



GCRO DATA BRIEF
NO.11



EFFECTS OF THE COVID-19 PANDEMIC ON THE GAUTENG CITY-REGION

FINDINGS FROM THE GCRO'S QUALITY OF LIFE SURVEY 6 (2020/21)

SEPTEMBER 2021

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Observatory

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Headline findings

- By the completion of the Quality of Life Survey 6 (2020/21) (QoL 2020/21) fieldwork in May 2021, 2.7% of households reported COVID-19 infections within their households and 2.2% of households reported not being able to access COVID-19 testing when they needed it. Concerningly, in some municipalities of the province, the proportion of respondents saying they were refused a COVID-19 test is higher than the proportion who say that their household had COVID-19.
- The economic impact of the pandemic has been widespread and severe, with more than half (55%) of all respondents being impacted directly. This has translated into not only increased stress and pressure on households, but those directly impacted were also more likely to have missed debt repayments, been unable to pay bills and to skip meals.
- COVID-19 has had deep socio-economic impacts, but these impacts vary by race, sex and income group. Wealthier households were relatively more shielded from job losses. Black Africans and the lowest income groups have been heavily impacted. Some social and economic support has protected some of the most vulnerable.
- In response to the pandemic, most households did change behaviour, with 92% of households reporting they avoided public spaces and gatherings and 89% of households reporting they bought alcohol-based sanitiser. A smaller but not insignificant number of households were likely to change their mode of transport (25%) or how they buy groceries (35%).
- Education was impacted even after restrictions were lifted: 39% of households with children kept children away from school when they were allowed to return, and of those households, 63% did not have access to a working computer and 80% did not have internet access, constraining the potential for learning at home. Households keeping children away from school were more likely to be poor. As a result, the impact on children's education may be greater for households already at a disadvantage and extends beyond school closures.
- As many as one in four respondents changed their main mode of transport. Respondents in households with a working car were less likely to change their transport mode (22%) as were respondents in higher income groups and White respondents. There is also a difference between the sexes: female respondents were more likely to change their transport mode than male respondents.
- More than a quarter of respondents (28%) reported that they had spent more time than usual looking after children or other family members since March 2020. The additional caring of relatives has fallen disproportionately to women, with 50% of female respondents with family commitments spending more time on caring for relatives than male respondents (28%).
- One in ten respondents who owned a business had to close it permanently in the pandemic. Only 5% of applicable White respondents say they permanently closed a business, compared to 10% of Black Africans and 16% of Indians/Asians.
- A third of all households applied for the COVID-19 Social Relief of Distress (SRD) grant of R350 and two thirds of those who applied received the grant. Almost a quarter (23%) of the entire sample said that someone in their household was receiving the SRD grant.

Thirteen percent of respondents reported receiving food support from government or NGOs since March 2020.

- Two thirds of respondents (62%) are satisfied with the way in which the government responded to the COVID-19 pandemic. This is substantially higher than satisfaction with national government in general. Satisfaction with the government's pandemic response changed during data collection and was at its lowest during the height of the second wave.

Introduction

The Quality of Life Survey (QoL) is a flagship project of the Gauteng City-Region Observatory (GCRO) and has been run every two years since 2009. QoL provides an understanding of the quality of life, socio-economic conditions, satisfaction with services and government, psycho-social attitudes and experiences of residents in the Gauteng City-Region (GCR). The longitudinal nature of the survey means that these conditions and experiences can be reported on over time.

The sixth iteration of QoL was run between October 2020 and May 2021 in the midst of the COVID-19 pandemic. Lockdowns in South Africa meant that data collection for QoL 2020/21 could not begin as originally intended in April 2020. The resulting delay of six months allowed for a set of questions to be included in the survey that asked how COVID-19 may have impacted households or shifted perceptions. A report released at the launch of QoL 2020/21 contains a summary of the key findings from the COVID-19 questions that were asked (de Kadt et al., 2021). This GCRO Data Brief examines the responses to COVID-19-specific questions in more detail and looks at some of the broader impacts on households, society, the economy and governance.

The GCRO has worked with the Gauteng Provincial Government and key role-players during the pandemic to provide research, data and insights to help inform response planning to COVID-19. QoL data has been key to these outputs. The March 2020 Map of the Month looked to understand the localised risk factors that might contribute to the spread of COVID-19, and might amplify its health and socio-economic impact, in Gauteng communities. Specifically, the maps explored two key themes: (1) the multiple risk factors to maintaining basic preventative hygiene and social distancing; and (2) the multiple risk factors in the context of major shutdowns and potential outbreaks (de Kadt et al., 2020). Further work explored areas such as households vulnerable to income disruption, challenges to accessing food during lockdown, the impact on the elderly and different household configurations, as well as gendered impacts. The GCRO has also had access to geocoded COVID-19 case data via the Gauteng Department of Health Mpilo dataset and has used this data to help understand spatial patterns of the virus, ward-level analysis of data trends as well as age and gender trends in infections. Research outputs are available from a dedicated GCRO webpage: <https://www.gcro.ac.za/research/project/detail/responding-covid-19-pandemic-gauteng/>.

Results from QoL 2020/21 highlight the substantial and profound impact that COVID-19 has had on overall quality of life, health and well-being of residents in the GCR (de Kadt et al., 2021). By comparing the results of this most recent survey to previous iterations, the data allows us to understand where recent shifts and changes may differ from trends that were occurring before the pandemic. It is not always possible to show that the changes are as a result of the pandemic or other stressors and events that happened, but it does allow a deeper understanding of how the changes have happened and who has been impacted. This information is crucial to enable evidence-led policy and to direct efforts to help with recovery.

There are limitations to the data analysis we are able to provide here. QoL 2020/21 fieldwork was conducted between October 2020 and May 2021, covering only the first two waves of COVID-19 infections. The third wave of COVID-19 has been significantly higher, with more severe disease, hospitalisations and deaths in Gauteng, so many respondents who were not affected in the first two waves may have been so after fieldwork ended.

The first section of this Data Brief details how respondents' households were directly impacted by the COVID-19 virus. This is followed by an exploration of how households responded to the pandemic with a focus on household behaviour, transport and mobility changes. There are two sections that examine the impacts of the pandemic: the first looks at the economic impacts and the second explores the social impacts. This is followed by a section on social relief and households that received food support. The Data Brief draws to a close with a section on government's response to the pandemic and the satisfaction therewith, before ending with some conclusions and implications.

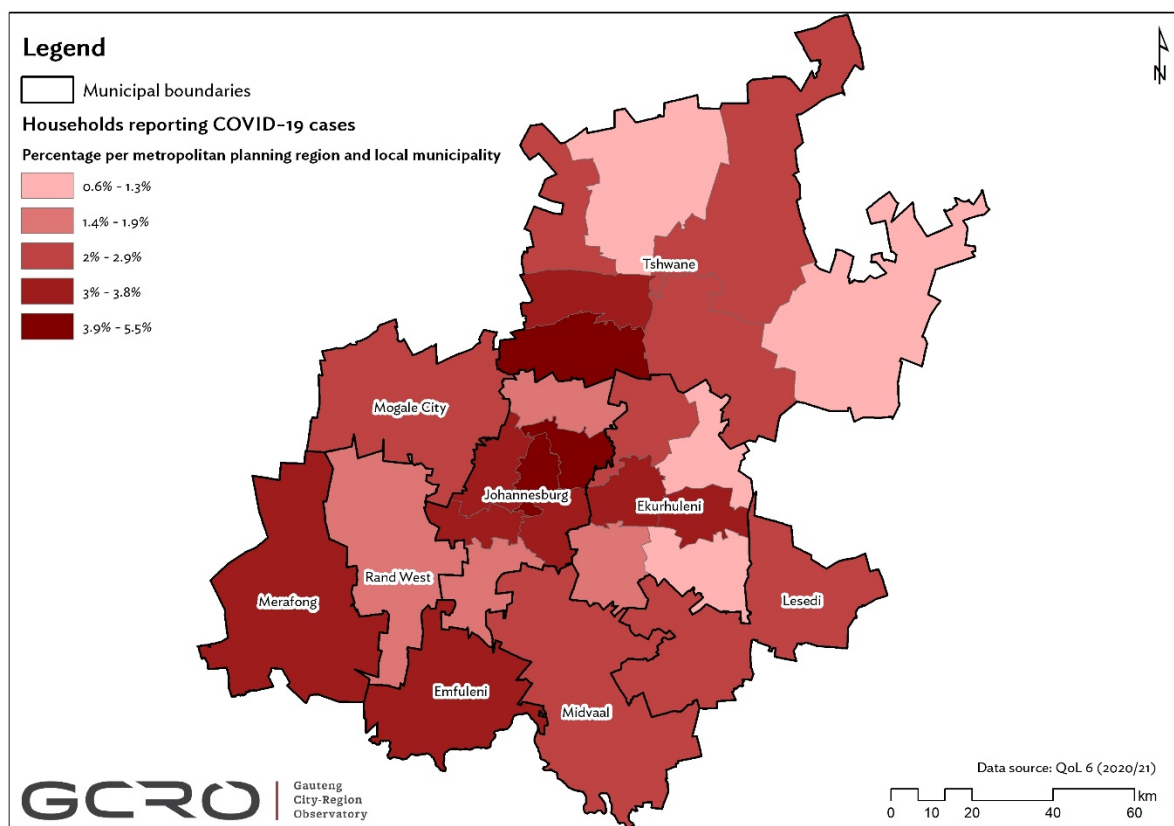
COVID-19 in households

The Quality of Life 6 (2020/21) Survey (QoL 2020/21) was conducted between October 2020 and May 2021, covering the second wave but excluding the third wave. Respondents to QoL 2020/21 were asked if COVID-19 had been diagnosed in their households and 2.7% reported having COVID-19. The question in QoL 2020/21 provides an indication of COVID-19 infections in households but did not ask for further details on who was diagnosed or how. It is possible that different members of a household tested positive for COVID-19 at different times, and, as discussed in more detail below, it is also possible that respondents who reported COVID-19 in the household may also have reported being personally denied testing at a different time.

Using Statistics South Africa's 2020 mid-year population and household size estimates, the QoL 2020/21 data can be extrapolated to approximately 424 702 infections (Statistics South Africa, 2020). Official statistics for COVID-19 cases on 27 May 2021 when fieldwork was completed stood at 450 377, suggesting that the QoL 2020/21 figures do reflect official positive test numbers (IBM Research, 2021).

There is spatial variation where households reported COVID-19, with higher than average proportions in Emfuleni (4%), Merafong (3%) and Johannesburg (3%) (Figure 1).

Figure 1: Map of Gauteng showing respondents reporting COVID-19 in their households, by metropolitan planning region and local municipality. Data source: GCRO QoL 6 (2020/21).

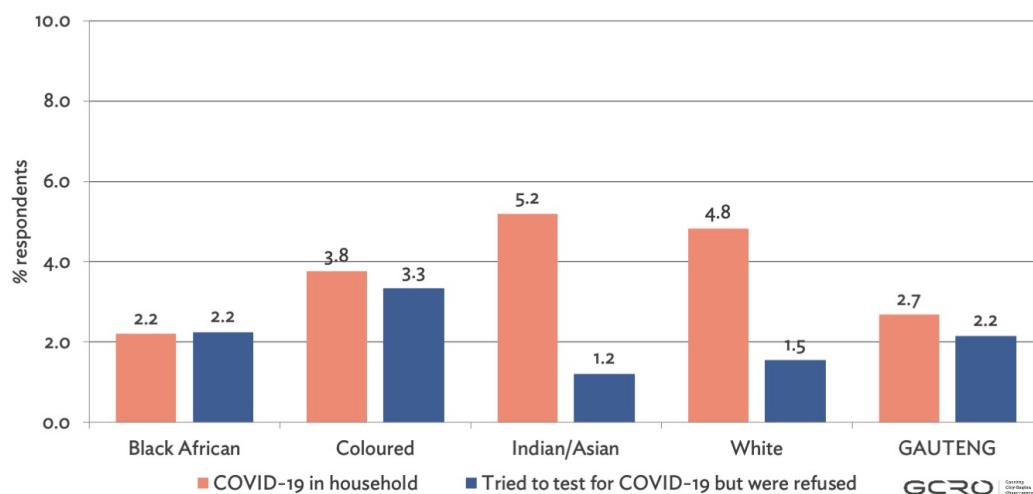


There is evidence in QoL 2020/21 that those who reported having COVID-19 in their household do not represent the full extent of how the pandemic has spread in Gauteng. Respondents were

asked whether they had tried to test for COVID-19 since March 2020 but had been refused. An average of 2.2% of respondents sought testing but were refused.

Comparing the percentages of those who said they had had COVID-19 in their household and those who tried to test but were denied, by race and income indicators, raises serious concerns. Figure 2 shows that Indian/Asian and White households were disproportionately more likely to have reported having COVID-19 in their households and the least likely to have been refused a test. By contrast, Black African respondents were the least likely to say that they or a member of their household had COVID-19. At 2.2%, they were more likely to say that they had been refused a COVID-19 test than White respondents at 1.6%.

Figure 2: Percentage of respondents reporting COVID-19 in their household and respondents who tried to test for COVID-19 and were refused, by race. Data source: GCRO QoL 6 (2020/21).

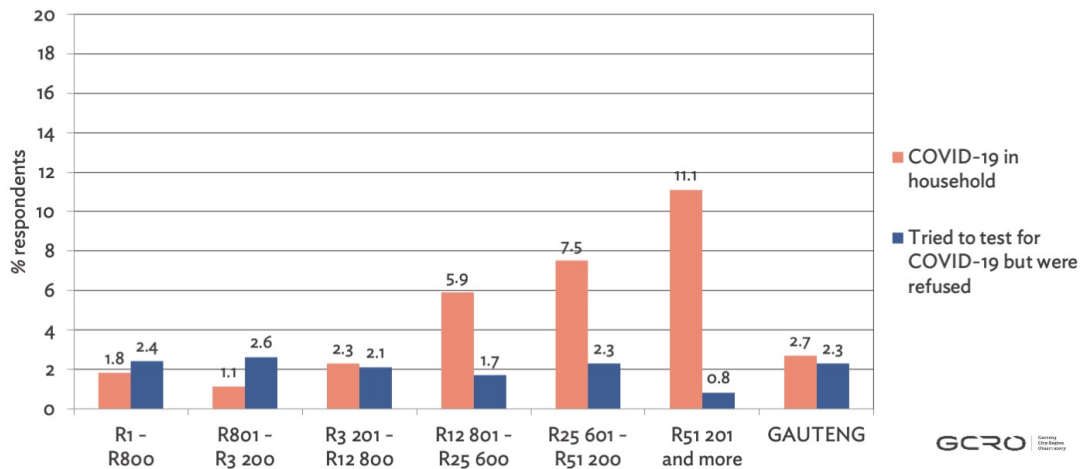


The picture is even starker when the two indicators are compared by income group, as shown in

Figure 3. A striking 11% of respondents in the highest income group earning more than R51 201 per household per month saw COVID-19 in their households. This is compared to some 1% in the lowest income categories. A mere 0.8% of those in the highest income bracket tried to test for COVID-19 since March 2020 but were refused, compared to 2.4% for those with monthly household incomes of R1–R800.

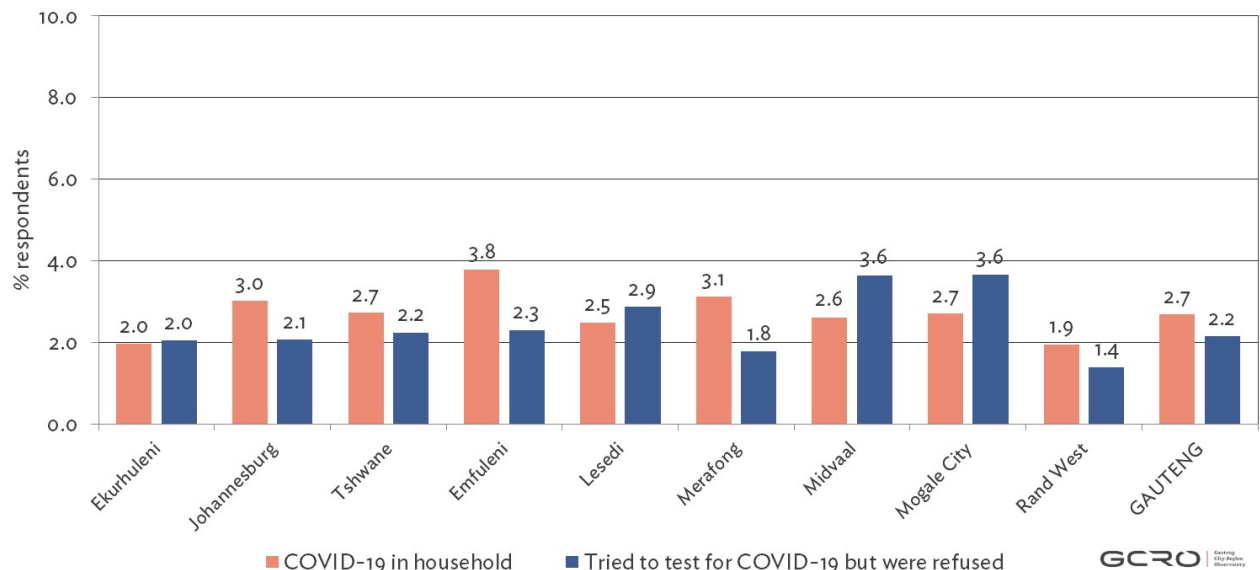
It is possible that lower reported rates of COVID-19 in some households may reflect greater concerns over being stigmatised for having COVID-19. The race and income differences of those saying they tried to test for COVID-19 but were refused suggests that the more significant reason was uneven access to quality healthcare, where many who could not afford private testing were turned away from the sites available to them (Mkhize et al., 2021). It is also likely that higher income households, who are more likely to have access to private vehicles and medical aid, experienced fewer barriers to accessing healthcare. Shortages of diagnostic test materials in the public sector are also likely to have influenced access to testing (Tomlinson, 2020).

Figure 3: Percentage of respondents reporting COVID-19 in their households and respondents who tried to test for COVID-19 and were denied, by income group. Data source: GCRO QoL 6 (2020/21).



The percentages of those reporting COVID-19 in the household, and those saying they were refused a test, varies spatially. Concerningly, in some municipalities of the province, the proportion of respondents saying they were refused is higher than the proportion who say that their household had COVID-19 (**Figure 4**). Respondents in Lesedi, Midvaal and Mogale City were more likely to report having tried to test for COVID-19 and been refused (in Midvaal and Mogale City at 4%) than they were to have reported COVID-19 in their households (all three municipalities at roughly 3%).

Figure 4: Percentage of respondents reporting COVID-19 in their households and respondents who tried to test for COVID-19 but were denied, by municipality. Data source: GCRO QoL 6 (2020/21).



There are notable spatial differences across Gauteng within the metro planning regions. Figure 5 plots COVID-19 in households against households that tried to test for COVID-19 and were denied against the Gauteng average. The top right quadrant shows the metro planning regions and municipalities that reported above average proportions of COVID-19 in households and above average numbers being denied access to testing. Areas in the bottom left quadrant have

reported below average proportions of COVID-19 in households and were less likely to have been denied access to testing. Respondents in the City of Tshwane Region 7 (including Bronkhorstspuit and Ekangala) were the most likely to struggle to access testing when they tried to. Central portions of Johannesburg and Ekurhuleni, Soshanguve and Merafong have reported above average presence of COVID-19 but are the least likely to struggle to access testing. Soweto, central and western Tshwane, Tembisa, Ivory Park and Emfuleni are also more likely to have COVID-19 cases, but worryingly reported higher levels of being refused access to testing. South-east Gauteng and eastern parts of Tshwane had lower incidence of COVID-19 in households but were also more likely to struggle to access testing. This data is then mapped in Figure 6.

Figure 5: Percentage of respondents reporting COVID-19 in their households and respondents who tried to test for COVID-19 and were denied, plotted against the Gauteng mean. Data source: GCRO QoL 6 (2020/21).

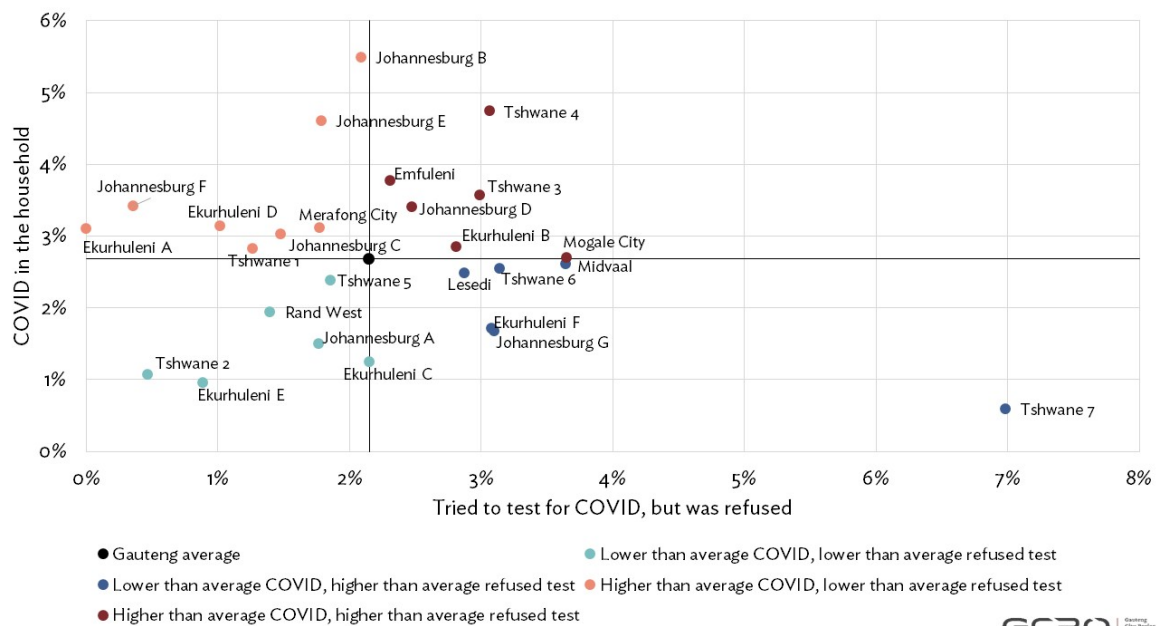
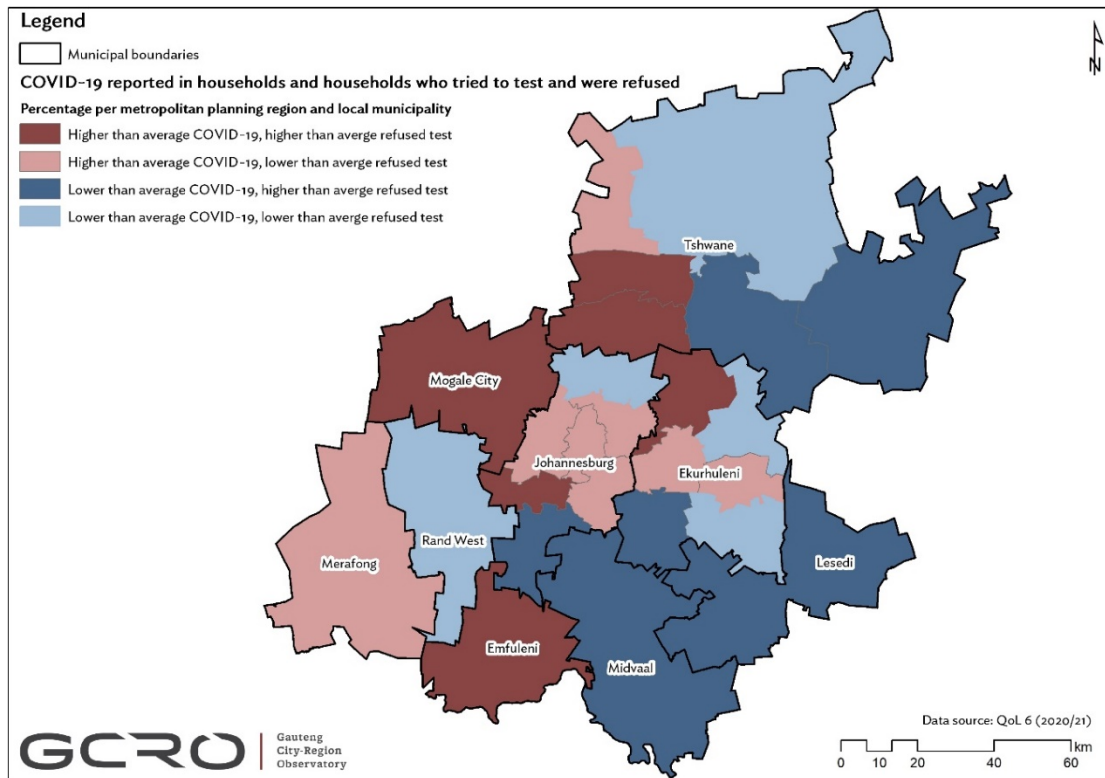


Figure 6: Map of Gauteng showing the percentage of respondents reporting COVID-19 in their households and respondents who tried to test for COVID-19 and were denied, by metropolitan planning region and local municipality. Data source: GCRO QoL 6 (2020/21).

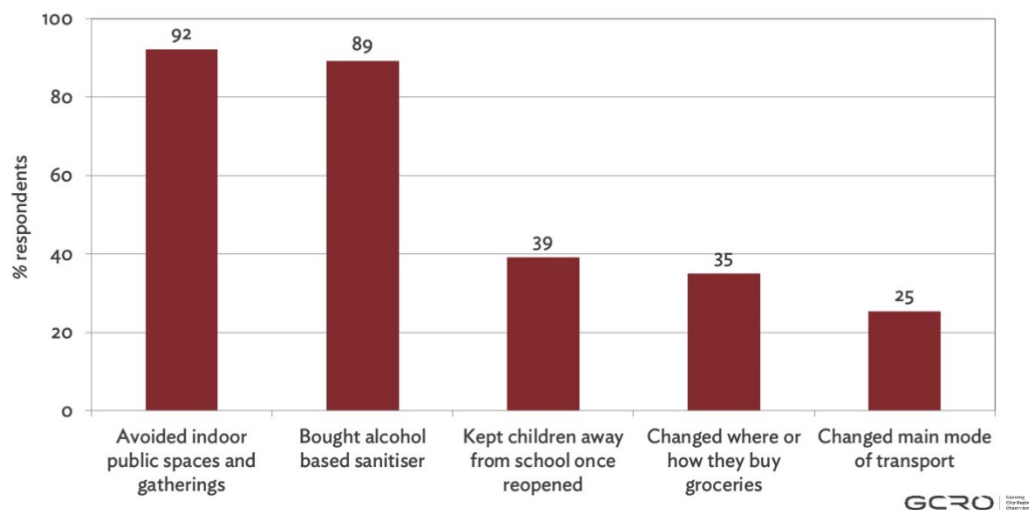


Household responses to COVID-19

Changes in household behaviour in response to COVID-19

Households responded to the COVID-19 pandemic in numerous ways and some responses were more widespread than others (see Figure 7). Nine out of ten respondents avoided indoor public spaces and public gatherings such as shops, malls or spaces of worship. Similarly, nine out of ten respondents bought alcohol-based sanitisers. Two fifths of households with children kept their children away from school when they were allowed to return, a third of households changed where or how their household buys groceries and only one in four changed their main mode of transport.

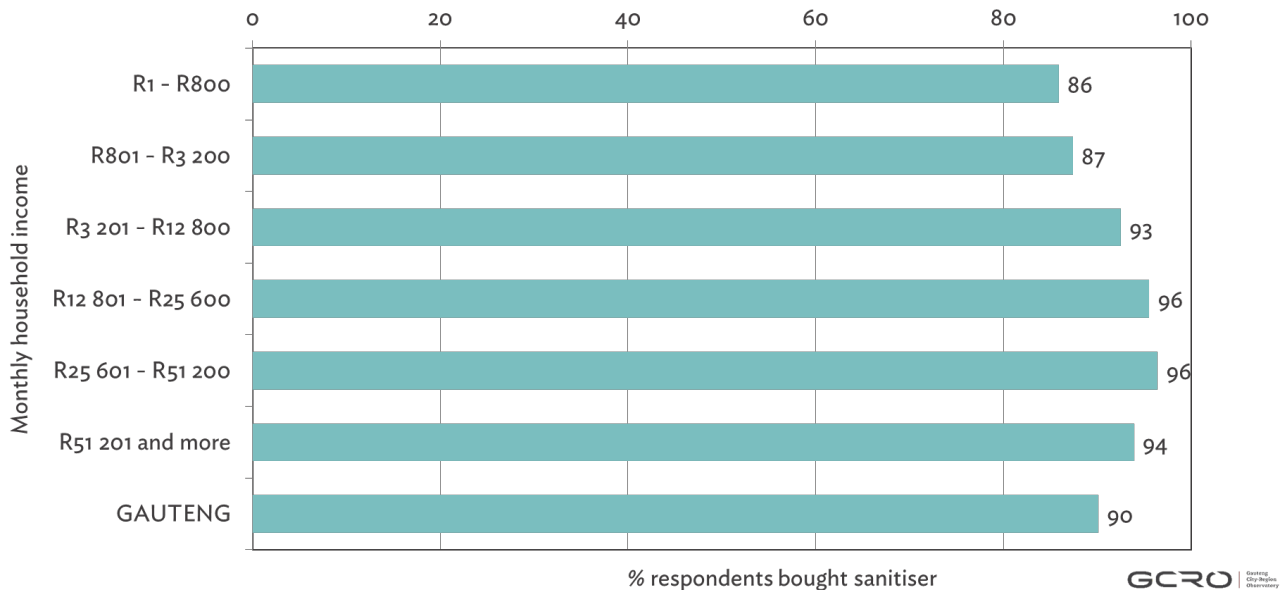
Figure 7: Percentage of respondent behaviour changes or household responses to the COVID-19 pandemic. Data source: GCRO QoL 6 (2020/21).



Avoiding public spaces or gatherings may not be an easy choice for some, such as street traders or others who make a living in a public space, but as this was mandatory during lockdown levels 5 and 4, the data shows that it was consistently adopted by different population or income groups across the survey (92% across Gauteng). Only single-person households were slightly less likely to avoid public spaces (90%), which is perhaps indicative of the challenges of living alone in lockdown conditions.

Buying alcohol-based sanitiser was widely adopted (89%) but comes with some financial costs, and so we see some differences across income groups. Figure 8 shows that lower income groups were slightly less likely to buy alcohol-based sanitiser. Strong messaging about sanitiser during the pandemic most likely contributed to the high proportion of respondents who bought sanitiser despite the cost. Alcohol-based sanitiser would also be an important alternative to soap and water in informal dwellings where access to water may be more limited.

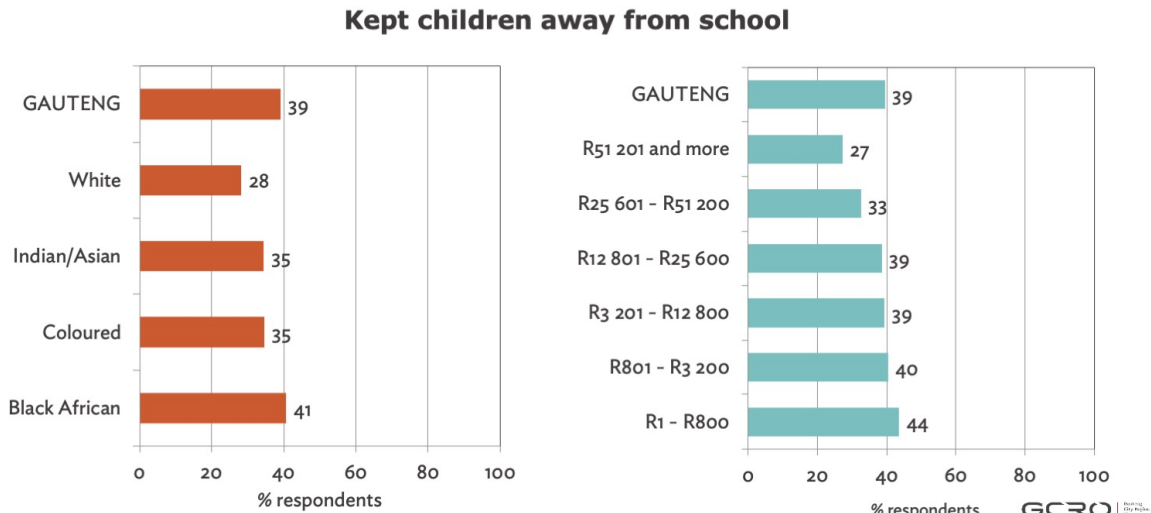
Figure 8: Percentage of respondents who bought alcohol-based sanitiser, by income. Data source: GCRO QoL 6 (2020/21).



Since the first school closure from 18 March 2020, South Africa's lockdown regulations included multiple school closures of different durations. In addition, once schools reopened, many schools had to limit children's attendance to every second day in order to comply with social distancing regulations within classrooms (Mohohlwane et al., 2020). So while attendance rates returned to pre-pandemic levels in November 2020, this was undermined by the fact that many learners were only attending half the number of school days (Mohohlwane et al., 2020). In May 2021, 10% of parents reported that at least one of their children had not returned to school in 2021 at all (Shepherd et al., 2021). This has had a profound impact on children's education and learning during the pandemic with every day of non-attendance equating to as much as 1.5 days of learning lost (Shepherd et al., 2021) and, between March 2020 to June 2021, the equivalent of 70% to a full year of lost learning (Shepherd et al., 2021).

This is further compounded by the fact that many parents remained concerned about the risk of their children attending school – more than half of parents were very worried in February 2021, and parents in low income households were more likely to be very worried (Shepherd et al., 2021). Results from QoL 2020/21 show a notable 39% of households with children kept their children away from school when they were allowed to return. This varied spatially and was as high as 48% in Johannesburg and as low as 12% in Merafong. QoL 2020/21 data confirms findings by Shepherd et al (2021) that those from lower income groups were more likely to keep children away from school once they were able to return (Figure 9). Of those households with children who kept children home from school when they were allowed to return, 63% did not have access to a working computer and 80% did not have internet access. This would have severely constrained options for children's learning at home, although it should be noted that families and schools have adapted in different ways to learning and teaching in the pandemic. The data suggests even deeper impacts on the opportunities for learning of children in poorer households than just the impact of school closures.

Figure 9: Percentage of respondents who kept children away from school once they were allowed to return, by population group and income. Data source: GCRO QoL 6 (2020/21).

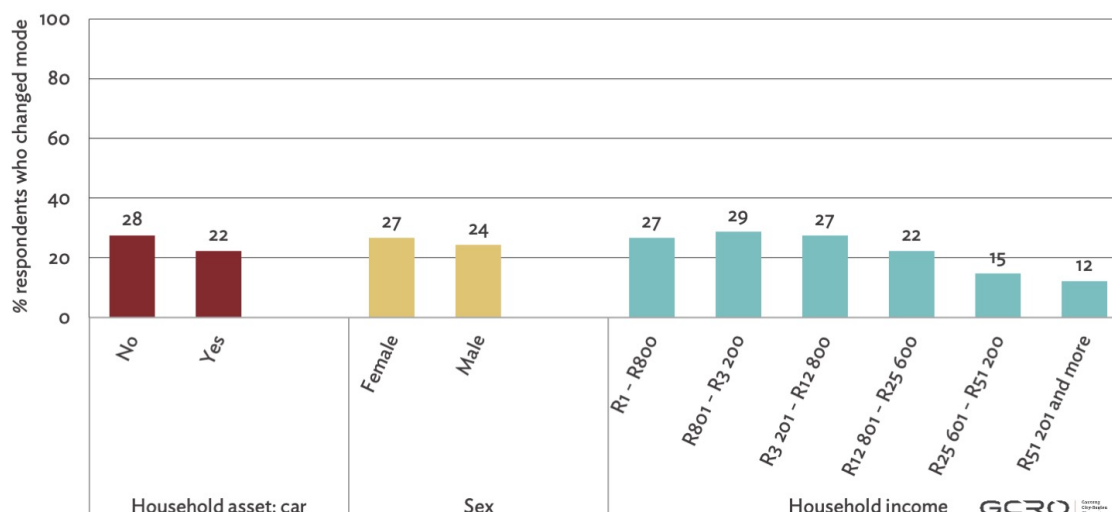


More than a third of respondents changed how or where they buy their groceries. There are a number of possible reasons for why this was the case. Some respondents may have switched to online shopping to reduce their risk of transmission in the shops while other respondents may have switched to different stores – either smaller shops to avoid people, or different retailers to save money. Our data does not provide any conclusive patterns to explain which respondents were more likely to change their shopping behaviours or why they did so.

Changes in mobility and travel patterns

QoL 2020/21 data shows some significant changes to transport patterns as a result of the COVID-19 pandemic. As many as one in four respondents changed their main mode of transport. Having access to a car is a contributing factor to whether respondents changed their main mode of transport. Respondents in households with a working car were less likely to change their transport mode (22%) than respondents in households with no functioning car (28%). Relatedly, respondents in higher income groups and White respondents were also less likely to change their mode of transport (Figure 10). There is also a difference between the sexes: female respondents were more likely to change their transport mode than male respondents and this is also likely related to their lower levels of access to a working car.

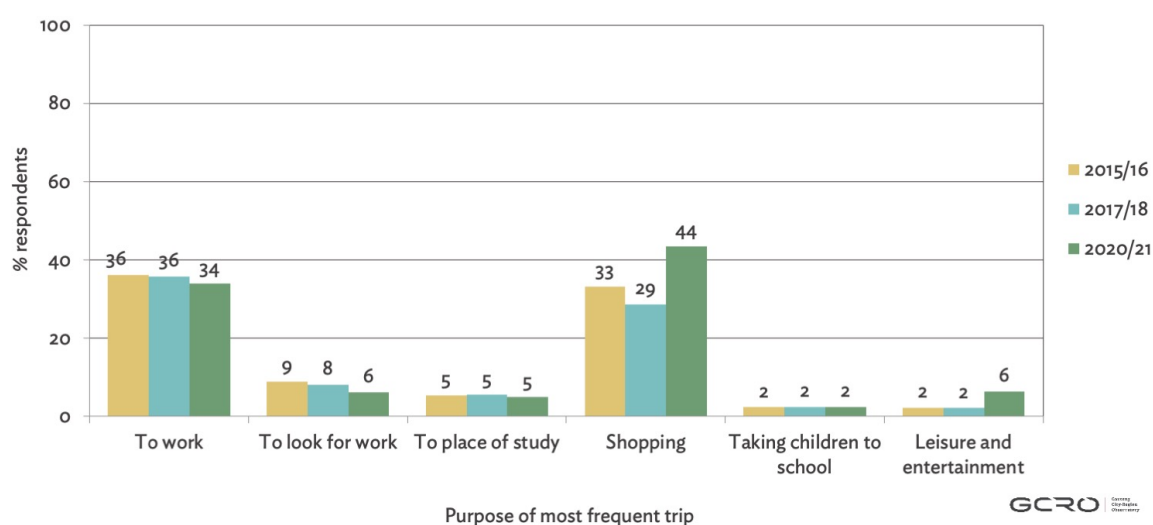
Figure 10: Percentage of respondents who changed their main mode of transport, by car ownership, sex and income. Data source: GCRO QoL 6 (2020/21).



QoL 2020/21 shows a drop in the percentage of people travelling to work, to look for work and to places of study as their most frequent trip, compared to previous surveys (Figure 11). There has been a significant increase in the percentage of respondents citing shopping as the most frequent trip purpose, from 29% (2017/18) to 44% (2020/21).

These changes reflect the relative proportions of the purposes of trip-making. It is possible that respondents travelled to shops just as frequently in the pre-pandemic surveys, but since travel to work and to look for work has decreased over the last year, the percentage of those citing shopping as the purpose of their most frequent trip has increased.

Figure 11: Percentage of respondents reporting the purpose of their most frequent trip, by survey iteration. Data sources: GCRO QoL 6 (2020/21), GCRO QoL 5 (2017/18) and GCRO QoL 4 (2015/16).



There has been a major shift in mobility patterns with respect to how long respondents are taking to get to their destinations. Respondent's most frequent trips are now more likely to be short trips of 15 minutes or less, and less likely to be longer than 30 minutes, compared to previous

surveys. The reason for this may not be that people are making more short trips than they were before, but rather that their most frequent trip is less likely to be long.

This trend is most evident in trips to the shops. Shopping trips appear to have become more local, with nearly half (48%) of respondents taking 15 minutes or less to reach the shops (Figure 12). There has been a corresponding drop in trips to the shops taking longer than 15 minutes. On average, respondents seem to also be making shorter trips to work than in previous surveys, with 58% reaching work in less than 30 minutes (Figure 13).

Figure 12: Percentage of respondents whose most frequent trip is for shopping, reported travel time, by survey iteration. Data sources: GCRO QoL 6 (2020/21), GCRO QoL 5 (2017/18) and GCRO QoL 4 (2015/16).

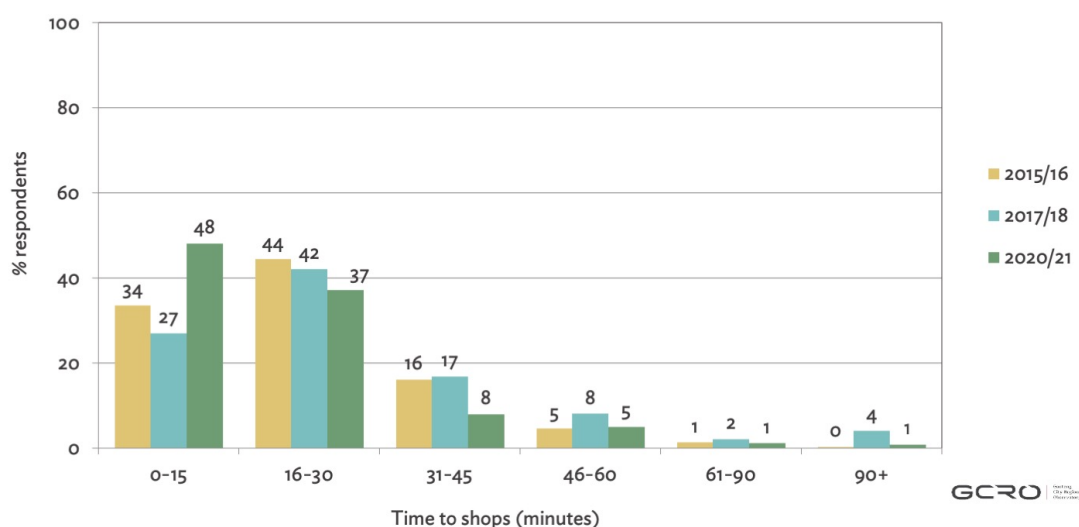
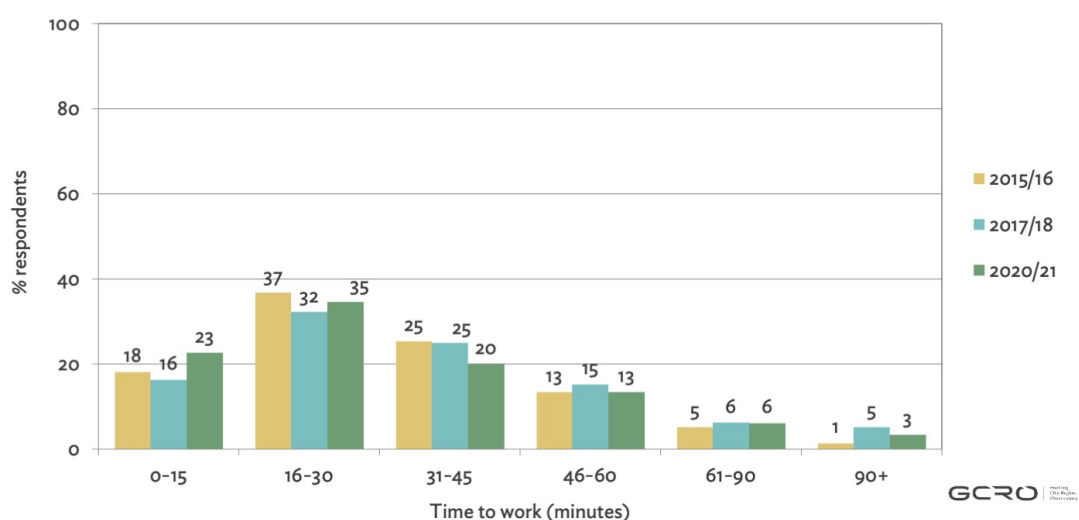


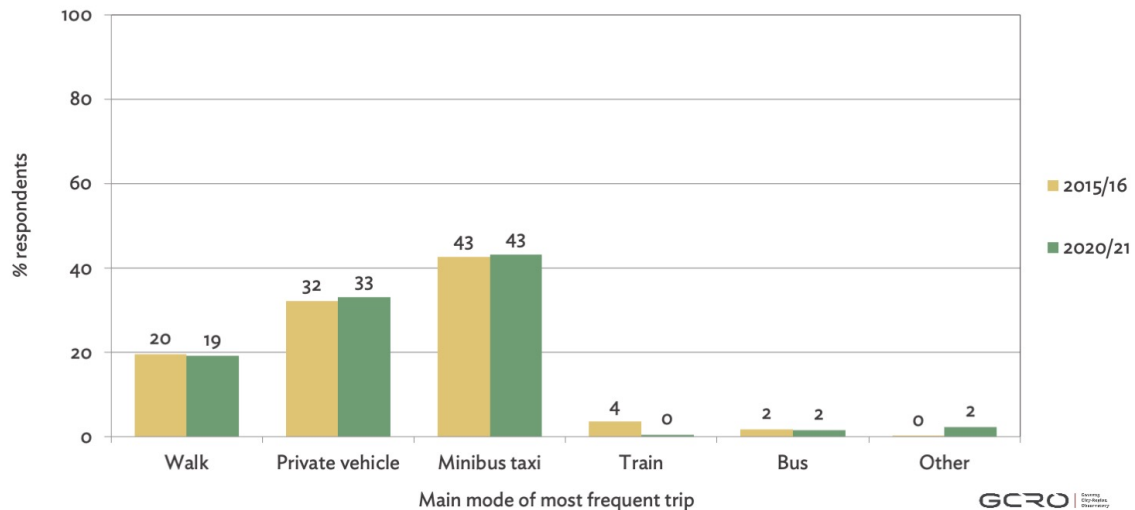
Figure 13: Percentage of respondents whose most frequent trip is to work, reported travel time, by survey iteration. Data sources: GCRO QoL 6 (2020/21), GCRO QoL 5 (2017/18) and GCRO QoL 4 (2015/16).



Private vehicles and minibus taxis remain the primary modes of transport for most frequent trips in Gauteng (33% and 43% respectively), followed by walking (19%).

Figure 14 shows that there has been a notable decrease in the percentage of people using trains as their main mode, dropping from 4% in 2015/16 to less than 1% in 2020/21. This could be attributed to a modal shift resulting from train closures during lockdown level 5, together with extensive train infrastructure vandalism in 2020 and 2021.

Figure 14: Main mode of transport used in the most frequent trip, by survey iteration. Data sources: GCRO QoL 6 (2020/21) and GCRO QoL 4 (2015/16).



One in four respondents noted that they had changed their main mode of travel to mitigate COVID-19 risk. These transport mode changes do not seem to have significantly changed the overall proportion of people using different transport modes since 2015/16 (Figure 14). This may be due to changes being temporary rather than permanent, or even that changes were made but not for people's most frequent trip.

Although respondents did not provide detail as to which modes they changed from and to, or for what duration of time, of those who reported changing mode to mitigate COVID-19 risk the majority say that the mode of their most frequent trip is minibus taxi (52%), followed by private vehicle (23%) and walking (19%). Figure 15 shows that compared to those who did not change mode, those who did were more likely to use minibus taxis and less likely to use private vehicles. These figures differ by sex, where male respondents who changed mode were more likely to walk or use private vehicles compared to females, the majority of whom use minibus taxis as their main mode (Figure 16).

In other parts of the world, the pandemic has spurred a growth in cycling. This trend has not been evident in South Africa, likely because of the barriers to cycling as a mode of transport, including long distances and unsafe conditions.

Figure 15: Percentage of respondents who changed their main transport mode to mitigate COVID-19 risk, by mode of transport. Data source: GCRO QoL 6 (2020/21).

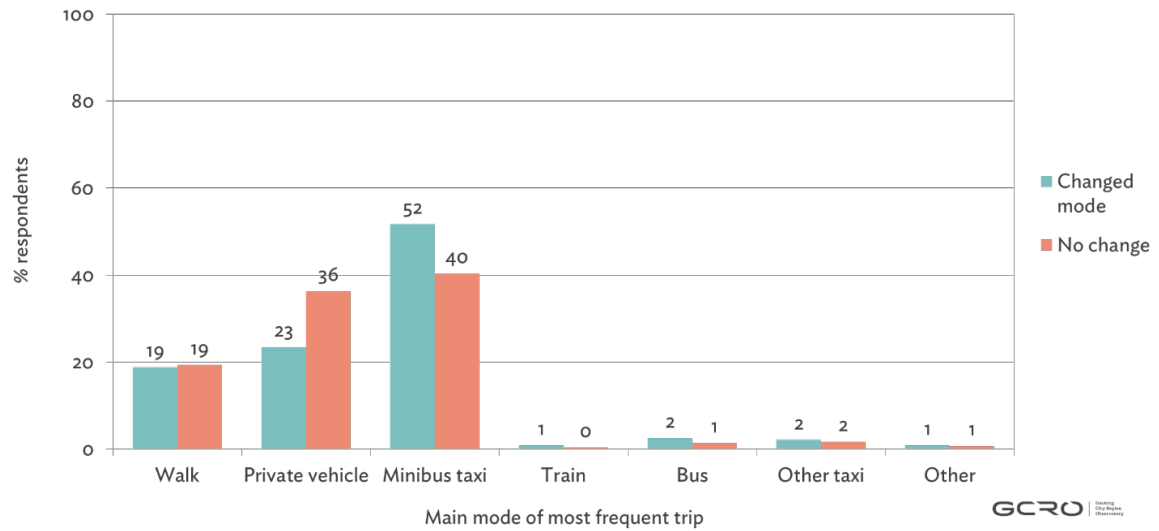
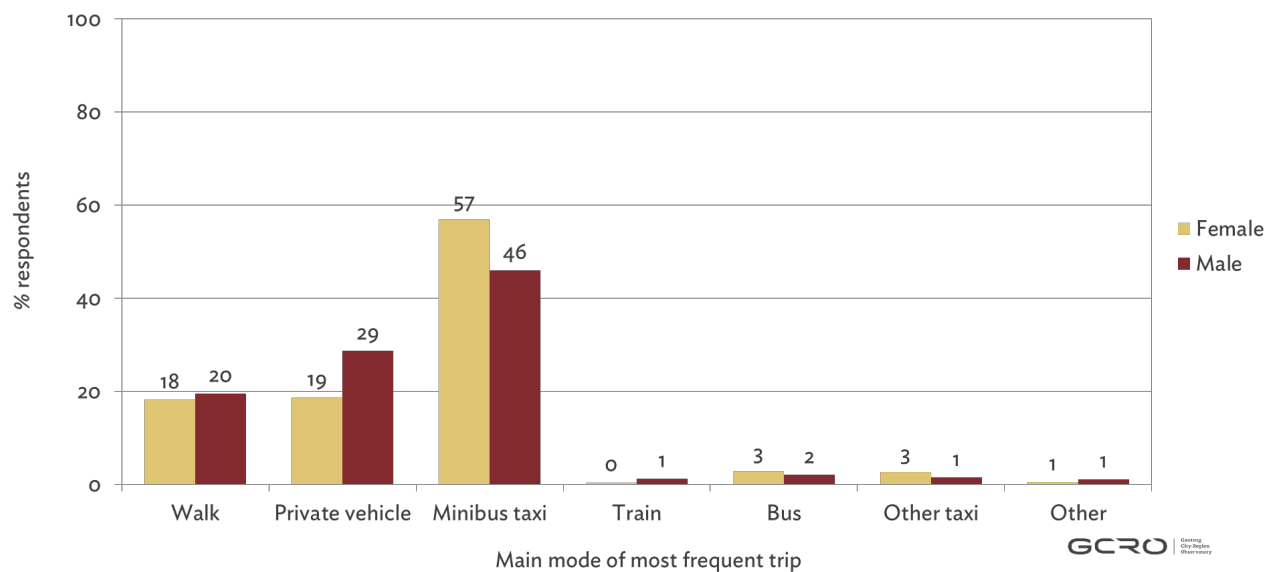


Figure 16: Percentage of respondents who changed their main transport mode to mitigate COVID-19 risk, by sex and mode of transport. Data source: GCRO QoL 6 (2020/21).



Economic impacts of the pandemic on households

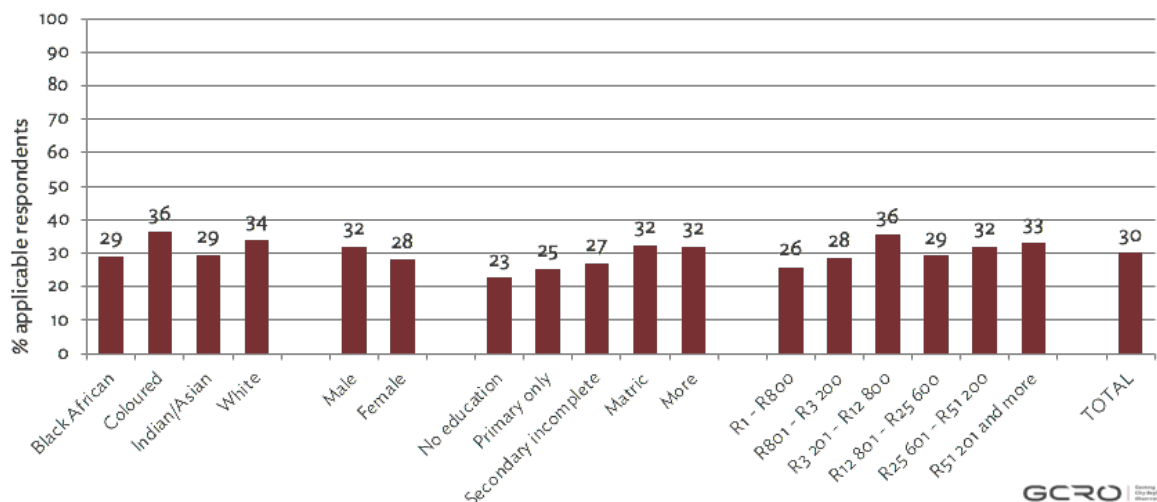
Reduced salaries, job losses and business closures

A number of questions were introduced into the Quality of Life 6 (2020/21) Survey questionnaire to get some indication of the impact that COVID-19 and pandemic-related lockdowns may have had on the economic circumstances of households. We asked whether the respondent had, since March 2020, seen their salary and working hours reduced, lost a job, or permanently closed a business.

One fifth (19%) of all respondents say their salary and working hours have been reduced since March 2020. If we discount those who responded that the question was not applicable to them, an extraordinary one third (30%) of applicable respondents saw salary and working hours reduced under the pandemic.

Figure 17 looks in more detail at who says their salary and working hours were reduced, broken down by race, sex, highest level of education completed, and monthly income of the household to which the respondent belongs.

Figure 17: Percentage of applicable respondents who had their salaries and working hours reduced since March 2020, by race, sex, education and income group. Data source: GCRO QoL 6 (2020/21).



Interestingly, the proportion of respondents put on short time and reduced salary does not vary considerably by race, although it is higher at 34% for employed White respondents than for Black African respondents at 29%. It is also intriguing that the proportion affected is larger in the higher income brackets than it is for the two lowest income brackets of R1–R800 and R801–R3 200. The largest proportion of respondents impacted falls in the lower-middle class with a monthly household income of R3 201 to R12 800. A broadly similar pattern can be seen with levels of education, which are known from previous QoL surveys to correlate strongly with

position on the socio-economic ladder.¹ Of applicable respondents with matric qualification or higher, 32% have seen their salaries and working hours reduced since March 2020. By contrast, 23% of working respondents with no education have seen pay and hours reduced. Thirty-two percent of employed men saw reduced hours and pay, compared with 28% for women.

While this may seem to present a picture of wealthier respondents being more affected than those from poorer circumstances, this data needs to be considered together with the results from two other indicators, on job losses and business closures.

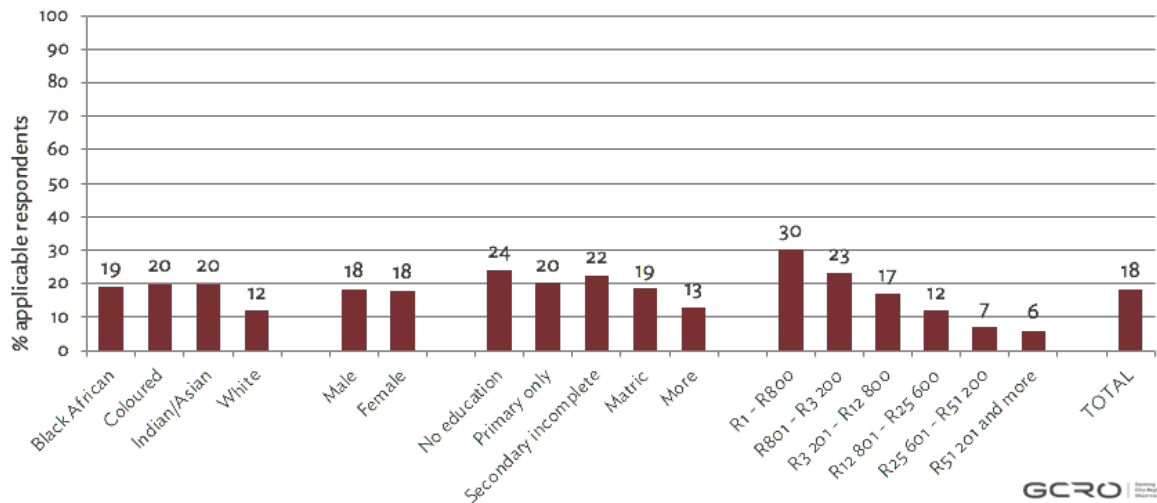
Roughly one in ten (11%) of all respondents said they had lost a job since March 2020. Discounting those who did not previously have a job, almost one fifth (18%) of applicable respondents lost a job at some point during the pandemic.

As shown in Figure 18, all races were impacted by job losses, but White respondents less so than the other population groups. Some 12% of applicable White respondents lost a job, compared to 19% for Black African, 20% for Coloured and 20% for Indian/Asian respondents. There were no marked differences between male and female respondents saying that they had lost a job. Those with a tertiary education seem to have been less affected than those with no or incomplete schooling: 13% of those with higher degrees lost a job since March 2020 compared to a quarter of those with no education.

There is a strong association between job loss and levels of monthly household income, but of course the line of causation is not easy to determine. Thirty percent of those in the lowest income bracket lost a job, compared to 6% in the highest bracket. However, it is not clear whether this means that the poorest households disproportionately suffered from COVID-related job losses, or that job losses drove many who were previously in higher income brackets into poverty. While the latter may seem to be a more logical conclusion, the larger impact on Black African, Coloured and Indian/Asian respondents compared with White respondents, as well as the larger impact on those with lower levels of education relative to those with higher degrees, may indicate that *wealthier households were relatively more shielded from job losses*.

¹ Using QoL V (2017/18) data in evidence, the mean monthly household income of a respondent with no education or only primary schooling is approximately R3 000 per month. A respondent with matric typically has a monthly household income three times that at around R10 000, and someone with a higher education qualification ('more') has three times that again with a mean monthly household income of some R30 000.

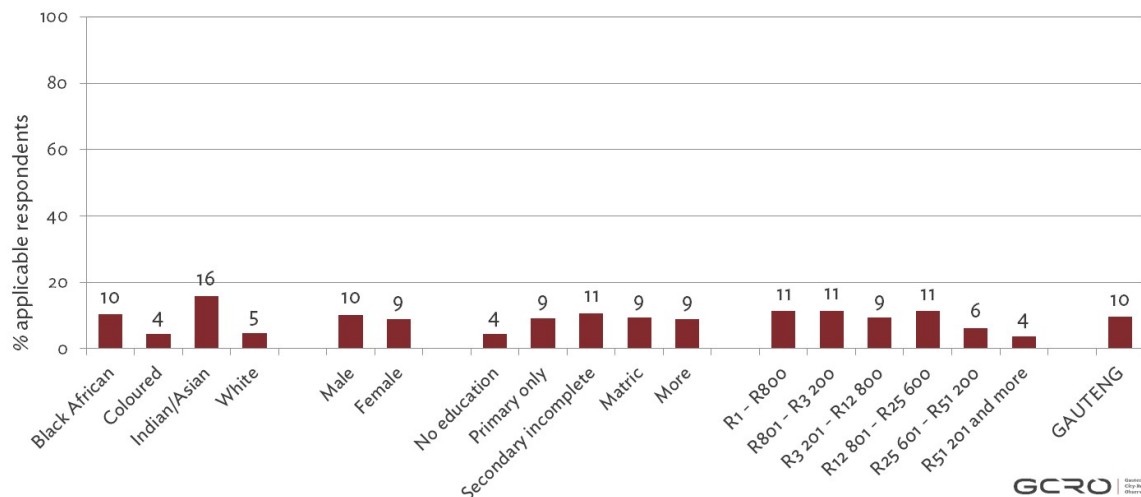
Figure 18: Percentage of applicable respondents who lost a job since March 2020, by race, sex, education and income group. Data source: GCRO QoL 6 (2020/21).



Overall, 4% of respondents say they had to permanently close a business since March 2020. Discounting those who responded that the question was not applicable to them, one in ten respondents closed a business in the pandemic. Again the figures differ markedly by race. Only 5% of applicable White respondents say they permanently closed a business, compared to 10% of Black Africans and 16% of Indians/Asians. The impact of business closures seems to be lower among applicable respondents with no education than among those with more schooling, but the proportion of those with higher education indicating business closures was lower than those with just some schooling or matric.

Eleven percent of respondents in the lowest household monthly income category (R1–R800) shut businesses, compared to just 4% in the highest income category. However, again it cannot be said definitively whether this correlation is because less well-established businesses at the lower end of the economic spectrum – providing more meagre revenues to their owners – suffered a disproportionate impact, or because business closures forced more households previously at higher levels of the economic spectrum into poverty.

Figure 19: Percentage of respondents who had to close a business permanently since March 2020, by race, sex, education and income group. Data source: GCRO QoL 6 (2020/21).



While the evidence is mixed, the data does suggest the following conclusions. First, White respondents and those from wealthier households have seen the greater impact of reduced working hours and salaries (Figure 19). But this is a lesser pain than job losses and business closures, where Black Africans and those on lower rungs of the socio-economic ladder seem to have suffered far more of an impact. Second, while White respondents and those from wealthier households seem to have been relatively more protected from business closures and, especially, employment losses, it cannot be said definitively that the already poor have been disproportionately impacted relative to those in the lower-middle and middle classes. Looking past the ambiguous correlation between loss of livelihood and current income brackets, the fact that those with some education and matric have *also* been heavily impacted by job losses and business closures may indicate that many households previously in the middle of the economic spectrum have been very vulnerable to shocks.

Recovery from job losses and business closures

To examine more closely the issue of who has been more vulnerable, or resilient, in the face of the COVID-19 crisis, we considered the *current* employment status of those who say they lost livelihoods since March 2020. Not all respondents who say they lost a job or permanently closed a business stayed without work. Taking those who lost a job or closed a business as a subsample (n=1 993), 44% indicate that they are now currently working, or have been appointed to a new job and are waiting to start. Fifty percent say they are unemployed and looking for work or have given up looking for work (discouraged work seekers). The remainder, 7%, indicate that they are no longer in the labour market, with the most significant category here being respondents now retired or on pension.

When the current employment status of those who lost a job or closed a business is broken down by race, sex, education and income group (Figure 20), a differential ability of respondents to bounce back from the economic shocks of the COVID-19 period is revealed.

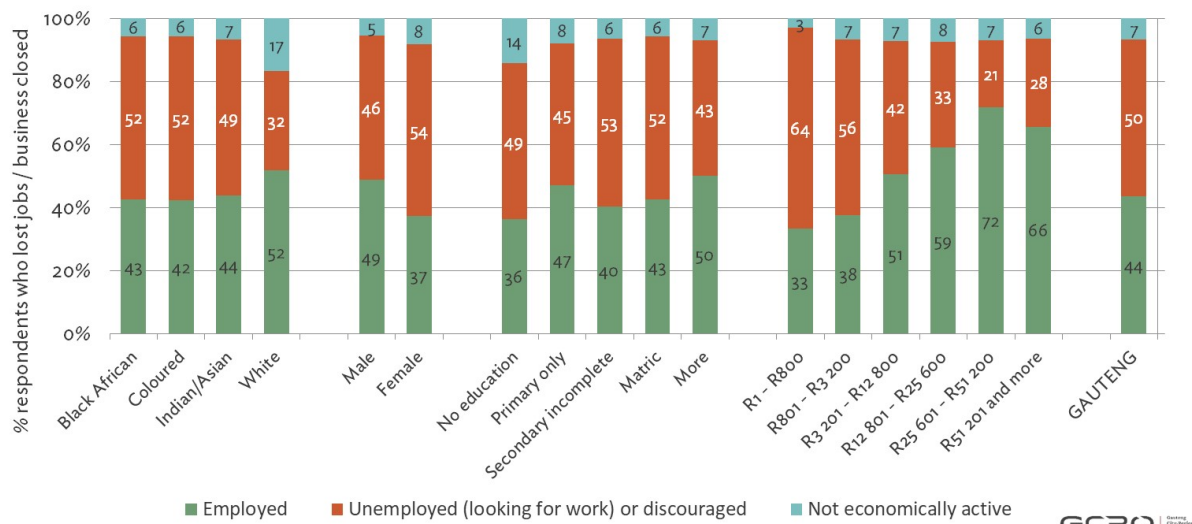
Figure 20 shows that not only did White respondents see lower proportions of job losses and business closures than other population groups, but they were also able to recover more easily. Of White respondents who lost a job or closed a business since March 2020, 52% are currently working, and 32% are unemployed and looking for work or have given up looking for work. By contrast, amongst the same subsample of Black African respondents, 43% are employed and 52% are unemployed. Intriguingly, when compared to other population groups, a relatively large proportion of White respondents who lost a job or closed a business are no longer in the labour market. The largest share of this not economically active category is now on pension.

The proportion of those who lost jobs or closed a business, but are now working, follows a predictable pattern when broken down by income group. Higher monthly household incomes correlate with larger proportions employed and lower unemployment. But again it cannot be said from this analysis whether higher incomes follow a greater ability to find new employment, or whether historically wealthier households have been more resilient. However, cutting the data by education levels – once again, historically a marker of position on the economic spectrum – shows a mixed picture. Indeed, new employment amongst those with tertiary education, at 50%, is significantly higher than among those with no education at 36%. But the employment status of

those who have lost jobs or businesses with only some primary education is better than those with incomplete secondary schooling or matric.

One clear conclusion that can be drawn from this data is that men have been able to bounce back from last year's economic shocks more easily than women. The analysis above showed very little difference between men and women in terms of salary and working hours reduced, jobs lost and businesses closed – if anything, men seemed to be slightly more impacted. But relative vulnerability looks quite different when the current economic status of men and women who have lost livelihoods is compared. Forty-nine percent of men who lost jobs or closed businesses are now working, compared to just 37% of women; and 46% of these men are now unemployed and looking for work, or have given up looking for work, compared to 54% of women. This finding confirms data from the NIDS-CRAM survey which indicates that men have largely recovered their pre-pandemic employment levels while women have not been able to (Casale and Shepherd, 2021).

Figure 20: Current employment status of percentage of respondents who lost a job or had to close a business permanently since March 2020, by race, sex, education and income group. Data source: GCRO QoL 6 (2020/21).



Impacts on time and ability to do work

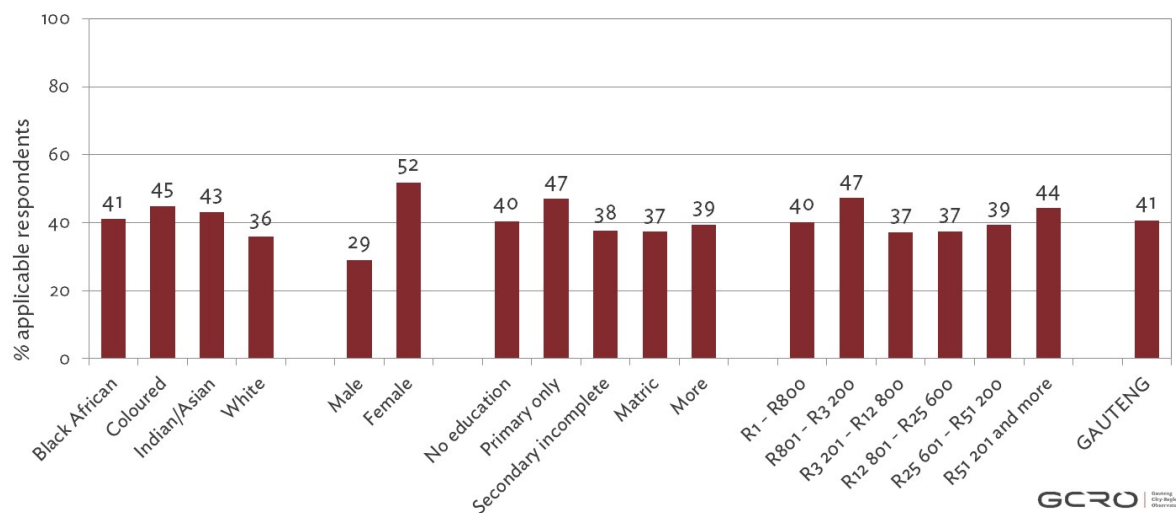
QoL 2020/21 indicates that the COVID-19 period has had other more subtle economic impacts, notably on the time and ability of respondents to do work, and in turn to earn a living. Here the data also shows significant and concerning gender disparities.

We asked respondents whether they had spent more time than usual looking after children or family members since March 2020, and then looked at the responses for those who were economically active – either employed, or unemployed and looking for work. Of all respondents in the labour market, 30% say they spent more time than usual looking after children and family members since March 2020. Counting only those who said this was applicable to them, most likely those with children, this rose to 41%. The proportion of those trying to work or to find work burdened with additional child and family care was lower among White respondents, at 36%, than for other population groups. The proportion was lower for those with more education. The

percentage spending more time than usual looking after dependents did not vary much by income group but, interestingly, the highest income group of R51 201 and above saw a higher proportion than most other categories, at 44%. This is most likely because this category can traditionally afford childcare, which was not available for a number of months under level 5 lockdown.

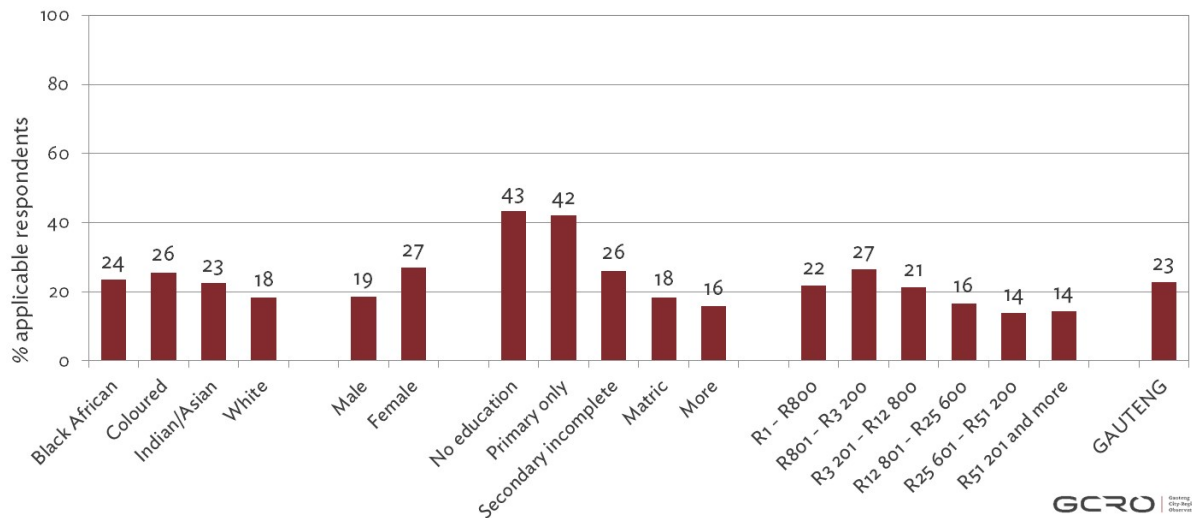
There is a very large difference between economically active men and women in terms of additional time spent looking after dependents (Figure 21). Some 52% of economically active women were affected compared to just 29% of men, indicating that some of the burdens of lockdown fell much more heavily on women. More detail on respondents caring for children and family members is provided in the next section.

Figure 21: Percentage of applicable respondents in the labour market (either employed or unemployed and looking for work) who had to spend more time than usual looking after children and family members since March 2020, by race, sex, education and income group. Data source: GCRO QoL 6 (2020/21).



Interestingly, similar gender disparities can be seen for those respondents who say that their health sometimes or always affects their ability to do their daily work (Figure 22). Twenty-seven percent of women report that their health impacts on daily work compared to just 19% of men. Health impacts on work also appear to have fallen more heavily on those in lower income brackets, with 22% of those in the R1–R800 income category, and 27% in the R801–R3 200 bracket, reporting that health sometimes or always affects their daily work. This compares to 14% in the highest bracket. There were wide disparities between respondents with different levels of education. At over 40%, more than double those with no or little education say their health affects daily work than those with tertiary qualifications at 16%. The most likely explanation for this is that those with little or no education are likely to be older respondents.

Figure 22: Percentage of respondents reporting that health sometimes or always affects daily work, by race, sex, education and income group. Data source: GCRO QoL 6 (2020/21).



Wider socio-economic impacts

To further explore which sections of society had been most affected, the five indicators discussed above can be aggregated into a single basket able to reflect on the depth of ‘direct’ economic impacts felt by different respondents. In turn, this basket of indicators can be used to discern the extent to which those more deeply affected by the crisis have experienced more indirect socio-economic challenges, relative to others not impacted, and also to previous QoL survey results.

Figure 23 lists the five indicators and the percentage of respondents impacted. Note that these are not typical measures associated with households in poverty – such as living in informal dwellings, a lack of key assets, or hunger – as we wanted to discern economic impacts *across the economic spectrum* that were relevant to the last year of crisis wrought by a pandemic. Figure 23 also shows the percentage of respondents impacted by just one of the five factors and the percentage who were burdened more heavily by multiple factors. Just under 45% were not impacted by any of the five factors, which means that 55% were affected by at least one economic impact indicator. Over a third (37%) were impacted by one, and a not insignificant 13% were impacted by two. Approximately 5% were deeply affected by three or more of the five factors.

Figure 24 synthesises the analysis above into a single picture, contrasting the percentage of respondents not impacted with those impacted by either one or two factors, and those more deeply impacted by between three and five factors. It shows that on this basket of five direct economic impact indicators, Black African and Coloured respondents have been more heavily impacted than White or Indian/Asian respondents (although it does need to be noted that 8% of Indians/Asians were more deeply affected by between three and five of the factors). Those with higher levels of education were relatively more economically unscathed on any of the five measures than those with no education or only primary schooling. And combining the measures discussed above makes it clearer that women were more impacted than men – 50% of men did not suffer any impact compared to 40% of women.

Figure 23: Five indicators reflecting direct economic impacts on households, and percentage of respondents impacted by one of more factors. Data source: GCRO QoL 6 (2020/21).

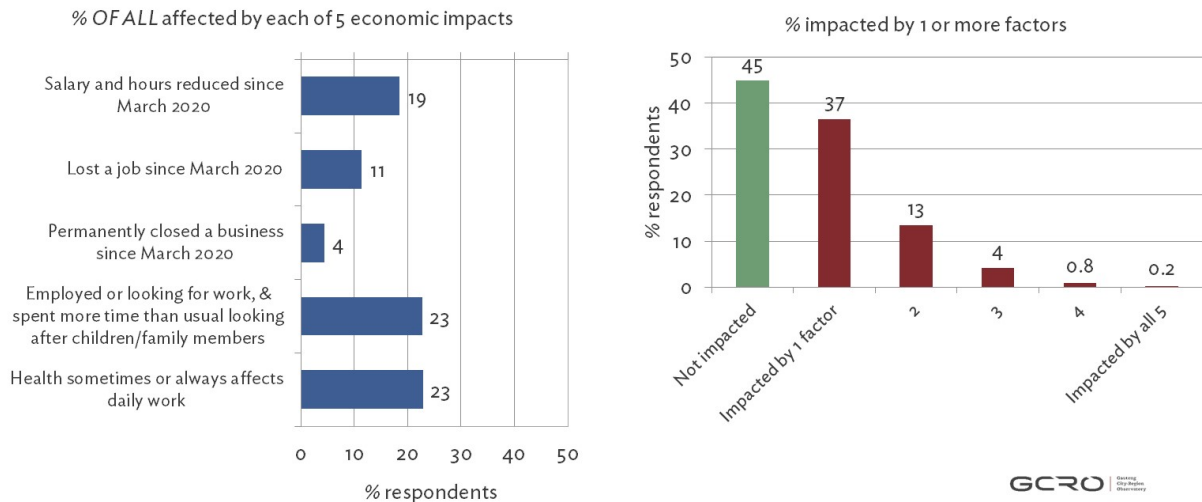
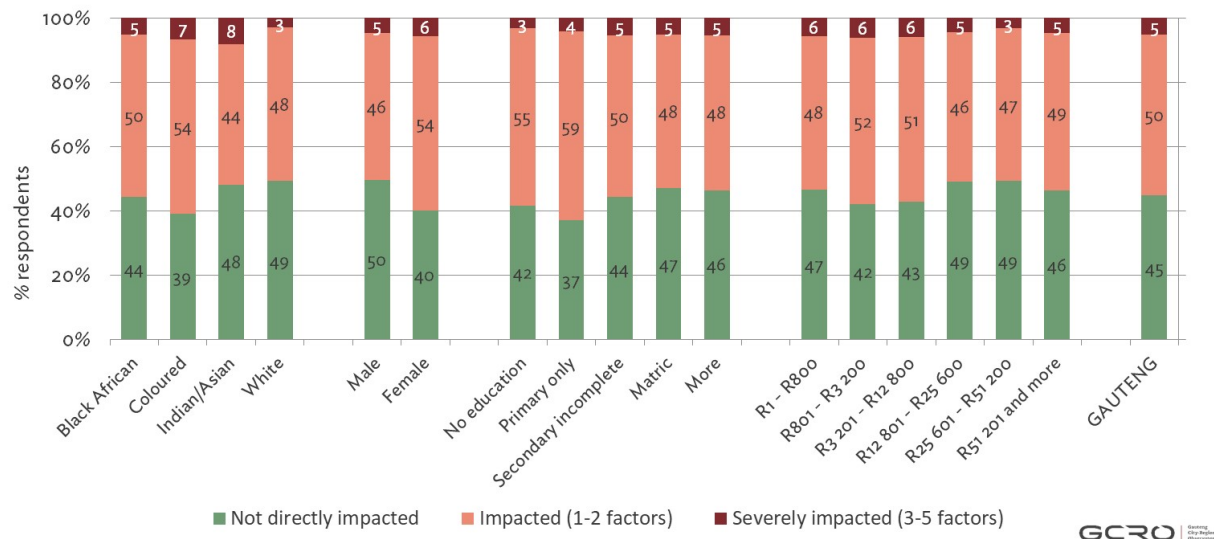


Figure 24: Impact of a basket of five direct economic impacts, by race, sex, education and income. Data source: GCRO QoL 6 (2020/21).



This basket of economic impact indicators then provides a basis for analysing the extent to which those who have been affected directly in some way are experiencing a wider set of secondary socio-economic challenges, relative to those not impacted, and also in comparison to respondents in QoL 2017/18. We looked at a range of financial and economic indicators across the two survey years, and considered differential impacts by income groups, and by those economically impacted or not. The results in Figure 25 (a to d) are indicative of some of the sweeping impacts.

Figure 25(a) shows that in 2017/18, 47% of those who had debt reported that they had missed a debt repayment in the last three months. This already high proportion climbed ten percentage

points to 57% in 2020/21. The largest increases were in the lowest income groups. In 2017/18, 62% of those in the R1–R800 income bracket were struggling to repay debts. In 2020/21, this grew 12 percentage points to 74%. A similar percentage point growth was seen in the lower-middle income band of R3 201–R12 800, where respondents reporting missed repayments grew from 46% to 58%. By contrast, the highest income bracket saw respondents struggling with debt *decrease* from 22% to 17%.

When the picture of who is struggling with debt is further broken down by who has been economically impacted or not, a more nuanced class picture emerges. Overall, it is clear that the higher percentage of those struggling with debt is driven by the respondents who have been economically impacted – 62% of these are struggling with debt compared to just 49% of those not directly impacted. Figure 25a also shows that in the lowest income category those who have been directly economically impacted over the last year are only slightly more likely to say they are struggling with debt than those not impacted. Both groups are very high, at over 70%, but the difference is relatively small compared to the splits seen in the lower-middle and middle income categories. For those in the living wage monthly household income bracket of R3 201–R12 800 per month, there is no difference in the percentage struggling with debt in 2017/18 and those not economically impacted in the last year – both are at 46%. However, the overall percentage of those struggling with debt in 2020/21 is driven up significantly by those who have been impacted economically, at 66%. Similarly, for those in the lower-middle class bracket of R3 201–R12 800, 47% of the economically affected are struggling with debt, compared to 31% of those who have been economically shielded, a figure not much different from the 29% in 2017/18.

Figure 25 (b) shows how the percentage of respondents with unpaid municipal accounts increased overall by three percentage points, but with larger increases in the lower and middle income categories. In the highest income bracket, those with unpaid municipal accounts stayed static at just 6%. However, again the figures differ markedly by whether respondents overall, and in each bracket, have been affected by any of five economic impacts. Overall, the percentage increase has been driven by the 24% of those who have been economically impacted saying they have municipal arrears, compared to the 19% who have remained unscathed and the 18% in 2017/18. Once again, economic impacts relate to wider splits among those in the middle of the economic spectrum. In the living wage bracket of R3 201–R12 800 per month, 24% of those who have suffered economic impacts say they have unpaid municipal arrears, compared to 17% of those shielded – the same proportion as in 2017/18.

In 2017/18, 66% of respondents were dissatisfied or very dissatisfied with the amount of money available to them personally. In 2020/21, this has increased to 78% (Figure 25 (c)). Strikingly, the largest percentage increase was in the middle income bands of R12 801–R25 600, where those dissatisfied rose 22 percentage points from 46% to 68%, and the upper middle band of R25 60–R51 200, where those dissatisfied with available money grew a massive 25 percentage points from 34% to 59%. In these bands, those economically impacted and those not both drove the percentage higher. Intriguingly, in the lowest income band of R1–R800, whether a respondent was economically impacted or not made no difference to the level of dissatisfaction with the amount of money available. Amongst both groups, 89% were dissatisfied.

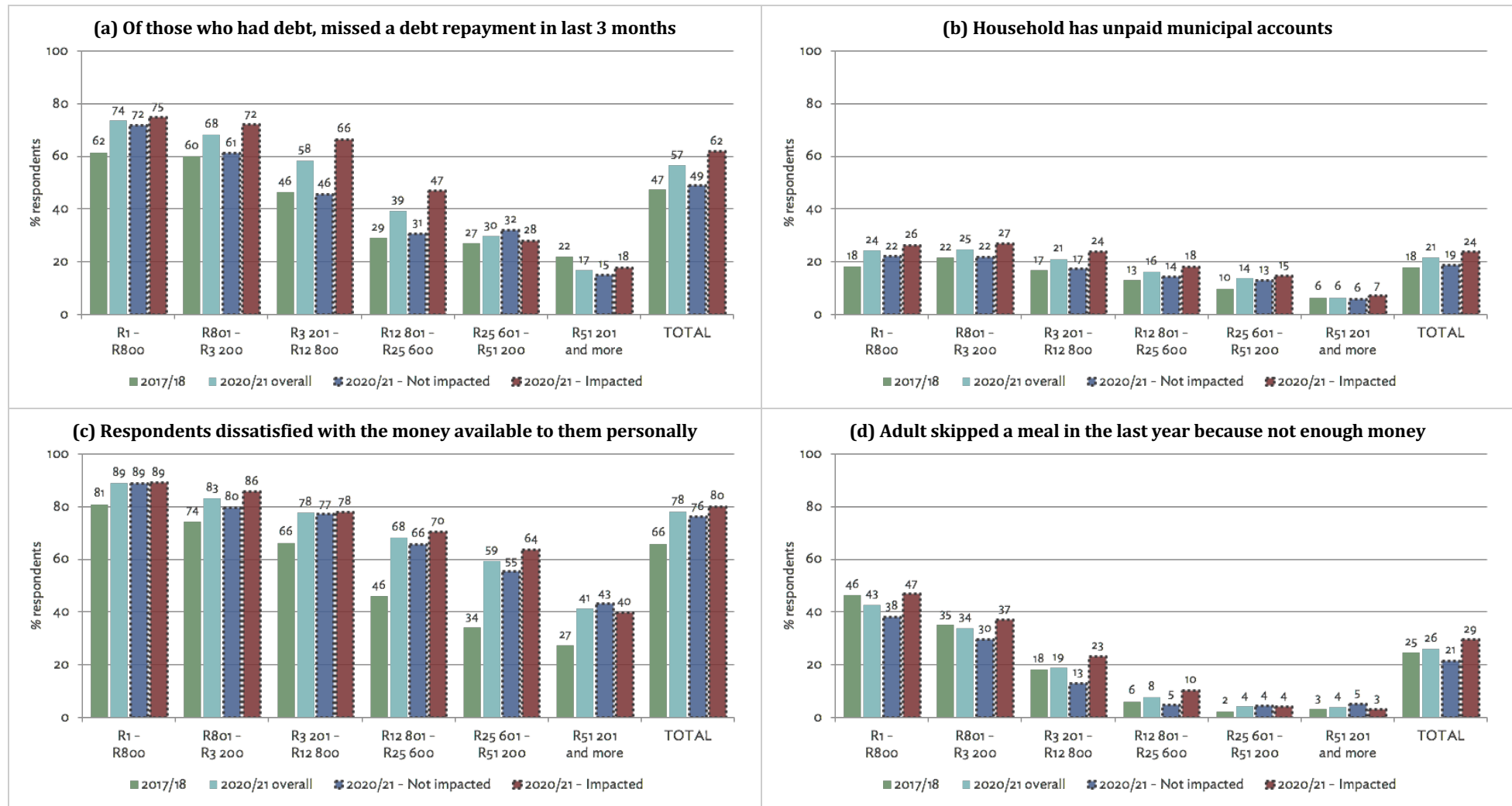
There is an especially notable insight on one particular indicator of COVID-19 socio-economic impacts by income group. One of the clearest measures of poverty is whether a household said

that either adults or children in the households had missed a meal in the past year because there was insufficient money to buy food. Historically, and again in QoL 2020/21, the lower income brackets report the highest levels of skipping meals (Figure 25 (d)). Between 2017/18 and 2020/21, the percentage of respondents saying they or another adult in the household had missed a meal increased only marginally from 25% to 26%. In the lowest income bracket of R1–R800, the percentage fell from 46% to 43% and in the R801–R3 200 bracket, it dropped from 35% to 34%. There were slightly larger increases in the middle income groups, such as a rise from 6% to 8% in the R12 801–R25 600 bracket.

Here too the differences are much starker when the extent to which respondents have been economically impacted is taken into account. Overall, the percentage of adult hunger grew from 25% to 26% because 29% of those who were economically impacted say they or another adult in the household skipped a meal. Of those shielded from economic impacts, a significantly smaller 21% saw adult hunger in their household.

The decrease in adult hunger in the lowest income category is attributable to the 38% of those in this group who suffered no *additional* economic hardship over the last year saying that adults had skipped a meal. But 47% of those who had been economically impacted in this income band report adult hunger, above the 46% overall for 2017/18. A similar situation can be seen in the next lowest income band. The overall decrease in hunger in these low income bands may possibly be explained by the positive impact of the COVID-19 Social Relief of Distress grant and food support provided by governments or NGOs to the most vulnerable (see *Social Relief during the COVID-19 pandemic* section in this Data Brief). But the higher proportion among those who have suffered direct economic impacts over the last year also suggests that this support may not always have reached those who most need it.

Figure 25 (a to d): Indicators of wider socio-economic impacts, by income group, 2017/18 and 2020/21, and by directly economically impacted or not. Data sources: GCRO QoL 6 (2020/21) and GCRO QoL V (2017/18).²



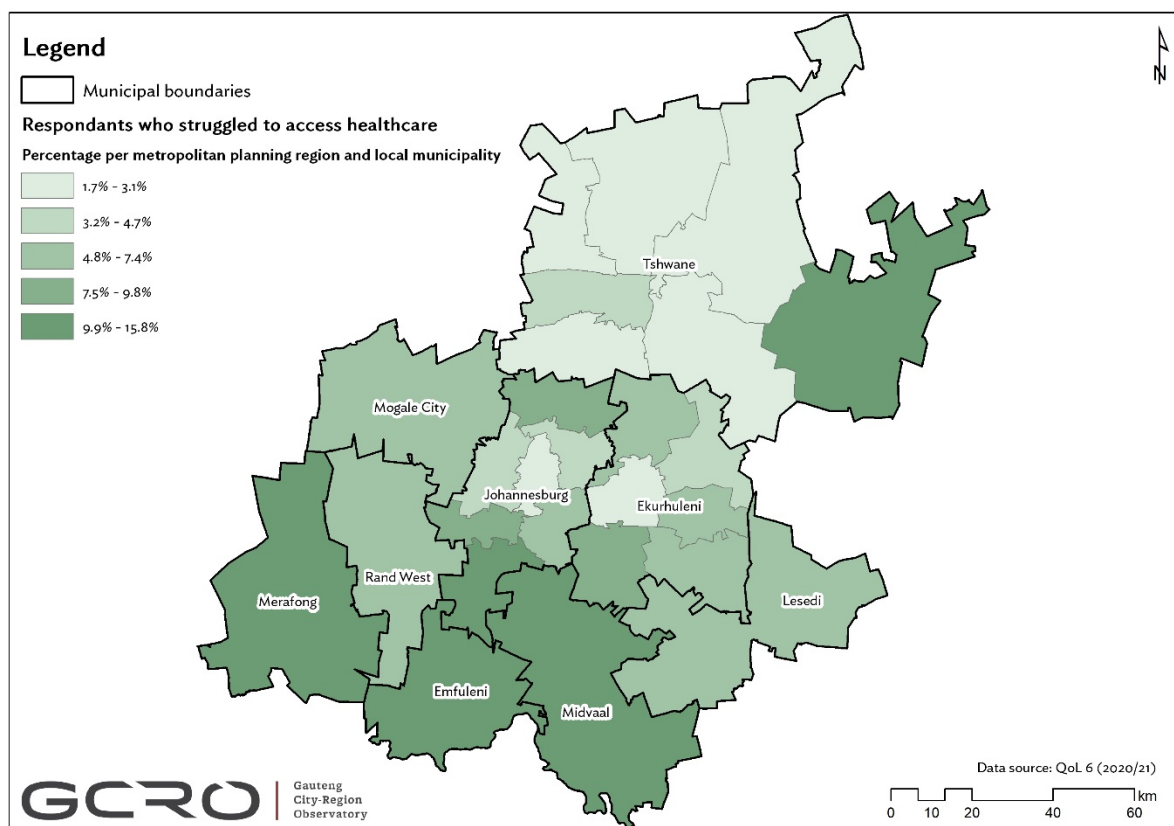
² Note that percentages for the totals in each figure are based on those respondents who shared their monthly household incomes in a voluntary auto-complete section of the survey. Totals would be slightly different if based on ALL survey respondents.

Social impacts of the pandemic on households

Health and well-being

Since March 2020, 7% of respondents have struggled to access healthcare. This varies spatially, where in some planning regions and local municipalities more than 13% of respondents have struggled to access healthcare (Figure 26). Households in the south of Gauteng, Merafong and the far east of Tshwane are the most likely to have struggled to access healthcare. Households centrally located in the metros are the least likely to have struggled to access healthcare.

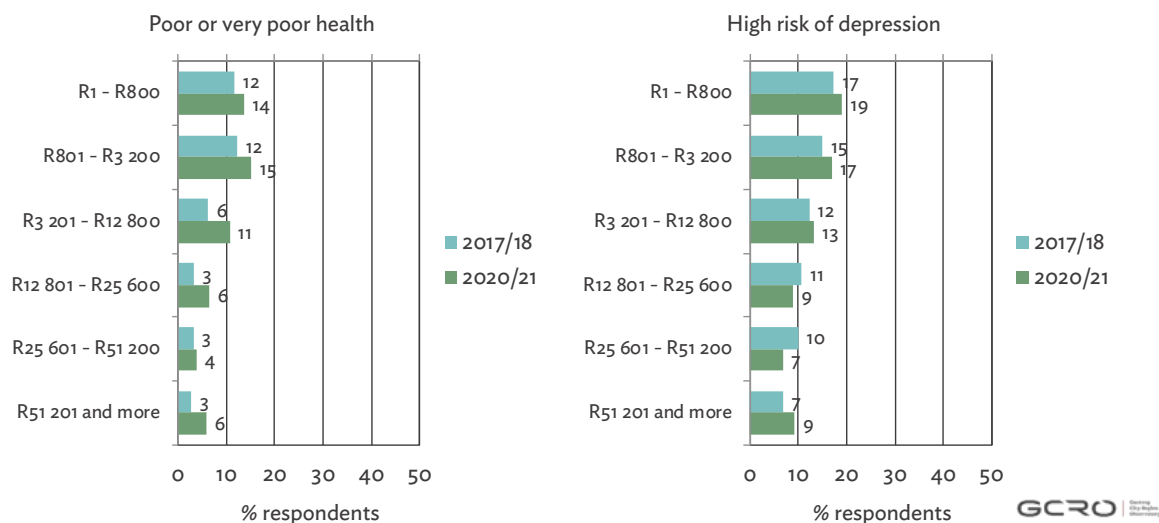
Figure 26: Map of Gauteng showing percentage of respondents who struggled to access healthcare, by metropolitan planning region and local municipality. Data source: GCRO QoL 6 (2020/21).



From April 2020, studies have shown that a substantial proportion of South Africans are experiencing stress during the pandemic (Alexander and Bohler-Muller, 2020a, 2020b). The self-reported health of South Africans has declined and the risk of depression has increased. This is true even for those who we might expect to be more resilient given the resources available to them. Using NIDS-CRAM data, Oyenubi et al.(2021). show that “more poor respondents report bad health relative to the pre-pandemic period” but, unexpectedly, more respondents from higher income households report a greater risk of depression than before, relative to those from poorer households. This is most likely because of the Conservation of Resources theory, which argues that people with more resources or higher incomes are more likely to feel a greater loss of well-being in certain crisis situations (Oyenubi et al.(2021).

QoL 2020/21 data seems to broadly support these findings. Figure 27 compares the percentage of respondents reporting poor or very poor health, and those at high risk of depression, between 2017/18 and 2020/21 by income group. Those with lower incomes have poorer self-reported health and are at higher risk of depression, and this has been exacerbated in 2020/21. Those in the middle and upper middle income categories seemed to be slightly less at risk of depression in 2020/21. But confirming the insights from Oyenubi et al.(2021) it is intriguing that those in the highest income group of R51 201 or more a month reported an increase from 7% at risk of depression in 2017/18 to 9% in 2020/21.

Figure 27: Percentage of respondents' reporting poor or very poor health, and at high risk of depression, by income group, 2017/18 and 2020/21. Data sources: GCRO QoL 6 (2020/21) and GCRO QoL V (2017/18).



QoL 2020/21 data indicates that those respondents who reported struggling to access healthcare were also more likely to report poor health status and be at high risk of depression. Those respondents who struggled to access healthcare since March 2020 were more likely to suffer from poor or very poor health status (22% compared to 11% of those who did not struggle to access healthcare) (Figure 28). Almost one in four respondents (23%) who struggled to access healthcare are at high risk of depression compared to only 13% of those who had no problem accessing healthcare. The reverse is also true. Only 6% of those reporting good or excellent health struggled to access healthcare since March 2020, while 13% of those with poor or very poor health struggled. Of those at low risk of depression 6% struggled to access health care, compared to 12% of those at high risk of depression. The data therefore suggests that a not insubstantial number of people who really needed healthcare in the last year were not able to get it.

Results from the NIDS-CRAM survey waves have shown that people experiencing a risk of depression have shifted over the course of the pandemic and this risk is strongly influenced by hunger (Hunt et al., 2021). This is also reflected in the QoL 2020/21 data. The proportion of respondents with poor or very poor health status and the proportion of those at risk of depression were high when data collection started in October 2020, with risk of depression peaking in

December 2020, just before the peak of the second wave of COVID-19 infections (Figure 29). However, both health conditions showed a gradual improvement over the course of data collection.³

Figure 28: Percentage of respondents' self-reported health status and respondents who struggled to access healthcare in the last year. Data source: GCRO QoL 6 (2020/21).

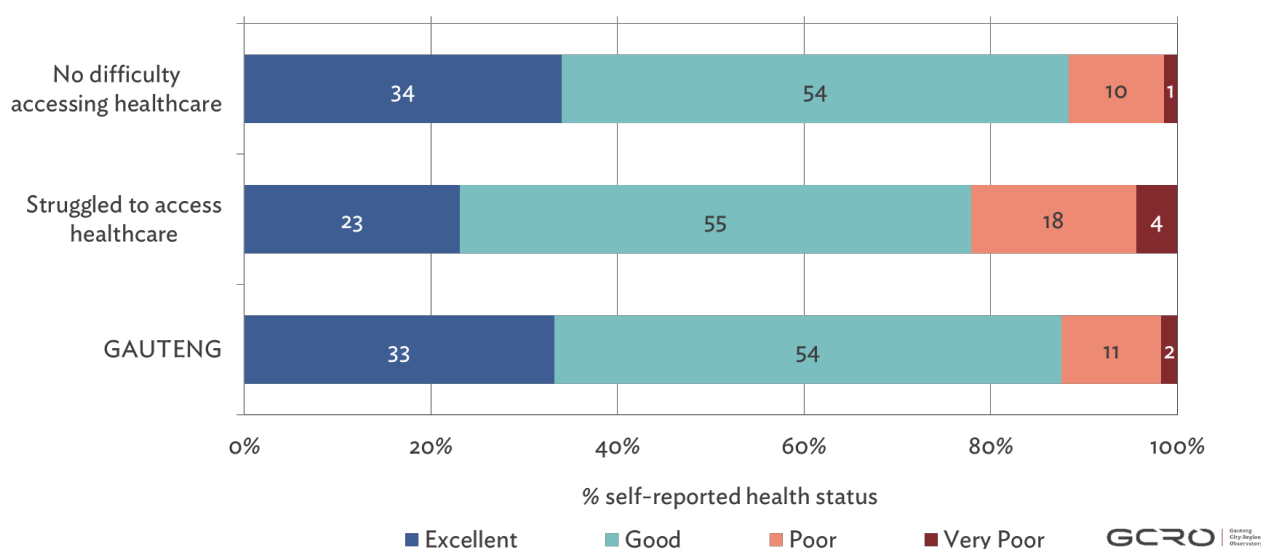
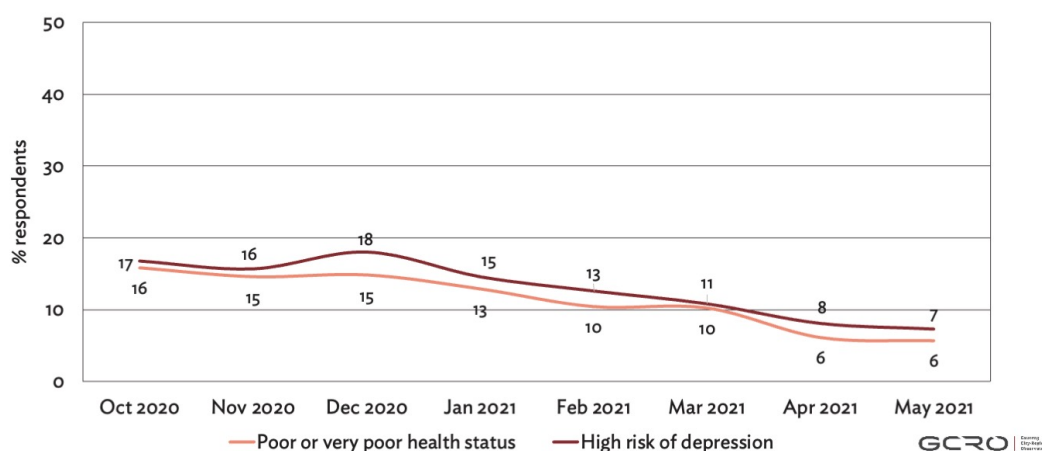


Figure 29: Percentage of respondents' poor or very poor health status and respondents experiencing a high risk of depression over the duration of data collection. Data source: GCRO QoL 6 (2020/21).



Increasing care of children and other family members

As noted in the section on household responses, more than a quarter of respondents (28%) reported that they had spent more time than usual looking after children or other family members since March 2020 and just less than a third of respondents (29%) indicated that they did not have family caring commitments. The additional caring of relatives has fallen disproportionately to women, with 50% of female respondents with family commitments spending more time on caring for relatives than male respondents (28%). This reflects findings from other studies that show that while both

³ The progress with fieldwork varied between 803 and 4 104 interviews per month. Although these samples per month provide statistically valid results, they might not be representative of all areas and population groups.

men and women are spending more time on household chores and caring for children, a greater proportion of women are bearing the burden of these additional activities in South Africa (Casale and Shepherd, 2021; Fraym, 2021). This has impacted adults caring for children most during school closures but has disproportionately affected women's ability to work or look for work (Casale and Shepherd, 2021).

Although our question was inclusive of family members as well as children, our data suggests that the increase in time on care was focused on children.

Figure 30 shows that the proportion of respondents spending more time caring for children or family members increases with the number of children in the household. Similarly, multigenerational households and households with children had the highest proportions of respondents spending more time caring for children or family members than other household configurations (Figure 31).

Figure 30: Percentage of respondents who spent more time caring for family members in the last year and the number of children (under age 18) in the household. Data source: GCRO QoL 6 (2020/21).

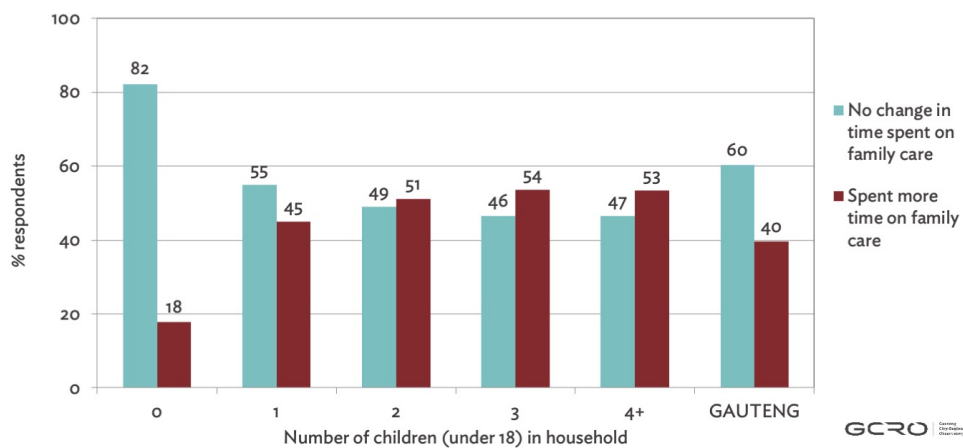
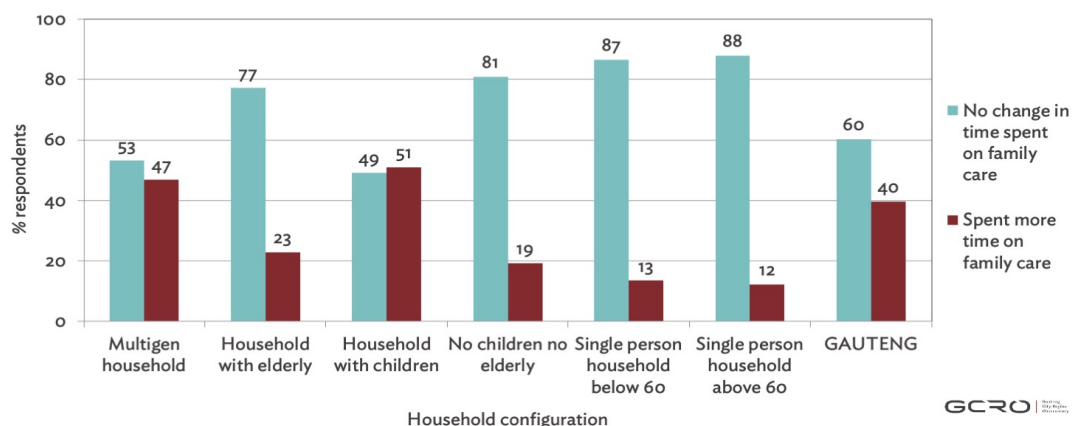


Figure 31: Percentage of respondents who spent more time caring for family members in the last year and the household configuration. Data source: GCRO QoL 6 (2020/21).



The QoL 2020/21 data suggests a relationship between caring for children and other family members and the self-reported health status and mental health of respondents. Fourteen percent of respondents who spent more time than usual caring for children or other family members report a

poor health status, three percentage points higher than respondents who did not have this additional burden (11%) (**Figure 32**). Similarly, 16% of respondents who spent more time caring for children or other relatives were at risk of clinical depression, three percentage points higher than respondents who were not doing additional care work (13%) (Figure 33).

Figure 32: Percentage of respondents who spent more time caring for family members in the last year and self-reported health status. Data source: GCRO QoL 6 (2020/21).

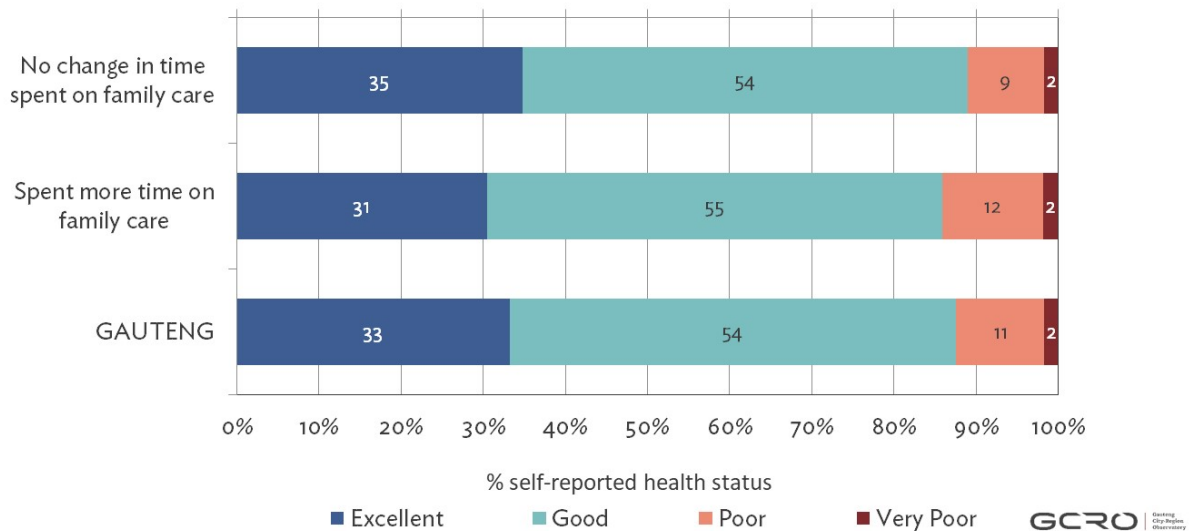
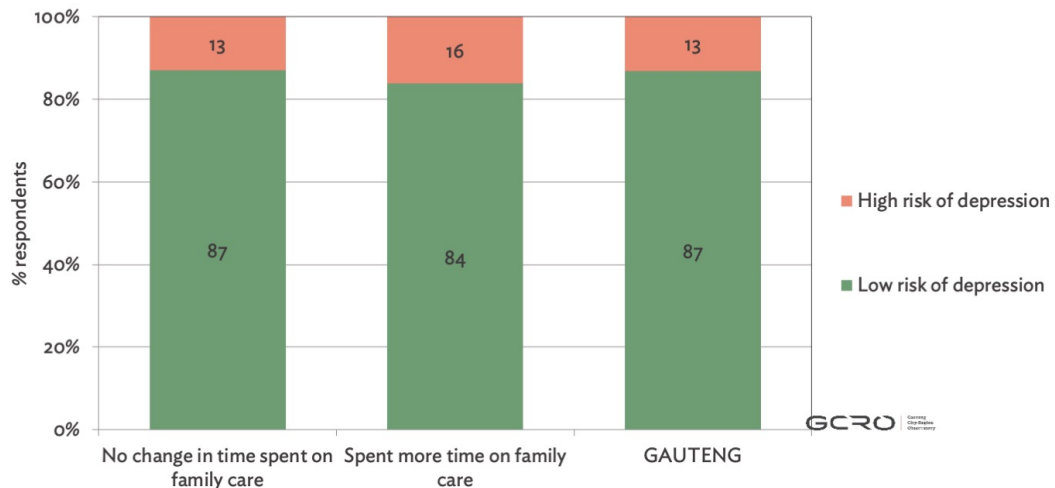


Figure 33: Percentage of respondents who spent more time caring for family members in the last year and risk of depression. Data source: GCRO QoL 6 (2020/21).



Social relief during the COVID-19 pandemic

Social relief has been a very important safety net during the COVID-19 pandemic, especially for marginalised groups in society. In Gauteng, 35% of QoL 2020/21 respondents applied for the COVID-19 Social Relief of Distress (SRD) grant that the government introduced and 67% of those who applied received the grant (Figure 34). Black African respondents (40%) and Coloured respondents (46%) were the most likely to apply for the SRD grant. Only 17% of Indian/Asian respondents and 7% of White respondents applied for the grant. Although the applications for the SRD grant were not distributed evenly across population groups, those who received the grant were distributed evenly among population groups. Of households where adults applied for the grant, the proportion receiving the SRD grant was more evenly distributed on the basis of the respondent's population group: 68% of Black African respondents reported someone receiving the grant, compared to 62% of Coloureds, 60% of Indians/Asians and 55% of Whites.

Additional household characteristics provide further insight into who was in need of the SRD grant. Female-headed households (40%) were more likely to apply for the SRD grant than male-headed households (31%) but no more likely to receive the grant. This is most likely because existing grant recipients were not awarded SRD grants and many female-headed households already receive childcare grants. Single-person households over the age of 60 were least likely to apply for the SRD grant (5%) compared to 45% of multigenerational households. Again, the distribution of the awarded grants was more or less even across the different household configurations.

In addition to the distribution of the SRD grant, 13% of respondents indicated that they received food support from the government or an NGO since the pandemic started in March 2020 (Figure 34). The food support that was provided to respondents was mostly provided to Black African and Coloured households – which are the two population groups in Gauteng who are the most likely to skip meals and be food insecure (Maree, 2021) (Figure 35).

Figure 34: Percentage of respondents who received social relief during the COVID-19 pandemic. Data source: GCRO QoL 6 (2020/21).

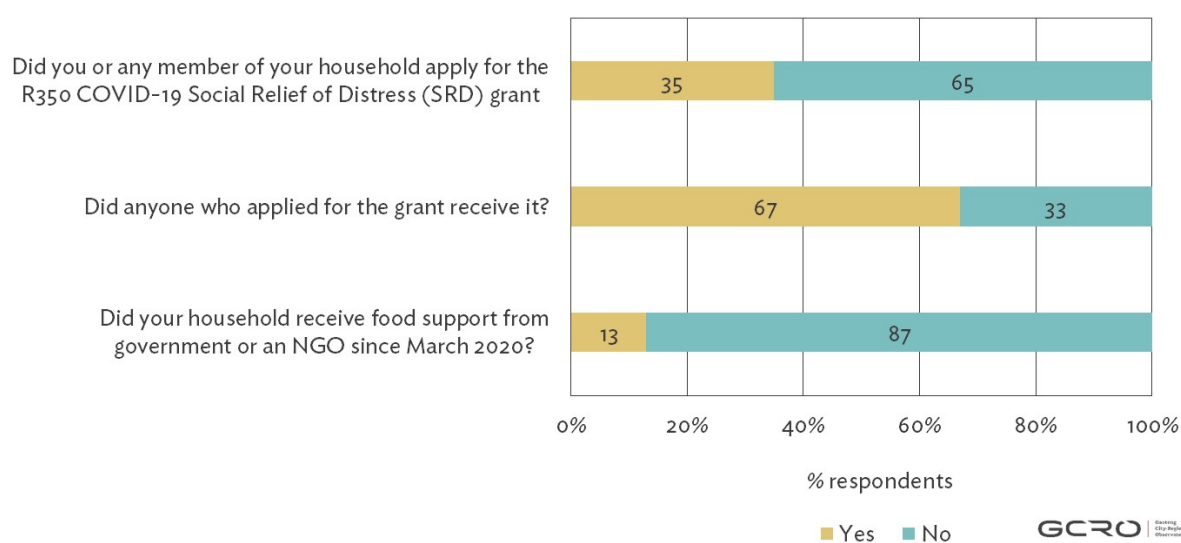
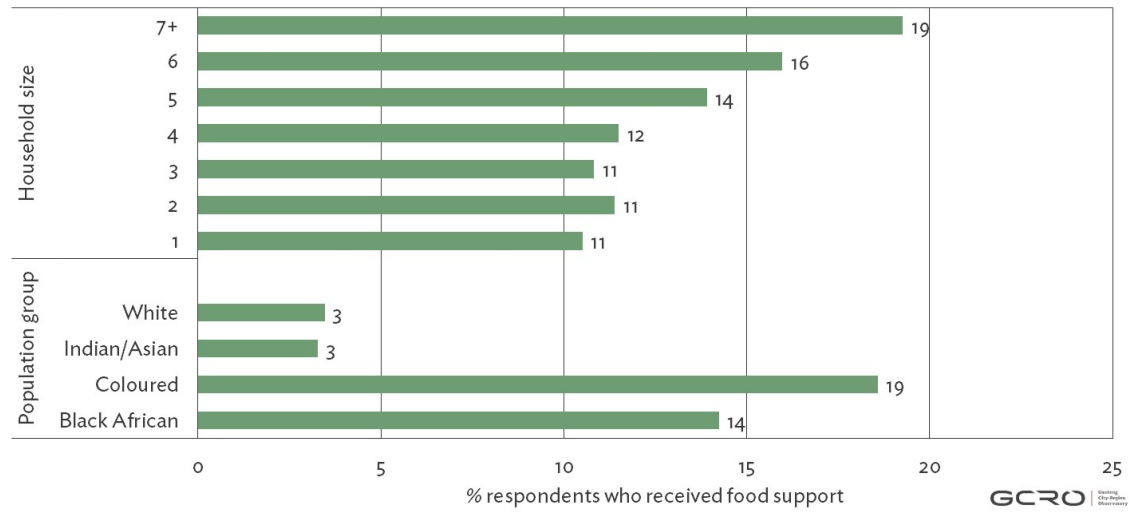


Figure 35: Percentage of respondents who received food support from the government or an NGO during the COVID-19 pandemic, by population group and household size. Data source: GCRO QoL 6 (2020/21).



Satisfaction with government responses to the COVID-19 pandemic

Sixty-two percent of respondents are satisfied with the way in which government responded to the COVID-19 pandemic and 27% of respondents are dissatisfied (Figure 36). This level of satisfaction is much higher than satisfaction with government in general – for example only 33% of respondents are satisfied with national government. There are some variations between municipalities in Gauteng. In Lesedi (32%), Emfuleni (31%), Rand West (29%), Tshwane (28%), Ekurhuleni (28%) and Midvaal (28%), the proportion of respondents who are dissatisfied with the way the government responded to the COVID-19 pandemic is higher than the provincial average (27%). The lowest proportion of dissatisfied respondents is in Merafong (23%). There are also variations within the metropolitan municipalities (Figure 37). Dissatisfaction with the way in which government responded to the COVID-19 pandemic was somewhat higher in the southern region of Tshwane, the southern region of Johannesburg and the eastern region of Ekurhuleni. Dissatisfaction was relatively low in the central (and more affluent) regions of Johannesburg.

Figure 36: Percentage of respondents who are satisfied with the way in which the government responded to the COVID-19 pandemic and with the national government in general. Data source: GCRO QoL 6 (2020/21).

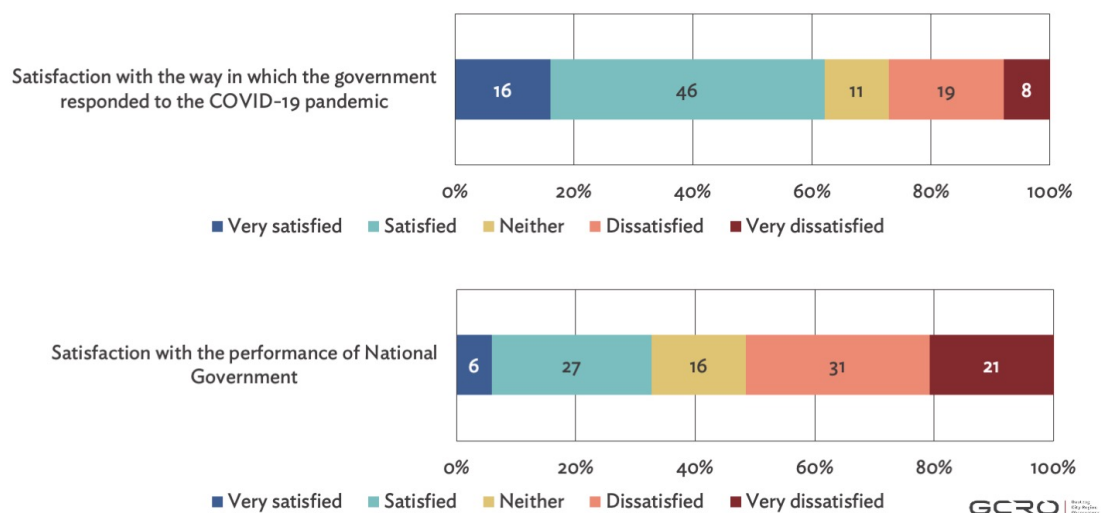
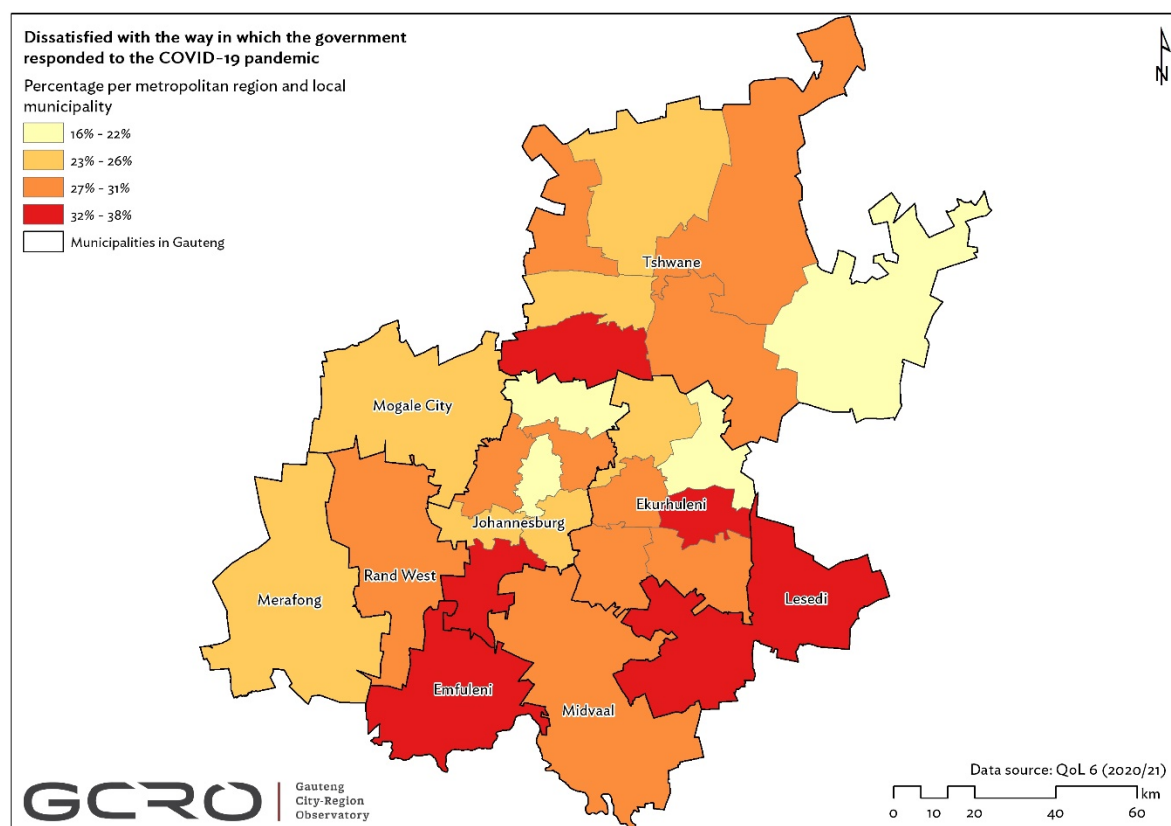


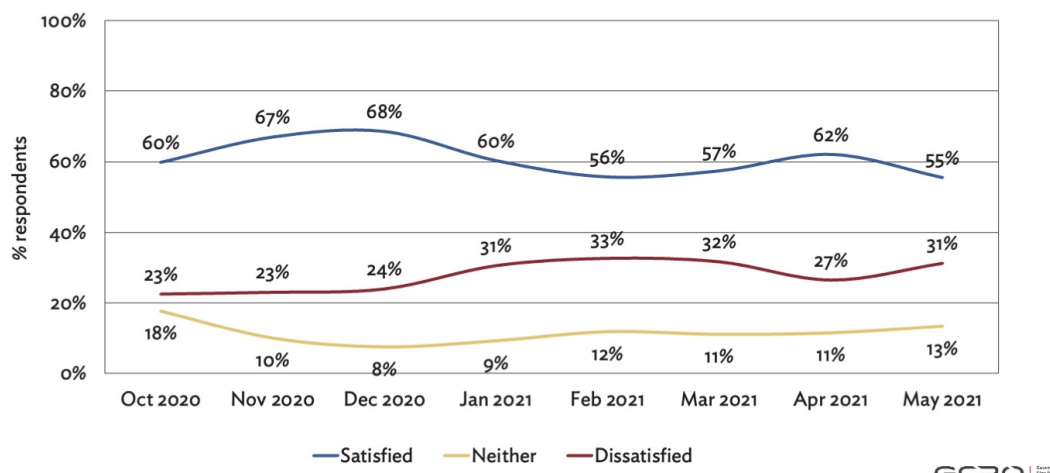
Figure 37: Map of Gauteng showing percentage of respondents who are dissatisfied with the way in which the government responded to the COVID-19 pandemic, by metropolitan planning region and local municipality. Data source: GCRO QoL 6 (2020/21).



However, satisfaction with the way in which the government responded to the COVID-19 pandemic has varied during data collection for QoL 2020/21⁴ while satisfaction with the national government in general has remained more consistent during data collection. During the earlier periods of data collection, in October 2020, 60% of respondents were satisfied with the way the government responded to the COVID-19 pandemic, 23% of respondents were dissatisfied and 18% of respondents responded with 'neither' (Figure 38). Thereafter, 'neither' responses remained stable while satisfaction and dissatisfaction mirrored each other. Satisfaction increased in November and December 2020 but decreased substantially when the second wave was at its peak and vaccination strategies were not yet in place, in January and February 2021. When the intensity of the second wave subsided, satisfaction increased, only to decrease again in May 2021.

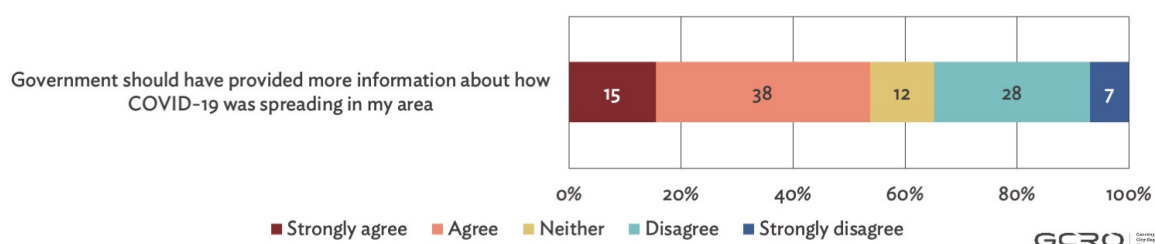
⁴ The progress with fieldwork varied between 803 and 4 104 interviews per month. Although these samples per month provide statistically valid results, they might not be representative of all areas and population groups.

Figure 38: Percentage of respondents who are satisfied with the way in which the government responded to the COVID-19 pandemic, over the duration of fieldwork. Data source: GCRO QoL 6 (2020/21).



Respondents were also asked whether they feel that the government should have provided more information about how COVID-19 was spreading in their area (Figure 39). Fifty-three percent of respondents agree that the government should have provided more information about COVID-19 in their area and 35% of respondents disagree. These opinions also varied as satisfaction with the government's response to the COVID-19 pandemic varied. When satisfaction was low (and when the COVID-19 cases were increasing rapidly), more respondents agreed that the government should provide information about how COVID-19 was spreading in their area. Opinions about this also varied significantly by income group and highest education level. Sixty-six percent of respondents with no education agree that the government should have provided more information about how COVID-19 was spreading in their area, compared to 47% of respondents with tertiary education qualifications. Similarly, 54% of respondents from households earning less than R800 per month agreed, compared to 39% of respondents from households earning more than R51 201 per month. This might suggest that wealthier respondents are able to gather their own information and therefore do not rely as much on the government to provide information about how COVID-19 was spreading in their area.

Figure 39: Percentage of respondents who agree the government should have provided more information about COVID-19. Data source: GCRO QoL 6 (2020/21).



Conclusions and implications

The COVID-19 pandemic has undoubtedly had a profound impact on the Gauteng City-Region. The 2020/21 iteration of QoL has allowed us to understand some of those impacts. The longitudinal data it provides not only offers a snapshot during the pandemic, but also affords a deeper and more nuanced perspective of how the pandemic has shaped changes over time. As such QoL 2020/21 is a rich source of information for both research and policy-making in Gauteng.

Only a relatively small proportion of respondents reported having COVID-19 in their households (2.7% up to the end of May 2021). When extrapolated to all households in the province, this figure aligns with the official count of COVID-19 cases in Gauteng to the same date. However, 2.2% of respondents indicated that they could not access testing when it was needed. This together with other findings – such as those on how respondents struggled to access healthcare – suggests that the official COVID-19 data does not represent the full extent of how the pandemic has spread in Gauteng.

In March 2020, the GCRO released two maps of expected vulnerability to social distancing and the broader impact from lockdowns (de Kadt et al., 2020). A year later, the data from QoL 2020/21 has shown that such pre-existing vulnerabilities have indeed shaped the ability of households to adapt to, cope with, or shield themselves from the impact of the pandemic.

There have been large shifts in behaviour of households in response to the pandemic and to the lockdown restrictions. Most respondents say they avoided public gatherings, 41% kept children away from school, and 35% changed how they purchased groceries. Patterns of transport shifted significantly with fewer respondents travelling to work, and with shorter, more localised trips.

The economic impact has been extensive, with many respondents having their salaries and working hours reduced or losing a job. These impacts have been widespread, but not everyone has been equally affected. In many ways, the COVID-19 pandemic has exposed and exacerbated existing inequalities around wealth, race and gender. The data suggests that White respondents, those with higher levels of education, and those from wealthier households have been better able to shield themselves from the more severe economic impacts than those with a lower socio-economic status. Indeed, government has put in place significant social safety nets, with many households benefiting from the Social Relief in Distress (SRD) grants or food parcels. However, there are indications that this support may not always have reached those who most need it. Those who were most vulnerable before the pandemic may find themselves even more vulnerable now. And we must also pay attention to evidence that middle income groups have also been very seriously affected. Many of those who weren't in poverty before, who were clinging tenuously to the middle rungs of the class ladder, seem to have been knocked back into poverty.

The COVID-19 pandemic has had far reaching gendered impacts and has threatened progress on gender equality. GCRO research into COVID-19 has shown that more women than men have tested positive to COVID-19 in Gauteng and that women are more vulnerable to the impacts of the pandemic (Parker et al., 2020). QoL 2020/21 data supports findings from the NIDS-CRAM survey which highlighted that women suffered more job losses at key points in the pandemic, and were less able to recover employment (Casale and Posel, 2020). QoL 2020/21 data has also shown that men have been able to bounce back from last year's economic shocks more easily than women. It also

reveals that the burden of care has fallen disproportionately on women. This suggests implications for women trying to enter and stay in the labour market. It is also worth noting that while the SRD grant has been an important safety net, many women were excluded as they were already receiving a child support grant on behalf of their children (Vogel et al., 2021). The data highlights the pressing need for gender-responsive policy and programme development.

QoL 2020/21 data has shown that there is decreasing satisfaction with public healthcare services and a significant increase in the proportion self-reporting poor health status, from 7% in 2018 to 12% in 2021 (Mkhize et al., 2021). Black Africans and women are most likely to report poor health. Just as important is the impact on mental health. QoL 2020/21 data has provided insight into the significant increase in the proportion of respondents at risk of depression. The data also indicates that there is a not insubstantial number of people with poor health, or who may be at risk of depression, who are struggling to access healthcare.

COVID-19 has had a severe and marked impact on the trajectory of quality of life in the Gauteng City-Region. The pandemic is likely to influence lives and livelihoods for many years to come. The path to recovery from the pandemic and its socio-economic impacts will require careful attention to previous and new vulnerabilities – with many individuals and households under severe strain and with limited capacity to cope with any additional pressures – and how this has exacerbated and fostered inequalities in the Gauteng City-Region.

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