How COVID-19 puts women at more risk than men in Gauteng, South Africa

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The COVID-19 pandemic has revealed stark inequalities and fissures in societies around the world. One of these ruptures has been the disproportionate impact of the pandemic on women. In South Africa, women have suffered severe economic and social impacts from the

lockdown that was imposed to curb the spread of the virus.

The National Income Dynamics Study—Coronavirus Rapid Mobile Survey (NIDS-CRAM) investigates the socioeconomic impacts of the COVID-19 pandemic and lockdown conditions. Results from the first wave of the NIDS-CRAM survey show that net job losses between February and April were higher for women than for men. Women accounted for two-thirds of the total net job losses. Women are more likely than men to live in households that reported running out of money for food in April 2020. In addition, more women than men are living with children and spending more hours on childcare since the start of the lockdown.

These impacts are considered to be gender-based—determined by the social and cultural norms and practices that differ between genders. There are also sex-based differences—physiological and biological differences between males and females that, for example, cause different immune responses in the body. These sex-based factors are largely responsible for men's higher mortality rates globally.

In South Africa's Gauteng province, data from the Gauteng Department of Health's Mpilo database (6 March—27 November 2020, received 1 December) shows that 56% of positive COVID-19 cases are women but only 50% of the population are women. This gender gap is largely occurring for women of working age (from 20 to 65 years of age) and for the very elderly.

Although there are quite a few countries in the developed world with a proportion of female cases above 55%, the key difference is that in those countries the majority of this gender bias is explained by cases among those over 80 years of age.

For those aged 85 and older the number of female cases is nearly double

male cases, internationally as well as in Gauteng. This is largely because women live longer and so there are more women in the age group. In developing countries, where the population is younger than in developed countries, there is generally a higher proportion of male cases.

Testing data for South Africa show that more women (53%) are being tested for COVID-19 and a slightly higher proportion of women are testing positive (57%) (Week 48 data). This means that more women are being tested for COVID-19 and that women are more vulnerable to contracting the disease.

Women may be testing more than men for a number of reasons: 1) as part of pre and post-natal care they may be having routine tests; (2) women who experience symptoms may be better at seeking formal care or testing; and (3) women may be experiencing symptoms at a greater rate for various reasons discussed below.

The split in female-to-male rates of testing and positive cases is mirrored in the data on hospital admissions. At the end of November 2020, South Africa recorded a total of 106,931 admissions of which 59,689 (56%) were women. By contrast, the death data showed that men are slightly more likely to die of COVID-19 in South Africa than women. This is in line with global patterns and suggests that the higher rate of cases is not resulting in a higher mortality rate for women.

Gendered vulnerability

There are several possible explanations for why working women may be more exposed to COVID-19 in the Gauteng context. It may be that more women are employed in higher-contact care and frontline service work (such as cashiers, cleaners and nurses). Globally, some 70% of healthcare workers are female and this may be one of the drivers for a higher rate of female infection cases (as well as the higher rate of testing

of women). It is also possible that because women make up the majority of social grant recipients they are contracting the virus at a higher rate than men while standing in queues for monthly payments.

To understand some of the drivers for the higher rates of female cases, we used Gauteng City-Region Observatory's Quality of Life V (GCRO, 2017/18) survey data. Based on its March 2020 COVID-19 vulnerability indices we examined risk factors related to COVID-19 and lockdown conditions and their ramifications. These include: living in a crowded dwelling; dependence on public health care facilities; reliance on public transport; existing health conditions; and access to medical aid.

The data reveals that women are more likely to live in crowded conditions (most likely because they tend to live in larger households). Women are also more likely to rely on public transport. Women are more likely to report a poor health status and to live in households with pre-existing conditions. Women are also less likely to have access to medical aid and are more likely to rely on public health care services.

Combined with their burden of care for children and the elderly, women are more likely to be visiting public health facilities to access healthcare for themselves or for people in their care. This may mean they are more likely to get tested or be exposed to the virus while seeking treatment for themselves or others in their care. These trends are crucial to understanding gendered vulnerability more broadly in the current pandemic.

Some of women's vulnerability to COVID-19 infection may stem from their greater reliance on public transport. More women use minibus taxis for their most frequent trip (49%) compared with 43% of men.

The COVID-19 infection data and the GCRO vulnerability indices point to a double burden for women. Women are testing positive at a higher

rate than men and women have a greater social and economic vulnerability particularly during lockdown, again with women of working age being the most affected.

As parts of the country see a worrying resurgence of COVID-19 cases, and government considers more targeted ways of responding to these localized outbreaks other than general lockdowns, we need to consider much more focused interventions that take into account this double burden faced by women.

For example, some social distancing protocols have been relaxed at taxi ranks and at healthcare services. Enforcing social distancing best practice at these facilities could assist women to reduce the risk of contracting COVID-19 in these circumstances. This would not only benefit women directly but also their family members.

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