

# In the eye of the storm: The impact of Covid-19 on families

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The Corona Virus, 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 NCDs 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, March 5 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 who have (privileged) and families who do not (disenfranchised). With COVID-19 came the nexus of economics, education and social factors which 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 life course 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 (Johnson, et al, 2014). Whether implicit or explicit, there is an expectation that within the family, regardless of culture and socio-economic 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 to meet the basic needs of the family. This family disequilibrium or family instability can be defined 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 (Smilkstein, 1980: 226).*

The nexus of COVID-19 created a state of disequilibrium and instability amongst 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, 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 street vendors, staying inside the house, being unable to walk the dog or exercise, limited to no travel. Sixty-six days into the new normal

and shifting to level 3, the schools and universities are 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 balance between working remotely while parenting and teaching their children as well as doing housework and has lost a support network. However, this becomes more of a challenge for single mothers [also women who are sole bread winners] 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 (Maguire-Jack & Showalter, 2016). These families may not have the resources to purchase essential goods and therefore as a family may not have the capabilities to ensure that all is well. Families, living in overcrowded homes, may especially find social distancing a challenge since there is no space to self-isolate and quarantine. Family members, who are sick due to COVID-19, cannot be taken care of by family members, which is considered a 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, as 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 storm as new adaptations are made to achieve family equilibrium and being capable to be well within the context of the family.