

An Acute Crisis Adds to Unresolved Chronic Crisis

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Abstract: Residents in a community in the South Peninsula of the Western Cape, South Africa live with the reality of unresolved challenges. The women and children of this community face a burden from the prevailing inequality and structural violence that plays out in their daily lives as high levels of unemployment, substance abuse, violence in many forms, food insecurity, high school dropout rates and teenage pregnancy. The complexities of living in this community were exacerbated by the arrival of the Covid-19 pandemic and the resultant lockdown regulations that destabilised all previous notions of normality. The pre-existing social challenges can be viewed as the residents' experiences of hazards and stressors that have been in place for years in the unequal social structures of South Africa (The World Bank 2022). In this environment, of what can be interpreted as a community in chronic crisis (Dekker et al., 2021), the addition of the acute crisis of the pandemic, posed further cumulative effects on households that impacted more seriously on those who are already the most vulnerable. This paper presents reflections on the stories of women talking about their experiences of the global pandemic to this coastal community. We aim to show the impact on their lives as members of families within their community. The analysis will utilise the phases of a crisis (Emergency Management, 2022) where the pre-crisis or prodromal phase was recognised as life in the chronic crisis of structural violence. The acute or crisis phase of the pandemic became a lens for the effects of an existing long-term crisis compounded by the. The response or chronic phase of the acute crisis was again found to be exacerbated by the existence of a long drawn-out response phase to the chronic crisis. This paper is a window into the innovative attempts by this community to cope with the immense challenges of Covid-19, followed now by the post-crisis (resolution) phase that reflects the ongoing efforts to rebuild the community in the face of the cumulative effects of the pandemic, as but a temporary diversion from the challenges of a continuous chronic crisis. The post-crisis phase remains incomplete, however, a deeper understanding of crisis upon crisis provides knowledge that can assist those implementing social interventions in this community to tackle challenges as a state of chronic crisis for residents.

Keywords: Structural violence, Covid-19 a crisis, Social challenges, Burden on women, Crisis on crisis

1. Introduction

A community in the South Peninsula of the Western Cape, South Africa faces the daily reality of the injustices related to inequality that exists in South Africa (The World Bank 2022). The challenges faced by those in this community follow the national trend to include, high levels of unemployment, poverty, substance abuse, and various forms of violence including personal and structural violence. Although the girl friendliness index (GFI) positions South Africa as having a government amongst the more friendly in Africa (Fambasayi, 2020), it is also reported that this country has amongst the worst statistics for abuse of children, with rape at levels of more than 25 000 per year and indications that one in three girls experience some type of sexual abuse before the age of majority of 18 years of age (Munyati, 2017). In this national landscape, the women of the community reported on here, carry a collective burden of the added impact of gender inequality and abuse. They experience all forms of gender-based violence, teenage pregnancy, and statutory rape that in South Africa has risen by close to 50% as demonstrated by the number of girls between 10 and 14 years old delivering at state health facilities (Barron et al., 2022). The social challenges existed and then Covid-19 arrived and, as in other contexts across the globe, the challenges of living in this community were exacerbated by the social impact of the pandemic and the regulations imposed. The strict lock down put in place to manage the health care infrastructure and curb the spread of the virus was harshest on those already at risk (Barron et al., 2022).

In this paper our narrative analysis represents women's expressions of the impact of the pandemic and the related structural response on their own lives, their families, and the community. We acknowledge that the existing social challenges are experienced as hazards and stressors that have remained unresolved for years. Through reflection we come to the realisation that this can be interpreted as a community existing in a state of chronic crisis (Dekker et al., 2021). In this already tenuous environment, Covid-19 emerged as an extreme period of disruption which our reflections highlighted as an additional acute crisis, posing further cumulative effects on households already at risk. The stories gathered support the notion that those women and children who were already the most vulnerable in this community were further unjustly impacted by the pandemic. What is not yet fully known is how the recovery phase will play out, what the longer-term impact of the pandemic will be on this community and how this will be experienced by the women as they endeavour to regain some sort of stability in the face of the ongoing challenges of living in chronic crisis.

The concept of structural violence contributes to understanding the challenges in this community. It is a term that originates through the work of Johan Galtung (1969), and it was later used by Paul Farmer (2003) to explore the situational realities that lead to some diseases disproportionately affecting the poor. “The power of structural violence . . . is to uncover inhumane social pressures and conditions that otherwise go unnoticed” (Rodgers and O’Neill, 2012, p. 404). In this thinking, diseases like HIV-AIDS and tuberculosis, and now even Covid-19 can be understood as biosocial phenomena that are shaped by the economy, history, and society such that many communities are characterised by unemployment, poverty, inadequate access to basic resources, and discrimination (Farmer, 2020). Structural inequities often align closely to experiences of poverty, racism, disenfranchisement and are “embodied and experienced as violence” (Farmer 2010, p. 293). The people of the community in this study experience structural violence and the women and children carry a heavy burden of damage to body and mind because of the circumstances.

2. Methodology

The study followed a participatory, observation methodology (Du Plessis, 2016) that explored the experiences of women, in a particular community in the Western Cape, South Africa, whose lives were severely disrupted by the arrival of the global Covid-19 pandemic to this coastal area. Verbal stories were gathered and documented, and these were reflected on by the researchers to gain an understanding of the impact of the pandemic on the participants and their families. Through the process of data generation, it was realised that one perspective that can be applied is to view the pandemic as an acute crisis that added suffering as additional to the already existing chronic crisis (Dekker et al., 2021). This particular analysis is therefore an interpretation of the data according to the phases of a crisis (Emergency Management, 2022) to explore the impact of the pandemic as experienced in the day-to-day life of women residents in this community. Through this lens, the pre-crisis or prodromal phase was considered to be life in the context of the hardships already experienced by the women before the arrival of the pandemic. The addition of the challenges due to the Covid-19 virus was analysed as the acute or crisis phase and the response or chronic phase covers the ways in which the women in this community coped during the pandemic. The post-crisis, resolution phase is still underway, and we continue to follow the observational methodology to appreciate the efforts to rebuild the community in the face of the problems left by the pandemic that are not yet completely resolved.

3. Findings

After an initial read of the stories, the four stages of a crisis; prodromal, crisis, response and post-crisis phases (Emergency Management, 2022), guided our reflections on the stories of women in this community. The aim was to place attention on the attempts of this community to overcome the additional crisis of the Covid-19 pandemic but alongside this to gain some understanding of how the women can continue with the work they were trying to do before the pandemic and the ways in which they can move the community out of what can now be understood as a state of chronic crisis (Dekker et al., 2021). This lens of analysis that allowed the picture of a crisis on top of a crisis to emerge can help in the ongoing interventional work in this community. Below follows some of the key findings of a community in crisis.

3.1 Prodromal, Pre-Crisis Phase

We considered the pre-crisis or prodromal phase as the life of those in this community before the arrival of the Covid-19 virus to South Africa. We recognised this period as that of living in a community experiencing the effects of structural violence as a chronic crisis (Dekker et al., 2021). This was expressed by one woman as; ‘This is our community, but it is difficult to be here as a woman. We suffer a lot, and no-one can protect us from harm and maybe no-one even tries. Every day there is something horrible happening and it is always women and young girls who suffer the most’ (P3).

3.2 Crisis Phase

The Covid-19 crisis was a dynamic situation that brought with it daily changes in the early stages. In crisis management the importance of mitigation and preparedness are stressed, and in this process, it is recommended that actions are taken to limit the risks and prepare for the next phase of the crisis (Heath, 1998). Because the people in this community were already living on the edge they were unable to take steps to mitigate against the crisis that was about to place a huge strain on those already so vulnerable. They were unable to prepare in any real way for the total lock down that was implemented throughout South Africa, with a relatively short notice period of two weeks. The women explained that they and even most of their husbands, were in casual type jobs and that they are unable to save money. They could not stock up the house in preparation for

the weeks of lockdown; 'We never have enough money so how we could go shop for extra food and things. Electricity would run out and without work we could not even buy food. We took the lockdown very seriously at first and tried by all means to ... stay indoors but how could we get the goods to survive' (P1). They also spoke of the reality that they would have no income when unable to go to work; 'I don't have permanent job. I clean for a few people. They said I could come back after Covid and one of them gave me two weeks of pay to help me' (P11). Another resident focused on the impact on the children; 'Suddenly schools was closed. My children are fed at school every day. I do not have food to feed them. I did not want them to die of the virus, but I did not know how to get them food when schools are closed' (P2).

Other women expressed their anxiety and that finding information during the pandemic was difficult with many running out of airtime and data on their mobile phones quite soon after the start of the lockdown; 'I didn't know what was happening. My phone went dead, and I could not buy time. My neighbour helped me, and I watched the television and radio to get information. But it was hard, and I did not understand a lot so it was very scary' (P8).

Large families and households had to find ways to manage in the small spaces they were officially restricted to; 'We tried by all means to obey the rules...our houses are small ...it was not good and we fought' (P4). The children could not easily be kept indoors, and they naturally wanted to wander beyond the boundaries of their properties; 'The children got bored and wanted to go out... We always worry about our girls and maybe it was even worse in Covid, I don't know for sure but I think even more got harmed' (P10)

Despite all these challenges there were women who were able to respond to the needs and serve the community during the lockdown and into the response phase. In an attempt to prepare, one resident continued as a front-line worker to look after the elderly she already cared for and she tried to share the little she had with others. Then also the five women running a fledgling farm garden had permission to keep going under the regulations. In addition to growing vegetables, they used a wood oven to bake bread for the elderly and destitute; 'We baked 100s of loaves of bread as long as we could get flour (mostly donated by local businesses) and we took these to the grannies (who are often foster mothers to their grandchildren) and others in need. It was good to help in this way, but people were still hungry and sometimes they only ate what we could give them that day' (P1). The humanity came through and it was heart-warming to hear the experiences of those who explained that; '... in this Covid the community spirit rose to be better than it had been in a long time, and we cared for each other again...' (P7).

The turning point for us in our reflections on the Covid-19 pandemic in this community was when we realised that the acute or crisis phase of the pandemic put the spotlight on the social impact of an acute public health crisis as additional to the existing long-term crisis faced by the residents.

3.3 Response Phase

The response or chronic phase of the pandemic was taken as the lengthy period when the hard lock down was replaced with steadily less strict regulations until all regulations were lifted in 2022. This phase was again found to be influenced by the community having unresolved issues from the long-drawn-out cycle of crisis and response phases of the chronic crisis they are experiencing. The reflections turned out to be a foggy window into the innovative attempts by this community to cope with the immense challenges of Covid-19. The farm garden was central to the efforts to support the community, at least with regards to food security. It became; '...the place where people came if they needed to talk about things or get information and the place where vegetables and often bread was collected... and we supported three soup kitchens and gave food to those who wanted to help feed others' (P5). What was obvious was that the stress response was most markedly on those with children who were not able to go to school or in the later regulations were able to return but as split classes for part of the week only; 'Even now still she goes to school only two days a week. I cannot manage the days she is not in school, and she just wants to be out in the streets with her friends' (P3). The elderly in the community are accustomed to daily visits and support from family members or friends and while the necessary visits to bring supplies continued, as time went on it was found that many of the elderly women suffered loneliness and even physical effects because they were cut off from their usual emotional support systems (Péres, 2021). Household resources were depleted and with no income daily life became very difficult for many. The stories told point to mental health issues and the lack of support for those with raised anxiety, depression and other challenges; 'Some of the strong women are suffering now too and you can see there is sadness more than before here. I know of dying because of Covid and women are getting desperate' (P8).

As mentioned in the crisis phase, there were women who continued to serve the community during the entire lockdown levels of the pandemic. The particular mechanisms to help the community that emerged over time in the response phase were that some women helped the children in the area; 'Children could not go to school for a long time, we tried to help the high school children to keep studying and the younger kids we had games and lunch available' (P9). Yet others; '...found that my neighbours had no food and took it upon myself to feed them also...' (P5). In a further attempt to assist one resident offered a small apartment attached to her house as an isolation facility for those in the community who could not access the regional state isolation facilities. The nursing care was done by high school learners who were available 24-hours a day for those in isolation.

During the pandemic it became apparent that the focus shifted almost entirely to the Covid-19 and the responses to the many underlying social challenges in the community were put on hold during these nearly three years. They are now resurfacing but somehow the double assault is not something talked about. Only over time will we see how this community will emerge from the pandemic and re-commence facing their other challenges. The positive learning and negative effects of the pandemic are continuously being exposed and the next stage of the study will show ever more of the longer term impacts.

3.4 Post-Crisis Phase (Recovery)

In general, for those facing a crisis there is the drive to rebuild and return to what was in place before the crisis (Emergency Management, 2022). In many ways the world is facing the Covid-19 pandemic in a similar way, although the virus is still present and we cannot easily return to exactly how things were before the arrival of the virus, and have gained some skills, hence talk of a 'new normal' (Berwick, 2020). For this community the post-pandemic crisis phase is still incomplete and happening and may never be complete because other pressures are re-emerging.

The Covid19 pandemic dragged on with steadily less restrictions in place but leaving a wake of destruction in its path. In essence we have not reached the post-crisis phase because the world is still in response mode. However, the phases can be viewed as running simultaneously in this case and there are efforts to recover but for many reasons these are hampered. For example, in this community we heard from one mother that; 'She does not want to go to school. She liked being at home and not having to do work. I don't know what to do to make her go back to school and I think she might never go' (P5). If we do not succeed in the children resuming their schooling because they prefer freedom from the structures of the system found during the hard lockdown and the extended period when they attended school for only two days a week, we face a lost generation in this community. The chance for recovery is then low and all the pre-pandemic challenges will be amplified.

Ultimately the notion of recovery is problematic for this community who faced the pandemic on top of their chronic social crises. Here the residents are confused about what they are striving to return to or what exactly recovery from the effects of the pandemic would look like. As voiced by one woman; 'When they say we will return to normal we don't know what that means. This place was not normal for a long time. Covid made it worse because people died of it but also it was better because the other shootings stopped and people helped each other. The home situation was bad though for most of us. I think for women we are pleased Covid is gone but scared of what next' (P10).

4. Concluding Comments

What emerged is the reality that resolution of the acute Covid-19 crisis is impacted by the unresolved and long-standing challenges in the pre-existing chronic crisis. In the longitudinal co-design study of this community we now enter a next step as the researchers and community continue to engage to understand and learn from the experiences of the women related to their situation of endeavouring to recover from the effects of the pandemic while still in the drawn-out cyclical phases presented by the social realities of structural violence.

This community lived in a cycle of happenings that place it in the category of chronic crisis (Dekker et al., 2021). Some women report that the Covid-19 pandemic gave them the opportunity to focus on 'an enemy together'. However, recovery from the acute Covid crisis, is hampered by the re-emergence of the unresolved issues of the chronic crisis; a cycle in which women and children of this community carry the major burden of the basket of social determinants of disease such as crime, violence, unemployment and, poverty. There has been no time to celebrate the good work done during the pandemic nor any efforts to capture the lessons learnt so that this community can be more ready for the next crisis. This because all the issues that were put on hold are again resurfacing, needing attention and bringing stress. The stories show that the post-crisis (resolution) phase that in many places reflects the ongoing efforts to rebuild in the face of the problems left by the pandemic, are not a priority for this community.

The fault lines in the community became even more obvious following the receding of the virus and the challenges have grown bigger. The already high levels of unemployment rose even higher, and many had to contend with multiple additional crises such as loss of household income, hunger, anxiety, health risks of the virus and school closures that placed parents, in particular mothers, under additional strain. Access to school feeding schemes were not available, children were not occupied, and they resisted the pressures of being contained in their homes. In general, there were higher levels of interpersonal conflict due to the impact of the lockdown regulations and pandemic.

It is our intention that through this process of reflection, a deeper understanding of the impact of the pandemic on a community already in crisis may contribute to the implementation of social interventions in this community. Although the pre-Covid challenges may be thought of as insurmountable, attempts were and still are being made to relieve the state of chronic crisis.

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