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9 PHYSICAL DISTANCING – NECESSITY OR LUXURY? CULTURE, POPULATION DENSITY AND COVID-19 IN ZIMBABWEAN SOCIETY

Abstract

The period of COVID-19 has seen the proliferation of the pandemic the world over. Among mitigatory measures was physical distancing, initially named social distancing. However, in urban areas where population density is high in Zimbabwe, physical distancing becomes a luxury. Most Zimbabweans, particularly in urban areas live in high-density areas, almost squalid conditions. Zimbabweans are a hospitable lot whose familial ties are binding and this means the extended family (a significant number of people) can stay in one household. The economy does not help matters either with people being forced by circumstances to converge in large numbers in the community at any given time to irk out a living. This therefore presents a challenge where the World Health Organisation COVID-19 protocol of physical distancing appears to be offside. The protocol of physical distancing does not take into consideration population density of given areas, let alone the socio-economic and religio-cultural dimensions of any given society. This chapter is thus an exploration of the circumstances under which the average Zimbabwean must operate to survive. It also examines the traditional indigenous/ religious beliefs that uphold the spirit of *ubuntu* fostering communal existence *vis-à-vis* the COVID-19 pandemic. Informal interviews were conducted on how the average Zimbabwean fares on an average day and targeted informal traders ordinary Zimbabweans. A convenience sample of selected research participants was drawn from Harare's CBD area to examine the applicability of physical distancing in Zimbabwean society. The study revealed that for many living in the high-density areas, physical distancing is a luxury, as people tend to prioritise survival in a harsh economic climate ahead of the COVID-19 protocol of physical distancing first. This research is informed by *Ubuntu* theory where Shona religious beliefs frown at individualism and uphold teamwork despite the raging COVID-19 pandemic.

Keywords: physical distancing, culture, population density, COVID-19, Zimbabwe, Shona, Harare, Ubuntu, pandemic, mitigation

Introduction

This chapter focuses on the effectiveness of physical distancing as a mitigatory measure in combatting COVID-19 in Zimbabwe. It is premised on what we regard as a challenge to the average Zimbabwean, a challenge which needs serious attention and whose resolutions could see inclusive consideration of underprivileged communities. To a large extent world news and sadly what is assumed to be world-class research from the West tends to cover issues on the well-to-do and then cascade resolutions passed for their societies to the Global South irrespective of suitability of such resolutions. This is the case with some of the COVID-19 protocols, physical distancing to be precise. This study explores how effective the use of this strategy is in Zimbabwe and how cultural values and practices have been affected and appear to contradict control measures laid down by the World Health Organisation (WHO). The chapter, thus, interrogates the one-size fits all approach to the containment of COVID-19, which discounts the diversity of both the people as well as their circumstances. In this study, we analyse the findings of interviews conducted to find out how the Zimbabwean society has grappled with this phenomenon.

Background to the Study

Some infectious diseases need physical separation and minimized human contact and COVID-19 is no exception. History has proven how people with highly infectious diseases were separated from their communities. Quarantining is one such measure that was put in place to physically remove the infected ones from the healthy. The Bible has demonstrated God's emphasis on quarantining to the Israelites as a strategy to use should one become afflicted with a highly infectious disease such as leprosy (The Bible book of Leviticus Chapter 13, Verses 4, 5, 11, 21, 26, 31, 33, 50, 54). Muyambo (2020) has pointed out that quarantining and physical distancing have not been alien in Africa but part of *Ubuntu* to physically separate the sick from the healthy in a bid to protect them. He outlines several diseases that warranted physical distancing in Ndau culture among them being *maperembudzi* (leprosy), *manyembana* (chicken pox), *biripiri* (measles) and *mphezi* (scabies). Here in Zimbabwe a community that has acted as a quarantine centre is evident in Mutemwa village in Mutoko (The Mutemwa Leprosy Centre). The main objective of quarantining is to stop the spread of infection of otherwise deadly pandemics.

Instances of physical distancing have also been seen in other parts of the world where such infectious diseases such as Spanish flu, Ebola and the Bubonic plague demanded that infected ones be kept apart from the healthy ones to arrest the spread. Of note is the Spanish influenza of the early twentieth century (1918-19) which was said to be responsible for 50 million deaths across the globe (Taubenberger & Morens, 2006). Creative writers such as Elechi Amadi have documented such a pandemic in the novel *The Great Ponds* (1969). Similarly, Albert Camus has also demonstrated the devastating effect of the bubonic plague in his seminal novel *The Plague* (1947). Thus, the different measures of arresting the spread of infection have dated back since time immemorial and we are seeing a repeat with face mask wearing taking the centre stage which can be traced to the middle ages (Matuschek, Moll, Fangerau, Fischer, Zänker, van Griensven, Schneider, Kindgen-Milles, Knoefe, Lichtenberg, Tamaskovics, Djiepmo-Njanang, Budach, Corradini, Häussinger, Feldt, Jensen, Pelka, Orth, Peiper, Grebe, Maas, Bölke & Haussmann, 2020). Other pandemics such as the influenza of 1957-58 are a testimony of the prevalence and spread in social groupings such as schools (Pinkowski, 2021). Closure of such institutions was also done to mitigate the spread of the pandemic.

The WHO took similar measures in containing the COVID-19 pandemic. It became apparent that for the world to survive, such measures as “restrictions placed on physical mobility, staying indoors, washing hands, wearing masks and maintaining physical distance” (Lingam & Sapkal 2020:174) had to be adhered to. However, owing to deeply ingrained cultural beliefs and practices as well as prevailing economic conditions, there have been more challenges than solutions on the African soil and in Zimbabwe to be precise. Old habits and beliefs have made it difficult even for authorities to deal with corruption of the law enforcement agents exacerbating rather than providing reprieve against the spread of COVID-19.

Apart from this, Zimbabwe has had a flagging economy for more than two decades (Chirisa & Mundau, 2021) and this has resultantly affected the health delivery system. This eventually has left most Zimbabweans highly vulnerable to COVID-19. Not only do they have day-to-day economic and social challenges to grapple with, but also the threat of the pandemic and inaccessible medical facilities. The public hospitals that are at the disposal of most of the poor have been over-subscribed particularly at the peak of the pandemic. For a significant number, affordability is the greatest bar-

rier to access, hence, many during the pandemic had to deal with the infection at home. Noko (2020) makes this observation about the quandary the poor face considering the pandemic, “While optimists hope [the pandemic] will force us to rethink inequality and global access to healthcare, the realists believe the net effect of the pandemic will be to further entrench the divides that already exist.” This is reflected in the way most of the poor struggled with following the laid down COVID-19 protocols which were a serious challenge as this chapter seeks to show. For the well to do, physical distancing is easily orchestrated but for the poor this is easier said than done.

Statement of the Problem

Despite all the measures instigated to control the virus, Zimbabwe amongst other developing nations had a myriad of challenges that could have seen the COVID-19 virus spiral out of control. Amongst these are the debilitating economic system and the squalid living conditions in numerous households not spacious enough to allow the desired physical distancing. To add to this, during the pandemic the use of the widely available public transport system in the form of smaller omnibuses, kombis, was suspended in a bid to contain the virus, thereby putting pressure on bigger buses which could not meet the demand on the large essential services commuters and the public at large. All this worked against the control measure of physical distancing.

Research Questions

This study was guided by the following questions:

- What is physical distancing?
- How have Zimbabweans living in highly congested areas grappled with the COVID-19 protocol of physical distancing?
- To what extent have people implemented physical distancing during social gatherings such as funerals?
- Is there a gendered dimension to physical distancing?

Methodology

This research is qualitative in design. The focus of this study is to analyse or decipher social issues, events, or practices, with the main purpose being to explore meanings, processes, reasons and explanations. One of the strengths of qualitative methods is their ability to generate rich and detailed data that leave participants' perspectives within the context of their behaviour (Flick, 2014). Research participants provide their own explanations and perspective in a participatory exchange with interviewers. Rahman (2017) has observed that the qualitative research approach produces the detailed description of participants' feelings, opinions, and experiences; and interprets the meanings of their actions. The interactive nature of qualitative research makes it easy for complex issues to be understood easily (Maxwell, 2012). Informal interviews were conducted on how the average Zimbabwean fares on an average day during the COVID-19 pandemic. A convenience sample of selected research participants was drawn from Harare's CBD area to examine the applicability of physical distancing in Zimbabwean society. The sample was reached after data saturation was achieved for the questions that were crafted for the interviews: Harare's CBD area was chosen as it is the epicentre of most activities of people from all suburbs in Harare and a place people from diverse walks of life converge for different motives. Participants who were selected for the study shared their own experiences regarding physical distancing. Data is presented in thematic form based on questions that demanded how people were physically distancing in their households, how they were managing social gatherings such as funerals amidst cultural beliefs that fostered camaraderie during times of bereavement, how women were faring in observing the protocol on physical distancing. Responses from the interviews are presented in coded format (P1-P14).

Theoretical Framework

Ubuntu (Ramosé 1999) or *hunhu* (Samkange & Samkange, 1980) involves the communal spirit of empathy as well as physical presence to convey one's heartfelt sympathy or empathy to one's neighbor. It underlines the humanity, interdependence and interconnectedness of the individual and the community (Chigangaidze, Matanga & Nyatsuro, 2022; Chisale, 2022). Thus, in the context of a misfortune, African culture demands the physical presence of an individual in a bid to act in solidarity with either

the bereaved or the sick. Unfortunately, this spirit of *Ubuntu* which emphasized commiserating with the misfortunes of kith and kin through physical presence has persisted in the context of the highly contagious pandemic thereby covertly bringing into conflict principles that used to uphold numerous African communities and the COVID-19 protocols. In this chapter, we argue that despite what appears to be the fostering of the COVID-19 infections through the spirit of *ubuntu*, there are other ways in which the values of this philosophy were critical during the pandemic. To add to this, proponents of such arguments present their case basing it mainly on the physical separateness of individuals were supposed to exercise but not the harmony that people experienced when they shared home remedies to alleviate or even treat the symptoms of the virus. We, therefore, argue that despite possessing an area of challenges that need adjustments, good practices of watching out for one's neighbour drawn from *Ubuntu* can be adopted, adjusted and utilised to work harmoniously with laid down COVID-19 protocols. According to *Ubuntu* philosophy "no person can exist in isolation" or 'I am because you are' (Ngomane, 2019:31). This *ubuntu* concept was adopted in this study in a bid to demonstrate that with the raging pandemic, previously good practices from the concept can be adversely affected and degenerate in essence. The way people from Zimbabwe have grappled with the pandemic might leave a few lessons for the world. The question we wish to tackle is how people fared in physically distancing and quarantining during the pandemic. To date, many are still baffled as to why COVID 19 did not have such a devastating effect on African soil despite the debilitating circumstances that fostered rather than alleviated the spread of the pandemic. This can only be explained by the same spirit of *Ubuntu* amongst the people whose respect and sanctity of life during pandemics exuded the much-needed emotional support and meant adhering to laid down protocols. However, the question that remains is for the populous Harare's suburbs and economically disadvantaged populace is; does the strategy of physical distancing work? Chirisa and Mundau (2021) have pointed out that the correlation between high population density and the pandemic makes dwellers of such places highly vulnerable, and the management of the virus almost impossible.

Social and Physical Distancing: Implications on the Spread of COVID-19

During the pandemic, the term social distancing was adopted and was a step taken by public health officials to stop or slow down the spread of the highly contagious pandemic. Complete lockdowns were enforced. This also meant that schools, public institutions, funerals, weddings among other social gatherings as well as business operations were suspended making people adopt a ‘work from home’ strategy. These measures were supposed to be well coordinated in order to minimise the rate at which the infection was being spread from one person to the other and from one area to the next. Bans on hospital visits meant the sick were also separated from their loved ones (Madongonda & Gudhlanga, 2021) and failure to attend a funeral of a loved one was not only taboo but unheard of (Madongonda & Gudhlanga, 2021; Humber, 2020) but became the order of the day.

Debates surrounding social distancing are abound and the term ‘physical distancing’ has itself evolved from initially being referred to as ‘social distancing’ and numerous scholars have referred to this phenomenon (Metha, 2020; Nyabadza, Chirove, Chukwu & Visaya, 2020; Peters, 2020). Over time, scholars have agreed that social distancing sent the wrong message which meant social isolation which extended to separation from one’s own family and friends. The term social distance has also garnered negative connotations and insinuated cutting off all social ties including emotional distance with family and friends. This is understandable considering how COVID-19 was initially associated with fear and trepidation to the extent that the first reaction when one came into contact with the virus meant running to hide and those who learnt of COVID-19 infected individuals would panic and try to shy away from them. In other words, those who caught the virus were condemned to death or faced imminent rejection by their own. In Zimbabwe, even medical personnel were known to abandon known COVID-19 patients for fear of catching the virus (Moyo, 2020)). Their fear was exacerbated by lack of protective ware when handling the afflicted COVID-19 patients. The fear of COVID-19 can be paralleled to the fear of HIV and AIDS when people were unaware of the virus and how it was transmitted. The same reaction can be attributed to early perceptions about the pandemic. The term social distance according to UNICEF (2020) is therefore misleading, highlighting a social and emotional disconnection, yet during the time of the pandemic people need to

stay socially and emotionally connected for their own wellbeing. This is in line with the concept of *Ubuntu* among Africans, emphasising the fact that one does not abandon their kith and kin because they got infected by a deadly virus. As shall be shown, this spirit has seen the people who practice *Ubuntu* facing challenges of getting infected and eventually succumbing for fear of abandoning sick relatives or failing to attend funerals. Lingam and Sapkal (2020:178) have highlighted the effects of the social distance when they observe “growing concerns expressed about the potential loss of solidarity, support and community that is required in such difficult circumstances leading to depressions, suicidal tendencies and intimate partner violence.” Chisale (2022) aptly has stated that COVID-19, through promoting a privacy that is dangerous to vulnerable groups such as women and children, has disrupted *Ubuntu*.

Thus, the term physical distancing is more apt as it stipulates that physical distance from any two individuals staying at least a metre away from others to avoid the risk of spreading or catching the virus. The change from social to physical distance was, therefore, promulgated to emphasise that while physical distance is maintained, people should stay connected to family and loved ones (Gudhlanga & Madongonda, 2021). They should stay emotionally connected even over distance through such means as video calls, chats, phone calls, social media among others. It meant adopting what the world has come to understand as part of the new normal where most activities were and are still being done online including work as well as school. In this chapter, however, we argue that in Zimbabwe and other developing countries, while keeping physically separate as well as quarantining or self-isolating was the new normal and a necessity, it was a luxury owing to constricted space. Physical distance becomes the privilege of the well-to-do who can physically separate the sick and find alternative means such as extra rooms from which to nurse the sick. This shall be explored in greater detail in the coming sections. While the term physical distance has narrowed down to the distance between one and two metres, there have been other ways in which people have been keeping themselves physically separate to prevent passing on the virus as well as catching it. This has depended on whether one has been infected or suspects that they have caught the virus. The reverse was also true as people avoided contact with others even when they had not been exposed to the virus to keep themselves and loved ones safe.

Lockdowns, as mentioned before, were the most common and effective ways of slowing down and dealing with the spread of the virus

(Nkengasong & Mankoula, 2020; Kharroubi & Saleh, 2020; Yang, 2021). It was clear that location was important and identified COVID-19 hotspots were locked down first as well as places where there was the likelihood of large numbers and gatherings that were potentially super spreaders. However, the maxim by Jacinta Arden (Prime Minister of New Zealand) that ‘act as if you have COVID-19’ (cited by Peters, 2020) personalised the fight against the infection and was meant to keep people persistently on their guard against passing on the virus and thus, not catching it. However, in this chapter we question the feasibility of physical distancing when living in a populous city particularly in high density areas where most accommodation is shared by several people, if not families. This is exacerbated by the extended family which usually is part of the core household.

Physical Distancing in the High-Density Suburbs

In this study, the interviews conducted were done based on an informal interview guide that sought to establish if people were physically keeping their distance considering the pandemic. The study took into consideration lockdowns that were meant to keep people physically separated to mitigate the effects of the pandemic. The study interrogated whether it was feasible to observe physical distancing under lockdowns and after they were lifted. Purposively selected adults from different high-density suburbs were interviewed until data saturation was achieved. Harare’s CBD provided a lucrative sample from informally employed adults who were selected using the snowballing sampling technique. From the city centre, interviews with research participants who hailed from such high-density areas as Tafara, Mufakose, Mabvuku, Budiriro, Hatcliff, Glen View, Epworth and Chitungwiza were conducted. On being asked how they had fared in terms of physical distancing, most of the responses pointed to there being limited physical distance particularly in the home and other closed spaces such public transportation vehicles and at funerals. Noko (2020: n.p) also confirms this when he asks this pertinent question, “If you live in a township, make a living in the informal sector, or travel on a crowded bus, how do you self-quarantine?”

Research participants to the interview questions revealed being part of disadvantaged and particularly poverty-stricken communities means physical distance is a luxury. Lingam and Sapkal who cite the WHO (2008) concur with this and aptly state, “it is not diseases but social injustice that kills [sic] people” (2020:176). In a study drawn from India, Lingam and

Sapkal (2020) list the five key variables that potentially expose people to risk of contracting the virus: Access to drinking water, access to toilets, access to electricity, access to mobile phone and Internet and Income security. However, what is striking about some of the variables such as access to water is how, when placed in a dissimilar context, they differently impact on COVID-19 infection. Lingam and Sapkal also talk of unsafe drinking water which would raise co-morbidity rates yet in Zimbabwe it is the process of accessing the water that makes the difference. An elderly woman from Budiriro suburb bluntly put it,

Hakuna COVID-19 mwana, dai takapera kare kare. Nemashandisiro atinoita tambo yemugodhi unoti nguva yesocial distamce yamunotaura iyo tinoiwanepi. (There is no COVID-19 child, otherwise it would have finished us off long back. With the way we use the rope for the well [for drawing water] do you think we get the time for social distance that you talk about?) (P2, 2022).

The old woman raised a valid point as the queues for water were the order of the day and the rope for manually drawing water as well as the borehole pump are utilised by everyone in the queue with little regard for sanitising one's hands. Even the boreholes sunk for the same purpose were oversubscribed. On being asked what she does to make sure she does not get the virus, she went on to say her mask offered much of the protection as well as the *zumbani* (indigenous herb) tea which is readily available in the bushes and forests in communities.

It appears, the issue of queues brought in another interesting variable to the pandemic. While elsewhere in the developed world, concern was transmission of disease in queues and stampedes over panic buying (Peters, 2020), in Zimbabwe the concept of stocking up was a myth with most households living beneath the poverty datum line. Queues manifested on basic needs such as water as cited above and the transport services. The latter mainly affected essential services workers- medical personnel, police, army among others during the lockdown. For them normal duties proceeded unabated and they had to grapple with the transport challenges as they had to work through the pandemic. The situation was exacerbated when lockdowns were lifted yet people were supposed to keep the strict physical distancing routine. This meant in queues for buses no physical distancing was observed with all commuters desperate to get home. One commuter pointed out,

Ko ndezvekuviga here kuti mabhazi hakuna. Sometimes kusvika kumba na 10pm nekumuka patema kunobata bhazi. Even bhazi rinenge rakazara hapana anoda kusara. (Is it apparent that there are no buses, it is something

that cannot be hidden. Sometimes you get home at 10pm only to wake up in the wee hours of the morning to catch the bus. Even when the bus is full, nobody wants to be left behind.) (P3, 2022).

Although busses were required to carry a stipulated number to encourage physical distancing this was just a myth as the queues leading to the bus meant people were tightly packed. Another commuter from Zengeza in Chitungwiza commented, “*Chakakosha kuenda kumba mwachewe, hakuna kusingafiwi* (What is important is getting home, nowhere do people not die) (P1, 2022). Apart from this, research participants revealed that evenings saw vehicles overloading as vehicle owners maximised on opportunities to make the sought-after dollar. Such challenges got worse after hours especially in the evening when the police were no longer manning roadblocks and spot checks on overloaded vehicles. Lorries offered a cheaper option, revealing that the cheaper the option the higher the risk of contracting COVID-19.

On being asked if people in their community complied with lockdowns rules, most of the interviewees said lockdowns were largely ignored in poor communities where some of the research participants revealed that they kept to their homes only when they were afraid of arrest by law enforcement agents who sometimes patrolled the streets. Without these patrols the research participants said they were more concerned about bread-and-butter issues. One research participant had this to say,

Kutaura chokwadi, hatina kumbobvira tanyatsovhara isu, takangochinja mashandiro phone ndooyakanga yaakushanda kuenda kune basa. Kana ndikagara kumba tinofa nenzara. (To be frank, we never really closed, we simply changed the way we operated – we relied mainly on the phone to conduct business. If I stay at home, we starve.) (P6, 2022).

Lingham and Sapkal (2020:174) concur with this when they say,

The present containment policies, while important to combat the disease and break the cycle of transmission, are likely to place many low-income households at the brink of hunger and starvation, a threat worse than the COVID-19, if not supported with necessary welfare measures” (Lingham & Sapkal, 2020:174).

Another research participant (P8) added,

My sister isu tine maroom three; vasikana 4 vanosheya bedroom one- vakomana vanorara mukitchen inova ndiyo dining vabereki mavo. Kana ndiwe paita COVID-19 tinodii kutongotambidzana. Mask iyoyo inongoshanda nekusimba

kugeza maoko. (My sister, we have three rooms four girls share one bedroom and the boys use the kitchen cum dining room and the parents the other room. Imagine getting COVID-19 in such a situation we simply pass it on to each other. We are sticking to wearing masks and washing hands.) (P8, 2022).

On being asked if they were physically distancing within the home including at funerals, a young man first laughed and then added

“Ahhh ndokunge dzimba dziripoka. Kana pasina kutotswinyikidza muone room imomo ndoda kana kuchinaya heheheee.” (As long as there is enough space. If not we all squeeze into that one room, imagine when it is raining.) (P7, 2022).

Further probing on what they would do after being in crowded places or living in shared accommodation, several of the research participants disclosed that they would use herbal remedies such as “*kunatira*” (steaming) using “*zumbani*”. Other remedies the research participants claimed to have used included gagging with warm water and salt and or chillis, drinking a cup of bicarbonate of soda every morning, drinking concoctions made from eucalyptus, guava leaves and lemon among others. Most of the research participants said they resorted to using social media in sharing the home remedies that they believe would keep COVID-19 at bay or alleviate its symptoms. However, despite admitting that physical distancing was a challenge, it was also apparent that all the research participants used other measures to protect themselves from COVID-19 infection. They all had masks dangling around their chins and we presumed they were pulled up at the sight of law enforcement agents (see Gudhlanga and Madongonda, forthcoming). They claimed to religiously adhere to the routine of either handwashing or sanitizing. One interviewee stated that the home remedies worked claiming,

“Hapana asina kurwara COVID muno, taingozvirapa” (No one was spared by COVID-19, we treated ourselves.) (P1, 2022).

Lingam and Sapkal (2020:176) conclude by stating,

“The combined influence of biological, environmental and a host of social–political– cultural determinants interplaying with the social markers produce differential health outcomes and inequities.”

The risks associated with being poor in a pandemic are indeed numerous and under such circumstances, physical distancing is a luxury. In their own way people in such communities found ways of overcoming the risks they faced on a day-to-day basis.

Social Gatherings: Funerals and the gendered risk of COVID-19

Since it is the nature of Zimbabweans to express camaraderie in grief in the spirit of *Ubuntu*, we thought it worthwhile to zero in on funerals to find out how the research participants reacted to issues pertaining to social gatherings when faced with bereavement in their families. Almost all the research participants in the study were agreed that it is an abomination to keep away from the funeral of a close loved one as was the case during lockdowns. Yet funerals were declared potential coronavirus super spreaders and thus, restricted to several attendees. Humbe (2022) has cited a case of transmission and resultant casualties of the virus that occurred after attendance at one such funeral. Despite having this knowledge, only a few research participants said they would rather be at home to protect their families and those of their relatives at the funeral from catching the virus. One research participant aptly said he would rather bury one deceased than to end up burying multitudes and thus vowed to stay at home. Most of the research participants said they would try to attend. However, after the lifting of these stern lockdown measures, physical distancing was the alternative to prevent infections. Unfortunately, the relaxation of lockdowns was almost reflected in a similar complacency regarding physical distancing. Most of the research participants were agreed that not many observed physical distancing at funerals. One research participant had this to say,

Chinongova chirango icho. Vana sabhuku kumusha vanoedza kuti vanhu vaite social distancing asi havana simba seremapurisa rekusunga vanotyora mutemo uyu – voisa mabucket emvura kugedhi nekuti vanhu vapfeke mamask and kugara vakataramukana but chokwadi chaicho ndechekuti pachivanhu chedu, pachiradzwa paya vanhu vanorara vachiimbira mufi. Imba izere ende vazhinji vanenge vasina mamask. (That is just routine procedure. The village heads in the rural try to ensure that people followed COVID-19 protocols but they are not empowered to enforce these protocols as does the police—they leave a bucket of water at the entrance of the homestead, wearing masks and observing physical distancing but the truth of the matter is, our culture stipulates that during the all-night vigil we must sing for the deceased. The house will be packed and almost everyone would be without masks.) (P1, 2022).

The study further revealed a blatant connection between gender and the risk of contracting COVID-19 from taking care of the sick and the actual

funeral. The gendered dimension of the issue of physical distancing reveals itself in women who must go out to fetch basic household goods water included. Additionally, accessible hospitals during the height of the pandemic were strained for most COVID-19 positive patients and these could not take in any more patients. Furthermore, most Zimbabweans could not afford the astronomical fees that were charged by private hospitals which were treating COVID-19, so they resorted to home-based care as well as handling COVID-19 patients who eventually died at home. This means that such care fell into the hands of female householders who would shoulder the burden of caring for the sick as well as attending to the deceased before they are ferried away. The routine was to have healthcare workers fumigating the home but efforts to quarantine the caregivers were never monitored and the people would come for the funeral in their numbers. While the world, however, has largely emphasised the effects of COVID-19 on frontline workers and considered them the most highly at risk, very little reference has been made to homebound women as caregivers of the sick in poor communities that do not have sophisticated healthcare facilities. Nor do we have statistics showing the effects of the pandemic according to gender. Manyonganise (2022) rightly captures this when she states that during times of crises, the hardest hit are women. From a medical perspective scholars such as Liu, Luo, Li, Zheng and Zhang (2021) have observed that physical distancing in the constricted indoor settings, including transportation modes, has challenges and actually raised the chances of catching the virus. They say “the one-size-fits-all 2-m physical distancing rule ...is not applicable under some realistic indoor settings, and may rather increase transmission probability of diseases.” Women as caregivers, often must work in proximity with the afflicted, thus, intensifying their chances of catching the virus.

One middle-aged lady had this say over the vulnerability of women during the COVID-19 pandemic during funerals;

Isu vana mai tine nhamo yekunzi rarai makarinda chitunha, hamusiyi mufi ari ega. Zvimwe zvitunha zvacho ndoozvinenge zvitori neCOVID-19 yacho sevaya vanofira mumba vasina kuenda kuchipara. Tinochengetwa naMwari. (Us women have many challenges that include sitting out the all-night vigils in the same room with the deceased. It is unheard of to leave the deceased unattended. Some of the dead would have succumbed to COVID-19 especially those who die at home without going to the hospital. It is God who protects us.) (P11, 2022).

The same could be said of the few vendors who were interviewed, most of whom were women. One female vendor aptly captured it when she said,

Kutaura chokwadi handina kubasa kwandinoenda, zvese zvinoraramisa hazviwanikwe mumba saka zvephysical distance nequarantine ingano idzo; ndinoraramisa vana vangu sei ndikagara mumba? Even tikaita physical distance yacho ko mari yandipopihwa ini ndichipawo vanhu staff yangu yandi-notengesa hazvibatise neCOVID here? (Honestly speaking I have no formal job, what makes me survive is not found at home, so all this talk about physical distance and quarantine are myths; how would I fend for my family? We exchange money and merchandise, do they not transmit COVID.) (P9, 2022).

This vendor went on to say she regularly uses her sanitiser and wears her mask although we observed the mask was not properly worn. Unfortunately, she was also honest and disclosed that even if she had the symptoms, she would still come to work. Upon probing, she said all things being well, she would not want to risk herself and her family, she just had no choice. Most of the interviewees concurred that they did not really believe if COVID really existed or not, they felt that it was a disease which was created by superpowers to control weaker nations.

COVID-19 and *Ubuntu* Philosophy

Ubuntu philosophy in the context of a pandemic such as COVID-19 appears to contradict the purposes of COVID-19 protocols that were meant to slow down the spread of COVID-19. Although the strength of the philosophy lay in wholeness and unity of purpose, it was threatened by COVID-19 (Mulaudzi, Anokwuru, Du-Plessis & Lebeso, 2022). This, however, does not mean the *Ubuntu* values were totally eradicated. A significant number of researchers agree that this spirit was not exterminated by COVID-19 (Chigangaidze, Matanga & Nyatsuro, 2022; Okyere-Manu & Morgan, 2022; Chisale, 2022). Scholars have highlighted how the effects of lockdowns have been alleviated by online interaction (Ahmad, 2022), not only for educational, business or information dissemination but for social support and human warmth in the context of *Ubuntu* (Makoe & Shantu-Phetla, 2019). However, others such as Ngomane (2019:32) have lamented the current technology driven world where everyone appears to be cubicled in the world of the computer; he says,

lack of human contact is in direct contrast to the African way of life, where cooperation is vital to enduring hostile conditions. When you need to survive by living off the same land as your neighbour and working alongside them, collaboration is key.

Ponde-Mutsvedu and Chirongoma (2021) agree with Ngomane by stating that trying to circumvent the challenge of disrupted relationships due to COVID-19 through the use of ICTs brings in another new challenge of cyberbullying. It appears they believe that in the face of *Ubuntu*'s inclusive approach to human relationships in the face of challenges, technology, while it appears to create alternatives may actually widen that gap between individuals within the context of African beliefs and practices. To add to this, the Ponde-Mutsvedu and Chirongoma observe that among vulnerable communities, particularly rural communities and the poor, access to this technology is severely limited and at the same time discriminatory in terms of information access as well. Yet, despite these misgivings, one should not fail to observe that the spirit of *Ubuntu* has metamorphosised and using social media has become the new normal in the context of the COVID-19 pandemic as this study has shown, circumventing limited human and physical interaction (Ahmad, 2022).

The foregoing argument that *Ubuntu* has some few challenges in the context of COVID-19 is bound to set the adherents of traditional practices on a collision course with new ways of interacting on social media particularly where funerals are concerned during times of pandemics. While the belief in *Ubuntu* in this regard can appear to be contradicting the COVID-19 protocols, it is clear that it does not take away the merits of the philosophy. Zimbabweans have always acted as a community due to the communal nature of their existence and act in accordance to *Ubuntu* regarding abiding to laws and regulations. While they are hospitable and watch out for their neighbour, proponents of this philosophy should realise that it needs adjustments to take into consideration the period of pandemics such as COVID-19, where congregating in large numbers in support of a sick or deceased relative is no longer advisable. Being flexible removes the stigma and the pressure of being labelled anti-social or worse being ex-communicated from one's kith and kin.

Furthermore, technology used in an appropriate manner can extend the same ethos of *Ubuntu*. In line with this, Okyere-Manu and Morgan (2022) have stated that African ethics can remain relevant and be used to explore challenges effected by COVID-19. WHO ARE THESE? Okyere-Manu & Morgan emphasise the need to find new ways of demonstrating

solidarity and connectivity, as well as the importance of human relationships in the face of a pandemic. Ponde-Mutsvedu & Chirongoma (2022) and Muyambo (2022) concur with the later castigating rigid COVID-19 measures such as physical distancing and call for diverse measures including a return to indigenous knowledge systems not the “one size fits all” strategies. Mukesi and Wabomba (2021) have also criticised African governments for looking down upon their own knowledge systems instead of promoting them. These are more likely to be homegrown systems that are tailor-made for their own circumstances and cultures. It is unfortunate that African governments refrained from imitating the Madagascar model of the production of homegrown medical solutions, which can be drawn from our own indigenous knowledge systems (Mashego, Madotsi & Bhuda, 2021; Nhongo, 2020; Chigangaidze, Matanga, A. & Nyatsuro).

Way forward

Despite the adverse circumstances that could have worked against the welfare of the people particularly the poor, one then wonders how the pandemic did not have such a devastating effect on the populace. The study revealed that despite physical distancing being a necessity, it was a luxury to use physical distancing as a strategy owing to congestion in high density areas. With the low COVID-19 statistics in the country, it can only be safe to conclude that Zimbabwe, among other African nations, has more than been fortunate. An important factor that accounts for the low statistics is that the majority of Zimbabwe’s population is rural based and indeed the households in such areas are naturally separate thereby underscoring the success of mitigation against the devastating effects of the pandemic as experienced elsewhere. The story of Africa’s success in combatting the virus could also be explained by the swift actions of the governments before losing control to the rampaging virus. The temperate climate has also been factored in as a contributory element to the mitigation of the spread of the COVID-19 virus. This has been supported by statistics that demonstrated that colder climates have contributed immensely to the spread of the virus. Countries with extremely cold temperatures were affected, hence, their infections and mortality rates spiraled out of control.

For future reference we propose that with regards to combatting pandemics the following be considered:

- Measures to contain pandemics should be contextualised to take into cognisance a people's cultural values, beliefs and practices which can be drawn from their own indigenous knowledge systems.
- A combination of both control and monitoring measures should be put in place if another pandemic occurs.
- *Ubuntu* as a philosophy has its merits and focus should be on these as part of mitigatory measures. Most of the people be conscientised and thus adopt the altruistic values and principles of *Ubuntu* and desist from behavior that exposes others to the virus even when under serious threat.
- Governments should put in place mitigatory measures to alleviate the effects of the pandemic on most of the people who are economically disadvantaged as well as assist the vulnerable particularly caregivers.

Conclusion

It is apparent that despite the vulnerability of most Zimbabweans in the face of the COVID-19 pandemic, the worst of the pandemic is over. The study has revealed that in populous locations, physical distancing was a luxury and that numerous factors contributed to the vulnerability of the populace due to some extent, the communal nature of Zimbabwean society that could have resulted in a high mortality rate. The study has shown how the people in Zimbabwe, despite facing a crippled economic and healthcare system found their own strategies of surviving the raging pandemic. It demonstrated that survival and upholding the spirit of *Ubuntu* as reflected in traditional practices of mourning took precedence over contracting the virus. However, the study has also revealed that people were left with no choice but were forced into such situations that include unethical behavior such as flouting COVID-19 protocols. This left them vulnerable; should they have had a conducive environment availed to them, they would have effectively combatted the pandemic.

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P4 Field Interview, 08 March 2022, Cameron St Bus Terminus, Harare CBD
P5 Field Interview, 12 March 2022, Corner Speke and Julius Nyerere, Harare CBD
P6 Field Interview, 15 March, 2022, Seke Rd Flyover, Harare CBD
P7 Field Interview, 24 March 2022, Corner Robert Mugabe and Julius Nyerere, Harare CBD
P8 Field Interview, 24 March 2022, Town House, Harare CBD
P9 Field Interview, 28 March 2022, Copacabana Bus Terminus, Harare CBD
P10 Field Interview, 28 March 2022, Copabana Bus Terminus, Harare CBD
P11 Field Interview, 31 March 2022, Corner Leopold Takawira and Nelson Mandela, Harare CBD
P12 Field Interview, 08 March 2022, Chinhoyi Street Flea Market, Harare CBD
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