

COVID-19, inequality, and the intersection between wealth, race, and gender

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As this special issue goes to press, the COVID-19 pandemic will likely continue to be devastating communities, societies, and economies globally. This pandemic has touched all of humanity, forcing us to acclimate to a strange ‘new normal’ that belies our very nature – relatedness. The pandemic has compelled us to maintain physical distance, to wear masks that indelibly affect our ability to connect and communicate, to forsake rituals and rites of passage that anchor us, and for many of us, to lose loved ones, colleagues, and livelihoods. As with many disease outbreaks, the COVID-19 pandemic has exposed global and national fractures between the rich and the poor, the disadvantaged, and the privileged. It has spotlighted the glaring inequities in access to healthcare and highlighted the dire consequences of insufficiently investing in public health infrastructure and human resources. It has revealed how the responses of those in power and governance have impacted (in some cases positively, and in others, negatively) on the health and livelihoods of citizens globally. Very importantly, it has exposed how historical and systemic inequalities have continued to disadvantage communities and forefronted the risks inherent in the climate crisis.

A recent Oxfam report titled ‘The Inequality Virus’ details how the COVID-19 virus has ‘exposed, fed off and increased existing inequalities of wealth, gender and race’ (Oxfam, 2021). While the world’s richest individuals and companies have already witnessed a financial recovery, for the world’s poorest individuals – the majority – economic recovery to pre-pandemic levels could take more than a decade (Oxfam, 2021). For those working in the informal economy, and in caring roles (predominantly women), the economic fallout has been pronounced (United Nations, 2020).

Individuals most at risk include older people, people living with disabilities and pre-existing illnesses, as well as those living in poverty (United Nations, 2020). The Statistics South Africa Vulnerability Index (VIndex) uses 2011 census data to describe spatially and statistically the vulnerability status of South Africans to COVID-19 (Statistics South Africa, 2020). At-risk populations include (1) people who live in poverty-stricken environments which negatively affect sanitation and health, (2) people living in multi-generational dwellings where extended families reside in a single home, and (3) those living in informal settlements and crowded environments which makes physical distancing more difficult

(Statistics South Africa, 2020). Black South Africans are disproportionately exposed to all of these risks.

When the South African government imposed lockdowns as a public health measure to reduce viral transmission, rich and middle-class South Africans could take sanctuary in their homes, while poor, predominantly Black South Africans, were forced to take shelter in cramped and unsanitary conditions which made physical distancing impossible. Police and the South African National Defence Force (SANDF) were predominantly deployed to ensure compliance with lockdown regulations in densely populated poor Black areas which continue to reflect racist apartheid era spatial planning (Harrisberg, 2020). Within months of the lockdown, 11 people (all Black men) had succumbed during the course of police action and Collins Khoza died after a period of detention by the SANDF (Haffajee, 2020). The intersections between blackness, risk of communicable diseases, and violence have been articulated elsewhere (Bowman, 2020; Pillay, 2020).

Twenty-seven years into democracy, factors such as race, gender, socioeconomic and family background, and the presence of a disability indelibly affect the lives of South Africans. It is a sad reality that historical generational inequalities continue to manifest and the 'lives and expectations of millions of people are largely determined by their circumstances at birth' (United Nations, 2020). The vestiges of colonialism and patriarchy are ever present and continue to colour the daily lives of South Africans and indeed millions across the globe.

The scramble for vaccines has seen low- and middle-income countries battling to access vaccines, while some high-income countries secured a majority of vaccines before completion of the clinical trials (Callaway, 2020). Vaccine nationalism, layered on narrow nationalist thinking in many countries, has impugned any global efforts to respond to the pandemic. The virus is more likely to mutate the more people become infected, and these mutations are more effective at evading the immune response induced by the vaccination (Khan, 2021). Reports that in Brazil, 1300 babies have died from the virus (Passarinho & Barrucho, 2021) disrupts the notion of adult population immunity. If some countries vaccinate their populations, and others are unable to, the likelihood is that mutations from countries where the virus is unchecked will become dominant and 'escape' back to countries who have rolled out vaccinations (Khan, 2021). This vortex of infection and cross-infection guarantees that no community or society is safe until all of us, everywhere are equally safe. Equitable access to vaccines globally is therefore both a human rights issue and a public health concern.

In the context of women's sexual and reproductive health, it was noted as early as August 2020 that the United Nations Population Fund anticipated up to 7 million unwanted pregnancies worldwide due to lockdown regulations and travel restrictions that prevented access to sexual and reproductive health services (Cousins, 2020). In a report issued in August 2020, Marie Stopes International, who provide women's reproductive healthcare in 37 countries, note that because of disruptions in reproductive healthcare between January and June 2020, 1.9 million fewer women received their services, which they estimate will lead to 1.5 million unsafe abortions, 900,000 unintended pregnancies, and 3100 maternal

deaths (Marie Stopes International, n.d.), while in Poland abortion has been criminalised. Closer to home, due to the lockdown restrictions, and limits to 'essential' healthcare services, many South Africans did not access basic health services such as screening, testing and treatment for STIs, reproductive cancers, HIV, and abortions. Access to contraceptives and antenatal care visits have declined with disastrous effects (Spotlight, 2020).

During emergencies, there is an escalation of violence against women, due to changes in access to services, social networks, and stress (World Health Organization, 2020). For many women, the lockdown regulations meant that they were trapped in homes with their abusers. In South Africa, between October and December 2020, 12,218 cases of rape were reported to the police, with over 4900 of these cases occurring either at the home of the complainant or the accused (Republic of South Africa, 2021). Globally, in their lifetime, 1 in 3 women have experienced sexual and/or physical violence by an intimate partner or other perpetrator (World Health Organization, 2020). Despite efforts to achieve gender equality through law reform and structural changes, worldwide, women continue to have disproportionate opportunities to achieve financial independence, personal development, autonomy, and education. The COVID-19 pandemic has accentuated this social inequity. The United Nations call for the Sustainable Development Goals 2030 Agenda, 'leaving no one behind' (United Nations, n.d.), is rendered ineffective by the pandemic and its mismanagement by many leaders.

Tackling inequality in all its forms is vital to the realisation of human rights and social justice in our time. The need for transformative policies that allow for a more sustainable, equitable, and inclusive redistribution of power and resources is resounding and much has been written about what is required to achieve these goals (Oxfam, 2021; United Nations, 2015). If we are to learn any lessons from COVID-19, it is clear that there is a disconnect between individual interests and common interests. Perhaps we need to heed the prophetic words of Nelson Rolihlahla Mandela (12 July 2008):

If a ninety-year-old may offer some unsolicited advice on this occasion, it would be that you, irrespective of your age, should place human solidarity, the concern for the other, at the centre of the values by which you live.

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References

Bowman B. (2020). On the biopolitics of breathing: Race, protests, and state violence under the global threat of COVID-19. *South African Journal of Psychology*, 50(3), 312–315. <https://doi.org/10.1177/0081246320947856>

Callaway E. (2020). The unequal scramble for coronavirus vaccines — by the numbers. *Nature*, 584, 506–507. <https://www.nature.com/articles/d41586-020-02450-x>

- Cousins S. (2020). COVID-19 has ‘devastating’ effect on women and girls. *The Lancet*, 396, 301–302. [https://doi.org/10.1016/S0140-6736\(20\)31679-2](https://doi.org/10.1016/S0140-6736(20)31679-2)
- Haffajee F. (2020, June 1). Ramaphosa calls 11 lockdown deaths and 230,000 arrests an act of ‘over-enthusiasm’ – Really! *Daily Maverick*. <https://www.dailymaverick.co.za/article/2020-06-01-ramaphosa-calls-11-lockdown-deaths-and-230000-arrests-an-act-of-over-enthusiasm-really/#gsc.tab=0>
- Harrisberg K. (2020, June 12). Coronavirus exposes ‘brutal inequality’ of South Africa townships. *Reuters*. <https://www.reuters.com/article/us-health-coronavirus-safrica-housing-tr/coronavirus-exposes-brutal-inequality-of-south-africa-townships-idUSKBN23J2BS>
- Khan A. (2021, February 7). *What is ‘vaccine nationalism’ and why is it so harmful?* <https://www.aljazeera.com/features/2021/2/7/what-is-vaccine-nationalism-and-why-is-it-so-harmful>
- Marie Stopes International. (n.d.). *Our response to the COVID-19 crisis*. <https://www.msichoice.org/covid-19/>
- Oxfam. (2021, January 25). *The inequality virus: Bringing together a world torn apart by coronavirus through a fair, just and sustainable economy*. <https://policy-practice.oxfam.org/resources/the-inequality-virus-bringing-together-a-world-torn-apart-by-coronavirus-throug-621149/>
- Passarinho N., Barrucho L. (2021, April 15). Why are so many babies dying of Covid-19 in Brazil? *BBC News*. <https://www.bbc.com/news/world-latin-america-56696907>
- Pillay A. L. (2020). Basic rights caught in the web of racism, classism and police brutality. *South African Journal of Psychology*, 50(3), 316–319. <https://doi.org/10.1177/0081246320950101>
- Republic of South Africa. (2021, February 19). *Minister Bheki Cele: 2020/21 quarter three crime statistics*. <https://www.gov.za/speeches/minister-bheki-cele-202021-quarter-three-crime-statistics-19-feb-2021-0000#>
- Spotlight. (2020, July 31). *The dreadful effects of lockdown on access to sexual and reproductive health services*. <https://www.spotlightnsp.co.za/2020/07/31/the-dreadful-effects-of-lockdown-on-access-to-sexual-and-reproductive-health-services/>
- Statistics South Africa. (2020, December 14). *Mapping vulnerability to COVID-19*. <https://www.statssa.gov.za/?p=13875>
- United Nations. (n.d.). *Transforming our world: the 2030 Agenda for Sustainable Development*. <https://sdgs.un.org/2030agenda>
- United Nations. (2015). *Sustainable development goals*. <https://sustainabledevelopment.un.org/sdgs>
- United Nations. (2020, July 18). *Tackling the inequality pandemic: a new social contract for a new era*. UN Secretary-General’s Lecture for Nelson Mandela’s International Day.

<https://www.un.org/sg/en/content/sg/statement/2020-07-18/secretary-generals-nelson-mandela-lecture-%E2%80%9Ctackling-the-inequality-pandemic-new-social-contract-for-new-era%E2%80%9D-delivered>

World Health Organization. (2020, March 26). *COVID-19 and violence against women: What the health sector/system can do.*

<https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-VAW-full-text.pdf>