

# Gender, age and COVID-19 in the GCR

August 2020

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Gauteng City-Region Observatory (GCRO)

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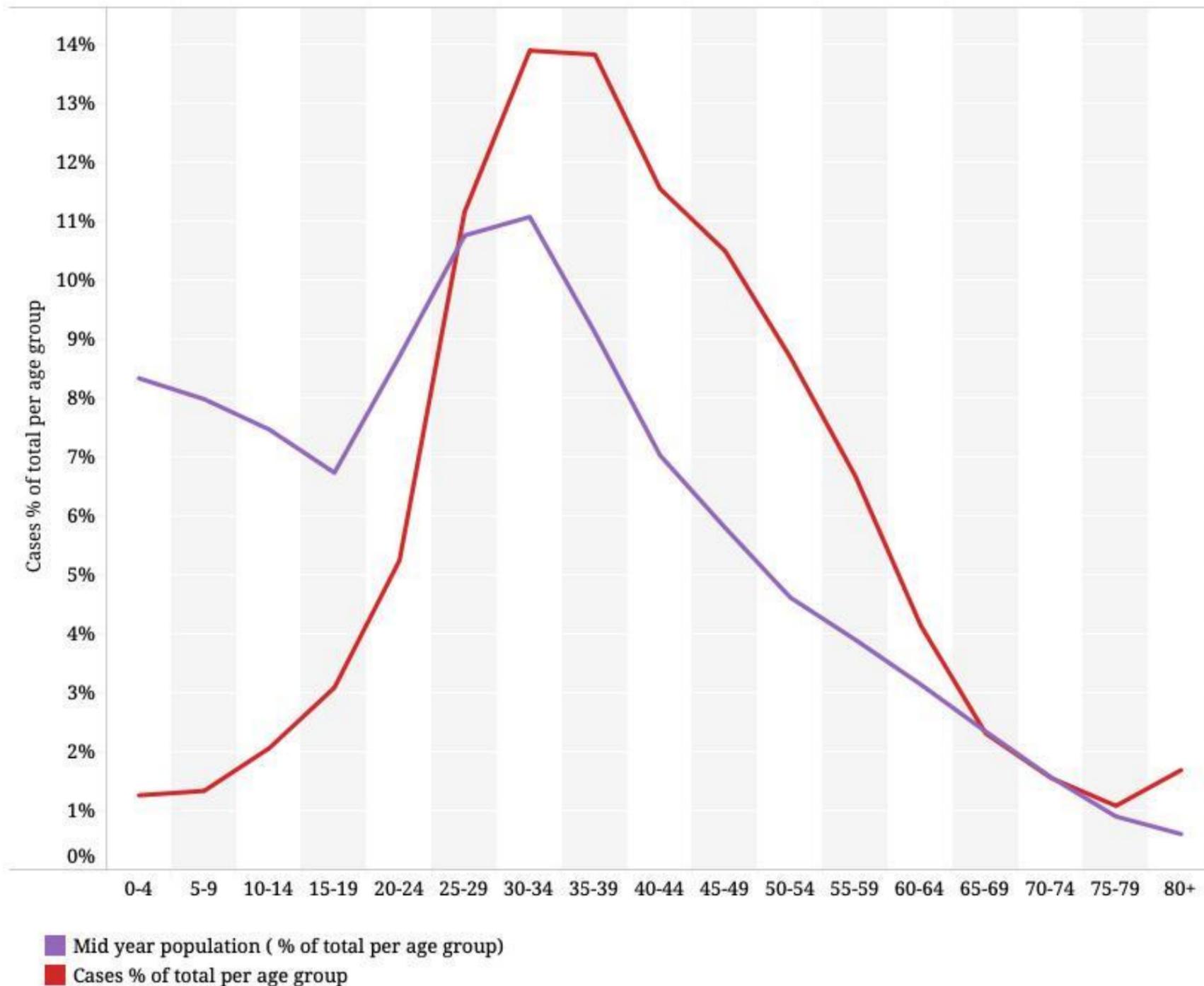
Since mid-June 2020, COVID-19 infections in Gauteng have seen a widening gap between the number of men and women infected with a larger proportion being women (56% as at 10 August). There are quite a few countries in the developed world with a proportion of [female cases above 55%](#), however the key difference is that the majority of their gender bias is in the age groups older than 80 years. In these countries and in GAuteng, for those older than 85 the number of female cases is nearly double male cases. This is largely explained by the fact that women have longer life expectancy than men. In developing countries, the bias is far more towards male infections and across the globe men have [higher mortality rates](#). However, the higher number of females cases in Gauteng is occurring across the working age groups (from 25 to 65 years of age).

This Data Insight examines the infection data from the Gauteng Department of Health Mpilo database (March to August, downloaded 11 August) to show how this gender gap is largely occurring for working age women o. Gauteng also follows the international trend of having double the female cases to male for ages 85 and older.

The insight then looks to GCRO's Quality of Life V (2017/18) data and the [COVID-19 vulnerability indices](#) to understand the ways in which women may be more vulnerable than men to COVID-19 related risks. Lastly, we explore some of the implications of this gender bias in the number of infections.

The COVID-19 infection data as well as the GCRO vulnerability index points to a double burden for women. Women are more likely than men to test positive, and women have a greater social and economic vulnerability during lockdown. Women of working age are the most affected.

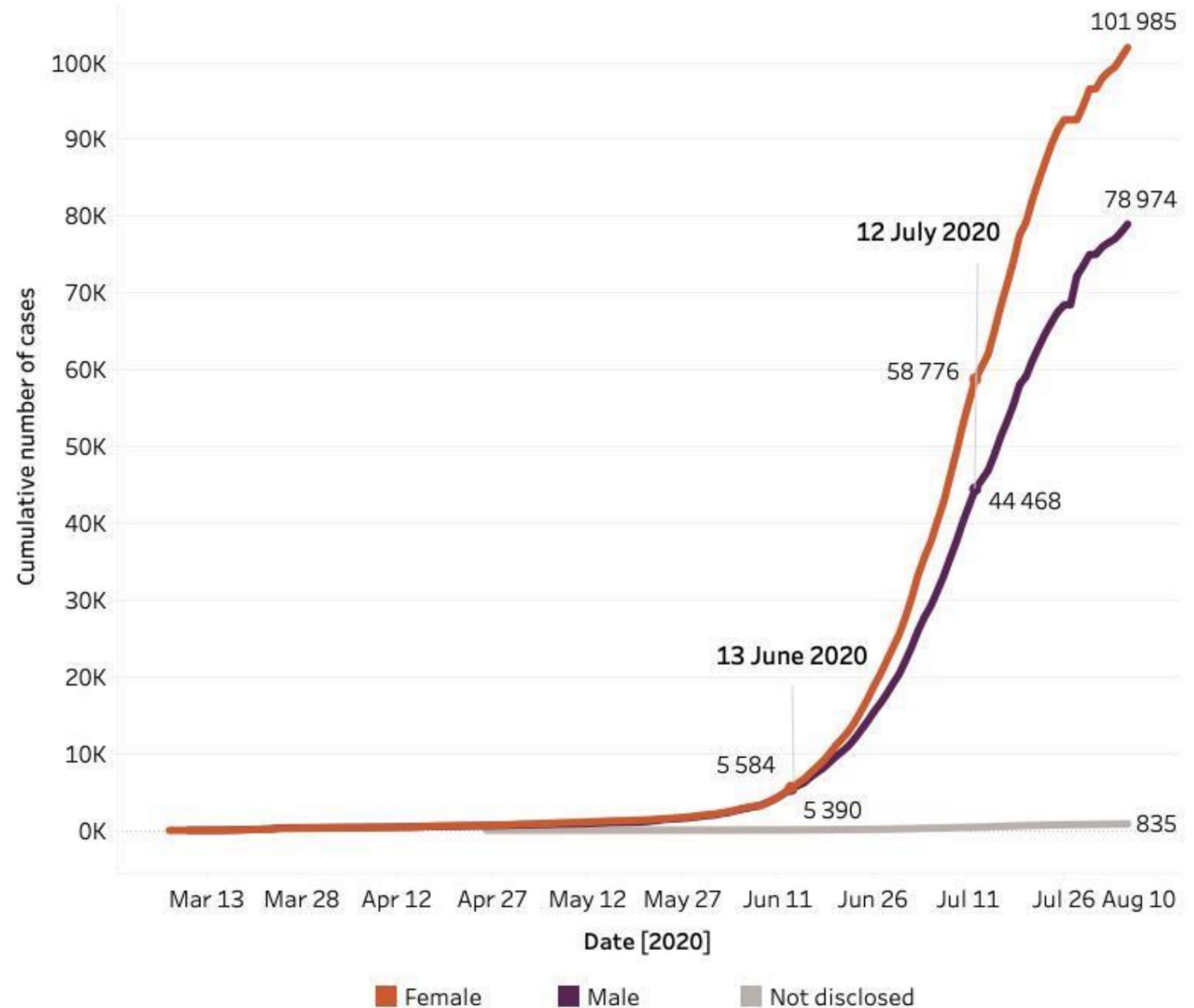
# Gauteng age profile and COVID-19 cases



- The graph shows the distribution across age groups of (a) the Gauteng population (purple) according to the mid-year population estimates (2020) and (b) COVID positive cases (red) in 5-year age brackets
- Where the red line is above the purple, Covid19 has had a disproportionate effect on those age brackets. Where the red line is below the purple (younger than 25 years), age groups have had a disproportionately low rate of infection. COVID-19 infections have been concentrated in the working age brackets of 25-29 to 60-64, and those 80+
- There has been very little change in this curve over the different lockdown levels, although there was a slight proportional increase in the school-going age groups when schools reopened.
- The +80 excess is attributable to how hard elderly care homes have been impacted by high rates of infections.

# Daily COVID-19 cases and gender

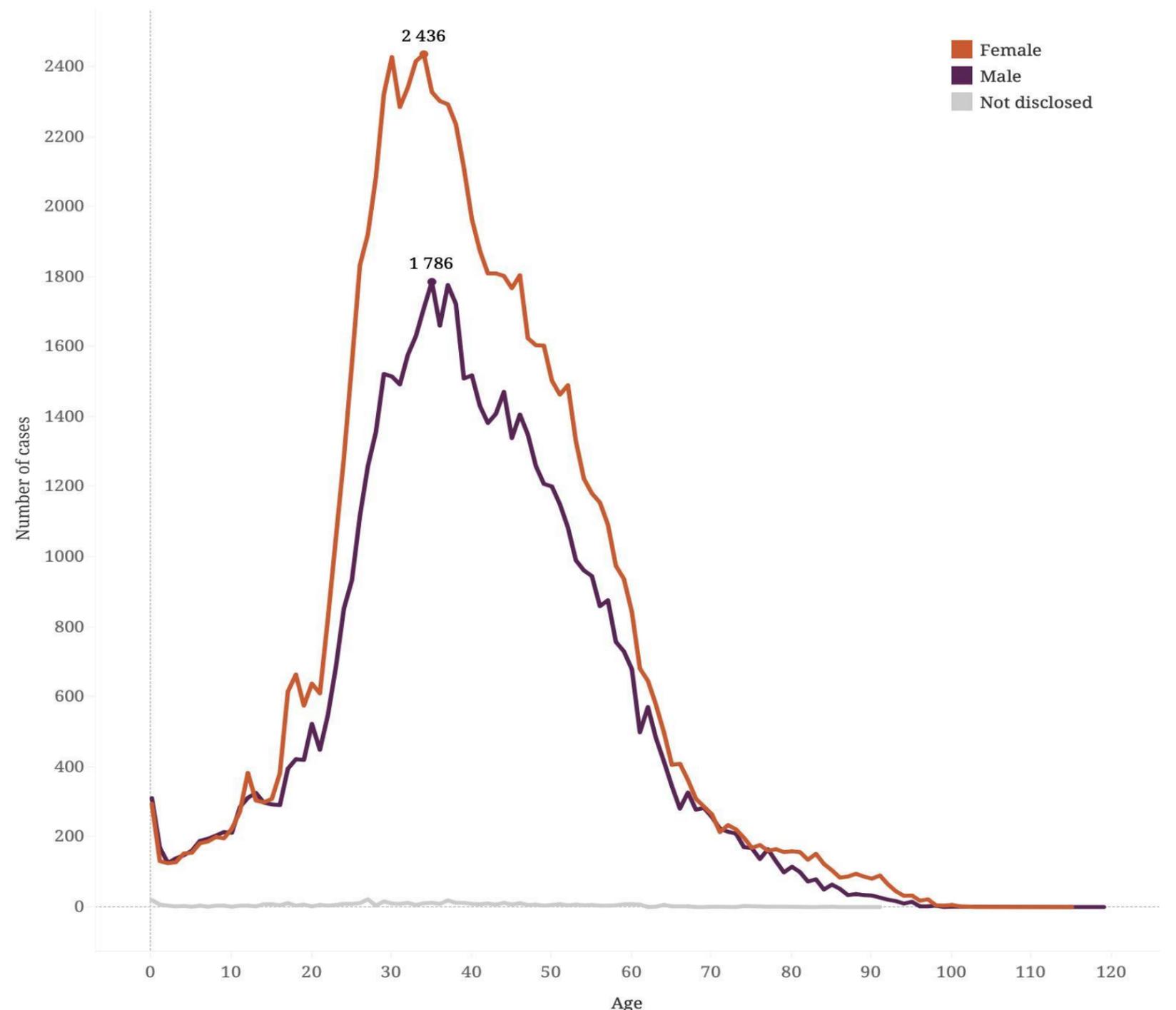
- More women (56%) than men are tested positive for COVID-19 during this period
- As of 11 August 2020 there was a total of 181 796 COVID-19 cases in Gauteng. Of these:
  - Female = 101 985
  - Male = 78 974
  - Undisclosed = 835
- This proportion has remained fairly consistent from March until October 2020
- Gauteng's population has an even gender split (50% women and 50% men) according to StatsSA's 2020 population estimates
- Generally, there are more females cases than male cases in developed countries, with the reverse in developing nations. Global breakdowns of male to female cases can be found here: <https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>
- Both globally and in South Africa the trend has shown higher male mortality. However we do not have detailed data on the male versus female split in COVID-19 deaths in Gauteng.



\* GDoH data, March to August 2020, downloaded 11 August

# Gender and age distribution of COVID-19 cases

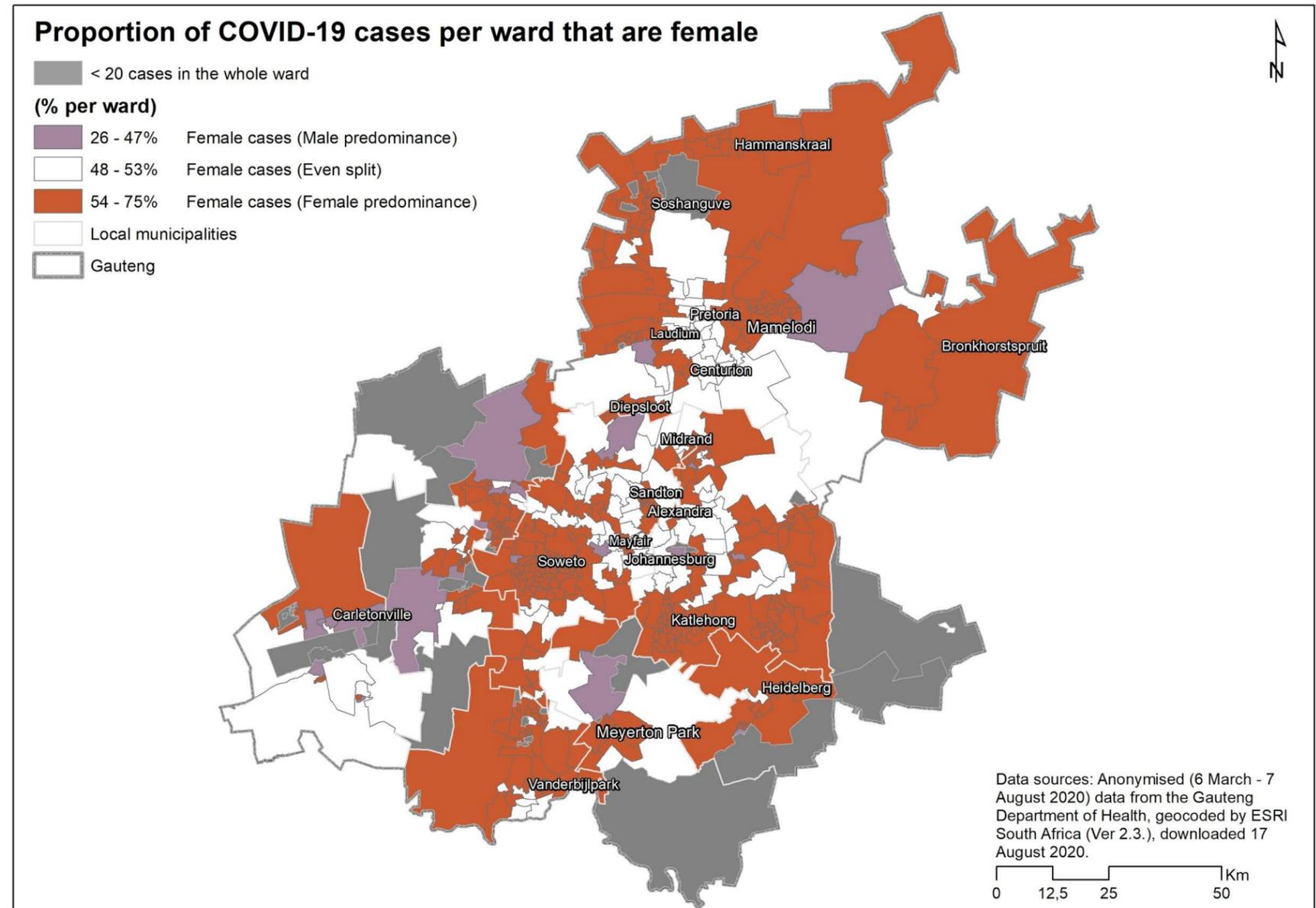
- In countries with a higher proportion of female cases, most occur in the age group 80+, whereas Gauteng's are concentrated in the working age groups
- Testing data for South Africa shows that a higher proportion of women (56%) are being tested for COVID-19 than men and a slightly higher proportion of women are testing positive (59%) (based on week 32 data which corresponds to the 11 August 2020 infection data presented here) (NICD, 2020). This means that more women are being tested for COVID-19 and that women are slightly more vulnerable to contracting the disease.
- Women may be testing more than men for a number of reasons:
  - 1) as part of pre- and post-natal care they may be having routine tests
  - (2) women who experience symptoms may be better at seeking formal care or testing
  - (3) women may be experiencing symptoms at a greater rate for various reasons discussed below
  - (4) Globally, some 70% of healthcare workers are female, driving a higher rate of female tests and cases.



\* GDoH data, March to August 2020, downloaded 11 August

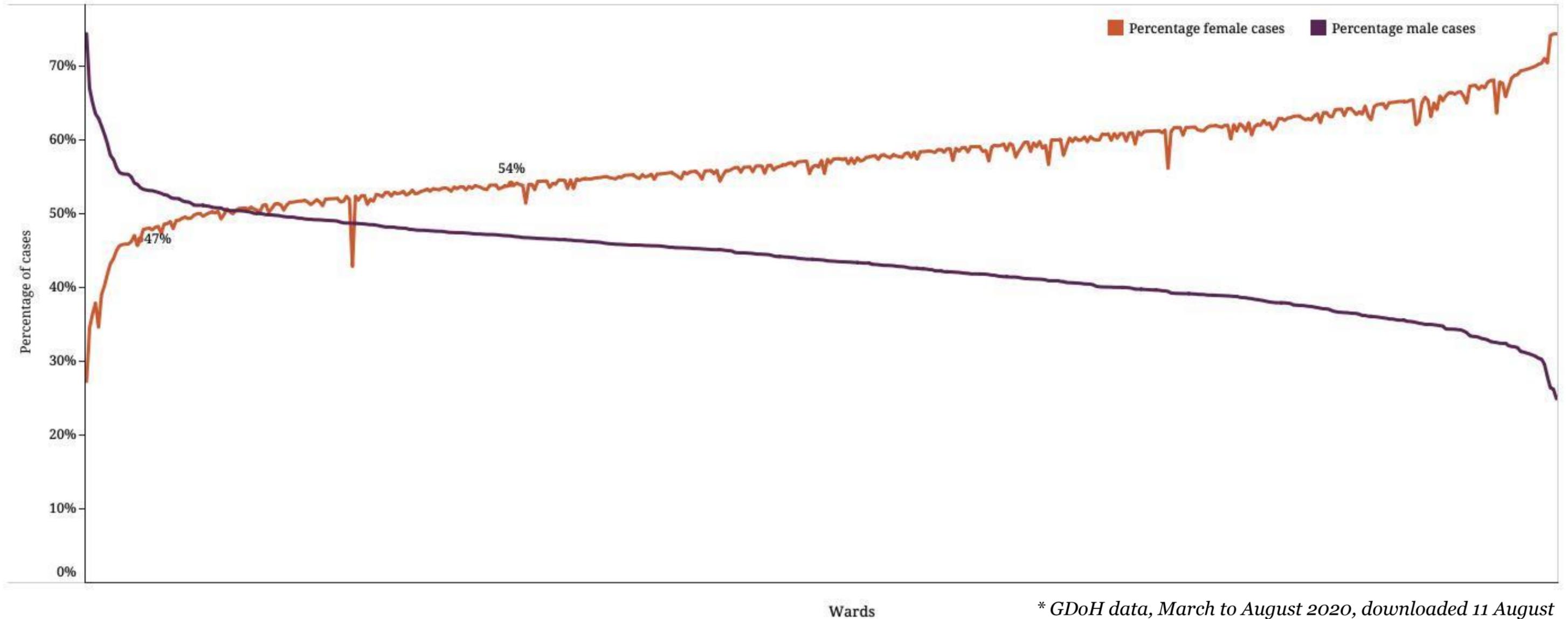
# Spatial variation of COVID-19 and gender

- This map shows the percentage of female cases per ward.
- Wards shaded in orange have higher proportions of women testing positive for COVID-19 than men and wards shaded in purple have a greater proportion of male infections. Wards that are shaded white are close to an even split between men and women (between 48% and 53% female infections). Wards shaded grey have fewer than 20 cases in the ward.
- The map highlights those few wards where the proportion of male cases is greater than female cases. In areas like Carletonville, Westonaria and Randfontein, the high male proportion of cases may relate to the dominance of the mining sector which has a mostly male workforce. In other areas like Mayfair, Fordsburg and Laudium, it is possible that the higher proportion of male cases is driven by mostly male worshippers going to mosque, although it is not possible to establish this definitively.



\* GDoH data, March to August 2020, downloaded 11 August

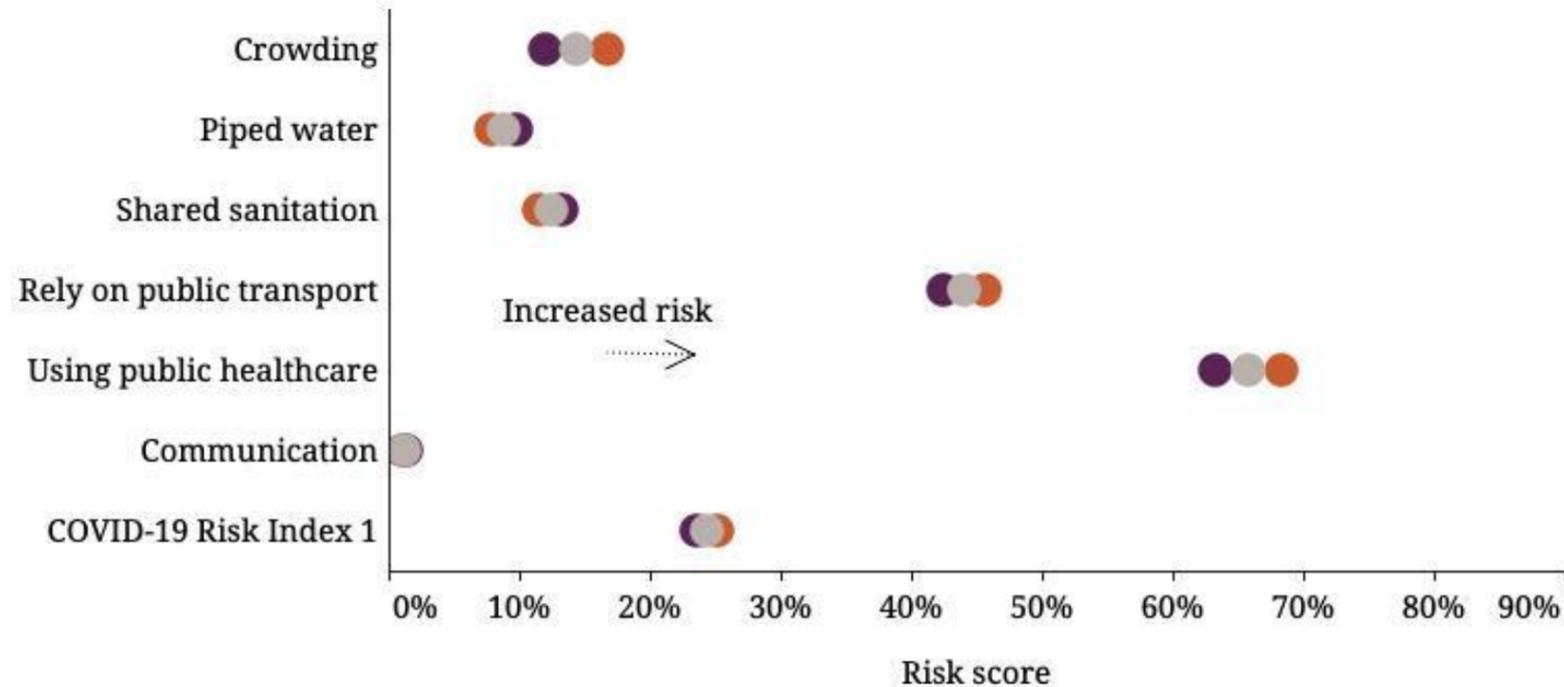
# Spatial variation of COVID-19 and gender



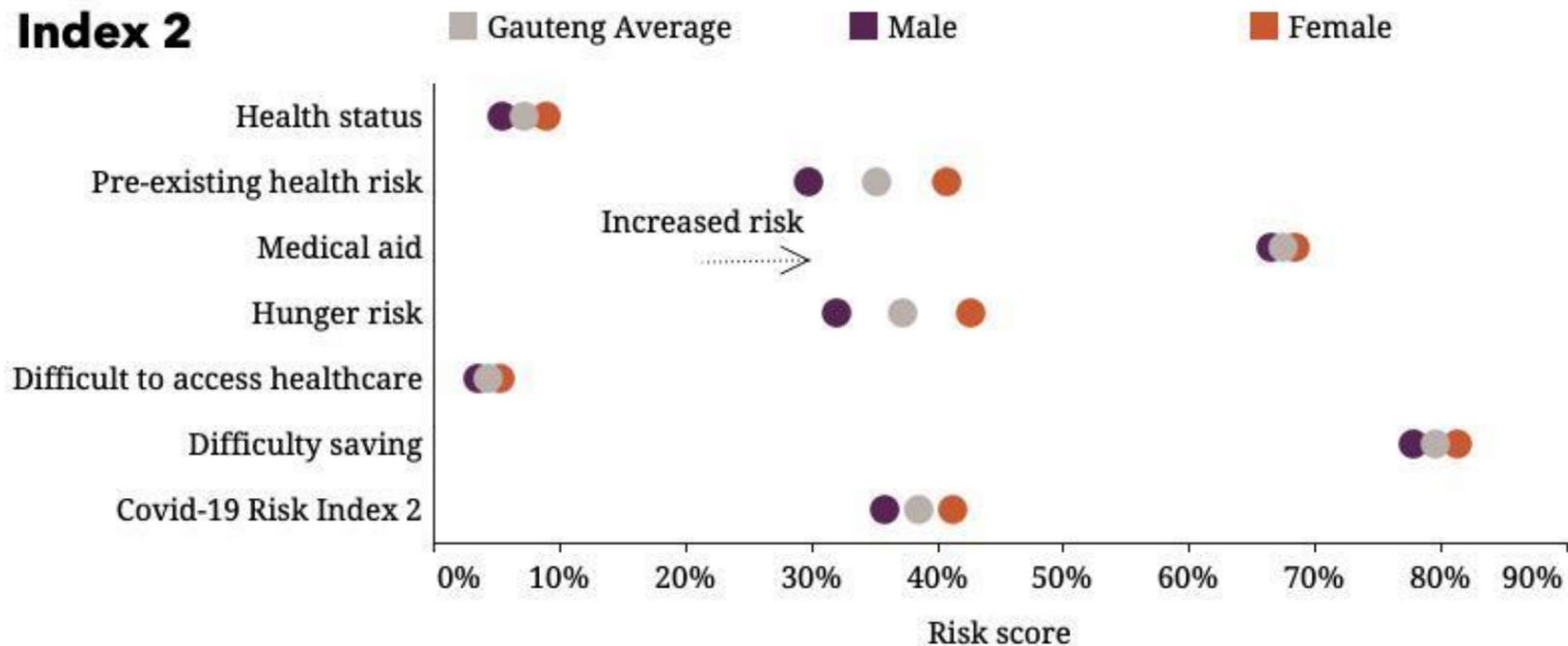
- The chart shows the proportion of female (orange line) and male (purple line) cases for each of Gauteng's 529 wards. As with the map, wards with fewer than 20 cases have been excluded. In approximately 0,3% of cases, the gender is undisclosed. This data is not plotted on the chart but affects the overall percentages per ward (the oscillations in the orange line).
- The majority of wards in Gauteng have a greater proportion of female COVID-19 cases. Only 6% (31) of wards have a higher proportion of male cases. Over two thirds of wards (68%) have a majority of female cases in the ward.
- This chart is available as an interactive visualisation in our August Map of the Month. [Click here to explore](#)

# Gender and risk factors to the vulnerability indexes

## Index 1



## Index 2



- The GCRO March 2020 Map of the Month mapped vulnerability to COVID-19 in 2 indexes:

**Index 1:** risk factors to maintaining social distancing and preventative hygiene

**Index 2:** risk factors that increase health and social vulnerability during an outbreak or lockdown

- When we look at these indices by gender we note that:

Women are more likely to live in crowded conditions (most likely because they are more likely to live in larger households)

Women are more likely to rely on public healthcare

Women are more likely to rely on public transport

Women are less likely to have access to medical aid

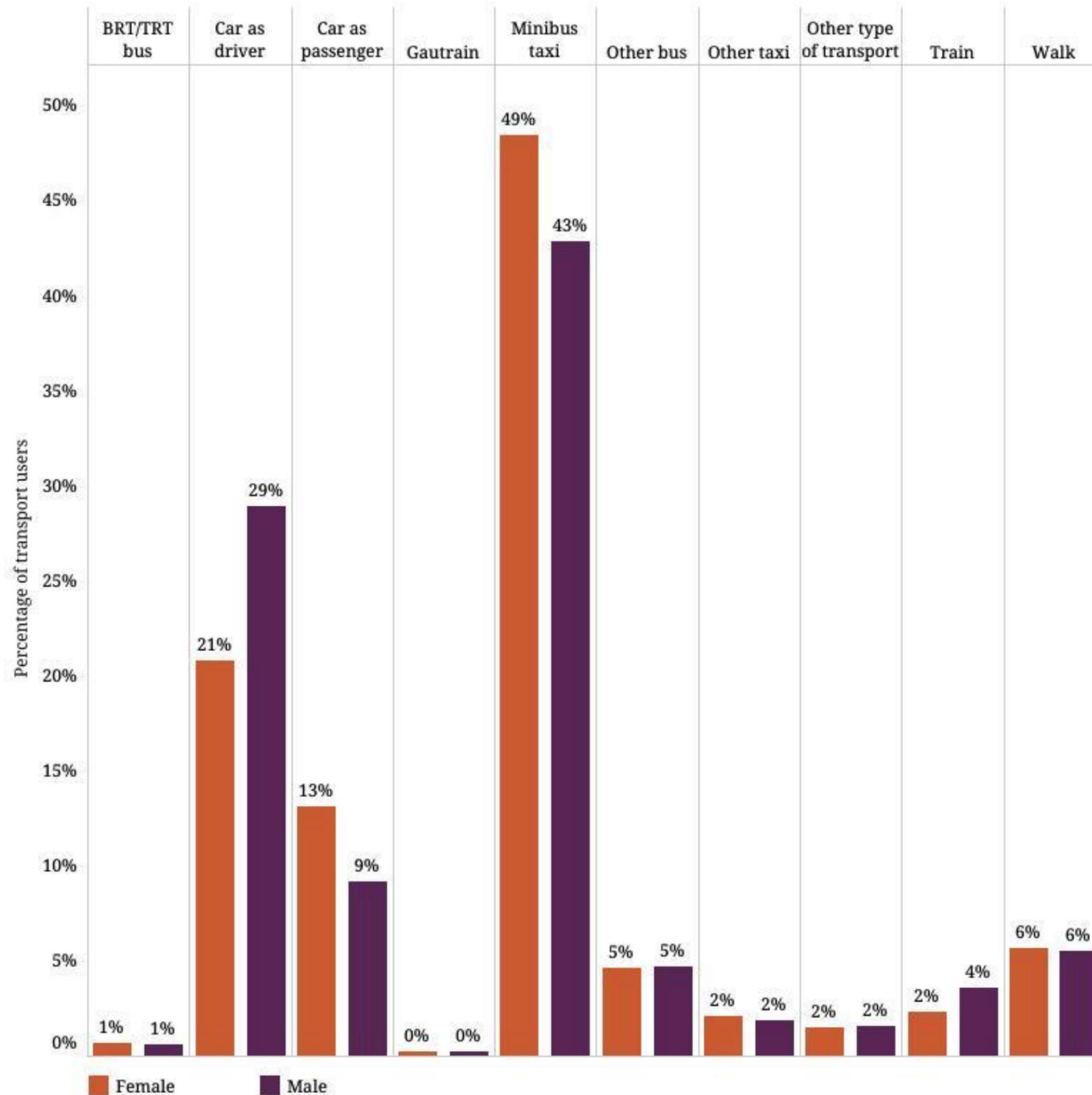
Women are more likely to report a poor health status

Women are more likely to live in households with pre-existing conditions such as diabetes or heart conditions

Women are more likely to live in households experiencing hunger

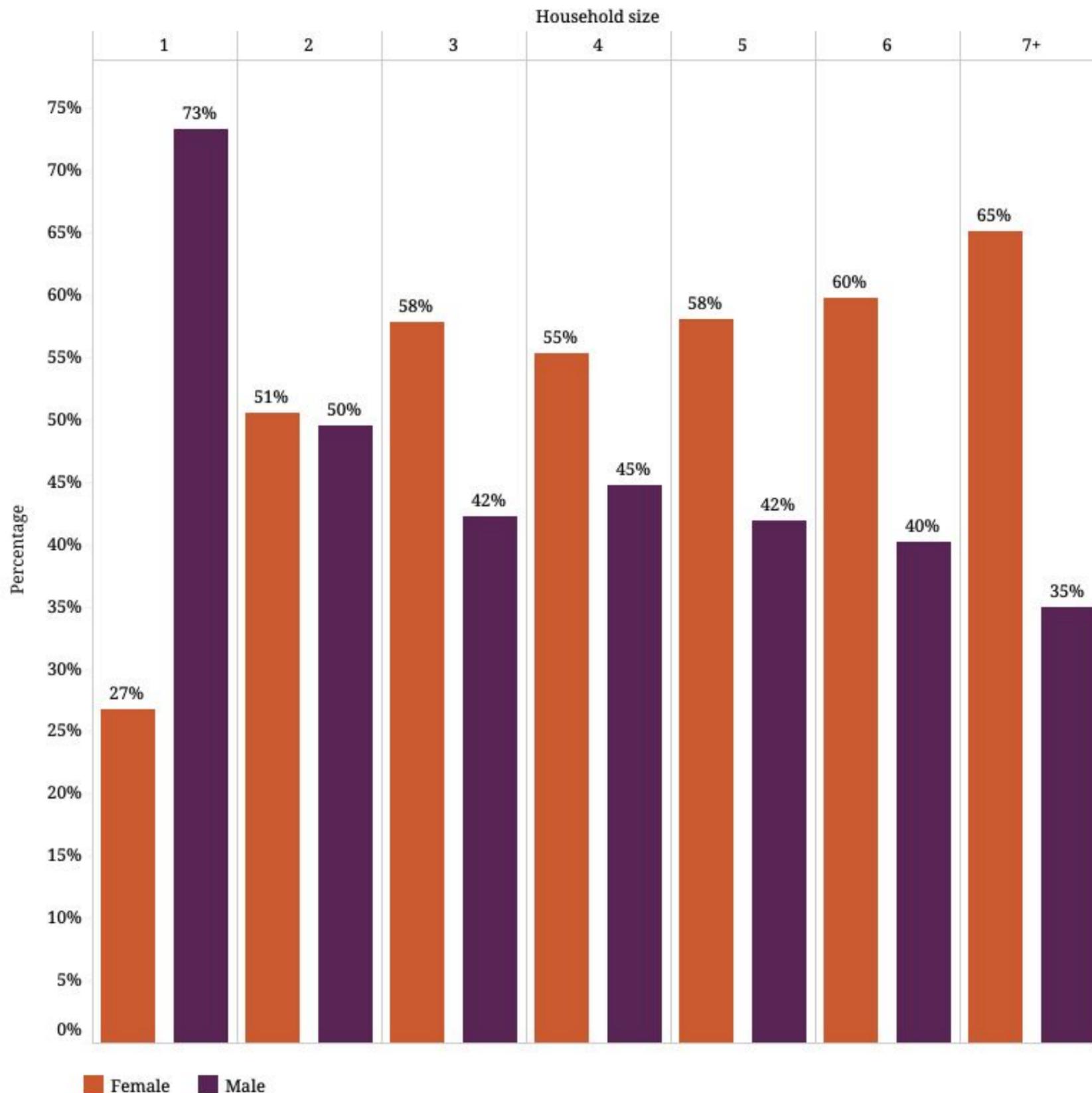
Women are more likely to face challenges in saving money.

# Sex and transport



- More women use minibus taxis for their most frequent trip (49%) compared with 43% of men
- More men use a car as a driver (29%) compared with 21% of women
- More men use the train (4%) compared with 2% of women
- The enclosed and confined spaces of public transport vehicles such as trains and minibus taxis may increase the risk of airborne transmission of COVID-19.

# What are the implications?



- Women are more likely to live in larger households so there is an increased risk of intra-household transmission
- Larger households are associated with a lower quality of life and are more likely to have resource constraints
- Some 77% of adult women have dependent children (compared with 65% of adult men)
- Women have a mean of 1.93 dependent children (Men have 1.63)
- Women carry a higher burden of care for children, elderly and extended family members.
- The [NIDS-CRAM survey wave 1 results](#) show that women have been more severely affected than men during the 'hard' lockdown period (Level 5). Net job losses between February and April were higher for women than for men, with women accounting for two-thirds of the total net job losses.
- This presents a double burden on women - an increased risk of infection as well as an increased risk of socio-economic impacts from both being infected and from lockdown conditions.

# Recommendations

- Disaggregated testing and death data is critical to understanding the full picture of the gender proportion and should be a priority
- Interventions such as additional sanitation and PPE as well as enforcement of protocols at key places of potential transmission:
  - Minibus taxis and taxi ranks - a service that more women are relying on
  - Additional interventions at healthcare services where more women may be accessing care for themselves and for relatives in their care
  - Ensuring social distancing and other preventative measures at queues for social grant collections or other services such food parcels or getting water from communal water points. This is because as the majority of grant recipients women are more likely to be standing in queues for monthly payments.
- There is a need to provide additional PPE and protocols at care homes to protect both staff and patients because of high rates of infections impacting a majority female residents and nursing staff
- Female-headed households may need additional support if the head of the household is ill. This may affect the relatives being cared for and supported by the head of household and therefore additional economic or food support may be required.