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FAST-FORWARDING TECHNICAL AND VOCATIONAL EDUCATION POST-COVID-19: FACE-TO-FACE REMAINS CORE

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THIS ISSUE

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Cover: *Busisiwe studies tourism operation at a technical-and-vocational-education-and-training college in Cape Town. By early November 2020, her class was still trying to catch up on course work before the end-of-year exams.*

Photo: Andrea Teagle

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EDITOR'S NOTE

by **Antoinette Oosthuizen**,
editor and science writer in the HSRC's Impact Centre

In November, as we were finalising this edition of the *HSRC Review*, COVID-19 had killed more than 1.3 million people globally, including more than 20 000 fatalities in South Africa.

And, as infections still flared up in many parts of the country, South Africans continued to live in constant fear of loss, not only of their loved ones but also of their livelihoods and freedom to enjoy meaningful human contact.

In attempts to curb the spread of the virus, the government made many blanket decisions. It was an impossible balancing act that needed to consider personal rights and freedoms, the economy, and health factors. Normally, a blanket decision is meant to treat all equally, but in a greatly unequal country such as ours, it was bound to happen that the lockdown restrictions would affect some people more than others, paradoxically deepening inequality. Also, time constraints gave the experts hardly any time to consider complex coronavirus-related problems and did not allow for much consultation on the ground.

This is where the HSRC's social scientists have stepped in by conducting surveys and sharing their expertise on how the pandemic has affected communities. We featured some of our COVID-19-related work in the [April](#) and

[July](#) editions of the HSRC Review and have more to share in this edition.

Leslie Bank and his colleagues from the Walter Sisulu University investigated adherence to funeral protocols in rural communities in the Eastern Cape in the midst of the crisis. They visited 10 rural villages and heard heart-breaking accounts of how the restrictions and the actions of law enforcement officers prevented people from burying their loved ones in a dignified way.

Using data from the National Income Dynamics Study – Coronavirus Rapid Mobile Survey, Ivan Turok and Justin Visagie write about how the economic slump hit poor communities harder, with more people there having lost their jobs and income than in the suburbs.

In another article, researchers from the HSRC's Centre for Science, Technology and Innovation Indicators expressed their concern about the fact that many companies that perform research, development and innovation can hardly survive months without a turnover. However, we need such innovators to take South Africa beyond the current crisis.

The *HSRC Review* team also covered two webinars hosted by the HSRC. One was on the predicament of technical-and-vocational-education-and-training

colleges that were unable to teach face-to-face practical classes during lockdown. In the other, held in October, the National Development Agency and the HSRC hosted a dialogue on food security, where the HSRC's Peter Jacobs pleaded for better coordination between government departments and between state and non-state actors to collect better data about food insecurity across the country and to implement more effective interventions.

Some articles are based on data from HSRC surveys conducted during lockdown. The findings of one reveal the fear among health-care workers that they would expose their loved ones to the coronavirus. The other shows that women who worked from home during lockdown struggled to maintain healthy boundaries between their home lives and work, leading to feelings of guilt.

The HSRC continues to work on many of the projects mentioned here. Please feel free to share your thoughts with us. We've provided author details below each article, and you can contact the *HSRC Review* content team at aoosthuizen@hsrc.ac.za or ateagle@hsrc.ac.za.

We wish you strength during the last weeks of a very difficult year, a restful summer break and much energy for new endeavours in 2021.

Death without dignity?

Rural funeral practices in the time of COVID-19

In rural South Africa, funerals are family and community affairs. They are not usually run by the state, funeral directors, local government officials or hospital staff. They are also not occasions on which one expects to find police officers on duty. Families and religious leaders are normally given relative freedom to bury the dead in a dignified way and according to tradition and religious beliefs. The COVID-19 restrictions do not allow this. By *Leslie Bank, Nelly Vuyokazi Sharpley and Aneza Madini*

Funerals have been identified as high-risk sites of COVID-19 infection, especially in rural areas, where most funerals still occur in South Africa. An elaborate set of regulations to the Disaster Management Act aimed to limit travel between provinces and prevent interaction with coronavirus-infected bodies at funerals. Police officers enforce sanitisation and physical-distancing measures, restrict attendance, shorten rituals, and limit the provision of food and alcohol.

As a result, in parts of the Eastern Cape, funerals have become sites of contestation and confusion, as culture,

spirituality and statecraft collide. Many people remain confused by the new rules and regulations, as well as angry that some of the dead are laid to rest without culturally appropriate rituals being completed.

Visiting Eastern Cape communities

Researchers from the HSRC and Walter Sisulu University in the Eastern Cape investigated adherence to funeral protocols in rural communities in the Eastern Cape during the crisis. They visited villages in 10 municipalities in the province during May and June 2020 as part of a study



“ People were expected to go from one end of the spectrum to the other; from washing the bodies by hand, dressing them, and holding elaborate ceremonies, to having a corpse in a body bag and no goodbye.”

– Fiona McLysaght, Sierra Leone country director for the humanitarian organisation Concern Worldwide during the Ebola crisis in Sierra Leone in 2015

commissioned by the Office of the Premier through the Eastern Cape Socioeconomic Consultative Council in partnership with the Provincial Council on Aids and the House of Traditional Leaders.

The project set out to establish whether local expectations of dignified burial rituals and funeral practices could be met effectively under the COVID-19 restrictions and whether any adjustments to the regulations or roles of local stakeholders could better align COVID-19 prevention with local cultural and religious practices.

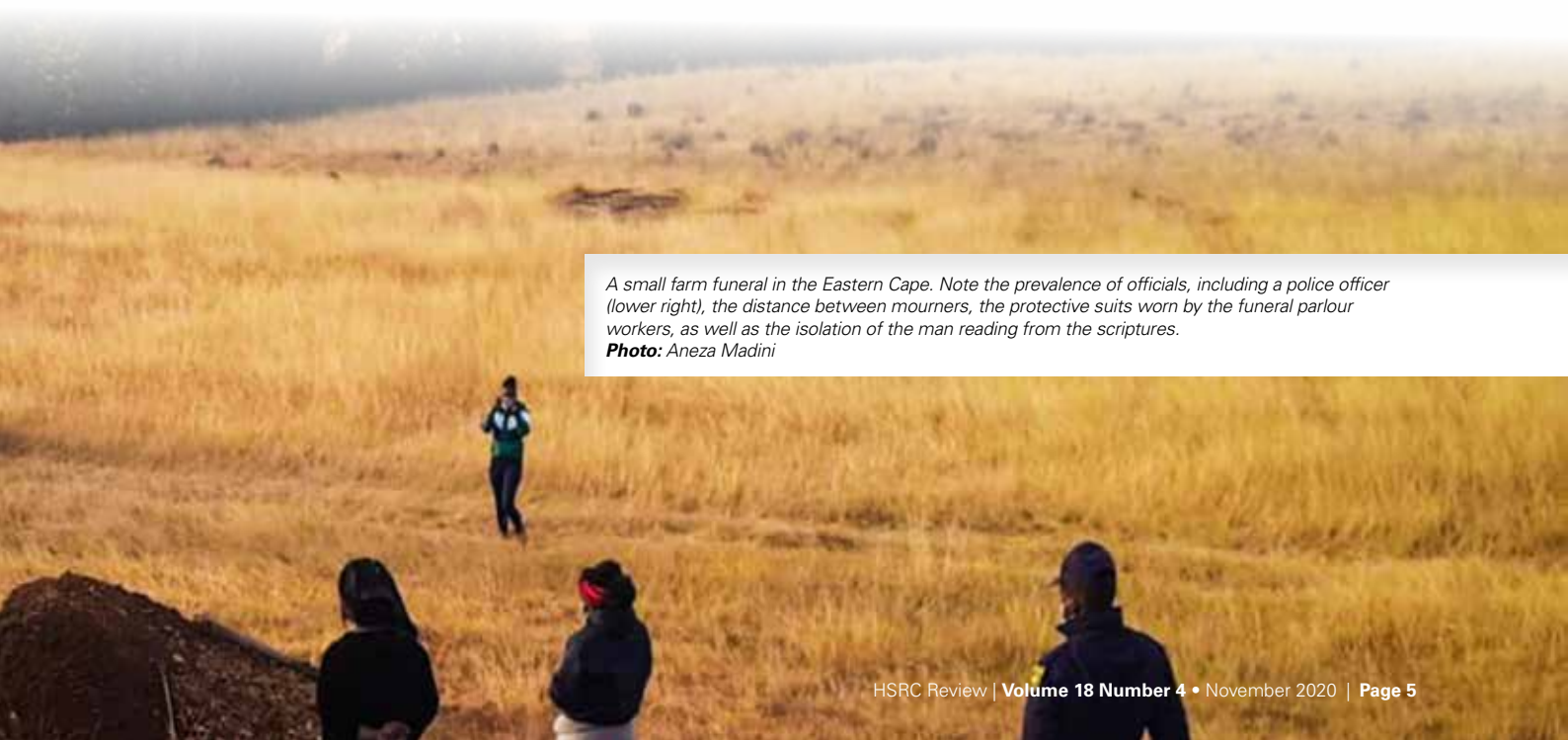
Funeral practices – for a dignified and meaningful passage

The study found cultural and social variation in the way funerals were conducted in the villages of the rural Eastern Cape, depending on local cultural beliefs, family traditions and religious affiliation. There were also differences between urban and rural areas. In urban areas, people are generally buried in cemeteries and much of the

commemoration takes place in a church. In the villages, all funeral rituals, including the burial, happen at the homestead of the bereaved family.

The first consideration is for the body to be brought home, physically and spiritually. For those who die in urban areas, a process of 'fetching the spirit' (ukulandwa komoya) occurs before the deceased is transported back to the Eastern Cape. Relatives in the city ensure that the body is first taken from the hospital, or morgue, back to the deceased's urban home to make peace with those living there, before embarking on the longer journey.

At home in the rural village, news of the death is made public and shared with the headman, who will help the family choose an appropriate funeral date. It is considered undesirable to have more than one burial a day. Rural funerals are large affairs and attract crowds of several hundred people, including kin, neighbours and urban visitors.



A small farm funeral in the Eastern Cape. Note the prevalence of officials, including a police officer (lower right), the distance between mourners, the protective suits worn by the funeral parlour workers, as well as the isolation of the man reading from the scriptures.
Photo: Aneza Madini



Funerals during COVID-19 in Lusikisiki in the Eastern Cape.
Photo: WSU research team.

In the week before the funeral weekend, young women from the village help the family prepare the homestead and food for the guests while young men help dig the grave. After the body has arrived from the city or is fetched (*ukulanda umzimba*) from the local mortuary, it is washed and the ritual, *ukukhululwa kwezikhwenkwane*, is performed while the elders and family members deliver messages to the deceased to prepare them for safe passage to the afterlife. The body is dressed in 'new clothes' (*ukunxibisa*) before it is displayed during the funeral rites. This often takes place at the local mortuary, where selected family members dress the body. If the deceased was a church member, they will be dressed in their church uniform.

On the night before the funeral, the body is placed in the main house, where members of the immediate family and close friends speak to the deceased and prepare the spirit for passage, also recalling the deceased's life and achievements in private. Religious leaders may join the vigil.

The funeral starts early the next morning as the body is moved to a tent in the yard, where a larger gathering takes place. The coffin is normally closed to avoid exposing the deceased to everyone; some might harbour negative feelings of 'jealousy', the research team learned. This is why trusted close friends and family share their last thoughts and respects in the house before other attendees arrive.

A funeral programme might feature as many as a dozen speakers, including family, friends, neighbours, colleagues, religious leaders and a speaker from the house of the traditional leader. The latter needs to affirm that the deceased caused no ill or harm to the community during their life. This part may last several hours before the religious leader walks with the coffin to the grave site as they speak of the deceased's journey after death. As the

body is lowered into the grave, handfuls of soil are tossed into the grave, a practice known as *ukuthela umhlaba*, to symbolise the passage from dust to dust.

In Xhosa culture, funerals are not discreet events – they are part of a longer process of mourning and one meant to ensure the safe, meaningful passage of the deceased into the afterlife, where they will join the ancestors who continue to guide and protect the living.

The failure to deliver the dead into the realm of the ancestors in a peaceful, respectful manner can come at great cost to the living, causing misfortune and spiritual harm, according to the cultural beliefs. In such cases, the family will need to carry out expensive rituals to appease the ancestors.

The impact of COVID-19

Scoping and observational research in the field across the 10 villages in the rural Eastern Cape has revealed considerable disruption, anxiety and misunderstanding around funeral practices as a result of COVID-19 restrictions.

Case studies revealed that restricted access to the viewing of and interaction with the corpse had been a major source of anxiety. The regulations stipulated that the bodies of those who had died from COVID-19 should not be accessible at funerals, especially not inside the house, and should, ideally, be wrapped and buried in plastic, even if placed in a coffin.

In the Centane district, local authorities and police would not allow a body that had arrived from Cape Town to enter the main house or the funeral tent – the body had to remain outdoors and be buried as soon as possible. This caused great consternation for the family and relatives, who said that the deceased could not pass on to the next world under such conditions.



A man sanitises people's hands at a funeral in Mhlontlo in the OR Tambo district.
Photo: Buweka Shumane



The family of an elderly lady could not view her body before her funeral in the Intsika Yethu Local Municipality in Chris Hani District Municipality. No traditional leader attended.
Photo: Mandlakazi Ntshunungwa

In KwaNikhwe Village in Bizana, in the case of a large funeral held in June, the body arrived on the morning of the funeral. The funeral service and rituals took place in the tent (without the body present) and the funeral parlour took the body straight to the gravesite, where it was buried before the funeral guests could bid their final farewells. The incident sparked outrage: The attendees said the funeral parlour had no right to do so but the funeral parlour said it would have lost its licence if it had broken the law. A similar incident occurred in Maya Village, Qamata, in the Chris Hani district. The passengers of two Quantum taxis from Cape Town arrived at the funeral to see the body but were told that the funeral parlour had taken the body straight to the gravesite.

During early lockdown, when alcohol was prohibited, local police raided several funerals to overturn drums of *mqomboti* (traditional beer). The sharing of beer and food is critical to the communal ethos of *ubuntu* at funerals. Beer is also needed to reward the gravediggers, whose spades and picks are washed symbolically in 'soothing' traditional beer.

In other cases, authorities attempted to shorten funerals to prevent people from lingering. In June, at a funeral in Bhongweni Village in Tsolo in the Mhlontlo Local Municipality, the body arrived from Johannesburg at 04:00. While it was dark, the family invited neighbours to view the body. The next day, 50 people attended the funeral, in line with COVID-19 restrictions. Fearing prosecution, the mother shortened the funeral to under two hours, saying that only two people had spoken. She cut it short because she feared that she would go to jail if they had broken the law. Later, she said she regretted the decision because the funeral had felt 'incomplete'.

Finally, in Cofimvaba, a deceased person had stipulated that the family slaughter a cow and eight sheep on his death. It was far too much food for 50 guests but, not wanting to upset him after death or bring the family 'bad luck', the family carried out the deceased's wish.

Conclusion

The state's funeral regulations had collided with local cultural sensibilities and historically established practices in the rural Eastern Cape. The greatest anxiety stemmed from the wrapping of dead bodies in three layers of plastic to avoid viral transmission. This prevented the family from speaking with the deceased and, in several cases, even led to the burial of the wrong person. This conflict was neither inevitable nor insurmountable, but the state and private-sector engagement on funerals needed to show greater sensitivity to local cultural beliefs in the way the regulations were enforced.

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Turning off the alcohol tap:

Steps to limit the risks and hazards arising from risky alcohol consumption

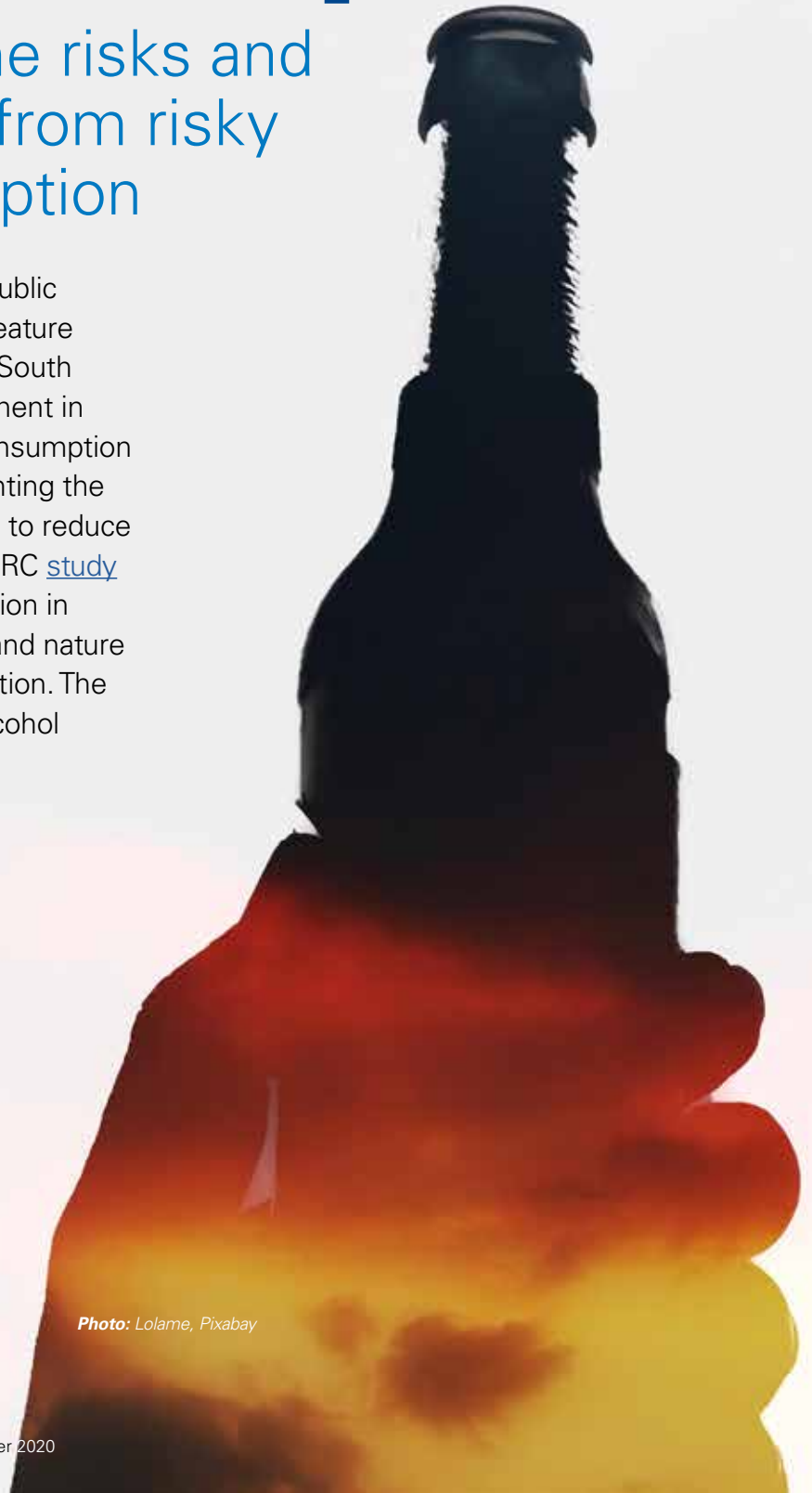
The total ban on alcohol sale and public consumption was a controversial feature of the COVID-19 hard lockdown in South Africa. It created a unique environment in which risks arising from alcohol consumption were significantly reduced, highlighting the urgency in finding further solutions to reduce alcohol-related harms. A recent HSRC [study](#) on the impact of alcohol consumption in Mpumalanga quantified the scale and nature of the harm from alcohol consumption. The findings offer new directions for alcohol policymakers and regulators.

By *Shirin Motala*

South Africa bears a heavy health, social and economic burden because of alcohol use. Half of murders, 48% of road accidents, 25% of suicides and 44% of accidental deaths (drowning or falling) every year are related to excessive alcohol consumption, according to the World Health Organization (WHO).

The COVID-19 lockdown between March and June 2020 offered a rare opportunity to understand a society with no or limited alcohol use. As expected, many related health and social risks and hazards declined,

Photo: Lolame, Pixabay



including injuries, child abuse and road accidents. Since the economy was reopened and the ban on alcohol sale and public consumption was eased following public pressure, there has been a steady increase in these risks and hazards.

South Africa has a range of policies in place to reduce alcohol-induced harm, but these need to be strengthened. Effective policymaking requires a deep understanding of the problem. In the case of harmful alcohol consumption, it is necessary to know who drinks, how much they drink, what factors contribute to excessive and harmful drinking, what the harm is, and whom it affects. Such knowledge would also contribute to ongoing efforts to limit the spread of COVID-19.

The HSRC study

In 2019, a team of HSRC researchers conducted a study to establish the impact of alcohol among 2 850 adults in three districts in Mpumalanga: Ehlanzeni, Gert Sibande and Nkangala. The Socioeconomic Impacts of Liquor in Mpumalanga Province [study](#) was commissioned by the Mpumalanga Economic Regulator and looked at people from various socioeconomic groups and educational levels.

Profile of alcohol drinkers in Mpumalanga

Young men between the ages of 26 and 35 made up almost four out of 10 drinkers (39.4%), with those aged between 18 and 25 years being the next biggest group of drinkers in the province, at 32.6%. Almost three times as many males (41.6%) as females (16%) drank alcohol. And those whose highest level of education was matric made up the highest proportion of drinkers (34.1%), followed by those with a tertiary qualification (29.3%).

During focus group sessions with members of the public, the theme that arose was that alcohol consumption in Mpumalanga was a way of life, as the comment below shows.

“Alcohol consumption is high and influential in our community. People drink at all occasions, be it school holidays, work holidays, Easter holidays, weddings, funerals and so forth. Some families drink as a whole — father, mother and children.” — Focus group participant

Levels of awareness of harms related to alcohol consumption

Awareness and understanding of the harms arising from alcohol consumption is an important factor in drinkers’ minimising risks and changing their behaviour. The study found that more than half (53%) of youth between the ages of 18 and 35 agreed that ‘drunkenness in some situations was acceptable’ and two-thirds (66.6%) of respondents reported ‘binge-drinking as commonplace’ in Mpumalanga. In contrast, there was a high level of consensus that ‘women drinking small amounts of alcohol during pregnancy’ was unacceptable. Overwhelmingly, the main source of information about alcohol was from television advertising.

Frequency and severity of alcohol consumption

Half of the drinking population in Mpumalanga drank in a ‘frequent and excessive’ way, with one-fifth (21.6%) drinking ‘four or more times per week’ and a third (31.6%) drinking ‘two or three days per week’. Worryingly, a quarter (26.9%) of those who reported drinking more than four times a week were youth aged between 26 and 35. One-third (35.7%) of those who drank frequently (two or three days a week) were older people (46 to 59 years).

‘Binge-drinking’ was defined as having drunk more than five (men) or more than four (women) units of alcohol within two hours on four or more occasions during the previous four weeks. While the proportion of binge-drinkers in the population was relatively low (7.2%), this equated to 56 538 adults in Mpumalanga. A third of those aged 26 to 35 indulged in binge-drinking (19 521) and were five to six times more likely to binge-drink, compared with any other age group.

Entertaining people (29%), meeting new friends and acquaintances (21%), and changes in personal and family circumstances (20%) were the three main factors that contributed to increased alcohol consumption in the 12 months before the survey.

Alcohol access

The affordability and proximity of alcohol are important factors influencing how much and when people drink. Regulators have addressed these factors by imposing alcohol taxes and regulating the location and trading hours of liquor outlets. Forty-four percent of respondents reported buying alcohol from a local tavern or shebeen, while another third (32%) bought from a liquor store. Several respondents reported the existence of home-operated taverns, possibly unregistered, as their main source of alcohol as those outlets were close to their homes. Households reported widespread non-compliance with liquor regulations, such as sale of alcohol outside of liquor trading times, sale to children, and children being allowed to visit liquor outlets or serve liquor there.

Sources of alcohol were predominantly friends (44.5%) and family members (26.8%), and only 5% cited strangers. Most concerningly, the study found that 511 liquor outlets were within 500 metres of a school.

Costs of alcohol

The consumption of alcohol is responsive to price. The study found that slightly less than half (44.5%) of households spent between R100 and R300 a month on alcohol, with the same amount spent by frequent drinkers. Young people between the ages of 26 and 35 spent more than any other age group on alcohol, with a significant proportion having reported spending more than R1000 a month.

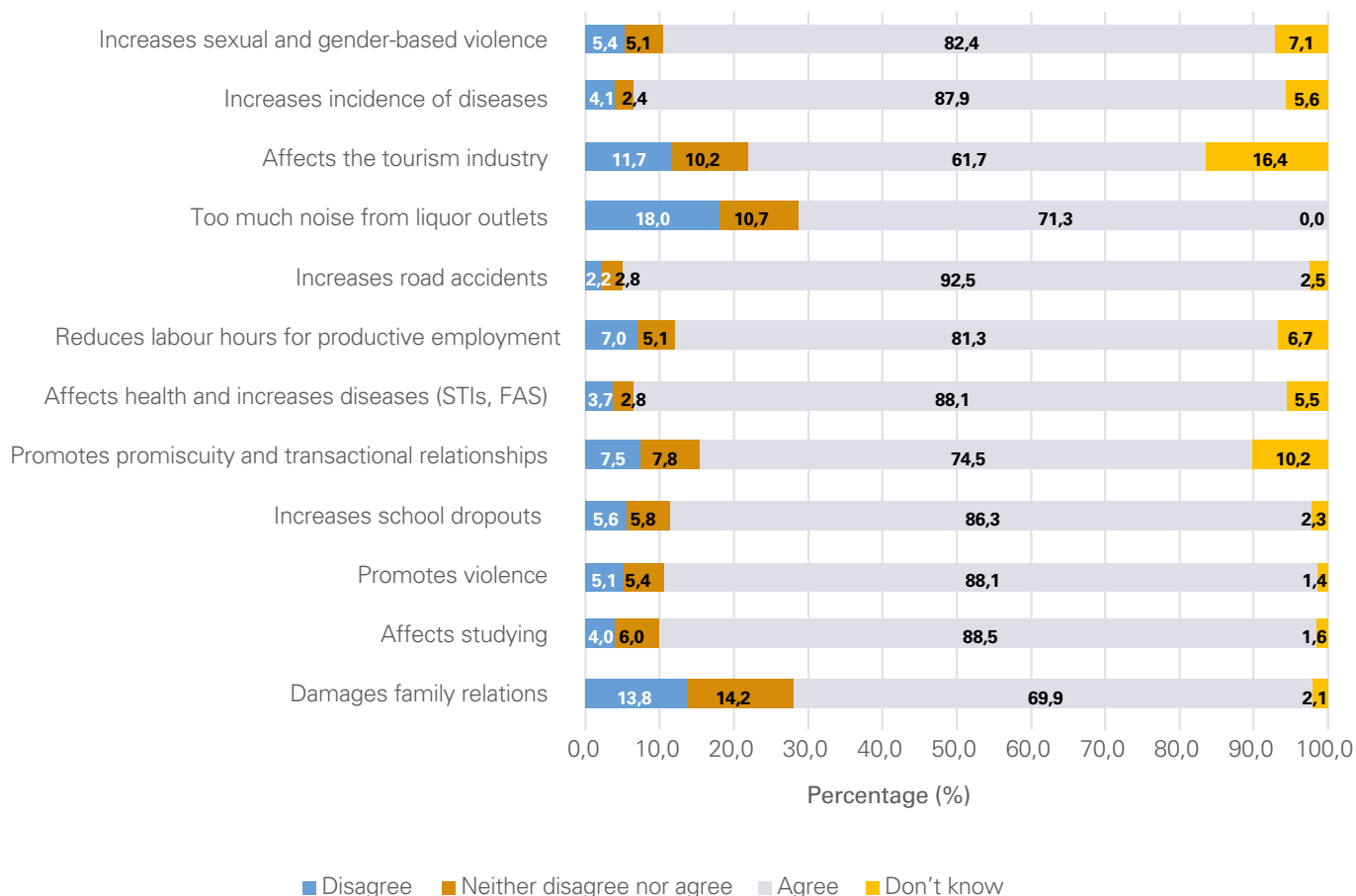
Benefits of alcohol sale and consumption

Relatively few households perceived any positive impacts of alcohol sale and consumption. Some noted that it helped create jobs, others that it helped to make friends, and a few suggested that it kept people away from criminal behaviour.



Photo: [Orkhan Farmanli](#), Unsplash

Figure 1: Community perceptions of harm arising from alcohol consumption



Source: HSRC 2019 survey data

The negative effects of alcohol sale and consumption included increases in road accidents, school dropouts, sexual and gender-based violence, and contractions of diseases, as well as a reduction in labour hours for productive employment (Figure 1).

The need to revisit alcohol harm reduction measures

While the ban on alcohol sales was unprecedented and unlikely to be an acceptable long-term practice in a constitutional democracy, it has ignited new debates concerning regulation.

An effective response must focus on public awareness, alcohol pricing and enhanced enforcement of alcohol regulations. One effective policy response, which the WHO recommends, is to ensure that the public is well

informed about the risks associated with alcohol. This involves regulating alcohol advertising and implementing purposively developed and targeted awareness campaigns to draw attention to underage and binge-drinking, foetal alcohol syndrome, and other problems. Increasing alcohol prices is an effective deterrent to binge consumption. An overarching recommendation is to enhance the capacity of law enforcement authorities to ensure better compliance with alcohol regulations. This was done effectively during the recent lockdown.

Access the full report [here](#).

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Surviving

a fierce destruction:

How the COVID-19 lockdown affected research and development in South African businesses

The COVID-19 pandemic progressed quickly from a health catastrophe to an economic crisis. It has far-reaching implications for business, employment, and the fast-changing nature of modern jobs. *Sintu Mavi, Luthando Zondi, Kgabo Ramoroka, Curtis Bailey and Nazeem Mustapha* examine how companies in South Africa that perform research and development adapted to the crisis during the level 4 coronavirus lockdown.

The COVID-19 pandemic has disrupted our personal and professional lives. Uncertainty can sometimes compel us to achieve extraordinary things. John F Kennedy once stated that 'crisis' in Chinese was composed of two characters: one representing danger, the other opportunity. This ancient Chinese wisdom offers a fresh approach and a rich perspective in looking at the word. According to this philosophy, the word is like a double-edged sword. One side refers to danger — the health system challenges and economic havoc. The other side, which is perhaps the sharper edge, refers to opportunity.

The swift response of the South African government ensured that the spread of the new coronavirus was contained at an early stage. South Africa went under lockdown and as a result, several businesses providing nonessential services were shut down temporarily, for example, telecommunications (except for essential information and communications technology services), construction, and transport (due to restrictions or bans on both domestic and international travel).

The lockdown period has changed the ways companies in South Africa do business. Even key national institutions have been affected. Universities and colleges, closed during lockdown, were compelled to adapt to virtual teaching and learning, drawing calls for innovation to reform the entire higher-education landscape. Public institutions such as the South African Revenue Service had to rethink their service provision to minimise physical contact with clients by applying innovations such as auto-assessing taxpayers and promoting online services for businesses and individuals.

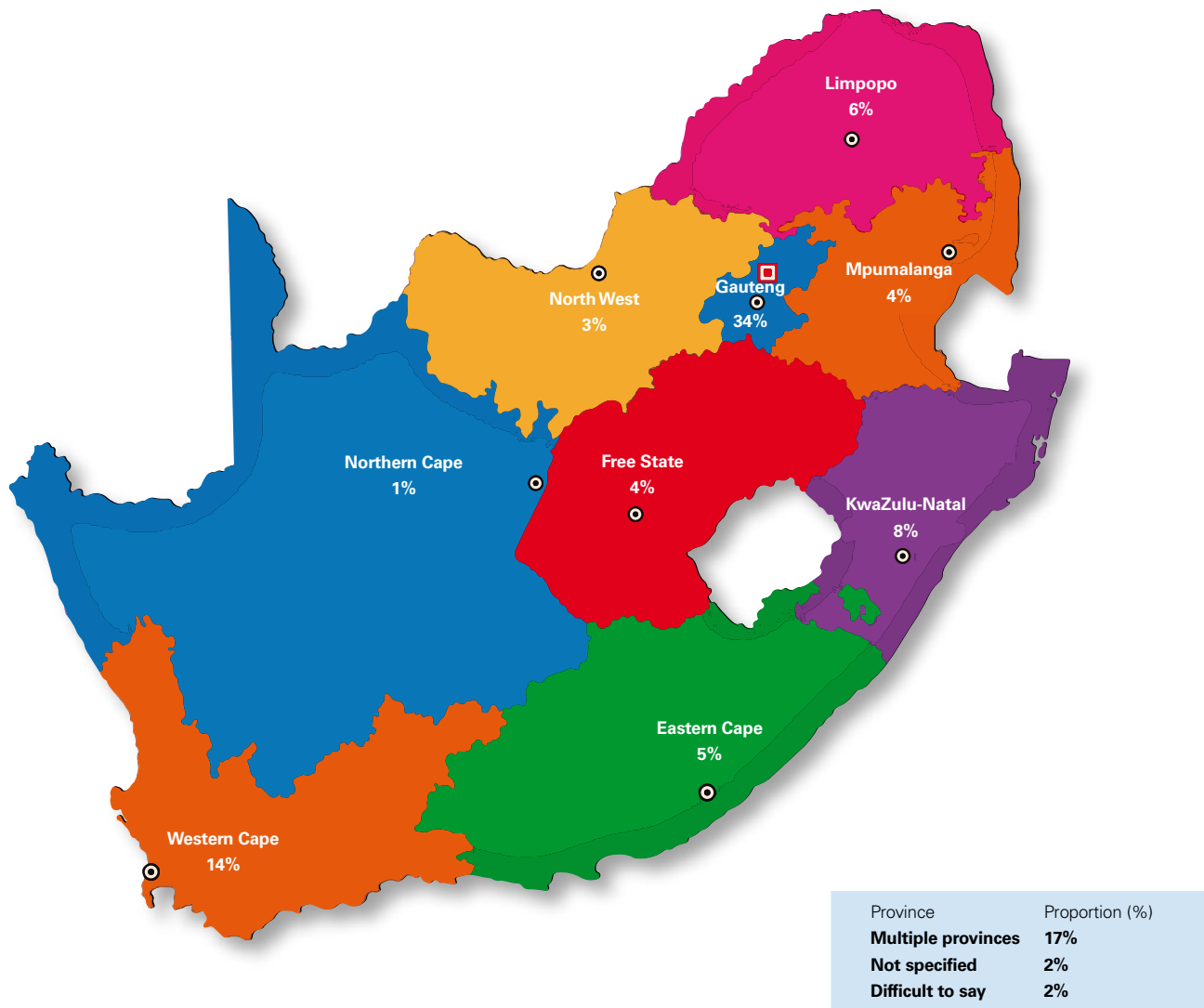
COVID-19 transformed 'normal life' into the fast-changing world of remote working and other virtual interactions. Zoom, Skype and Team meetings have become commonplace. In South Africa, as in many other regions, the pandemic brought economic activity to a near standstill. Amid these challenges, innovation, in transforming social and economic activity, could provide a way to go beyond the restrictions of the pandemic.

The effect on firms performing research and development

During lockdown from 1 to 31 May 2020, Statistics South Africa conducted a survey to examine the effect that the COVID-19 crisis had on research and development (R&D) in businesses across the country. HSRC researchers analysed data collected from 1 079 businesses across all nine provinces, industries, and size classes ranging from 1–10 employees to more than 250 employees. Many of these businesses reported conducting innovation activity, with some reporting performing R&D as well.

According to the data, most businesses did not conduct R&D in their core business activities or to support their core functions. The 440 that did were spread out over the country, with around a third in Gauteng, 14% in the Western Cape and 8% in KwaZulu-Natal. Businesses that have R&D units in multiple provinces made up 17% of all R&D performers. The Northern Cape, at less than 2%, had the lowest percentage of companies that performed in-house (internal) R&D.

Table 1: Proportions of in-house (internal) R&D performers, by province



Effect on in-house research-and-development spending

In response to the crisis, the smallest businesses were most likely to use R&D as a survival strategy. There were more small businesses that spent more on R&D than those that spent less. Inversely, most of the largest businesses decreased or maintained R&D spending. Figure 1 shows that for medium-sized businesses the response was roughly even.

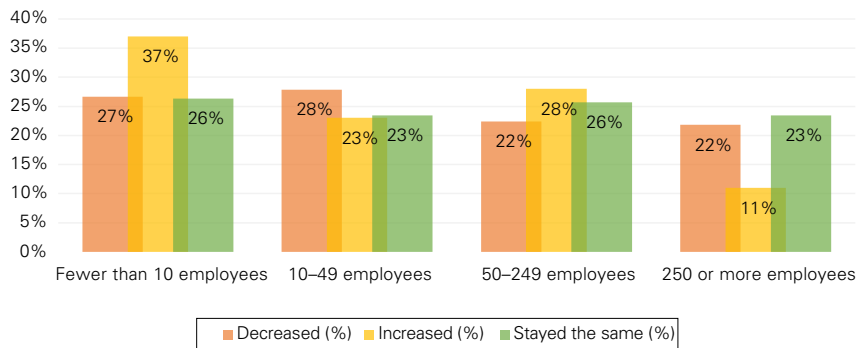


Figure 1: The effect of the level 4 lockdown on in-house business R&D expenditure by size classes

Coping strategies

The most common measures R&D-performing businesses adopted were to lay off staff or to decrease the working hours of existing staff. While it was mostly small- and medium-sized businesses that laid off staff in the short term, similar proportions of large and medium-large businesses did the same. Also, large and medium-large businesses tended to decrease working hours of existing staff more so than the small businesses did, but at similar proportions. Job losses and decreased staff working hours were also seen in large businesses, but at slightly lower proportions. This is presumably because many of the large R&D performers would be more resilient to shocks such as the coronavirus crisis. Figure 2 provides more details on the proportions of businesses that took such actions.

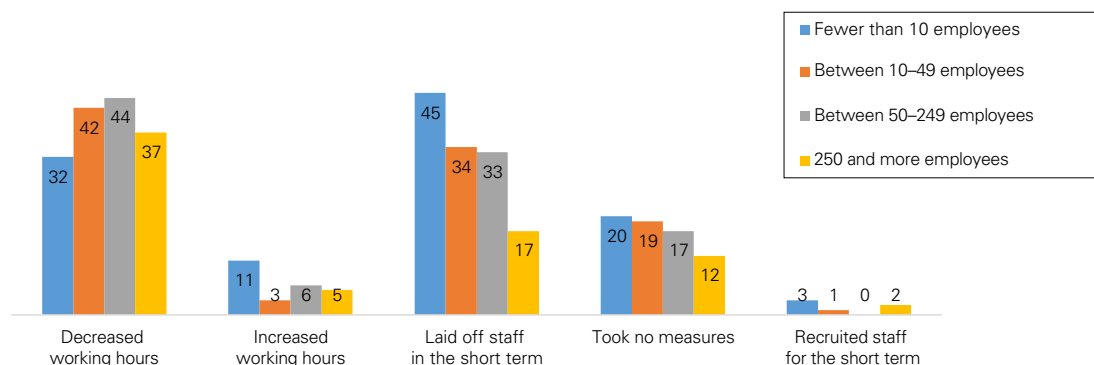


Figure 2: Measures R&D performers took in response to the crisis, by firm size

Industries affected the most

Table 2 shows the coping measures across several industrial sectors. Around 50% of R&D-performing businesses in the manufacturing sector responded to the crisis by decreasing staff working hours. Similarly, in the electricity, gas and water supply sector, 50% of R&D-performing businesses both decreased staff working hours and laid off staff in the short term.

Table 2: Measures taken by R&D performers in percentages, by industry

Industry	Decreased working hours	Increased working hours	Laid off staff in the short term	Took no measures	Recruited staff for the short term	Other
Agriculture, hunting, forestry and fishing (n=78)	19	3	40	23	3	13
Community, social and personal services (n=40)	33	10	25	15	3	15
Construction (n=26)	27	4	42	15	0	12
Electricity, gas and water supply (n=4)	50	0	50	0	0	0
Manufacturing (n=121)	50	5	27	10	0	8
Mining and quarrying (n=14)	36	0	21	36	0	7
Other (n=16)	6	13	25	25	6	25
Real estate and other business services (n=38)	18	13	21	21	0	26
Trade (n=54)	52	2	31	9	0	6
Transport, storage and communication (n=49)	37	12	22	14	4	10
Total (n=440)	35	6	30	16	1	12

The most common actions firms took have been highlighted.

- 30%–39%
- 40%–49%
- 50% or more

Expectations to survive

Because the crisis was so catastrophic, many businesses were left without turnover. Businesses were asked about their short-term prospects for survival. The findings are shown in Figure 3. By and large, R&D-performing businesses said they could survive without turnover for only three months at most. Except for a small percentage of large businesses, most businesses could survive for less than one month only.

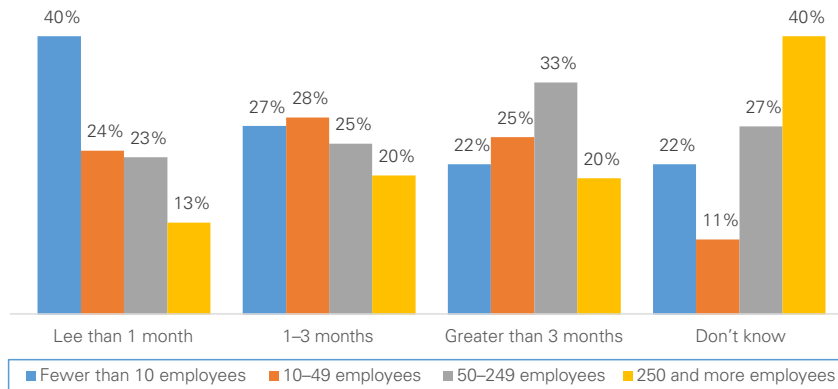


Figure 3: Period of survival without turnover

Conclusion

The economic impact of the COVID-19 pandemic is extraordinary. Nonetheless, small businesses defied these odds by increasing their spending on R&D as a coping strategy. Amid this fierce destruction, the overarching question is ‘How, if at all, can research and development aid transformation in this fast-changing world?’ It is concerning that, by their own admission, many R&D-performing companies can hardly survive months without turnover. Large proportions of them, across many industries and all size classes, have already laid off staff or decreased their staff working hours. Among these are firms that would be expected to collaborate on R&D to take the country beyond the current crisis and help it prepare to better face future crises of this sort. Such destruction poses challenges to the economy at large.

Acknowledgements

Statistics South Africa collected the data used in this article. Researchers from the HSRC’s Centre for Science, Technology and Innovation Indicators (CeSTII) contributed to the survey instrument design.

Authors: Sintu Mavi, researcher; Luthando Zondi, junior researcher; Dr Kgabo Ramoroka, chief researcher; Curtis Bailey, data analyst; and Dr Nazeem Mustapha, chief research specialist; in CeSTII.

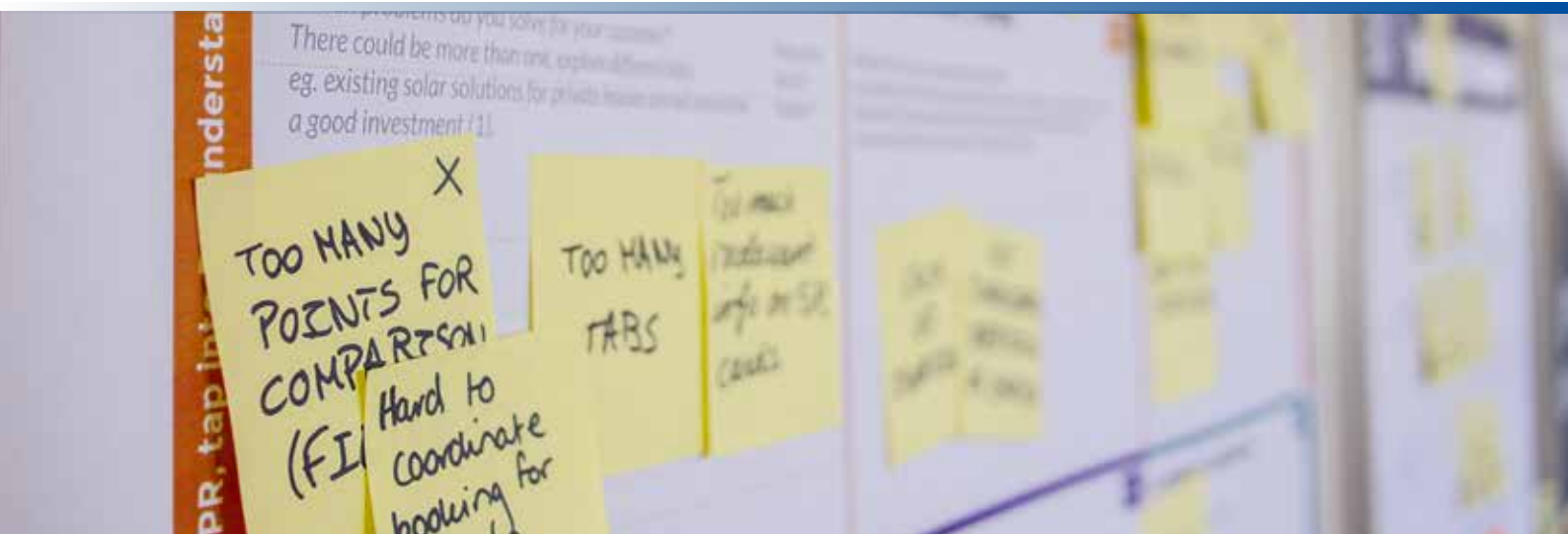
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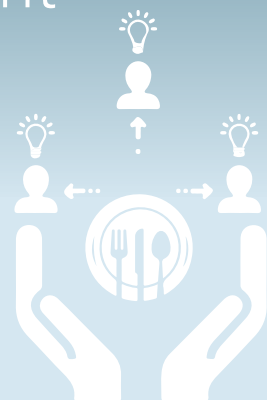
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TACKLING HUNGER AND malnutrition:

It's about coordination, empowerment and sustainability

The health and economic impact of the COVID-19 pandemic casts a sharp spotlight on the food and nutrition status of poor and vulnerable South African families. The National Development Agency, with research support from HSRC experts, has invested in identifying ways to combat hunger and malnutrition in the country. Recently, the two organisations hosted a virtual public dialogue to discuss this challenge. *Antoinette Oosthuizen* reports.



One of the sustainable-development goals of the United Nations is to eradicate hunger and food insecurity by 2030. Even before the impact of COVID-19, the world was not going to make this target.

Also, achieving food and nutrition security is not only about producing enough food for a country's needs, but also about access, affordability and many other factors that influence the way food is produced, prepared and consumed in different parts of the world.

This is why food-and-nutrition-security experts also focus on progress relating to several other sustainable-development goals, for example, those related to the environment, education, energy, water and sanitation, conflict, and the reduction of poverty and inequality.

Achieving food and nutrition security is not only about producing enough food for a country's needs, but also about access and affordability.
Photo: Andrea Teagle

In the context of COVID-19, the goal to ensure sustainable production and consumption patterns is particularly important.

Therefore, how to make South Africa's already struggling agriculture and food systems more resilient to future shocks similar to the COVID-19 pandemic was one of the central questions discussed at a dialogue, *Food for all through resilient food and nutrition systems in South Africa*, hosted by the HSRC and National Development Agency (NDA) on 13 October 2020, shortly before [World Food Day 2020](#).

Vulnerable groups

Research [findings](#) during the COVID-19 lockdown highlighted hunger and access to food as central to the mental trauma that many South Africans experienced in the autumn and winter months of 2020.

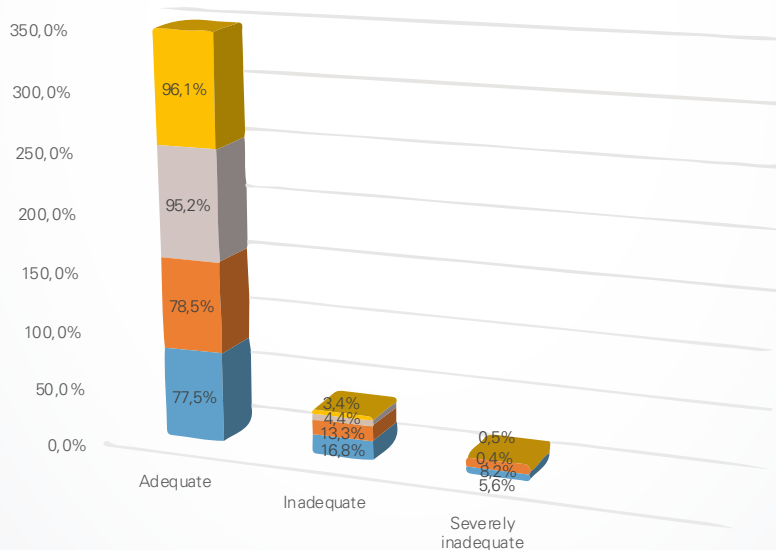
According to the Statistics South Africa (Stats SA) General Household Survey of 2018, more than a fifth of households already had inadequate or severely inadequate food access in 2018. The COVID-19 crisis therefore had the potential to worsen an existing problem of food insecurity.

At the dialogue, Lindiwe Zulu, minister of social development, said South Africa produces enough food but it is not accessible and affordable for a large proportion of its population.

Globally, an estimated 135 million people suffer from acute hunger due to conflicts, climate change and economic downturns. Experts believe COVID-19 could almost double that number, said Stats SA's Dr Nathaniel Dlamini.

He said poor households in South Africa, typically characterised by few income earners and many dependants, are particularly vulnerable to economic shocks. In 2018, 15% of households reported inadequate access to food and another 5,2% severely inadequate access. The data showed that 22,4% of black African households had inadequate and severely inadequate access to food, compared with only 3,9% of white households, highlighting the pervasive inequality in the country (Figure 1).

Figure 1: Percentage distribution of households by level of adequacy in accessing food by population group of the household head (2018)



More than one in five (22,4%) of black African households had inadequate or severely inadequate access to food, compared with 3,9% of white households. **Source:** Stats SA (2018)

The number of households that experienced hunger declined, however, from 2.7 million in 2002 to almost 1.6 million in 2018. The largest proportion of households (61.9%) that experienced hunger lived in urban areas.

In South Africa, 4.7 million households have young children aged five or younger and, of them, 541 097 experienced hunger, with the highest proportion in KwaZulu-Natal and the Northern Cape. Also, 10.6% of black African households with children under the age of five experienced hunger, compared with 2.3%, among white households. The higher the number of children, the higher the chances were that they experienced hunger.

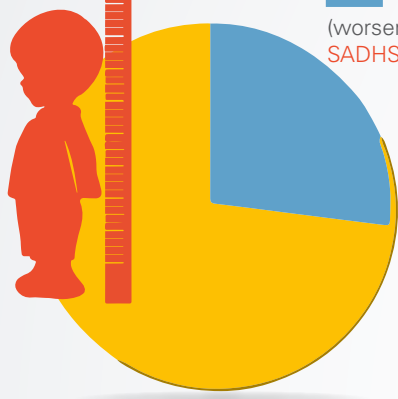
Health impact

Elaborating on the government's National Plan for Food and Nutrition Security 2018–2023 (NFNSP 2018–2023), Thulani Masilela from the Department of Planning, Monitoring and Evaluation mentioned some successes but warned that indicators show a double burden of malnutrition in the country. By 2016, undernutrition had caused growth stunting in 27% of children under the age of five, up from 24% in 2005. Of women over the age of 15 years, 41% were obese, which is a term used for a severe level of overweightness with associated health risks. This was up from 24.8% in 2012 (Figure 2)

Figure 2

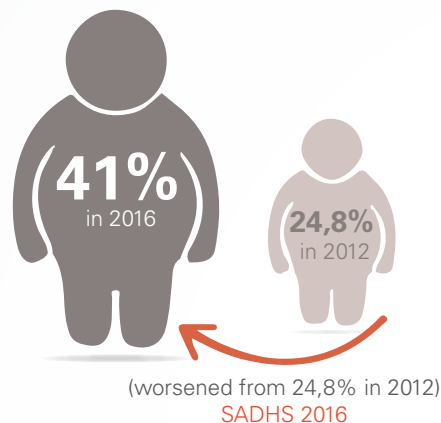
Childhood stunting <60 months

SANHANES 2012



Obese women >15 yrs

SANHANES 2012



Grants and protection

Grants play an important role in the efforts to combat hunger, said Dlamini. “In 2002, when access to grants was low, the proportion of households and persons experiencing hunger was high. This vulnerability to hunger has declined as access to grants increased,” he said.

Masilela also pleaded for the safeguarding of social-protection measures against looming budget cuts due to COVID-19's impact on the South African economy. During question time, a delegate expressed a concern that grants created “a dependency syndrome where households lose their coping skills, leaving them even more vulnerable”.

Zulu responded, “We must create a conducive environment for people to sustain themselves. I don't believe people want to be dependent on the government. But the opportunities are far and wide. The infrastructure is very difficult. Even those who want to do things for themselves find it very difficult to access opportunities.”

Donor fatigue

During lockdown, about R66 million was donated to support government interventions to reach out to poor households affected by hunger, poverty and COVID-19. Zulu said she was concerned about donor fatigue: that many of those who donated money or launched food schemes during lockdown would disappear, leaving the communities in an even more precarious situation post-COVID-19. Also, she emphasised, the distribution of food parcels to poor and vulnerable communities was not sustainable. Long-lasting measures had to be put in place to ensure sustainable livelihoods in communities. “We need to break down the R66 million to see where the money went, how much procurement was done where and from whom. Did this money also find a way of empowering?” she asked.

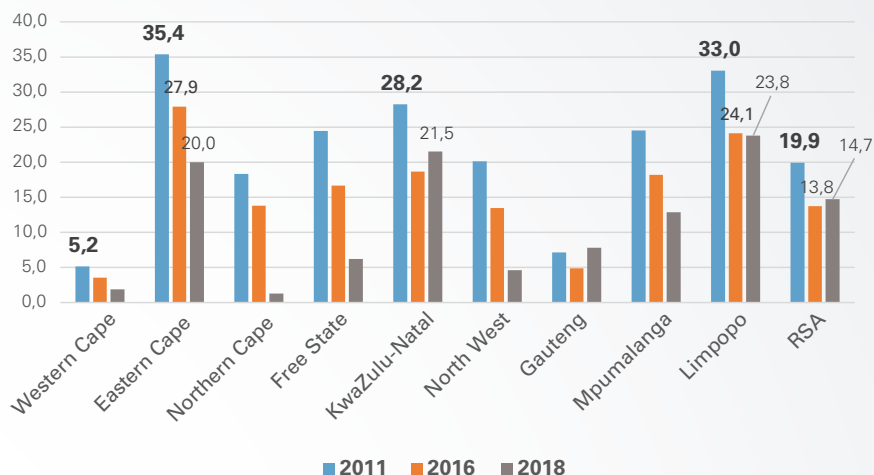
Empowerment, sustainability and small farmers

One of the strategic goals of NFNSP 2018–2023 is to establish inclusive local food value chains to empower smallholder producers, but Masilela said more of them should be used as suppliers.

“The long-term vision is that the socioeconomic conditions of South Africans should improve, to enable them to be self-sufficient, through enhanced skills, entrepreneurship, access to economic opportunities and access to government support to become successful smallholder or commercial farmers.”

However, the number of South African households involved in agricultural activities has declined. In the Eastern Cape, the decline was the most severe, from 35.4% in 2011 to 20% in 2018, Dlamini said in his presentation (Figure 3).

Figure 3: Proportion of households involved in agricultural activities (2011, 2016 and 2018)



Source: Stats SA (2018)

Coordination challenge

Dr Peter Jacobs, who led the HSRC’s work on the NDA’s 2019 critical review of food and nutrition security, said the report’s findings provide a good benchmark of South Africa’s food and nutrition security status. The researchers analysed local and global data and found that food insecurity interventions in South Africa often fall short of what policy provides for.

“This is as a result of weak or missing coordination mechanisms ... because government departments have different focal areas. Some focus on food production and availability, others on access and utilisation.”

The mandate for food and nutrition security sits within the Department of Agriculture Land Reform and Rural Development, where food production is the emphasis rather than access, distribution and utilisation, Jacobs said.

“The questions around the convening powers of the different ministries is of central importance in the development and implementation of policy and determining who will eventually be accountable.

“But at the heart of policy coordination is the integrated management and administration of policy across independent state and non-state actors. Often, departments do interact and try to integrate but then exclude non-state actors.”

Jacobs added that structures responsible for policy implementation also needed to operate at the subnational level, given the vast variation in food security across the South African population in different provinces, districts and within districts.

It is important to set up multilevel and multisectoral food and nutrition security coordination structures, said Jacobs. “If we had actioned this a year or two ago, we would have been in a much better position to pick up more nuanced information at a localised level. We have to immediately involve non-state actors in deepening coordination across all stages of the policy cycle.”

The country also needs reliable data on food and nutrition status to track the effect of policy. “We have to invest in data collection tools that are representative at the district level. If we don’t do that, we won’t have the information for geographically targeted food and nutrition security interventions,” said Jacobs.

Data collection methods need to be standardised, the frequency of collection decided, and data from different state and non-state actors pooled. “I think COVID-19 has exposed this gap quite glaringly, because we all scrambled over the first couple of months to find access to good quality information, including a host of different stakeholders in all the different dimensions of food and nutrition security. Unfortunately, that situation is still pressing.”

Jacobs says fast-tracking the decentralisation of subnational food and nutrition security coordination committees is a priority. According to a March 2020 HSRC [policy brief](#), the setting up of national and subnational committees — to identify and assess areas where communities were vulnerable to food insecurity — previously failed to gain traction. “To bolster the agility and reliance of the new coordination committees, we must incorporate lessons learnt, otherwise ad hoc and uncoordinated responses will dominate, making it difficult to mobilise resources across all government departments for integrated and proactive assistance to vulnerable communities.”

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"Learning online was one of the most difficult transitions. Sometimes, you need to open your phone but you know you'll get distracted by other things. So, I would have preferred to open a book. We could ask a teacher [when we didn't understand something], but it wasn't as easy as asking them face-to-face."

Photo: Andrea Teagle



FAST-FORWARDING

TECHNICAL AND VOCATIONAL EDUCATION POST-COVID-19:

Face-to-face remains core

Technical-and-vocational-education-and-training colleges might have been worst hit by COVID-19 among educational institutions, according to Prof Joy Papier of the University of the Western Cape. However, despite their limited resources, many of these colleges found innovative ways of shifting from full face-to-face learning to complete online learning in a matter of weeks. At a recent HSRC seminar, Papier and other practitioners discussed how lessons learned from the pandemic could propel a reimagining of technical and vocational education and training. *By Andrea Teagle*

In October, students from technical-and-vocational-education-and-training (TVET) colleges demanded a [revamp](#) of TVET education, which they say suffers from poor infrastructure, [funding issues](#) and outdated curriculums.

Amidst swelling youth unemployment, [historically neglected](#) TVET colleges are charged with producing tech-savvy graduates who can meet the demands of a rapidly evolving market. TVET colleges are considered central to expanding the artisanal and manufacturing sectors of the country and to achieving [sustainable and equitable development](#). Research suggests that this training can also support small and medium enterprises as well as entrepreneurs in the [informal sector](#).

Yet, TVET colleges have been worst affected by the kinds of economic crises against which they might have served as a buffer with better funding and prioritisation.

Emphasising that the basic needs of students and communities [have to be met](#) before education can take place, Papier identified three steps for TVET colleges to capitalise on the lessons learned during the pandemic and to fulfil their mandates.

“First, human and financial resources need to be mobilised to ensure universal access to digital infrastructure, tools and modern learning technologies. Second, managers, teachers, trainers and learners themselves [need] training and support to engage in distance and online learning.

“Third, education and training providers have to revise teaching and learning models to make the best use of digital resources and tools.”

A different kind of learning

Early in lockdown, in May 2020, Papier conducted a small targeted study of the experiences of TVET college lecturers in the Western Cape, Eastern Cape, KwaZulu-Natal

and Gauteng. Lecturers indicated that students were unprepared for online learning. Most students struggled to interpret information on their own without the basic content being mediated to them by a lecturer, said Papier. The lecturers also reported feeling anxious, lost, confused, unprepared and daunted by technology.

Owing to the practical nature of some of the courses, circumventing in-person teaching poses unique challenges. Additionally, teachers rely on body language to gauge understanding, Papier said. “You need to see that ‘aha’ moment.” How does one do this when the students are miles away, or when video receptive learning is not possible for that learner?

To overcome these challenges, and to grasp opportunities unique to digital learning, learners and teachers need resources and training. Encouragingly, the Department of Higher Education and

Training has signed an agreement with Germany's KfW Development Bank to establish the first [skills development centre](#) in South Africa for TVET college lecturers in the fields of electrical and mechanical engineering.

Additionally, curriculums need to be reimagined, Papier argued. "If you don't have a curriculum that lends itself to flexible approaches to learning, it's very hard to toss everything onto an online platform."

In this sense, education technology needs to be understood as its own medium, not as a direct substitute for in-person learning. A similar point has been made about the failure of simply translating English learning materials into other languages to solve South Africa's primary-education language problem. These attempts miss the fact that the building blocks of these languages are different.


"Is there a way we can develop a module on educational technology? Because it's a whole new world that we discovered that is very, very complicated for experienced teachers and trainers," said seminar participant Helen Brown.

What has worked?

Karin Hendricks, acting principal of False Bay College in the Western Cape, noted that the college has engaged in blended learning since 2008, and has offered solely online programmes since 2012.

Papier suggested that [gaming could be adapted](#) to facilitate group learning and maintain social connection between students. [Virtual reality](#) platforms could be developed to simulate some practical learning components, for example, by creating 3D representations of machinery.

However, widespread agreement emerged among the seminar participants that, while the demands of COVID-19 provided valuable lessons on the potential of digital teaching, practical and face-to-face teaching would remain a core part of TVET.



Kouthar, a 20-year-old marketing student, sits outside her college, 5 November 2020. "I think this year was very hard because we didn't get a lot of time in class... [Online communication] was a WhatsApp group, so they sent us work on WhatsApp... Sometimes the lecturers would explain it but there wasn't a lot of time because they had to deal with different students."

Photo: Andrea Teagle



“Most of the literature in this domain, particularly in vocational education, emphasises that online learning cannot be a permanent solution,” Papier said.

Rather, TVET colleges needed a combination of face-to-face and digital learning — so-called blended learning. The online components would prepare students for an increasingly technological landscape, while face-to-face lecturing facilitates the kind of deep learning that makes skills transferable. The exact ratio of these components, and how to build a curriculum that supports the most vulnerable students, is a matter of vigorous debate among TVET professionals.

“When the dust [of COVID-19] has settled, there will need to be a serious appraisal of the learning that has taken place, how successful or not it has been, what kinds of unintentional learning have taken place, what is possible [and] what is simply not possible,” Papier said.

Blended learning as a social justice tool

Many South African students, particularly in TVET colleges, are from under-resourced backgrounds and cannot easily access the space, the digital resources, or the time to immerse themselves in learning at home. This is particularly so for girls and women, who are often additionally expected to shoulder the bulk of caretaking and domestic

responsibilities.

COVID-19 highlighted the fact that, in addition to practical teaching and resources, campuses provide a physical space which is safe and, at least in theory, conducive to learning. “The Marxist in me has always believed that [blended learning] leads to inequalities, that you need an educator to facilitate learning,” said Dr Lesley Powell of Nelson Mandela University.

On the other hand, Powell pointed out, blended learning could also serve as a tool for social justice in resource-constrained settings. In their book, *Innovation Policy at the Intersection: Global Debates and Local Experiences*, Dr Mlungisi Cele and colleagues argue for a revisiting of South Africa’s current National System of Innovation towards a more [inclusive policy framework](#) that places human welfare at its centre. Access to affordable data, for example, would enable blended learning to reach students who might otherwise not have been able to study.

Digital learning components eliminate travelling fees, allowing young people to engage in certain aspects of the system without the financial and time costs, and to continue working in various ways in their communities, Powell said.

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BLACK TAX:

How young black professionals embrace a public good

The answer to whether students should pay for higher education in South Africa or get it for free remains both topical and contested. One argument in the debate centres on whether higher education serves a public good (hence it should be free) or a private good (hence it should be paid for). Drawing from his [article](#) on 'black tax', *Samuel Fongwa* explains how information gathered from a set of studies and media reports on South African graduates offers a perspective on this argument in contemporary South Africa.

A critical question concerning South African higher education post-2015 is: Do universities serve primarily a transformative role as social institutions, able to enhance human development for a country, or do they play an instrumental role for only a selected minority? In other words, is higher education a public good or a private good? And can it serve both functions?

A private good is loosely defined as a good that a person pays for and someone else who has not paid for it cannot use it at the same time. In other words, there is competition for private goods and people access them depending on whether they can pay for them. Those who see higher education as a private good argue that people who enjoy the direct benefits of higher education, such as getting a well-paying job and attaining socioeconomic mobility, have to bear or share the cost of paying for it. Those who hold to the public-good argument, on the other hand, contend that higher education contributes to developing a just and more equal and empowered society through the core functions of teaching and knowledge production. While there are many arguments to support both views, my [study](#) supports the public-good view of higher education, using a contemporary phenomenon

Many graduates view their degrees as communal accomplishments and go on to share their earnings and knowledge with family members.

Photo: Eye for ebony, Unsplash

known among young people as 'black tax', where early-career or recently employed young graduates take care of their immediate and extended families' financial needs.

The study explored young black professionals' perceptions and attitudes towards black tax. Drawing on multiple sources that included previous studies of graduates published between 2015 and 2019, online newspaper clips and opinion pieces, the results shed light on the public-private-good debate from an unexplored vantage point. The findings focus on how graduates perceive the benefits of their higher-education qualifications, showing how their jobs and earnings serve a public good, beyond a private or selfish benefit.

Higher education as a shared financial and knowledge resource

Most graduates see their higher education as a communal accomplishment or a shared resource. Graduates did not see their degree as a private achievement but recognised their responsibility for sharing their earnings and finances with extended family along with the knowledge attained. They spoke of seeking ways to improve the lives and livelihoods of others in their immediate and extended families. They talked of how this had always been part of their social and cultural values. A key value here was that of ubuntu, aptly captured by blogger [Bogosi Motshegwa](#), who discouraged describing the act of helping one's family as black tax:

*'Knowing our history, I believe that it is our responsibility and should therefore be our choice to help families. According to our concept of ubuntu, tax should not even be how we describe the helping hand we offer to our own families. In colloquial Zulu, we say *sisebenzela e jar'deni*, meaning we not only work for ourselves but for our families too.'*

The Zulu idiom can also be expanded to argue that degrees earned are not only for ourselves but for our families too.

Ntando*, an art curator at a gallery, shared his income with his family and had decided not to move out of the family home so he could contribute more significantly to family expenses.

He [told](#) Radio 702, 'I spend a large part of my income on my family, and the rest I put back into my art. I think that investing in my family means future success for both them and me'.

Despite some exploitation, black tax is a positive cultural value

While some family and community members tend to exploit, misuse and abuse this disposition to share, for some black graduates, black tax remains a positive cultural value, despite the struggles involved. Ntozinhle*, a 30-year-old administration manager in the North West Province, [told](#) the Huffington Post that 'half of my stresses come from [paying] black tax'. In the same study, Mulima*, a clinical therapist, bemoans the exploitative attitude of some family members, saying that 'families may simply think there is more where that came from just because you are working'. Ncemane*, a general manager at an insurance company, [told](#) Radio 702 that, despite the challenges young black professionals face, they should not be opposed to the practice, but should rather learn better financial management practices: 'While many young South Africans cannot avoid paying 'black tax', they can learn to manage their finances in a way that helps support their families without ignoring their own financial needs and goals.'

Breaking the cycle of inequality and historical poverty

For Mkonto, breaking the cycle of historical poverty and ending a 'lack-of-knowledge syndrome' is a core purpose of black tax and 'this should be the first responsibility of a young black professional in South Africa'. She [wrote](#) in News24: 'By overturning heritage illiteracy, we will bring sense to many that 'black tax' is a responsibility and not a burden.'

Crispin Phiri, a 26-year-old black professional who lived with his mother while paying tuition fees for his 17-year-old sister, [spoke to](#) the Mail & Guardian about the role of black tax in diminishing inequality:

'I understand that we are an unequal society, and this [black tax] is the one way of addressing that inequality, so that the next generation is better off than we are,

and can live a life that is fairly more comfortable than ours.'

Conclusion

Most of the young graduates and professionals in the academic studies and media consulted mentioned the African humanistic philosophy of ubuntu in describing their views and opinions of black tax. This is echoed by multiple [other scholars](#) who have placed ubuntu among some of the core tenets of the private-good discourse, arguing for the benefits of connection and sharing rather than competition. [Ubuntu](#), derived from an Nguni aphorism, *Umuntu Ngumuntu Ngabantu*, which translates to 'a person is a person because of or through others', serves to disrupt spatial configurations and creates an in-between space that facilitates efforts towards reducing social and economic exclusions based on moral values.

[Other authors](#) have shown that this embodies African humanity, whereby one is expected to consider one's own needs in light of the needs of others. Julius Nyerere's Ujamaa, the Zimbabwean ethic of Ukama, as well as the African proverb 'One big tree cannot make a forest' further underline the value of community and human interrelationship in achieving individual and common wellbeing. These values significantly influence how the majority of young African graduates perceive themselves within their communities. These observations resonate with calls for government funding support to ensure access to and success through higher education and into employment. This is especially necessary for those from historically disadvantaged families, whose livelihoods could be tied to just one graduate. Even if higher education were to be considered a private good, in the hands of young graduates who willingly pay black tax, it has an extended knowledge and financial benefit to a significant part of society — a public good — one that breaks the cycle of poverty, reduces inequality and nurtures our common humanity.

** Not their real name.*

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Phillippi, Western Cape
Photo: Antonio Erasmus

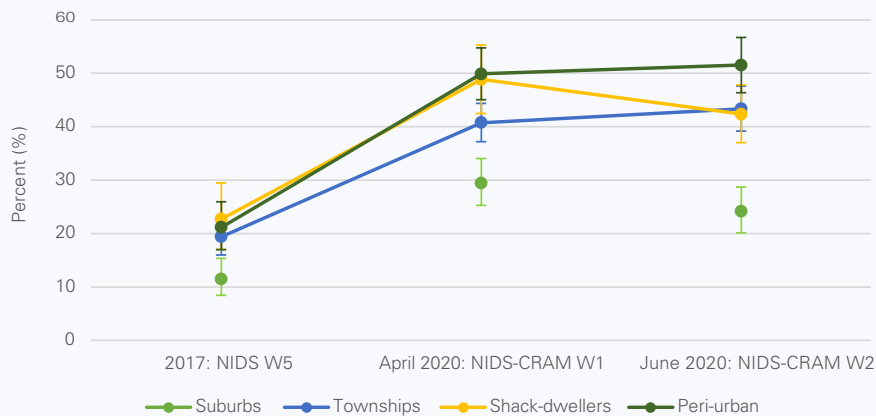
COVID-19 HITS POOR URBAN COMMUNITIES HARDEST

The COVID-19 pandemic has magnified the existing economic and social divides between different settlement types in South Africa's cities, towns and rural areas. HSRC researchers led work on the first systematic [analysis of the spatial impact](#) on the disaster in South Africa as part of the National Income Dynamics Study – Coronavirus Rapid Mobile Survey. *Ivan Turok and Justin Visagie* report.

A central feature of the government's response to the COVID-19 pandemic has been its uniform, place-blind character. The lockdown was applied like a blanket across the whole country, along with standard financial relief schemes for households and businesses. Nationwide measures seemed fair and mostly straightforward to implement. However, new evidence reveals that the spatial impact of the twin health and economic crises that have resulted from the pandemic has been very uneven. Treating places that are already unequal in a uniform way doesn't narrow, or even maintain, the gap between them. In fact, it can amplify geographic divisions.

Every part of South Africa has been severely buffeted by the coronavirus and the lockdown reflex. However, some places have carried a much bigger burden than others, because they were more vulnerable to the spread of the disease and the restrictions on economic activity and movement. Survey data for urban areas from the National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM) has been disaggregated to analyse the differences between suburbs, townships, shack-dwellers (informal settlements and backyarders) and peri-urban areas (smallholdings, farms and tribal land).

Rate of unemployment, 2017 – June 2020



Source: NIDS W5, NIDS-CRAM W1 and W2.

The results show that the slump hit poor communities harder than the suburbs. A higher proportion of adults living in the townships, informal settlements and peri-urban areas lost their jobs and earnings between February and June than suburban residents. They had more precarious livelihoods to begin with and their informal enterprises were prevented from trading, which disrupted local food supply networks. In contrast, suburban residents had more secure jobs as well as more savings and other resources to fall back on, and they found it easier to work from home.

The outcome is striking in the way unemployment rates between these areas have diverged over time (see figure). The 2017 NIDS survey provides a useful baseline to put things into perspective. There was a 12-percentage-point gap in the unemployment rate between the different places in 2017. By April 2020, the gap had widened to 20 percentage points. There was a sharp rise in unemployment everywhere, but it was particularly acute in the peri-urban and shack areas, where it more than doubled.

By June 2020, the unemployment gap had reached 27 percentage points. The suburbs and shack areas showed signs of bouncing back, but not the townships or peri-urban areas. Consequently, the three types of low-income areas were much worse off in June when compared with the suburbs than they were before COVID-19 struck. Job losses and lower earnings forced households to cut their spending on food and to take on more debt.

The severity of the shock has been mitigated somewhat by social payments from the government, including the special COVID-19 relief grant of R350 a month and various top-ups to existing grants. Poor urban communities were more likely to receive these than suburban residents. Nearly one in three peri-urban households (29%) received the COVID-19 grant, compared with 27% in townships, 18% of shack-dwellers and 16% in suburban areas. The payments helped people who did not qualify for grants before, such as unemployed men.

Grants have served a useful purpose of social protection in poor communities and they offer some compensation for soaring unemployment. However, there is a risk to

living standards when this temporary relief is withdrawn, especially if it happens before economic conditions have properly recovered. Ending the special payments will worsen people's suffering and distress.

Even with the grants, a surprising number of households ran out of money to buy food. In June 50% of shack-dwellers were affected, as were 40% of township residents and just 24% of suburban households. The high proportion of shack-dwellers who ran out of money and the low proportion who received grants are a serious concern. It has meant more hunger. When surveyed in July and August, nearly a quarter of shack-dwellers (22%) said that someone in their household had gone hungry in the previous seven days, compared with 16% in the townships and 7% in the suburbs. Hunger poses risks of malnutrition and undermines human development.

The government's plans for recovery need to pay more attention to the distinctive challenges facing different places, especially townships and informal settlements. A differentiated approach can be more sensitive to diverse local contexts than blanket national measures. The response can be tailored to conditions on the ground and to avoid worsening pre-existing spatial divides.

National and municipal actions also need complementary community-centred efforts to boost jobs and livelihoods in vulnerable areas. Bottom-up initiatives can help to restore public trust in government. A developmental approach means investing in essential infrastructure and housing to literally build back better. Action plans involving all spheres of government could accelerate the upgrading of well-located informal settlements and backyard shacks, thereby reducing the risks of further contagion and creating more liveable and functional neighbourhoods for the future.

Further reading: [‘The uneven geography of the Covid-19 crisis’; NIDS-CRAM survey](#)

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Dozens of patients were sent away in May 2020 after the Eastern Cape Department of Health shut down Zwide Clinic in Port Elizabeth following the death of a nurse and 11 other staff members testing positive for the coronavirus.
Photo: Mkhuselel Sizani, GroundUp



'Closing the gate' on rural communities: HEALTH CARE DURING COVID-19

Over the past six months, many have seen the COVID-19 crisis through a metropolitan lens. In the rural Eastern Cape, communities say that the government 'closed the gate' (*ukuvala isango*) when COVID-19 came and left them to struggle in the dark. *Leslie Bank, Nelly Vuyokazi Sharpley and Ndipiwe Mkuzo* highlight how a city-centric, biomedical and hospital-focused state response to the COVID-19 crisis, along with the consequences of years of public-sector health service neglect, shut rural communities out.

The article is based on the findings of a rural research project, undertaken by the HSRC in association with Walter Sisulu University, that looked into the impact of the lockdown on rural communities in the Eastern Cape.

In her 2014 book, *Biomedicine in an Unstable Place*, Alice Street argues that public hospitals have long served as sites for imagining the state and, beyond that, modernity. The collapse of a single hospital, she says, can become a critical indicator

of the failure of development in an entire region or city. In the Eastern Cape, the Livingstone Hospital in Port Elizabeth, which was meant to lead the provincial effort against COVID-19, became the lens through which the readiness of the province

and country was judged by the outside world.

In April 2020, Health Minister Zweli Mkhize visited the hospital, where he [confronted](#) the provincial MEC for health, Sindiswa Gomba, for the poor state of readiness of her



department and promised to bring in his own expert team to assist the province. It was also here, when coronavirus cases were surging in South Africa in July 2020, that several international TV stations such as the [BBC](#) and Sky News broadcast images of rats eating medical waste and patients sleeping in the corridors to a global audience.

These visuals of conditions in urban hospitals such as Livingstone, shaped the public imagination of the pandemic and encouraged Eastern Cape families to try to bypass local urban hospitals for those in other provinces, such as the Western Cape, to get better service. But while residents in urban areas still had choices, most of the rural poor in the Eastern Cape were left without formal health services for much of the winter of 2020, as rural hospitals and clinics closed down and some never reopened.

Crackdown on customary practices

There was high drama in March 2020 in the Eastern Cape after the lockdown regulations had become known and the provincial government had moved to curtail customary practices with the support of the Eastern Cape House of Traditional Leaders. In a province-wide blitz, the police closed dozens of initiation schools in rural areas and created chaos at rural funerals when they overturned drums of beer, confiscated meat and chased people away.

When researchers from the HSRC and Walter Sisulu University (WSU) visited the rural areas, some older men and women said that they had not seen a violent crackdown on customary practices since apartheid, when the police hunted down Pan-Africanist Congress cadres they suspected were colluding with traditional healers. Many complained that the state had no business sending the police to disrupt cultural practices without calling community forums to discuss the matter.

People said that families had saved for these events and had already spent much money on rituals, which were stopped without explanation. Others said that there had

been no information about COVID-19 in the villages, not even at the clinics. One man said, "If you want to know about COVID-19, you have to read the billboards in town, which are all in English."

Local reaction and anger to the crackdown restrained police action, but the criticism and displeasure with urban elites and state officials continued. Many wondered why the COVID-19 rules seemed not to apply when ANC leaders were buried in the big cities such as Johannesburg, but were implemented with force in the rural areas. Rural communities also spoke out later against the alleged widespread corruption of urban elites and members from the Health Department.

Deep cleaning and frightened nurses

But the real crisis for rural communities was not the government crackdown on customary practices or the inadequacies of the rural health service. They knew that rural hospitals were crumbling and lacked qualified staff and basic equipment, and that clinics no longer had medicine to give out, but the system had been at least partially functional before COVID-19.

The speed at which rural health-care facilities and institutions shut down during the COVID-19 crisis took rural communities by surprise. It started with the Zwide township clinic in Port Elizabeth in April, which suspended service to over 500 daily patients when several nurses tested positive for the coronavirus.

The public service and nurses' union supported the closure, arguing that the state was responsible for implementing the standard operating procedures to deep-clean the facility to make it safe for the nurses and patients to return. It took the state weeks to sort this problem out.

The Zwide case set the agenda for how doctors, nurses and civil servants generally responded to cases of infection. They left their workstations, engaged their union representatives and went home until the state was able to prove that the facility had undergone



Nursing staff at Motherwell NU2 clinic stand outside the main gate. The clinic was closed after staff members tested positive for COVID-19.
Photo: [Joseph Chirume](#), GroundUp

thorough deep cleaning. The unions were adamant that workers did not have to work where the state could not implement the standard operating procedures needed to keep them safe.

As infections spread, more rural clinics and hospitals closed. In some cases, as happened at hospitals in the OR Tambo district, health-care workers downed tools and walked out. In others, partial services were provided, such as those of the administration office that issued death certificates.

During this crisis, no one addressed the elephant in the room: the fears of health-care workers and how widespread mental-health issues were among them, especially given that many nurses had comorbidities. Moreover, the hard-line biomedical approach to the crisis meant responses in poorly resourced areas such as the rural Eastern Cape could not be improvised.

Local knowledge and improvisation

In her influential 2012 book, *Improvising Medicine*, Julie Livingston showed how hospital patients in a cancer ward in Botswana navigated between traditional and modern biomedical systems to address their everyday needs and medical requirements. She demonstrated how health care was always a relationship among people concerning illness, as much as it was one between biomedical practitioners and patients. In a context of infrastructural challenges and limited facilities, she argues that improvisation is essential to delivering the best and most responsive health-care service.

With COVID-19 the state took a rigid, formalised, hospital-centred and biomedical approach. It created regulations enforced through the police and other state agencies. In this role, the state was not a facilitator and it did not encourage improvisation or create relationships of mutual dependence. In fact, its approach hindered local adaptation and resilience.

But even though lines were drawn in the sand by both the state and health-care workers, we noted several

encouraging responses. At one hospital that stayed open, doctors and nurses worked together to repurpose paediatric equipment for child chest ailments to create functional ventilators for adults. These make-shift ventilators used water pressure to force oxygen into the patients' lungs and saved lives. The staff at the hospital attributed their capacity to innovate to their willingness to discuss their fears upfront and then face the local challenges of COVID-19 in open and adaptable ways.

On the other hand, the HSRC and WSU researchers found that the state did not engage with traditional healers in rural areas, despite the fact that rural households used them widely. This puzzled and angered the healers, but they continued to support rural families. We found that many people who feared COVID-19 visited traditional healers, who gave them hope and prescribed medicinal herbs and plants for chest ailments and flu symptoms.

Conclusion

Rural people in the Eastern Cape felt excluded from the state's COVID-19 response. They complained that they were never consulted or properly informed about the approach adopted by the government, which they described as an exercise in 'closing the gate'. They objected to the way government came into the rural areas and tampered with their culture and customary practices, while at the same time failing to ensure that the local clinics and hospitals were open for business. Local community leaders said that they hoped government and traditional leaders would be more consultative and participatory in their approach should there be a second wave of infection in the province.

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HEALTH-CARE WORKERS

– THE RELUCTANT HEROES?

During the COVID-19 lockdown, for a few minutes each evening, a cacophony of buzzing from vuvuzelas, clinking from spoons beating on pots and pans, whistling, and even the whine of violins and bleating of bagpipes rose from porches and balconies in some South African suburbs to honour health-care and other essential workers. They were feted as heroes, but this may have been a fraught narrative if one considers the significant trauma some of them suffered while facing a novel virus on the frontlines in a challenging health-care system. Based on an HSRC lockdown survey among health-care workers, *Inbarani Naidoo, Musawenkosi Mabaso, Ronel Sewpaul, Saahier Parker and Priscilla Reddy* report on health-care workers' concerns about transmitting the virus to their families.

A photograph of a nurse in teal scrubs sitting on the floor in a hospital hallway, looking upwards with a weary expression. She is wearing a white face mask around her neck. The hallway has white walls and a tiled floor.

A tired nurse rests in a Moscow hospital.
Photo: *Vladimir Fedotov, Unsplash*

During the COVID-19 lockdown, health-care workers were feted as heroes for continuing to work despite their fears and fatigue. .

Photo: Hush Naidoo, Unsplash



The traditional media, society, social media and governments the world over have lauded the courage, resilience and dedication of the health-care fraternity. The most popular word associated with frontline health-care workers (HCWs) globally has been 'hero.' Everything from official campaigns to street art expressing gratitude to those who risk their lives daily to ensure that people remain safe and cared for during the pandemic have mushroomed across the world.

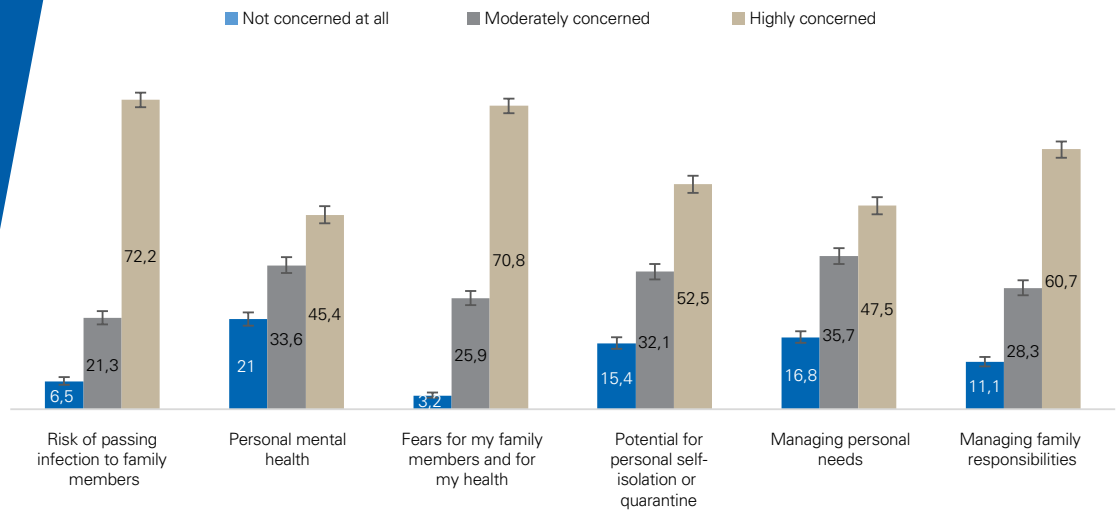
However, while the rest of their fellow citizens stayed home, most HCWs continued to work despite their own fears and fatigue. In many cases, insufficient clinical training or experience in handling the new virus as well as accessing personal protection worsened their fears. These fears and concerns around having to risk their lives and possibly endanger their families contradicted the image many have of the undaunted 'hero'. In August 2020, Jessica Stokes-Parish and her colleagues [warned](#) in the *Journal of Nursing Scholarship* of the unintended consequences of portraying nurses as 'angels and heroes' – that it may be dangerous, for example, if 'providing a safe working environment is unconsciously less of a priority for people who have this super power to overcome adversity'.

As the pandemic spread rapidly in Asia, Europe and the United States, we sought to understand the levels of concern of HCWs towards themselves and their families during these unprecedented times in South Africa. Between 11 April and 7 May 2020, the HSRC and the University of KwaZulu-Natal Faculty of Health Sciences conducted a [survey](#) to understand the concerns, fears and needs of as well as threats to HCWs during the early months of the pandemic. A total of 7 607 health-care professionals participated in the Health-care Workers survey.

Fearing for their families

The results on [the state of wellbeing of HCWs](#) during the early days of COVID-19 in South Africa showed that psychological distress was significantly higher among nurses than other health professionals. This was associated with low levels of perceived general health and wellbeing. We also found that HCWs' level of concern for personal and family wellbeing and for passing COVID-19 infection to family members was significantly higher than for other possible areas of concern (Figure 1).

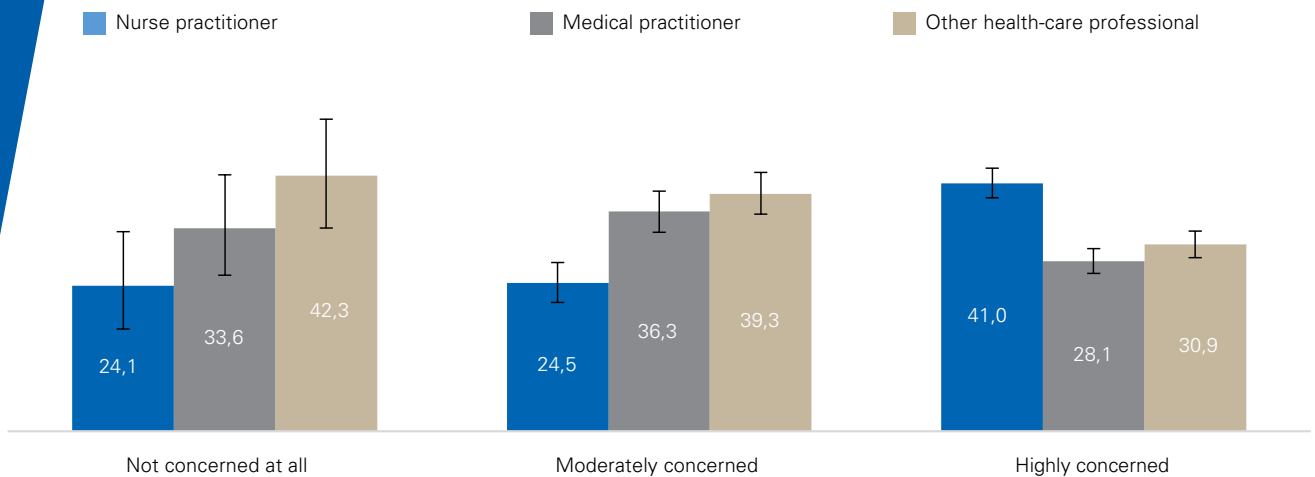
Figure 1: Level of concern for personal and family wellbeing



In the online survey questionnaire, participants had the option to respond about their level of concern with 'not concerned at all', 'moderately concerned' or 'highly concerned'. Of those who responded, 72.2% were 'highly concerned' about passing the virus onto their family members. Similarly, 70.1% of HCWs feared for their own and their family's health. In addition, 60.7% reported a high level of concern for 'managing family responsibilities'.

We then examined the level of concern for family members and personal health by professional category. The level of concern differed significantly by profession. Of all HCW categories, a higher proportion of nurses (41.0%) were 'highly concerned' about their personal and family members' health (Figure 2).

Figure 2: Level of concern for family members and personal health, by professional category



Our findings are consistent with the concerns of [HCWs](#) globally who worry about their personal safety and transmitting the virus to their families. In the June edition of *Family Process*, Jay Lebow, in his [essay](#) entitled 'Family in the Age of COVID-19', mentioned that life during COVID-19 had been intense for families, particularly for those who might already have had various challenges. This is in line with our findings that the level of concern for personal and family wellbeing was high during the early months of the pandemic in South Africa. These levels of concern point to a need for a proactive and practical approach to workplace health and the wellbeing of HCWs, as well as the need to support all professional categories of HCWs so that they are better able to address and cope with their concerns as we continue to adapt to the 'new normal'. A [Lancet editorial](#) in March called for providing food, rest, family and psychological support to HCWs.

The concern among HCWs for personal and family wellbeing could have effects that spill over into the workplace, such as lack of capacity due to HCWs' being afraid to go to work. Other [authors](#) have found that concern for personal and family health contributed to absenteeism among HCWs during disasters. Moreover, in a [2006 study](#) in Germany, Boris Ehrenstein and his colleagues [found](#) that 28% of 644 HCWs at a university hospital regarded it as professionally acceptable to abandon their workplace during a pandemic.

There is a need to collect data and understand the impact of the pandemic on the families of HCWs, specifically in South Africa. In May Dioscoridi Lorenzo and Chiara Carrisi conducted such a study, collecting data on the families of 38 HCWs in Italy. They [found](#) that 32 of them self-isolated from their families. Also, HCWs were not the primary sources of infection to their family members, as they had tested negative while the family members had tested positive.

As the pandemic seems to be under control in South Africa and lockdown restrictions have been lowered, the HSRC will continue its work within the health sector. The HSRC, its partners in the health fraternity and its organising bodies are preparing for the second wave of the Healthcare Workers survey. This second survey will continue to explore the narrative of HCWs in South Africa, including their concerns and vulnerabilities around knowledge and training, resources, infrastructure and personal protective equipment, as well as their health and wellbeing. The future work of the HSRC and its collaborators will seek to document HCW narratives and give a platform for the voices of frontline HCWs with the aim to ensure a lasting systemwide impact.

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A health-care worker testing a patient's blood pressure.
Photo: Hush Naidoo, Unsplash

EXPOSURE TO COMMUNITY VIOLENCE INCREASES TEEN BOYS' RISK FOR MENTAL ILLNESS

On 19 September, a 13-year-old girl was caught up in a gang shooting in the Cape Flats. She survived. Eleven-year-old Nehemiah Claassen was not so lucky. His death, just weeks before, brought community members out onto the streets to demand an end to gang violence. As many as 90% of adolescents in the Western Cape have seen community violence, by some estimates. What impact does chronic violence have on adolescents' mental health? By *Andrea Teagle*

Teenagers growing up in South Africa are exposed to some of the highest rates of violence in the world. Focusing on a sample of adolescents who accessed mental health care in the Western Cape, a team of researchers, led by [Dr Geri Donenberg](#) of the University of Illinois at Chicago, found that exposure to violence was linked to mental-health problems in boys.

However, rather than internalising these problems, which would result in depression or anxiety, the boys were acting out, displaying delinquency, aggression and violence. And the greater the exposure to violence, the more externalised mental-health problems the boys displayed.

"We are suffering from gendered violence, community violence — many

types of violence because we are quite desensitised as a country ..." said HSRC researcher Dr Jacqueline Mthembu, who was part of the study team. "And the cycle of violence is influenced by our youth observing normalised problem-solving behaviour. Unfortunately, masculinities, in relation to violence specifically, are about boys showing strength and toughness and sometimes acting violently."

Local and international research has previously shown a strong link between witnessing and experiencing violence and mental-health problems in teens. However, Mthembu said, "This connection hasn't been made among this group of youth ... children with diagnosed mental illnesses."

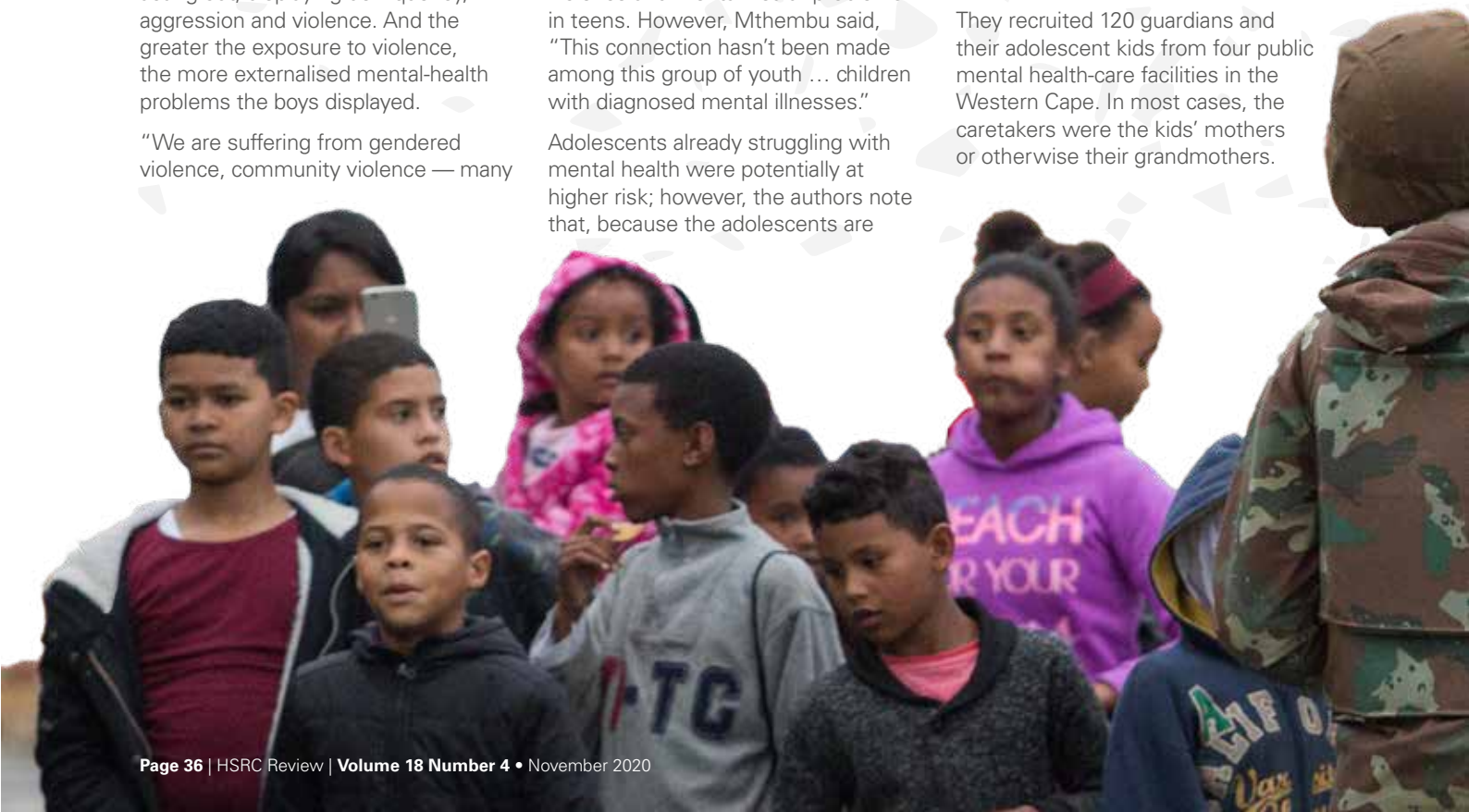
Adolescents already struggling with mental health were potentially at higher risk; however, the authors note that, because the adolescents are

already connected to mental health-care services, interventions looking specifically at the psychological effects of violence might be implemented more easily.

Parents, friends and mental health

The study team expected that exposure to violence might explain some of the mental-health struggles of teens. However, they wanted to dig a little deeper to understand some of the avenues from witnessing violence to mental-health problems.

They recruited 120 guardians and their adolescent kids from four public mental health-care facilities in the Western Cape. In most cases, the caretakers were the kids' mothers or otherwise their grandmothers.



Then, they collected information about exposure to violence, the teens' mental health, their relationships with their parents, and what their friends were like. They wanted to see how these variables interacted by applying a model called the Social-Personal Framework. This model is based on past research and proposes specific pathways through which violence can lead to mental-health problems.

The framework proposes that social support (or lack thereof) can influence the effects that exposure to violence has on mental health. For example, a kid exposed to violence might withdraw from their parents, or start hanging out with friends who encourage risky behaviours. Both of these might lead to mental-health problems. Conversely, if a kid has a strong relationship with caregivers, that might make them less likely to suffer mental-health issues.

The team was also interested in how the mental-health effects may manifest. The model includes two categories of symptoms of mental-health problems: internalised symptoms (depression and anxiety) and externalised symptoms (impulsivity, aggression, etc.). Based on [previous research](#), the authors expected that exposure to community violence would be more strongly associated with externalised problems than internalised problems. They also expected that boys might face higher rates of violence than girls.

Cycles of violence

The first surprise was that boys and girls were both exposed to high levels of community violence, with boys' exposure only slightly greater. "The idea that boys are more [often] on the streets or in the community and girls are more homebound does not play out here," the authors pointed out. "Because when it comes to community violence, girls and boys are exposed at similar levels."

A regression analysis revealed that boys exposed to violence had significantly more mental-health problems, and these problems were externalised. Exposure to violence was also linked to having risk-approving friends, which in turn was linked to externalised mental-health problems.

Why are these psychological impacts externalised? Theory suggests that this happens when kids become desensitised to normalised violence, or internalise violence as a legitimate way of resolving conflict, the authors write. Kids might also behave aggressively to avoid feeling hopeless or scared. According to social-learning theory, children model their relationships on early experiences; boys who witness violence might identify with the aggressor and mimic this behaviour, maintaining the [cycles of violence](#).

"The stress of [feeling like you have to act] in a certain way, as a man, as a boy, as a boy aspiring to [be] a man, will always be there, unless we reconstruct or deconstruct what it means to be a man," Mthembu said.

Strong parental attachment was linked to lower externalised mental-health problems among boys in the study,

suggesting that parental support might help to mitigate this effect. Previous research has yielded mixed results on the buffering effects of parental support.

It is also possible that causality went in the opposite direction — for example, boys with externalised problems might seek out risk-encouraging peers and violent situations — or a third factor (such as poverty) might be independently responsible for both social-environment and mental-health problems. Because the study was cross-sectional, it provided only a snapshot of the associations between the variables, and could not confirm the proposed pathways or causality.

Gender-specific interventions

Interestingly, the study did not find a significant relationship between exposure to violence and mental-health issues among girls. The only significant association was that between low parental attachment and peer support of risky behaviour.

[Other research](#) has suggested that mental-health problems among girls are more closely correlated with exposure to sexual violence than community violence. Although exposure to community violence can sometimes work as a proxy for other types of violence, the possible role of sexual violence on girls' mental health was not directly captured in this study.

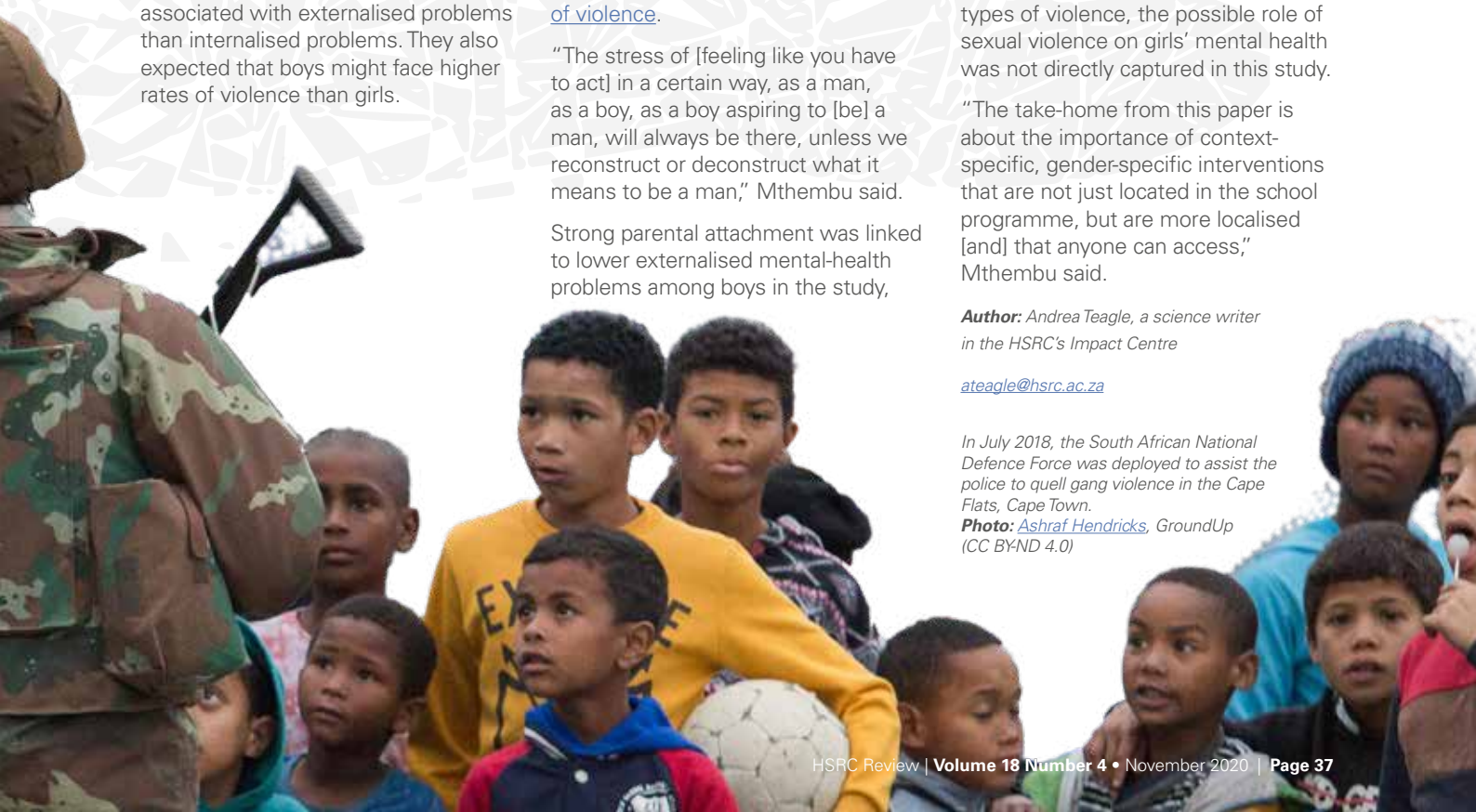
"The take-home from this paper is about the importance of context-specific, gender-specific interventions that are not just located in the school programme, but are more localised [and] that anyone can access," Mthembu said.

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In July 2018, the South African National Defence Force was deployed to assist the police to quell gang violence in the Cape Flats, Cape Town.

Photo: *Ashraf Hendricks, GroundUp (CC BY-ND 4.0)*





Provision of sexual- and reproductive-health services during COVID-19:

Perspectives from civil society organisations in Eastern and Southern Africa



Civil society organisations remain some of the most important role players in the provision of services related to sexual and reproductive health and rights to young people and other vulnerable groups in Africa.

However, they have always faced many challenges, which the COVID-19 pandemic has now worsened. By *Lorenza Fluks* and *Finn Reygan*



In Africa, civil society organisations (CSOs) that support the awareness and provision of services related to sexual and reproductive health face several challenges. These include sociocultural and religious resistance to comprehensive sexuality education, insecure funding support, continued loss of skilled human capital, economic decline, food insecurity, unsupportive legislation and persistent stigma towards lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) persons.

COVID-19 and lockdown regulations were bound to make things even more difficult.

In a recent [article](#) published in the *International Journal of Infectious Diseases*, Rouzeh

Eghtessadi and her colleagues warned that “as efforts intensify to tackle the pandemic, it is prudent to prevent COVID-19 from potentially becoming ‘the crisis that crumbled CSOs’”.

Since 2018, the HSRC has worked on the School’s Out Project, engaging CSOs in rolling out education on and support for sexual and reproductive health and rights for young people in the Eastern and Southern African region. Part of the work is to improve understanding of the sociocultural contexts in which programmes linking youth to these services and support are carried out. In 2020, the researchers asked CSO representatives about the impact of COVID-19 on their implementing their programmes. This work used narrative assessment, a qualitative methodology that allows advocacy workers to share their views on whether an approach works in a particular context, as well as whether a strategy helps or hinders the availability and use of services. Using the Zoom videoconferencing platform,

HSRC researchers conducted 13 semi-structured, in-depth interviews with 17 CSO representatives from Botswana, Eswatini, Malawi, Mozambique, Namibia, South Africa, Uganda and Zambia.

Key findings

In line with current literature on CSOs in Africa, the participants in this study confirmed that they needed to cover many impacts of COVID-19 regulations on their staff and programming. School closures as well as restrictions on personal movements and how many people were allowed at gatherings appear to have had the most negative impact. Most notably, organisations that work with young people in schools suddenly had no access to their target populations, and at health facilities, the focus shifted to managing coronavirus-related issues. In many cases, these facilities needed to relook at their normal operational models.

“... the numbers have gone down because we haven't been able to meet with our customers in the same way we used to meet them before COVID-19 came in.” – Male participant in Malawi

“It has really impacted on our programmes ... like the numbers of young people we need to reach. We are not even reaching as many as we thought we would.” – Male participant in Namibia

CSO activities that had been conducted in person were adapted so they could be done online where possible. This was more challenging in countries with poor internet connectivity and high data costs. Where people could access such online opportunities, limited technological know-how presented a challenge.

“Uganda as a country, you know, telecommunication is one of the places that is really, really expensive ... and then they have smartphones but they don't know how to use it. So, there was no way, you know, of helping them to let them know on how to use the phone, you know. They were hearing Zoom calls

and stuff like that. What is that? ... How can I participate in this workshop when I cannot connect to Zoom? You know, to connect – stuff like that – that part became such a barrier.” – Male participant in Uganda

In other instances, programmes were scaled down or stopped suddenly, as these were deemed nonessential. Among these were sensitisation programmes on gender-based violence as well as orientation and awareness programmes focusing on diversity and inclusion of LGBTQI persons. Participants viewed this stalling of programming as a potential threat to the gains that they had made before COVID-19, with no opportunities to provide refresher courses or reach the target number of recipients due to movement restrictions and the cost of repeating activities with far fewer participants.

Staff of CSOs are often the heartbeat of the organisation, so their wellbeing is vital. Several staff members who worked from home reported mental fatigue because of isolation. Especially for LGBTQI persons in places where the law is not as supportive as it is in others, isolation meant even more fear and anxiety because of being isolated with people they would normally avoid by spending much time at the office. This situation placed the added burden on CSOs of providing ongoing psychosocial support to staff, with many organisations using wellbeing-focused check-in meetings via Zoom.

“I think initially the fact that we have to start working from home – we weren't able to go and implement as staff and interns the way we were working. I think ... there was a lot of mental fatigue because we couldn't interact with people, we couldn't work, we couldn't do anything and it was a very gloomy period. So, what we did is ... we would have check-ins – check-ins on Zoom – just to know how you are doing, 'how is your mental state?' and all those things ... So, on that aspect, I think we were able to manage.” – Female participant in Zambia

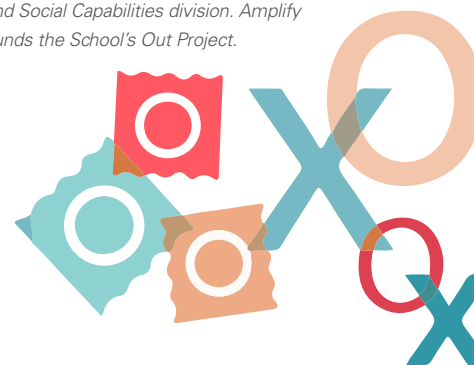
Conclusion

Despite challenges such as looming stockouts of essential sexual-and-reproductive-health supplies in the Eastern and Southern African region due to closed borders, limited access to the people they usually serve, and unintended impacts on already limited budgets, CSOs adapted swiftly so they could carry out their programmes effectively and ensure the safety of their staff and clients. However, we echo the view of Eghtessadi and her colleagues that the vital role CSOs play in filling the gap between governments and communities should not be overlooked as aid agencies may choose to invest in governments directly, thereby endangering CSOs amid this crisis. Participants in the School's Out Project study urged aid organisations to remain flexible with how CSOs use the funds allocated to them during this time, for example, allowing them to improvise on how they give information to target populations, such as through radio and TV programmes, if face-to-face interventions are not possible. We emphasise the continued acknowledgement of and support for CSOs in Eastern and Southern Africa, as they play a key role in the broader development agenda and support democracy in the region. At the same time, CSOs remain intimately connected and up to date with the needs of the communities they serve.

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Emerging research suggests that, even if a child is HIV negative, exposure to HIV in the womb can impair development.

Photo: Christian Bowen, Unsplash

A darker side of ARVs for the next generation?

Two decades after South Africa rolled out life-saving treatment aimed at the prevention of mother-to-child transmission, some research suggests that exposure to antiretrovirals in utero might affect the later cognitive development of babies. But HIV exposure in utero is just one of many hurdles that children in South Africa face in reaching their full potential, researchers say. *By Andrea Teagle*

The roll-out of services aimed at the prevention of mother-to-child transmission (PMTCT) was one of South Africa's most dramatic success stories in the ongoing effort to eliminate HIV and AIDS. Life-saving PMTCT prevented around 1.4 million HIV infections among children between 2010 and 2018, according to [UNAIDS](#).

But while PMTCT is essential for maternal health and preventing HIV transmissions, nearly two decades after its roll-out, the risks of exposure to antiretroviral (ARV) drugs for an infant in the womb are still not well understood.

HIV infection in early life has been [shown](#) to increase an infant's risk for cognitive [development](#) delay. Emerging research suggests that, even if a child is HIV negative, exposure to HIV in the womb can impair development, although the [manifestations are subtler](#). But how much of the impact is due to exposure to ARVs (rather than exposure to the virus itself) is difficult to untangle, especially because

the mother's improved health from being on treatment might offset any negative impact of ARVs on the child. Further complicating the picture is that infants are exposed to varying concentrations of HIV and ARVs, and ARV combinations may differ, so comparing results is difficult.

A recent study of HIV-exposed but uninfected infants, led by [Dr Maria Alcaide](#) of the University of Miami Miller School of Medicine, adds a little more to the emerging data.

Alcaide's team, working with women and infants from Mpumalanga, South Africa, found that at one year of age, babies exposed to ARVs in utero were at greater risk for cognitive delay than babies exposed to no or low levels of ARVs. Although it was small, the study adds to a growing chorus of calls to find ways to better protect HIV-exposed but uninfected infants.

At 'emerging risk'

The team, which included researchers from the HSRC, recruited 80 HIV-positive pregnant women from rural

clinics in Mpumalanga as part of a larger study exploring the impact of intimate partner violence on people sticking to their treatment.

At the 32-week pregnancy mark, 66 of the women had detectable levels of ARVs in their bloodstream. Their babies formed the first group. The infants of the remaining 14 women — the second group — were considered not to have been exposed to ARVs in utero. (ARVs cross the placental barrier at varying concentrations, so the mothers of the infants in this group had not necessarily defaulted on treatment.) The team also looked at the mental health of the mothers and their exposure to intimate partner violence, as both factors might affect infant cognitive development.

About a year after they gave birth, the participating mothers brought their babies (who were all HIV-negative) in to take part in the Bailey III Screening Test. This is a cognitive screening test intended to identify babies who might benefit from early intervention.

The scale measures language development (how a baby expresses



Photo: @NappyStock, Nappy

herself with sounds and gestures, and how she responds to communication), gross motor skills (sitting upright, balancing, crawling etc.) and fine motor skills (grasping a pen, tracking an object with her gaze, etc.), as well as general cognition.

The scores are adjusted for age and fall into three categories. For the general cognition test for infants aged 12.5 to 18.5 months, the maximum score is 33. A score of 0–13 indicates a child 'at risk for developmental delay', 14–16 'at emerging risk', while a score of 17 or higher is considered competent.

The average general-cognition score of the infants in the first group (15.14) fell into the emerging-risk category, while the average score of the infants in the second group (17.43) fell at the lower end of the competent range. Controlling for the mental health of the infant's mother and intimate partner violence — both factors might affect development — the tests found that infants with ARV exposure were still significantly more likely to be at emerging risk.

Encouragingly, there were no significant differences between the two groups' average scores on the language or motor-skills measures.

How does HIV exposure affect development?

In a [2019 article](#) in *Current HIV/AIDS Reports*, [Dr Catherine Wedderburn](#) of the London School of Hygiene and the University of Cape Town

and her colleagues suggested direct and indirect ways that HIV exposure in utero might affect development. In addition to the effects of direct exposure, HIV might trigger a damaging immune response or inflammation in the mother and/or an immune response in the foetus. And while ARVs reduce HIV exposure, they themselves might contribute to the toxicity associated with HIV.

HIV-exposed but uninfected children are more likely than unexposed children to be born prematurely and more susceptible to childhood illnesses that can have neurological impacts.

HIV exposure might also affect babies indirectly by interacting with universal risk factors for poor development. For example, a pregnant woman with HIV might be more likely to get other infections, and to drink or take other substances during pregnancy. Women living with HIV are also more likely to suffer from depression, which other [research](#) has shown to have an impact on child development.

Many of these indirect factors are influenced by conditions of poverty and inequality, which characterise low-income countries such as South Africa and make cross-country comparisons of study findings difficult.

Limitations

Wedderburn and her team note that because the sample was very small, the study was not conclusive. Future research should ideally include

comparable HIV-unexposed control groups as well as a larger sample of babies with no or low ARV exposure. Also, it would be useful to follow the infants through childhood to assess longer-term impact.

Although the team controlled for maternal depression and intimate partner violence, other factors could be muddying the picture, said HSRC researcher Shandir Ramlagan.

Research in low- and high-income settings has highlighted the importance of interacting factors. In low-income settings, HIV exposure emerges as a risk factor for delayed neurodevelopment in HIV-exposed but uninfected babies but, in high-income countries, the results are [mixed](#).

New treatments?

In the HSRC study, the researchers specifically looked at the effect of the ARV drug efavirenz, which is still widely used in PMTCT plans in South Africa. Dolutegravir, a new drug that is in the pilot phase, is generally seen as safer but anecdotal reports of neural-tube defects in infants suggest that this is not a better option for pregnant women.

"South Africa is looking for safer, better ARV treatment," said Ramlagan. In the meantime, however, he notes that there are other steps that we can take to positively impact the multifactorial pathway to healthy infant development. Notably, intimate partner violence had a comparable effect on the infants' cognitive scores.

"There are other things for me that are just as important or more important, like the poverty in South Africa. During COVID-19, we know of families that are starving [and] people [who] have lost their houses. How is that affecting the children? ARVs [may] have an impact but there are other things [like the mental health of young women, male partner involvement, food security and access to health care] that we can actually impact."

Author: *Andrea Teagle, a science writer in the HSRC's Impact Centre*

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A photograph showing a woman in a grey zip-up hoodie holding a young child. The child is wearing a pink shirt with a pattern of cartoon rabbits. The woman's hands are visible, one resting on the child's head and the other near their chest. The background is slightly blurred, suggesting an indoor setting.

'South Africa's multilevel Shecession'

During the COVID-19 crisis, women shed more jobs and took on more of the additional childcare burden. As South Africa eased out of the stricter levels of lockdown, men returned more quickly than women to their pre-COVID-19 childcare levels. For women in particular, working from home meant striking a balancing act that left many feeling as if they were falling short both at home and at work. Drawing from recent research, HSRC researchers discuss how employers can better support women. By *Candice Groenewald, Zaynab Essack and Andrea Teagle*

Many women struggled to meet work demands while balancing the added childcare and domestic work during lockdown.

Photo: Charles Deluvio, Unsplash

South Africans are mostly supportive of women working, but with some caveats. Women contributing to household income is fine – even desirable – as long as this is [secondary to their roles as caregivers](#). In fact, if a woman has children of school-going age, she should rather not work, according to almost two-thirds of South Africans.

These perceptions, captured by the HSRC's 2017 South African Social Attitudes Survey, are reflected in the gendered nature of work in South Africa. When COVID-19 arrived on our shores, nearly half of the workforce was female. But women tended to be concentrated

in the care sector (where jobs are typically low-paying), occupied fewer managerial posts and were paid less than men for the same work.

With the onset of COVID-19, these gendered divisions deepened at every level and were particularly stark during the peak of the crisis. Between February and April 2020 the country shed 2.9 million net jobs. According to the National Income Dynamics Study – Coronavirus Rapid Mobile ([NIDS-CRAM](#)) survey undertaken by researchers at Wits University, women accounted for two-thirds of these losses. By June, some women had returned to work; however, women still accounted for

58% of net job losses from February to June.

Black women in townships and rural areas were particularly affected. A study conducted by the National Institute for the Humanities and Social Sciences (NIHSS) on the impact of COVID-19 across five townships found that 7 in 10 women (72%) spent more on food, compared with 5 in 10 men. And according to the HSRC's Street talk-Asikulume Lockdown Survey, almost 1 in 10 women nationally reported that they skipped meals in response to financial strain.

Speaking at a recent lecture on the gendered COVID-19 impacts, NIHSS

CEO Sarah Masetso noted that while overall income decreased, women's spending on basic goods remained comparatively high. "Women are spending more of their money [than men], taking care of the basics, taking care of the household," she said. Referring to the results from the NIHSS survey, she added that the burden of COVID-19 is not shared equally.

Impact on paid and unpaid work

While the proportion of women in the workplace shrank, at the same time the unpaid work women undertook increased drastically.

South Africa's high percentage of female-headed households partly explains why women disproportionately took on more unpaid work with the closure of schools and childcare services. Almost three in four (74%) women reported that they lived with children, compared with 61% of men, according to NIDS-CRAM. This disproportionate burden is significant because female-headed households are already at a [greater risk](#) for poverty.

In households where men are present, both women and men reported spending more time on childcare. However, as the NIDS-CRAM survey showed, women still took on more of the increased burden.

In April 2020, around 73% of women and 66% of men living with children reported spending more time than usual looking after them. Of those adults reporting a bigger childcare burden, almost 80% of women said they were spending an *extra 4 hours* on childcare, compared with 65% of men. The [second wave](#) of the NIDS-CRAM survey showed that, as lockdown eased, men more quickly reverted to pre-lockdown childcare levels than women did.

The working-from-home balancing act

According to the second wave of the NIDS-CRAM survey, twice as many women as men (roughly 3.4 million women versus 1.7 million men) said

that childcare prevented them from going to work or made work very difficult in June 2020.

To unpack the challenges faced by women who remained employed during lockdown, a team of HSRC researchers led by Dr Candice Groenewald rolled out an online survey to a convenience sample of 58 adults, 40 of whom were women aged 31–57 years. The survey was made up of open-ended questions where the participants could describe their anxieties and concerns about working from home.

Findings revealed that most of the women (70%) struggled to maintain healthy boundaries between their home lives and work. The lack of separation between work and home time led participants to feel guilty when working, and guilty when not working.

"I always feel like I am not doing enough," one woman reported. "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."

Another stated, "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..."

Another participant summed it up: "Healthy parenting is a challenge due to workloads and home schooling." Among the sample of 18 men, three (17%) expressed similar challenges.

Women-friendly work policies

The deep-seated patriarchal beliefs that underlie the wage gap in South Africa will not be shifted easily. However, employers accommodating the demands of women workers can help to make the work environment more welcoming to women, and help to reduce the shrinking of the female workforce during crises.

The psychosocial effects of working from home during lockdown emphasise the need for employers to implement targeted support programmes to promote healthier

work patterns. To support female employees and avoid long-term burnout, employers should prioritise communication approaches and timelines that respect the complexities of women's lives, the authors of the study suggest.

Beyond COVID-19, the choice to work from home can significantly free women so they can attend to their duties; however, men should also benefit from this flexibility to encourage a more equal division of childcare. The findings of this small HSRC survey, while not generalisable, underscore the need for employers to start asking critical questions about their roles in perpetuating (or not explicitly preventing) employee burnout. This is important, for not only women but men too, in ensuring employers consider the different responsibilities women and men have outside of work, while also making room for a shift towards greater equality. In this regard, policies should enable women and men to have a stronger (perhaps more supportive) role in domestic and childcare responsibilities without judgement.

Questions such as 'How do we support women (and men) in their work capacity, without compromising their family life or mental health?' or 'What strategies and policies can we, and should we, put in place that recognise the multiple roles women (and men) play, without judgement?' should be asked.

These ongoing conversations around the experiences of women and men should be open, honest and guided by the aim of finding ways to support women and men effectively through the aftermath of COVID-19 and beyond.

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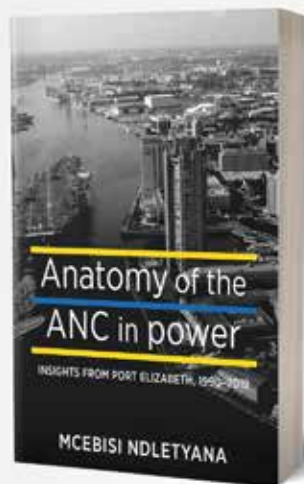
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Anatomy of the ANC in Power

Insights from Port Elizabeth, 1990–2019



Price **R450**

Author:	Mcebisi Ndletyana
Cover design:	Karen Lilje
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Extent:	356 pp

ABOUT THE BOOK

South Africa's governing party, the African National Congress (ANC), has undergone dramatic changes over the last 30 years. Historically a hotbed of political activism, Port Elizabeth is an illuminating site. In 2016, observers greeted with shock the ANC's loss of the city, one of its crown jewels and a party stronghold. Yet, as this book shows through its analysis of power and politics in Port Elizabeth, the party's political decline was authored by its own hand.

In *Anatomy of the ANC in Power*, the author presents an intimate portrait of the ANC at a local level over 28-years and one that explains what is now playing out at a national level. The book traces four stages that characterise the party's post-1990 life in Port Elizabeth: rebuilding, ascension to political office, political decline, and adaptation to losing power or having it threatened.

This evidence-based book is an account of how the ANC rebuilt itself into a governing organisation but failed to cohere into an institution of democracy, becoming instead an amalgam of competing factions for patronage. Readers will judge how much Port Elizabeth is a microcosm of the entire ANC.

Endorsement:

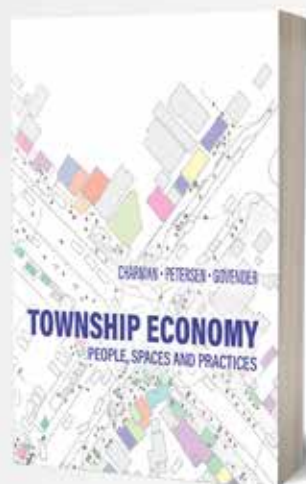
'... a cogent analysis of how a liberation movement is impacted upon by transition into political office ...'
— Joel Netshitenzhe, Executive Director and Board Vice-chairperson of the Mapungubwe Institute for Strategic Reflection

'... a perceptive and sophisticated analysis of both party and state, and the relationship between them, at local level.'
— Janet Cherry, academic and member of Amnesty International

'This well-researched book is both highly academic and practically useful and provides lessons to all political parties ...'
— Vusi Pikoli, former National Director of Public Prosecutions

Township Economy

People, Spaces and Practices



Price **R495**

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Cover design:	Riaan Wilmans
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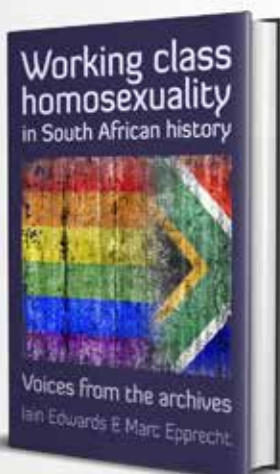
ABOUT THE BOOK

Township Economy provides a unique insight into township informal business and entrepreneurship. It is set in the post-apartheid period, in the third decade of Africa's democracy, and draws on evidence collected from 2010 to 2018 in 10 township sites — 9 in South Africa and 1 in Namibia. The book focuses on microenterprises, the business strategies of township entrepreneurs and the impact of autonomous informal economic activities on urban life.

The book is unique in approach and content. It looks at spatial influences at various gradients, from the citywide level to objects and invisible infrastructure. The analysis examines the influence of power as a tool to dominate and control and thus constrain inclusive opportunities. This captivating book will be of interest to academic researchers, university students and specialists in business studies, urbanism, politics and socioeconomic development.

Working-class Homosexuality in South African History

Voices from the Archives



Price **R390**

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Cover design:	Riaan Wilmans
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Extent:	288 pp

ABOUT THE BOOK

Working-class Homosexuality in South African History provides the first scholarly outline for the development of a narrative of same-sex working-class African men. The book's core analytic thrust centres around a previously unpublished primary source from the early 20th century as well as unique oral-history interviews with men remembering their lives in the gay settlement of Mkhumbane.

While South Africa's Bill of Rights provides constitutional protection for the right of any person to choose her or his own sexual preferences, this has not prevented violent and even murderous assaults on members of the growing and increasingly vocal LGBTI community. Given the dearth of published works on South Africa's gay communities and reasoned public discussion, as well as the recent controversy over the film *Inxeba*, there is considerable urgency in confronting entrenched bigotry, prejudice and homophobia.

Working-class Homosexuality in South African History inspires South Africans to reimagine an inclusive sense of the past as well as the future.

Endorsement:

'A poignant account of black working-class men obliterated from history because of their sexual orientation ... Plethoric with unpublished words and phrases critical for validating a long homosexual presence in our African history. A beautiful, sad and heroic story!'

— Professor Glenda Gray, President and CEO, South African Medical Research Council

'Edwards and Epprecht use history from below to disturb prevailing and dominant narratives of South Africa's past while also re-examining a particular history of the present with calm integrity, diligence, imagination and thoughtfulness. This is a rich and rewarding book.'

— Wale Adebawbi, Rhodes Professor of Race Relations and Director, African Studies Centre, University of Oxford

'A fascinating path-breaking account of African male same-sex practices...'

— Dunbar Moodie, Professor Emeritus of Sociology, Hobart and William Smith Colleges, New York