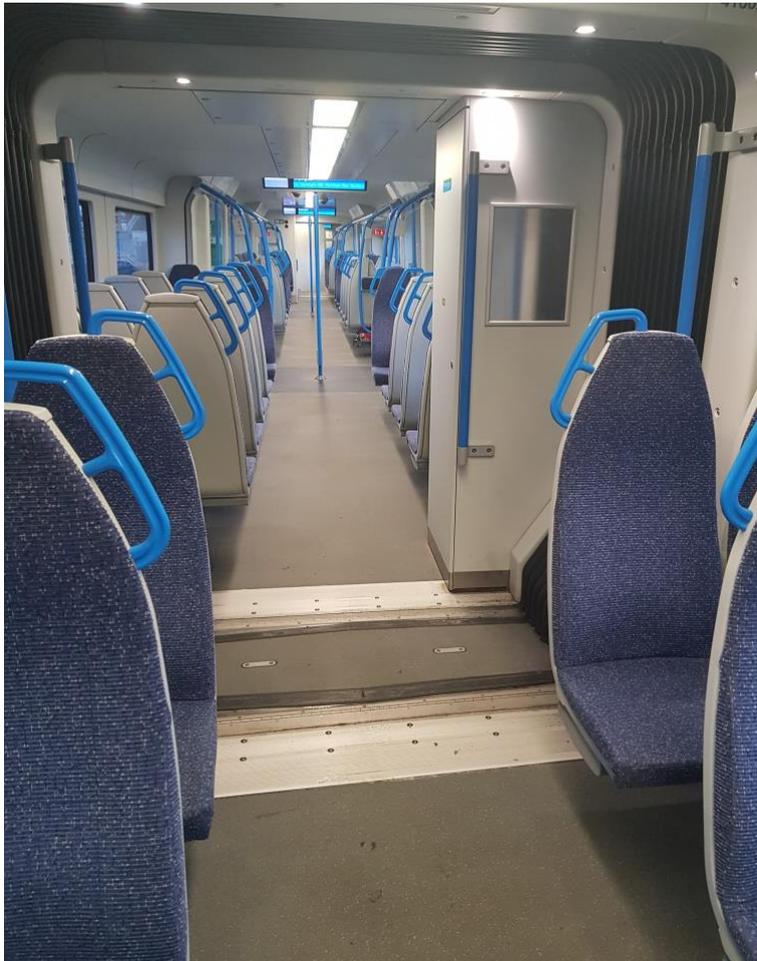


Anxiety, Scarcity and Precarity in a Time of COVID-19

SHARLI ANNE PAPHITIS

On the 16th of March, I took one of my last trips into the office on the London Overground and found myself completely alone on an eerie train from Kings Cross. I had a feeling I wouldn't make the journey for some time again since we had already been asked to 'prepare to work from home'. I was relieved when I no longer had to make the 1 hour commute on typically crowded public transport and grateful that I am able to work from home, but I also felt a sense of trepidation at having to work from my small, shared apartment. Cohabitation with an acquaintance has brought significant challenges for me as both the scope of the pandemic and the lockdown have



increased: when you have a communal cooking space or bathroom, but no shared sense of heightened hygiene or social distancing measures, it can lead to elevated tension and anxiety. Despite all this, my anxiety was until recently kept in check by the slow spread of COVID-19 back home in South Africa, where my elderly and immunocompromised grandparents live, and more specifically in my home town of Makhanda. The thought of COVID-19 spreading in Makhanda has always set the magnitude of my personal struggles in London in sharp relief and helped me to maintain perspective. Few people in Makhanda have the luxury of reliable running water in their homes. The vast majority of people live in crowded and shared accommodation with far less room for social distancing than my own. And the unemployment rate in Makhanda is thought to be as high as 70%, with the majority of people relying on social grants of between £21-£86 per month, leaving little room for savings during a crisis or lockdown.

Empty London overground carriage through zone one at peak morning travel time (16/3/2020). Photo: Sharli Paphitis.



Collecting water from the spring outside of Makhanda. Photo: Brad Jackson (<https://www.facebook.com/StudioBradJackson/>)

Since 2016, Makhanda has been battling severe drought and water supply challenges which have left communities without access to water for extended periods of time. The health implications of the water shortages have been exacerbated by the local situation of a town where water supply is already inequitably distributed, indoor plumbing is scarce and the reliance on communal taps widespread, and infrastructure deterioration leads to frequent water and sewage leaks in public and private spaces. Watching the advice emanating from health organisations flowing across every media outlet shows an assumption of water as a readily available resources to operationalise for public health measures - washing your hands frequently, cleaning clothing and linen frequently, and cleaning cutlery and crockery all require a significant amount of water. Any alternatives for cleaning such as hand-sanitizer or bleach are expensive or inaccessible, and the poorest and most vulnerable members of society (particularly women, children and the elderly) will continue to bear the greatest burden in the face of scarcity.



Frequently used 5lt plastic water containers collect water from delivery trucks when they are available in communities and taps run dry.

Photo: Brad Jackson (<https://www.facebook.com/StudioBradJackson/>)

During a long term research project, my team has been working across six rural villages surrounding Makhanda in participatory health education programs. Shortly before lockdown measures were implemented across South Africa, my PhD student Theodore Duxbury ran participatory health promotion workshops on hypertension and diabetes with members of local communities. As conditions that place people at greater risk of complications from COVID-19 infection, these were particularly poignant sessions. Our partner NGO, the Amakhala Foundation, raised concerns that members of these hard to reach, rural communities were not receiving enough information about COVID-19, and nine sessions were run on this. During the COVID-19 session, community members were most concerned about the impact of COVID-19 on pregnancy, and felt that too little information was known about precautions that needed to be taken for pregnant women. These concerns were raised with significant validity in a context where, despite improvements, South Africa has not yet achieved the MDG targets for maternal mortality, and on the 16th of March the UK Chief Medical Officer issued precautionary advice for pregnant women to implement social distancing ahead of these measures being implemented for the general public (for more information about pregnancy and COVID-19 see [Coronavirus infection and pregnancy](#)).



PhD student Theodore Duxbury conducting a health promotion workshop in a rural village in the Eastern Cape. Photo: Anon.

On the 27th of March with over 1,000 cases reported, South Africa, the current epicentre of the pandemic in Africa, went into lockdown with strict measures for the limitation of individual movement being enforced by the authorities. The decisive and proactive measures taken by the government are laudable and while scenes in the centre of town in Makhanda show people out and about, they also show people observing increased social distancing measures.



28th March, day one of the national lock down in central Makhanda, South Africa. Photo: Julian Jacobs

Troubling reports from Johannesburg of police firing rubber bullets at shoppers thought not to be observing social distancing measures paint a more dramatic picture of the tension felt across the country in the face of measures to curtail freedom of movement, and which will have a profoundly negative impact on an already flailing economy. In a country with a severely strained health care system, a currently unknown number of ventilators coupled with a shortage of staff trained in the use of this equipment, and a high burden of HIV/AIDS and TB, the spread of COVID-19 could have a catastrophic outcome. Alongside significant strengthening of the health sector's capacity to manage the outbreak, the government will have to develop robust communication and engagement strategies to ensure public buy-in for - and compliance with - social distancing and hygiene measures to ensure the effective mitigation of the health consequences of the pandemic.

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