

The impact of COVID-19 on families

Prof Nicky Roman

The coronavirus, and the disease it causes, Covid-19, a global pandemic originating in the North, carved a devastating path as it expanded to other countries and continents, eventually reaching the South. The biggest fear of Covid-19 reaching the South was based on the constrained resources, weak health systems and prevalence of non-communicable diseases in countries in the South, especially in Africa. South Africa was no exception as families braced for the onslaught of the Covid-19 storm. The first confirmed case was on Thursday, 5 March 2020, followed by the announcement by government of a national state of disaster on 15 March and a country lockdown by 26 March. While everyone was trying to understand, plan and implement strategies to protect and preserve life, it was family life that was most affected, especially for vulnerable families.

Covid-19, as a health pandemic, harshly foregrounded inequalities between families, the stark difference between families who have (privileged) and families who do not (disenfranchised). With Covid-19 came a nexus of economics, education and social factors that is ultimately felt within family functioning and care.

Family functioning and care consist of often complex activities and are varied depending on culture, family size and family structure but socialisation, provision, protection, holistic care and support are often common activities cutting across all families. Through the course of life these activities are accentuated at different times. For example, the provision of protection, support and resources (clothes, shelter, food, access to medical care) occur daily in order to satisfy the basic needs of family members. Whether implicit or explicit, there is an expectation that within the family, regardless of culture and status, the provision of the basic needs of family members are met and, when this does not happen, disequilibrium or family instability occurs because family members do not feel capable of meeting the basic needs of the family. This family disequilibrium or family instability is defined by G Smilkstein as

“**A state of impaired functioning, nurturing, or role complementarity in which a family, for the time being, can neither escape nor solve problems with their customary problem-solving resources.**”

The nexus of Covid-19 created a state of disequilibrium and instability among families, especially families in resource-constrained settings. In a pandemic, such as Covid-19, with every single person struggling to deal with the unknown, families in South Africa are struggling in various ways to come to terms with the “new normal”. In March 2020, with the hard lockdown at Level 5, the “new normal” included social distancing, wearing masks, isolation, quarantine, online purchasing, sanitising, washing hands regularly, closed schools and universities, working remotely, closed spaza shops and no street vendors, staying indoors, being unable to walk the dog or exercise, limited to no travel. Since the later shift to Level 3, schools and universities have been slowly transitioning to open, some families continue to work remotely, the economy is slowly opening, and families have more freedom to move around and participate in limited activities (such as walking or running) and the economy.

This “new normal” was (and is) especially felt by women and mothers, the main carers in the family, who need to find a balance between working remotely while parenting and teaching their children as well as doing housework. Moreover, many have lost a support network. This becomes more of a challenge for single mothers (and also women who are sole breadwinners) who are essential service workers, or engage in extraordinary family care (caring for the elderly or a child with special needs) or who have lost an income because of being unable to work during the pandemic, thereby reducing the family resources such as food. These families may not have the resources to purchase essential goods and therefore as a family may not have the capability to ensure that all is well.

Families living in overcrowded homes may especially find social distancing a challenge because there is no space to self-isolate and quarantine. Family members who are sick because of Covid-19 cannot be taken care of by family members, which is considered the norm in family care, and if they die they die alone. Not being able to “say good-bye” can be a very traumatic experience for families during this period, because the main focus is on compliance rather than on supporting family members, especially as the death toll increases.

The family is therefore in the eye of the Covid-19 storm as new adaptations are made to achieve family equilibrium and being capable to be well within the context of the family.

Prof Nicky Roman is the NRF research chair in Development of Human Capabilities and Social Cohesion through the Family

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