects of the COVID-19 crisis on women, specifically within the South African context. Preliminary research and reporting of the effects of COVID-19 on the South African population indicate that inequitable gendered practices negatively impact women in the general economy, the workplace, and the home. These settings are discussed in this article, along with recommendations to ameliorate the lived experiences of South African women.

KEYWORDS

COVID-19, gendered, inequitable, South Africa

1 | INTRODUCTION

An existing pandemic that is known to the powers that be has now become a shadow of the Covid-19 pandemic. It can not be a shadow, it should not be a shadow.

(Madumise-Pajibo, 2020, para. 11)

Gender inequities exacerbate outbreaks, and responses that do not incorporate gender analysis exacerbate inequities.

(Smith, 2020, para. 2)

Officially declared a pandemic by the World Health Organization (WHO) on March 11, 2020, the outbreak of Novel Coronavirus (SARS-CoV-2) Disease, also known as COVID-19, has put the world on alert. Unfortunately, so far there has been a modicum of gender-focused reporting on the impacts of the crisis and limited research specific to the impact of the epidemic on women. Of further concern is that to date, government policies and public health efforts have not explicitly addressed the gendered impacts of the pandemic (Wenham, Smith, & Morgan, 2020). As previously encountered with the Ebola outbreak in West Africa from 2014 to 2016, and the 2015–2016 South American Zika virus epidemic, outbreaks like these do have a gendered impact, with women disproportionately affected by the resulting social and economic downturns. Various studies report that during outbreaks, gendered norms endanger women as they are more likely to be infected by the virus because of their principal roles as caregivers within families and front-line health-care workers, and were less likely than men to have power in decision making around the outbreak with consideration of their needs largely unmet (Korkoyah & Wreh, 2015; United Nations [UN] Women, 2020; Wenham et al., 2020). Of particular concern is the increasing instances of violence against women and girls during the COVID-19 pandemic, so much so that Phumzile Mlambo-Ngcuka, the Executive Director of UN Women, highlighted these abuses as a shadow pandemic, escalating during the chaos of the COVID-19 global crisis (UN Women, 2020). This, along with other gendered, overlapping vulnerabilities that increase women's susceptibility to the effects of the COVID-19 pandemic, particularly within the South African context, will be considered and discussed in the sections to follow.

2 | GENDER IN THE SOUTH AFRICAN CONTEXT

To understand the society that many South African women find themselves in, requires comprehension of tradition, culture, and gender in the country, "concepts that are strongly influenced by the historical impact of apartheid, post-apartheid and globalised influences" (Mayer & Barnard, 2015, p. 342). Since the cession of power by the apartheid regime in 1994, South Africa has made significant strides towards protecting and enhancing the rights of women. The new democratic government moved swiftly to ensure the realization of these rights and ratified, at an international level, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) in 1995, and, at the regional level, signed the Southern African Development Community (SADC) Protocol on Gender and Development; the African Charter on Human and Peoples' Rights; and the Maputo Declaration on Sexual and Reproductive Health and Rights (Bower, 2014). Yet beyond these powerful executions, the disparity between these edicts espoused on paper and the lived experiences and position of women in South African society is profound. As stated by Bower (2014) in her paper entitled, "The Plight of Women and Children: Advancing South Africa's Least Privileged," "to be a woman is, for far too many, to be poor, disempowered, and vulnerable to appallingly high levels of sexual violence" (p. 107). With women constituting the majority of the South African population (approximately 51.2% according to the Department of Statistics South Africa [Stats SA], 2019), this classification as a so-called "powerless" populace speaks directly to the encumbering social and economic conditions that South African women are subjected to, simply on the basis of their gender. In order to better understand the effects of the COVID-19 pandemic on the country's cultural circumstances and societal perceptions, and how these influence the lives of women in South Africa, we need to take a closer look at the contemporary, gendered conflicts in the context of our fledgling democracy.

3 | SOUTH AFRICAN WOMEN IN THE ECONOMY DURING COVID-19

As the effects of the COVID-19 pandemic roll through economies, reducing employment opportunities and triggering job losses, women are expected to bear the heaviest impact. The United Nations (UN, 2020) recognizes the gendered nature of these economic vulnerabilities, affirming that nearly 60% of women around the world work in insecure informal employment, earn on average 16% less than their male colleagues due to the gendered wage gap, and are 25% more likely to live in poverty when compared to men. This means that on average, when compared to their male counterparts, women earn less, save less, and hold less secure jobs as they are more likely to be employed in the informal sector. During the 2014–2016 Ebola outbreak in West Africa, women were particularly affected by the rise of unemployment and subsequent loss of income that resulted. Korkoyah and Wreh (2015) reported that the women's lower levels of education and limited marketable skills meant that "the majority of women were self-employed, engaged in petty trade (42.6 percent) and food processing (19.3 percent), while men engaged in higher-income, waged employment in jobs such as skilled labourers or teachers" (p. xiii). The UN (2020) anticipates that the profound and negative impact of COVID-19 across the global economy will therefore negatively affect women to a greater extent due to their reduced capacity to absorb economic shocks, their reduced access to social protections, and their majority representation as breadwinners in single-parent households.

In a seemingly positive move towards gender equality, the end of apartheid signaled the feminization of the South African labor market, suggesting that the conventional model of men as fiscal contributors and women as domestic providers and caregivers may have begun to erode in the face of the feminization of the workforce (Gordon, Roberts, & Struweg, 2013). Unfortunately, this is not the case, as 74% of women in sub-Saharan Africa participate in informal employment and are not entitled to reliable social protection such as health insurance, paid sick and maternity leave, pensions, or unemployment benefits (Durant & Coke-Hamilton, 2020). Even before the COVID-19 pandemic, the feminization of poverty in South Africa, coupled with the over-representation of women's employment in the insecure and informal sectors, meant that their daily life was a perpetual struggle. Stats SA (2015) stated in their "Labour Market Dynamics in South Africa Report, 2015" that on average women earned 23% less than men, and estimated that men earned a median income of R3500.00 per month while women earned R2700.00 per month. Similarly, the 2015 "Report on the Status of Women in the South African Economy" stated that: "While poverty has declined since the end of apartheid, females remain more likely to be poor than males. Additionally, poor females tend to live further below the poverty line than their male counterparts, suggesting greater vulnerability" (Department of Women, 2015, p. 10).

3.1 | Female-headed households

As of 2018, the proportion of female-headed households in South Africa is 42.6% (Nwosu & Ndinda, 2018). The above-mentioned gendered fiscal discrepancies are greater in female-headed households. The feminization of poverty means that female-headed households are generally much poorer than male-headed households, where women are over-represented in low-skilled, low-paying jobs and the wage gap between male and female earnings persists, particularly in these low and semi-skilled occupations (Bhorat, van der Westhuizen, & Jacobs, 2009). "Poverty patterns continue to be gendered and female-headed households are more likely to have low incomes, to be dependent on social grants, and less likely to have employed members" (Stats SA, 2013, p. iii). During the COVID-19 pandemic, it is expected that these gendered disparities will be exacerbated and be particularly onerous for female-headed households, which are by their very nature, more likely to exist as lower-income households and be more vulnerable to extreme poverty. A report on the Socio-Economic Impact Assessment of COVID-19 in South Africa, compiled by the United Nations Development Programme, found that "households headed by casually employed, black African women, who had not completed secondary education, had a 73.5% chance of falling into poverty due to the coronavirus lockdown" (Kassen, 2020, para. 4). Many households in the country continue to be

molded by historical and cultural legacies of gender discrimination and racial divisions, and consequently, for the most part, tend to limit many families' access to material resources (Ratele, Shefer, Strebel, & Fouten, 2010). The high number of female-headed households in South Africa may be attributed to the migrant labor system of the apartheid government, where black men were forced to work far from home, which undermined their capacity to be active fathers (Clowes, Ratele, & Shefer, 2013). This discriminatory system not only divided families by uprooting fathers and sending them to work far from home, it set up a society where the absence of fathers meant that they could only be present to their families through the gendered role of financial provider (van den Berg, 2017). This stereotypical gender role and expectation, as enforced through an apartheid legacy of governmental control and discrimination, contextualizes not only the familial devastation regarding absent fathers, it also elucidates the rigid belief in a gendered ideal of men as responsible for fiscal provision in the fatherhood role, but not caregiving responsibilities. Unsurprisingly, female-headed households in South Africa are predominantly responsible for all tasks related to domesticity, including provision for and the care of children and extended family members, and, on average, contain a larger proportion of children, with a larger burden of support for extended family members (Stats SA, 2013). Therefore, reports of fathers defaulting on child maintenance payments since the outbreak of COVID-19 in South Africa, are alarming. As reported by Felicity Guest, founder of Child Maintenance Difficulties South Africa, this challenge is faced by many parents, particularly women: "We understand that everyone is going through a hard time not knowing if they will get a salary at the end of the month but the challenge that come with missed payment fall on the primary parent, who is almost always the mothers" (Lepule, 2020, para. 10). It is therefore not unreasonable to project that the impacts of the COVID-19 epidemic in South Africa will result in a prolonged decline in female-headed households' income and labor force participation, with compounded impacts for women already living in poverty.

4 | SOUTH AFRICAN WOMEN IN THE WORKPLACE DURING COVID-19

Despite South African women's contributions towards the country's economy, research (Boutron & Constant, 2013; Hall, 2012; Stats SA, 2013) evidences that for these women, returns to education are lower, the gender-based wage gap endures, and occupational exclusion positioning them in gendered trades further exacerbate the existing inequalities. The COVID-19 pandemic will necessitate that women take on greater unpaid care demands at home, taking care of family members who are ill or elderly, and in the case of school closures, taking care of and tutoring children. This may result in pressuring a number of women to leave their paid positions in the labor market or to opt for more flexible hours offered by temporary employment, as they juggle unpaid caring for family members. It is also likely that their jobs will also be disproportionately affected by dismissals and redundancies resulting from the global economic downturn. Such impacts risk any already fragile gains made in female labor force participation, further limiting women's ability to support themselves and their families, especially for female-headed households (UN, 2020).

4.1 | Gendered division of labor market participation

Women are still over-represented among the discriminated workforce, as underpaid and undervalued workers across the globe. South Africa is no different, with Stats SA stating in their 2018 Quarterly Labour Force Survey that the country's labor market is more favorable to men than it is to women, with men more likely to be in full-time, formal paid employment than women. This report on the gendered division of labor in South Africa also reveals that only one in three managerial positions were occupied by women, while domestic work dominated the sphere of employment occupied by black women, along with employment in the informal sector at 47.6% (Stats SA, 2018). During public health crises such as COVID-19, studies have revealed how women bear the majority of the

burden of the crisis in terms of informal work and unemployment, especially those involved in self-employed activities (Kotilainen, 2015). This is most concerning for the women of South Africa. The majority of women who are formally employed are in the poorest paid sector of the labor market, namely the service sector as domestic and retail workers, a sector that offers women flexibility and the opportunity to work part-time to allow for unpaid care obligations but usually situates employees in subordinate positions in the labor market (Jensen, 2017). During the COVID-19 pandemic, this sector will expose workers to further risk as it is characterized by a high level of social intensity necessitated by frequent contact with others and duties that require regular interaction (Cubrich, 2020). Far more black women are employed informally, which, unlike the formal labor sector, shows a high representation of work that has low skills requirements (Parry & Segalo, 2017). This over-representation of black women in informal work, and formal work mostly in service or retail industries, indicates that the majority of women are poorly paid due to a lack of formal training, and are engaging in forms of income earning that can accommodate their obligatory family and care-taking responsibilities (Parry & Segalo, 2017). As a result of COVID-19, many of these women are already in danger of not making ends meet, and, unsurprisingly, this vulnerability means that when compared to men, women report that they are twice as likely to be unable to afford necessities for more than a month after lost earnings, with black women three times as likely to report this fiscal vulnerability (Power, 2020).

For black women in rural areas, the effects of the restrictions during the pandemic have had a major economic impact. The Rural Women's Assembly (2020a, 2000b) reports that the economic aftermath of COVID-19 has resulted in Southern African rural women, the majority of whom are subsistence farmers and informal traders, experiencing a severe loss of income and relying on loans from loan sharks to sustain their production and households. COVID-19 regulations failed to include informal traders and rural women farmers as essential goods and services providers which meant that they were unable to harvest or sell their produce and lost earnings (Rural Women's Assembly, 2020a, 2020b).

4.2 | Weak workplace protections

As discussed, women disproportionately hold jobs in industries with poor protections and few benefits (such as paid family leave and paid sick leave), which means that the COVID-19 pandemic is likely to disproportionately effect female informal sector workers and members of the piecework economy. Many women do not have formal employment contracts and therefore if they cannot work, they may not get paid, which, conversely, intensifies their dependence on their employers for information, support, care, housing, and essential supplies during the pandemic, increasing their potential vulnerability (Haneef & Kalyanpur, 2020). This is most evident in the plight of female domestic workers in South Africa. Since the COVID-19 outbreak, the United Domestic Workers of SA and Izwi Domestic Workers' Alliance have reported that domestic workers have been unable to access relief schemes such as the Unemployment Insurance Fund (UIF), as less than 20% of domestic workers are registered by their employers (Venter, 2020).

The WHO has identified those individuals most at risk of COVID-19 infection as those in contact with and caring for COVID-19 patients, meaning that women, comprising a global average of 70% of workers in the health and social sector, are at a high risk of infection (Haneef & Kalyanpur, 2020; UN, 2020; United Nations Population Fund [UNPF], 2020). Unfortunately, the majority of women in the field of health care do not translate to a dominance in decision-making power in health systems. The Global Health 50/50 (2020) Report showed that more than 70% of CEOs in global organizations active in health are male, and just 5% are women. "This demonstrates an extreme lack of women in leadership and decision-making positions, a disparity that negatively affects health outcomes for women and children worldwide" (Haneef & Kalyanpur, 2020, p. 4). Not only are female health workers less likely to be in a management position, they are, on average, paid less than their male counterparts. The health profession's gender pay gap may also be exacerbated during the COVID-19 crisis, as a lower income implies that female health workers have less chance to save money and less financial security to fall back on if necessary

(Haneef & Kalyanpur, 2020). The additional demands placed on the health system during the COVID-19 pandemic will also require health workers to work longer hours. Resultantly, female health workers also face a double caregiving burden, having to juggle this additional workload with their household caregiving role, which may place additional physical and psychological strain on them (Alon, Doepke, Olmstead-Rumsey, & Tertilt, 2020; Haneef & Kalyanpur, 2020; UN, 2020; UNPF, 2020).

5 | SOUTH AFRICAN WOMEN IN THE HOME DURING COVID-19

As a means to reduce the spread of COVID-19 infections, the South African government has circulated stay at home orders and have called upon people to adhere to social distancing and the lockdown regulations. To help curb the spread of infections, the home as an intimate space offers one a sense of security, comfort, and definitely safety from the COVID-19 disease. Nigam (2020) highlights how the home has transformed during the lockdown. This can be seen in how the home has become a working space for employees, an educational space for school and tertiary students, and care for sick and elderly (Nigam, 2020). Unfortunately, such transformations have not occurred in all homes across South Africa. Ntshangase (2020) explains how, for homes in the rural village of Gobodweni in the Amadiba area of the Eastern Cape province of South Africa, such technological developments have passed them by. Their rural community feels alienated from the innovations created by COVID-19, such as online education, because they “don't have electricity and school children don't have devices with internet access. We will have to think of our own solutions. Our community will be alone in deciding how we live and how we survive—as usual” (Ntshangase, 2020, para. 21).

It is evident that during lockdown many women in the home will have to shoulder the burden of responsibility, taking care of the household and children, they will do so under very different circumstances. Furthermore, as a result of increasing tensions and distress of COVID-19, some women may face an increase in violence. This suggests that the home exposes how the power manifestation, feminization of unpaid labor, violence, and reproduction of patriarchy is reinforced (Nigam, 2020).

5.1 | The burden of unpaid labor

Unpaid labor includes all non-remunerated work activities occurring in the household, as well as unpaid care work, which is any activity devoted to those who cannot care for themselves (Antonopoulos, 2009). Specifically, unpaid care work is often referred to as the care economy, the core economy, and the reproductive economy (Power, 2020). Ironically, the duties that are often performed inside the home by women are performed outside the home in the paid economy and are done in addition to the care they provide for their children and home (Power, 2020). The contradiction is in how there is no systemic attempt to encourage or enable men to take more responsibility but to maintain these duties as female work (Power, 2020).

Worldwide, women perform the vast majority of unpaid care work, more than three times as much as their male counterparts, and during the global crisis promoted by the COVID-19 pandemic, women's unpaid work is set to increase household work and responsibilities (Haneef & Kalyanpur, 2020). With schools and day-care centers closed during the COVID-19 pandemic, there is increased care and needs of children which falls disproportionately on women (Alon et al., 2020; Power, 2020). Balungile Ntshangase (2020), a farmer who lives in the rural village of Gobodweni in the Amadiba area of the Eastern Cape province of South Africa, explains the especially vulnerable plight of rural communities. She states that although life continues as usual during the pandemic, with women working in the fields, fetching water, herding cattle, and fetching firewood, their community does feel especially vulnerable because they have “no hospitals in our area and all households have elderly people living in them” (Ntshangase, 2020, para. 20).

The pandemic's social distancing measures also have serious consequences for women. The Rural Women's Assembly on Africa and the COVID-19 Pandemic (Rural Women's Assembly, 2020b) found that another of the major effects of COVID-19 on rural women resulted from social distancing measures, where the loss of community meant that there were less opportunities for the meeting of supportive groups in safe spaces such as at churches or markets. Furthermore, family members such as grandparents who assisted with care for children are unable to fulfil this role because of the higher mortality rate of the elderly; and neighbors and friends are also unable to offer help (Alon et al., 2020). Thus, working mothers are unable to call on support networks for childcare and so are more likely to be the ones who need to look after children which makes single mothers more vulnerable because many are often in disadvantaged economic positions (Alon et al., 2020). Consequently, the COVID-19 pandemic has a disproportionately negative effect on women and their employment opportunities (Alon et al., 2020). Power (2020) argues that the additional caring responsibilities reduce work productivity which has an impact on women's careers. Thus, women are less likely considered for promotions which may have an impact that could negatively affect lifetime of incomes (such as their pension) (Power, 2020). Alon et al. (2020) argue that a large part of gender inequality is attributed to the unequal division of labor in the home. Although the labor force has nearly equal participation of women, they still tend to do more housework such as cooking and cleaning and childcare (Alon et al., 2020).

During the 10th round of the South African Social Attitudes Survey (SASAS), Gordon et al. (2013) found that the majority of South African women (52%) and men (51%) believed that the least desirable situation for a family with young children was for the father to remain at home and the mother to enter the workplace on a full-time basis (mentioned by 35% of women and 33% of men). Furthermore, 8 out of every 10 employed South African women with a partner reported that they either always or usually prepared the household meals, compared to less than 1 in 10 employed men, and in addition, around two-thirds (65%) of employed women in partnerships reported that they were primarily responsible for doing the laundry and household cleaning (Gordon et al., 2013). These results suggest that women in South Africa may suffer from a "double burden" of participating in the labor market as well as in household work.

This deficiency in society's recognition of so-called "women's work" is demonstrated in the 2015 Report on the Status of Women in the South African Economy, which states that "women are responsible for the lion's share of unpaid work, with women bearing a particularly large burden in terms of care work" (Department of Women, 2015, p. 10). The report outlines, in detail, how rural, black women between the ages of 30 and 45 face particularly strong demands on their time, spending more than 8 hours on average per day in productive activities when access to basic services like electricity and running water, are not available. As the COVID-19 outbreak influences improving hygiene practices and people increasingly adopt regular hand washing as part of their daily health routine, the burden of collecting water has increased in terms of both frequency and the amount of water that has to be collected daily. Support for this assessment came from C19 Women's Solidarity Forum (C19, 2020), a forum composed of several civil society organizations acting on behalf of over 200 communities across the rural landscape in South Africa. C19 (2020) found that rural women across 24 communities in five provinces in the country were facing inadequate access to water and did not have the luxury of simply turning on a tap for water to adhere to hand washing stipulations by government to prevent the threat or transmission of COVID-19. Reports of women having to walk at least 2 kilometers to fetch water only to be interrupted and sent back home by local enforcement maintaining government's COVID-19 lockdown rules, have resulted in their resorting to drastic measures of going to collect water under the cover of darkness and increasing the odds of them being violently attacked or robbed (C19, 2020). According to Ekumah et al. (2020), women whose home responsibilities entail fetching water, buying and preparing food, and seeking sanitary facilities in high-risk places are more at risk than men for contracting the COVID-19 disease.

In South Africa, more than half (55%) of all employed women always or usually care for sick family members compared with 11% of employed men (Gordon et al., 2013). The COVID-19 outbreak entails a higher demand of and continuity of this care that, for women in particular, gives rise to feelings of obligation and commitment to

others' wellbeing that compels them to perform risky unpaid caregiving that forms part of their normative gendered narrative. The traditional roles of women and girls, so inextricably interrelated with the unpaid reproduction of labor, "provides a sanitary and healthy environment for everyone in the family, irrespective of age and health status" (Antonopoulos, 2009, p. 5). This caregiving role carries the majority of the risk and the toll of the COVID-19 outbreak and will depend on women and girls' own health and wellbeing, as well their ability to minimize the risk of contagion for people in their care (UN, 2020). The COVID-19 global crisis has made starkly visible the fact that the world's formal economies and the maintenance of our daily lives are built on the invisible and unpaid labor of women and girls (UN, 2020). In a society structured under the notions of patriarchy, it is therefore a woman's social responsibility to take care of all things relating to the home and the welfare of her family, a gendered, homemaking role that antiquated forms of patriarchy in capitalist economies have ensured is never valued (Benjamin, 2007). Here, the undervaluation of the female labor force contributions goes hand in hand with society's lack of recognition of unpaid work, which is viewed as an inclination naturally arising in the female disposition and not requiring any skills. Alon et al. (2020) suggest that the change in social norms and role models will occur when fathers are involved in homeschooling activities and childcare. Ultimately, this will assist in equal division of labor in the home (Alon et al., 2020). However, this kind of thinking only applies to heterosexual relationships and where couples are cohabiting. This calls for progressive thinking in terms of how different family structures where women are concerned can be supported.

5.2 | Intimate partner violence

Research from South Africa (Boonzaier, 2008; Bower, 2014; United Nations Special Rapporteur on Violence against Women, 2013) cements a setting characterized by high levels of violence against women and gender inequality and found that patriarchal attitudes, which often favor men over women, create an imbalance of power that results in gender inequality and discriminatory patriarchal practices against women, and can be regarded to be root causes of intimate partner violence (IPV).

A brief by the United Nations Entity for Gender Equality and the Empowerment of Women titled "COVID-19 and Ending Violence Against Women and Girls," highlights emerging evidence of the impact of the recent global pandemic of COVID-19 on violence against women and girls (UN Women, 2020). Recent data demonstrates that since the outbreak of COVID-19 levels of violence against women and girls, in particular IPV, have increased and been exacerbated due to mandatory lockdowns, quarantine, and self-isolation, where security, health, and money worries heighten tensions and strains are accentuated by cramped and confined living conditions (UN Women, 2020).

In France, reports of domestic violence have increased by 30% since the lockdown on March 17. In Cyprus and Singapore helplines have registered an increase in calls of 30% and 33%, respectively. In Argentina emergency calls for domestic violence cases have increased by 25% since the lockdown on March 20. (UN Women, 2020, p. 3)

Domestic violence shelters are most likely to reach capacity or be unable to take in those vulnerable due to lockdown and social distancing measures. One such place of safety in South Africa, the Gender-Based Violence Command Centre (GBVCC), is receiving between 500 and 1000 calls a day from women and children confined to their homes since the country-wide lockdown began on March 26, 2020 (van Dyk, 2020). By April 11, the nationwide, 24-hour, 7-days-a-week call center facility had received 8764 calls, according to the Department of Social Development's records, with the social workers who are responsible for call-taking and call referrals struggling to keep up (van Dyk, 2020). Before the pandemic, it was estimated that South African women are five times more likely to be killed on account of their gender than other women worldwide, with crowded homes, substance abuse, limited access to services, and reduced peer support listed as aggravating circumstances (Stats SA, 2018). The COVID-19

outbreak further isolates the abused from family, friends, and social networks, as well as from the services that could support them, leaving the individuals essentially trapped with their abuser with no physical respite from the abusive relationship (Haneef & Kalyanpur, 2020). Jarnecke and Flanagan (2020) highlight how some perpetrators may use the threat of COVID-19 exposure as a method to coerce the women away from seeking medical or psychological treatment. Tactics such as these may cause an individual to perceive their chances of leaving the abusive relationship as slim because they may be concerned about contracting or passing on COVID-19.

This means that for many women, the home is an unsafe space filled with violence and may seem impossible to escape from their abuser (Nigam, 2020). Before COVID-19, some women have been able to find refuge in parental homes, seek support from friends, neighbors, or community, but with the lockdown it is not easy to access the same support (Nigam, 2020). Additionally, many do not want to risk putting elderly parents or friends in a vulnerable situation of getting infected (Nigam, 2020). The lack of access to regular social networks and sources of social and health support places women in vulnerable positions (John, Casey, Carino, & McGovern, 2020).

Social support is an important coping mechanism during a crisis (Saltzman, Hansel, & Bordnick, 2020). However, the attempts to minimize the spread of COVID-19 through social distancing has the potential to impact social support (Saltzman et al., 2020). According to Saltzman et al. (2020), during this pandemic, the social distancing message may have a negative impact in that it can be misunderstood as “you're alone or isolated.” They argue that the term “social distancing” has been a constant call-to-action on TV, radio, and social media versus the more appropriate term “physical distancing,” adding to the perception of isolating oneself socially. These kinds of messages can impact on women's ability to reach out.

In the Western Cape province of South Africa, the geographical makeup continues to reflect the apartheid spatial segregation, whereby a majority of black people live on the urban periphery with access to little or no basic services (Blouws, 2020). These areas are riddled with crime and already overburdened resource capacity for general assistance to communities. The living conditions in these areas, on average, have three to six people living in the same household with rising tensions brought on by socioeconomic factors, resulting in IPV (Blouws, 2020). As a result, black working women are particularly at risk of experiencing IPV because of their “poor living conditions with already burdened access to health, safety, policing and socio-economic needs” (Blouws, 2020, p. 4). It is important to note that women in these contexts are more vulnerable to IPV because of the structural dimensions of their contexts.

Jarnecke and Flanagan (2020) emphasize that the dissemination of resources for women who experience IPV must become more inclusive and accessible via multiple platforms. As a result of some individuals who have limited access to news and information via television, smartphone, and Internet, the posting of paper flyers containing information about IPV resources in neighborhoods must be considered (Jarnecke & Flanagan, 2020). Many authors are advocating for policies that take into account women's voices to understand their needs and barriers in order for proper services to be in place and for women to be able to access the necessary support they need when they experience IPV (Evans, 2020; John et al., 2020; Wenham et al., 2020).

6 | CONCLUSION AND RECOMMENDATIONS

UN Women (2020) identified three responses to address the urgent gendered impacts that must be addressed during the COVID-19 pandemic. The first involves including women and women's organizations at the center of the COVID-19 response (UN Women, 2020). Given their front-line interaction with communities, as well as their socially prescribed care roles, women are placed in a prime position to identify social and health needs at the local level thus empowering women's voices and improve outbreak preparedness and response (Wenham et al., 2020).

Secondly, the UN Women (2020) recommendations state that there must be a transformation of gendered economic discriminations and in the inequities of unpaid care work. Governments and global health institutions must consider the gendered nature of these, through the COVID-19 outbreak and beyond. If the response to disease outbreaks such as COVID-19 is to be effective and not reproduce or perpetuate gender inequities, it is

important that gender norms, roles, and relations that influence women's and men's lived experiences are considered and addressed (Wenham et al., 2020).

Thirdly, the future requires the formulation of socioeconomic plans that have an intentional focus on the lives and futures of women and girls, as putting women and girls at the center of economies will fundamentally drive better and more sustainable development outcomes for all, supporting a more rapid recovery (UN Women, 2020). As stated by Dr Nkosazana Dlamini Zuma, the Minister for Cooperative Governance and Traditional Affairs in South Africa, "The face of poverty in our country and inequality continues to be that of a rural or township African woman, sometimes with a baby on the back" (Kassen, 2020, para. 6). The minister has recommended that in response to the pandemic, the South African government implement gender-responsive budgeting, stating "If we don't really pay attention to gender-responsive budgeting, we will not be able to pay attention and focus on women who bear the face of poverty" (Kassen, 2020, para. 8).

Last but not least, the shadow pandemic needs to be brought into the light. Acknowledging that IPV is a major human rights violation issue in South Africa is critical when realizing that an egalitarian legislation is not enough to turn the tide of violence perpetrated against women in our country. It is of the utmost importance that we address IPV, not only as the shadow pandemic of increasing violence against women during COVID-19, but as the overwhelming and devastating pandemic it is for the women in South African society, day after day, hour after hour. It would be a travesty to have the scourge of IPV and gender-based violence in South Africa, that is all too well known to the country's powers that be, become a pandemic in the shadow of COVID-19. This so-called shadow pandemic of gender-based violence needs to be treated with the same determination and severity as seen in the practices used against the contagion COVID-19. In the words of Madumise-Pajibo (2020), this form of violence against women is not new, it was with us prior to this health pandemic and will inevitably remain afterwards, and we need to leverage the new zeal of the state to deal with COVID-19 in the direction of addressing gender-based violence as well.

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CONFLICT OF INTEREST

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ORCID

Bianca Rochelle Parry  <https://orcid.org/0000-0001-9937-9046>

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AUTHOR BIOGRAPHIES

Bianca Rochelle Parry has been a lecturer and a postdoctoral fellow at the Department of Psychology at the University of South Africa since 2016. Her main research focus is on the lived experiences of marginalized communities in South African society, with a particular consideration of women and gendered issues.

Errolyn Gordon is currently a lecturer in the Department of Psychology at the University of South Africa. Her research interests are in women and gender studies with the focus of highlighting and challenging social inequalities and norms that exist.

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