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# Problematising Extroversion in South African COVID-19 Lockdown Measures: a case study of women head of families' stories in Khayelitsha on the Cape Flats

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# ACRONYMS

AIDS- Acquired Immunodeficiency Syndrome

ATM- Automated Teller Machine

BRICS- Brazil Russia India China and South Africa

CLPP-The Coloured Labour Preference Policy

COGTA- Department of Co-Operative Governance and Traditional Affairs

COVID-19- Coronavirus Disease of 2019

GBVCC- The Government Gender-Based Violence and Femicide Command Centre

HIV- Human Immunodeficiency Virus

HRW- Human Rights Watch

PSS-Personal and Salary System

RDP- The Reconstruction and Development Programme

SARS -South African Revenue Services

SASSA-South African Social Security Agency

SRD-Social Relief of Distress

SRH-Sexual Reproduction Health

UIF-Unemployment Insurance Fund

UN Women- United Nations Entity for Gender Equality and the Empowerment of Women

WIEGO – Women in Information Employment: Globalizing and Organizing

WHO - World Health Organization

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# ABSTRACT

There has been a lack of intersectional gender, race, and class analysis of the present COVID-19 pandemic by the government and health organizations in South Africa. This study focuses on a small number of unheard voices of urban poor black women and their experiences of COVID-19 lockdown between 2020 and 2021 on the Cape Flats. Using Khayelitsha as a case study, this research highlights their township-based experiences during COVID-19 lockdown, by exploring the impact on their lives, incomes and health from their perspectives as women head of families. Such voices are often ignored and marginalized in mainstream media. As a small qualitative study, it is based on collecting narratives from a small cohort of female heads of households in Khayelitsha which illustrate that these black women are in general negatively affected economically by top-down western-based imposed COVID-19 lockdown measures (as a form of extroversion). This limited small-scale study points to the need for further research on how these western-imposed methods of managing pandemics and diseases in African realities negate local knowledge of indigenous women and that they are inappropriate and not informed by the everyday lived reality. Lockdown measures in South Africa, therefore, need to be critically reviewed within an African lived reality in future.

# CHAPTER 1

# INTRODUCTION AND BACKGROUND

The sudden emergence and rapid global spread of novel influenza in the 21st century has caused a commission on what a 'pandemic' is (David, 2009: 1018). The World Health Organization (WHO, 2020:11) states that a pandemic can be defined as an infectious disease that has spread across multiple continents and worldwide, affecting a substantial number of people. In late 2019, the world experienced the outbreak of a deadly disease that got named by scientists as Corona Virus (COVID-19). The World Health Organization (2020:1) revealed that the Corona Virus was detected in Wuhan China which, later in early 2020, created a global pandemic. By the 11th of March 2020, WHO declared the novel infection a pandemic, and it soon spread all over the world (Tolulope Osayomi et al., 2021:1). The virus was classified as a 'global pandemic' (given the extent of its reach), and it was considered the gravest public health crisis the world has faced in the past century (Lasco, 2020).

Due to the alarming rate at which the virus was spreading, WHO regulated the prevention of the spread of the virus in accordance with Article 3 of the International Health Regulation of 2005, i.e., countries have a legal authority to impose quarantine and lockdown (WHO, 2020:1). Therefore, the global public was forced to conform to new innovative ways of doing things, which included wearing a mask, social distancing and implementing lockdown measures (WHO 2020: 1). These public health recommendations by WHO were according to Evans (2021:1) influenced by high-income countries, with a strong governmental influence that overlooked the enormous differences in a global capacity. Therefore, in their regulations to contain COVID-19, WHO paid insufficient attention to the realities in many countries, making the response Eurocentric in several ways (Evans, 2021:1).

The World Health Organization (2020:1) stated that the first COVID-19 case in Africa was in Egypt, made known on the 14th of February 2020. The virus has since been rapidly spreading, specifically in places that are defined as the home of 'international mobile elites' (Bibi-Aisha Wadvalla, 2020:20). However, Bibi-Aisha Wadvalla (2020) also argues that the COVID-19 spread in Africa was not as swift as in the European countries and as a result, it took 90 days for Africa with 54 countries to reach 100 000 cases. Africa's young population is considered a possible explanation for low infection on the continent given the fact that the age population rate in Africa is 19.4 years while in Europe it is 40 years (Chitungo, 2021: 3). It was proven

in Italy that case fatality rates of COVID-19 for ages above 60 years were higher. As illustration, in Italy, 23,4% of the population were 65 years and older. It therefore seems that the COVID-19 impact was more severe in societies with an older population. Due to Africa's youthful population, according to WHO (2020), the cases are therefore lower than on other continents. Recent statistics for COVID-19 cases reported on the 13th of September 2021 were as follows: Algeria had 200 000 cases and 5 578 deaths; Egypt had 293 000 cases and 16 871 deaths; Ghana had 120 000 cases and 1096 deaths; Nigeria had 199 000 cases and 2598 deaths. These statistics compared with South Africa with a relatively staggering 2, 86 million cases and 84877 deaths (WHO, 2020:1). Out of all the continents in the world, Africa, with a 1.216 billion population that is 16.72% of the world's population, has been the least infected continent with a mere 4.5% global burden of the COVID-19 pandemic (Osayomi et al., 2021: 8). The western explanation for this is that African countries are under-reporting on statistics unlike western countries. However, WHO (2020) showed that Africa indicated evidence of a less severe effect of COVID-19 in relation to mortality.

Soy (2020:10) points out that preliminary studies on COVID-19 have put forward evidence on how various groups faced a different risk of contamination and coped differently during the pandemic; that the universally implemented policies by international health bodies such as WHO did not consider how these imposed policies could impact people's lives differently in various societies; and that the implemented restrictions, given the massive socio-economic disparity in Africa, have naturally affected people quite differently due to these drastic changes. Using an example, Soy (2020) illustrates that the implemented restrictions in South Africa came with a huge cost. As illustration, South Africa, which had one of the utmost severe lockdowns in the world, lost about 3 million jobs during the lockdown in the first half of 2020, with an overwhelming 2 million being women.

The global public health system clearly failed to reflect on intersecting social challenges in African realities when they recommended lockdown restrictions as a way to contain the global pandemic. In other words, they did not consider local struggles and the implications of the implemented western-based lockdown measures. Recent work in the field by the Khayelitsha Baphumelele organization (2021:1) highlighted that the unemployment rate in Khayelitsha positions at an overwhelming 54.1%, while many households also live in self-constructed wooden corrugated shacks without access to water, electricity and healthcare. Furthermore, Allan & Heese (2020) have shown that the high rates of unemployment in Khayelitsha were felt severely by women during the COVID-19 pandemic as lockdown measures required more

of the jobs that are considered to be ‘low skilled’ to be classified as ‘non-essential’ services. In relation to this, De Groot & Lemanski (2021) state that black women from Khayelitsha were most likely to die from poverty and lack of access to food than the virus as they faced extreme levels of poverty that were perpetuated by unemployment and other factors. Thus, the study aims to highlight the lack of intersectional gender, race and class analysis of the present COVID-19 pandemic by the government and health organizations in South Africa specifically focusing on one of the poorest townships in Cape Town.

Ironically, though South Africa is one of the leading countries in medical and health research in the world, the country adopted these measures soon after they were adopted by the UK as South Africa was presented as having little agency in successfully addressing its own problems and proposing its own bespoke solutions to combat disease. This means that established African indigenous disease-isolation practices and models were not officially considered or recognized in the policies enforced by WHO. Thus, the western measures implemented in the world caused further significant economic suffering, especially for women and girls from already impoverished areas such as Khayelitsha.

# CHAPTER 2

# LITERATURE REVIEW

Literature in the global field generally addresses the gendered unequal infection rates of previous pandemics, epidemics and viruses. Starting with the Black Death pandemic (in 14th century Europe), the Smallpox epidemics and HIV and Aids crises in South Africa, the literature illustrates that women were historically always more exposed to vulnerabilities associated with these health crises as they tend to take the chief responsibility of caregiving.

Though COVID-19 has been disrupting major inclusive planned social events (such as sports and concerts), it is far from being considered a great equalizer. Preliminary studies have shown evidence of how various groups confronted different marginalization and contagion in the history of pandemics (Maetsipieri, 2021:1). Throughout human history, as human beings travel around the world, infectious diseases have been a constant companion (LePan, 2020:1). COVID-19 is therefore certainly not the first pandemic, historically. Damir Huremovic (2019) gives us examples of the deadliest diseases in society, historically such as the Plague (Black Death) which was a worldwide spreading pandemic that was discovered in China by 1334, claiming the lives of about 200 million people. The Spanish Flu pandemic of 1918-1920 (which also spread to South Africa) was described as a disease that had claimed many lives and was estimated with over 100 million deaths (Huremovic, 2019:30). The HIV/ AIDS epidemic is a human immunodeficiency virus that started in 1981 that has claimed the lives of 40 million people (Huremovic, 2019:30). The common theme that these three pandemics share is the trust that is put on health scientists to help in containing the spread of diseases. Pandemics can bring huge change to society, as they demand that society innovates and imposes new ways of doing things, such as how to socialize and they introduce measures such as social distancing. Often with state-imposed policies during a global crisis of any sort, pre-existent social dynamics in society - such as gender inequality, racism, poverty, and classism - are not taken into account by homogenous lockdown policies imposed by the economically and politically powerful on diverse societies globally.

Harding (2020) states that low infections and death rates in African countries have made western ‘experts’ start posing questions on the possibility of crowded conditions having a mystery of low infection. Osayomi et al. (2021: 8) contends that Africa is often portrayed as the ‘poorest’ continent that has obtained low numbers of COVID-19 infections and death

numbers universally and that at the start of the pandemic, there were several projections by international bodies that the African continent would have the highest number of COVID-19 infections, but that these projections were due to a number of factors such as the status of the continent in the world economic system; the burden of diseases such as Diabetes, AIDS and TB, that exacerbate COVID-19 symptoms. Such representations in the western world media and the international health bodies represent Africa and its countries as the only geographic area in the world that suffer from major diseases.

Not only does the West portray Africa negatively, but it also (as mentioned earlier) assumes that the continent and its people have little (if any) agency in successfully addressing its own problems with disease. Yet Africa is the leading continent recently managing infectious diseases such as TB and HIV. Nafade (2018) argues that South Africa was one of the leading researchers of TB between 2007-2016. Additionally, Gandhi (2009) states that the integration of TB and HIV treatments in South African rural settings, and homegrown treatment resulted in excellent outcomes in the world. Walker (2004:527) asserts that despite African countries having excellent results in research with epidemics and diseases like TB and HIV, the western solving models are promoted as appropriate and imposed on all cultures worldwide. This imposition creates marginalization of other cultures due to shaping things according to an enforced western cultural mode. As an illustration, Human Rights Watch (HRW) Africa division revealed that alongside issues of African people's vulnerability to COVID-19, the number of African women facing hunger and a food crisis (because of imported lockdown measures) has doubled due to Covid-19. This has resulted in the rise of a 'hunger pandemic' for women and girls as they constitute 60% of the people facing a food and hunger crisis. It is no surprise therefore that COVID-19 exposed millions to increased unemployment and hunger, especially women and girls. The global economic recession, as a result of lockdown measures, has commanded to a major decline in income for many households worldwide, threatening the already precarious livelihoods of people.

There is continual violence that is perpetuated by the west through suppressing and silencing indigenous ways of both experiencing and knowing the world. This has been apparent during the COVID-19 pandemic, as western problem-solving methods are promoted as 'appropriate' for all cultures, including indigenous societies. Human Rights Watch (2020) argues that this form of imposition has created a dependency on western countries to explore solutions. Makanda & Matambo (2021:3) express that there are African indigenous ways of dealing with pandemics and diseases that were effective for African societies in the past that were not

considered during the COVID-19 pandemic. In relation to this point, Thuli Nhlapo (2020:1) argues that in South Africa there are spiritual healers that are called Izangoma who are mostly women who diagnose illnesses by using herbs and call on ancestors to heal communities. In this regard, John Molebatsi (2020:2) puts forward that 80% of people in South Africa use traditional medicine as a source of healthcare irrespective of the department of healthcare prioritizing western medicine to heal people. Nhlapo (2020:1) illustrates that it is worth acknowledging that the message being preached to the public by WHO (that is, washing hands regularly), is something that traditional healers have been practising in cleansing rituals by using water from waterfalls and oceans before consulting with patients. Similarly, before patients receive treatment, the first step is ukufutha (steaming) which was one of the recommended methods that prevent the spread of COVID-19. This shows that the implemented western methods to combat the spread of the virus in South Africa, based on what was implemented globally by WHO, disregarded the African women's communal social agency and practices. Makanda & Matambo (2021) argue that African indigenous ways of knowing would have paid attention to the inter-communal connections that link individuals and communities.

The World Health Organization also paid little attention to indigenous forms of containing viruses used for pandemics for centuries. Barry (2003:1) explains, for instance, that during the Ebola outbreak, the indigenous people of Acholi used three indigenous models promoted by healthcare workers in Uganda, which included the methods of burial practices, herbs formulated by traditional healers and implemented indigenous quarantine measures. Elders and women who were of the community were therefore crucially required in implementing these indigenous methods to assist the sick. Therefore, the indigenous methods used in different African communities helped in limiting the spread of the Ebola pandemic. Therefore, there is a clear link between indigenous ways of containing pandemics and the role that women play in passing indigenous knowledge and practices that the World Health Organization did not acknowledge during the COVID-19 pandemic.

However, regardless of these successful indigenous disease-isolation measures, there were none of these adopted from African indigenous communities by the World Health Organization. Perra (2021:52) argues that research and case studies provided by the World Health Organization have stated that western lockdown measures are accurate in reducing the viruses; and that therefore, WHO recommended lockdown as a short-term measure to re-organize and protect healthcare workers. These western-informed lockdown methods have been officially and exclusively approved by WHO as the only appropriate measures to prevent

COVID-19 from spreading. In line with these officially sanctioned measures, the United Kingdom's government Prime Minister Boris Johnson announced a national lockdown in the United Kingdom (as one of the first implementers of lockdown in the world) and proceeded to instruct the people of the UK to stay at home, announcing new regulations such as police power to support public health, budget measurements that support business and complete closure of schools (See Stewart Rory 2020:1). Desheng Dash Wu (2020:1) points out that following the UK's announcement, South Africa adopted a similar lockdown restriction regime even though the country had only five officially reported deaths due to COVID-19 by the end of March 2020. On the other hand, the UK had reported over 3260 patients that died of the virus by the beginning of March (see Rory 2020:1).

The pandemic became a reality for South Africans when the Department of Co-Operative Governance and Traditional Affairs (COGTA) with South African President Cyril Ramaphosa declared a national state of disaster, according to the Disaster Management Act of 2002, on the 1st of March 2020 (Government Gazette, 2020:313). "On the 5th of March 2020, the Minister of Health Dr Zweli Mkhize announced the spread of a virus from a patient that tested positive on their return from Italy" (Government Gazette, 2020:313). With the high rate at which the virus was spreading, the health minister proposed that two-thirds of the South African population could contract the disease, as predicted with the spread in the Chinese population particularly affecting the indigenous older population more (Government Gazette, 2020:313). According to regulation 11A from the COGTA, it amended substitution for lockdown which resulted in the restriction of movement for people of South Africa from 26 March 2020 until 30 April 2020. South Africa implemented measures such as no school attendance, shopping for only essential food items, prohibition of eviction and the suspensions of services that are not considered 'essential'. The implemented restrictions have led to massive socio-economic disparity in South Africa, affecting people differently depending on class, gender and social environment in a highly spatially segregated society that has not yet overcome the economic legacies of Apartheid.

Walby (2020:1) therefore argues that the policies formed in reducing the spread of the virus have reduced social and economic activities, affecting some more than others, ascribed to well-known historical, social, and economic reasons. The theory of social dynamics helps us understand how different spheres of the pandemic were not gender neutral (Walby, 2020). For instance, exclusion of indigenous ways of preventing pandemics made the already impoverished conditions more severe.

The lockdown policies implemented to prevent COVID-19 have further exacerbated inequalities that women have been fighting against for years. These include unequal opportunities in the workplace, unequal pay, and unequal access to housing, land and schooling. Additionally, COVID-19 brought a drastic change in the world, further restraining those that were already suffering, such as black women (Walby, 2020:6). Thus, it was clear that the scale of the pandemic required serious reflection on how society dealt with the disease and inequality at large. The implemented measures of COVID-19 were certainly at the cost of women's well-being in South Africa, as the pandemic further emphasized the patriarchal, social and political structures that already exist in South Africa.

The South African everyday reality is not similar to Europe's or that of the West. Dladla (2017:66) argues therefore that it is important to develop African knowledge through an African lens as a methodological approach in research. Such an approach is especially appropriate for critically responding to the mainstream media's representation of black women as 'without agency'. The misrepresentation of black people, in general, and particularly black women in Sub-Saharan Africa, demands that black women's authentic experiences in Africa - especially during the global pandemic – should be explored and documented. This is important, as the general public tends to rely on information gained from the mainstream media which often distorts the real lived experiences of women (Osayomi et al, 2021:800).

The history of how pandemics affected African black women in the past is very blurry, as African history in the past has been propagated [interpreted] by European philosophers such as George Hegel, which was done deliberately to undermine African history and philosophers (Andindilile, 2016,1). For instance, George Hegel (1899) argued that in 'Negro' life the characteristics of consciousness have not yet attained realization (see Hansa, 2020). Additionally, Hegel states further that Africa is a 'dark continent', particularly dismissing sub-Saharan Africa as a part of the world with no historical development. This Eurocentric viewpoint of African people has powerfully impacted their representation in the public imagination, especially of women in mainstream media. Mittal and Singh (2021) study show much relevance to the silence of how black women are affected by the pandemic, by illustrating that there has not yet been any gender analysis of the pandemic by any government or health organization or any estimate of potential victims in preparedness stages (2021:1). Thus, as described by Adesina (2008:123) there is a prevailing misrepresentation of Africa and the Africans, as there is a lack of African ontological discourses and experiences that broadcast African phenomena.

Curtis and Roosen (2017:247) state that pandemics such as the Black Death and Plagues had a sex-selective mortality effect, and further elaborate that the ancient pandemics have revealed that gender inequalities result in a disproportionate exposure to women because of key factors that drive women's exposure more than men. The main findings in Curtis's study suggest that the gender ratio during the Black Death pandemic strongly affected women (2017:248). Additionally, women from urban and rural areas were also affected differently by the Black Death depending on their level of exposure or because they traditionally took on the roles of caregivers in society, i.e., taking care of their sick family members and putting themselves at great risk of being infected (see Curtis and Roosen, 2017:248). Similarly, in the early Cape colony pandemic outbreaks affected men and women differently in their day-to-day activities as shown in Viljoen's (1995) study, in which he argues that during the smallpox epidemics in 1713 and 1755 enslaved women were further abused by their masters, as they were forced to take up unpaid care as nurses. For this reason, slaves were in direct contact with patients with smallpox as other slaves were given direct tasks of burying infected bodies.

Marindo (2017) contends, in relation to this point, that ancient pandemics have sex-selective mortality effects on African women, that is, in Africa, there are active power systems such as colonialism, classism and patriarchy, that interconnect to silence black women's challenges during pandemics. Marindo (2017) goes on to state that diseases tend to affect some groups of individuals more severely than others, due to systemic factors such as governance, national politics and global structures. These result in a social structure that subjects African women's exposure to the diseases and silences their experiences. Moreover, the vulnerable position of black African women is not only because of being poor but rather due to intersecting multiple vulnerabilities which involve lack of education, lack of financial resources, lack of representation and political systems that suppress African women's stories and expose them more to pandemics. Thus, all the intersecting social dynamics contribute to the vulnerability of black African women to pandemics.

In South Africa, women account for 55% of confirmed cases of COVID-19 (WHO,2020). Osayomi et al., (2021) and Mbatha (2020) illustrate two different ways that COVID-19 has shown a pattern of sex-selective mortality in South African women, i.e. densely populated urban settlements and the marginalization of Sexual Reproduction Health (SRH). Correspondingly, Osayomi et al. (2021:3) argue that the high rate of sex-selective mortality during COVID-19 in South Africa has been caused by the highly populated informal areas in South Africa. As COVID-19 heavily relies on physical proximity - as a result, those who are

displaced in high-density areas such as townships were most challenged by following lockdown restrictions such as social distancing and quarantine, which resulted in high infections in the townships. Moreover, half of South Africa's populace live in low-income household, that is 13.1% in informal settlements, 13,16% in state subsidies housing and 24,14% in settlements (De Groot & Lemanski,2021:13) - of which, the majority are black women. Related to this, according to the 2011 census, there are 391 749 people that stay in Khayelitsha township, 51.95% of whom are black women and 48.05 % black men (Brown Lisle , 2021:80). Thus, black women from townships such as Khayelitsha were more exposed and vulnerable to COVID-19 due to the densely populated townships, as a result, of the subsequent bigger challenge with social distancing.

Mbatha (2020:1) argues that South African women during lockdown who were seeking Sexual Reproduction Health (SRH) assistance did not receive any help, due to hospitals only assisting those that were affected by the virus. Women who wanted access to contraceptives, HIV prevention treatments, testing and treatments of STI and of cancers of the reproduction system and access to abortion services were refused treatment. This suggests that women in general (for that matter) have been put at risk by the pandemic more than men and their reproductive health continues to be at risk as well. Additionally, Chandler (2021:80) illustrates that black women in South Africa were required to deal with socioeconomics and health disparities before the spread of the virus, which further created their marginalization to the virus. South African black women continue to be targeted by extreme health inequality as to other genders. To illustrate, in South Africa black women are exposed to diabetes at 11,8% compared to 7.7% for South African men and suffer from obesity at 36.1% compared to 14,6% for men. This means that the health disparities for black South African women increased their risk of illness and mortality from the COVID-19 pandemic.

However, there is a missing gap in the literature on South Africa: that is on how intersecting social dynamics have affected poor black women during the COVID-19 lockdown. These dynamics include apartheid segregation policies that continue to negatively impact the lives of poor black women in accessing health care exacerbated by lockdown during COVID19. In addition, patriarchal structures in society continue to prevent poor black women from accessing high-paying jobs and subject them to unpaid labour in informal care services in families and communities which further subordinate these women to exposure to increased domestic violence and abuse significantly aggravated during lockdown.

# CHAPTER 3

# RATIONALE, AIMS AND OBJECTIVES OF THE STUDY

The current pandemic in South Africa has exposed the nature of the current state in the country; that is extreme measures of poverty, high levels of unemployment, corrupt government, poor service delivery and inadequate health care services (Bateman & Ross, 2020:1). These social ills have worsened during the pandemic, as many people were dependent on social services from the government. According to Statistics South Africa, as of 2020, approximately 18 million South Africans were vulnerable to poverty and unemployment and were dependent on government support to receive social grants and relief assistance from the government (Kamer, 2021). However, what happens when women head of families that were historically oppressed through race, class, and gender are further inhibited in extreme measures of poverty, retrenchment from work and poor health care services due to the pandemic?

There are several strategies that the government could have implemented to help women, such as starting by recognising how particularly poor black women are affected by the pandemic. Addressing the gender norms by implementing shared responsibility for both men and females both in the workplace and at home, could have been achieved by further prioritizing low-paid women and frontline women's health including their mental health. Moreover, women's reproductive health rights during the pandemic should have been prioritised as women are often in lockdown with their abusers, where domestic violence is bound to intensify in these circumstances, and where forced sexual activities imposed on women likely also increased.

Specifically, relevant to the rationale for this study, it is expected that COVID-19 policies would have had an impact on black women residing in Khayelitsha. These implemented COVID-19 lockdown policies were aimed at preventing the virus from spreading, but we do not know how their implementation specifically affected women from Khayelitsha who were heads of families. It would therefore be useful to explore the history of the construction of an unjust and unequal society in South Africa, through an overview of how segregation introduced during apartheid has in the long term affected access to social services by women from Khayelitsha during the pandemic - in particular, the target group of this study. Additionally, such women would most likely fall into the category of 'low skilled' jobs in the participation of the economy during the lockdown. These low-paying and low-skilled jobs were not seen as 'essential services' such as retail, domestic work and street markets. It would also be interesting

to establish how future South African policies could assist women who are excluded from the economy.

## AIMS AND OBJECTIVES OF THE STUDY

By noting their exclusion from essential services during the global pandemic, the study seeks to explore these women's experiences and how they were impacted by implemented governmental COVID-19 lockdown measures in 2020. This is done through engaging with their authentic voices as women head of families based in Khayelitsha.

Therefore, the study seeks to:

- Capture a small number of authentic experiences of poor black women as heads of families during COVID-19 (2020-2021) in Khayelitsha, Cape Town;
- Share these experiences (of this small cohort of urban women) as an illustration of continuing inequalities in South Africa being exacerbated by the universal pandemic;
- Highlight the conditions that these women are subjected to in townships aggravated by the global pandemic;
- Illustrate that the policies of quarantine and lockdown implemented were anti-poor and are not informed by locally lived African realities; and
- Illustrate that listening to black women as heads of households in the poorest communities in South Africa is important to inform appropriate present and future lockdown policies and measures in a global pandemic.

Based on the literature review in chapter 2 and to meet the rationale, aims and objectives of this study, I've arrived at the following research question and sub-questions.

## MAIN RESEARCH QUESTION

How has the COVID-19 pandemic affected a small cohort of poor black women as the heads of families in Khayelitsha?

## SUB-QUESTIONS

1. What were the South African government policies and measures implemented during the COVID-19 lockdown?
2. Where did these policies and measures originate from?
3. How do the oppressive and prevailing social dynamics created historically in South Africa exacerbate the impact of COVID-19 lockdown on black women?
4. How were poor black women as the heads of families in Khayelitsha directly affected by the pandemic in their lived experiences?
5. What are the measures that could have been implemented from the perspective of poor black women as the heads of families in Khayelitsha to help women during the pandemic?

## RESEARCH METHODOLOGY AND METHOD

The research used qualitative research methodology, which can be defined as a non-numerical data collecting method (Turner, 2003:13). The methodology which informs this method is used to understand concepts, opinions, and various phenomena, to develop deeper knowledge. In this study, the method was selected to collect social information through narratives of lived realities. The qualitative research method is appropriate for this study as it can reach different populations, traditions, religions, and different social groups. Turner (2003) notes further that this method offers different tools to conduct data such as focus groups, interviews, ethnography, and open-ended surveys, which allow the researcher to explore different phenomena in their context.

Baxter (2008:545) states that the benefit of conducting research through qualitative methods is that it explores different phenomena by using a variety of data sources that allow for multiple sides and different experiences to be revealed. Thus, the study used a mixed-method design

using both the desktop research method and semi-structured interviews. The desktop research method is defined as a secondary source method that provides information that is already available in the public domain (Crossman, 2019:4). Brown (1996:562) further defines the desktop research method as an "approach to understanding subjectivity by combining qualitative and quantitative data, which allows for a systematic investigation into the viewpoints and perspectives of the participants of the study, of which the methodology study begins with the researcher assembling a set of statements and information in relation to the study". Therefore, various desktop sources were explored such as official statistics from reports, academic literature, newspaper articles and the government gazette. The secondary sources helped the study to navigate a case study of black women's heads of families by illustrating how the COVID-19 pandemic has affected a small cohort of poor black women heads of families in Khayelitsha. Additionally, Crossman (2009) states that the desktop method is suitable for focusing on micro-levels of social interaction that are composed of the everyday life of people.

It was difficult to find data that focused on the effects of lockdown restrictions on black women specifically from informal settlements. As black women are not only excluded in the participation of the economy but there is a long history of being undervalued, underrepresented, misrepresented, and ignored in history and knowledge production. Therefore, there was a lack of scholarly texts and data that focused specifically on poor black women from informal settlements and their responses to pandemics and disease management. The desktop research was therefore limiting, and I consequently conducted interviews with the identified black women heads of families to collect concrete data which represent themselves in their own voices.

The interview method was important in the study to further highlight the experiences of black women from Khayelitsha during the deadliest pandemics of the 21st century, that is, COVID-19. The six participants in the interview process were valuable to the study as the women were diverse and offered vast knowledge. I was, therefore, able to limit the participants to only six interviews due to the immense knowledge provided by participants. They were from six different fields of employment: street vendors, social grant beneficiaries, small business owners, retail workers and the unemployed. Additionally, the participants were from different areas in Khayelitsha including Makhaza, Site C, Likha Park, Harare and eNkanini, which meant that they could provide unique experiences from each field of work and the area they are from in Khayelitsha that was valuable in the study. Hence, the six participants were not limiting in

the scope of data they provided through the semi-structured interviews compared to the limited scope of the desktop method. Nonetheless, the desktop research method was beneficial in the study as the data collection process began by looking into lockdown policies that were implemented in March 2020. In addition, the research explored how the Western Cape government implemented lockdown restrictions in Cape Town, followed by analysing how the policies affected the poor and black women head of families in Khayelitsha. When I was searching for participants in the study, one of the descriptions in my communication was that I was looking for 'head of families'. The data collected through the desktop research method is presented through themes such as 1) impact on access to sanitation, 2) impact on access to social grants, 3) food security including access to food parcels and 4) the effects of unemployment and low-paying jobs as considered 'non-essential'.

The research further used semi-structured interviews with the purpose of gathering descriptive information and the meaning of phenomena. Semi-structured interviews are designed to obtain subjective responses from the participants regarding their experiences (Crossman, 2019:1). MacDougall & Fudge (2001) argue that a semi-structured interview is an important study tool as it can yield more and richer information that individuals can contribute to the study. As a researcher, it would be impossible for me to understand the various factors of how the pandemic affected women's lives from Khayelitsha as I am considered an outsider. Thus, the semi-structured interview method helped to illustrate the black women's stories to further understand their experiences from their perspectives in conversation with them.

However, semi-structured interviews are time-consuming, as I had to set time aside to conduct the interviews with the participants, and some participants rescheduled before the interviews due to unforeseen circumstances in a very uncertain COVID-19 environment. That further meant that I had to delay the process of transcribing and analysing the data collected during interviews. Additionally, the interviews took long. As a result, resources such as cellular data and airtime were affected as the interviews took part through phone calls and WhatsApp calls.

Due to the limited data, I collected through a desktop research method, the interviews remained helpful in the research by highlighting lived experiences how the COVID-19 pandemic has affected a small cohort of poor black women heads of families in Khayelitsha. I managed therefore to ask different open-ended questions that gave vast information and in-depth data. DeJonckheere & Vaughn (2019) explain that semi-structured interviews are helpful in data collection from people that are directly affected. Through this method, I could explore

questions covering the impact of lockdown on their daily lives and their own agency and challenges in this context.

## DATA COLLECTION

The purpose of the collection of data is to collect oral, textual and factual texts that serve as evidence for the study, namely, to provide knowledge on the issue of lockdown regulations that negatively affected black women in places such as Khayelitsha. Crossman (2019:8) states that the process of collecting data through a desktop research method is exploratory as it focuses on contracting an in-depth understanding of the study.

Secondary data was collected using a desktop study method by accessing government gazettes, official statistics from reports, academic literature, and newspaper articles. I primarily collected literature that had been published between 2020 and 2021, as that is the period that COVID-19 affected black women from South Africa the most. Specifically, the South African government implemented lockdown policies in 2020 that were largely influenced by western countries which mostly affected black women between 2020-2022, as there were amended policies that affected job opportunities that black women dominate in. The implemented lockdown policies by the South African government were a turning point for many South African households that have changed the state of a household for a lifetime. The scholarly articles, government gazettes and media websites cited in the research were largely influenced by the spread of the COVID-19 virus. I discovered the experiences of black women in literature through visiting articles and academic journals by searching for these clauses: “black women experiences during the COVID-19 pandemic”; “the history of pandemics”; “the impact of pandemics on black women in history”; “the history of lockdown policies”; “the effect of lockdown in townships” and “the COVID-19 impact on the poor”.

Additionally, the COVID-19 lockdown restriction policies during the pandemic impacted how the research was conducted. The anticipated 4th wave in South Africa in November 2021 affected how the research was to be conducted. For example, the original intention was to do face-to-face interviews. However, COVID-19 restrictions at the time of the research commanded that people should practice social distancing as much as possible. Hence, I conducted the semi-structured interviews using online platforms such as WhatsApp and phone calls.

I interviewed six black women as heads of families from Khayelitsha who expressed their in-depth experience of COVID-19 lockdown policies. During the semi-structured interviews, no surnames were mentioned in the discussion, due to the sensitivity of the research topic. However, the disadvantage of conducting research telephonically is that you are unable to read body language, and you might have a problem hearing the participants due to network issues. Additionally, collecting data through WhatsApp calls forced me to cut some calls short as interviewees ran out of cellular data and, in some instances out of battery, as they were not able to charge their phones on time due to power cuts (i.e., load shedding) in South Africa. For this reason, before commencing the interviews, I asked for consent from the participants to take notes and to transcribe the interviews.

## SAMPLING METHOD

A sample of a population is designated so as to be representative of the bigger population as we cannot study the whole population. The study used snowball sampling method, which is defined as "a non-probability sampling technique; the samples have traits that are rare to find, in which existing subjects provide referrals to recruit samples required for the study" (Aruna Nigam, 2013). The sampling procedure included access to information that was provided by the participants through referrals. Due to the sensitivity of the study, snowballing as a method was justified, as the aim was to make sure that subjects' privacy was not violated.

I recruited six potential participants through networking and writing to black women from Khayelitsha to participate in the study. The participants were recruited using Facebook and WhatsApp. I was referred to these participants by black women from Khayelitsha who were willing to share their lived experiences of COVID-19 through social media. I proceeded to send the women private messages that outlined the objective of my research. I further asked the participants how they would want to be interviewed, of which all participants indicated that they preferred WhatsApp calls and phone calls for interviews. The sample of the study was not random, as the study targeted black women from Khayelitsha between the ages of 28 to 57 that occupy low-skilled jobs and those who are unemployed.

The participants in the study from Khayelitsha were reliable as I was able to elect who and how many potential participants can be contacted and to what degree they could contribute to the study. Because the selected women were diverse and offered vast knowledge to the study, I was able to limit the participants to only six interviews due to the limitation of the mini-thesis. Therefore, a snowball sample was suitable for the study over other sampling methods as the study was dependent on referrals to obtain the primary data from interviews. Moreover, the validity of the sampling method and interviews was tied to the snowball procedure as participants that were interviewed were those that were provided by the referrals. The semi-structured interview questions included basic information such as name and place of residence in Khayelitsha.

Other questions included:

- How big is your household?
- What is your role in the household?
- What do you normally do for a living?
- Did the lockdown impact what you do for a living? If so, how?
- How did lockdown impact your household's access to resources (water, sanitation, food, health services, and education)?
- What did you do to address these challenges during a lockdown? What worked and why? What did not work and why?
- Would you say your household and your role were affected by lockdown in South Africa? Explain how?
- Do you think the lockdown measures and policies were suitable for your household? Please explain your answer.
- Do you have any further recommendations for future lockdown measures? If so, why would they work?
- Do you have any other comments on COVID-19 and lockdown?

# DATA ANALYSIS

Wong (2008) argues that the qualitative research method is a rich method with in-depth information that consists of different phenomena that allow us to present and represent different social groups using words. Thus, in the study, I used triangulation as a method by comparing primary and secondary data findings, that have been collected and further reviewed in the literature. I further discussed gaps and missing information that was important to the study but which the existing data have left out. Additionally, I analysed the data using 'extroversion' as a concept of analysis to critique the imposition of Eurocentric and western universalism on African realities and local contexts in both methods and instruments of analysis as defined by Hountondji (1990;6).

Bayart (2000:153) defines extroversion as a theory that examines internal elements in society from an external perspective. The shortcomings of extroversion in Africa are not natural, as these deficiencies in analysis can be traced back to the history of the integration and subordination of African knowledge (see Hountondji, 1990:30), who further states that there is a long history of African Knowledge being marginalized, disadvantaged of its core dynamism and the authority of self-regeneration due to African countries using western tools of analysis in African societies which in extension guarantees failure that creates the death of African history. One could argue that extroversion (as defined by Bayart, 2000:217) played a crucial role during the pandemic, by imposing western systems of analysis such as on health care, economic and political relations in order to facilitate 'growth' in African countries.

The study intends to use extroversion as a theory of analysis as colonial countries during the pandemic took advantage of personal enrichment by using existent structural economic relations that facilitated exploitation, marginalization and silencing of underdeveloped countries. To illustrate, colonial countries during the early stages of COVID-19 exoticized the pandemic and placed blame on African countries, as the pandemic was painted as a 'cultured disease' by framing it as a threat coming from afar (Evans Hayley, 2020:1). Furthermore, the western binaries implemented Eurocentric lockdown policies that neglected African indigenous practices to containing viruses. Amina Mama (2011) argues that extroversion and epistemology alterity of western binaries pose challenges to academic freedom and constrain intellectual culture in Africa through direct censorship. This means that the domination of colonial countries in the implementation of lockdown policies does not only affect African

realities, but it intimidates and threatens knowledge production by limiting African researchers of potential continuous issues that affect black women.

In the study, it is important to present research that challenges the western-imposed lockdown systems of analysis by introducing a critical engagement analysis and discussions of lockdown policies in Africa. This approach highlights how the lockdown implementation strategies are unrealistic for the South African context and how they affected poor black women. Additionally, Mama (2011:6) states that it is important that feminists open spaces that articulate critical gender phenomena through a black woman African perspective to represent the conditions that have been faced by black women as the commitment to a research analysis by women for women is about realizing the importance of building gendered knowledge equality specifically in Africa. There is a need therefore to emphasize and correct the patterns of subordination and oppression of gendered knowledge, history and values by building a locally grounded engagement with feminist theories. Therefore, it is important to represent African knowledge, history and experiences from an African perspective to avoid the assumption that African realities are the same as of the West.

Critical engagement with extroversion as a theoretical framework in the study is important in helping to gain an understanding of local circumstances in reviewing the impact of COVID-19 lockdown measures on marginalized groups such as poor black women in Khayelitsha. Timmermann Christian (2020) argues that with the various implemented measures of COVID-19 we can observe insufficient sensitivity towards the needs of the poorer groups. In this regard, Adesina (2008:33) contends that we must be rooted in something central to endogeneity which is an intellectual standpoint deprived or rooted in African conditions. Thus, this study intends to analyse the research question from a local gendered rootedness.

## POSITIONALITY & RESEARCH ETHICS

This research was conducted in the midst of the gravest public health crisis in the 21st century, affecting also myself as a black woman researcher. This meant I first had to critically reflect on my positionality and its possible effect on the research process and related biases. Issues of race, gender and class are big factors that impact the processes of conducting research. Sharan (2000) argues that race, gender and class can be uniting factors or dividing factors during the research process. In this case, I was connected with the participants as I am a black woman

who speaks IsiXhosa, but I am not from Khayelitsha and there is an age gap difference between me and the participants. Culturally, therefore, I faced both challenges and advantages during the interview process. Coming from a poor background meant I easily gained the trust of the interviewees during a global pandemic that unleashed economic hardship and accompanying sensitivities. This was important, as my study navigates how black women from townships such as Khayelitsha make a living during lockdown.

Therefore, participants were issued a consent form before taking part in the semi-structured interviews that outlined that the study is voluntary, and therefore that the participants would not receive any income from the study. However, I was calling the participants and providing data for those that were in need to participate in the telephonic or WhatsApp interviews. Moreover, I clearly explained to participants the objectives and the purpose of the study, i.e., to get a deeper understanding of their lived experiences during the COVID-19 lockdown and how these experiences could help us to critically engage with government policies during a lockdown in future. I further assured the participants that they could withdraw from participating in the research whenever they wanted to opt out. Participants in the semi-structured interviews were able to choose to be named or to be anonymous. All participants allowed me to name them, though their surnames were not included in the discussion chapter. Additionally, I was abiding by the University of Cape Town's Faculty of Humanity's research regulations and protocols, which include using appropriate ethical codes and standards in conducting research that involve human subjects.

# CHAPTER 4

# THE CONTEXTUAL CASE STUDY: KHAYELITSHA, CAPE TOWN

A study by Hera et al, (2020:1) outlined that Cape Town informal settlements, such as Khayelitsha, emerged as hotspots of the pandemic, due to a lack of provision of personal protective equipment, clean water and access to health services. Therefore, there has been a clear indication of unequal service provision and lack of economic sustainability during the pandemic, as the lockdown policies were felt deeply by the vulnerable and low-skilled people in South Africa. Those with no contractual security in the labour market and employment insurance such as black women heads of families from Khayelitsha were mostly affected (Hera et al, 2020).

Also using Khayelitsha as a case study, Schotte (2021) states that in 2020, black women living in townships such as Khayelitsha have experienced the highest financial distress compared to those in rural areas during the lockdown. The data presented by Schotte (2021) express that the history of poverty, specifically in informal settlements where the study is focusing on, has been felt most severely by black women. Subsequently, the lockdown policies compromised the several strategies black women implement to make a living, which further deprived the poor of the ability to make a living. Using an example, small businesses that black women from Khayelitsha dominated, were affected as the businesses were suspended due to the lockdown restrictions (Schotte,2021:3). Essentially, the western conceptualization of health by the World Health Organization shows that it ignored the factors that non-western countries take into consideration when addressing poverty, which include basic everyday needs such as unrestricted access to water, electricity, food and medicine. This study, therefore, focuses on Khayelitsha as a site in addressing the interacting social dynamics and their impact on the lives of black women head of families during COVID-19 Women's vulnerability to pandemics and epidemics such as COVID-19 and HIV and Aids illustrates that different social dynamics expose women to pandemics whether because of high-density areas or inadequate health care systems.

# THE COLONIAL AND APARTHEID HISTORICAL DEVELOPMENT OF CAPE TOWN

There is an extensive history of the marginalization of black women in South Africa, not only economically, but black women continue to grapple with overcoming the traumas of apartheid, especially women who are based in townships. The traumas of apartheid were deeply evident during the COVID-19 lockdown as black women continued to be economically, socially and politically side-lined by the social structures and lockdown restrictions during the pandemic. It is impossible to understand black women's sufferings during the pandemic without understanding the groundwork of racism, patriarchy and classism in South Africa specifically in Cape Town as one of the utmost unequal cities in the world. To contextualize this research, I begin by generally mapping post-apartheid South Africa over the years. The severe ongoing legacies of apartheid are still evident in modern South Africa. Cape Town has been one of the major cities that have carried the burdens of the long legacies of apartheid for 27 years into democracy. One of them is the effects of segregation that still enforce black women to be displaced in severely impoverished townships such as Khayelitsha.

But firstly, in this thesis, I draw on the description of the social state of Cape Town by Herman (2020:1) who mentions that it is important to understand that Cape Town remains the legislative capital of South Africa, as it is regarded as one of the biggest cities in the country; it is the city that is embodied by the country's parliament and carries about 49% of the population of the Western Cape. The city is of the oldest colonial historic towns in Africa because it is where the European colonists first settled in South Africa. This deep colonial history has laid a foundation on who has access to the economic resources in the city and who is excluded. Moreover, Cape Town as the first city to be colonised has had effects in post-apartheid South Africa, that is how black women from Khayelitsha were excluded from accessing land in the city, followed by their skills being exploited and being excluded in high earning positions. Smith (2020) argues that because the city was established as part of the early Cape colony by the Dutch colonists in the 1600s (the Cape of Good Hope), that the city therefore has a deep colonial past manifested today in the many informal settlements which imply that racial segregation policies remain deeply rooted in the daily interactions of South African people - even after apartheid has been legislatively abolished.

It is now almost 30 years into the post-apartheid contemporary era, but the country is still characterised as 'cemented with structures of segregation' (see Tati, 2008:83). In this regard, Chimere-Dan (1993:83) argues that segregation by race was perceived by the apartheid government as an instrument to control the colonised. Tati (2008) highlights the long-established known fact that the creation of segregation policies in South Africa during apartheid was aimed at separating people according to their races and ethnic groups which amounted to differential access to facilities, schools, churches, hospitals, housing, land and government services. One could argue that this strategy prioritised the colonisers and put land-dispossessed black women at the lowest rank of the economic and social order in South Africa - today confined to poor townships in urban areas, such as Khayelitsha in Cape Town.

## SEGREGATION POLICIES IN CAPE TOWN AFFECTING BLACK AFRICANS

Apartheid's legacy in Cape Town has demonstrated itself in elevating violence, discrimination, crime, poverty and abuse that is particularly felt by black women. Cooks (1985) states that the 1865 census revealed that black people lived in certain parts of central Cape Town as they were already then segregated from the urban area. The colonial government implemented the segregation policies for several reasons; one of the reasons is isolating black people because they were 'unhygienic' (1985). Turok et al. (2021) argue that the introduction of segregation policies in Cape Town under apartheid involved urban planning such as the infamous Group Areas Act of 1950, which divided people into areas according to their race and ethnicity. Large central areas were allocated to whites and less desirable low-lying exposed areas were subjected to flooding, like Khayelitsha, which were allocated to black people.

The Group Areas Act of 1950 resulted in different races staying in different areas, attending separate schools, and having different health care systems and different transportation (Cooks, 1985:75). Ndengwa et al. (2006) states that the most prime land, and higher value properties were allocated for the white minority. It is a historically known fact that this was followed by Indian people treated as second class and then followed by Coloured people as third class. In addition, the apartheid government implemented measures that limited the free movement of

black Africans in white-dominated areas which confined black people to the outskirts of Cape Town, and black women to the Homelands.

## THE EFFECT OF THE BUBONIC PLAGUE ON BLACK AFRICAN CAPETONIANS

The Bubonic Plague began in South China which, according to Swanson (1977), reached South Africa in 1900. The colonial government used this pandemic to blame it on black people in Cape Town, to push them out of the city to its outskirts. By early February 1901 cases began to rise amongst Cape Coloured and African dockworkers. An Emergency Plague Administration was subsequently created by the Cape colony medical officers which were attentive to challenging the presence of Africans in the city (1977:393). Thus, medical officers in the colony created a sanitary inspection in cleaning out the African 'haunts', which included a mass removal of the African population in some areas in Cape Town. As a result, in February 1901, a residential area was established specifically for black people under the Public Health Act, named Uitvlugt, which was later renamed as Ndabeni.

Consolidating this earlier segregation strategy at the turn of the century, the apartheid government used an imaginary infectious disease to shape institutional segregation from the 1950s onwards. Swanson (1977) argues that the creation of racialised overcrowded slums according to ethnic difference, was perceived as 'a proper way' of dealing with 'imaginary infection'. This came to be called the 'sanitation syndrome', a rationale used for the creation of urban segregated areas during apartheid (1977:387). Additionally, the apartheid government in the 1950s created segregated areas that were far from one another due to 'hygienic anxieties', which was presented as an epidemic 'emergency'. In effect, the plague was used as an excuse in the 1900s to create a separation between whites and blacks. African locations that were close to white areas were burnt down when they discovered the plague in the African locations.

White (2018) and Swanson (1977) agree that research shows that the apartheid government was prejudiced in the creation of 'disease – free' spaces. The sanitation syndrome started in the early Cape Colony and has become a detectable pattern in the social and cultural history of Cape Town until the present day. Swanson (1977) further argues that "epidemics do not generate abnormal situations but somewhat sharpen existing behaviour patterns that are

intensely rooted in our social norms" (1977:13). For instance, in the colony the authorities' response to the plague created an illusion that there is danger in living near the poor. To illustrate, apartheid South Africa created a legacy of prioritising white labour and white businesses through several apartheid policies such as the Coloured Labour Preference Policy (CLPP) of the 1950s introduced in the then Cape Province. The CLPP was implemented to curb the movement of the African population into Cape Town and give better opportunities to the Coloured population (Hutchison, 2020). Goldin (1984) argues that the ruling party imposed these hierarchal racial measures and directed the apartheid-created Bantustan Transkei authorities not to issue passes to Africans wishing to migrate to the Cape for employment. An example of this ongoing prejudice into contemporary times is the notorious enforced 'Strandfontein Camp' which was created for the homeless by the City of Cape Town during COVID 19 – lockdown in 2020 and other measures which included preventing street vendors from operating because it was believed they 'spread' the disease while major retail stores were overcrowded.

Ivan et al. (2021) argue that the segregation policies might explain the demographics of Cape Town's population today which is: 41, 5% Coloured, 36, 7 % black Africans and 16,8% white. The CLPP (which favoured 'Coloured' people in the region) limited black women's chances of securing employment, which consequently led to the intense struggle occurring between African people and the Cape Town government in the late 1970s and 1980s over the right to occupy areas in the city and job opportunities (Cooper, 1995:31).

Swanson (1977), White (2018), Ndengwa et al. (2006), Cooks (1985), and Ivan (2021) have laid a solid foundation for the study, in helping us understand the impact of segregation policies that were introduced during apartheid in South Africa. They help us understand how the severe discrimination against black African people has impacted access to social services in Cape Town. For example, in Cape Town today the colour of your skin determines largely where you live and the quality of life you have. Moreover, jobs and opportunities are primarily around white neighbourhoods subjecting black people to travel 3+hours on public transport to go to work (Ndengwa, 2006:247). Spatial apartheid has largely impacted black women due to the local government's lack in delivering social services, like clean water, and in providing urgent responses to sick individuals in their care.

# MIGRATION AND KHAYELITSHA'S DEVELOPMENT

The historical development of migration in South Africa was implemented by the colonial government after the wars of dispossession to exploit cheap labour from Africans (see Pieterse, 2009:1). Conradie (2013) narrates that the increase of emigration from rural areas to cities was propelled by the increasing land taxes in rural areas, which led to the collapse of the sustenance economy in rural areas (2013:8). Cooper (1995:7) supports this viewpoint by stating that the policy that introduced the poll and hut tax in indigenous South African communities pushed black Africans in moving to the cities. In this regard, Pakenham (1992:497) states that poll and hut taxes were a taxation system introduced by the British colony to Africans in possession of a household who were required to pay tax because they owned a house on their land. Therefore, the emigration to the cities from rural areas was amplified due to many Africans that could not afford the taxes after they were pushed off the land and out of a self-sustaining agricultural economy.

However, the large influx of black Africans to Cape Town threatened white monopoly capital, which led to the intense segregation policies to restrict African people in certain parts of Cape Town (Pakenham, 1992:497). This resulted in the introduction of pass laws for black Africans in the 1760s designed to reduce the movement of black people, by managing urbanization and enforcing migrant labour (1992). In this regard, Isaacs (2012) states that although the apartheid government was producing mechanisms for socio-economic order, the townships created were also a place of resistance and redefined anti-apartheid resistance. For example, Langa, a segregated township in Cape Town that was created for black people, was known for the anti-pass protest marches in 1960 on Washington street (2012:123). African women in Langa played a role in leading anti-pass law resistance and fighting against the influx control laws. Because they brought families in their care with them, African women were particularly targeted, humiliated and imprisoned for being illegally in Cape Town.

Despite these Apartheid measures, there was a large African migration to Cape Town, specifically isiXhosa-speaking people from the homelands. The apartheid government announced in 1984 the establishment of a new area for black Africans - Khayelitsha - meaning 'new home'. This was an illustration of the imposition of planned segregation, with its low-lying areas subjected to seasonal flooding (Cooks, 1985:59) and the provision of low-budgeted housing. African people were moved to Khayelitsha in the early 1980s and there was little that

was done to develop the environment. Khayelitsha was historically designed as dormitory areas that offer limited economic and social activities, as the township was designed to perpetuate spatial segregation (1985:58). Hence, the poor development of houses in Cape Town during apartheid has had a negative impact on people that reside in Khayelitsha during the COVID-19 pandemic- due to high population density, inadequate health care services and scarce access to water and sanitation.

The conditions of Khayelitsha today are inhuman due to the discriminatory approach to development by authorities in Cape Town, specifically in areas that are exposed to flooding. Cooper (1995:30) argues that the squatter houses in Khayelitsha consist of predominately informal housing that is constructed from iron, wood and plastic. On the other hand, Cooks (1985:58) narrates the historical development of Khayelitsha as planned for a quarter of a million black residents in the Western Cape in the 1980s. Cooks (1985) further argues that at the time of strategic planning it was estimated that 206 482 black residents in Cape Town were migrant workers.

## FEMINIZATION OF MIGRATION: WOMEN HEAD OF FAMILIES AS PROVIDERS

The development of the feminization of migration (migration mainly by women) in South Africa created a post-apartheid Khayelitsha that has many female-headed households. One cannot explore the development of Khayelitsha without exploring the role of women in migration, specifically in this study as women's migration and the segregation in Khayelitsha affected how black women's social and economic needs are catered for during the COVID-19 pandemic. Allan Kevin (2016) explains that many women migrated from the Eastern Cape in search of their husbands only to find them married again or have passed away. This led to many women developing a life of their own without partners and becoming breadwinners (2016:21). Despite traditional norms in black families that 'men are providers' and therefore the only people that should migrate elsewhere to find job opportunities, African women from the Eastern Cape migrated in large numbers after the influx control policies were abolished.

In relation to this point, Seekings (2013) illustrates further that female-headed households in Khayelitsha were not uncommon and have increased from 34% of all households in 1996 to compromise 42% of households in 2011. Therefore, Seekings explains that these females could only move in with their family members that were already settled in townships such as Khayelitsha (2013:1). Moreover, in Khayelitsha they were later met with policies that preferred employing other races than black people and - worse - women were not that much in demand, according to Von Fintel & Moses (2017). The reason for this low demand for employment is ascribed to influx control and the Group Areas Act that have determined black women's access to not only the labour market but also social services in Khayelitsha. These harsh segregation policies restricted how black women received good health care during epidemics such as HIV/AIDS (2017:8).

## GENDER DYNAMICS OF THE HIV/AIDS PANDEMIC IN KHAYELITSHA – AS CONTEXT.

Khayelitsha is a useful case study, given the historical gender and racial inequalities that are perpetuated by apartheid segregation policies. In addition, studies show that patriarchy played a significant role in how black women in Khayelitsha received sexual reproductive health support during the HIV/AIDS epidemic (see Mabaso et al., 2019: 1). More recent literature on the HIV/AIDS epidemic shows that women from Khayelitsha were more severely affected. UNAIDS (2019:1) illustrates that in many other communities, apart from South Africa, women and girls in the semi-informal settlements such as Khayelitsha, deal with greater levels of gender inequality on a daily basis. This is due to girls' limited contact with assistance to access sexual reproductive health services and due to the lack of comprehensive sexual education, placing them at greater risk entrenched by apartheid segregation policies and lack of resource access in Cape Town. Additionally, issues associated with the cost of medication treatment and receiving health care services are the biggest concern for people with limited income. For black women during the HIV pandemic in Khayelitsha, the geographic barrier was the major issue to access health care services, as most health care services are located in a distant location that requires excessive transport expenses due to longer distances travelled (UNAIDS,2019:1).

The HIV epidemic in relation to social dynamics such as gender and race still shows the inequality in infections in post-apartheid South Africa. Similar concerns are likely for COVID-19 and its ongoing impact. Mabaso et al. (2019) comments on a pattern of HIV epidemic and infection in South Africa that can be seen through different infections of different races and gender; as a result, infected women are 17,7% while men who are 12,8%. As illustrated by UNAIDS organisation, in Khayelitsha the dynamics of gender infection were perpetuated by patriarchal beliefs that women must be submissive to men, and additional high crime levels that involve sexual assault and rape highly affected women. As in the case of the HIV epidemic, black women from Khayelitsha had to deal with more than the infection of the COVID-19 virus and had to also fight the social and political system that did not cater for them.

## SOCIAL AND ECONOMIC CHALLENGES FOR WOMEN IN KHAYELITSHA

There are several studies on Khayelitsha which illustrate the struggles that women in Khayelitsha are subjected to due to segregation policies. To illustrate, Bowden et al. (2018:1) present findings on the combinations of levels of inequality and poverty in townships that is, food security in townships is the biggest challenge for women from Khayelitsha. A study by Robyn (2018:2) showed that women from Khayelitsha have created different strategies to assist them in securing household food security which included stokvels that collect food in large quantities and checking for specials in different retail stores that are accessible to them. However, what happens when the women head of families who are providers are out of the little income that they were using to secure food that is no more due to the COVID-19 pandemic?

The issue of the experience of economic hardship also correlates with that of gender-based violence. Schneider et al. (2018:1) shows that intimate partner violence can be created by depression, hunger, and substance abuse in Khayelitsha. According to the descriptive statistics only 13,9 % out of thousands of people reported intimate partner violence perpetrated by partners. Unfortunately, as mentioned by Schneider et al. (2018:1), intimate partner violence can be caused by many things, but food insecurity is one of them. It is a reasonable expectation that physical abuse towards women during lockdown increased as women could not bring food

security to the household. To illustrate, South African journalist Farber (2020:10) reported that the government Gender-Based Violence and Femicide Centre recorded more than 120 000 victims in the first three weeks of lockdown in March 2020, while in April 2020 in the Western Cape alone there were 500 and 1000 calls a day.

Van Belle et al. (2020) provide a clear example of the exclusion of informal settlements from the political process; for Khayelitsha to have water it had to be delivered by the city authorities to prevent COVID-19 from spreading. Inadequate public service renders the residents of Khayelitsha in a vulnerable state, with little accountability by the authorities regarding the spread of COVID-19 or how residents access health care, employment, transport, food and other infrastructures to improve quality of life. In other words, poor governance further aggravated the conditions for people staying in townships exaggerated by COVID-19 (2020:1). Women in Khayelitsha who were affected by COVID-19 had to find alternative ways to support their families as the industries that they predominantly occupy, that is low skilled employment, were categorised as 'non-essential'. Therefore, their experiences during the pandemic have been subordinated and their authentic lived experiences ignored.

## EFFECTS OF UNEMPLOYMENT ON WOMEN FROM KHAYELITSHA DURING THE COVID-19 PANDEMIC

The unemployment statistics in South Africa remain more severe for townships such as Khayelitsha where poverty is more widespread. Seekings (2013:14) provides much relevant information that half of the population in Khayelitsha falls into the poorest income quintile for the entire Cape Town. In this case, many households in Khayelitsha are headed by women that depend on social grants - while there are also high levels of unemployment. Seekings (2013:15) elaborates that, "more than half of women that are head of families in Khayelitsha failed to complete secondary school and that they face prospects of not being able to find stable employment in the labour market by the scarcity of skilled employment opportunities". Seekings (2013) further highlights the low employment rates in Khayelitsha that underpinned extreme measures of poverty. Only about 46% of people between the ages of 20-59 were employed in Khayelitsha in 2011 while the employment rate among black people in Cape Town excluding Khayelitsha was 49%. Recent work in the field by Allan & Heese (2020) has shown

that the high rates of unemployment in Khayelitsha were felt severely by women during the COVID-19 pandemic as lockdown measures required most of the jobs that are considered to be ‘low skilled’ to be defined as ‘non-essential’ services. Adding to the already existing high unemployment rates, some women were laid off and retrenched from the little jobs they occupied before lockdown.

The pre-existing unequal conditions in the labour market may have regulated how different demographics are affected by unemployment during COVID-19- depending on race, gender and class. Gezici & Ozge (2020:2) contextualize the socio-economic effect of COVID-19 on the socio-demographics of the country, citing that social distancing policies during the pandemic had a harmful impact on black women's unemployment as many small businesses closed down in South Africa. As the shutdown of the economy is likely to lead to extreme measures of food scarcity and malnutrition for black women in communities such as in Khayelitsha, that will also impact the quality of their health and life expectancy.

With the classification of what is essential and what is non-essential services, Gezici & Ozge (2020) outline that there are different demographics in different industries which influenced if the industry will be determined as ‘essential’ or not. For example, women make up the majority of essential workers in the retail, hospitality industry and community-based services, while on the other hand financial institutions and corporates are dominated by white males. Additionally, black people are overrepresented in ‘front-line’ industries such as grocery stores, restaurants workers, waste management services and street vendors (2020:2). Moreover, black women dominating the front-line industries are the people that are extremely affected by unemployment and retrenchment during the pandemic, as the services that they are providing are defined as ‘non-essential’.

On the other hand, jobs in finance, corporate management and professional services could be operated from home, while few jobs in the restaurant, grocery stores, transport management and retail could not be operated from home. Morrow (2020:2) shows that lower-wage employees such as black women are not able to work from their households compared to high-earning employees; people that have a privilege of education are also classified as people that are less likely to be able to work from home. In this regard, Seekings (2013) argued that in Khayelitsha those that completed secondary school are subjected to better opportunities to access skilled white-collar employment, while this excludes a lot of women from Khayelitsha because they did not complete secondary school education (2013:3). This means that financial

institutions and the corporate industry employ fewer women and extremely so, black women. This suggests that black women were more likely to have faced the loss of employment during the COVID-19 pandemic due to not being able to work from home as frontline workers. The categorization of 'essential' workers to 'non-workers' during the pandemic benefited particular groups over others, leaving black women from townships, such as Khayelitsha, in a vulnerable position.

To summarise, the COVID-19 economic recession in South Africa has been felt disproportionately by black women and minorities in terms of unemployment, job loss and exclusion from economic participation - due to not being able to work from home or not being considered 'essential workers'. In addition, intersectionality allows us to understand the exclusion and inclusion of certain social variables such as gender, race and class with regard to unemployment. These include variables such as being a woman, being black and being poor, which determine your participation in 'essential' work or 'non-essential' work in the South African economy. Thus, it appears that the pandemic is aggravating the already built-in racial, gendered and class structural disparities in the South African employment sector. Unfortunately, there are those, especially black women, experiencing these structural impacts on a first-hand everyday lived experience basis.

# CHAPTER 5

# INTERVIEW ANALYSIS AND DISCUSSION

It was important as a researcher to conduct the research with participants who occupy what is considered 'low skilled' employment as from the literature they are identified as the most vulnerable. I started conducting the interviews in September 2021 until the end of October 2021. The interviews took place between the hours of 8 am and 6 pm. I had to target the participants before they went to work or when they came back. The participants were six black women from Khayelitsha between the ages of 28 to 57 who live in the new formal sections comprising two-roomed houses and bond housing, which are called Ikhwezi Park, Khanya Park and Tembani (Ndingaye,2010). The new informal areas are constructed closer to the apartheid formal areas, and they include low-quality housing with backyard dwellers, which include sub-sections such as Makhaza, Harare, Ilitha Park, and Site C. All participants in the study are from these areas.

I had a surprise finding also, such as that the women I interviewed did not see the need to express that they are the 'heads of the families', although they occupy the role of breadwinners. I sense a notion that they perform these roles by default as women without the need for labels. This means that women can take up the role of being a breadwinner but because they are women, they culturally do not associate with the term 'head of a family'.

The interviewees were (in alphabetical order):

1) Doris age 57 from Harare who runs a household of 9 and is working as a domestic worker;

2) Nika, age 28 from Site C who runs a household of 2. She also runs a small business;

3) Nosive, age 37 from Makhaza who runs a household of 8. She is a social grant receiver;

4) Sesethu, age 34 from Makhaza is a street vendor and runs a household of 7;

5) Sinazo, age 35 from Nkanini works in retail and runs a household of 8; and

6) Sinehlanhla, age 40 from Litha Park who is currently unemployed and runs a household of 5.

Sharan (2000) attests that some similarities and differences carry particular pros and cons that affect the findings of the research, which I had to navigate. During the interviews, the participants spoke freely because I am a woman and I understand issues of taking care of family and household chores. The advantage I had when conducting the study was that the women communicated using isiXhosa. In this sense, I had an advantage as the women were communicating gender-bound assumptions that are grounded in Xhosa traditional society. For instance, during the interview, Doris shared the expression "uyasazi thina maXhosa ixanduva lokukhulisa abantwana libakuthi komama" (you know us Xhosa women we carry the responsibility of raising children) - when she was explaining her role in the household. Speaking the same language with the participant was an advantage as it allowed participants to be comfortable with sharing personal information, starting with general questions such as, where are you from? Where did you grow up? And for how long have you been staying in Khayelitsha? I further asked how the lockdown restrictions affected them and their respective household? A number of the interviewees were angry, upset and emotional when they had to express the effect on the access to sanitation, water and electricity during lockdown. This is captured in the following emotion shared at the outset: "The government [was] akasicingeli (inconsiderate) during the lockdown, most of us were unemployed because we were fired from work, how are we supposed to buy water, electricity and still support our families from the little income we were receiving?" [Doris]

## LACK OF ACCESS TO SANITATION AFFECTING WOMEN IN KHAYELITSHA

"The city has already condemned us to death by closing our taps during the coronavirus" - Qaba Mbola

As one of the Khayelitsha residents Mbola uttered these words in the *Daily Maverick* on the 13th of April 2020 after their water supply was restricted by the City of Cape Town after it announced on the 20th of March 2020 that it would temporarily suspend the water restrictions to every resident that has not paid their municipality debt. This was happening during the deadliest pandemics that required residents to wash their hands regularly. (See Government Gazette, 2020 on regulations).

In correlation to Mbola's view of the city authorities, I asked Nosive from Makaza during the interview how did lockdown impact her household's access to resources? She angrily said: "You know, not so long ago we had to go protest outside that Centre in Town, that is the only language the government understands. They tell us to wash our hands, but with what water if our taps are dry? Sizogula (we going to get sick), on top of dealing with COVID-19 we have to live with this, we had no water the whole of level 5" [ Nosive]. Mbola and Nosive narrate the living conditions of black women from Khayelitsha during the pandemic lockdown as shocking and devastating - having to already deal with retrenchment and unemployment, they further had to navigate unbearable living conditions.

The South African government implemented public health recommendations that were dominant globally, which included washing hands, social distancing and wearing a mask (De Groot & Lamanski, 2021). There was a general assumption with these globally implemented measures that everyone has access to clean water and the privilege to physically distance themselves when they are quarantined at home. The South African government implemented policies that existed in the social realities of developed countries such as Britain and China that are well-developed with physical and financial infrastructures. "During lockdown, thina (us) we had to choose between having water or electricity in a week because we cannot afford both" [Sinazo]. This indicates that the South African government had a lack of policy implementation measures to assist those that could not adhere to lockdown policies due to their circumstances. Thus, the hardest-hit areas with contractions of COVID-19 infection are informal settlements such as Khayelitsha as there are low income densely populated communities that cannot socially distance in their households.

Khayelitsha is dominated by black women head of families that stay in multiple households on a single yard. There are multiple backyard dwellings for each house that is occupied by multiple parents and children. Therefore, the data presented show that the 350 litres of free water supplied through the government water supply doesn't accommodate large households including backyard dwellers and it has proven that it cannot meet the needs of everyone in one household. The government was inconsiderate of the conditions in which black women reside in informal settlements specifically on the issue of water supply when implementing the lockdown measures.

Black women from informal settlements such as Khayelitsha were not catered for during COVID-19. On top of losing their jobs, they also had to deal with water and electricity costs. Maeko (2020) from the *Mail and Guardian* writes about a 47-year-old mother that is the head of a family of seven living in Khayelitsha in Makhaza, who fetches water from a nearby dam every morning and evening. Makhaza is an informal settlement in Khayelitsha that is surrounded by RDP houses and backyard dwellers whose water has been cut off during the pandemic when the Minister of Health Dr Mkhize recommended that South Africans must wash their hands regularly (2020:1). The mother interviewed in the article asked, "I am unemployed, and I live in the township, I don't have money for food where will I get money to pay for water?" (Maeko,2020)

Lali (2018) conducted a study that explored the development of Khayelitsha, particularly in Enkanini where residents of the area use only two bucket system toilets. Lali said, "what is worse is that the toilet was last cleaned in 2017, the city only sent one person to clean the toilets". Similarly, one of the interviewees from Nkanini Sinazo said: "We use temporary toilets that do not flush, we have no running water, we have to share these toilets and social distance. I swear the government wants to kill us" [Sinazo]. In areas of Khayelitsha such as Enkanini, there were no quick responses, specifically on the maintenance of toilets, above and beyond the already poor service delivery that the community of Khayelitsha were subjected to which worsened during the pandemic as essential services were reduced. "You cover yourself with a blanket so that the residents can't see who you are," said Zuki Zwelibanzi in the interview with *GroundUp* (2 November 2020). Regarding the impact on sanitation during the lockdown, Sinazo said: "We are forced to make illegal connections because we cannot afford to buy electricity and water at the same time" Therefore, the lack of access to sanitation such as water, electricity and toilets shows that they highly affected black women heads of families such as Sinazo and Zuki Zwelibanzi.

I commenced the study with a general assumption that all areas in Khayelitsha were struggling with service delivery, sanitation and accessing clean water. The general assumptions have been shaped by the South African media portraying the townships, specifically Khayelitsha, as a crime scene, lacking service delivery and clean water. However, Sinenhlanhla a 40-year-old mother of 5 from Khayelitsha in Litha Park, expressed the contrary: "I did not struggle with accessing resources such as water and sanitation, and I did not find it hard adhering to the lockdown recommendations although I am unemployed" [ Sinenhlanhla]. Consequently, the South African media has played a role in how we perceive a place and people - people might

come from the same townships, but experiences of oppression and economic hardship might not be homogenous though Sinenhlanhla's experience may be an exception.

A number of interviewees said that they do not only face water, electricity and toilet crises but there is also a crisis of overcrowded households and high-density settlements in Khayelitsha that specifically affected black women head of households during lockdown. Some households stay in small backyard shacks cramped together which means the households therefore cannot fulfil government-enforced social distancing requirements. The 2011 South African statistics outline that 391 749 people reside in Khayelitsha; therefore, it has been evidently impossible for people from high-density areas to quarantine (Tremchard Tommy, 2020). Nosive from Makhaza stated that: "I stay in a one-bedroom house with two kids, my sister's two kids and my mother, and other two relatives with limited space to move, as a result, others have to sleep in the lounge and the kitchen. This puts the whole family at risk of contracting the virus as we could not social distance".

This study revealed that different people can be affected differently by the lockdown regulations in Cape Town. Tremchard (2020) highlighted that across Cape Town suburbs people expressed that they were using the lockdown as an opportunity to be innovative. As an illustration, a 35-year-old lady staying in the middle-class Southern Suburbs of Cape Town expressed that they are using this time to learn online yoga classes, while others shared that they attend to their gardens, exercise online and watch the Netflix film series. Sesethu from Makhaza, during the interview, said that: "Social distancing is not easy; we don't have yards, it's one shack next to another. It is hot we cannot stay long indoors although lockdown says we must; we have no choice but to go outside and be infected".

The pandemic was a nightmare for some and a learning experience for others. The experiences of the high-density population in Khayelitsha were severe, and the effects of the lockdown on black women from Khayelitsha during lockdown were extremely traumatic. Because of high-density housing in Khayelitsha, Lali (2021) from *GroupUp* news presents data from Vosho Khayelitsha where a fire raged destroying 30 shacks and 70 people were left homeless during lockdown level 5. Lali reported that: "Residents did not have water to put down the fire because of water cuts. As a result, residents had to fetch water from a nearby settlement." Though a small snapshot, given the limitations of this small study, the conditions shared in these narratives by the women from Khayelitsha were disconcerting and alarmingly dehumanizing.

# ECONOMIC EFFECTS OF LOCKDOWN

The data of my research illustrated that there are also external factors that negatively affected black women beyond the lockdown restrictions. Schotte (2021) states that in 2020 black women living in townships such as Khayelitsha in Cape Town have experienced greater financial distress compared to those in rural areas during the lockdown. The findings presented by Schotte (2021) conveys that the history of poverty specifically in informal settlements has been severely felt. During the interview when I asked Doris from Khayelitsha in Harare how she was affected by lockdown she said that: "I am now unemployed. I did not choose to be poor. I stay here in shacks that easily access floods. When we move, the police destroy our homes. We cannot get help because everything was closed because of lockdown".

The long-existing conditions of poverty for black women like Doris even worsened during COVID-19 Lockdown. Subsequently, the lockdown policies both threatened and (in some cases) collapsed the existent survival strategies black women implement, which further deprived the poor of the ability to make a living. For example, small businesses that black women from Khayelitsha dominate were directly affected, as the businesses were suspended due to the lockdown restrictions. This direct impact is shown by Sesesthu from Makaza when she said: "I sell sweets and chips at the train station, my income was dependent on the business. However, due to the lockdown restrictions, I did not have a permit to operate during the lockdown." Sesethu lays bare her experiences of poverty due to lockdown, because COVID-19's negative impact on black women did not only present a temporary shock but rather long-lasting negative insinuations of poverty and disparities that women like Sesethu might not easily be able to recover from in the immediate future.

Further analysing the data revealed a new understanding that adhering to lockdown policies is a privilege. De Groot & Lemanski, (2021) outline that "the initial lockdown that started in March received wide public support as a necessary strategy to prevent the spread of the pandemic. However, this affected the poor in different ways in South Africa where there was a risk of starvation that was greater than the risk of dying from the virus" (2021:259). Those segregated in the informal settlements such as Khayelitsha could not comply with remaining indoors. The authors argued that some people could choose between starving to death, or not complying with the lockdown regulations and making a living. However, people such as

Sesethu who work in the informal sector and low-skilled jobs cannot afford to comply with lockdown restrictions as they do not have any other income besides working with people.

## IMPACT ON ACCESS TO SOCIAL GRANTS

The South African government implemented several strategies to help struggling poor families cope with lockdown regulations. Buthelezi (2021:1) argues that Social Relief of Distress (SRD) which started in May 2020, is meant for South African citizens or refugees that are registered with Home Affairs, who are above 18, receiving no income, and are unemployed. Social relief services were a momentary provision of support intended for persons in ominous need as they were powerless in meeting their basic needs. It was a great initiative that was aimed at assisting those that were in need. Black women from Khayelitsha expressed their experience with the social relief grant. Sesethu said: "The government was trying to maintain the spread of COVID, but they should consider the livelihoods of people. It's better to be killed by COVID than by hunger. Therefore, the economy should have remained open since the government could not provide for everyone, and the R350 each month was just too small for my family."

However, the social relief grant has had many downfalls that have affected those that applied for it which adds to the stress rather than relieving it. Using an example from an interview with Nika from Site C in Khayelitsha, I asked if she thought the lockdown measures and policies were suitable for her household? "After I could not operate my Inuka cosmetics business I was excited to receive an SMS confirming the R350 grant I was given. I wanted to go get it immediately but there was a long queue." [Nika].

The social relief grant that was supposed to relieve many South Africans from the chains of poverty, which was further rendered inaccessible during the pandemic, with recipients struggling to access their funds. Many black women from Khayelitsha were subjected to long queues to collect social grants due to low levels of formal banking access amongst them. This meant that many women would risk their lives by waking up early to get in line first and other people would flock to Post Offices and ATMs and break social distancing rules and expose themselves to the virus as they have to stand in long queues (Lemanski, 2021). The reality of black women such as Nika explicitly reveals that they were excluded from the economy during COVID-19, whether because of unemployment, retrenchment or lockdown policies that closed

down their businesses. On the other hand, during the interview, Sesethu was of the opinion that: “The government must consider people’s work. Yes, there was a social relief grant however it [was] declined [to] many people who had income in the previous months which was so wrong. Because now, they did not have income, their income was affected by the lockdown.”.

The information presented by Lemanski (2021) illustrates that in March 2020 the South African government announced that to avoid the spread of COVID-19 people must socially distance themselves and avoid gatherings of more than 100 people. However, black women from Khayelitsha who head families are dependent on social grants to feed their families. Additionally, the South African government introduced 70 000 soldiers to enforce lockdown and used violence to enforce social distance on low-income dwellers that were queueing for a social grant. Clearly, the South African lockdown restrictions were inhumane, militaristic and did not consider the country’s poor black women’s needs.

As a response to the oppressive nature of lockdown, *Twitter* users have registered hurt and disgust with regard to the implemented lockdown measures that are not accommodative to black women. Using an example, there was a video circulating on *Twitter* in August 2020, that showed a 50-year-old black woman in a long queue at a Khayelitsha South African Social Security Agency (SASSA) office where she expresses that: “I have been coming to the office for weeks to renew my papers without help- but the staff in the township have fewer people working due to the COVID-19 restrictions. I walk every day for 3 hours from Khayelitsha town only to be turned away and get abused by the soldiers”.

The situation of people from Khayelitsha standing in long queues was reported to the Western Cape Premier. Evans (2021) who wrote an article for *News24* (03 January 2021) which revealed that the Western Cape Premier Alan Winde called for an urgent explanation and resolution from the SASSA disability and care grants debacle which left many desperate black women queuing and risking their lives to reapply for grants that were stopped at the end of December (2020:1). Black women from the township’s exclusion from the economy led them to be at high risk of contracting the virus and suffering in long queues to access social grants to feed their families with little being done by the government. During the interview Nika said: “I was not receiving any income, and I can’t cover all my expenses with the child support grant. Even for my sister it was difficult applying for the social grant, as everything was to be done on the

phone. We also struggled with accessing the money because of long lines and now they are telling us they going to stop giving us this money that helped us survive."

The South African Social Security Agency (SASSA,2020) stated that applicants are validated against the database by the South African Revenue Services (SARS), Unemployment Insurance Fund (UIF) and the Personal and Salary System (PSS). Therefore, when applicants' forms are declined it is due to the system showing that they receive income. The SASSA system has shown to be flawed as it makes it difficult for women who take care of children and who do not have access to online appeals: "I haven't been working for almost a year now and things have been difficult. I owe the loan shark a lot of money because of this pandemic," said Mafata (2021) in an interview with *News24* (27July 2021).

The social grants have proved that they are not reaching the people who are desperately in need because of bureaucratic processes that are very confusing to many South Africans. Although the South African government implemented the social grant to help the financially struggling women, it has been revealed it was suited for the needy during lockdown as women from Khayelitsha have illustrated that they could not access ATMs, and that Post Offices were too far and the very same system that was trying to help them was against them - as there were bureaucratic processes that some women found challenging to adhere to.

## LACK OF FOOD SECURITY

Tremchard (2020) argues that while the wealthiest people were stocking up at the beginning of lockdown, black women with low-skilled jobs, the unemployed, those dependent on social grants and those with irregular income were unable to buy sufficient food. During the Interview, Sesethu explained that: "Lockdown has changed our lives drastically. I am a breadwinner with the help of my retired father, who earns a pension grant. During the lockdown, I could not work so which affected the finances of the house. It was even hard to afford a basket of food for the month. Without work, there was no food on the table, we had to live ngamabona ndenzile (we lived by chance)."

An interviewee expressed deep hurt about the struggle their household had to go through for food security. On the other hand, the South African government introduced lockdown regulations that prohibited daily shopping during level 5. Conducting the research revealed that black women from informal settlements such as Khayelitsha are dependent on informal traders and spaza shops for daily shopping, which were not operating due to lockdown level 5 (Government Gazette, 2020:300). Therefore, during level 5 it was hard for many households to access food for black women as street vendors and spaza shops were not operating. This both affected those that were dependent on the income from selling food from the *spaza* shop and women that could not afford to secure food from retail stores. Thus, the lockdown threatened food security and the loss of income from the market traders.

The data provided illustrate that the South African government could not provide enough support for persons operating in the informal sector. This has had consequences that will further deepen inequality, particularly with dimensions of gender– most likely for generations. To illustrate, the state organized subsidies for formal sectors in a form of an Unemployment Insurance Fund that was registered by their companies (Tremchard 2020:267). But Nika, a 28-year-old small business owner from Site C in Khayelitsha, did not benefit from this fund. A young mother, she spoke about how her household's access to resources was affected: "You know just thinking about it is heart-breaking, I am a new mom that has to breastfeed. There were times when my breasts wouldn't have any milk because I did not eat too. What really helped me survive lockdown is cooking imbila (maize porridge) and I would drink it every time I would get hungry, level 5 felt like a never-ending nightmare, I don't want to go back there". The South African government implemented a hard lockdown that was not considerate of the realities of households in townships.

## THE EFFECTS OF UNEMPLOYMENT AND LOW-PAYING JOBS AS 'NON-ESSENTIAL SERVICES' FOR THE POOR

Because the women that participated in the study occupied what are considered low skills jobs, it was important for me to understand their first-hand experiences as the jobs they occupy were marked as 'non-essential'. The World Bank Report (2020:1) stated that informal workers are mostly black women in Africa, as black women informal workers amount to 90% of the work

force in Sub-Saharan Africa. Thus, women in informal jobs were more at risk during the pandemic which means many of these women were either unemployed, retrenched or out of income (Maetsipieri, 2021:1). This means that the survival of the current pandemic for black women is more than just surviving the virus, as they have to find alternative ways to take care of their families, to make a living and also have to take responsibility for taking care of the sick. Simba & Ngcobo (2020:3) indicate that African women have been subjected to caregiving jobs or domesticated jobs; that is the different kinds of sectors in which African women have dominated including domestic work, cashiers, and cleaning services, and hospitality industries. However, with the rise of the COVID-19 how African women made ends meet has become a mystery. Nearly all of these sectors were not seen as 'essential services' during COVID- 19. During the interview, Doris expressed that: "COVID-19 has done more than affect me, it took away bread from my table and took away my children's dreams. I took my children to school with the little cents I was receiving. I clothed them and put food on my table, like how my mother, grandmother and grand grandmother did as domestic workers."

The lockdown experience for women such as Doris shows that the lockdown restrictions have impacted their lives not just momentarily but are anticipated for generations. According to Verbruggen (2020), there are at least 67million people in South Africa who are employed as domestic workers responsible to take care of children - cleaning, cooking and taking care of elders. Unfortunately, as the lockdown measures were implemented, domestic workers were dismissed from work without pay. Even before the lockdown, domestic workers were vulnerable as their wages were extremely low while receiving few benefits and very few domestic workers have work contracts that include a pension fund. Verbruggen (2020) states that in South Africa few laws are implemented to protect domestic workers. If they exist, they are usually ignored by the employer. It can therefore be said with relative certainty that COVID-19 has largely affected black women in South Africa as they dominate in the domestic work sector.

The National Minimum Wage Act of South Africa passed in 2019, stated that domestic workers must earn a minimum wage of R19, 09 an hour (2019:33). This does not include allowances for transport and medical aid. With this minimum wage, the domestic workers are expected to feed their families including buying food, taking their children to school and also having transport money to go to work. However, during lockdown, many domestic workers were dismissed from work which meant they were not able to receive the minimum wage. As an illustration, Maepa from Khayelitsha expressed that her employer told her that they cannot

afford her full salary, therefore, she needs to choose if she accepts half of her salary or resigns from the job. She chose to resign: “Ndinamatyala (I am in debt) as a result, I can’t take any more loans. I don’t know how I am going to pay back the debts because I am unemployed and the 350 social grants that I am receiving is not enough” she said.

Baldwin Ndaba (2021:2) points out that “domestic workers in the country narrated how South African employees used the COVID-19 pandemic as an excuse to dismiss them”. Furthermore, these domestic workforces remained unregistered with the Department of Labour to receive Unemployment Insurance Fund. Hence, Ndaba states that “according to 2, 21 million jobs that were lost in the second quarter of 2020, approximately 250 000 of those jobs were domestic work” (2021:2). Not surprisingly, in South Africa, the majority of people that provide domestic services are females who earn low income.

According to the *SweepSouth* (2021:1) report domestic workers remain in-debt and they have to find alternative ways to afford for essential needs due to Covid-19. *SweepSouth* further expresses (op cit) that “the impact of the pandemic has caused more job losses and economic hardship for domestic workers, as a result about one in five South African domestic workers lost their jobs due to the pandemic”. Additionally, the annual report for domestic workers indicates that expenses skyrocketed as there were more households dependent on domestic workers. Consequently, the increase in dependence puts a burden on domestic workers to access food for their families. Moreover, in South Africa, “domestic workers were earning R2 546 though their monthly costs were R2 890, meaning they were obligatory to be in debts or reduce their spending” (2021:1). The interview with Maepa revealed the bad treatment that domestic workers have been going through behind the closed doors of their exploitative and oppressive employees. Maepa illustrates the brutalizing experience as a domestic worker during lockdown: “It is a difficult time to be a domestic worker because our employees sent us home because of the lockdown restrictions with no pay, and they said that we must not come back unless they have called us. But I also know someone that is being forced to stay with their employees because if they go home, they will make them sick”.

On the other hand, *The Quarterly Labour Force Survey* (2020: 20) count shows that “half a million people are involved in the informal retailing of food in South Africa before the onset of the COVID-19 pandemic”. On the other hand, Tawodzera and Crush (2019) state that in the informal food sector in Cape Town, according to the *Hungry Cities Partnership* survey conducted in Cape Town, spaza shops are patronized by 62% followed by street vendors with

48% in 2018.Vulnerable workers that experienced excessive measures of dismissal and discrimination during COVID-19 were not only domestic workers but street vendors also as they suffered the same exclusion as they are not able to receive Unemployment Insurance Fund because they are not registered with the Department of Labour (2020:1).

According to Balbuena and Skinner (2020) the beginning of level 3 lockdown in South Africa, privately-owned companies claimed that the presence of street vendors increases the spread of COVID-19. On the contrary, Balbuena and Skinner (2020:1) view street vendors as providing crucial goods and services that residents in South Africa rely on for their basic needs. However, the pandemic has devastated their livelihoods which disrupted how they make a living. Significantly, lockdown being enforced in the form it has in South Africa, has thrown street vendors in crisis whose livelihoods depend on selling their goods and services in public spaces (2020:1). On the contrary, street vendors themselves will not be the only ones who remain impacted by the COVID-19 lockdown measures as many low-income households that rely on street vendors for cheap goods and services will have to pay more money in retail shops for the same products (2020:1).

It is also pointed out that in South Africa black women from townships dominate the street vendor sector, therefore it is generally assumed that job losses in this sector particularly affected black women. Malupe (2020) states that women from this sector make a living from selling fruits and vegetables, but because of the outbreak of the virus their lives have come to a screeching halt. Women in the street vendor business have been hit by the pandemic in South Africa as the lockdown measures defined their service as ‘non-essential’. These implemented lockdown measures took a toll on women as selling on the streets is their source of income (2020:1). Moreover, the money that women generate from selling their goods and services is used to support their families. Bhaskar & Deka (2020) states that the impact on their line of business from the lockdown measures had hampered their daily income which has made them very helpless. Nika who runs a small business from Khayelitsha Site C expressed her experience: “The lockdown did have an impact on my small business because the warehouse where I receive the products I sell had to close down because it was deemed as non-essential. So, I had to stock to sell, even though there were people who wanted to buy things. When the warehouse did open on level 3, it was on a courier basis rather than collection which meant that I had to spend more money to get my stock.”

Another interviewee Nosive from Khayelitsha in Makhaza said that she lost her job beginning of the lockdown. She then started selling fruit and veggies to make a living for her family: "As a breadwinner, I struggled to put food on the table as I was no longer receiving consistent income, on top of that the new business was not booming as I had expected, because people were scared to come out of their homes due to the virus. The lockdown deeply affected me as I could not pay for my bills, pay for water and electricity. Mayiphele iCorona ngoku sonele (the virus must end now we have had enough)."

Black women continue to carry the burden of informal work, and this is concerning for heads of families. In retail stores, black women usually occupy subordinate positions. Throughout the COVID-19 pandemic, black women in retail have been a most vulnerable group as their duties require regular interaction with different customers. Parry and Gordon (2020:100) highlight that "the retail sector employs far more black women than the official labour sector which shows a high representation in sectors that require low skills. On the contrary, this over-representation of black women in the retail sector, mostly in informal work, indicates that black women are also poorly remunerated due to the absence of formal skills or training". They are paid small wages that cannot even take care of their families and their care responsibilities. Therefore, women who are heads of families from townships such as Khayelitsha working in retail during COVID-19 were already at risk of not being able of making ends meet. Not surprisingly the outbreak of COVID-19 exposed their existing vulnerability of not being able to meet their monthly needs. Many relied on loan sharks to borrow money to meet their basic needs (2020:800): Sinazo expressed that "I am a breadwinner; I work in a retail store - Pick n Pay. I have worked for the store for more than 10 years. Lockdown restrictions affected me as I was overworked, with no mask or gloves. Although I was overworked, I did not receive an increase or be paid for my overtime. I am a breadwinner and a single mother. I struggled a lot with overworking and having to assist my firstborn son with homework. On top of that, we had to pay transport drivers that were protesting."

In Moatshe's study titled *Hospitality worker protest at Tshwane tourism offices against lockdown regulations (2020:1)*, he states that "the continued restrictions on access and functionality of retail workers will further frustrate and harm people across the country" (2021:1). Madubela (2020) claims that tellers and other staff in the retail sector have been the most vulnerable to the virus, as food retail stores have remained open since lockdown began in March 2020. The spokesperson for retail workers stated that: "It is difficult for retail workers because the no work, no pay rule applies - although they are not even paid much, to begin with.

If you look at high infections, you will find it amongst retail workers from informal settlements such as Gugulethu, Langa and Khayelitsha" (2020:1).

According to data presented by Madubela (2020), "retail sales show that they decreased by 50.4% during April 2020 lockdown as restrictions were on level 5, while they decreased by 12% as lockdown measures were eased in May 2020". This has had a huge impact on stores' closure due to infections and reduced hours to operate; retail workers are the ones that were/are at the forefront of infection, low payment due to shorter hours" (2020:1). The spokesperson for the retail stores stated that "we've had problems at some Shoprite branches in the Western Cape where a lot of workers were getting infected, and we would often get calls from workers saying they believe their employer has concealed a positive case and the employee was sent home and the decontamination process was not followed" (2020:1). The retail stores were clearly not taking care of their employees nor assisting them with protection.

Despite economic, health and social challenges, women still have to carry the burden of food security, healing, care and heading households. Parry & Gordon (2020) state that since 2008 the amount of women-headed families in South Africa is 43,6%. In other words, in female-headed households, there are greater levels of feminization of poverty due to the negative impact of the pandemic on women's employment and income (2020:800). Therefore, women-headed families are poorer than male-headed families as women remain subjected to low skills, under-paying jobs, additionally, subject to unequal pay between women and men counterparts during the COVID-19 pandemic (op cit). Additionally, poverty burdens remain to be gendered in women-headed families due to low levels of income from being dependent on social grants and being retrenched from domestic work during the pandemic.

When I asked Doris from Khayelitsha about her role in the household, she stated that she is the breadwinner of a family of 9: "Yonke into ibixhomekeke kum (everything was dependent on me). I had to make means for food, electricity and to get water, onke amehlo ebejonge kum (everyone was looking at me) after losing my job". As noted earlier by Seekings (2013) that a large number of households in Khayelitsha are headed by women that depend on social grants, while there are also high levels of unemployment. Therefore, Parry & Gordon (2020) support the idea that during the lockdown the gendered disparities are exacerbated particularly for female-headed households in Khayelitsha. This shows that they are prospective to exist in low-income families and are subjected to horrific measures of poverty. Parry & Gordon (2020) provide evidence to the claims that "according to the Socio-Economic Impact Assessment of

COVID-19 in South Africa, that was conducted by the United Nations Development Programme, households that are headed by black African women who had not been able to complete secondary education had 73,5% chances of falling into poverty due to the COVID-19 pandemic" (2020:805).

Parry & Gordon (2020) state further that "unpaid labour includes the non-paid work that occurs in the household such as care work" (2020:805). Expectedly, the responsibility to take care of others in townships such as Khayelitsha falls on women, due to a lot of black people from townships not being able to access health care services. Not surprisingly, women were less considered for employment during the pandemic and the COVID-19 pandemic has made it visible how devalued women's efforts and work are in society, both in the household and in the country (2020:805). Care work expectedly increased in households during the pandemic though it is not valued and compensated by the state as paid labour.

The unpaid labour for women in African society, such as care work, has been structurally instilled and normalised, and as a result, it is viewed as a women's default role to give care and not receive any compensation. Magoqwana (2018) gives us an illustration of how women's labour is suppressed, unappreciated and unrequited with receiving neither money nor incentives. Magoqwana (2018) illustrates that uMakhulu (which can be directly translated as 'a grandmother') has been positioned as an unproductive body because of her age and not being able to participate in the labour market (2018:82). Regardless of their abilities to socialize with the children and assist the mothers of the children, grandmothers continue to perform economic reproduction functions although they are seen as unproductive bodies that cannot be paid, as they are in charge of caring for their unmarried daughters' and sons' offspring (2018:82). Today we see similar roles played by uMakhulu that assume the role or are expected to care to supplement the cheap labour system that forces black women to work far from home; the grandmothers' role is to sustain the household, through caring for the sick, young and the disabled (op cit.). This is all unpaid labour in various forms that are not considered in the implementation of government policies during a global pandemic.

Three women from the interviews Doris, Nosive and Sesethu gave similar answers that they do not think that taking care of their family is a burden nor should they be compensated for this labour. This revealed that some women from Khayelitsha have internalised the default responsibility of taking care of their families as their gendered responsibility as it has been overly normalised in society. The unpaid labour of women increased during the pandemic due

to day care centres and schools being closed. Cantillon et al. (2021:13) contend that in South Africa grandmothers have sustained the caregiving role in many families despite their well-being. However, the role of black women being caregivers is not recognised by the government, which does not recognise that grandmothers do not have to be market-related active- but rather they make a concrete contribution to their households both socially and economically through their pension funds. Additionally, the unpaid work that has been provided by grandmothers during COVID-19 has been critical to sustaining communities during the COVID-19 lockdown crisis, as many younger women in families were laid off from work and unemployed. Therefore, COVID-19 has brought upfront the gendered nature of unpaid labour in South Africa on top of women being unemployed, retrenched and at risk of the virus.

## VIOLENCE TOWARDS WOMEN

Physical and emotional abuse of women increased in shocking numbers during the pandemic. *The Government Gender-Based Violence and Femicide Command Centre* (GBVCC) reported that more than 120 00 women were wounded in the first four weeks of COVID-19 restrictions (2020:9). More than anything, gender inequality in South Africa favours men over women and has created an imbalance of power that has resulted in intimate partner violence during the pandemic. Parry and Gordon (2020) state that there has been emerging evidence from the *United Nations Entity for Gender Equality and the Empowerment of Women* (UN Women), that shows that since the outbreak of COVID-19 there has been an increase in violence against women and girls due to the lockdown and quarantine. Moreover, women were also subjected to an increase in violence in their household due to different reasons including lack of access to food and unpaid care. As an illustration, by mid-April, "in Tshwane alone, the call centre was receiving between 500 and 1,000 calls a day" (2020:802).

Lastly, one of the objectives of the study was to illustrate that listening to black women as heads of households in the poorest communities in South Africa is important to inform appropriate present and future lockdown policies and measures in a global pandemic. However, during the interviews, the participants in the study did not have instant answers on how future lockdown policies can be structured, although it does not mean that they do not feel oppressed by the implemented policies. Moreover, while conducting the interviews I sensed that black

women from Khayelitsha have lost trust in the South African government regarding service delivery, hence, they did not seem to suggest any future policies that could be helpful.

Only two participants had closing comments on future lockdown policies.

Sinenhlanhla said, “We should never have level 5.”

Nika said, “They should not last for too long as it affects the livelihoods of people and businesses.”

# CHAPTER 6

# CONCLUSION

This study focused on a small number of unheard urban poor black women's experiences of COVID-19 between 2020 and 2021 on the Cape Flats, using Khayelitsha as a case study. The study was very limiting as I could only conduct semi-structured interviews with only six women representing respective sites in Khayelitsha – similar to the recommended average number in a focus group research methodology. COVID-19 social distancing protocols were limiting, and I could not interview more women as I would have loved to. During the interviews, I could not finish some of the set questions because Khayelitsha is one of the poorest townships in South Africa which means there are a lot of people with no access to cellular data and some do not have phones. Moreover, the biggest problem was power cuts (load shedding) which meant that I had to unexpectedly cut some interviews short.

The nature of the study is very sensitive, therefore along with the study, I acknowledge that it was difficult for participants to fully open up about their conditions at home. There is no single form of measure for poverty and there are different perceptions of that in an African context; therefore, it is problematic to state who is 'poor' and who is not. Some participants did not relate to being described as 'poor' or having been severely affected by lockdown.

Furthermore, the Western-based lockdown measures were adopted exclusively by WHO. They did not consider any additional impact that lockdown policies might have in different societies such as in countries in Africa and the global south. Alarmingly, the South African government dogmatically adopted these measures soon after they were adopted by the UK although South Africa is faced with a different social structure and reality than the UK. Consequently, established African indigenous disease-isolation practices and models (often deployed by women as carers) were not officially taken into account or recognised in the policies enforced by WHO which further negatively impacted on black women living and trying to survive in townships. These measures implemented in the world caused significant economic suffering, especially for women and girls in South African townships.

It has been 28 years since South Africa gained freedom from apartheid. However, there is still a lack of intersectional gender and race analysis of the present COVID-19 pandemic by the government and health organizations in South Africa to inform policy. This limited small study highlights the gendered unequal infection rates of previous pandemics, epidemics and diseases which shows that women, in general, were historically more exposed to vulnerabilities associated with pandemics and negative responses from government authorities. Additionally, historical analysis in scholarship shows that black women's voices on their experiences of South African pandemics and concomitant lockdown or 'sanitise' measures and management are silenced and marginalised.

For the most part, the limitation to job opportunities has had a huge toll on black women that are heads of families due to the virus. Khayelitsha has a high number of women-headed households constructed by the migrant labour system that was introduced historically by the colonial and apartheid governments. It is evident that during COVID-19 many women at home had the burden of taking the role of caring for the children and extended family given the circumstances. This is significant unpaid labour that sustains our society during crises.

There are several strategies that the government could have implemented to help women, such as recognising how women are affected by the pandemic and compensating unpaid domestic and care labour by women head of families in townships and advocating for shared responsibility for both men and females at home. The notion of 'essential' services should also be reviewed within an African reality of what that means. One way this could be achieved is by further prioritising low-paid black women, their health (including their mental health) as this small study of poor black women heads of families shows. By listening to the authentic voices of poor black women in townships and their local knowledge and experiences of their lived realities, and not deploying extroversion policy implementation methodologies, South Africa could certainly do much better in a future lockdown.

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# APPENDIX A

# SAMPLE CONSENT FORM

AFRICAN STUDIES UNIT

School of African and Gender Studies, Anthropology and Linguistics
University of Cape Town, Private Bag, Rondebosch 7701, South Africa
t: +27 21 650 2308, f: +27 21 650 1585

## INFORMED CONSENT FORM

**Introduction**

I am Thandazile, a Student/Researcher in the African Studies Unit of the University of Cape Town, South Africa. I am conducting research on issues related to Problem Drug Addiction in South African CBD Township Residents: A case study of Black women, and I would like to ask some questions on these issues.

**Purpose of Study**

[Explain to the **INTERVIEWEE** the **PURPOSE OF THE STUDY** and **HOW THE INFORMATION COLLECTED WILL BE USED**]

**Duration and Content of Interview**

- This interview will take approximately 1hr I will ask a number of questions about the topic of my study.

**Confidentiality**

- All the information gathered during this interview is confidential and will be solely used for the intended purposes of this study. I will not reveal to anyone your name or any form of your identity without your permission.

**Voluntary Participation**

- I will conduct this interview with the understanding that you have freely accepted to take part in this study, and that you are not under any obligation to answer the questions that I will be asking. You are free to discontinue the interview at any time.

**Benefits**

- There are no direct personal benefits that you will get by participating in this study. However, the study will enhance our knowledge on the subject and the findings may be used by the community to engage with policies and programmes that are relevant to the community.

**Information about Study**

- Feel free at any time to ask questions to clarify anything related to this interview or study.

**Consent**

I freely consent to take part in this study. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop participating at any point should I not wish to continue. I also confirm that the purpose of the study has been fully explained to me. I understand that this is a research project whose purpose is not necessarily to benefit me personally in the immediate or short term. I also understand that my participation will remain confidential.

Signature of Interviewee S. Cawe Date: 27 November 2021

# APPENDIX B

# TRANSCRIBED INTERVIEWS

NB: Not everything that was said in the interviews was transcribed, due to limited resources and the difficulties of listening and writing. Only important data was transcribed.

**Interviewee 1 Sinazo Cawe from Khayelitsha in NKanini**

Thandazile: What is your name?

Sinazo: Sinazo Cawe

Thandazile: your age

Sinazo: 35 this year

Thandazile: Are you based in Khayelitsha

Sinazo: yes, eNkanini

Thandazile: How big is your household?

Sinazo: We are, let me count 7 or 8 in the house.

Thandazile: What is your role in the household?

Sinazo: I am the bread winner

Thandazile: What do you normally do for a living?

Sinazo: I work in retail, PNP to be specific

Thandazile: Did the lockdown impact what you do for a living? If so, how?

Sinazo: I am a breadwinner. My family and I work in a retail store- Pick n Pay. I have worked for the store for more than 10 years. Lockdown restrictions affected me as I was overworked, with no mask or gloves. Although I was overworked, I did not receive an increase or be paid for my overtime. I am a breadwinner and a single mother: I struggled a lot with overworking and having to assist my firstborn son with homework. On top of that we had to pay transport drivers that were protesting.

Thandazile: How did lockdown impact your household's access to resources (water, sanitation, food, health services, and education)?

Sinazo: We use temporary toilets that are inflatable, we have no running water, we have to share these toilets and social distance. I swear the government wants to kill us. During lockdown, thina we had to choose between having water or electricity in a week because we cannot afford both

Thandazile: What did you do to address these challenges during a lockdown? What worked and why? What did not work and why?

Sinazo: Nothing sisokole sisiya ngakhona (we struggled, and life had to continue).

Thandazile: Would you say your household and your role were affected by lockdown in South Africa? Explain how?

Sinazo :  akululanga (it is not easy) to stay at home and social distance because we are many at home.

Thandazile: Do you have any further recommendations for future lockdown measures? If so, why would they work?

Sinazo: It has been stressful, COVID- 19 is real especially if you have had it, yhoo I wouldn’t wish it to anyone.

**Interviewee 2 Sinenhlanhla from ILitha Park**

Thandazile: What is your name? Sinenhlanhla Dima: Sinenhlanhla Dima

Thandazile: age?

Sinenhlanhla: 40 years

Thandazile: Where are you based?

Sinenhlanhla: Ilitha Park, Khayelitsha

Thandazile:How big is your household?

Sinenhlanhla: My house is a 5-room house

Thandazile:What is your role in the household? sinenhlanhla: I am the oldest.

Thandazile: What do you normally do for a living?

Sinenhlanhla: I am unemployed, but I have a little something on the side.

Thandazile: Did the lockdown impact what you do for a living? If so, how?

Sinenhlanhla: Yes in 2020 I lost my job due to lock down.

Thandazile: How did lockdown impact your household's access to resources (water, sanitation, health services, and education)?

Sinenhlanhla: I did not struggle with accessing resources such as water and sanitation, and I did not find it hard adhering to the lockdown recommended although I am unemployed.

Thandazile: Would you say your household and your role were affected by lockdown in South Africa? Explain how?

Sinenhlanhla: I started my own business during lock down because I wanted to have an income also I could not pay all my bills dues unemployment.

Thandazile: Do you think the lockdown measures and policies were suitable for your household? Please explain your answer.

Sinenhlanhla: No there were not. Some homes didn't have money to buy food during level 5.

Thandazile: Do you have any further recommendations for future lockdown measures? If so, why would they work?

Sinenhlanhla: No, I don't have any measures but we should never have level 5.

Thandazile: Any other comments why you'd like to make about COVID-19 and lockdown?

Sinenhlanhla: I think lock down and covid 19 was just a money-making scheme.

**Interviewee 3 Sesethu from Khayelitsha in Makhaza**

Thandazile: What is your name?

Sesethu : Sesethu May

Thandazile: How old are you?

Sesethu : 34

Thandazile: Where do you live?

Sesethu: Khayelitsha in Makhaza

Thandazile: How big is your household?

Sesethu: We are a family of 7, with five adults and two kids.

Thandazile:What is your role in the household?

Sesethu:I am a bread winner

Thandazile: What do you normally do for a living?

Sesethu: Part time worker and social grant receiver

Thandazile: Did the lockdown impact what you do for a living? If so, how?

Sesethu: The government was trying to maintain the spread of COVID, but they should consider the livelihoods of people. It's better to be killed by COVID than by hunger. Therefore, the economy should have remained open since the government could not provide for everyone, and the R350 each month was just too small for my family.

Thandazile: How did lockdown impact your household's access to resources (water, sanitation, health services, and education)?

Sesethu: Lockdown has changed our lives drastically. I am a breadwinner with the help of my retired father, who earns a pension grant. During the lockdown, I could not work so that affected the finances of the house. It was even hard to afford a basket of food for the month.

Without work, there was no food on the table, we had to live "ngamabona ndenzile

Thandazile: Do you think the lockdown measures and policies were suitable for your household? Please explain your answer.

Sesesthu: I sell sweets and chips at the train station. My income was dependent on the business, however, due to the lockdown restrictions, I did not have a permit to operate during the lockdown. You know also social distancing is not easy; we don't have yards, it's one shack next to another it is hot we cannot stay long indoors although lockdown says we must, we have no choice but to go outside and be infected

Thandazile: Do you have any further recommendations for future lockdown measures? If so, why would they work?

Sesethu: Government must consider people's work, yes there was a social relief grant however it declined many people who had income in the previous months which was so wrong. Because now, they did not have income, their income was affected by the lockdown.

Thandazile: Any other comments why you'd like to make about COVID-19 and lockdown?
Sesethu: no

**Interviewee 4 NIKA Nolethu from Khayelitsha Site C**

Thandazile: What is your name?

Nika:  Nika Nolethu

Thandazile: How old are you?

Nika: 28

Thandazile: Where do you live?

Nika: Khayelitsha Site C

Thandazile:How big is your household?

Nika:There are 2 of us.

Thandazile:What is your role in the household?

Nika: I am the oldest.

Thandazile:What do you normally do for a living?

Nika: I run a small business.

Thandazile: Did the lockdown impact what you do for a living? If so, how?

Nika: The lockdown did have an impact on my small business because the warehouse where I receive the products I sell had to close down because it was deemed as non- essential. So, I had to stock to sell, even though there were people who wanted to buy things. When the warehouse did open on level 3, it was on a courier basis rather than collection which meant that I had to spend more money to get my stock.

Thandazile: How did the lockdown impact your households' access to resources (water, sanitation, food, health services, education)?

NIKA: You know just thinking about it is heart-breaking, I am a new mom that has to breastfeed. There were times when my breasts wouldn't have any milk because I did not eat too, what really helped me survive lockdown is cooking imbila (maize porridge) and I would drink it every time I would get hungry. Level 5 felt like a never-ending nightmare, I don't want to go back there.

Thandazile: Would you say your household and role were affected by lockdown in South Africa? Explain how?

Nika: Yes, because it was very hard to put food on the table.

Thandazile: Do you think the lockdown measures and policies were suitable for your household? Explain your answer.

Nika: NO, After I could not operate my Inuka cosmetics business I was excited to receive an SMS confirming that the R350 grant I was given. I wanted to go get it immediately but there was a long queue.

Nika: I  receive child support grant so I was excluded from receiving COVID-19 grant although I was not receiving any income, I can't cover all my expenses with the child support grant, even my sister it was difficult applying for the social grant, as everything was to be done on the phone, we also struggled with accessing the money because of long ques and now they are telling us they going to stop giving us this money that helped us survive.

Thandazile: Do you have any further recommendations for future lockdown measures? If so why would they work?

Nika: The only recommendation that I have for future lockdown measures is that they should not last for too long as it affects the livelihoods of people and businesses where there are too many losses.

Thandazile: Any other comments you would like to make about COVID-19 and lockdown?

NIKA: No.

**Interviewee 5 Doris from Khayelitsha in Harare**

Thandazile: What is your name?

Doris:  Dzingwe Doris

Thandazile: How old are you?

Doris: 57

Thandazile: Where do you live?

Doris: Khayelitsha Harare

Thandazile: How big is your household?

Doris: We are a family of 9.

Thandazile: What is your role in the household?

Doris: I am a mother.

Thandazile: What do you normally do for a living?

Doris:  I am a domestic worker, but COVID-19 has done more than affecting me, it took away bread from my table and took away my children's dreams. I took my children to school with the little cents I was receiving. I clothed them and put food on my table, like how my mother, grandmother and grand grandmother did.

Thandazile: Did the lockdown impact what you do for a living? If so, how?

Doris: Yes, I was fired.

Thandazile: How did lockdown impact your household's access to resources (water, sanitation, food, health services, and education)?

Doris: Yonke into ibixhomekeke kum (everything was dependent on me), I had to make means for food, electricity and to get water, onke amehlo ebejonge kum after losing my job uyasazi thina maxhosa ixanduva lokukhulisa abantwana libakuthi xomama. the government akasicingeli (inconsiderate) during lockdown. Most of us are unemployed because we were fired from work. How are we supposed to buy water, electricity and still support our families from the little income we were receiving as a breadwinner. I struggled to put food on the table.

Thandazile: Would you say your household and your role were affected by lockdown in South Africa? Explain how?

Doris: I was no longer receiving consistent income, on top of that the new business was not booming as I had expected, because people were scared to come out of their homes due to the virus. The lockdown deeply affected me as I could not pay for my bills, pay for water and electricity. Mayiphele iCorona ngoku sonele (the virus must end now we have had enough).

Thandazile: Do you think the lockdown measures and policies were suitable for your household? Please explain your answer.

Doris: I am now unemployed, I did not choose to be poor. I stay here in shacks that easily access floods, when we move, the police destroy our homes, we cannot get help because everything was closed because of lockdown.

Thandazile: Do you have any further recommendations for future lockdown measures? If so, why would they work?

Doris: No

**Interviewee 6 Nosive Ncawe from Khayelitsha Makhaza**

Thandazile: What is your name?

Nosive: Nosive Ncwane

Thandazile: age?

Nosive: 37

Nosive: Khayelitsha Makhaza

Thandazile: How big is your household?

Nosive: We are a family of 8.

Thandazile: What is your role in the household?

Nosive: I am the older sister

Thandazile: What do you normally do for a living?

Nosive: I sell fruit and veggies in the market.

Thandazile: Did the lockdown impact what you do for a living? If so, how?

Nosive: I stay in a one-bedroom house with two kids, her sister's two kids and her mother, and other two relatives with limited space to move, as a result, others have to sleep in the lounge and the kitchen. This puts the whole family at risk of contracting the virus.

Thandazile: How did lockdown impact your household's access to resources (water, sanitation, food, health services, and education)?

Nosive: you know, not so long ago we had to go protest outside that Center in Town. Our government - that is the only language they understand. They tell us wash your hands, with what water if our taps are dry? You know in Nkanini they have running sewerage where their kids play. Sizogula (we going to get sick), on top of dealing with COVID-19 we have to live with this.

Thandazile: What did you do to address these challenges during a lockdown? What worked and why? What did not work and why?

Nosive: We protested but received no help.

Thandazile: Do you think the lockdown measures and policies were suitable for your household? Please explain your answer.

Nosive: No because we struggled a lot and lost so many relatives. It was sad.

Thandazile: Any other comments why you'd like to make about COVID-19 and lockdown?
Nosive: No

# APPENDIX C

## KHAYELITSHA MAP
VPUU (2016-2017)