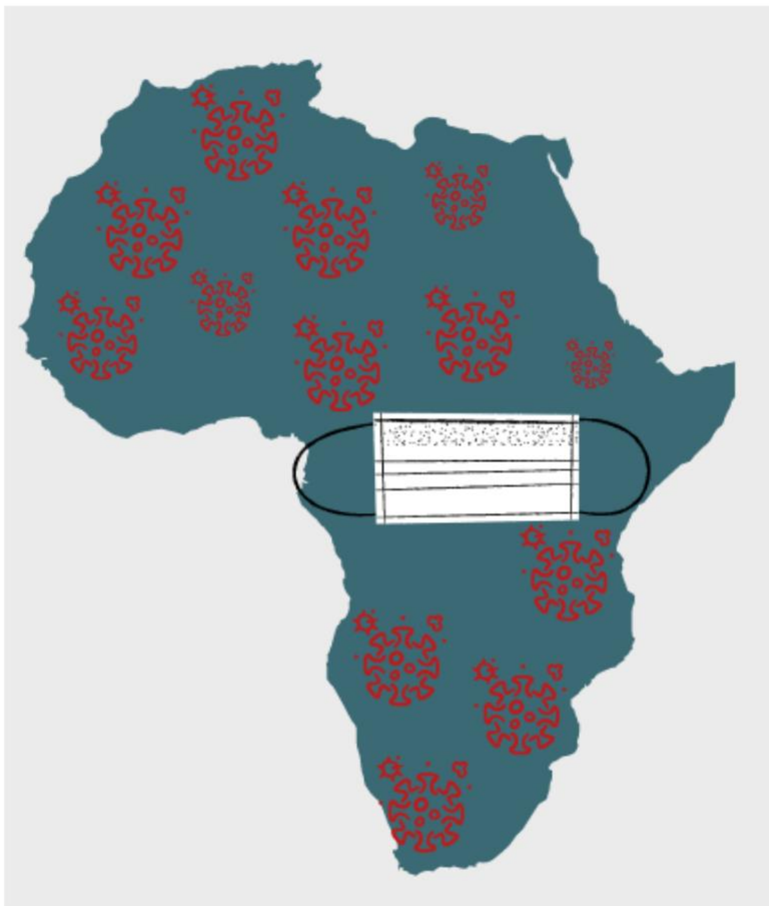
STUDY REPORT 1



THE SOCIO-ECONOMIC, HEALTH, AND GENDER IMPACT OF COVID-19 ON YOUTH (16-35 YEARS OLD) BENEFICIARIES OF DSD PROGRAMMES

August 2021

A report submitted by the Human Sciences Research Council (HSRC)

Table of Contents

Study Team 3

Background 4

COVID-19 and Youth in South Africa 6

Youth Unemployment 6

Food Insecurity 7

Schooling and higher education 8

Psychosocial impacts 9

Social relief measures and support 10

The current report 11

Methodology 12

Participant recruitment and sample 12

Data collection 13

Data analyses 13

Ethics 14

Independent review 14

Informed consent, privacy and confidentiality 14

Risk-benefit considerations 14

Results 16

Sample Characteristics 16

Health profile 16

a. COVID-19 risk 16

b. Sexual and reproductive health 18

Social wellbeing and safety 20

a. General violence 20

b. Gender-based violence 21

c. Gender-based violence against sexual minorities 23

d. Violence against children 25

e. Violence indices 26

f. Violence against older persons 27

g. Accessing support if violence is experienced 28

Educational impact 29

a. Challenges with home schooling 30
Economic impact 31
Uptake and perceptions of social support services 35
a. COVID-19 Social Relief of Distress Grant 36
b. Food Parcels and Vouchers 38
c. Psychosocial support 38
d. Satisfaction with support services 39
Summary and concluding remarks 44
References 46

Study Team

Dr. Candice Groenewald (Human Sciences Research Council)
Dr. Zaynab Essack (Human Sciences Research Council)
Dr. Steven Gordon (Human Sciences Research Council)
Prof. Ann Strode (University of KwaZulu-Natal)
Prof. Khangelani Zuma (Human Sciences Research Council)
Dr. Neloufa Khan (Department of Social Development)

Contact person: Candice Groenewald, CGroenewald@hsrc.ac.za

Conflict of Interest: None

Acknowledgements

We would like to acknowledge the following stakeholders for their invaluable with this project:

The Project Steering Committee

DSD: Directorate: National Youth Mobilisation and Development Support Programmes

Patsy de Lora* from *Partners in Sexual Health

Background

The COVID-19 pandemic has disrupted the lives of people across the globe. Youth, along with adolescents and children, have been significantly affected as their plight for educational attainment, job security, steady income, and overall wellbeing has been compromised (Allais, 2021; Cluver et al., 2020; Li et al., 2020; Onyeaka, Zahid & Patel 2020; Sekyere, Bohler-Muller, Hongoro & Makoae, 2020; Zhang, Wang, Rauch & Wei; 2020). This is especially true for youth in South Africa who are under-employed and have experienced significant educational, spiritual, physical and economic impacts related to COVID-19 (Chauke & Chinyakata, 2020). Recognising the various implications that the COVID-19 pandemic, and lockdown, may have on young people in South Africa, the Department of Social Development (DSD) funded a longitudinal study with a sample of 'known' youth aged 16 to 35 years to examine the multi-dimensional impact of the COVID-19 pandemic on young people. 'Known' youth are individuals (16-35 years old) who have received psychosocial and/or financial support from DSD or the South African Social Security Agency (SASSA) over the past 5 to 10 years.

STUDY AIMS

1) Understand the socio-economic, health and gender impact of COVID-19 and related regulations and lockdown measures on South African youth (aged 16 to 35 years old)
2) To develop and propose further evidence-informed interventions and policy recommendations in response to the COVID-19 crisis.
3) Document the impact of relief measures and services implemented by DSD and SASSA in circumventing the impacts of COVID-19.

This data will critically inform further interventions and youth policy recommendations in response to this crisis – the impacts of which will be long-term. The longitudinal perspective is likely to contribute to knowledge on the socio-economic, social and psychological aspects of the pandemic in a middle-income country. The study findings can be compared to other contexts, locally and internationally, and could serve as a baseline for future inquiries. The findings may also hold valuable insights into the support needs of youth, including developing targeted interventions.

The current report is the first of three and focuses on youth's experiences of the COVID-19 pandemic over the period April 2020 to July 2021. We specifically examine the following issues:

1. Health profile, including COVID-19 symptoms, sexual and reproductive health and access to services during the lockdown

2. Educational impact (students and school learners)
3. Economic impact (including food and water security)
4. Uptake and perceptions of social relief initiatives (grants, food vouchers and parcels)

Before presenting our findings, we consult the literature on COVID-19 and youth in South Africa, followed by a description of the research processes adopted in this study.

COVID-19 and Youth in South Africa

The first cases of the novel Coronavirus (2019-nCoV or Covid-19) were reported in China at the end of 2019, and the virus has since rapidly spread worldwide catalysing a global public health crisis. In South Africa, the National Institute for Communicable Diseases (NICD) confirmed the first case of COVID-19 on 5 March 2020 (NICD, 2020). Since then, the number of COVID-19 infected persons has rapidly increased. While initial cases occurred amongst those who had travelled to high-risk countries, the WHO has now classified South Africa's pandemic as due to "local transmission" (WHO, 2020, p. 6).

In response, South Africa implemented several measures to contain the spread of COVID-19 including social distancing, hand hygiene and respiratory etiquette, and closure of educational institutions across the spectrum. Various other recommendations have been proposed such as mass masking in public areas to minimise droplet spread and others to reduce stigma that discourages symptomatic patients from wearing masks around others. The highly infectious nature of COVID-19 led to an unprecedented nationwide lockdown to curb the spread of this virus in South Africa.

The lockdown has (and continues to) impact key elements of social life, particularly related to individuals' free movement, physical contact, ability to purchase goods and services (specifically alcohol, cigarettes and sweets), attend religious and group events, including funerals, and sanitation practices. As the lockdown is 'eased', these restrictions are being cautiously lifted. However, the consequences of COVID-19 and the related lockdown are manifold. In addition to the health-related impacts of this novel virus, the COVID-19 pandemic holds various societal, psychosocial and economic impacts (Cluver et al., 2020; Li et al., 2020; Onyeaka, Zahid & Patel 2020; Sekyere, Bohler-Muller, Hongoro & Makoae, 2020; Zhang, Wang, Rauch & Wei; 2020).

Youth Unemployment

With the COVID-19 pandemic, the severity of these social issues has exacerbated, leading to "substantial damage on human lives and the economy in South Africa" (Nwosu & Oyenubi, 2020). Recent statistics show an increase in unemployment rates since the start of the pandemic which has significantly affected low-income earners and youth, resulting in job and income loss (Nwosu & Oyenubi, 2020). Results from the *Second wave survey on the impact of the COVID-19 pandemic on employment and income in South Africa* showed a significant increase of

individuals reporting that they had no income during the first six weeks of lockdown (from 5.2% to 15.4%) (Statistics South Africa, 2020). The same study reported an increase in the number of persons who experience hunger, from 4.3% at the start of lockdown to 7% by the sixth week, and also observed a decrease in the proportion of persons who indicated that they did not experience hunger for the same period (from 89.2% to 86.6%).

More recently, findings from the *Quarterly Labour Force Survey* reported that South African youth are significantly struggling to secure employment during the pandemic (Statistics South Africa, 2021). Close to half of South African youth aged 15 to 34 years (46.3%) were officially unemployed during the first quarter of 2021, with 9.3% of this population being university graduates. However, results from the *NIDS-CRAM survey* wave 5 showed an increase in the employment-to-population ratio of youth aged 18 to 24 years (32.4% to 35%), while a marginal decrease was reported for youth aged 25 to 39 years (62.5% to 61%) (Espi, Leibbrandt, & Ranchhod, 2021). While the burden of job loss is disproportionate for young people relative to the older population, the negative impact of the pandemic on youth employment and wellbeing is widely recognised.

Food Insecurity

Poverty has become a significant concern in South Africa and worldwide, where around 15 percent of the global population has succumbed to multidimensional deprivation, including diminished health and wellbeing, derisory income and resources and unsafe living conditions (United Nations Development Programme, 2014; Groenewald, Timol & Desmond, 2019). Historical inequalities that persist spatially and economically were highlighted during lockdown, especially in relation to the feasibility of social distancing for South Africans in crowded informal settlements with variable access to water. The impact on the economy has been unbridled both globally and in South Africa where it has amplified existing poverty and high unemployment rates (Sekyere et al., 2020).

Of particular concern in South Africa, are challenges related to food security, proper nutrition, and access to clean water and sanitation (Maluleke, 2019). While studies focusing specifically on the impact of these issues on youth wellbeing are limited, we draw on research that examine the impact of the pandemic on food insecurity of the South African population. As previously outlined, the COVID-19 pandemic contributed to youth unemployment, and

without a steady income, access to food and proper nutrition is significantly compromised (Mudiriza & De Lannoy, 2020). Inevitably, less income equates to decreased ability to purchase food.

Recent statistics show that in April to May 2021, approximately 10.6 million South Africans were affected by hunger, including 1.5 million households that were affected by child hunger (Spaul et al., 2021). Spaul et al. (2021) partially attributes this to the removal of certain grants in 2020 and the conclusion of the COVID SRD grant of R350 at the end of April 2021. Food insecurity was also specifically problematic amongst people living in shacks and peri-urban communities where nearly one quarter of shack dwellers and more than one fifth of peri-urban residents indicated that they had gone hungry during April/May 2021. population (Spaul et a., 2021). Reflecting on the five research waves of their study (NIDS-CRAM), Spaul et al. (2021) emphasise that "overall, rates of hunger and food insecurity have remained stubbornly high" in South Africa (p. 7).

Schooling and higher education

Another area that was significantly impacted by the COVID-19 pandemic is youth education. South Africa was among 191 countries that imposed a national closure of all educational institutions including schools and higher education facilities (UNESCO, 2020). This affected children, adolescents, and university goers alike, as education was abruptly interrupted, and scholars were required to find alternative approaches to adjust to the 2020 school year. This gave rise to a 'schooling-from-home' system, where the Department of Basic Education emphasised the importance of continued education while learners are at home (Paltu, 2020). Yet, although learners and schools from urban and privileged communities were better able to adapt to this approach, for scholars from rural and low resourced communities, the schooling-from-home approach was burdensome (Mncube, Mutongoza & Olawale, 2021).

The impact of the pandemic on adolescent and youth education was thus disproportionate, as some institutions and scholars faced various challenges in adapting to the alternative and virtual teaching and learning approaches (Mncube et al., 2021; also see Hedding et al., 2020). These included difficulties with accessing educational content from online portals, internet connectivity, funds to purchase data, connecting to virtual lessons, delivering online seminars rather than face-to-face teachings and having access to smartphones or devices (Omodan & Ige, 2021; Motala & Menon, 2020). Research suggests that approximately 70% of South African

learners have restricted access to technology and educational materials for home schooling (Spaull, 2020). Further, many caregivers are not trained or equipped to teach children and mitigate the losses to learning imposed by the lockdown (Spaull, 2020). Notably, the DBE made efforts to support parents and learners by making study material and reading resources available. However, these were generally in the form of online resources, although additional support material such as homework and supportive guides shared through messaging applications like WhatsApp was also made available in some schools.

Given these challenges, researchers predict that academic performance will be compromised by the COVID-19 pandemic and related lockdown regulations (Mncube et al., 2021). In fact, recent data estimate that about 750 000 learners have dropped out of school since the start of the COVID-19 pandemic (Shung-King et al., 2021). Similar concerns have been raised for students in higher education institutions, many of whom are struggling to access online classes due to limited funds to participate in sessions (Mncube et al., 2021). Mncube et al. (2021) highlight that the COVID-19 interruptions will hold consequences for career plans of research students and postdoctoral scholars as their research plans were interrupted, and at times restricted, due to the pandemic.

Psychosocial impacts

South African youth are especially vulnerable to the impacts of COVID-19 – many have been affected by disruptions to education and employment, and restrictions to their social lives, which are likely to affect their health and psycho-social wellbeing. COVID-19 has also had perilous impacts on access to sexual and reproductive health care, as a result of economic and logistical barriers to access. Healthcare resources have been diverted to the COVID response, clinic hours restricted, or hospitals temporarily closed, and stockouts of sexual and reproductive health (SRH) medications reported (Hall et al., 2020; Hofman & Madhi, 2020; Lynch & Teagle, 2020). For example, during the first wave of the pandemic, places had been widely publicised in the media to have run out of condoms. Research suggests that almost one-quarter of South Africans could not access condoms (Bolarinwa, 2021). Further, people may also be wary to access healthcare facilities due to concerns that they may contract COVID-19 (Fraser, 2020).

COVID-19 has been particularly challenging for the many citizens who work in the informal sector, and who have consequently been significantly affected by restrictions for non-essential work. These economic difficulties, social distancing regulations, and the infectious and deadly nature of COVID-19 inevitably produce panic and significant distress which compromise the psychosocial wellbeing of individuals (Duan & Zhu, 2020). It is likely that the pandemic will heighten anxiety-related behaviours and that social distancing may potentially have short and long-term mental health impacts (Petric, 2020).

Globally, lockdown restrictions have also come with increases in reports of gender-based violence (GBV). In South Africa, the rates of GBV during lockdown increased rapidly (Sekyere et al., 2020); the GBV command centre reported 120 000 cases of victims in the first 3 weeks of the lockdown. Dubbed the "quarantine paradox", restrictions to stay home help manage the spread of COVID-19 on the one hand but have been found to create an upsurge of GBV cases on the other (Mittal and Singh, 2020). It has been reported that in South Africa, two domestic violence trends were observed, namely, an initial decline due to the restrictions on alcohol sale and use followed by an increase after the third week of lockdown (Mbungwe, 2020). The increases in GBV have been hypothesised to be linked to partners being confined at home together, and the psychological impact of lost employment on men (Amaechi et al., 2021). Interestingly, a report by Sonke Gender Justice suggests that men are vulnerable to violence too during the COVID-19 pandemic (Sonke Gender Justice, 2020).

Social relief measures and support

In response to the COVID-19 pandemic and associated challenges, the South African government implemented social relief measures, including food parcels, food vouchers, and the Social Relief of Distress (SRD) grant, which provided chronically poor and unemployed citizens with a monthly stipend of R350 during the COVID-19 pandemic and lockdown (Pienaar, Davids, Roberts, Makoae, & Hart, 2021). According to the South African Social Security Agency (SASSA) and the Department of Social Development, by June 2020, approximately 7.19 million grant applications for the SRD grant were received and 2.77 million were paid out (Pienaar et al., 2020). Research further shows that the South African public were in favour of this support initiative where 72% expressed support for the SRD grant and the food vouchers respectively (UJ-HSRC, 2020). Yet, while several families benefited from this economic support, SASSA announced that this special COVID-19 SRD grant will come to an end on 30 April 2021. Given the vast social and economic devastation

caused by the pandemic, researchers expressed concerns that "[t]he reduced availability of money from grants and the tight economic situation are reasons why levels of hunger are likely to remain stubbornly high or perhaps even to increase, and stricter lockdown regulations may again further reduce employment and income from informal economic activities" (Spaull et al., 2021).

The current report

In all, the COVID-19 pandemic has significantly disrupted the lives of youth in South Africa. While there is growing interest in how the COVID-19 pandemic influences the lives of South African youth, little is known about how youth who receive some form of support from DSD or SASSA (referred to as 'known youth') experience the pandemic and lockdown regulations. The current study thus aims to address this gap, by exploring the psychosocial and economic implications of the pandemic on 'known youth' to provide practice and support directives to better support this cohort. This first report will offer a technical summary of the first wave of data (collected June-July 2021), serving as a baseline to this three-part study. In the next section, we describe the research methodology, followed by a description of study results.

Methodology

A quantitative design was adopted in this study, involving a multi-wave survey rolled-out to 'known youth' aged 16 to 35 years in South Africa.

Participant recruitment and sample

> ***Study criteria***
>
> - Participants must be between 16 and 35 years of age
> - Participants must have been recipients of DSD or SASSA initiatives, trainings and networks over the last 5-10 years

Different approaches were used recruit 'known youth' in this study. Researchers worked closely with DSD partners to identify potential participants who meet the study criteria. Researchers received a database with contact details of potential participants from DSD and sent out 1769 SMS's with the intention to recruit 1500. The SMS entailed a brief description of the study and a data free link through which the survey could be accessed. This approach yielded a small number of participants and by the end of June 2021, only 17 participants completed the survey. This is likely due to some contact details being outdated as several SMS were not delivered to the provided numbers.

In consultation with DSD, decisions were subsequently made to expand the recruitment approach by directly consulting with DSD partners who provide initiatives to youth, and by making the study information and link available on social media. However, while concerted efforts were made by the DSD study partner and researchers, challenges emerged in accessing adequate support to share study information through DSD social media and websites. Challenges in receiving access to, and support from, relevant stakeholders (such as networks, NGO's and FBO's) who work with youth also significantly impacted the recruitment of participants. Given these challenges, our abilities to secure the initial sample size of 1500 'known youth' was significantly compromised.

In this regard, we revised the initial stratified random sampling approach and used a purposive, convenience sample of 'known youth' who responded to the survey between June and July 2021. To further facilitate participant recruitment, HSRC researchers shared the study information and data-free link on social media platforms and the DSD study partner shared the information via email with relevant stakeholders again towards the end of July 2021. This yielded a sample size of 335 participants.

Data collection

Data collection for survey one entailed a structured online survey focusing on the factors described in table 1 below. Before completing the survey, participants were required to fill in a short screening questionnaire to ensure their eligibility to participate in the study. As per the definition of 'known youth' prescribed by DSD, the screening questionnaire only allowed participants who were between the ages of 16 and 35, and who have been a recipient of DSD and/or SASSA support initiatives to continue to the full survey.

Table 1: Survey 1 outline

	Theme	Focus areas
Survey 1	Demographic information and background	▪ Age, gender, sexuality, race, class, province, employment, education, income, marital status ▪ Previous and current income and employment ▪ Financial security to purchase necessities during before and during lockdown (including food security) ▪ Household dynamics ▪ Education (where relevant) ▪ Health profile (including COVID symptoms)
	Access to social grants and interventions	▪ Grants and services accessed during the lockdown ▪ Perception of services accessed
	Experiences of gender-based violence	▪ Personal experience of being a victim or perpetrator of GBV

Data analyses

Survey data were captured electronically and imported to a statistical software package (Stata) for detailed analysis. After data were cleaned and processed, descriptive statistics were conducted. Total responses and corresponding percentages are reported for categorical data whilst means and corresponding standard deviations are used to summarize the data. Graphical displays are also presented.

Ethics

Independent review

Full ethical approval for this study was obtained from the HSRC Research Ethics Committee (REC) (REC 7/25/11/20). The HSRC REC was established on 27 November 2002. The HSRC REC has FWA accreditation (FWA 00006347, IRB No. 00003962) and is registered with the National Health Research Ethics Council (NHREC No 290808-015).

Informed consent, privacy and confidentiality

All participants were required to provide voluntary informed consent to participate in the study. A parental waiver was obtained for participants aged 16 and 17 years of age who provided self-consent for their participation. Consent was obtained prior to participants completing the full survey and all participants provided e-consent.

To ensure confidentiality of participants, all data were coded by a participant identifier. All data that could potentially link the participant with their data have been stored separately in a password protected computer. Research records will be kept confidential to the level allowed by law.

Risk-benefit considerations

Given the distress caused by the COVID-19 pandemic, the following protocols for dealing with distress were implemented

- Data collectors were trained on how to collect sensitive information and how to deal with distressful situations.
- Participants were reminded that they do not have to answer all the questions, and can withdraw from the study at any time without penalty.
- Social support (through a registered social worker [project provided]) were made available to participants who may have needed support as a result of their participation in the study
- Additionally, the consent forms also included the contact details of additional support as listed below.
    - COVID-19 toll free line 0800 786 786
    - GBV Command Centre

- SADAG offers multiple avenues for support that one can easily accessible on the following platforms:
  - Webpages (sadag.org, Instagram and Facebook),
  - Mental health support line (0800 456 789),
  - 'Contact a counsellor online' on http://www.sadag.org/index.php?option=com_content&view=article&id=2920&Itemid=424)
  - 'Live counsellor chat' option on SADAG webpage and
  - Support group inquiries (0800 21 22 23)

Results

To describe the respondents' experiences during the COVID-19 pandemic (for the period March 2020 to July 2021), we present the results according to 6 sub-sections, namely:

- *Sample characteristics*
- *Health profile*
- *Social wellbeing and safety*
- *Educational impact*
- *Economic impact*
- *Uptake and perceptions of support services*

Sample Characteristics

There were 335 valid respondents in the dataset and the vast majority (91%) of this sample was Black African. About half (51%) of the sample had their residence in the Western Cape, followed by Gauteng (24%), and Eastern Cape (13%). Approximately half the sample were in the 16-24 age cohort while the other half were in the 25-35 age cohort. About three-fifths (57%) of the sample were female and a majority (77%) identified as heterosexual. Roughly half the sample had children and slightly less than half (45%) had a romantic partner. Most of the sample (89%) stated that they were not married. Only a small minority (5%) of the sample reported that they had a disability.

Health profile

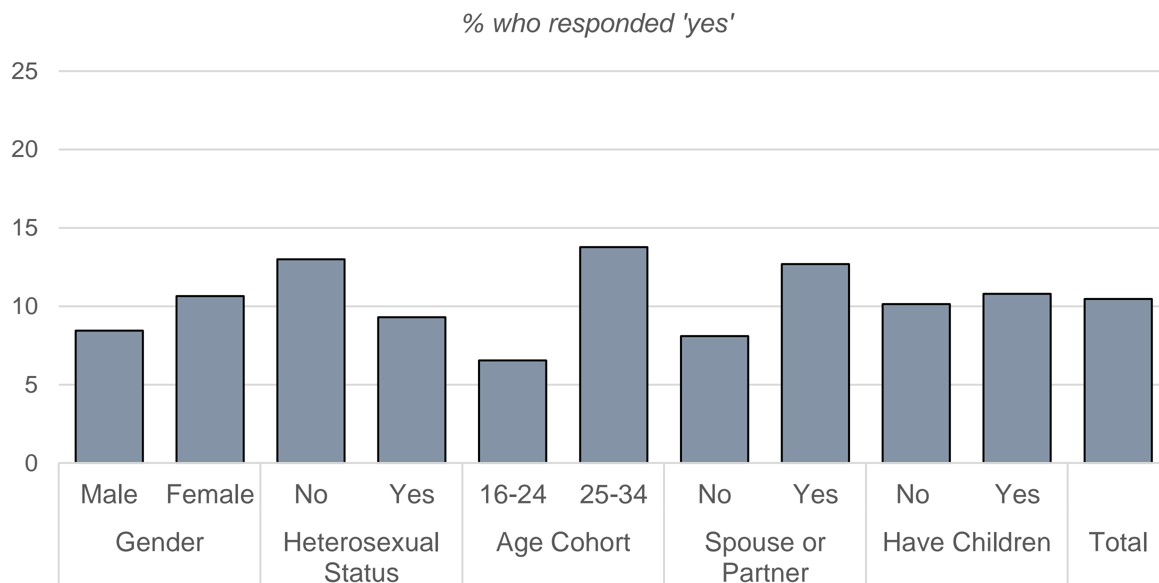
This section examines the respondents' health profile and health seeking behaviours.

a. COVID-19 risk

In relation to public exposure to the Coronavirus disease, respondents were asked whether they had been in close contact with anyone with suspected (or confirmed) COVID-19 virus infection since March 2020. About a tenth of the sample said that they had been in close contact with such a person. Most of this group reported that they experienced this type of contact in a work setting. Many respondents were not screened for COVID-19 after this contact. But most did, however, self-isolate after the contact. Answers to the contact question are portrayed in ***Figure 1*** by a selection of demographic subgroups. Observed levels of contact with an infected person did not vary significantly by subgroup variation. However, it appears that

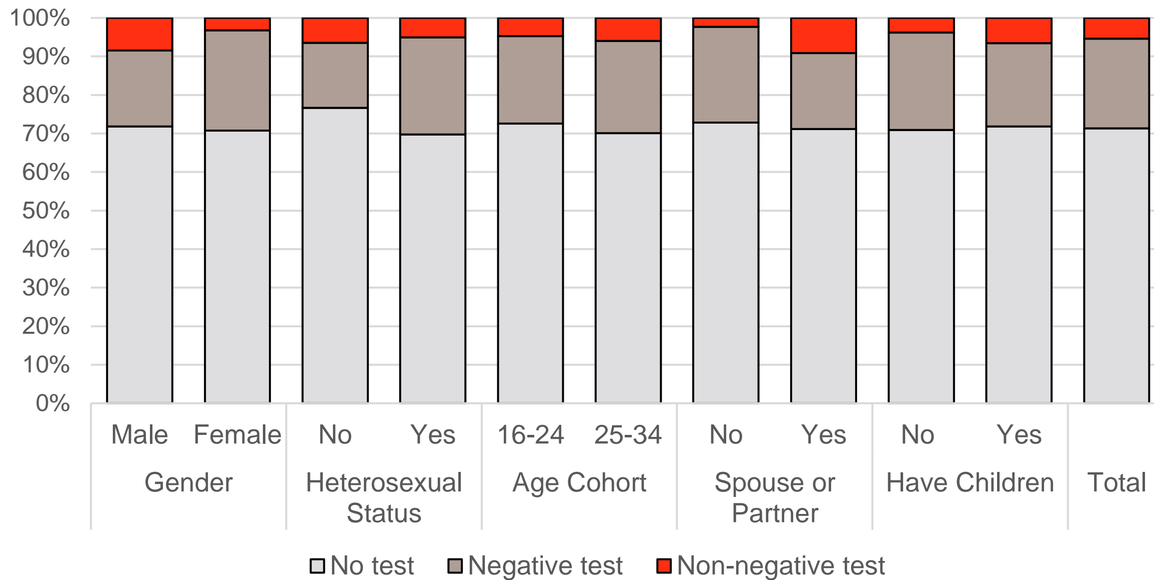
older youth participants and those with a partner were somewhat more likely to have come into contact with an infected person.

Figure 1: Sample responses to the question: "[h]ave you had close contact with anyone with suspected or confirmed COVID-19 virus infection since March 2020?" by selected subgroups



The vast majority (71%) of the sample had not been tested, while the remainder had either tested negative (23%) or positive (5%). Respondents were only somewhat more likely to have tested if they had contact with a person that they suspected had COVID-19. About a twelfth of those who had such contact reported testing positive. This can be compared to 5% of those who had no such contact. How respondents answered the testing question was portrayed in ***Figure*** 22 by a selection of demographic subgroups. Observed levels of testing did not differ substantially by subgroup. However, it appears that those without a partner were more likely to test positive than those with a partner. In addition, when compared to female respondents, it is interesting to note that male respondents were more likely to report testing positive.

Figure 2: Sample responses to questions about whether they had been tested for COVID-19 and the results of those tests by selected subgroups

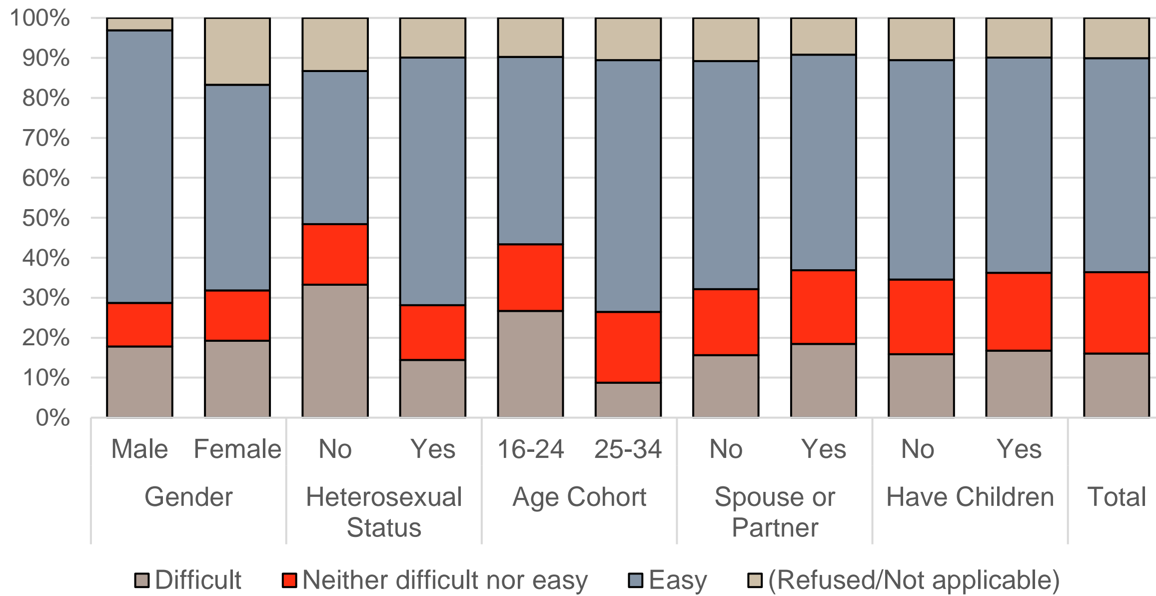


b. Sexual and reproductive health

In terms of overall health profile, most of the sample was not on any form of health medication. Only a small percentage of the sample (9%) said that they were taking any medication. The most common form of medication taken was Pre-Exposure Prophylaxis.

Participants were also asked about their sexual and reproductive health and behaviours. As shown in ***Figure*** 3, about half (52%) of the sample stated that it was easy to get access to male condoms between March 2020 and July 2021. We did observe noteworthy subgroup differences on this question. Male respondents were far more likely than their female peers to report that accessing condoms was easy. Sexual minority persons were more likely to claim that accessing condoms was difficult than other subgroups. Individuals in the 16-24 age cohort were also quite prone to state that accessing this type of contraception was difficult.

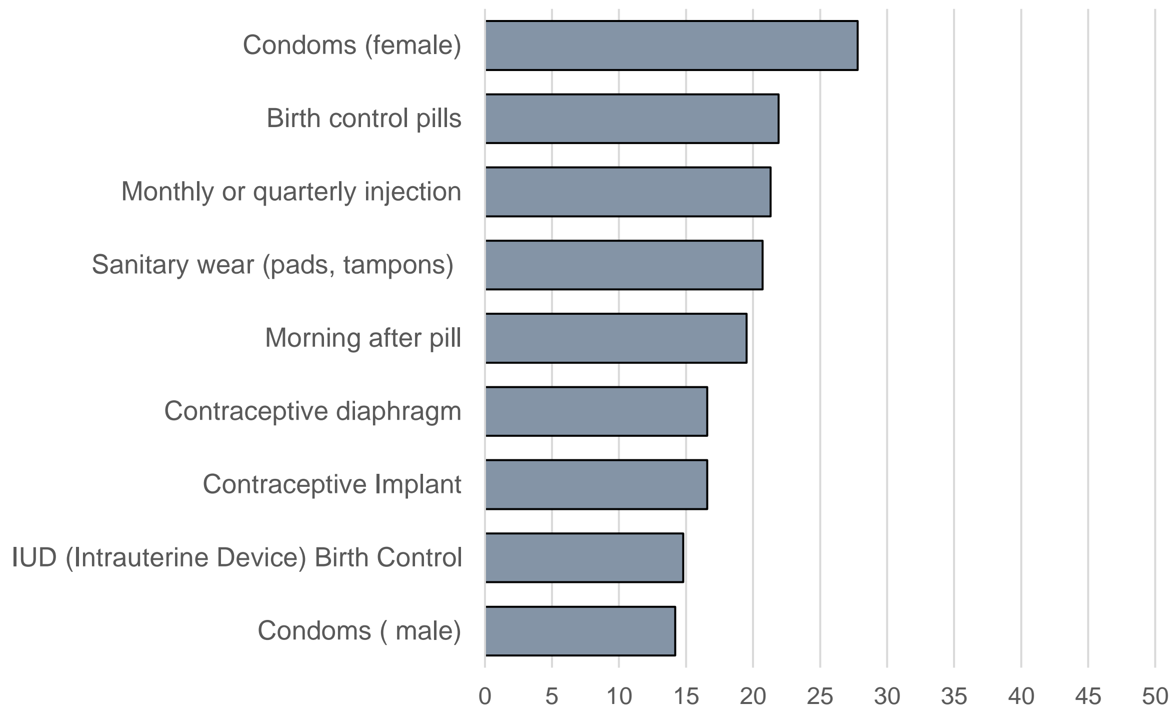
Figure 3: Sample responses to the question "[h]ow easy or difficult was it for you to get access to condoms (male) by selected subgroups



Female participants were asked a series of questions about their health during the lockdown period (i.e., between March 2020 and July 2021). Majority of females indicated that they had not been pregnant during the lockdown period, while 12% reported having been pregnant. Of those who said that they were pregnant during the lockdown, about half said that they had difficulty accessing proper medical treatment.

Female participants were also asked how difficult it was to access different types of contraceptives. ***Figure*** 4 reveals how participants responded to this question. Most females in our sample did not have trouble accessing the kinds of contraceptives listed. Male condoms were the least difficult to access while female condoms were the most challenging. It is worth noting, however, that some participants did have trouble accessing basic contraceptives such as birth control.

Figure 4: Perceived difficulty in accessing different types of contraceptives during the lockdown period amongst female respondents



Note: Figure excludes males.

Social wellbeing and safety

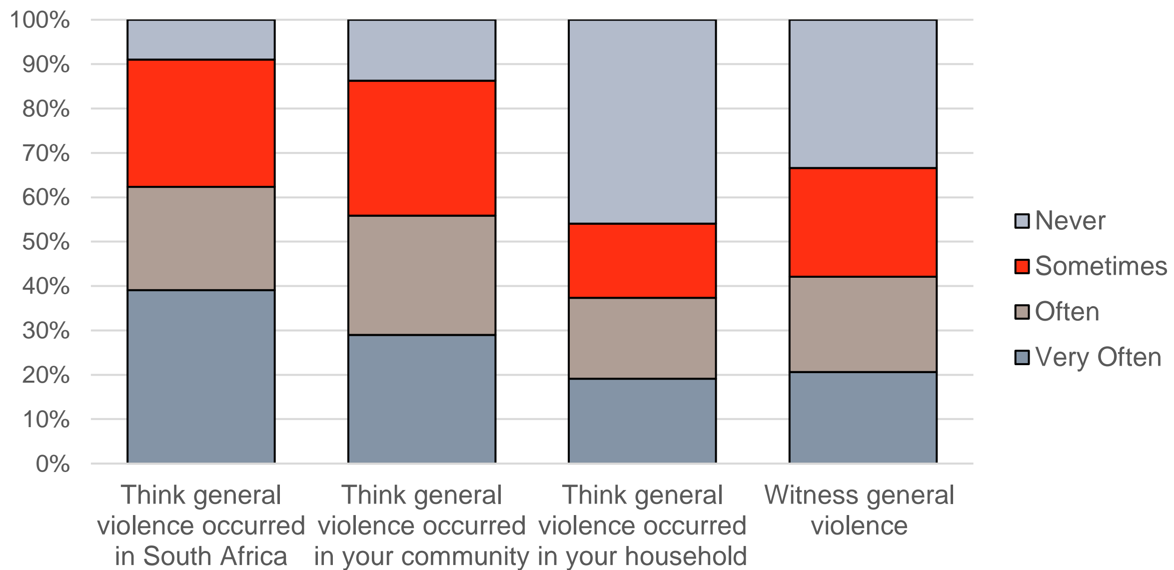
In addition to understanding the physical health implications of the pandemic, we were also interested in the impact of the pandemic and lockdown on the safety and social wellbeing of the participants. In this regard, we asked respondents about their experiences and perceptions of violence during the pandemic.

a. General violence

As shown in *Figure* 55, many respondents thought violence (e.g., fighting, stabbing, gunshots) was common. About two-fifths of the sample stated that this kind of violence happened very often in South Africa and 23% said that it occurred often. Respondents were similarly apt to report the occurrence of this kind of violence in their community, however, they were far less likely to believe that generalised violence transpired in their household. Although about half (46%) of the sample claimed that violence never occurred in their household, almost 1 in 5 reported that they thought it happened often (18%) or very often (19%). A significant minority

of the sample claimed that they had witnessed generalised violence. Roughly two-fifths stated that they saw violence often and one-quarter declared it had transpired sometimes.

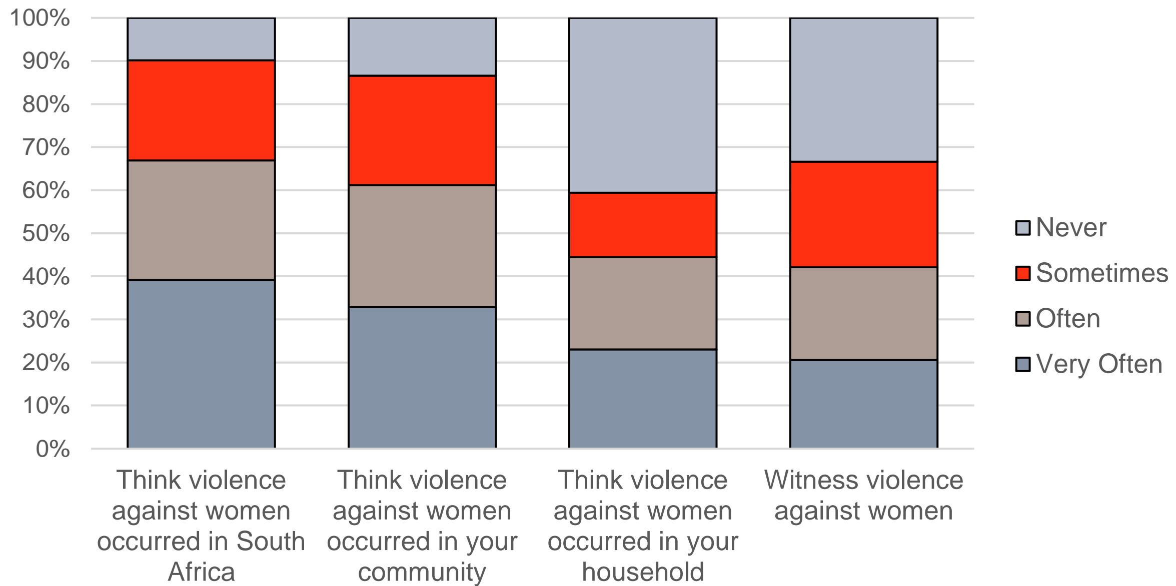
Figure 5: Sample responses to questions about how often they thought that generalised violence (e.g., fighting, stabbing, gunshots) occurred in different circumstances



b. Gender-based violence

Respondents were also asked about their perceptions of violence against women and how often this occurred in different situations. Responses to these questions are displayed in ***Figure*** 66, indicating that many respondents thought violence against women was common. About two-fifths of the sample stated that this kind of aggression occurred very often in South Africa and 29% said that it occurred often. Participants were equally likely to believe that this form of violence occurred in their community. Respondents were, however, considerably less likely to believe that violence against women occurred in their household. About two-fifths (41%) of the sample claimed that this type of violence never occurred in their household. This can be compared to 13% who thought violence against women never occurred in their community. Many respondents asserted that they had personally witnessed violence against women. Roughly two-fifths stated that they witnessed this kind of violence often and one-quarter alleged that it happened sometimes.

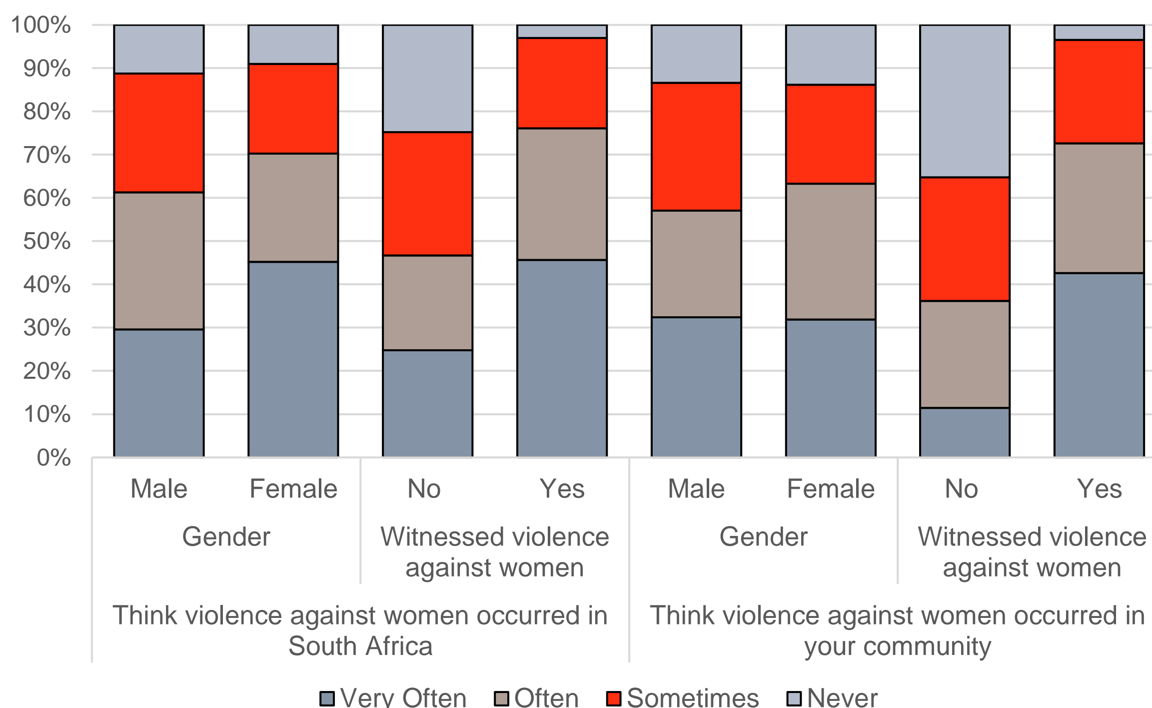
Figure 6: Sample responses to questions about how often they thought that violence against women occurred in different circumstances



To further understanding perceptions of violence against women, we considered the impact of gender. As presented in ***Figure*** 77, 45% of female respondents said that such violence was very common. This figure can be compared, unfavourably, with male respondents -only 30% of this group stated that such violence was very common.

Gender did not seem to have a similar effect on predicting whether a respondent would perceive violence against women in their local community. Being a witness of gendered violence was found to influence how respondents perceived the frequency of violence against women in a diverse set of contexts. If an individual had witnessed violence against women, they were more likely to perceive violence against women as common in South Africa and their community.

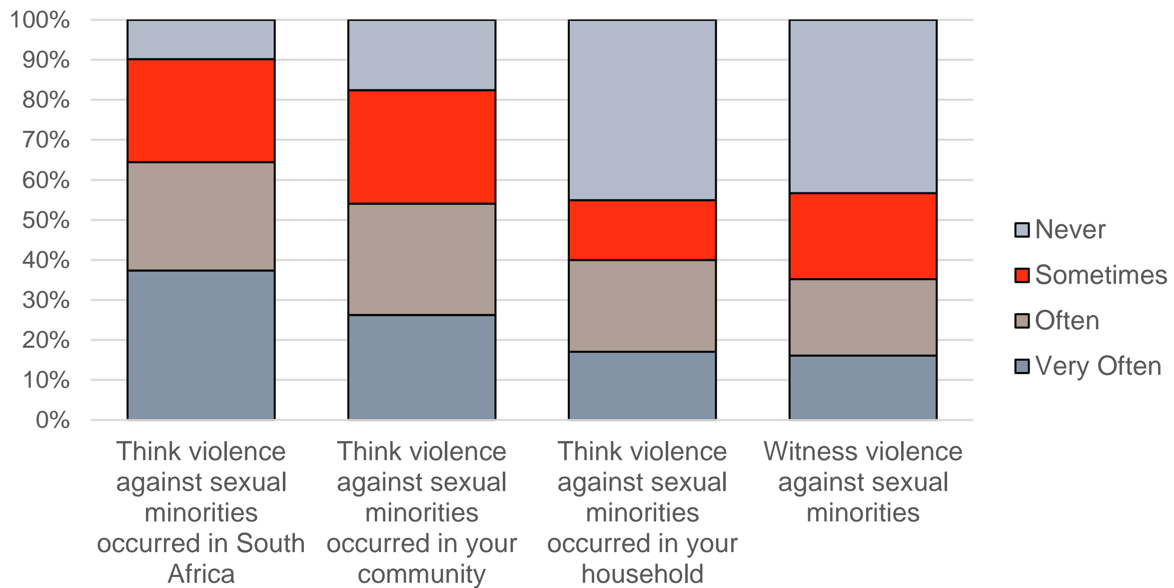
Figure 7: Sample responses to questions about how often they thought that violence against women occurred in South Africa and the respondent's community by selected subgroups



c. Gender-based violence against sexual minorities

Respondents were also asked to indicate how frequent or infrequent they thought that violence against sexual minorities was in different circumstances. Perceived frequencies of this sort of violence are exhibited in ***Figure***8, showing that many respondents thought this sort of violence was common. About two-fifths of the sample stated that this kind of violence happened very often in South Africa and 27% said that it occurred often. Comparable levels of perceived violence were noted at the community level. On the other hand, respondents were far less likely to believe that violence against sexual minorities transpired in their household. About half (45%) of the sample claimed that violence never occurred in their household while only a minority thought it happened often (23%) or very often (17%). Many respondents claimed to have witnessed violence against sexual minorities. Roughly a third stated that they had seen violence themselves often and a fifth claimed to have witnessed it sometimes.

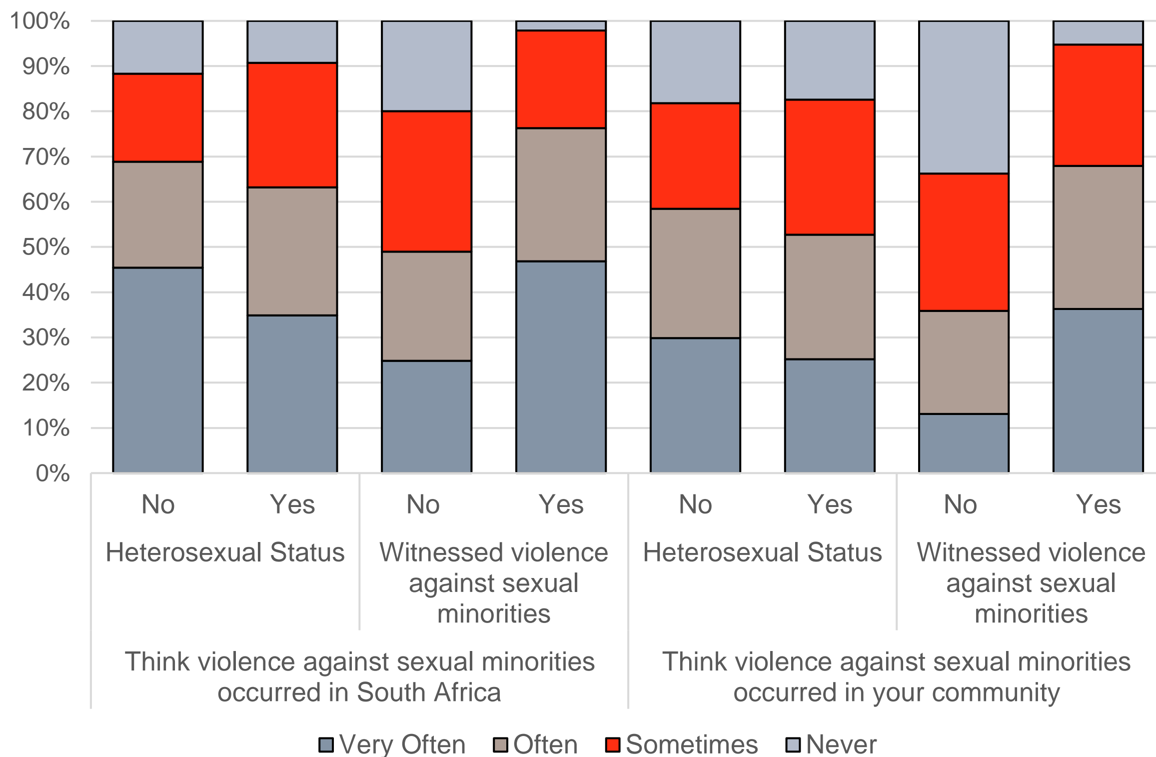
Figure 8: Sample responses to questions about how often they thought that violence against sexual minorities occurred in different circumstances



As a supplement, we also explored whether being a heterosexual person decreased the likelihood of believing that violence against sexual minorities was common in South Africa (***Figure***9). We did detect an effect, but the strength of this effect was more muted than we may have expected. Sexual orientation also seems to have a weak relationship with whether a respondent would perceive violence against sexual minorities in their local community.

Being a witness of violence was found to be factor that shaped how respondents perceived the frequency of violence against sexual minorities in different circumstances. If an individual had witnessed violence against sexual minorities, they were more likely to perceive violence against this group as widespread. About two-fifths of those who witnessed this form of violence, for instance, stated that violence against sexual minorities occurred very frequently in their community and 32% claimed it occurred often.

Figure 9: Sample responses to questions about how often they thought that violence against sexual minorities occurred in South Africa and the respondent's community by selected subgroups

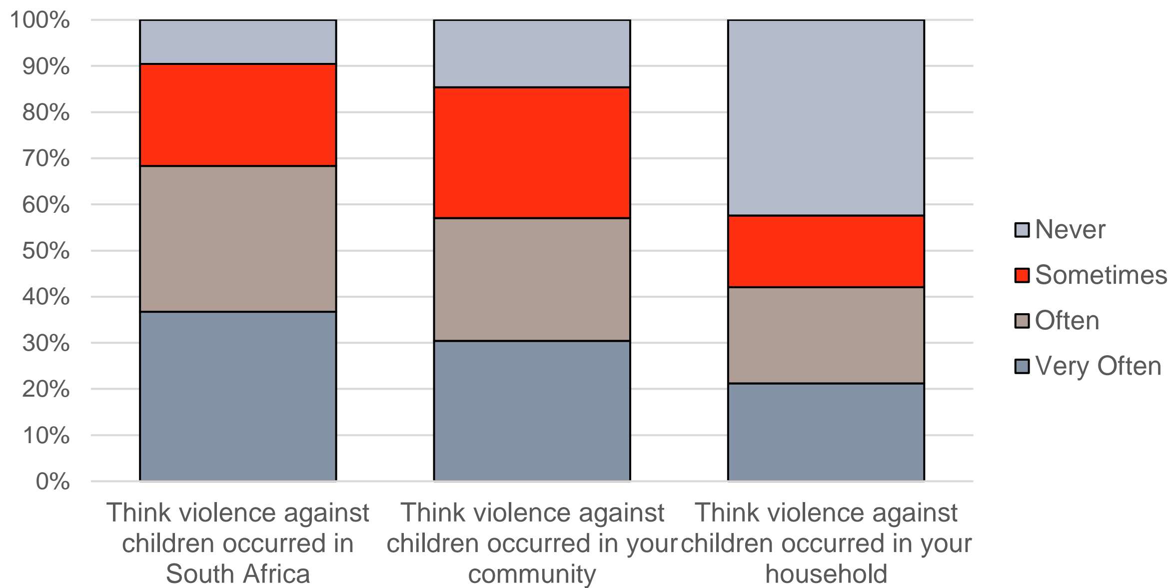


d. Violence against children

Respondents were asked to report how often they believed that violence against children took place in various settings. Responses to this question are portrayed in ***Figure***19. As can be observed, many respondents thought that violence against children was common. About two-fifths of the sample stated that this kind of violence transpired very often in South Africa and 32% said that it occurred often. Participants were somewhat less likely to believe that this form of violence was prevalent in their community and were also far less likely to believe that this form of abuse had occurred in their household.

About two-fifths (42%) of the sample reported that this type of violence had not taken place in their household. A fifth said that it happened very regularly, and a similar percentage indicated that it occurred often. Having a child did not increase the likelihood of believing that violence against children was common in South Africa.

Figure 10: Sample responses to questions about how often they thought that violence against children occurred in different circumstances



e. Violence indices

Using the different questions on perceived violence presented so far in this section, we created three distinct indices that measured perceive levels of conflict at different levels of society. These were the Witnessed Violence, Household Violence and Community Violence indices. Each was ranged on a 0 to 10 scale with the higher value indicating the greater level of perceived violence within that setting. The metric with the highest mean value was the Community Violence (M=5.60; SE=0.17) and this was followed by the Witnessed Violence (M=4.14; SE=0.19) and Household Violence (M=3.87; SE=0.20) indexes. There was an expected correlation between the three measures outlined here, if you witnessed violence, you were more likely to think that violence occurred in your community and household. We were able to detect significant variation in how different subgroups in our sample scored on these three indices. Mean scores on our indicators are presented by selected demographic subgroups in ***Table 2***. Sexual minority respondents tended to have higher index scores, especially in terms of the Witnessed Violence and Household Violence indexes, than other groups. In contrast, female respondents tended to have lower index scores than other groups.

Table 2: Mean Scores on the Witnessed Violence, Household Violence and Community Violence by selected subgroups

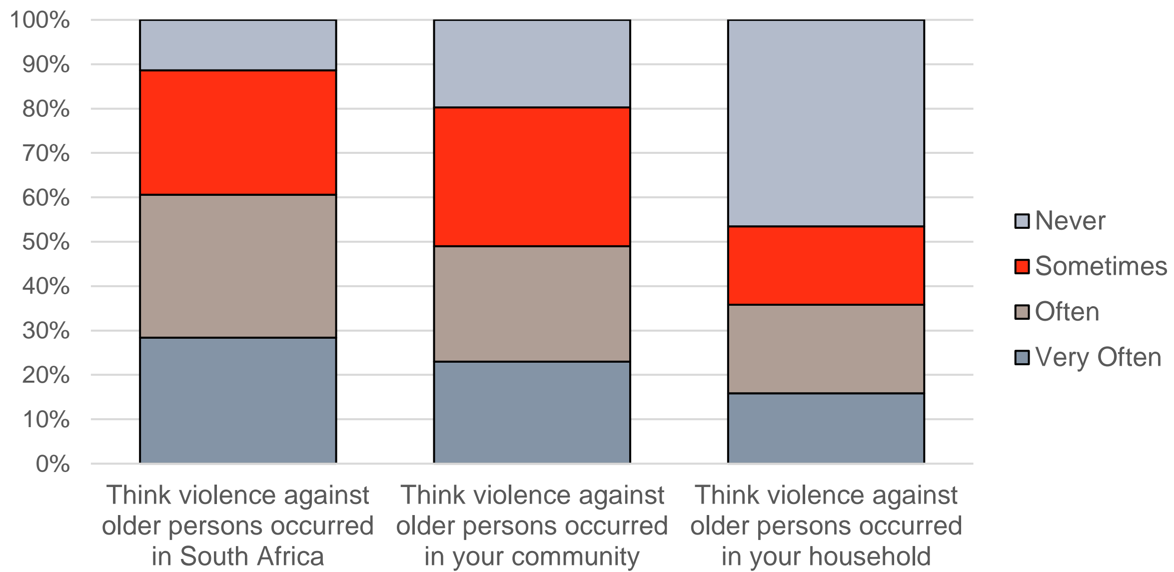
		Witnessed Violence		Household Violence		Community Violence	
		M	SE	M	SE	M	SE
Gender	Male	4.52	(0.30)	4.41	(0.31)	5.49	(0.26)
	Female	3.77	(0.24)	3.36	(0.26)	5.57	(0.24)
Heterosexual Status	No	5.14	(0.40)	5.12	(0.43)	5.77	(0.36)
	Yes	3.84	(0.21)	3.50	(0.23)	5.54	(0.20)
Age Cohort	16-24	4.46	(0.27)	4.39	(0.29)	5.88	(0.23)
	25-34	3.82	(0.27)	3.35	(0.28)	5.31	(0.26)
Spouse or Partner	No	3.83	(0.25)	3.47	(0.27)	5.39	(0.24)
	Yes	4.57	(0.31)	4.40	(0.33)	6.07	(0.26)
Have Children	No	4.32	(0.27)	3.99	(0.29)	5.83	(0.23)
	Yes	3.99	(0.27)	3.76	(0.30)	5.43	(0.26)
Total		4.14	(0.19)	3.87	(0.20)	5.60	(0.17)

Note: Standard errors in parentheses.

f. Violence against older persons

Sample respondents were asked how regularly they felt violence against older persons occurred in distinct environments. The way that different subgroup replied to this question are represented in ***Figure***11, revealing that many respondents thought violence against this group was common. About a quarter of the sample stated that this kind of violence occurred very often in South Africa and 32% said that it occurred often. Survey participants were somewhat less likely to think that this kind of aggression took place in their community. Respondents were much less prone to believe that violence against older persons had occurred in their household. About half (47%) of the sample thought that this type of violence never occurred in this setting, this is somewhat higher than what was observed in ***Figure***10. A minority reported that violence did occur in the household. A fifth said that they thought that it taken place very often, and a similar percentage told us that it occurred often.

Figure 11: Sample responses to questions about how often they thought that violence against older persons occurred in different circumstances

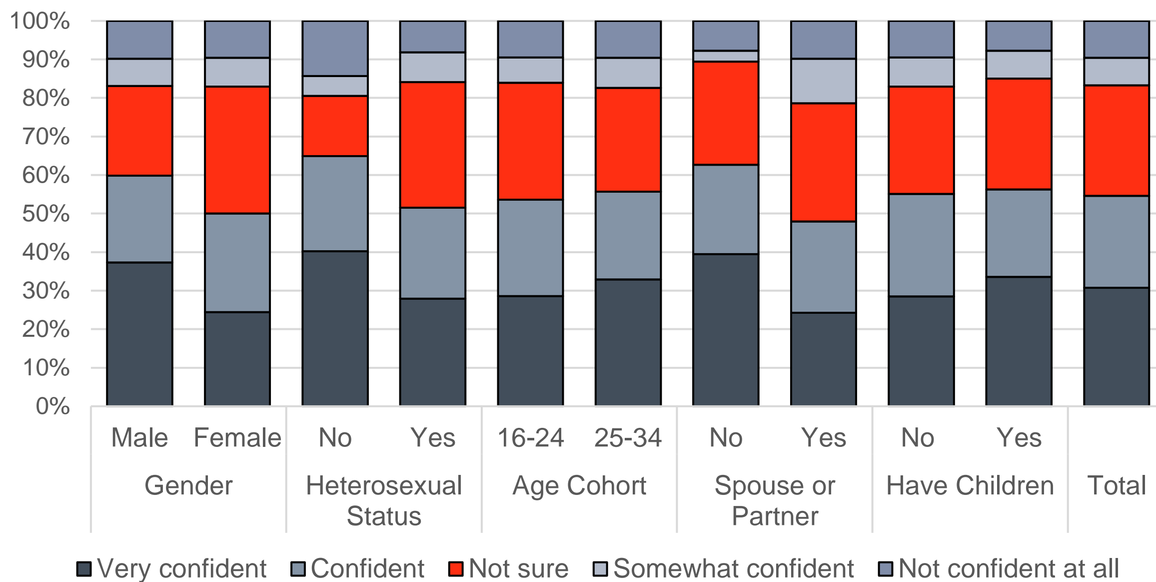


g. Accessing support if violence is experienced

Finally, we examined how confident respondents were that they could access support if they (or someone they knew) experienced violence. About half (31% very confident, 21% confident) of the sample stated that they were certain of their capacity to access support. The degree to which levels of confidence differed by selected subgroup was exhibited in ***Figure***12. It was interesting to note that we did not observe substantial subgroup differences on this question. Also, the more violence an individual had witnessed, the less likely they were to be assured of their ability to obtain help.

Respondents who were very confident in their ability to access support also had a mean score of 2 (SE=0.45) on the Witnessed Violence Index. This can be compared, unfavourably, to those who were not confident at all in their ability to access support (M=5; SE=0.41). This suggests that those who witnessed violence were less likely to believe that they would be able to seek adequate help.

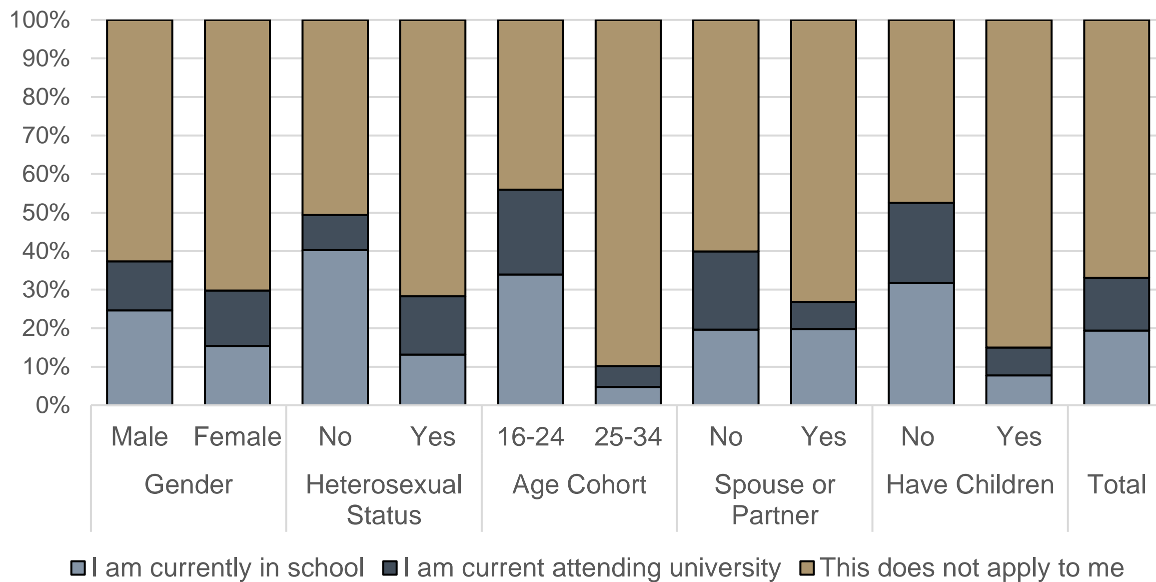
Figure 12: Sample responses to the question: [i]f you or someone you know experienced violence, how confident are you that you would be able to access support?" by selected subgroups



Educational impact

Roughly a third of the sample reported that they were attending some kind of educational institution (N=111) with 19% being secondary school learners and 14% attending higher education (HE) institutions. Of those who were HE students, most were either completing an undergraduate degree or a diploma. Amongst those in secondary school, the majority (69%) were in Grade 12. ***Figure*** 213 shows the percentage students and learners by a selection of demographic subgroups. Within our sample, school attendance was more common amongst younger respondents and those with no partner or children. Interestingly, we found that sexual minority participants were also more likely to be students.

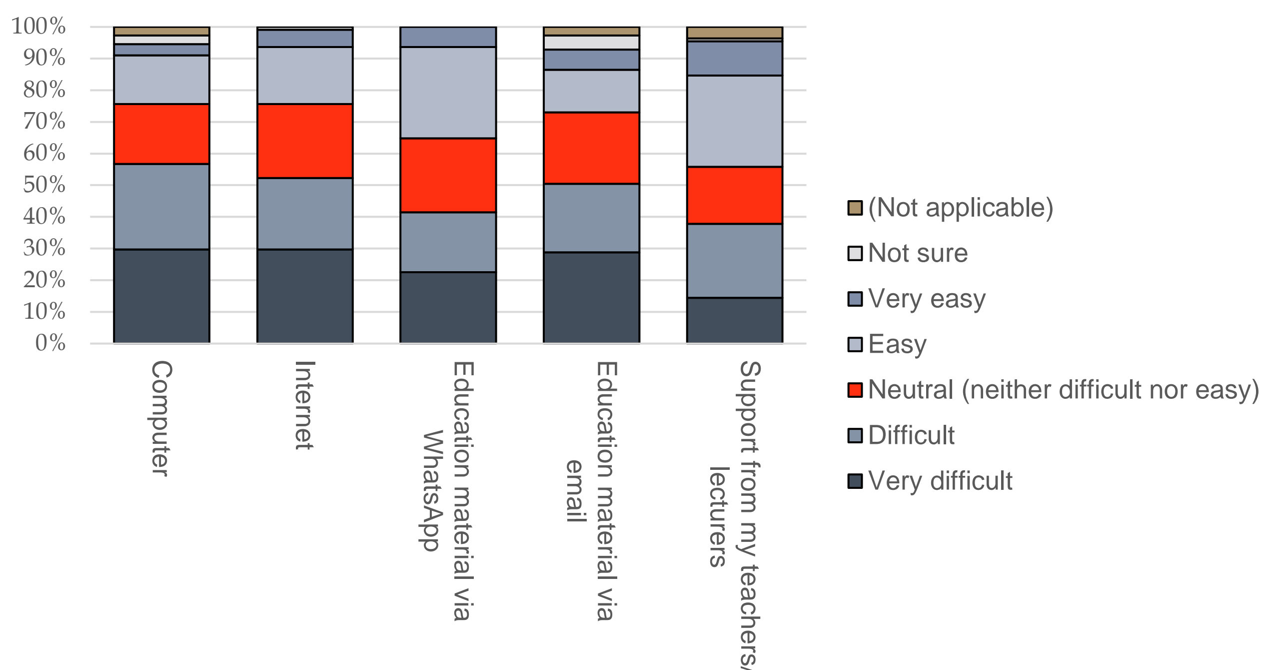
Figure 23: Sample responses to the question: "[a]re you currently in school or attending a tertiary institution (e.g., university, Technikon)?" by selected subgroups



a. Challenges with home schooling

We were also interested in learners' and students' educational experiences during the pandemic. Most of the HE students were unable to physically attend their educational institution during the lockdown period. Many of these students also indicated that they had a difficult time studying at home. Unsurprisingly, similar findings were observed amongst the secondary school learners. Majority of both students and learners also reported that they found the transition from physical classroom learning to home schooling to be quite challenging. Almost all these respondents, wanted more engagement with educators. Quite a few claimed that the space they have at home to study was filled with disruptions and interruptions. HE students were more likely to report this problem than secondary students.

Figure 14: Sample responses to the question: "indicate how easy or difficult is was for you to access these things while studying at home during the lockdown?"



Note: Figure excludes non-students.

In a second set of questions, students and learners were asked a range of questions on whether they had difficulties accessing different learning tools while studying at home during the lockdown. Responses to this set of questions are depicted in ***Figure*** 14. Most HE students said that they had difficulty accessing technology including a computer (57%), the internet (52%) and email (50%). Access to technology was particularly a problem amongst secondary school learners. Many of this group said that they struggled to use online learning platforms; this was not as much of an issue for HE students. Despite these reported difficulties, many respondents stated that they were positive about their current academic progress. Majority of both secondary and post-secondary students said that they were confident that they would be able to pass their subjects this year.

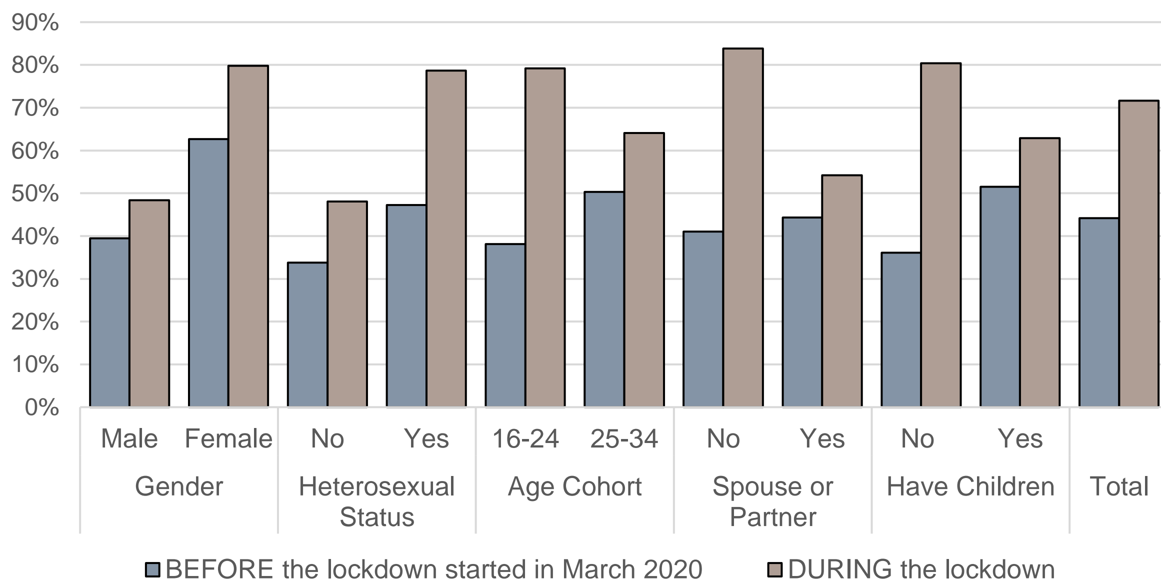
Economic impact

Respondents were required to indicate whether they were working before the lockdown started in March 2020. Less than half (44%) reported that they were unemployed, while the remainder were either employed (23%) in some kind of work or a student (31%). Respondents

who were unemployed were further asked if they were looking for work, and the bulk (91%) of this group said that they were.

Following these questions, respondents were asked about their employment during the lockdown period (post March 2020). The majority (72%) of respondents indicated that they were unemployed during this period. This represents a substantial change between the two periods, and we examined which subgroups in the sample were most likely to report this conversion in ***Figure*** 1515. The groups that were most likely to report becoming unemployed during this period were those in the 16-24 age cohort, the single and those with no children. Additionally, about three-fifths of the sample reported that they had no source of income during this time, further demonstrating that many youth in our sample were vulnerable to poverty.

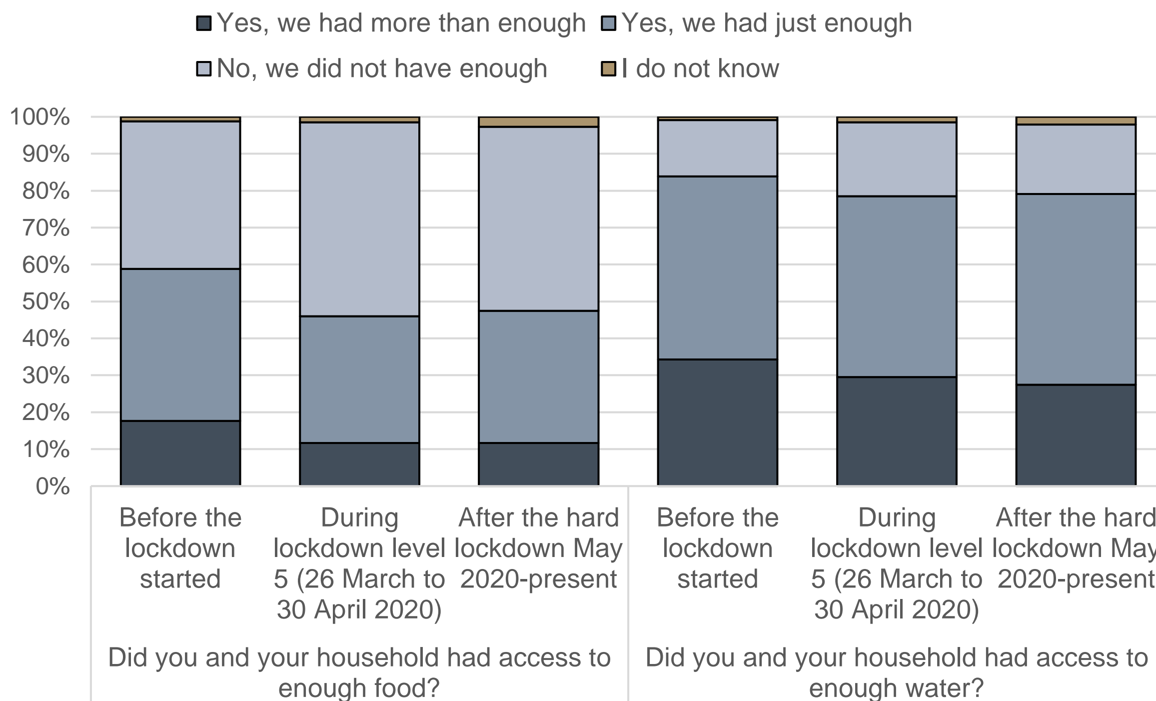
Figure 15: Proportion of the sample who reported to be unemployed before and then during the lockdown by selected subgroups



To further examine the poverty implications of the pandemic on youth, respondents were asked about their access to essentials like food and water. As shown in ***Figure*** 1616, many respondents indicated that they did not have adequate access to food during the different phases of the lockdown. There was an increase in the proportion with inadequate access between the pre-lockdown period (40%) and the 'hard' lockdown (53%) and 'post-hard' lockdown (50%) phases.

Majority of respondents, however, said that they had sufficient access to water during the various stages of the lockdown. There was only a slight rise in the percentage with unsatisfactory access during the pre-lockdown period (15%) and the 'hard' lockdown (20%) and 'post-hard' lockdown (19%) phases.

Figure 16: Sample responses to questions about household access to food and water during different phases of the lockdown



To adequately understand the observed self-reported change in household access to food and water, two special indicators were created. These looked at the level of change between the pre-lockdown and the 'post-hard' lockdown periods. Each metric was ranged onto a '-1' to +'1' scale, representing a negative or a positive change in access to either food or water. The mean score on the food indicator was -0.10 (SE=0.02) and the mean score for the water indicator was -0.04 (SE=0.02). This result indicates that access to food amongst sample participants had become more dissatisfactory between the two periods while access to water changed very little. Mean responses to these two indicators are represented across different demographic subgroups in ***Table*** 33. The groups that experienced the most negative score were those without children (M=-0.16; SE=0.04) and those without a partner (M=-0.15; SE=0.04). Interestingly, female respondents were also more likely to report a negative change

in food access than their male counterparts. Levels of variation on the water indicator were much more muted with only mild subgroup differences observed.

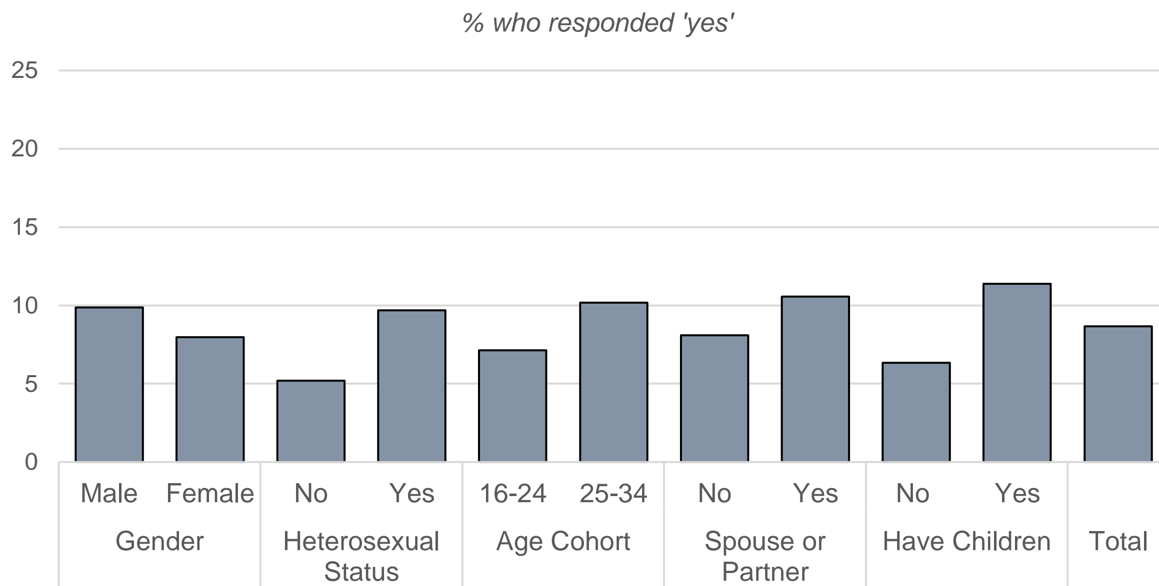
Table 3: Mean Scores on the 'Food Change' (-1 - +1) and 'Water Change' (-1 - +1) by selected subgroups

		Food Change				Water Change			
		M	SE	[95% CI]		M	SE	[95% CI]	
Gender	Male	-0.06	(0.03)	-0.12	0.01	-0.03	(0.02)	-0.08	0.02
	Female	-0.13	(0.04)	-0.20	-0.06	-0.04	(0.02)	-0.07	0.00
Heterosexual Status	No	-0.01	(0.05)	-0.11	0.08	-0.04	(0.04)	-0.12	0.05
	Yes	-0.12	(0.03)	-0.18	-0.07	-0.03	(0.01)	-0.06	-0.01
Age Cohort	16-24	-0.10	(0.04)	-0.17	-0.02	-0.05	(0.03)	-0.10	0.00
	25-34	-0.10	(0.03)	-0.17	-0.04	-0.02	(0.02)	-0.05	0.01
Spouse or Partner	No	-0.15	(0.04)	-0.22	-0.07	-0.04	(0.03)	-0.09	0.01
	Yes	-0.06	(0.03)	-0.13	0.01	-0.02	(0.02)	-0.06	0.01
Have Children	No	-0.04	(0.03)	-0.10	0.03	-0.03	(0.02)	-0.07	0.02
	Yes	-0.16	(0.04)	-0.23	-0.08	-0.04	(0.02)	-0.08	0.00
Total		-0.10	(0.02)	-0.15	-0.05	-0.04	(0.02)	-0.07	-0.01

Note: Standard errors in parentheses.

Furthermore, respondents were asked if they had changed their physical address due to the lockdown. Responses to this question are depicted in ***Figure*** 1717 by selected subgroups. About a tenth (9%) of the sample stated that they had moved places because of the lockdown, and we did not observe substantial subgroup differences on this question. A set of follow-up questions were asked of those respondents who had moved. These respondents indicated that they had moved for a variety of reasons with the most popular being to be with their family or relatives and those who returned home from work or studying. Most of this group had only been staying in this new place for about three months or less. However, a minority had been staying there for a long time, i.e., more than six months.

Figure 17: Sample responses to the question: "[d]id you move places because of the lockdown?" by selected subgroups

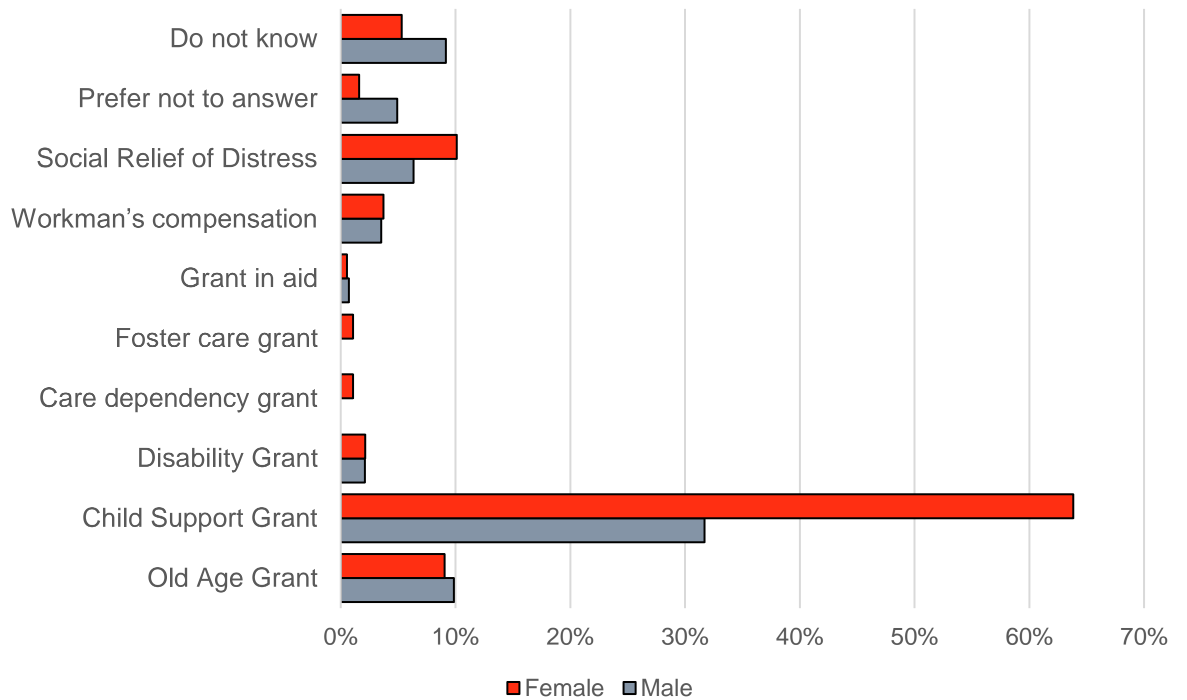


Uptake and perceptions of social support services

This final section explores the level of support that the respondents received from DSD and SASSA. Respondents were asked about the social support grants that they or anyone in their household received during the COVID-19 pandemic (March 2020 to present). About a third of the sample said that their household did not receive any support during this period. Men in the sample were far more likely to report not receiving support.

Shown in ***Figure 18***, participants reported receiving a variety of different grants. The types of grants differed, as may be expected, by gender where female respondents were more likely to have received the Child Support Grant. Only a minority of the sample reported that they had received the Social Relief of Distress (SRD) Grant.

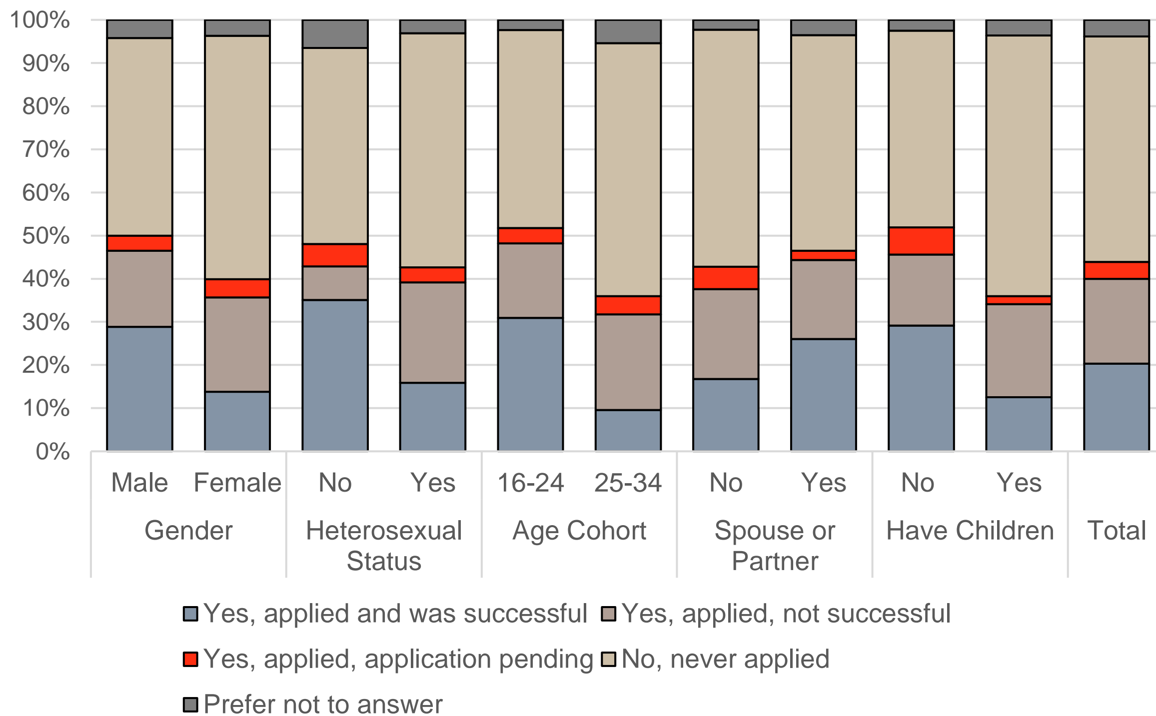
Figure 18: Sample responses to the question: "[d]during March 2020 to present, did you or anyone in your household receive any welfare grants?" by gender



a. COVID-19 Social Relief of Distress Grant

About two-fifths of the sample had applied for the SRD Grant, and of these respondents only about half had been successful, indicating that many in our sample were failed SRD Grant applicants. The proportion who had applied for the SRD Grant is presented across a range of demographic subgroups in ***Figure*** 1919.

Figure 19: Sample responses to the question: [h]ave you ever applied for the COVID-19 Social Relief of Distress grant?" by selected subgroups



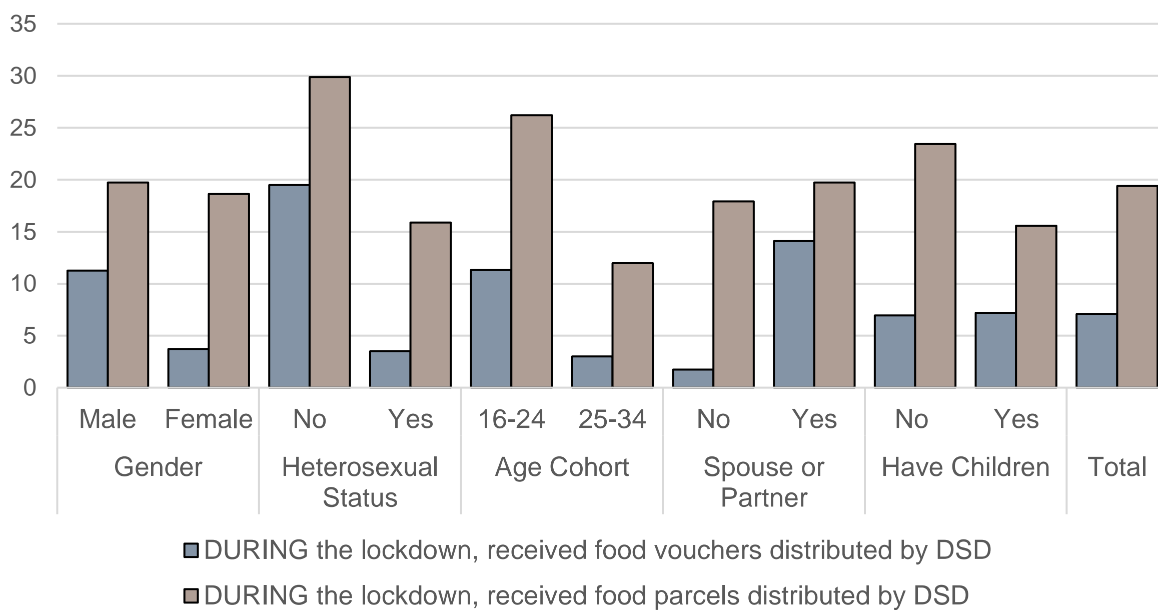
More male respondents in our sample had applied for the grant than female respondents. Male applicants were also more likely to have had successful applications than females. Sexual minority participants were also found to apply at a higher rate than their heterosexual counterparts. This latter group also reported a higher success rate than the former group. Respondents without children were more likely to apply for the SRD Grant than those with children and were also more likely to report being successful grant applicants. Of those who were successful SRD Grant applicants, only about two-fifths said that they received all payments.

To better comprehend how respondents felt about the SRD Grant application process, all applicants were asked "[h]ow would you describe the officials who helped you with your application?" Less than half (44%) of applicants said that the officials were helpful, while the remainder of applicants either said that the officials were unhelpful (19%), that they were uncertain of how to answer (22%) or refused to comment (15%).

b. Food Parcels and Vouchers

Participants were asked if they received either food parcels or vouchers during the lockdown period. Responses to these questions are represented in ***Figure*** 2020 across selected subgroups. Of all subgroups portrayed in the figure, sexual minority participants were more likely to report receiving food parcels and vouchers than other groups. Those in the 25-34 age cohorts were the least likely to report being recipients of a food parcel or voucher. Food parcels were, on the whole, found to be more common than vouchers with 7% of the sample reporting receiving the latter and 19% the former. Respondents without children and those in the 16-24 age cohort were far more likely to receive parcels than vouchers.

Figure 20: Sample responses to questions about receiving food vouchers or parcels distributed by the Department of Social Development during lockdown by selected subgroups



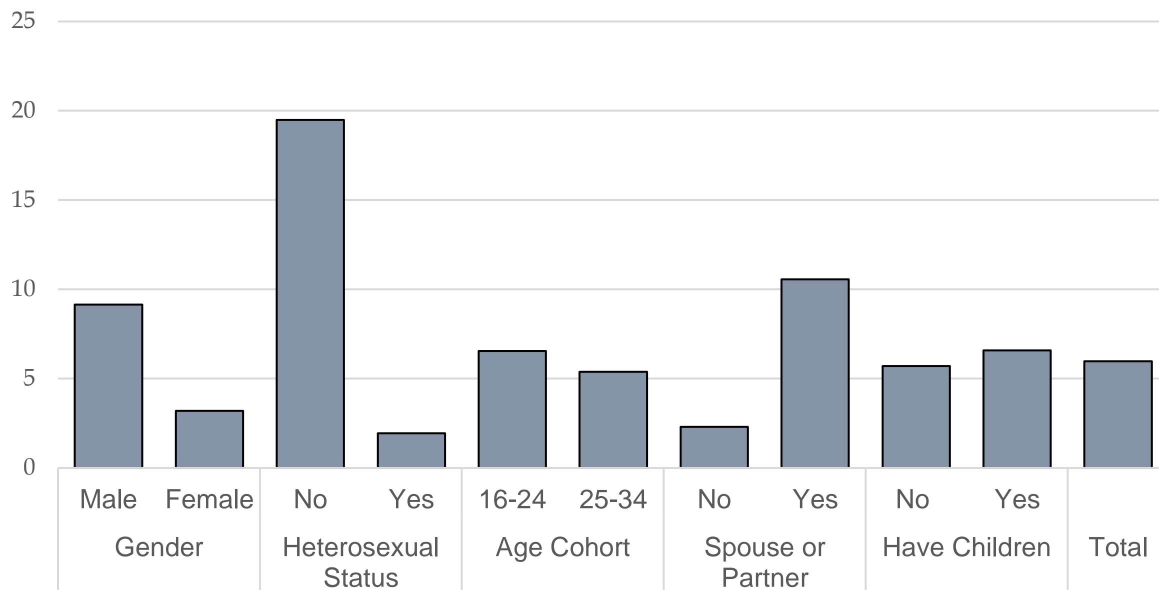
c. Psychosocial support

The vast majority of respondents did not access psychosocial support services offered by DSD and only 6% of the sample stated that they had access such services. The common services reported by our sample were counselling services from local social worker and using the Gender-Based Violence Command Centre.

While most participants were satisfied with the support they received, we did observe some subgroup differences on whether respondents had used psycho-social support services. Responses to this question are depicted in ***Figure 21*** by selected subgroups. Men in the sample were three times as likely to use support services as women. Sexual minority respondents were also far more likely to report accessing such services than their heterosexual

counterparts. In addition, we found that individuals with a partner were also more likely to report utilising these services than those without a partner.

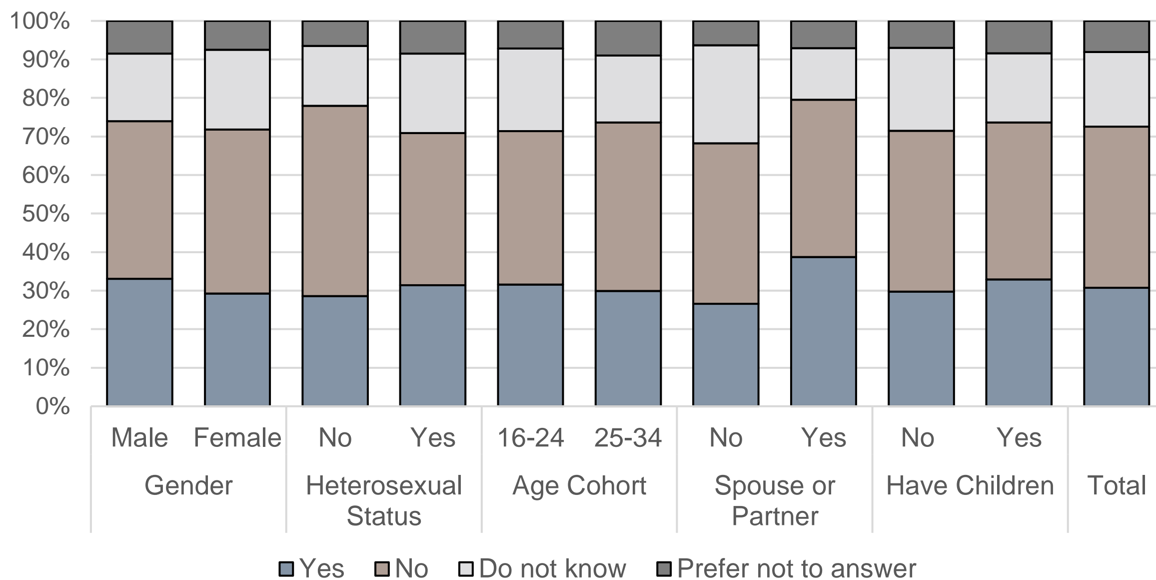
Figure 21: Sample responses to the question: "[h]ave you accessed any psycho-social support services rendered by DSD during lockdown?" by selected subgroups



d. Satisfaction with support services

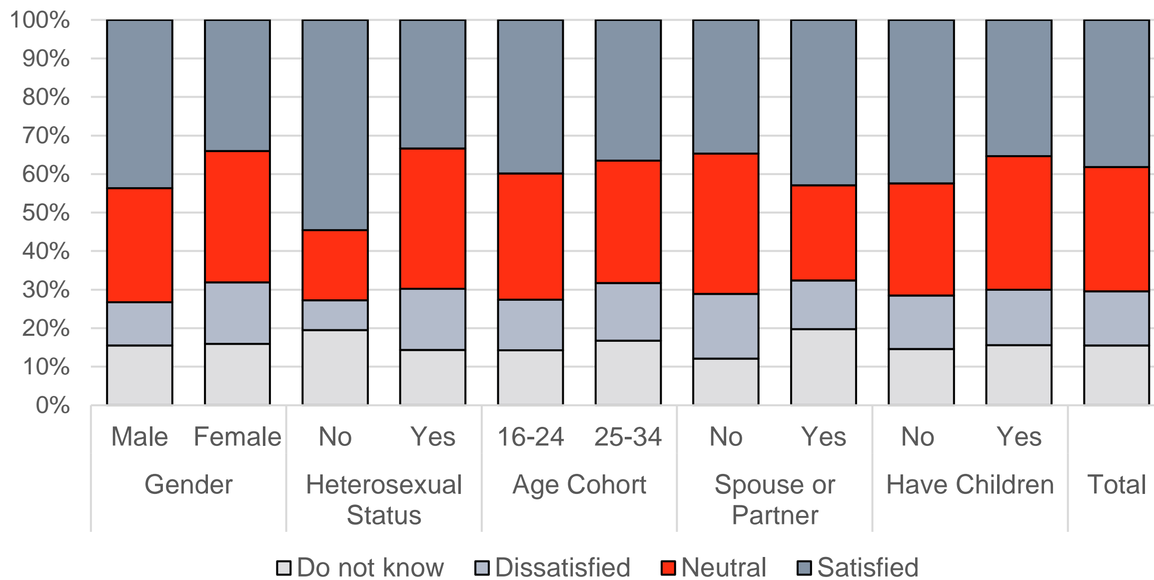
Respondents were asked about their perceptions on whether participating in DSD programmes helped them access better services in COVID-19 than their peers who have not been part of such programmes. Almost one third (31%) of the participants said that it had helped while 42% of the sample stated that it did not. The remainder either claimed they did not know (19%) or preferred not to say (8%). Answers to this question are displayed in ***Figure* 3 *22*** by a selection of demographic subgroups. Observed levels of subgroup variance was quite mild. Non-heterosexual persons were the most likely of all subgroups depicted in the figure to claim that being a participant had not helped them. On the other hand, respondents with partners were the most likely to believe that participation had been beneficial.

Figure 3: Sample responses to the question: "[d]o you believe your participation in DSD programmes helped you access better services in COVID-19 than your peers who have not been part of DSD programmes?" by selected subgroups



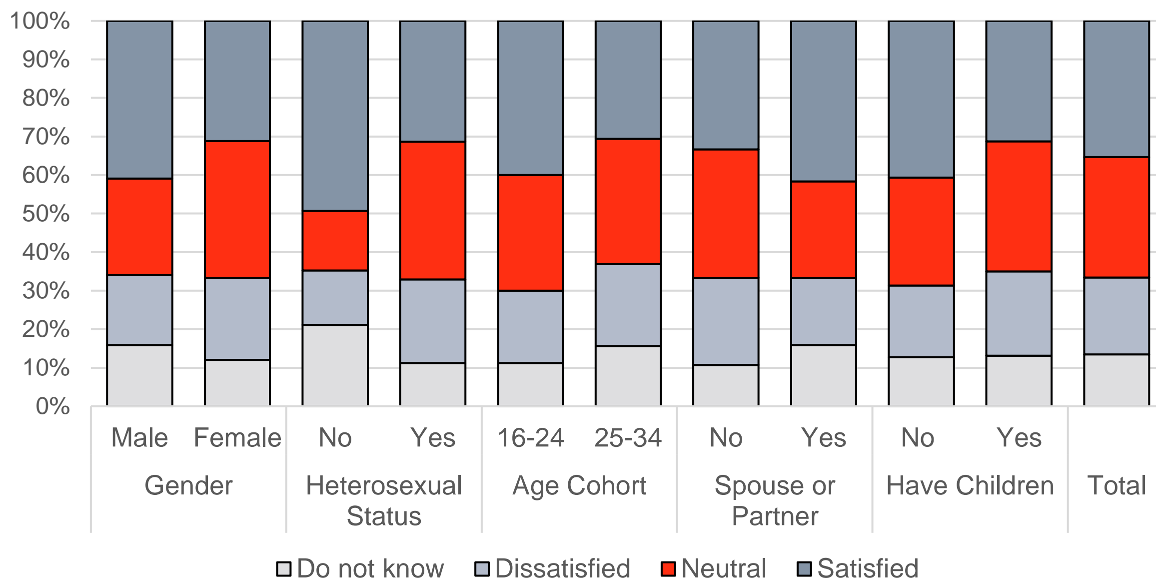
Respondents were then asked to indicate how satisfied or dissatisfied they were with the programmes offered by DSD and SASSA for young people like themselves during lockdown. Only a minority (14%) said that they were dissatisfied with nearly two-fifths of the sample stating that they were satisfied. The remainder either said they did not know (16%) or gave a neutral response (32%). Answers to this question are shown in ***Figure 4*** by a selection of demographic subgroups. Observed levels of subgroup variation were quite moderate. Female participants were much less likely than their male counterparts to be satisfied with existing programmes. Non-heterosexual persons were the most likely of all subgroups depicted in the figure to claim that they were satisfied. Interestingly, we did not observe a large disparity between age cohorts on this question.

Figure 4: Sample responses to the question: "[a]s a South African youth, how satisfied are you with the programmes offered by Department of Social Development (DSD) / South African Social Security Agency (SASSA) for young people like yourself during the lockdown?" by selected subgroups



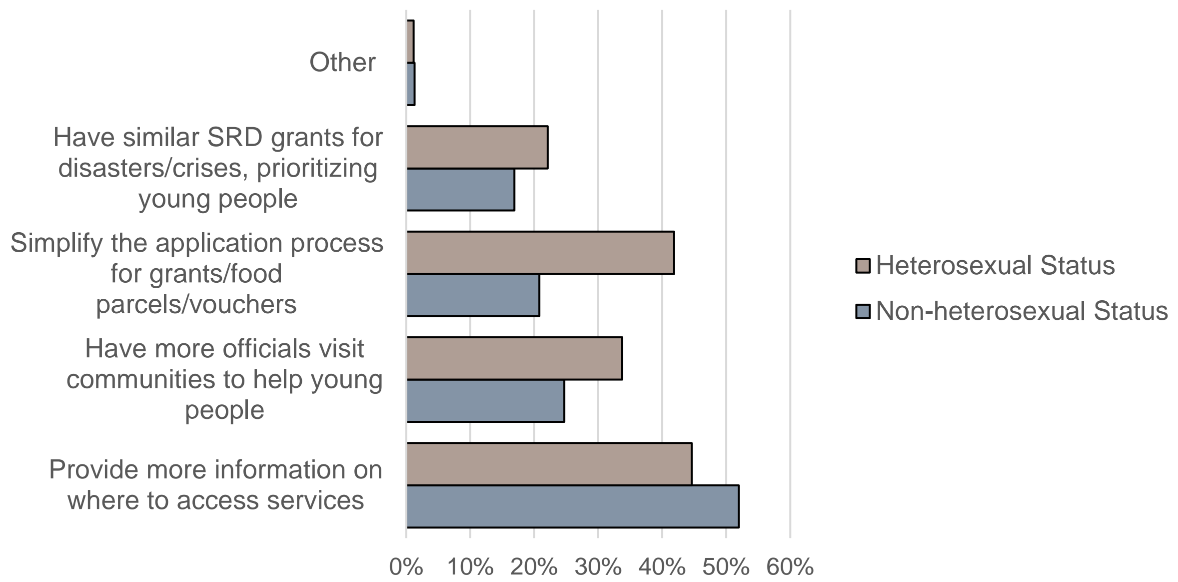
Respondents were asked whether they were satisfied with the way that the DSD and SASSA have catered to the needs of young people during the lockdown. About a third (13% very satisfied, 23% satisfied) were pleased with the work of the DSD and SASSA while a minority (5% very dissatisfied, 15% dissatisfied) were displeased. The remainder either offered a neutral response (31%) or were uncertain of how to answer (13%). A level of subgroup variance was observed on this indicator, and answers to this question are shown in ***Figure*** 2424 by a selection of demographic subgroups. Female participants were much less likely than their male counterparts to be satisfied, this is similar to what was detected in ***Figure 4***. Non-heterosexual persons were the most liable of all subgroups showcased in the figure to claim that they were satisfied. This outcome is also consistent with what was observed in ***Figure 4***.

Figure 24: Sample responses to the question: "[h]ow satisfied are you that DSD/ SASSA has catered to your needs as a young person between the age of 16 and 35 years during the lockdown?" by selected subgroups



Respondents were further asked what they thought DSD and SASSA can do better to help young people during times like the COVID-19 pandemic or other disasters. Answers to this question are depicted in ***Figure*** 25 25, showing that participants gave a variety of different replies. The most popular was provide more information on where to access services. This was followed by simplify the application process for grants, have more officials visit communities and have similar SRD grants for other disasters. Application simplification was especially popular amongst those who were dissatisfied with how the SDS and SASSA were helping young people during the pandemic. It was interesting to note that responses differed by sexual orientation in ***Figure 25***. As can be observed from the figure, non-heterosexual persons were more liable to support greater information provision and less likely to back simplifying grant applications.

Figure 25: Sample responses to the question: "[w]hat can DSD/SASSA do better to help young people during times like the COVID-19 pandemic or other disasters or health cries?" by sexual orientation



Summary and concluding remarks

This report described the results of the first data collection survey that aimed to understand the impact of the COVID-19 pandemic on 'known youth' in South Africa. While the small sample size limits our ability to generalise the results to rest of the 'known youth' population, it provides preliminary directions on the needs of youth during health crises.

Results of the first survey offered valuable insights into 'known youth's' experiences during the first part of the COVID-19 pandemic in South Africa. Notably, the results are preliminary given the longitudinal approach adopted in the study. However, in Table 4 we summarise selected issues we observed during this initial data collection timepoint, with the intention to examine changes on these at endline later this year.

Table 4: Summary of preliminary results

Thematic area	**Key issues**
COVID-19 risk	Small number of participants had been in close contact with someone who were COVID-19 positive Of these participants, many were not screened for COVID-19 after contact, but most self-isolated after contact
SRH	For heterosexual respondents, male condoms were more easily accessible during the lockdown than other contraceptives. However, this was difficult for non-heterosexual participants. Amongst female participants who were pregnant during the lockdown period (since March 2020), about half said that they had difficulty accessing proper medical treatment.
Violence	While many participants agreed that different types of violence occurred in their community, they were less likely to report any form of violence in their households. This includes general violence, GBV, violence against children and older persons, and violence against sexual minorities. Witnessing violence was associated with the perception that violence is widespread in South Africa. Roughly half of the sample stated that they were certain of their capacity to access support should they experience violence.
Education	Roughly a third of the sample reported that they were attending secondary school or HE institutions. Students and learners experienced difficulties with home schooling , such as difficulty accessing a computer, the internet and email to obtain learning material. Many requested more engagement from educators. Despite these reported difficulties, many respondents were optimistic about their academic progress.

Unemployment	A substantial increase in the number of unemployed youth was observed during the lockdown when compared to before March 2020.
Access to financial support	About a third of respondents did not receive welfare during the lockdown. Small number of participants accessed the SRD grant and those without children were more likely to report successful applications Access to food vouchers were less common than food parcels during the lockdown.
Access to psychosocial support	Most respondents did not access psychosocial support services offered by DSD.
Perceptions of DSD programs	Mixed results were observed where less than half of respondents thought that support officials were helpful, while one fifth thought officials were unhelpful. Two fifths indicated that they were satisfied with DSD and SASSA programmes for youth during the lockdown and one third thought that these programs catered to the needs of young people. Recommendations for improvement included additional information on where to access services, simplified grant application processes and community visits from DSD officials.

The next steps

In the next phase of the study, we will ask the same study participants to complete a second survey that will explore COVID-19 knowledge, mental and physical health, information seeking practices and social behaviours during the pandemic. Data collection for this phase will commence in August 2021.

References

Amaechi, KE, Thobejane, T. D., & Rasalokwane, R. (2021). Feminist Reflections on the Impact of the South African National Covid-19 Lockdown on The Upsurge Of Gender Based Violence in Mahwelereng Township of Limpopo Province, South Africa. *Gender & Behaviour*, *19*(1).

Bolarinwa, O. A. (2021). Factors associated with limited access to condoms and sources of condoms during the COVID-19 pandemic in South Africa. *medRxiv*, 2020-09.

Chauke, T. A., & Chinyakata, R. (2020). The Effects of the Covid-19 Outbreak on the Positive Development of Young People in Malamulele, South Africa. *The Thinker*, *84*(2), 70-75.

Cluver, L., Lachman, J. M., Sherr, L., Wessels, I., Krug, E., Rakotomalala, S., ... & Butchart, A. (2020). Parenting in a time of COVID-19.

Duan, L., & Zhu, G. (2020). Psychological interventions for people affected by the COVID-19 epidemic. The Lancet Psychiatry, 7(4), 300-302.

Espi, G., Ranchhod, V. & Leibbrandt, M. (2021) Age, employment and labour force participation outcomes in COVID-era South Africa

Fraser, E. (2020). Impact of COVID-19 pandemic on violence against women and girls. UK Aid. Available at: http://www. sddirect. org. uk/media/1881/vawg-helpdesk-284-covid-19-and-vawg. pdf.

Hall, K. S., Samari, G., Garbers, S., Casey, S. E., Diallo, D. D., Orcutt, M., ... & McGovern, T. (2020). Centring sexual and reproductive health and justice in the global COVID-19 response. *The lancet*, *395*(10231), 1175-1177.

Hedding, D.W., Greve, M., Breetzke, G.D., Nel, W. & Van Vuuren, B.J. 2020. COVID-19 and the academe in South Africa: Not business as usual. South African Journal of Science, 116(7–8): 1–3.

Hofman, K., & Madhi, S. (2020). The unanticipated costs of COVID-19 to South Africa's quadruple disease burden. *SAMJ: South African Medical Journal*, *110*(8), 689-699.

Li, W., Yang, Y., Liu, Z. H., Zhao, Y. J., Zhang, Q., Zhang, L., ... & Xiang, Y. T. (2020). Progression of mental health services during the COVID-19 outbreak in China. International journal of biological sciences, 16(10), 1732.

Lynch, I. & Teagle, A. (2020) The COVID-19 impact on sexual- and reproductive-health rights and gender based violence. <i>HSRC Review</i>. 18(2):36-37.

Maluleke, R. (2019). Towards measuring the extent of food security in South Africa: An examination of hunger and food adequacy/Statistics South Africa. Pretoria: Statistics South Africa.

Mbungwe, E. (2020). Effects of COVID-19 in South African health system and society: An explanatory study. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, *14*(6), 1809-1814.

Mncube, V., Mutongoza, B., & Olawale, B. (2021). Managing higher education institutions in the context of covid-19 stringency: experiences of stakeholders at a rural South African university. Perspectives in Education 2021 39(1): 390-409.

Mittal, S., & Singh, T. (2020). Gender-based violence during COVID-19 pandemic: a mini-review. *Frontiers in Global Women's Health*, *1*, 4.

Motala, S & Menon, K. (2020) In search of the 'new normal': Reflections on teaching and learning during Covid-19 in a South African university. Southern African Review of Education, 26(1): 80–99.

Mudiriza, G. & De Lannoy, 2020. Youth emotional wellbeing during the COVID-19 related lockdown in South Africa. Cape Town: SALDRU, UCT. (SALDRU Working Paper No. 268)

Nwosu, C., Kollamparanbil, U., Oyenubi, A. (2021). Socioeconomicinequalities inability to workfrom home duringthe coronaviruspandemic: The case of South Africa. WAVE 5 NIDS-CRAM. Accessed from https://cramsurvey.org/wp-content/uploads/2021/07/9.-Nwosu-C-Kollamparambil-U.-Oyenubi-A.-2021-Socioeconomic-inequalities-in-ability-to-work-from-home-during-the-coronavirus-pandemic-The-case-of-South-Africa.pdf

Nwosu, C. O., Kollamparambil, U., & Oyenubi, A. (2021). *Food insecurity and health outcomes during the coronavirus pandemic in South Africa* (7). (Wave 4 National Income Dynamics Study-Coronavirus Rapid Mobile Survey (NIDS-CRAM), Issue. https://cramsurvey.org/wp-content/uploads/2021/05/7.-Nwosu-C.-Kollamparambil-_-U.-Oyenubi-A.-2021.-Food-insecurity-and-health-outcomes-duringthe-coronavirus-pandemic-in-South-Africa.pdf.

Omodan, B. I., & Ige, O. A. (2021). University Students' Perceptions of Curriculum Content Delivery During COVID-19 New Normal in South Africa. Qualitative Research in Education, 10(2), 204-227. doi:10.17583/qre.2021.7446

Onyeaka, H. K., Zahid, S., & Patel, R. S. (2020). The unaddressed behavioral health aspect during the coronavirus pandemic. Cureus, 12(3).

Paltu, K. (2020, April 16). *MEC: Lockdown is not a holiday*. Retrieved from Capital Newspapers: https://capitalnewspapers.co.za/111163/mec-lockdown-is-not-a-holiday/

Petric, D. Negative mental health effects of COVID-19 pandemic and panic. Access from https://www.researchgate.net/profile/Domina_Petric/publication/340081905_Negative_mental_health_effects_of_COVID-19_pandemic_and_panic/links/5e76216292851cf2719be6ea/Negative-mental-health-effects-of-COVID-19-pandemic-and-panic.pdf

Pienaar, G., Davids, Y.D., Roberts, B., Makoae, M. & Hart, T. (2021) The big question: Covid-19 and policy support for a basic income grant. (HSRC Policy Brief, March).

Spaull, N., Daniels, R. C et al. (2021) NIDS-CRAM Wave 5 Synthesis Report. Accessed from https://cramsurvey.org/wp-content/uploads/2021/07/1.-Spaull-N.-Daniels-R.-C-et-al.-2021-NIDS-CRAM-Wave-5-Synthesis-Report.pdf

Sonke Gender Justice (2021). Emerging effects of COVID-19 pandemic on gender-based violence in Africa: A multi country study – Kenya, Democratic Republic of Congo, Cameroon, South Africa. Retrieved from, file:///C:/Users/zessack/Downloads/Covid-19%20Report%20Final%20Print_4.pdf

Shung-King M, Silbert P, Daniels B, Mzozoyana T, Morden E, Lake L & Delany A. Education and schools as nodes of care and support. In: Lake L, Shung-King M, Delany A & Hendricks M (eds) Children and COVID-19 advocacy brief series. Cape Town: Children's Institute, University of Cape Town. 2021.

Statistics South Africa (2021). Quarterly Labour Force Survey: Quarter 1- 2021.

United Nations Development Programme. (2014). Human development report. New York: United Nations.

University of Johannesburg and Human Sciences Research Council (2020) UJ-HSRC Covid-19 Democracy Survey Summary Findings, 4 June 2020, accessed from http://www.hsrc.ac.za/uploads/pageContent/11849/UJ-HSRC%20Covid-19%20Democracy%20Survey%20Summary%20Findings.pdf

Van Aardt, I. (2012). A review of youth unemployment in South Africa, 2004 to 2011. South African Journal of Labour Relations, 36(1), 54-68.

WHO. (2020). *Naming the coronavirus disease (COVID-19) and the virus that causes it.* Retrieved from World Health Organization: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it

Yu, D. (2013). Youth unemployment in South Africa since 2000 revisited. Documentos de trabajo económico, 4, 13.

Zhang, S. X., Wang, Y., Rauch, A., & Wei, F. (2020). Health, distress and life satisfaction of people in China one month into the COVID-19 outbreak. Distress and Life Satisfaction of People in China One Month into the COVID-19 Outbreak (3/12/2020).